Mind in Croydon
for better mental health

An Evaluation of the Active Minds Health and Wellbeing Project

EXECUTIVE SUMMARY

Introduction & Background to the Evaluation

Mind in Croydon is working to promote good mental health. It seeks to empower people with mental health problems so that they can lead a full life as part of their local community and offers a range of services to meet this aim. Active Minds was set up as part of Mind in Croydon's Employment and Social Inclusion Service. It offered support to people with mental health problems living in Croydon to become more confident to independently access mainstream services, with a particular focus on physical activities. The service offered one-to-one and group support to people who wanted to improve their wellbeing by being more active and looking after their health.

Active Minds was primarily funded by Comic Relief and the Big Lottery through the Time to Change anti-stigma and discrimination programme. A grant of £224,228 was used over 4 years (April 2008- March 2012) to fund the project coordinator post and the general running of the project. The project received additional funding from Play Sport London, NHS Croydon, South London and Maudsley NHS Foundation Trust and the Football Foundation which funded specific activities. The project was also supported by a staff member whose post was funded by the City Bridge Trust. The project was delivered by two staff members, and supported by volunteers who acted as buddies and supported people to access activities.

The overall aims of the evaluation are as follows; to:

- Capture the outputs of the project
- Capture the impacts and outcomes of the project
- Identify any learning from the project to date to help enhance and shape the delivery of the project for the future, as well as offer a model for best practice.

Approach to the evaluation

The evaluation used a range of methods, both quantitative and qualitative.

- Questionnaires were given to participants at baseline and on completion, following up at three months where possible. These questionnaires included the Warwick Edinburgh Mental Wellbeing Scale (WEMWS) and the Aadahl Physical Activity Scale.
- Weight and Body Mass Index were measured at baseline and completion.
- Case studies were taken.
- Focus groups (two before boxercise and one after) and interviews (six interviews conducted six months after completion of boxercise) were conducted as part of an external evaluation of the boxercise programme. These were alongside the Rosenberg Self-Esteem Questionnaire, Satisfaction with Life Scale (SWLS), Resilience Scale, Posttraumatic Growth Inventory (PTGI) and a depression scale (CES-D).

The aims of the Active Minds project were:

- To support and enable people with mental health problems to access services within the local community.
- To improve mental wellbeing by increasing activity levels, and therefore confidence and self-esteem.
- To improve physical health by supporting people to be more active.
- To enable people with mental health problems to develop social networks within their community and to feel more socially included.
- To reduce stigma and discrimination towards people with mental health problems and increase awareness of mental health issues.

time to change
let's end mental health discrimination
Rethink Mental Illness.
mind for better mental health
LOTTERY FUNDED
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Key Evaluation Findings

Overall the project matched its intended service delivery activities and outputs

The target set by Time to Change was to reach 40 people a year. The service by far exceeded that target, engaging a total of 688 people in 1231 activities. The project had an excellent success rate in engaging people with mental health problems in physical activity (48% adherence rate which is comparable to that of the general population). The project reached a diverse group of people from a range of backgrounds, however, there is scope to increase engagement with Lesbian, Gay, Bisexual and Transgender (LGBT) groups and people accessing primary care mental health services.

The project has resulted in improved wellbeing, increased activity levels and a reduction in weight and BMI.

- There was a significant reduction in weight (median at baseline was 84.8kgs and at post it was 82.5kgs) and BMI (median at baseline was 28 and at post was 27).
- There was a significant improvement in wellbeing as measured by the WEMWS (41 at baseline and 45 at post; the population mean score is 50). This was maintained at three month follow up (median score 43).
- There was a significant reduction in time spent sitting down (median time of 240 minutes per day at baseline and 180 minutes per day at post and follow up). There was an increase in moderate activities like aerobics or gym based activity (median time of 0 minutes per day at baseline and 60 minutes at post and follow up). There was an increase in vigorous activities like running or football (a median time of 0 minutes per day at baseline and post and 60 minutes at follow up).
- Case studies and anecdotal reports from service users show that accessing Active Minds led to an improvement in confidence, self-esteem, as well as employment and volunteering opportunities. It also provided an opportunity for people to increase their social networks, reducing isolation and feelings of loneliness.
- Independent research into the boxercise programme has demonstrated positive physical and psychological benefits. Qualitative studies found that the unique 'power' (boxing) component of the class to be of particular benefit. Furthermore, the research was also able to demonstrate the positive effects of taking part in the Cook and Taste group.

Process learning and the future

Key learning points

1. Closed groups provide a safe environment for people to build confidence

Although we wanted to focus on social inclusion and supporting people to access community based and mainstream services, it is important to be aware that this is a big step for people who have mental health difficulties and who are currently quite isolated, and with low self-esteem. It is important to work with people to look at where they are, and what is achievable for them at that point in time, taking small steps. By creating short-term, closed groups for people with mental health problems, participants were able to build their confidence in an environment that was familiar, with people in similar situations. Once they had built some confidence in these settings, then people were able try more mainstream services.

2. Six weeks is the optimum length for groups

The groups need to be short-term. We initially ran a 10 week course in boxercise, but found that by weeks 5-6 people had achieved their goals, feeling more confident and able to start exercising independently of the group (which led to a drop in attendance rates after week six). A 10 week course is also a long commitment, and often clashes with other appointments or commitments that people may have. Therefore six weeks is the optimum length for groups.

3. Active Minds needs to be better promoted in primary care

Referrals to the service tended to be from secondary services. There are a number of reasons for this. Mind is traditionally viewed as an organisation for people with more severe mental health problems, so people who do not view themselves as being in this group might not associate themselves with Mind services. Mind in Croydon has good working relationships with secondary mental health services, and therefore referrals from these teams are high. Finally, the Active Minds service was only available in the week, so was not accessible to people who work full-time. With commissioning of services moving to GPs, Active Minds needs to think about how it can raise its profile with GPs, and work more with primary care services. At the same time, it needs to remain aware of the service's capacity, as an increase in referrals may lead to an increase in waiting times.

4. To reach diverse communities services need to be embedded in the local community

Active Minds was successful in reaching BME groups, and reflecting the needs of the local community. There are a number of reasons for this: a) Active Minds staff worked really closely with service users to develop and deliver the service. Service users had a key role in deciding what activities were on offer, ensuring that their needs were met; b) Active Minds staff worked really closely with local community groups and Community Development Workers to promote the service and to ensure that the service met the diverse needs of the community. Services need to ensure that they are embedded in within the local community.

5. Active Minds needs to consider the needs of the LGBT community

The number of people from the LGBT community was very low. Active Minds needs to consider why that is, and think about how we can meet the needs of this community. Does the service need to offer specific support for this group? Or is it because their needs are being met elsewhere?

6. Volunteer buddies are an important part of the service

The popularity of the buddying service shows that people do need that extra bit of support to help them get going with an activity. This is an important first step on the journey to becoming more active, and is an important part of the service that should continue. Having volunteer buddies to support people to try out new activities in new environments is an important way to overcome any difficulties people have. This is an important consideration to be made when developing physical activity services for people with mental health problems.

7. People's reasons for taking part in physical activity are varied

People's goals were not always what we expected them to be. Initially we thought that the main reason for getting active would be about weight loss. But this was often not the case - it was more about getting out, reducing isolation, and building confidence. For, some people, particularly males, it was about building body mass, and therefore putting weight on. The reasons for taking up physical activity are varied and many, and do not necessarily link to physical health outcomes.

8. It is important to look at popularity of potential groups

Although we worked with service users to select what groups to run, we also should have spent some time looking at popularity. For example, table tennis and street dance came as a result of a direct request from service users, who we supported to obtain funding. However, attendance at these sessions was very poor. Was this because these activities weren't very popular?

9. Venues for activities need to be easily accessible by public transport

Location of venues had an impact on attendance. When selecting venues, it is really important to make sure that they are accessible. Croydon is a very big borough, and the people accessing Active Minds tend to rely on public transport. When venues were not centrally located, attendance levels were lower.

10. It is important to encourage people to fill complete questionnaires face to face

Data collection was a challenge in the project. Whilst we were able to get baseline data for most people, follow ups were more difficult, particularly if the person no longer accessed the service, and the results may not reflect the outcomes for all people who accessed the sessions. People who no longer accessed the service were posted forms, but often did not return them. We found that some people whose mental health had improved a lot no longer wanted to associate themselves with the service for fear that it would bring back distressing memories. This is why the follow up data is so low, and it can be hard to draw conclusions from such a small sample.

11. Offering service users volunteering opportunities is an important part of their recovery

By encouraging people who had accessed the service to volunteer as a buddy, it offered them an opportunity to 'give something back', as well as to build their confidence and get them ready for taking steps towards employment.

Recommendations for a successful delivery model for the future

For a successful service it is important to have:

1. Service user involvement, from the beginning and at all levels of the project, from service development to delivery. A range of activities for people in order to meet the needs of a diverse audience.

2. Closed groups, so that people can start to slowly build their confidence to try new activities.

3. An option for one-to-one support for people who do not feel comfortable in group settings.

4. Volunteer policies and procedures in place to ensure that volunteers are adequately supported and valued, providing them with regular opportunities for support.

5. Good links with the local community and local services.

6. Systems that ensure that services are accessible to all.

1.0 Introduction and background

1.1 Who we are

Active Minds was set up as part of Mind in Croydon's Employment and Social Inclusion Service. It offered support to people with mental health problems living in Croydon to become more confident to independently access mainstream services, with a particular focus on physical activities. The service offered one-to-one and group support to people who wanted to improve their wellbeing by being more active and looking after their health.

Initially the service was delivered on a one to one basis, with staff supporting service users to access external groups. However, as the service developed and staff gained an understanding of the needs of the local community it set up groups (eg boxercise, tennis) which service users accessed before going on to access mainstream services. This enabled people to build their confidence within a familiar environment so that they then felt ready to try new situations.

The service was accessed via referral to Active Minds, and was based in community settings, facilitated and run by local service providers, staff from the project and volunteers.

Groups were set up based on the activities service users were asking for. This information was gathered during contact with service users at meetings, and regular consultations which enabled service users to have a say in the direction the service took and what activities were run.

The aims of the Active Minds project were:

- To support and enable people with mental health problems to access services within the local community.
- To improve mental wellbeing by increasing activity levels, and therefore confidence and self-esteem.
- To improve physical health by supporting people to be more active.
- To enable people with mental health problems to develop social networks within their community and to feel more socially included.
- To reduce stigma and discrimination towards people with mental health problems and increase awareness of mental health issues.

1.2 Funding

Active Minds was a local delivery project for Time to Change. Time to Change is England's biggest programme to end the stigma and discrimination faced by people with mental health problems. The programme, now in its second phase, is run by the charities Mind and Rethink Mental Illness, and funded by the Department of Health and Comic Relief. In its first phase (2007-2011), it was funded by the Big Lottery Fund and Comic Relief. This evaluation report has been funded by the Big Lottery Fund. The Active Minds project received funding from Comic Relief via Time to Change. The project received funding of £224,228 over four years which was used to fund the project coordinator post and the general running of the project. The project was supported by another staff member whose funding came from the City Bridge Trust.

The project received additional funding to enable it to run various groups. Over the four years it received funding from NHS Croydon to run 5 boxercise groups, as well as £35,000 to set up the volunteer buddy service. It also received money from the London Development Agency as part of the Play Sport Programme to run various coaching courses. These included tennis, badminton, ballroom dance, bollywood dance and archery. South London and Maudsley NHS Foundation Trust funded courses in street dance, table tennis, football and archery via its Make Me Smile Fund. A £2500 grant was also awarded by the Football Foundation to set up a football team and join the Positive Mental Attitude Football League.

1.3 Referral and promotion of service

The service was open to all people living in Croydon with a self-defined mental health problem, meaning that it was accessible to anyone who would benefit from the service and would like to access it. However, a large amount of referrals came from mental health services, the majority coming from the Community Mental Health Teams.

The service was promoted widely across Croydon, in health and community settings, with staff attending local events and conferences to raise awareness of the service and the Time to Change programme.

1.4 Staffing

The project was managed by one full time staff member with support from another full time

staff member whose post was funded by the City Bridge Trust. The project coordinators were managed by the Employment and Social Inclusion Service Manager. The project was also supported by a number of external coaches, as well as a team of volunteers. In years 3 and 4 the service was also supported by social work students on placement from Royal Holloway University and Salford University.

1.5 What it involved

Year 1

Before setting up the service the project co-ordinators undertook a mapping exercise to gain an understanding of the services available to mental health service users in Croydon. This involved meeting service providers in NHS, voluntary and private sector organisations. This gave insight into what services and support were available to service users, and helped to identify any gaps in services. This mapping exercise was followed up with extensive consultation with service users and staff working in mental health services to ensure that the project met local needs. A service strategy was written, and the project name Active Minds was chosen.

The service began mainly offering one-to-one support to service users who wanted to become more active, but found it difficult for a variety of reasons (eg low confidence, low self-esteem, not knowing where to go, anxiety around trying new things and going to new places). The project coordinator would work with the service user to identify the barriers to accessing services and support them to overcome these obstacles, building up their confidence to try new things.

Alongside this one-to-one service Active Minds offered some group activities. The group activities were facilitated by the project co-ordinators and a specialised instructor (where necessary), and these sessions were held in community venues. Service users were supported to attend sessions, receiving phone call reminders about the sessions, and follow up calls if they missed any sessions. These sessions were:

- **Boxercise**

This was led by boxing world champion Duke MacKenzie, at his local gym. It was a closed group, which ran for 10 weeks, each session lasting around two hours. It was non contact, utilising boxing training techniques, such as skipping, cycling, pad training and punch bags.

- **Gym/swim**

This was a session held at a local leisure centre, where a group of service users would meet up to use either the swimming pool or gym, supported by a member of staff. Initially just run from one gym, we were able to expand this service by supporting four service users to train as Fitness Instructors and obtain their YMCA Level 2 Fitness Instructor Qualifications, so that they could facilitate gym sessions. This meant that we were able to offer supported sessions at four gyms across Croydon, working in partnership with the local Exercise on Referral Scheme.

As the service developed and staff began to have a better understanding of what activities service users wanted to participate in more groups were set up. Active Minds were able to develop partnerships with other local delivery organisations, supporting them to run sessions. These included:

- **Badminton**

Funding from Play Sport London (London Development Agency) enabled us to run two five week coached badminton courses at a local badminton club. This resulted in a regular badminton session, where service users met up at a local leisure centre once a week to play badminton. Initially supported by a member of staff, this group went on to become a user led group.

- **Cookery**

In partnership with Age UK Croydon, Active Minds set up a healthy eating and social group for people aged over 55. To enable the service to expand so that all age groups could access healthy eating sessions the project coordinators undertook an Open College Network Cookery Leader qualification, which meant that six week Cook and Taste courses could be offered, to enable people to learn about health eating whilst cooking and trying new foods.

Anti-stigma Work

As a local delivery partner of Time to Change a key part of our service aims were to challenge negative attitudes towards mental health, and to reduce experiences of stigma and discrimination. Using the principles of social contact theory, we supported people with mental health problems to access mainstream services, so that they would meet people with no experience of mental health problems, and break down these negative attitudes. When working with instructors and local organisations we also educated them in mental health and how to make their services more accessible. In collaboration with service users we ran mental health awareness training for all staff working at local leisure centres.

A key part of the Time to Change programme was the Get Moving week, which was

held in October to coincide with World Mental Health Day. The objective of Get Moving was for local and community work to come together in annual mass participation events. The project aimed to raise awareness of the benefits of physical activity for mental wellbeing, as well as bringing people with and without experience of mental health problems together to break down stigma. In the final year of activity the project name was changed to the Social Contact Project. In year one Active Minds held two events: a historical two mile walk around Croydon and a ballroom dance workshop. Our Get Moving Events were a success, 38 people attended our historical walk around Croydon, and 20 members attended the ballroom dancing workshop. The ballroom workshop was so popular in our social club that they decided to make it a regular session.

Year 2

The service continued to grow in popularity, and in addition to our boxercise, gym and badminton sessions we were able to set up other activities, so that we could reach people with a variety of interests. These included:

- **Tennis**

Using funding from Playsport London (London Development Agency) we ran two six week tennis coaching courses at a local tennis club. This resulted in a weekly tennis session for service users who wished to continue playing with each other, meeting in a local park once the coaching stopped.

- **Ballroom Dance**

Playsport also funded an eight week course of Ballroom Dance lessons, which were delivered by a local dance teacher in a community hall.

- **Cook and Taste**

We ran two Cook and Taste courses, the first in partnership with a local mental health rehabilitation unit, the second was funded by Make me Smile (via the local mental health trust) and open to all service users in Croydon.

- **Yoga**

A local yoga teacher started to volunteer for the project, leading weekly yoga sessions.

- **Football**

We started a casual football session, which met weekly in a local park. It was facilitated by the project coordinator and supported by service users with an interest in football.

- **Buddy service**

Using funding from NHS Croydon, Active Minds set up the Buddying service, which worked with volunteers who met with service users weekly to provide one-to-one support to take part in the activity of their choice. Buddies worked together for around three months, until the service user had gained confidence to access the activity unsupported. We actively encouraged service users to volunteer on this project. In the first year it saw 69 people matched up with 10 buddies, who supported them in their chosen activity. These ranged from gym, boxercise, swimming, and walking. For more information about this service please see our buddy report, Appendix 3.

Anti-stigma work

In October 2009 Active Minds worked in partnership with Croydon Council and the local leisure centres to offer a whole week of activities for Get Moving week. These included cheer leading, belly dance, badminton and yoga. Active minds also secured funding from Changing Minds (via the local mental health trust) to work with service user trainers to develop and deliver 12 mental health awareness training sessions. These sessions were to be delivered over two years. The first sessions focussed on wellbeing and relaxation and were delivered to staff working at local organisations as well as a session open to the public. We also developed and delivered 'A Brief Introduction to Understanding Mental Health and its Effects'.

Awards!

Mind in Croydon were very proud to win the award for Mental Health and Wellbeing at the NHS Health and Social Care Awards in 2009.

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Year 3

In our third year we wanted to ensure that the service was meeting the needs of local service users, so a consultation was organised. We invited service users to come and discuss the service and its future either face to face, over the phone or via a questionnaire. The outcome of this consultation was that the service became much more groups focussed, with short six week courses being offered. The aim was that these would be a stepping stone for service users to build their confidence and motivation to then go on and access mainstream community services. We continued to offer our buddy service for people who wanted one-to-one support to access community groups, and activities that we did not run. We also supported service users to run their own sessions, making these sessions user led and therefore more sustainable.

Active Minds was also supported by two social work students on placement from Royal Holloway University, which enabled us to expand on the services we could offer and increase our reach. Groups included:

- Boxercise
- Archery
- Bollywood Dance
- Tennis
- Badminton
- Cook and Taste
- Gym
- Swimming
- Yoga
- Relaxation
- Football

After securing funding from the Football Foundation we were able to formalise our football group by setting up coaching sessions in partnership with Crystal Palace Football Club. The team met for a weekly training session, and put forward the Croydon Eagles football team to play in the Positive Mental Attitude League. The team were pleased to win the award for Fair Play at the final tournament of the year.

Buddying

Although the funding for the pilot of the buddy service ended, Active Minds continued to work with volunteer buddies to support people to access activities. Our volunteer buddies were valued members of the Active Minds team, often having experienced mental health problems themselves or having cared for friends and family. By enabling people with experience of mental health problems to support those in a similar situation we provided a unique service that benefited both the volunteer and the service users. Our volunteers were able to continue in their recovery, building confidence and gaining work experience while the service users reported feeling inspired by someone who had been in the same situation as them and come through it.

Anti-stigma work

We completed the Changing Minds training sessions with 113 people from local charities and the general public benefiting from the sessions. These sessions included training in mental health awareness, as well as 'Tea and Talk' where people got together to have a chat about mental health and to discuss some of the myths that exist.

We ran two Get Moving events delivered in partnership with local Council services. These included a walk attended by 26 people and a yoga session attended by 8 people.

Year 4

Year four saw a big rise in the number of referrals. This is due to both changes to the funding of the project, as well as changes in the way local NHS services were provided, with an increased focus on supporting people to access community services. We were supported by two more social work students on placement from Royal Holloway and Salford Universities. In addition to strengthening existing activities, new activities were started. Our programme included:

- Yoga
- Relaxation
- Archery
- Table Tennis
- Street Dance
- Boxercise
- Cook and Taste
- Football

Croydon Eagles joined the South London Grass Roots League. Mind in Croydon were able to support four team members to gain their Level 1 Football Coaching qualifications, so that they were able to facilitate coaching sessions, and provide support to the team when playing in matches. This meant that the team was able to set up a second coaching session, so that they could meet twice a week.

- Buddy Service

This service received further funding from NHS Croydon for another year and continued to be a popular aspect of Active Minds, with 46 service users being matched up with 18 buddies. See Appendix 3 for a more detailed report on this.

- Growing Minds

Due to changes to funding of services, the allotment and gardening project was included under the umbrella of Time to Change services.

Anti-stigma work

Living Libraries

In Partnership with Hear Us (a local service user organisation) and Croydon Libraries, we launched Living Libraries as part of our anti stigma campaign. A living library recruits volunteers to be 'books', who are able to talk about their experiences to members of the public. At the event the public came in to speak to a 'book' for about twenty minutes. We had a range of titles from 'Bipolar' to 'Occupational Therapist'. We ran two events in the central library and one at the Brit school. The events gave the public a good insight into mental health and advice on how to look after wellbeing. For more information on this, see our Living Library evaluation report (Appendix 5).

1.6 Aims of evaluation

The aim of this report is to describe the achievements of the project over the four years, to report the project outcomes and to assess these against the

project's original aims. This report will offer insights into what Mind in Croydon learned over the four years, and offer guidance to other organisations wishing to deliver a similar service. From this report we hope to be able to offer a model of best practice for community based wellbeing services.

Table 1: Number of referrals, broken down by year and gender

	Male	Female	Total
2008-9	59	43	102
2009-10	88	100	188
2010-11	86	78	166
2011-12	123	108	232
Total	356	329	688

2.0 Project outputs

2.1 Referrals

Over the four years a total of 688 people were referred to the project; 52% male and 48% female. Table 1 above shows the number of referrals by year. There was an increase from years one to two as the service became established, and the number of referrals increased dramatically in year four. This was due to the service having an extra staff member, as well as changes to local mental health services which had a greater focus on social inclusion and referral to community services. In the four years of delivering the Active Minds service only four referrals were not accepted due to them being inappropriate for the service. It is interesting to note that three of these came in year four, when the service was seeing a rise in the number of referrals.

Table 2 (below) shows the breakdown of people who made referrals to Active Minds over the four years. Community Mental Health Teams were the biggest referrers (totalling in 171 referrals from five teams). This was followed by other Mind services, and self-referrals. Our referrals did tend to mainly be for people under secondary care mental health services, even though our service was open to anyone with a mental health problem. This may have been due to the service only being accessible during the day, but also could be linked to the stigma of accessing a specific mental health service. Furthermore, the service was not heavily promoted to GPs, so it may also be due to a lack

Table 2: Source of referrals

Referral Source	2008-9	2009-10	2010-11	2011-12	Total
Mind	34	40	19	30	123
Self Referral	12	26	35	30	103
Community Mental Health Team West	8	29	18	25	80
Other Health Source	4	9	29	23	65
Westways Rehabilitation Services	3	18	12	22	55
Other Voluntary Organisation	3	13	11	12	39
Community Opportunities Service (SLAM)	0	0	0	34	34
Community Mental Health Team North	7	15	6	1	29
Community Mental Health Team East	6	4	6	12	28
GP	2	13	9	3	27
Foxley Lane Women's Service	0	8	6	12	26
Community Mental Health Team South	1	4	3	13	21
Not known	14	0	0	0	14
Community Mental Health Team Central	2	4	4	3	13
Other	2	1	6	1	10
Other Local Authority Source	1	1	0	6	8
Psychology Services		1	2	2	5
Family/Friend	3	2	0	0	5
Croydon Independent Brokerage Service		0	0	3	3
Total	102	188	166	232	688

of awareness of the service in primary care.

82% of people who were referred to Active Minds went on to access the service. See Table 3 (below) for a yearly breakdown. The reasons for people not accessing the service were because it was not something they wanted to be involved in, we were unable to contact them or they did not attend their initial appointments (we offered three initial appointments and if all three were missed they would be discharged).

Table 3: Number of referrals who accessed Active Minds

2008-9	89	87%
2009-10	160	85%
2010-11	136	82%
2011-12	176	76%
Total	561	82%

2.2 Demographics

2.2.1 Ethnicity

Table 4 (below) shows the ethnic background of the people who accessed the service. 32% were White British, which means that the majority of people referred to the service were from Black and Minority Ethnic groups. This reflects how multicultural Croydon is, and demonstrates that the Active Minds service was able to reach all parts of the community. This was a result of working closely with local community groups and ensuring that the services we provided met local needs.

2.2.2 Geographical Location of service users

Chart 1 on the next page shows which parts of Croydon the people who accessed the service lived in. The majority (35%) came from CR0, which is a less affluent part of the borough. Some parts of the borough had far fewer people accessing services. This may be due to the service not running sessions there, but also shows that people living in more affluent parts of the borough did not access the service. In Croydon, people accessing secondary mental health services do tend to live in less affluent areas (which include CR0, CR7 and SE25).

2.2.3 Employment status

Chart 2 on the next page shows the employment status of people accessing Active Minds. 55% were unemployed when they first accessed the service. People who are accessing secondary mental health services do tend to be unemployed, so this is reflective of the client group we were working with. A very small number of people were employed (2% full-time, 3% part-time or 1% self employed) and 7% were volunteering.

2.2.4 Disability

We asked service users if they had a disability. This could be any disability ranging from physical disabilities to a mental health

Table 4: Ethnicity

	2008-09	2009-10	2010-11	2011-12	Total	
White British	49	69	0	59	177	32%
Black Caribbean	6	25	5	31	67	12%
Any other black background	1	1	57	3	62	11%
Not known	5	10	2	33	50	9%
Black British*	3	3	21	8	35	6%
Indian	4	4	13	9	30	5%
Black African	4	13	3	6	26	5%
Pakistani	3	1	13	0	17	3%
White and Asian	2	2	8	4	16	3%
White and black Caribbean	3	7	1	5	16	3%
Any other ethnic group	2	6	4	1	13	2%
Any other Asian background	1	4	2	3	10	2%
Any other white background	2	2	0	5	9	2%
Any other mixed background	3	2	0	3	8	1%
White and black African	1	2	2	3	8	1%
White Irish	0	5	2	1	8	1%
Bangladeshi	0	1	3	0	4	1%
Chinese	0	2	0	0	2	0%
Declined	0	1	0	1	2	0%
Sri Lankan	0	0	0	1	1	0%
Total	89	160	136	176	561	

Chart 1: Breakdown of where people who accessed Active Minds lived

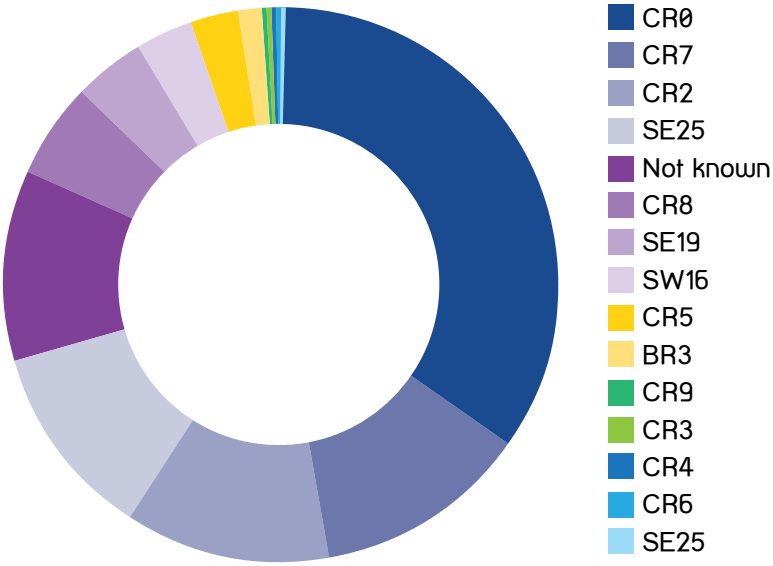
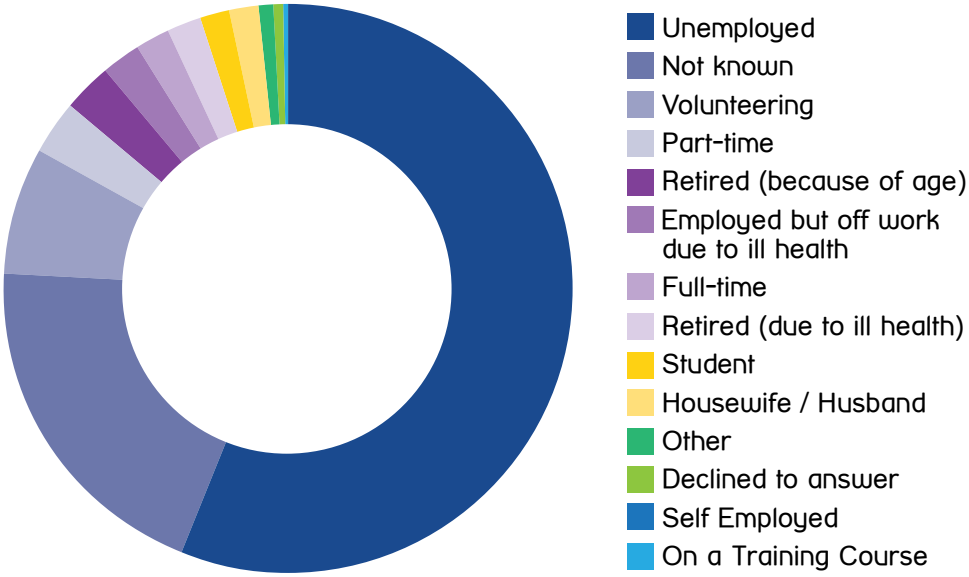


Chart 2: Employment Status



problem. 35% said no, 30% said yes and the remainder declined to answer the question. From a service provision perspective disability services include mental health as a disability, however, as it is not a visible disability some people with mental health problems do not class themselves in this group, or find this question difficult to answer.

2.2.5 Religious background

The majority of people accessing the service were Christian (42%), although, we did not know the religion of 24% of people. We did have a people from a range of religious backgrounds accessing the service, as shown in Chart 3 over page, reflecting the multicultural borough we were working in.

2.2.6 Sexuality

Table 5 shows over page that the majority of people accessing the service were heterosexual (68%), although data was not available for 24% of people. 2% were homosexual, while 1% were asexual and 1% not sure of their sexuality. There appears to be limited representation of the Lesbian Gay Transgender and Bisexual (LGBT) community in the Active Minds service.

2.2.7 Mental Health Difficulties

Table 6 over page outlines the mental health difficulties that people were experiencing when they accessed Active Minds. We have compared the psychiatric diagnosis (which was provided by the referrer) and the self-reported mental health difficulties. We did not receive a diagnosis for 39% of people accessing the service, however, the most common diagnosis was schizophrenia (16%) followed by depression (10%).

Chart 3: Religion

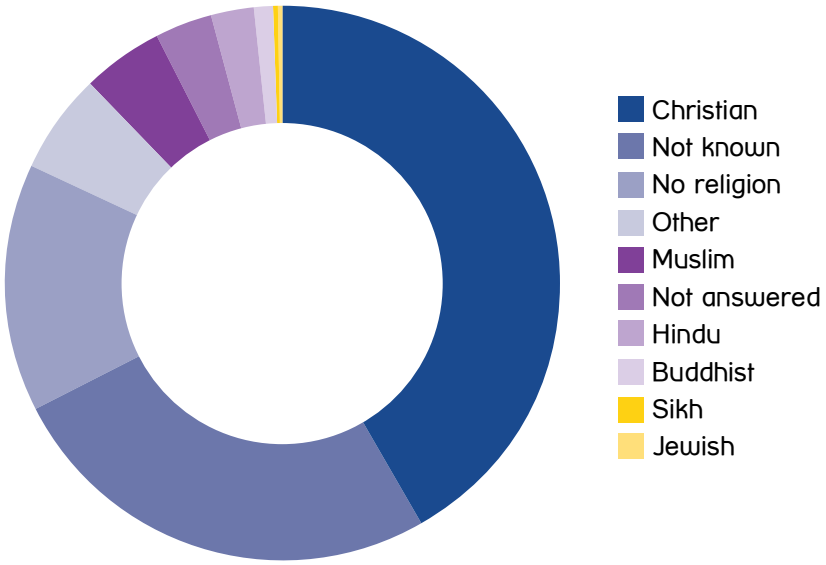


Table 5: Sexuality

	Total	
Heterosexual	380	68%
Not known	136	24%
Not answered	23	4%
Homosexual	9	2%
Asexual	7	1%
Unsure	5	1%
Bisexual	1	0%
Total	561	100%

48% of people did not provide us with their own description of their mental health difficulties. This may be due to the way that our services worked, often in a group setting, where it was not appropriate to discuss mental health issues. However, the most common self-reported mental health problem was depression (11%) followed by psychosis and schizophrenia (both 9%). This difference between self-report and diagnosis may be due to the acceptability of some mental health labels (eg depression), and the stigma attached to others (eg schizophrenia).

Table 6: Mental Health Problems, diagnosed and self-reported

Psychiatric diagnosis	Total		Self reported mental health problems	Total	
not known	123	39%	not known	149	48%
Schizophrenia	50	16%	Depression	33	11%
Depression	32	10%	Psychosis	29	9%
Psychosis	28	9%	Schizophrenia	28	9%
Bipolar	17	5%	Depression and anxiety	22	7%
Anxiety/ stress	16	5%	Anxiety	15	5%
Depression and anxiety	16	5%	Multiple	11	4%
Multiple	14	4%	Bipolar	8	3%
Personality Disorder	7	2%	None	6	2%
PTSD	4	1%	PTSD	5	2%
Substance misuse	2	1%	Other	4	1%
None	2	1%	Substance misuse	2	1%
Other	1	0%	OCD	0	0%
	312	100%		312	100%

2.3 Activities taken part in

Table 7 below shows the breakdown of activities that people took part in, by year. The activities vary year to year, as we changed our group timetable. As some people who accessed the service took part in several activities, the total number of activities taken part in is 1231. The most popular activity was the gym. This was one of the longest running activities, and was continuously available for people to access. It is also something that most people think of when considering increasing their physical activity levels. The buddy service was the next most popular, which demonstrates how many people experiencing mental health difficulties need that extra bit of support to motivate them and to enable them to overcome any anxieties about trying a new activity. Boxercise was our third most popular activity, which is another of the service's most long standing groups, as well as a very unique and innovative project, which attracts a large number of referrals.

2.4 Outcome of service

Table 8 over page shows that 48% of people who accessed the service completed. This means that they achieved their goal of either completing a physical activity course, or accessing a community service to become more active. There was a 20% 'did not attend' rate, which relates to people who stopped coming who we could not contact. 15% of people continue to access Active Minds services, while a small number dropped out because they didn't like the activity or due to physical or mental health difficulties. The adherence rate to physical activity programmes in the general population is about 50% after 6 months (Richardson et al, 2005), and for people with mental health problems it is often lower. As we had an adherence rate similar to the general population, this indicates that Active Minds was offering adequate support to people who might find adhering to an exercise programme challenging.

The average length of time someone accessed the service was 24 weeks, however, this was very variable with the longest time being 173 weeks and the shortest being 1 week.

2.5 Has the project delivered against its intended service delivery activities?

The target set by Time to Change was to reach 40 people a year. The service has by far exceeded that target, with an excellent success rate in engaging people with mental health difficulties in physical activities.

Table 7: Breakdown of activities undertaken over the 4 years

Activities	2008-09	2009-10	2010-11	2011-12	Total
Table tennis	0	0	0	2	2
Street dance	0	0	0	3	3
Bollywood Dance	0	0	7	0	7
Older people's healthy eating	12	0	0	0	12
Ballroom	0	13	0	0	13
Archery	0	2	9	6	17
Allotment	0	0	0	17	17
New Addington Gym	14	4	0	0	18
Swimming	0	0	4	16	20
Relaxation	0	0	0	20	20
Tennis	2	21	5	0	28
Football	0	13	21	7	41
Badminton	21	0	11	10	42
Cook and taste	0	13	10	21	44
One-to-one	36	0	6	4	46
South Norwood Gym	5	13	16	14	48
Purley Gym	4	16	16	12	48
Yoga	0	26	14	17	57
Thornton Heath Gym	6	40	27	35	108
Boxercise	15	35	25	35	110
Buddy	0	69	40	46	155
Gym Total	27	170	106	124	427
Total	148	435	317	371	1231

Table 8: Outcome of service

	2008-09	2009-10	2010-11	2011-12	Total	
Complete	45	80	72	70	267	48%
DNA	10	37	30	34	111	20%
Ongoing	10	6	7	60	83	15%
Did not want to continue	15	10	9	5	39	7%
Other	4	11	6	2	23	4%
Dropped out due to physical health	2	8	9	2	21	4%
Dropped out due to mental health	3	8	3	3	17	3%
Total	89	160	136	176	561	100%

3.0 Impacts and Outcomes

3.1 Outcome Measures

The Institute of Psychiatry conducted an evaluation of all of the Time to Change projects (28 in total), providing questionnaires for the projects to use. These included the Aadahl Physical Activity Scale (which measures levels of activity) and the Warwick Edinburgh Mental Wellbeing Scale (which measures mental wellbeing). We also measured weight and BMI. Baseline measurements were taken at initial meetings and these were then taken again at the end of the programme and at three month follow up, where possible.

3.1.1 Weight and BMI

Body Mass Index is the most common method for measuring obesity, and takes into account a person's height and weight. The World Health Organisation (1997) recommends a healthy BMI as being between 18.5 and 24.9. A BMI of 25-29 is classified as overweight, while a BMI of over 30 is obese.

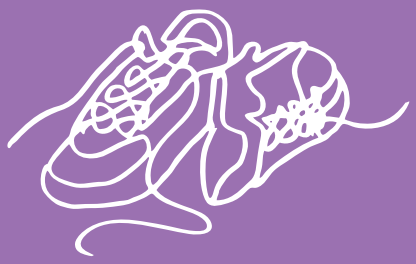
3.1.2 The Aadahl Physical Activity Scale (Aadahl et al, 2003)

This records the number of hours spent in each of seven different levels of activity during a 24 hour period, starting with the amount of time spent sleeping, to the time spent doing vigorous aerobic activity, such as running and cycling.

For health related benefits the recommended amount of physical activity is 120 minutes of moderate intensity exercise a week. This translates to around 30 minutes a day, five times a week, and it can be cumulative over the day, so 3 x 10 minutes moderate exercise would be acceptable in a day. Moderate activities are things that raise the heart rate and include fast walking, gardening, vigorous housework, e.g. vacuuming. For improvements in aerobic fitness and/or muscle tone, more specific physical activities, such as aerobics, weight training and running are required for 75 minutes a week.

3.1.3 Warwick Edinburgh Mental Wellbeing Scale (Tennant et al, 2007)

This is a 14 item scale which looks at subjective mental wellbeing and psychological functioning. All items are positively worded and address the positive aspects of mental health. The minimum score is 14 and the maximum is 70 and the results should be presented as the mean score for the population of interest. The average population mean is 51, with a high score indicating positive wellbeing.



Aadahl Scale

The levels of activity are:

a) Sleep: the recommended amount of sleep per night is eight hours (480 mins).

b) Sitting quietly, e.g. reading, watching television.

c) Sitting at a desk or table e.g. eating, writing, working on a computer.

d) Standing or driving, e.g. washing up.

d) Light housework, such as dusting, vacuuming.

e) Cycling at a leisurely pace, walking briskly.

f) Carrying, loading, gardening.

g) Aerobics or gym based exercise.

h) Running, football, racing on a bike.

3.2 Outcomes

3.2.1 Weight and BMI

We were able to collect weight and BMI data pre and post for 48 people who accessed Active Minds. We were unable to collect follow up weight data, as we did not see people at three month follow up to weigh them. Table 1 in Appendix 1 shows the descriptive statistics: the median weight at baseline was 84.8kgs and at post it was 82.5kgs. The median BMI at baseline was 28 and at post was 27.

Table 2 in Appendix 1 gives the ranks data which shows that 27 people had a higher weight at baseline than at follow up, while 13 people had a higher weight at follow up. 8 people's weight did not change. 19 people had a higher BMI at baseline compared to 7 people who had a higher BMI at follow up. 22 people's BMI stayed the same.

A Wilcoxon signed ranks test showed that there was a significant reduction in weight after accessing Active Minds ($z= -2.254$, $p<0.05$), and was a significant reduction in BMI ($z=-2.808$, $p<0.005$).

3.2.2 Warwick Edinburgh Mental Wellbeing Scale

We were able to collect pre and post data for 96 people accessing Active Minds, and we were able to collect follow up data for 21 people. Table 3 in Appendix 1 shows that the median score at baseline was 41, at post it was 45 and at follow up it was 43. Table 4 in Appendix 1 shows that 24 people's score decreased at post, and 68 people's score increased at post (showing an improvement in wellbeing). 4 people's scores stayed the same. At three month follow up 6 people's score had decreased when compared to pre, and 15 people's score had increased.

A Wilcoxon signed ranks test showed that there was a significant change (an increase) in WEMWS after accessing Active Minds ($z= -4.643$, $p< 0.0001$), but there was no significant change at three month follow up ($z=-1.080$, $p=0.280$). This may be due to the small sample size at follow up.

3.2.3 Activity levels

We were able to collect 85 physical activity scales pre and post Active Minds, and data for 25 people at three month follow up. We will discuss each activity level one by one.

a) Sleep

The recommended amount of sleep per night is eight hours (480 mins), which is the same as the median value at pre, post and three month follow up (Table 5, Appendix 1). Table 6 in Appendix 1 shows that 28 people were getting more sleep before accessing Active Minds, whereas 33 people were sleeping for longer at post and 22 people stayed the same. 11 people were getting more sleep at pre when compared to three month follow up, while 9 people were getting more sleep at three month follow up.

A Wilcoxon signed ranks test showed that there was no significant change in amount of time spent sleeping after accessing Active Minds ($z= -0.155$, $p= 0.887$) and there was no significant change at three month follow up ($z=-0.262$, $p=0.793$).

b) Sitting quietly, e.g. reading, watching television

The median score for time spent sitting quietly at baseline was 300 minutes a day, compared to 240 minutes per day at post and 180 minutes a day at three month follow up (Table 7, Appendix 1). Table 8 in Appendix 1 shows that 44 people spent longer sitting at baseline, and 22 people spent longer at post. 18 people stayed the same. 13 people spent more time sitting at baseline compared to three month follow up, 7 spent more time sitting at follow up and 5 people stayed the same.
A Wilcoxon signed ranks test showed that there was a significant reduction in amount of time spent sitting down after accessing Active Minds ($z= -3.016$, $p< 0.005$), but there was no significant change at three month follow up ($z= -1.294$, $p=0.196$).

c) Sitting at a desk or table e.g. eating, writing, working on a computer.

The median time spent sitting at a desk or table at baseline was 60 minutes, and at post it was 90 minutes, and at three month follow up it was 60 minutes (Table 9, Appendix 1). Table 10 in Appendix 1 shows that 29 people spent longer sitting at a table at baseline, while 33 people spent longer sitting at post. 20 people stayed the same. 12 people spent longer and 4 people spent less time sitting down at baseline when compared to 3 month follow up, 8 people stayed the same.

A Wilcoxon signed ranks test showed that there was no significant change in amount of time spent sitting at a table or desk after accessing Active Minds ($z= -0.441$, $p=0.659$), and there was no significant change at 3 month follow up ($z=-1.504$, $p=0.133$).

d) Standing or driving, e.g. washing up

The median score for time spent standing or driving was 60 minutes at baseline, 60 minutes at post and 60 minutes at follow up (Table 11, Appendix 1). Table 12 in Appendix 1 shows that 33 people's time spent standing or driving decreased after accessing Active Minds, while for 31 people it increased. 19 people stayed the same. At three month follow up 10 people's time had decreased, 4 people's time had increased and 10 people stayed the same.

A Wilcoxon signed ranks test

showed that there was no significant change in amount of time spent standing or driving after accessing Active Minds (z= -0.107, p=0.914), and there was no significant change at three month follow up (z=-1.239, p=1.96).

e) Light housework, such as dusting, vacuuming.

The median time spent doing light housework at baseline was 60 minutes a day, at post it was 60 minutes a day and at follow up it was also 60 minutes a day (Table 13, Appendix 1). Table 14 in Appendix 1 shows that 35 people's time spent doing light housework decreased after accessing Active Minds, while 23 people's time increased. 25 people stayed the same. At three month follow up 13 people's time decreased, 5 people's time increased and 6 people stayed the same.

A Wilcoxon signed ranks test showed that there was no significant change in the amount of time spent doing light housework after accessing Active Minds (z= -1.161, p=0.246), and there was no significant difference at three month follow up (z=-1.536, p=0.125).

f) Cycling at a leisurely pace, walking briskly

The median time spent doing light physical activity was 30 minutes at baseline, 30 minutes at post and 30 minutes at three month follow up (Table 15, Appendix 1). Table 16 in Appendix 1 shows that 27 people spent less time engaging in light physical activity at post than pre, and 32 people spent more time after accessing Active Minds. 24 people stayed the same. 10 people's time decreased at three month follow up, 7 people's time increased and 7 people's time stayed the same.

A Wilcoxon signed ranks test showed that there was no significant change in amount of time spent doing light physical activity after accessing Active Minds (z= -0.68, p=0.946), and there was no significant difference at three month follow up (z=-1.360, p=0.174).

g) Carrying, loading, gardening

The median amount of time spent doing moderate physical activity, such as gardening, carrying and loading was 0 minutes at pre, post and three month follow up (Table 17, Appendix 1). Table 18 in Appendix 1 shows that 24 people's time decreased after accessing Active Minds and 20 people's time increased. 38 people's time stayed the same. 7 people's time decreased at three month follow up, 5 people's time increased and 12 people stayed the same.

A Wilcoxon signed ranks test showed that there was no significant change in the amount of time spent doing gardening, lifting or loading after accessing Active Minds (z= -0.474 p=0.635), and there was no significant difference at three month follow up (z=-1.032, p=0.302).

h) Aerobics or gym based exercise

The median time spent doing aerobics or gym based exercise was 0 minutes at baseline, compared to 60 minutes at post and 60 minutes at three month follow up (Table 19, Appendix 1). Table 20 in Appendix 1 shows that 13 people's time spent decreased, while 47 people's time spent increased. 23 people stayed the same. Only 3 people's time had decreased at follow up, while 12 people's time had increased and 9 people had stayed the same.

A Wilcoxon signed ranks test showed that there was a significant increase in amount of time spent doing aerobics or gym based exercise after accessing Active Minds (z= -4.624 p<0.001). The change was still significant at three month follow up (z=-2.242, p<0.05).

i) Running, football, racing on a bike

The median time spent doing vigorous physical activities, such as running, football or racing on a bike was 0 minutes at baseline, 0 minutes at post and 60 minutes at three month follow up (Table 21, Appendix 1). Table 22 in Appendix 1 shows that 8 people's time doing vigorous activity decreased after accessing Active Minds, while 24 people's time increased. 50 people stayed the same. Only 1 person's time decreased at three month follow up and 10 people's time increased. 13 people stayed the same.

A Wilcoxon signed ranks test showed that there was a significant increase in amount of time spent doing vigorous physical activity after accessing Active Minds (z= -3.353 p<0.005). There was also a significant change at three month follow up (z=-2.732, p<0.01).

3.3 Summary of outcomes

Accessing the Active Minds service resulted in a significant reduction in people's weight and BMI. It led to an improved score on the WEMWS, which shows that it had a positive impact on people's wellbeing. The service also had a significant impact on activity levels: a reduction in time spent sitting down, and an increase in both moderate (aerobics and gym based activity) and vigorous activity levels (eg football, running), the latter two being maintained at 3 month follow up.

4.0 Case studies (all names have been changed to ensure confidentiality)

Case study one

Simon was referred to our boxercise course by another Mind in Croydon project. He had been experiencing depression and was unable to work. After taking part in the 10 week boxercise course, Simon's mood improved and he felt better able to cope with things, he was regularly exercising, and had also joined the local Exercise on Referral Scheme. He started volunteering at the boxercise group, supporting other people with mental health difficulties to access the service. This sparked an interest in the fitness industry, and supported by Mind, he undertook a Level 2 Fitness Instructor qualification. This enabled him to obtain part time work with the local Exercise on Referral Scheme, who also provided him with a Level 3 GP Referral qualification. Over the course of three years Simon's confidence and mood improved dramatically, while also improving his physical health by losing four stone.

Case study two

James was referred to the allotment project, and was experiencing depression and anxiety. After attending the project for about a year, he decided that he wanted to increase his physical activity levels and completed the boxercise course. As an avid football fan, James was a founding member of the Croydon Eagles football team, supporting Active Minds to set up the sessions, and organising football matches as part of the league. James undertook his Level 1 football coaching course, and as a result of this he (along with some of his peers) led a weekly training session, as well as acting as coach at team matches. Taking part in these groups led to an increase in James' fitness and reduced weight (he lost 1 stone). This meant that he was also able to train with his friends and play in their local football team. His confidence increased, and he started volunteering at a local gardening project twice a week, with the aim to find part time employment. James said 'I have got a lot out of playing for the team. The chance to get a run out and to socialise with others has had a really positive effect on me, and I think others as well.'

Case study three

Veronica was referred to the gym sessions from another Mind service. Her goals were to start getting out more and to lose weight. Initially she was not very confident in the gym, and needed someone with her to show her how to use the equipment each time. However, with lots of encouragement she gradually built up her confidence so that she was able to attend the sessions independently, and her confidence built up so much that she would often show new people how to use the equipment. She also lost some weight, and reported that lots of people had commented on how much weight she had lost. Her increase in confidence also led to her trying other activities in other areas of her life.

Case study four

'Although I broke my back at age 13, I recovered and continued to train and was a successful gymnast in the Junior British team. Growing up, various problems developed including an eating disorder but the biggest has been agoraphobia. I first started taking medication at 14 and first saw a psychiatrist when I was 15. By the time my social worker put me in touch with Mind I'd been on medication for over 20 years. It just made my agoraphobia worse because I'd sleep all day. Mind understood that I was desperate for something different; they taught me there were options.

When I was 35, mum died, that was a big thing for me. When Mind suggested I try the boxercise because I had been sporty and my body missed the exercise, I was scared because of my agoraphobia. But Andy took me on the first few occasions so I knew where I was going and was there when I met new people.

Since going to boxercise, my bubble's got bigger. I felt safe there. If I had a panic attack I knew people would understand because they've had similar experiences. I still see people from the group, I've made good friends and if I'm having a bad day, I can ring them and know they'll care. Boxercise has been the miracle I needed to put myself back together. I have got my Level 2 YMCA fitness qualification. Boxercise and Mind have changed my life.'

> **"Since going to boxercise, my bubble's got bigger. I felt safe there."**

5.0 Partnership with UEL

Active Minds worked with Dr Kate Hefferon and her research team from the University of East London, to conduct an evaluation of the boxercise group, with a particular focus on resilience and post-traumatic growth. Four studies were conducted and utilised mixed methods.

The first study (Hefferon, Mallery, Gay and Elliott, accepted) used focus groups pre and post boxercise and investigated the motivations, expectations and experiences of boxercise. The main themes that emerged from the pre-boxercise focus group were Gone off track *(Loss of physical self, Loss of confident self, Endeavour)*, Social re-integration *(Free to 'Be') and Class constituents (Wayne, Evoke power)*. Post-intervention results focused on the actual experience of the programme, including three main themes and several subthemes: Praise of class *(A focused challenge, Healthy escape, Camaraderie)*; Wayne *(Superstar status, Proxy efficacy, Wayne's gym)* and Path to metamorphosis *(Lost and found, Somatopsychic principle in practice, Heightened awareness of health)*. Overall, the study found positive physical and psychological benefits from the participation in a structured Boxercise programme for people with mental health difficulties. Furthermore, the study found that the unique 'power' (boxing) component of the class to be of particular benefit to the participants.

The second study (Hefferon, Mallery, Gay and Elliott, 2012) used quantitative measures to look at self-esteem scores (RSE) pre and post for boxercise participants, which showed that there was a significant positive effect on self-esteem. A third study compared these results to a control group which were participants from the Cook and Taste group (which had a similar format to boxercise without the physical activity component). The results showed that both groups had a significant positive effect on self-esteem. The study also found that both boxercise and cook and taste led to a post-traumatic growth, as measured using the Post Traumatic Growth Inventory.

The fourth study (Elliott and Hefferon, submitted) interviewed six boxercise participants at least six months after they have completed the course to investigate the long term mental health gains of boxercise. The results found an improvement to the participants' wellbeing, which were accounted for by the opportunities that the class afforded participants to develop positive emotion; a sense of achievement; distraction from negative emotions and cognitions; empowerment; social connectedness, and a sense of meaning and purpose. For some participants boxercise appeared to facilitate or sustain post-traumatic growth from, or benefit finding in, their experience of mental health difficulties. The authors concluded that boxercise is an effective physical activity for improving psychological well-being and promoting resilience and recovery in those with mental health difficulties.

Overall, the four studies have shown positive physical and psychological benefits from taking part in the Boxercise programme. Both qualitative studies found that the unique 'power' (boxing) component of the class to be of particular benefit to the participants. Furthermore, study three was also able to demonstrate the positive effects of taking part in the Cook and Taste group.

6.0 Did the project impact achieve its aims?

Did the project support and enable people with mental health difficulties to access services within the local community?

Yes, the project provided a wide range of activities in community venues, with a good adherence rate, which demonstrates that the project was successful in supporting people with mental health problems to access local community services.

Did the project improve mental wellbeing by increasing their activity levels, and therefore confidence and self-esteem?

Yes, the change in scores on the WEMWS demonstrates an improvement in wellbeing. Results from the boxercise studies also showed that taking part in the boxercise and cook and taste groups led to an increase in self-esteem, and case studies and anecdotal reports from service users show that confidence improved after accessing the Active Minds services.

Did the project improve physical health by supporting people to be more active?

Yes, the data from the Aadahl Physical Activity Scale, shows that people spent less time sitting down and more time taking part in moderate and vigourous physical activity after accessing the project.

Did the project enable people with mental health problems to develop social networks within their community and to feel more socially included?

Although we did not measure this outcome, we know from anecdotal reports and case studies that accessing Active Minds improved social networks. Furthermore, some of the themes that emerged from the boxercise focus groups referred to social connectedness and camaraderie as being an important part of the programme.

Did the project reduce stigma and discrimination towards people with mental health problems and increase awareness of mental health issues?

Since Time to Change began, the Institute of Psychiatry (IoP) have asked a sample of 1000 people with mental health difficulties about their experiences of discrimination every year. Their results have found a 3% increase in the numbers of people reporting no discrimination in their lives, and a significant 11.5% reduction in the average levels of discrimination reported in 2011 when compared to 2008. These findings are supported by research which indicates that there has been a 2.4% improvement in general attitudes towards people with a mental health difficulties. The Institute of Psychiatry conclude that there is a clear and consistent link between these changes in attitudes, knowledge and behaviour around mental health can be linked to the Time to Change campaign (Time to Change Impact report, 2012).

Feedback from our Living Library events also showed that this was an effective way to raise awareness of mental health and to break down negative attitudes. One 'reader' said that 'mental illnesses shouldn't be perceived as a taboo' after speaking to her 'book'.

7.0 Process learning and the future

7.1 What are our key learning points?

1. Closed groups provide a safe environment for people to build confidence

Although we wanted to focus on social inclusion and supporting people to access community based and mainstream services, it is important to be aware that this is a big step for people who have mental health difficulties and who are currently quite isolated, and with low self-esteem. It is important to work with people to look at where they are, and what is achievable for them at that point in time, taking small steps. By creating short-term, closed groups for people with mental health problems, participants were able to build their confidence in an environment that was familiar, with people in similar situations. Once they had built some confidence in these settings, then people were able try more mainstream services.

2. Six weeks is the optimum length for groups

The groups need to be short-term. We initially ran a 10 week course in boxercise, but found that by weeks 5-6 people had achieved their goals, feeling more confident and able to start exercising independently of the group (which led to a drop in attendance rates after week six). A 10 week course is also a long commitment, and often clashes with other appointments or commitments that people may have. Therefore six weeks is the optimum length for groups.

3. Active Minds needs to be better promoted in primary care

Referrals to the service tended to be from secondary services. There are a number of reasons for this. Mind is traditionally viewed as an organisation for people with more severe mental health problems, so people who do not view themselves as being in this group might not associate themselves with Mind services. Mind in Croydon has good working relationships with secondary mental health services, and therefore referrals from these teams are high. Finally, the Active Minds service was only available in the week, so was not accessible to people who work full-time. With commissioning of services moving to GPs, Active Minds needs to think about how it can raise its profile with GPs, and work more with primary care services. At the same time, it needs to remain aware of the service's capacity, as an increase in referrals may lead to an increase in waiting times.

4. To reach diverse communities services need to be embedded in the local community

Active Minds was successful in reaching BME groups, and reflecting the needs of the local community. There are a number of reasons for this: a) Active Minds staff worked really closely with service users to develop and deliver the service. Service users had a key role in deciding what activities were on offer, ensuring that their needs were met; b) Active Minds staff worked really closely with local community groups and Community Development Workers to promote the service and to ensure that the service met the diverse needs of the community. Services need to ensure that they are embedded in within the local community.

5. Active Minds needs to consider the needs of the LGBT community

The number of people from the LGBT community was very low. Active Minds needs to consider why that is, and think about how we can meet the needs of this community. Does the service need to offer specific support for this group? Or is it because their needs are being met elsewhere?

6. Volunteer buddies are an important part of the service

The popularity of the buddying service shows that people do need that extra bit of support to help them get going with an activity. This is an important first step on the journey to becoming more active, and is an important part of the service that should continue. Having volunteer buddies to support people to try out new activities in new environments is an important way to overcome any difficulties people have. This is an important consideration to be made when developing physical activity services for people with mental health problems.

7. People's reasons for taking part in physical activity are varied

People's goals were not always what we expected them to be. Initially we thought that the main reason for getting active would be about weight loss. But this was often not the case - it was more about getting out,

reducing isolation, and building confidence. For, some people, particularly males, it was about building body mass, and therefore putting weight on. The reasons for taking up physical activity are varied and many, and do not necessarily link to physical health outcomes.

8. It is important to look at popularity of potential groups

Although we worked with service users to select what groups to run, we also should have spent some time looking at popularity. For example, table tennis and street dance came as a result of a direct request from service users, who we supported to obtain funding. However, attendance at these sessions was very poor. Was this because these activities weren't very popular?

9. Venues for activities need to be easily accessible by public transport

Location of venues had an impact on attendance. When selecting venues, it is really important to make sure that they are accessible. Croydon is a very big borough, and the people accessing Active Minds tend to rely on public transport. When venues were not centrally located, attendance levels were lower.

10. It is important to encourage people to fill complete questionnaires face to face

Data collection was a challenge in the project. Whilst we were able to get baseline data for most people, follow ups were more difficult, particularly if the person no longer accessed the service, and the results may not reflect the outcomes for all people who accessed the sessions. People who no longer accessed the service were posted forms, but often did not return them. We found that some people whose mental health had improved a lot no longer wanted to associate themselves with the service for fear that it would bring back distressing memories. This is why the follow up data is so low, and it can be hard to draw conclusions from such a small sample.

11. Offering service users volunteering opportunities is an important part of their recovery

By encouraging people who had accessed the service to volunteer as a buddy, it offered them an opportunity to 'give something back', as well as to build their confidence and get them ready for taking steps towards employment.

7.2 What are the key ingredients for success and a sustainable model of delivery for the future?

For a successful service it is important to have:

1) Service user involvement, from the beginning and at all levels of the project, from service development to delivery.
2) A range of activities for people to try, to meet the needs of a diverse audience.
3) Closed groups, so that people can start to slowly build their confidence to try new activities.
4) An option for one-to-one support for people who do not feel comfortable in group settings.
5) Volunteer policies and procedures in place to ensure that volunteers are adequately supported and valued, providing them with regular opportunities for support.
6) Good links with the local community and local services.
7) Systems that ensure that services are accessible to all.

7.3 Sustainability

Considering the dramatic increase in referrals to the service in year four, two staff members are a requirement to run the service. Their role includes processing referrals, coordinating groups and managing volunteers. Being able to work with volunteers to deliver groups as well as offering one-to-one support enabled Active Minds to extend its reach, but the resources required to recruit, train and support volunteers should not be underestimated. Furthermore, a staff presence at group sessions did seem to have an impact on attendance, as it demonstrated a commitment to the session and supporting service users, and gave people the sense that they are valued members of the group. Therefore, staff need to have the time and flexibility to attend sessions, at least until volunteers are established in their role.

Funding for the service also needs to include a budget for activities. Although service users did pay for the activities they took part in, activities that cost more than £3 a session were often too expensive for people and affected attendance. Without support for funding for many of the groups, Active Minds would not have been able to offer such a wide variety of groups that were accessible to all.

7.4 Summary and concluding points

Overall the project has been a success.

- It has delivered against its intended activity and outputs
- It has achieved positive outcomes for people with mental health problems, in particular improved wellbeing, self-esteem and confidence and increased physical activity levels. It has also led to improved volunteer opportunities for service users.
- There have been a number of learning points around service delivery.
- This project needs to have continued commitment to enable it to continue in the long-term. However, this depends on future funding opportunities.

This evaluation shows that Active Minds is a successful project, which has good outcomes for people with mental health problems. To support recovery and maintain wellbeing a holistic approach is necessary, and physical activity projects such as this are invaluable for people to gain confidence, improve self-esteem and improve physical health. Other mental health services can learn from that Active Minds model and use it to develop and improve mental health services.

References

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Appendices

Appendix 1: Tables
Appendix 2: Buddy pilot report
Appendix 3: Buddy report
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Appendix 6: Living book titles

APPENDIX 1

Table 1: Descriptive Statistics for weight and BMI

	N	Mean	Std. Deviation	Minimum	Maximum	Percentiles		
						25th	50th (Median)	75th
WEIGHTPRE	48	86.6042	19.74900	53.50	140.70	72.0000	84.7500	101.0000
BMIPRE	48	28.5575	6.37912	18.70	47.00	24.0000	28.0000	34.7500
WEIGHTPOST	48	85.3750	19.53679	54.00	139.00	70.7500	82.5000	101.0000
BMIPOST	48	28.0021	6.21701	18.00	47.00	23.2500	27.0000	33.5000

Table 2: Ranks data for weight and BMI

		N	Mean Rank	Sum of Ranks
WEIGHTPOST – WEIGHTPRE	Negative Ranks	27a	21.39	577.50
	Positive Ranks	13b	18.65	242.50
	Ties	8c		
	Total	48		
BMIPOST - BMIPRE	Negative Ranks	19d	15.03	285.50
	Positive Ranks	7e	9.36	65.50
	Ties	22f		
	Total	48		

a. WEIGHTPOST < WEIGHTPRE
b. WEIGHTPOST > WEIGHTPRE
c. WEIGHTPOST = WEIGHTPRE
d. BMIPOST < BMIPRE
e. BMIPOST > BMIPRE
f. BMIPOST = BMIPRE

Table 3: Descriptive Statistics for Warwick Edinburgh Mental Wellbeing Scale (WEMWS)

	N	Mean	Std. Deviation	Minimum	Maximum	Percentiles		
						25th	50th (Median)	75th
WWEMWBPRE	96	45.46	46.241	17	480	34.25	41.00	47.00
WEMWBPOST	96	45.50	10.515	18	70	39.25	45.00	53.00
WEMWBFU	21	42.62	11.745	22	70	32.00	43.00	50.00

Table 4: Ranks data for WEMWS

		N	Mean Rank	Sum of Ranks
WEMWBPOST – WEMWBPRE	Negative Ranks	24a	39.48	947.50
	Positive Ranks	68b	48.98	3330.50
	Ties	4c		
	Total	96		
WEMWBFU - WEMWBPRE	Negative Ranks	6d	14.08	84.50
	Positive Ranks	15e	9.77	146.50
	Ties	0f		
	Total	21		

a. WEMWBPOST < WEMWBPRE
b. WEMWBPOST > WEMWBPRE
c. WEMWBPOST = WEMWBPRE
d. WEMWBFU < WEMWBPRE
e. WEMWBFU > WEMWBPRE
f. WEMWBFU = WEMWBPRE

Table 5: Descriptive statistics for sleep (minutes spent at baseline, post and follow up)

	N	Mean	Std. Deviation	Minimum	Maximum	Percentiles		
						25th	50th (Median)	75th
A	83	467.95	193.061	0	1140	360.00	480.00	560.00
A2	85	472.41	157.099	120	900	360.00	480.00	565.00
A3	25	435.80	198.975	0	900	300.00	480.00	510.00

Table 6: Ranks data for sleep

		N	Mean Rank	Sum of Ranks
A2 - A	Negative Ranks	28a	33.00	924.00
	Positive Ranks	33b	29.30	967.00
	Ties	22c		
	Total	83		
A3 - A	Negative Ranks	11d	10.18	112.00
	Positive Ranks	9e	10.89	98.00
	Ties	5f		
	Total	25		

a. A2 < A
b. A2 > A
c. A2 = A
d. A3 < A
e. A3 > A
f. A3 = A

Table 7: Descriptive Statistics for time spent sitting (minutes) at baseline, post and follow up

	N	Mean	Std. Deviation	Minimum	Maximum	Percentiles		
						25th	50th (Median)	75th
B	85	310.94	188.822	0	900	180.00	300.00	420.00
B2	84	236.73	161.276	0	840	120.00	240.00	300.00
B3	25	267.60	226.978	0	840	120.00	180.00	360.00

Table 8: Ranks data for time spent sitting

		N	Mean Rank	Sum of Ranks
B2 – B	Negative Ranks	44a	35.82	1576.00
	Positive Ranks	22b	28.86	635.00
	Ties	18c		
	Total	84		
B3 – B	Negative Ranks	13d	10.73	139.50
	Positive Ranks	7e	10.07	70.50
	Ties	5f		
	Total	25		

a. B2 < B
b. B2 > B
c. B2 = B
d. B3 < B
e. B3 > B
f. B3 = B

Table 9: Descriptive Statistics for time spent sitting at a table (minutes at baseline, post and follow up)

	N	Mean	Std. Deviation	Minimum	Maximum	Percentiles		
						25th	50th (Median)	75th
C	84	116.96	130.972	0	600	11.25	60.00	180.00
C2	83	106.75	95.014	0	480	60.00	90.00	150.00
C3	25	92.20	95.307	0	360	12.50	60.00	120.00

Table 10: Ranks data for sitting at a table

		N	Mean Rank	Sum of Ranks
C2 – C	Negative Ranks	29a	35.83	1039.00
	Positive Ranks	33b	27.70	914.00
	Ties	20c		
	Total	82		
C3 – C	Negative Ranks	12d	8.08	97.00
	Positive Ranks	4e	9.75	39.00
	Ties	8f		
	Total	24		

a. C2 < C
b. C2 > C
c. C2 = C
d. C3 < C
e. C3 > C
f. C3 = C

Table 11: Descriptive Statistics for time spent standing or driving (minutes at baseline, post and follow up)

	N	Mean	Std. Deviation	Minimum	Maximum	Percentiles		
						25th	50th (Median)	75th
D	84	78.10	74.518	0	360	30.00	60.00	120.00
D2	84	77.50	67.557	0	300	30.00	60.00	120.00
D3	25	59.00	44.300	0	180	30.00	60.00	60.00

Table 12: Ranks data for time spent standing or driving

		N	Mean Rank	Sum of Ranks
D2 – D	Negative Ranks	33a	31.03	1024.00
	Positive Ranks	31b	34.06	1056.00
	Ties	19c		
	Total	83		
D3 – D	Negative Ranks	10d	7.30	73.00
	Positive Ranks	4e	8.00	32.00
	Ties	10f		
	Total	24		

a. D2 < D
b. D2 > D
c. D2 = D
d. D3 < D
e. D3 > D
f. D3 = D

Table 13: Descriptive Statistics for light housework (minutes at baseline, post and follow up)

	N	Mean	Std. Deviation	Minimum	Maximum	Percentiles		
						25th	50th (Median)	75th
E	84	103.04	270.075	0	2470	30.00	60.00	112.50
E2	84	75.29	84.928	0	630	30.00	60.00	90.00
E3	25	62.20	61.205	0	240	30.00	60.00	60.00

Table 14: Ranks data for light housework

		N	Mean Rank	Sum of Ranks
E2 – E	Negative Ranks	35a	28.71	1005.00
	Positive Ranks	23b	30.70	706.00
	Ties	25c		
	Total	83		
E3 – E	Negative Ranks	13d	9.27	120.50
	Positive Ranks	5e	10.10	50.50
	Ties	6f		
	Total	24		

a. E2 < E
b. E2 > E
c. E2 = E
d. E3 < E
e. E3 > E
f. E3 = E

Table 15: Descriptive Statistics for light physical activity (minutes at baseline, post and follow up)

	N	Mean	Std. Deviation	Minimum	Maximum	Percentiles		
						25th	50th (Median)	75th
F	84	49.11	60.296	0	330	.00	30.00	60.00
F2	84	46.37	51.987	0	300	.00	30.00	60.00
F3	25	37.20	43.062	0	140	.00	30.00	60.00

Table 16: Ranks data for light physical activity

		N	Mean Rank	Sum of Ranks
F2 – F	Negative Ranks	27a	32.44	876.00
	Positive Ranks	32b	27.94	894.00
	Ties	24c		
	Total	83		
F3 – F	Negative Ranks	10d	10.50	105.00
	Positive Ranks	7e	6.86	48.00
	Ties	7f		
	Total	24		

a. F2 < F
b. F2 > F
c. F2 = F
d. F3 < F
e. F3 > F
f. F3 = F

Table 17: Descriptive Statistics for carrying, loading or gardening (minutes at baseline, post and follow up)

	N	Mean	Std. Deviation	Minimum	Maximum	Percentiles		
						25th	50th (Median)	75th
G	84	32.92	61.160	0	360	.00	.00	60.00
G2	83	31.75	59.743	0	360	.00	.00	60.00
G3	25	44.20	88.902	0	420	.00	.00	60.00

Table 18: Ranks data for carrying, loading or gardening

		N	Mean Rank	Sum of Ranks
G2 – G	Negative Ranks	24a	22.31	535.50
	Positive Ranks	20b	22.73	454.50
	Ties	38c		
	Total	82		
G3 – G	Negative Ranks	7d	7.43	52.00
	Positive Ranks	5e	5.20	26.00
	Ties	12f		
	Total	24		

a. G2 < G
b. G2 > G
c. G2 = G
d. G3 < G
e. G3 > G
f. G3 = G

Table 19: Descriptive Statistics for moderate physical activity (minutes at baseline, post and follow up)

	N	Mean	Std. Deviation	Minimum	Maximum	Percentiles		
						25th	50th (Median)	75th
H	84	21.13	40.063	0	240	.00	.00	45.00
H2	84	53.87	48.553	0	210	.00	60.00	90.00
H3	25	52.20	48.436	0	180	.00	60.00	75.00

Table 20: Ranks data for moderate physical activity

		N	Mean Rank	Sum of Ranks
H2 – H	Negative Ranks	13a	22.58	293.50
	Positive Ranks	47b	32.69	1536.50
	Ties	23c		
	Total	83		
H3 – H	Negative Ranks	3d	7.00	21.00
	Positive Ranks	12e	8.25	99.00
	Ties	9f		
	Total	24		

a. H2 < H
b. H2 > H
c. H2 = H
d. H3 < H
e. H3 > H
f. H3 = H

Table 21: Descriptive Statistics for vigorous physical activity (minutes at baseline, post and follow up)

	N	Mean	Std. Deviation	Minimum	Maximum	Percentiles		
						25th	50th (Median)	75th
I	84	15.12	32.394	0	120	.00	.00	.00
I2	83	36.45	53.577	0	240	.00	.00	60.00
I3	25	92.00	221.284	0	1120	.00	60.00	105.00

Table 22: Ranks data for vigorous physical activity

		N	Mean Rank	Sum of Ranks
I2 – I	Negative Ranks	8a	10.75	86.00
	Positive Ranks	24b	18.42	442.00
	Ties	50c		
	Total	82		
I3 – I	Negative Ranks	1d	2.50	2.50
	Positive Ranks	10e	6.35	63.50
	Ties	13f		
	Total	24		

a. I2 < I
b. I2 > I
c. I2 = I
d. I3 < I
e. I3 > I
f. I3 = I

Appendix 4: Boxercise studies

Hefferon, K., Mallery, R., Gay, C. and Elliott, S. (accepted) *'Leave all the troubles of the outside world'*: A qualitative study on the binary benefits of 'Boxercise' for individuals with mental health difficulties. Qualitative Research in Sport and Exercise

With a growing trend to advocate physical activity as an adjunct to mental health treatment, this study aimed to assess the motivations, expectations and experiences of a 6-week structured physical activity programme, specifically Boxercise, for individuals with mental health difficulties. This study consisted of one pre-intervention focus group (n=8) and one post-intervention focus group (n=4), employing inductive thematic analysis to assess the motivations, expectations and experiences of Boxercise. The pre-intervention results yielded three main themes and several subthemes: Gone off track (Loss of physical self, Loss of confident self, Endeavour), Social re-integration (Free to 'Be') and Class constituents (Wayne, Evoke power). Post-intervention results focused on the actual experience of the programme, including three main themes and several subthemes: Praise of class (A focused challenge, Healthy escape, Camaraderie); Wayne (Superstar status, Proxy efficacy, Wayne's gym) and Path to metamorphosis (Lost and found, Somatopsychic principle in practice, Heightened awareness of health). Overall, the study found positive physical and psychological benefits from the participation in a structured Boxercise programme for people with mental health difficulties. Furthermore, the study found that the unique 'power' (boxing) component of the class to be of particular benefit to the participants. Implications for practice and suggestions for future research are discussed.

Hefferon, K., Mallery, R., Gay, C. & Elliot, S. (2012) Feeling the power: Reviewing the physical and psychological benefits of Boxercise for individuals with mental health difficulties. Paper presented at the 6th European Conference on Positive Psychology, Moscow, Russia.

The evidence supporting the binary (physical and psychological) benefits of engaging in physical activity is aplenty (for a review, see Hefferon & Mutrie, 2011, 2012; Biddle & Mutrie, 2008). Study 2 found a significant difference in the scores from time 1 and time 2 conditions; $t(58)=-2.200$, $p = .032$. Study 3 found both the boxercise and Cook and taste activities had a beneficial effect on Self-Esteem, but this effect was strongest for the Cook activity. The main effects and interaction did not achieve significance for the CES-D, Resilience scale or SWLS. However, a significant effect was found for Prepost on the PTGI, indicating that both activities had a beneficial effect on Post-Traumatic Growth.

Elliott, S. and Hefferon, K. (2012) 'A little twinkle in all the fog': the perceived role of a boxercise class in improving the mental health of people with mental health difficulties. Submitted

Objectives: This study reports findings from a qualitative study, the aim of which was to identify how participants with mental health difficulties accounted for longer-term mental health gains that they experienced as a result of participating in an established group boxercise class facilitated by a London mental health charity. This study forms one strand of a wider evaluation of this boxercise programme.
Methods: A purposeful sample of six people with mental health difficulties, who reported that they had experienced benefit from participation in the boxercise class, was recruited from several cohorts of boxercise classes who had completed the programme at least six months before the research commenced. Semi-structured interviews were recorded and transcribed. Interpretative phenomenological analysis was used to interpret the participants' understandings of their experience of boxercise.
Results: Improvement to the participants' wellbeing were accounted for by the opportunities that the class afforded participants to develop positive emotion; a sense of achievement; distraction from negative emotions and cognitions; empowerment; social connectedness, and a sense of meaning and purpose. For some participants this class appeared also to facilitate or sustain post-traumatic growth from, or benefit finding in, their experience of mental health difficulties.
Conclusions: Boxercise may be an efficacious physical activity for improving psychological well-being and promoting resilience and recovery with those with mental health difficulties, especially those who may have additional or consequential cognitive and linguistic impairments. Further research needs to be undertaken to weigh up the benefits of boxercise sparring with the possible disbenefits of sparring.

Appendix 5: Living library evaluations

Evaluation of human library event June 2011

The Human Library Event took place on 15th June 2011. It was held at Croydon Central Library, and was organised by the library staff, Mind in Croydon and Hear Us. The event was held on the 1st floor of the library, with an information stall at the entrance, and free yoga sessions at the Healthy Living Hub.

Books: There were 13 volunteers who were 'books' at the event, with a range of titles (see appendix 6).

Stories told: 25 books were taken out, there were 18 unique readers, 7 male and 11 female.

We gave evaluation forms to all readers and books, however not all of the questions were answered on some of the forms.

Readers

Age	17-25	26-35	36-59	60 and over	Not known
Total	4	4	5	2	3

Nationality

Only six people responded to this question, and they all said they were British.

How did people hear about the event?

10 people found out about the event at the library on the day, two people saw posters advertising the event and one person heard about it from Hear Us. No one had ever been to a Human Library before.

Q: What Was Your Impression Of The Living Library? (Scale 1 = not good / 5 = very good)

- 9 people scored this as 5
- 3 people scored this as 4
- 4 people scored this as a 3

Q: How did you like the selection of books available? (Scale 1 = inappropriate / 5 = very clear)

- 7 people scored this as 5
- 3 people scored this as 4
- 3 people scored this as a 3

Q: How would you evaluate the support of the Living Library organisers and the Librarians? (Scale 1 = not helpful at all / 5 = very helpful)

- 11 people scored this as 5
- 3 people scored this as 4

Q: What was the most important experience for you while you have been reading the books?

Being able to interact was important for a lot of people, as well as taking to 'someone who has actually experienced a mental health problem', and 'that it was a true story'.

For a lot of people the most important aspect was having someone that they could relate to: 'Listening to experiences that relates to my own',

‘Quite appropriate to my problem and my enquiries’,

‘Knowing I was not alone and not mad, relating to a lot of the info’, ‘My experience of being a Mum was similar to the book’.

‘She was a really good explainer, giving good examples about real life. She made me feel much better’,

‘Listening to someone else’s story’

Other things people found helpful was the way the books acted: ’he was calm’ and ‘that they were open and showed empathy’. The event also gave one person ‘professional insight’.

Q: Have you learned anything new in reading a book or several books at the Living Library?

One person commented that it was ‘enlightening and interesting’. Some people realised that ‘there are people in the same situation as me’, and others learned about how to look after their own mental health: ‘exercise helps’, ‘the sun project’, ‘there is a lot more help available than I presumed’, ‘instead of thinking the problems or people, start to do more’.

Other people learned a bit more about mental health problems ‘depression/ anxiety is wide ranging and encompassed more than I expected’. As well as the stigma that surrounds them ‘mental illnesses shouldn’t be perceived as a taboo’

Q: Would you recommend others to become readers of the Human Library?

Everyone said that they would recommend the event.

Q: Would you like to recommend any new books to be presented?

There were a couple of suggestions ‘Life without mental health’ and Eating disorders

Other comments

‘It was a great service’

‘Do it again’

‘I hope they would be treated 100% with no discrimination, as they can be cured’

‘Thanks for the interesting experience’

‘Very enjoyable, well organised’

‘Very helpful, thank you very much’

‘If you can do this same time again I will be coming to join you. Thanks a lot’

We asked all the ‘books’ to complete evaluation forms to let us know about their experiences at the Human Library. Five people returned these.

Q: What was your impression of the Living Library? (Scale 1 = not good / 5 = very good)

- 4 people scored this as 5
- 1 person scored this as 4

Q: How well do you think the event was organised? (Scale = 1-not well, 5 – Very well)

- 2 people scored this as 5
- 2 people scored this as 4
- 1 person scored this as 3

Q: Did you feel supported at the event? (Scale = 1-not well, 5 – Very well)

- 4 people scored this as 5
- 1 person scored this as 4

Q: What do you think went well at the event?

'I thought the event was brilliant and felt totally supported.'

'Most of the books turned up and participated really well'

'The public seemed interested in what we were doing'

'The library staff were enthusiastic'

'A great opportunity to reduce stigma surrounding mental health.'

'The shelf monitors were excellent and did a much needed job. The location on level 1 was good and felt friendly. There was a good range of books available.'
'The choices of "books" available was great, varied and coming from different perspectives of mental health for the public to choose from.'

Q: What do you think could have been better about the event?

All respondents thought that the event should have been better publicised, making some suggestions for future events such as distributing flyers before the event, and more widely distributing them. Having 'much bigger posters up at the library explaining the event.'

'I think we could have promoted the event more before and on the day. I feel we should have given out postcards to more people as they have the website address on the back and some people are embarrassed to talk about mental health but may look at the website. If we put stickers with the date of the event on we could hand them out in advance. I would have liked goody bags for anyone who borrowed a book. It could contain useful phone numbers, a pen etc. badges that say 'I am a book, borrow me' might have been fun too. Overall I think it was a fantastic event.'

Q: What was the most important experience for you while you taking part in the event?

'To help to spread the word that mental health is nothing to be scared of.'

'In general being around so many people from a variety of backgrounds and hearing them speak openly about themselves and their lives.'

'Feeling that my experiences were valued.'

Q: Did you get anything out of taking part at the event? If so, what?
'I got a feeling of being comfortable with my illness'

'Very rewarding'

'Good to 'talk mental health' with the general public'

'Further understanding of mental health issues such as bi-polar and personality disorder. Really learned some things about how these affect individuals lives. I didn't know for instance that some individuals with bipolar don't recognise at all the symptoms of when they are becoming unwell.'

'Not feeling so alone and feeling that the years I have spent struggling with depression etc may help someone else'

Q: Was there anything that you found difficult at the event?

Not having sat face to face with some one who wasn't a professional and talking about me.

‘The fact that the event had not been properly advertised and therefore not enough people were showing an interest. ‘

‘Keeping conversations going for 20 minutes’

‘I felt nervous as I was unsure what the ’borrower’ expected of me.’

Q: Would you recommend others to become books of the Living Library?

All four people responded ‘yes’.

Q: Would you like to take part in future events?

All four people said yes definitely.

Q: Do you have any recommendations for future events? E.g. things you would do differently, or venues you could suggest?

‘I think a longer ad campaign would help‘

‘We should definitely do this again at Croydon Library’

‘Better advertising’

‘Flyers handed out to the public in advance as well as flyers to hand out outside the library on the day’

‘Larger promotion or as suggested by a few people, linking in with another event. Could possibly print the blurbs on t-shirts so even as people are walking around others can see what the different subjects are, although this would probably push costs up. Something I would do differently is making my blurb less formal and more personal.’

Other comments.

‘I would just like to thank those who made it a success. And look forward to the next one.’

‘Well done for bringing it all together, was a great afternoon and the more it went on the more there seemed to be a real buzz happening. I thought the shelf monitors were great in checking on us and making sure we were ok and taking us for regular breaks, especially the 2 ladies who worked at the library. Should definitely do another one.’

Conclusions

Overall the event was a success and it is something that we would like to try again in the future, taking on some of the comments and recommendations. We will try to publicise the event more widely to ensure people are aware of it and know when and where to go. We might look at alternative venues, in a more public place, to maximize the potential for passers by to come in. We will also put together ‘goody bags’ containing information for people to take away, as well as larger signage for the books to wear.

Appendix 6:

Book Titles

Smoking cannabis, fitting in
My struggle with being me
Happy being labelled with bipolar
My secret addiction
Jane
Mother
Social work and mental health
Revolving Door
Horses for courses
Zen and the art of mental health commisioning
Employment
Occupational Therapy
Helping others to help themselves