



**Building a Healthy Future:  
Summary evaluation of the Mind resilience  
programme for people with long-term  
conditions**

Interim Report  
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## Resilience at Mind

There may be times or situations in our lives that are more difficult than others. The capacity to stay mentally well during those times is what we call 'resilience'.

Resilience is not simply a person's ability to 'bounce back', but their capacity to adapt in the face of challenging circumstances, whilst maintaining a stable mental wellbeing

We believe resilience is something that can change over time – and therefore, people have the power to change it; it can be taught, and learned; the elements that build resilience can be introduced into everyday life, and it is not something that you are born either with or without.

### The three parts of resilience

Our approach to resilience identifies three key elements, which we believe lie at the heart of staying mentally well: wellbeing, social connections and having ways to cope with difficult events.

Our work on resilience is based on helping people to develop all three elements:

- **Wellbeing**  
Mental wellbeing describes our mental state – how we are feeling and how well we can cope with day-to-day life. Our emotional wellbeing can change, from day to day, month to month or year to year.
- **Social connections**  
Connecting with other people isn't always easy and many of us can sometimes feel isolated or struggle with relationships. We aim to tackle loneliness and increase resilience by supporting projects that bring isolated individuals and people with similar experiences, together.
- **Ways to cope**  
There is growing evidence that psychological treatments, including cognitive behavioural therapy (CBT), can play a key role in preventing, as well as treating, mental health problems. This part of our work engages with people who are well, and especially with those who we've identified as being at higher risk of developing mental health problems.

## What are we doing?

As part of our continued work around resilience, we have launched Building a Healthy Future, an early intervention, wellbeing programme to support anyone with a long-term physical condition, to stay well. This programme aims to reduce the likelihood of anyone with arthritis, diabetes or a heart condition, developing a mental health problem.

We hope an additional outcome of this work will be that people with long-term conditions will use crisis care less frequently.

This programme is funded by the Department of Health and being run in partnership with Arthritis Research UK, British Heart Foundation, Diabetes UK and local Minds.

## About the programme

Building a Healthy Future is a pilot, group programme that provides wellbeing sessions to support people with long-term physical conditions but not mental health problems.

The programme is delivered in six week courses and covers a range of CBT and mindfulness techniques. These tools and skills help people to better cope with the stresses, strains and emotions of living with physical conditions, and become more resilient to developing mental health problems.

The programme is being delivered by Birmingham Mind and Manchester Mind, who bring to this project lots of experience and success in the delivery of community-based programmes. Ongoing support is available to participants through peer support groups.

## Evaluation

The Institute for Health and Wellbeing, at Leeds Beckett University were appointed to conduct the evaluation of the Building a Healthy future Programme. The key evaluation aims, as set out in the evaluation brief are:

- a) To measure the extent to which the programme meets defined outcomes concerning building resilience among people with long-term conditions so reducing their likelihood of developing mental health problems. The evaluation will aid understanding of Mind's approach to building resilience, and strengthen the evidence base towards driving the sustainability of the work
- b) To draw out learning about how best to deliver outcomes around improved resilience
- c) To illuminate the factors i) driving success and ii) limiting success within the project, for example in relation to promotion, outreach, engagement and follow-up, in order to understand how to improve projects for the future and how to replicate project success

Objectives include:

- Identify to what extent the perceived resilience of programme participants has increased across the two pilot locations
- Examine how the programme processes work for participants, under what circumstances, for which particular groups of participants (taking account of long-term health condition, gender, and age)
- Explore issues concerning sustainability for the resilience programme

Outcomes which are being evaluated:

- Impact of resilience projects on participants' perceived resilience using a resilience measurement questionnaire consisting of three scales concerning wellbeing, social efficacy and social networks; and related items about managing a long-term condition, and using interview data from interviews with 16 participants and eight stakeholders, as well as case studies of six - eight participants

- The final report will also report on quantitative data analysis provided by Mind's evaluation team to consider hypothetical financial savings

## Methods

The evaluation design is one of mixed quantitative and qualitative approaches to address the evaluation aims.

Phase one (July 2014-March 2016)

- a) A before and after questionnaire survey is being administered (on three occasions, including three month follow-up) to all participants on both projects involving a targeted number of approximately 400 people
- b) Interviews with eight stakeholders in total, at two stages, across the projects, during the course of the programme. These interviews are being conducted by telephone
- c) Semi-structured interviews during project visits with 16 participants across 12-15 months. Members of the evaluation team are visiting both projects on two occasions to conduct interviews

Phase two (January - March 2016)

Integration into the report of analysis of potential cost savings, using findings from research undertaken by Mind's evaluation team, combined with evidence from data collection from phase one.

## Key findings of the interim report

- Concerning the Birmingham and Manchester projects combined together in total, **mean scores for all sections improved significantly from baseline to post stage**, for both males and females, and for both those with Type two Diabetes, and those with 'other conditions'
- There was **no significant change between post stage and three month follow-up** for any of the sections in projects' combined scores. This potentially indicates, overall, that **improvements made by participants are being maintained beyond the end of the programme**

## Projects combined

In total, baseline and post stage data from 74 participants were analysed. Fifty one were female and 23 were male. Out of 71 who stated their health condition, 45 had Type two Diabetes.

- The mean scores for all sections (including combined totals; sections 1-4) improved significantly from baseline to post stage
- Nine individuals out of 68 had a lower section 1 score at post stage compared to baseline and eight had no overall change
- Thirteen individuals out of 63 had a lower section 2 score at post stage compared to baseline and six had no overall change
- Fifteen individuals out of 66 had a lower section 3 score at post stage compared to baseline, and six had no overall change
- Nine individuals out of 69 had a lower section 4 score at post stage compared to baseline and seven had no overall change
- Seven individuals out of 54 had a lower combined score for sections 1 to 4 at post stage compared to baseline and one had no overall change

For full details of the sections mentioned above, please see the full report.

**The major advantage of having a group thing is people hear that they are not alone and they are able to look at, and be able to discuss their own experience could be like a support group and sharing of experience.**

(Birmingham participant)

**I cope a lot better. I am aware whereas before I used to control everything and get very frustrated if it was out of control. The circle of influence and the circle of concern, I absolutely love that.**

(Manchester participant one)

**I'm more resilient. Plus I'm sleeping well now. And I'm losing weight so that's good.**

(Manchester participant two)

## Conclusions

Survey findings for the projects combined show significant positive gains for course participants with long-term conditions in perceived resilience, including wellbeing, social support and self-efficacy, from beginning to end of the course. On one project, where some follow-up sessions after three months were organised, scores at post stage and at three months follow-up were significantly higher than at baseline, although numbers are small. The preponderance of participants with Diabetes Type two, and substantially greater numbers of females to males, are important considerations.

Interview findings highlight the positive experiences many participants have enjoyed in relation to building resilience. Potentially life-changing impacts are being reported by participants in areas including: developing new coping mechanisms; developing insight into relationships between life stresses, wellbeing and long-term condition; being more relaxed and more resilient. The peer support element is highly valued, and participants held aspirations to maintain contact and support in some form after the course.

During the first months of the projects, reality has proved (not unexpectedly) different from that anticipated in project plans. Recruitment has been a particular challenge and the two programmes have adopted strategies focusing on community and medical pathways. Systematic approaches using both pathways can be developed by learning from these experiences. Set-up time for partnership building and strategic work is very important.

The importance of retaining both goal-directed and flexible, personalised approaches in terms of delivery and materials was highlighted. Flexible approaches can support individuals (taking account of gender and condition differences) to establish an area of comfort and trust and then develop a language for talking with others about mental health. To strengthen goal-directed and personalised aspects, it is arguable that a further two weeks would be an asset. The project leaders have great pressures on their time, and while they have achieved very good success, this makes it difficult for them to recruit, deliver, and maintain relationships with partners at the high level required by targets. A follow-up session or sessions, for example after three months, was viewed positively.

Providing evidence to stakeholders including referrers that the programme meshes with their priorities is important to sustainability. The final evaluation report will examine all of these issues in greater depth.

## Key Points

- Survey results, for projects combined together, show significant, positive resilience gains for course participants from beginning to end of the course
- At three month follow-up, gains were maintained for projects combined together, overall, but with far lower returns
- The preponderance of participants with Diabetes type two, and substantially greater numbers of females to males, are important considerations
- Recruitment has remained a challenge; set up time and strategic work are important
- The high quality of facilitation by the course lead has been vital for delivery
- Flexible and personalised approaches are valued, which may require extra weeks' sessions; key dimensions of flexibility involve developing an area or 'zone' of comfort and trust, and developing materials and a language for talking about mental health for groups and individuals, taking account of factors such as gender
- Potentially life-changing impacts are being reported by participants
- Peer support is highly valued
- Follow-up as an option, with later session(s) and/or other support on offer, is desirable for participants
- Sustaining resilience programmes will depend on maintaining effective strategies and pathways and providing evidence to stakeholders in areas linked to their priorities.

## More Information

For more information about this or other Mind resilience programmes, please contact [resilience@mind.org.uk](mailto:resilience@mind.org.uk)

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Mind would like to thank the Diabetes UK and British Heart Foundation, for their support on the programme.

We won't give up until everyone with a mental health problem gets support and respect. Join us.

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