Kent County Council Public Health: Mental Wellbeing Programme Project
Concept Maps

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Introduction

This document presents a series of concept maps that were developed during the first phase of the McPin Foundation’s evaluation of Kent County Council Public Health’s Mental Wellbeing Programme. The wellbeing programme in Kent is one of the first of its kind among local authorities to focus primarily on prevention. It is ambitious in its scope and encompasses a wide range of different approaches to improving wellbeing and targeting different sections of the population.

It is unusual in terms of both the level of investment in preventative interventions, but also the scope and depth of the evaluation of the projects that have been commissioned. The interventions are connected by the Six Ways to Wellbeing – a framework which emphasises the small changes that people can make to improve their wellbeing (see www.liveitwell.org) – as well as an asset-based approach to building resilience in communities.

The Mental Wellbeing Programme began in late 2013 and consists of eight distinct interventions:
Library Wellbeing Zones: Dedicated wellbeing zones established in eight libraries across Kent, providing space to meet with wellbeing-related organisations as well as books, resources and internet access to promote mental health literacy and wellbeing.

Primary Care Link Workers: A county-wide service providing individually tailored, one-to-one and time-limited support to individuals with mental health or related needs; giving targeted, practical help and signposting to other organisations that encourage healthy behaviours and wellbeing.

Kent Sheds: The provision of grants and support for groups – particularly, though not exclusively, targeting men and ex-service personnel – to engage in the Six Ways to Wellbeing and related activities in an informal, community-based setting.

Six Ways to Wellbeing Campaign: A public-facing campaign aimed at promoting awareness of, and engagement in, the Six Ways to Wellbeing – Be Active; Connect; Keep Learning; Give; Take Notice; and Care for the Planet – delivered through the Live It Well website, social media, local media and communications (including via the Creative Arts Partnerships), and seminars.

Creative Arts Partnerships: Sessions for young people to explore the Six Ways to Wellbeing through engagement in creative arts, including performance, film, music, dance, poetry and sculpture, along with public events and festivals aimed at raising awareness of the Six Ways to Wellbeing among the wider community.

Happier@Work Workplace Wellbeing Pilot: A pilot aimed at implementing changes in the workplace to support wellbeing for teams within Kent County Council, by skilling staff to carry out a Mental Wellbeing Impact Assessment of their work environment and develop an Action Plan to bring about change.

Mental Health First Aid: Provision of training aimed at a wide range of individuals and organisations through the nationally recognised Mental Health First Aid courses, including a two-day session aimed at adult mental health, a two-day session focused on mental health in young people, and a half-day taster session.

MindFull Pilot in Schools: A young people’s wellbeing pilot including web-based counselling, mental health awareness training, and training peer mentors to offer support within three Kent secondary schools.
Methodology

The evaluation of the Mental Wellbeing Programme began in late November 2014, and is scheduled to run until August 2016. The first four months of the evaluation focused on engagement with the individual interventions to achieve a detailed understanding of the aims and models employed by each, and, secondarily, to document progress to date, including any challenges to implementation that may have been encountered. This first phase also enabled the research team to establish good working relationships with the programme leads, and to work with them to manage the collection of KPI and outcomes data, as well as next steps for McPin’s data collection strategy.

The findings from the first phase of this evaluation provided a clear overview of the intended and actual projects that form the Mental Wellbeing Programme. The key output from this first phase was a series of concept maps. The idea of mapping out the concepts of an intervention – often referred to as a Theory of Change – is generally recommended at the start of an intervention when planning the design, delivery and evaluation. The aim of this undertaking is to establish the assumptions on which the projects are based – the ‘active ingredients’ which can inform future design and implementation, as well as improvements within the programme itself. Crucially, this work also informs the detail of an evaluation by making links between activities and outcomes explicit, and allowing these to be tested through reach and outcomes data collected.

In order to develop a Theory of Change for the interventions, semi-structured interviews were conducted with between two and four project leads and key stakeholders in each project – those with a primary role in designing, commissioning and / or delivering the projects. The interviews explored:

- The organisation or individual’s background and expertise
- Their understanding of how the programme leads to improved wellbeing, and how this is being measured
The interview data, alongside a range of other sources such as provider bids, monitoring and reporting returns, and reviews of the relevant literature, were used to develop the concept maps. These maps provide a visual overview of the links between the intended design, set up and implementation with the anticipated outcomes for each intervention.

The maps are also presented alongside a more detailed discussion of the interventions in a report submitted by the McPin Foundation to KCC Public Health in April 2015, which is available to download at www.mcpin.org. The second and third phases of the McPin Foundation evaluation are due to be reported on in March 2016, and will include a full process and outcomes evaluation for each of the interventions. This will include an analysis of a range of data (project KPI data, surveys, interviews, observations, case studies etc.). For many of the projects, it will also include an analysis of WEMWBS (Warwick-Edinburgh Mental Wellbeing Scale) measures collected for participants.

- A detailed description of the models used and the programme design, including how key decisions were reached
- Any challenges or barriers encountered, and any solutions or changes in design and implementation made to address these
- The interviewee’s own perspective on the effectiveness of the programme for improving wellbeing
- Any recommendations for improvements or revisions to the original design
"Public Health realised that libraries are wellbeing zones anyway, they're a great asset to the community because they're on the high street, they're non-judgmental, they're safe, neutral, trusted environments that people can go into."

Library Wellbeing Zones Project Lead
Context
The library wellbeing zones have been established in eight Kent libraries and are aimed at the general population in areas with the greatest health inequalities. They aim to provide an easily accessible space open to all members of the public that complements and can be integrated alongside the other services provided by the library.

Activities
The zones stock five book collections that seek to improve wellbeing in a range of ways. They also act as a wellbeing hub space that offers information and advice – both directly through leaflets etc. and through the work of partner organisations. In addition to the zones, one of Kent’s mobile libraries also stocks the wellbeing collections.

Mechanisms
The presence of a physical hub space leads to several different mechanisms that improve wellbeing. The provision of a safe, non-judgmental space coupled with increased opportunities for social interaction is focused on general wellbeing, and the use of the hub space by partner organisations is more likely to facilitate early intervention around specific problems – e.g. weight loss, stopping smoking etc. The hub space also aims to increase awareness of the Six Ways to Wellbeing through its branding and promotional materials.

Outcomes
The outcomes of the library wellbeing hubs can be seen to fall into two categories: improved physical wellbeing which stems specifically from meetings with partner organisations and signposting to local resources, and the overarching improved mental wellbeing that encompasses outcomes such as reduced social isolation, reduced mental health symptoms and improved confidence and self-esteem.
LIBRARY WELLBEING ZONES

**CONTEXT**

**WHO**
- General population
- Local targeted groups
- Vulnerable groups

**WHY**
- Keeping people well
- Early intervention
- Suicide prevention

**ACTIVITIES / OUTPUT**
- Books
  - Self help books
  - Creative bibliography
- Mental health self management
- Role modelling
- Provision of safe, confidential space
- Signpost to local resources

**MECHANISMS**
- Learning and education
- Distraction
- Opportunities for social interaction
- Awareness/inspiration around 6WtW
- Provision of safe, confidential space
- Means of safe, confidential space

**OUTCOMES**
- Improved mental wellbeing
- Validation: confidence and self esteem
- Reducing symptoms
- Reduced social isolation
- Improved physical wellbeing
The Primary Care Community Link Service works alongside your GP practice. We are here to help you find a way through problems you are facing by building your confidence, helping you to feel more included in your community and helping you to address any issues that may be affecting your housing or ability to live as independently as you would like.

Perhaps things at home are just getting you down and you can’t see a way forward. It may seem like a problem to other people, but not to us. We are here to listen, we won’t judge you and whatever we discuss will remain confidential.

Support is completely free and can last for up to 12 weeks. The service is open to adults (18+) living in the area who feel that their circumstances have affected their mental health and well-being.

What support is provided?

Advice and support is provided in a range of areas including:

- Money
- Housing
- Education, training and volunteering
- Community involvement
- Health
- Drugs & Alcohol

How is support provided?

Stage 1

You, your GP or another agency professional makes a referral.

Stage 2

Your Community Link Worker meets with you either at your GP Surgery, your home or at a place of your choosing in the community to talk about the difficulties you are facing.

Stage 3

We work with you to set some goals and actions to help you move forward. You choose what we help you with and what activities you would like to access locally.

Get in touch

Speak to your GP and ask them to complete a form for you. If you prefer, you can refer yourself by email or post and we will let your GP know that you have been in touch.

link@porchlight.org.uk

0800 567 76 99
(or 0300 365 76 99 from a mobile)

or contact the worker for your area:
(Monday – Friday 9-5pm)

Name ___________________________

Mobile / Text ____________________
Primary Care Link Workers

“Anxiety and depression is the classic one; being medicated month on month for that when actually the problem is debt, and it’s the debt that needs to be sorted out to alleviate that and therefore not need the medications.”

Porchlight Project Lead
**Context**
The Kent county-wide Primary Care Link Workers commission is an ongoing partnership between Kent County Council Public Health, KCC Families and Social Care, and Kent’s Clinical Commissioning Groups. The overarching aim of the initiative is to provide a Primary Care based service that enables GPs to direct people with mild to moderate mental health problems towards mainstream activities in everyday community settings that can benefit their wellbeing, thereby reducing demand on the formal health services infrastructure in the longer-term. This is facilitated by a Link Worker, to whom the initial referral is made, and who can offer support and signposting in this regard.

**Activities**
Porchlight, a Kent-based homelessness charity, were commissioned to deliver this service, which is based on the concept of ‘social prescribing’. The Link Workers provide tailored, one-to-one support to help individuals engage in a range of social activities, or to help them with immediate, practical problems such as housing, benefits or employment-related issues. The support is time-limited – up to eight weeks – as the Link Workers aim to develop the skills that people need to be able to manage independently in the future.

**Mechanisms**
The key mechanism underpinning the Link Workers service is an alleviation or removal of the barriers to an individual’s wellbeing, whether through immediate, practical support, or through helping the client to develop coping strategies.

**Outcomes**
The intended outcomes of Porchlight’s offer centre on reducing the symptoms of a mental health problem before it becomes more severe. However, the service also seeks to actively promote mental wellbeing by increasing confidence and self-esteem, inspiring hope and aspiration, and strengthening a sense of identity.
**CONTEXT**

**WHO**
- Low level mental health problems
  - Everyone

**WHY**
- Early intervention
  - Suicide prevention
  - Keeping people well

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**ACTIVITIES / OUTPUT**

- Actively listening
- Coaching
- Immediate practical assistance
- Person-led support plan
- Signposting
- Referral to voluntary services

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**MECHANISMS**

- Develop coping strategies
- Access to appropriate support: external and internal (JET team)
- Engaging in new activities
- Alleviation of barriers to wellbeing (e.g. employment, housing etc.)

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**OUTCOMES**

- Improved mental wellbeing
  - Improved confidence
  - Improved self-esteem
  - Sense of identity
  - Trust and hope
- Reduced social isolation
- Reducing symptoms
- Improved physical health

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**PRIMARY CARE LINK WORKERS**
“More than anything, it gives them a sense of purpose. It’s just knowing you have somewhere to go where you are part of something.”

Kent Sheds Project Lead
Context
Kent Sheds draws on existing models of Men’s Sheds and is based on the rationale that men – especially those who are middle-aged – are less likely to benefit from conventional approaches to improving mental wellbeing via formal learning environments and counselling approaches such as talking therapy. Instead, they are more likely to thrive in informal spaces, in the company of their peers, and through engaging in practical activities, sharing and learning skills, and helping the community.

Activities
The Kent Sheds intervention aims to primarily target men between the ages of 40 and 60, as it is recognised that this group is especially likely to suffer from mental health problems, and also constitutes those most at risk of suicide. For the same reasons – and this is reflected in the fact that the initiative is part-funded by the Libor fund – some of the sheds have an ex-service personnel focus. However, the programme aims to be inclusionary, and is also open to younger men, and women of all ages. Kent County Council has provided funding for a wide range of different Sheds that include DIY community work, carpentry and nautical activities – all with a strong social component.

Mechanisms
The mechanisms through which the sheds achieve their outcomes include ensuring that their work is built on the principles of the Six Ways to Wellbeing. This is closely linked to mechanisms that follow from the ‘practical projects’ aspects of sheds operations – which include responding to local need and giving to the community, as well as learning new skills. They are also closely linked to the mechanisms that follow from the ‘group activities’ aspect of the project – socialising and peer support.

Outcomes
The intended outcomes identified by the programme closely resemble those that have been documented in previous studies of Men’s Sheds, namely a sense of purpose and reduced social isolation, giving to the community and feeling part of the community, an increase in employability and skills, and improved physical health.
KENT SHEDS

CONTEXT

WHO
- Men 40-60 years old
- Veterans / young men
- Family and friends
- Everyone

WHY
- Early intervention
- Suicide prevention
- Keeping people well

ACTIVITIES / OUTPUT

HUB SHEDS
- Practical activities

CHAMPIONS
- Awareness and practice of 6WtW
- Peer support
- Socialising

GROUP ACTIVITIES

MECHANISMS
- Giving to community and responding to local need
- Learning new skills
- Increased physical health

OUTCOMES
- Asset to community
- Pride in community
- Increased employability and skills
- Sense of purpose
- Reduced social isolation
**Spirit**

I sprinkle my magic hearts with a smile!

**Place**

I take time to smell my flowers before - voilà! - they’ll be ready!

**Planet**

I use my recycling day to separate potato peelings from paper!(WHAT DO YOU DO TO CARE?)

**Body**

I like to ride my unicycle to Australia and back on my tea break!

**People**

I discovered this panza together at magic club!

**Mind**

I like to eat encyclopedias for breakfast!

**WHAT DO YOU DO TO GIVE?**

**WHAT DO YOU DO TO TAKE NOTICE?**

**WHAT DO YOU DO TO BE ACTIVE?**

**WHAT DO YOU DO TO CONNECT?**

**WHAT DO YOU DO TO KEEP LEARNING?**
Six Ways to Wellbeing Campaign

“It’s the whole ripple effect. There’s only [project team] doing this, and even if we stretched ourselves very thin, we’re not going to hit enough people, so it’s about empowering people.”

Six Ways Campaign Project Lead
Context

The Six Ways to Wellbeing campaign run by Kent County Council Public Health is an ongoing exercise in social marketing using different media forms that seeks to encourage people in Kent to make small changes in their day-to-day actions with a view to increasing their mental wellbeing. The campaign builds directly on the extensive research undertaken by the Mental Health Promotion Team at South London and Maudsley NHS Foundation Trust (SLaM) and their ‘Wheel of Wellbeing’.

SLaM’s Wheel of Wellbeing consists of six segments which represent: body, mind, spirit, people, place and planet. KCC Public Health modified these segments slightly to make the ‘Six Ways to Wellbeing’ more action-focused: be active (body), keep learning (mind), give (spirit), connect (people), take notice (place) and care (planet).

The Six Ways to Wellbeing campaign is aimed primarily at the general Kent population, in line with its main motivation of ‘keeping people well’ – rather than early intervention or suicide prevention, which are more secondary objectives.

Activities

The two most prominent strands of the campaign are the Six Ways seminars and the Live It Well website. Both of these promote awareness of the Six Ways to Wellbeing, and also encourage direct practice of them. Alongside this, the campaign has aimed to incorporate other communications aspects such as a media strategy and the use of social media to broaden levels of engagement of target audiences.

Mechanisms

In addition to encouraging people to make small changes to their everyday actions, a crucial element at all levels of the campaign has been to trigger what has been variously referred to as a ripple, cascade or contagion effect. This occurs when an individual’s increased awareness and intention to engage with the Six Ways is shared with a much wider audience who may otherwise be less likely to engage with a public health behaviour change campaign.

Outcomes

The overarching intended outcomes of the campaign are to improve mental and physical wellbeing, at both an individual and collective level.
**CONTEXT**

**WHO**
- General population
- Vulnerable groups
  - 30-60 year old men

**WHY**
- Keep people well
- Early intervention for mental health problems
- Suicide prevention

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**ACTIVITIES / OUTPUT**

**Seminars**
- Practical wellbeing tips

**Website**
- Distribution of promotional material
- Information and promotion of 6WtW

**Social media**
- Directing to free local resources
- Wellbeing narrative videos

**Media strategy**
- Media coverage

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**MECHANISMS**

- Increased awareness and inspiration for 6WtW
- Participants cascade information and materials to wider audience
- Encourage engagement in 6WtW activities

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**OUTCOMES**

- Improved individual wellbeing
- Connect (reduced social isolation)
- Increased physical wellbeing
- Increased mental wellbeing (WEMWBS)
- Improved collective wellbeing
- Improved physical community environment
- Reduced mental health stigma
- Community engagement and participation

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**SIX WAYS TO WELLBEING CAMPAIGN**
“Young people have to take responsibility for their own wellbeing; we wanted them to feel ownership over it.”

Creative Arts Project Lead
The Creative Arts Partnerships commission developed through a partnership between KCC Public Health, KCC Arts and Culture Service, Royal Opera House Bridge and Artswork SE Bridge. From a Public Health perspective, the most important aspect of the Creative Arts Partnerships was the relationship between engaging with the arts in community settings, and mental wellbeing. The focus on young people was primarily motivated by the interests of the Bridge organisations in promoting access to the creative arts among this population group.

The targeted work with young people, mainly in the form of summer schools or workshops, was intended to help young people explore the Six Ways to Wellbeing in creative and innovative ways, and integrate these wellbeing behaviours into their daily lives. The public events – which mainly took place in the context of summer festivals – were intended as an opportunity to showcase elements of the wellbeing work to a broader audience and raise awareness of Six Ways to Wellbeing, much as the formal Six Ways to Wellbeing Campaign (seminars, website, social media etc.) aims to do.

Together, the two strands of the Creative Arts Partnerships sought to achieve a number of wellbeing outcomes, at both an individual and community level. This included general measures of wellbeing such as improved confidence and self-esteem, resilience, and emotional literacy, which are in turn closely interlinked with improved educational and employment prospects, as well as increased social capital. These also benefit the community as a whole, as they can lead to stronger community networks and cohesion.
**CONTEXT**

**WHO**
- Young people
- Local targeted groups
- Wider community

**WHY**
- Keep people well
- Early intervention for mental health problems
- Suicide prevention

**ACTIVITIES / OUTPUT**

**Workshops**
- Links with healthy living centres

**Champions**
- Engaging with local and cultural context

**Festivals / performances**
- Engaging in 6WtW

**Social media**
- Awareness of 6WtW

**MECHANISMS**

**OUTCOMES**

- Social capital
- Community cohesion and/or ethnic pride
- Improved mental wellbeing
- Self confidence and self esteem
- Resilience
- Emotional literacy
- Increased opportunity for education and employment
Happier@Work Workplace Wellbeing Pilot

“We are 14,000 strong you know… We’re trying [to implement this] because many of our employees are also the community.”

Happier@Work Project Stakeholder
Context

Happier@Work is a workplace wellbeing intervention that KCC Public Health offered to other teams within KCC, initially as a pilot, with the prospect of wider roll-out at a later stage. The rationale for this was a recognition that happiness at work is closely connected to better mental and physical health, and a sense that the wellbeing of KCC staff was core to the wellbeing of the broader population, and that it was important to 'practice what you preach'.

Activities

The pilot was implemented by the Happier@Work team, led by South London and Maudsley NHS Foundation Trust (SLaM), with four teams within KCC. It was based closely on a toolkit called the Mental Well-being Impact Assessment (MWIA), and aimed to identify and promote factors that lead to positive mental wellbeing in the workplace, and address the issues that lead to stress, absenteeism and negative wellbeing.

Mechanisms

The toolkit consisted of a facilitated team workshop, which enabled staff in a range of positions to identify the challenges they faced, and propose solutions to those challenges. The Happier@Work team then produced a detailed report based on the workshop, in which the ideas generated by the staff were discussed and analysed, and which staff were asked to comment back on.

Outcomes

The final output of the workshops was an action plan containing practical next steps, developed by the KCC team with or without input from the Happier@Work leads, which were intended to lead to a range of individual and team outcomes. At an individual level, these include improved self-esteem and feeling of recognition in the workplace, reduced stress and a better work-life balance, improved job security, improved physical health, and improved understanding of one’s own mental health. At a team level, intended outcomes include improved trust, communication, reward / recognition and support structures, greater productivity, an improved physical environment and improved understandings and attitudes regarding mental health and wellbeing.
**CONTEXT**

**WHO**
- Select KCC teams
- All KCC teams

**WHY**
- Keep people well
- More productive workforce
- Early intervention for mental health problems
- Suicide prevention

**ACTIVITIES / OUTPUT**

**Mental Wellbeing Impact Assessment**
- Screening meeting and report
- Workshop and report
- Action plan

**MECHANISMS**

**WHY**
- Identify potential problems
- Identify solutions
- Implement solutions

**OUTCOMES**

- Improved team environment
  - Trust and communication
  - Productivity
  - Better support structure
  - Improved physical environment
  - Economic security
  - Culture of reward and recognition
  - Improved understanding of mental wellbeing

- Improved individual wellbeing
  - Self esteem and reward / recognition
  - Reduced stress
  - Work / life balance
  - Job security
  - Improved physical wellbeing
  - Improved understanding of mental wellbeing

**HAPPIER@WORK WORKPLACE WELLBEING PILOT**
“It helps right down the scale. So it helps people who are well to stay well. It helps people who are struggling to get help earlier, and right down to the severe depression and psychosis, it, hopefully, helps people get appropriate professional help and stops them killing themselves.”

MHFA Project Lead
Context
Mental Health First Aid is a nationally recognised educational training course that teaches people how to identify, understand and help a person who may be developing a mental health condition. The MHFA training endeavours to reach a wide cross-section of the population. The training spans the whole spectrum of mental health, including promoting wellbeing, intervening early for mental health problems, and supporting those with more severe mental health problems who are most likely to be at risk of suicide.

Activities
After making MHFA available to KCC staff, KCC Public Health decided to make the training available to a range of other individuals and organisations – including, but not limited to, statutory agencies, small and medium-sized enterprises, and third sector organisations – in order to increase the help available for people with mental health problems across the county. They awarded an 18 month contract to Sevenoaks Area Mind, who coordinate the courses and run the bookings through their website.

Mechanisms
There are three different types of MHFA courses – the standard, two day course, a shorter half-day ‘Lite’ course, and a course that is tailored especially for individuals who work with young people. All three of the courses have similar mechanisms and aims, which can be broken down into improving people’s knowledge, awareness and behaviours around mental health.

Outcomes
These lead to a series of interlinked outcomes that have been evidenced by previous MHFA evaluations: greater awareness and more accurate beliefs around mental health issues; less stigmatised views and greater confidence to help others; and people being more likely to both encourage self-help, and also advise someone to seek further specialised support. These in turn are expected to lead to improvements in mental health and wellbeing among the wider community, though this outcome may be harder to identify and measure. Finally, the intervention also has the potential to increase the wellbeing of the MHFA attendee by making them more aware of their own mental health.
MindFull Pilot in Schools

“The online counselling was the next level up. It gives them that person to talk to, somebody who’s a bit more specialist, a bit more trained for young people who probably need something maybe a bit more in depth.”

MindFull Project Lead
Context
The MindFull pilot in schools was a peer support and online counselling programme focused on young people attending three secondary schools in Kent. It was delivered by MindFull, which was part of the BeatBullying group of charities, and ran for six months in 2014.

Activities
The concept for the intervention had four main strands: a peer mentoring programme in the school environment, peer mentoring in an online chat room, access to free online counselling and, at a later stage, mental health workshops, to be held in the pilot schools and some additional schools, which were intended to help to improve mental health awareness and reduce discrimination.

The peer mentoring element of the programme involved the training up of 75 peer mentors – young people put forward by the schools – to be able to support others with common wellbeing issues that affect young people including friendship, family, schoolwork and homework. The online counselling from accredited counsellors was available – anonymously – to students between the hours of 10am to midnight, 365 days a year and consisted of an initial set of six sessions which could be extended if desired.

Mechanisms
The different aspects of the intervention sought to improve wellbeing and increase resilience in different ways. The peer mentoring element was slightly more focused on ‘keeping people well’ and prevention, whereas the online counselling was aimed at solving more serious problems. Whilst the MindFull programme did not seek to directly integrate practice of the Six Ways to Wellbeing in its peer mentoring or counselling operations, the organisation promoted the Six Ways to Wellbeing campaign in the schools.

Outcomes
The intended outcomes of the programme ultimately feed into overall resilience, and include improved self-esteem, confidence, belief in one’s own self-worth, the capacity to deal with change and adaptation and a range of social problem-solving skills.
Resilience
Improved confidence, self esteem and reduced anxiety
Reduced mental health stigma
More empathetic school environment
Improved collective wellbeing
Improved social relationships
Improved individual wellbeing
Improved confidence, self esteem and reduced anxiety
Resilience

CONTEXT
WHO
11-18 year olds

WHY
Early Invention
Keeping people well
Suicide prevention

ACTIVITIES / OUTPUT
Mental health workshops
Peer mentoring
Online chat rooms
Online counselling
Professional advice

MECHANISMS
Increased awareness of mental health and wellbeing
Safe space to seek advice / talk
Developing coping strategies

OUTCOMES
Improved collective wellbeing
Reduced mental health stigma
More empathetic school environment
Improved social relationships
Improved individual wellbeing
Improved confidence, self esteem and reduced anxiety
Resilience

MINDFULL PILOT IN SCHOOLS
About the McPin Foundation

The McPin Foundation is a specialist mental health research charity based in London but working across England. We exist to transform mental health research by placing lived experience at the heart of research activities and the research agenda.

Our work includes:

• Guidance and expert support on public and patient involvement in mental health research
• Collaborative research studies in partnership with organisations interested in user focused mental health research
• Campaign and policy work to raise the profile of mental health research and improve access to evidenced based information

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www.liveitwell.org.uk

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