

Project name:	Mental Wellbeing Champions Training
Award Holder:	Mindapples
Date:	30 January 2018

1. Please use the space below to describe progress made against your milestones / project plan over the final 6 months of the project, including what has gone to plan, what hasn't and why and any related implications?

The project proceeded smoothly after an initial delay. It took longer than anticipated to recruit and train suitable trainers for the programme, and to establish suitable partnership promotions for recruiting public health workers. However, once these elements were resolved the project **progressed according to plan** and in line with the reprofiled timelines.

Since the reprofiling in July, activity in the remaining six months of the project has mainly involved gathering details from interested people, organising bookings and delivering the training to **40 participants**.

We had assumed that interest for the training would be generated gradually through our internal contacts and word of mouth. However, the response from the [internal press release](#) written about the project by the KHP communications department was **surprisingly positive**, and we secured over **60 interested participants** within weeks of the release.

We **overbooked sessions slightly**, in anticipation of around 10% cancellations or no-shows. At that point, if we had more flexibility around venue hire, we could have adjusted our schedule and offered the trainings over a shorter period of time. However, by this time the venue bookings were set and, as a result, participants were booked onto courses that were taking place up to 5 months away. This resulted in many participants **switching course dates** closer to the time, generating extra administration, but we were able to accommodate most requests and this did not affect booking levels.

There was an average of **15% no shows** on the day, though, most typically due to ill-health. This is a reasonably acceptable level for free training, and extra numbers were booked for each course to counter this.

Courses were delivered smoothly. Upon completion of each course, all participants were asked to complete **evaluation forms**, giving feedback on the training and thoughts on how it might be used in public health promotion in Lambeth and Southwark. (The results of this feedback are included later in this report.) The training was well received and all trainers performed well, with no complaints and **excellent feedback from participants**.

In light of this very positive feedback, our aim is still to create a public health intervention which could be rolled out across King's Health Partners for staff in public health, social care, education and community outreach teams. However, after perusing the suggestions from participants we felt it best to submit the report and review this project with GSTTC and KHP first, to gather more expert input on how best to ensure uptake of the programme in KHP and beyond, prior to creating the follow-on funding proposal.

We also investigated the possibility of **obtaining accreditation** for this course from the

Royal Society of Public Health. Submission would cost £2500+VAT, after which RSPH would work with us over a period of 3 years to review and alter the training to facilitate accreditation. During the three years, however, the fees during the 3-year agreement are substantial and continuous, with £2000+VAT due every year to maintain accreditation, plus some smaller fees and a possible resubmission charge depending on the changes made to the course materials. These costs were **more than anticipated** so no further work has been done on this, as it was felt appropriate to gather feedback from participants to check the utility of the training before investing in accreditation.

2. *Drawing on the project evaluation, to what extent were the anticipated benefits of the project achieved / not achieved? (include unexpected benefits and cost-benefits/cost-savings where appropriate). Please cite relevant evidence. Anticipated benefit refers to predicted improvements in health and/or wellbeing for patients, staff or the local population (health outcomes), cost savings to the NHS and positive changes to the health system, brought about by your project and as defined in the original application.*

The proposal for this project was for Mindapples to adapt its Mental Wellbeing Champions Training, which equips non-clinical people with knowledge and skills to promote mental health, wellbeing and resilience, to create a new professional qualification to help public health workers support the local population.

As promised, we successfully delivered the Mental Wellbeing Champion training course to 40 public health workers in Lambeth and Southwark, and evaluated it with questionnaires and qualitative feedback. Please note that two participants were unwell on the second day of training and therefore did not complete the Evaluation Form, hence only 38 evaluation forms were received despite having 40 participants.

All participants seemed satisfied with the training, and feedback was almost universally positive, including the following particular responses:

- All participants rated the content as 'good' or 'great'.
- All rated the trainers as either 'good' or 'brilliant', except for one participant who rated them as 'fair'.
- All except one participant said they knew more about their mind as a result of the training. (The one individual who did not say that said she was already doing CBT and was widely read on the subject.)
- All participants rated the quality and clarity of the training materials as 'good' or 'brilliant'.
- Almost all participants answered the question 'Did you get what you wanted from this session?' with 'quite a lot' or 'completely'.
- Almost all participants said that they were 'definitely' or 'quite likely' to recommend the training, with only one saying 'maybe'.
- Encouragingly, all participants said they would do some or many things differently as a result of the training.
- Even more encouragingly, most participants were very clear as to what they would implement, with only a few saying that they needed time to digest the information first. People said they would share the content in a variety of ways, including informal chats, team meetings with colleagues, staff away-days and training sessions.

The feedback supports our hypothesis that Mindapples' Mental Wellbeing Champions training would be useful for public health workers in Lambeth and Southwark, and that it addresses a gap in current CPD provision.

Nevertheless, some minor improvements could be made to the course, based on

participant feedback. Many comments pointed to the fact that participants would have liked more movement, activity, variety of pace or interactive exercises to break up the information-conversation format.

There was a question, too, about how far the course should support participants with their training and presentation skills. Two participants mentioned that it would have been helpful to spend more time on ways to deliver the content and work with groups, and perhaps to see some examples about how people have taken this into their work place and how they felt it worked. Another participant stated that it would have been helpful to have covered more examples of structured deliveries prior to the individual practice presentations from participants.

The current design of the course assumes that participants will already have some familiarity with presenting health information to the public, to avoid covering ground that was well served in other types of training. Indeed, many participants were experienced trainers, and felt the focus on new content maximised the value for them. It may be necessary to segment participants in some way though, in order to support people who are not experienced trainers but who want to share this material with colleagues.

The content-heavy format also reflected the intense nature of the training, which covers a lot of relevant ground in a very short time. Participants generally found all parts of the content useful, though, so consideration could be given to either lengthening the course to three days to allow for more interactions, or dividing the course into two, to cover the same material in two stages (for example, as an introductory 1-day course, and then a 2-day follow up). Further discussions with KHP could be useful to assist in determining which configuration would fit the needs of staff better.

Participants also provided very useful and extensive recommendations on who they thought might benefit from this training.

Within the NHS and social care community, they suggested:

- All staff at SLAM – especially HR, ED staff (including paramedics) Carers support group, IAPT staff.
- King's Wellbeing Team
- KHP Health and Wellbeing Champions
- KHP Mind and Body Network
- KHP management
- Guy's & St Thomas's Trust staff in general
- CAG managers and recovery
- Lambeth Social Care
- Health visitors
- School nursing teams
- Social Services teams (particularly adult social care)

They also suggested various charitable organisations that work with vulnerable clients and ethnic minorities:

- Groups that support carers and young carers
- MS Society, Parkinson's Disease Organisation, Headway.
- Age UK
- Young people's groups, particularly VCOs (for example, advertising via Community Southward)
- CVS groups and other third sector providers of community health

This suggests there is potentially a wide audience for this training, so further work is recommended seeking funding to support these groups, and consulting with them to determine possible price points and delivery formats that might be cost-effective for supporting these groups at scale. Many participants confirmed that more SLAM & KHP staff should receive this training, and since no participants had heard of similar courses, it seems likely this training could be beneficial across other boroughs too.

This project was also intended to lay the foundations for obtaining accreditation for the course, to develop a proven wellbeing promotion qualification similar to Mental Health First Aid training, to supplement existing provision in Lambeth, Southwark, and beyond.

We have not yet sought accreditation for the programme, preferring instead to wait until we had feedback on the course and made any proposed training. However, the feedback suggests that the course in its current configuration is suitable and useful for public health workers in Lambeth and Southwark, and is ready for accreditation if suitable ongoing funding or sustainable revenue streams can be secured to support the ongoing accreditation fees.

3. What lessons have been learned from the project in terms of what worked and what didn't in improving health/social outcomes and why, for whom and in what circumstances? How replicable are these lessons and for whom?

The overall success of the project suggests there is a need and interest for training in mental health promotion and well-being amongst health and social care staff, particularly those in regular contact with the public.

Some factors seemed particularly important for the success of the project:

- It was very helpful to have staff from the communications department attend the first training and generate a press release, with their personal feedback. This proved the most efficient way of informing staff of the offer of free training, and showed the importance of central support for rolling out free training programmes across KHP.
- Participants appreciated the non-prescriptive approach to the training, and the fact that it was based firmly on both experimental evidence and practical experience. Delivery of the training by experienced trainers with backgrounds in wellbeing, including experience of delivering the Mindapples content to the public, was a key part of the programme's success.
- Many participants commented positively on the venue and enjoyed being out of the office, in a high-quality space. They also appreciated being with participants from other parts of the health system, so they could compare notes and swap tips.
- Providing high quality materials helped participants focus more on the course content, and make better use of it subsequently. Investing in the production of high quality, detailed, well-produced materials seems an important part of this kind of intervention.
- Bookings were managed via email with the project administrator asking participants to complete Word forms to gather their personal information before the course. This helped to establish personal contact and also a level of commitment from them, which helped to secure their attendance.
- It was critical that the project was funded and supported from within KHP, since this gave reassurance to managers that the content would be of sufficient quality. The support of the central training and management functions is critical to recruitment.

There were some challenges and problems that took more management resources than

anticipated, and could be addressed in future iterations:

- Recruitment of participants was complex to manage, despite the high levels of interest. A considerable amount of administrative time was taken up with communicating details and changes of bookings with participants, and this administrative overhead formed a large part of the project costs. Future projects could save time and money by developing a partially automated online booking system which captured all necessary participant information at time of booking. Depending on the size of the project, it may be suitable to offer the various dates and/or locations of the training for selection online as well. We would not recommend a totally automated system though, and would still need to send out emails to participants prior to each course, to establish a personal connection and ensure attendance.
- Future projects could also save time and money by running training for whole teams or selected staff of an organisation together, and relying on local staff members to promote the session and coordinate attendees. However, this could run the risk of poor internal promotion and low attendance, so both routes have their merits.
- Venue hire costs in Central London are high, which meant we were not able to select from a wide range of venues or vary the schedule, instead being constrained by the availability of low-cost venue options. Having access to an internal training room supplied by one of the participating organisations, that could be booked in relatively short notice, would have meant we could have been more flexible with the timetable for this project and could have condensed it into a shorter time period. For future projects, greater allocation of funding to venue costs would allow for commercial venue rates and increased flexibility of timing for the courses. Alternatively, access to internal training rooms in the buildings of the participating organisations may also work.
- Typically, participants who derived the most benefit from the training were those with previous experience of delivering health training, and particularly those whose roles involved delivering support to groups. Those who worked one-to-one with patients may benefit from either greater support with presentation and training skills, or support developing personal one-to-one tools and techniques based on the materials. There may be two different audiences for this course: professional health trainers, and specialist health workers.

The success of this project suggests there is a cost-effective and valuable model for delivering much-needed public health and wellbeing support to the general public via the healthcare system. This support can be delivered by clinical and non-clinical staff in the course of their normal duties, as well as in more formal health training and advisory settings. Further investment is therefore recommended to scale up this training to wider audiences within the NHS and social care, and also to develop follow-up tools, support services and evaluation processes to mainstream this work into everyday health and social care practice.

The content of the Mindapples Mental Wellbeing Champions Training also has potential benefits for improving staff wellbeing and team performance. A case can therefore be made for scaling up this training as part of workforce wellbeing initiatives, which could be delivered alongside improvements in patient health and wellbeing levels. There is no clear division between content that benefits staff and that benefits patients in this area of work.

Close collaboration with CPD, communication and management functions will be needed to promote programmes and ensure wide attendance from appropriate people. Once trained, existing champions can also play a role in promoting programmes, and may also be able to cascade the training to colleagues, providing a more cost-effective model of

scale. Staff with previous experience of training and group facilitation could be particularly effective in these roles.

It is also worth seeking accreditation with the necessary standards and public health bodies to enable staff to register the course as part of their CPD entitlement, to drive participation and formalise learning outcomes. Formal independent evaluation of the activities of champions will also be beneficial to the programme's development, though it outcomes are expected to be complex and difficult to quantify via strict RCT methods.

Overall, this was a successful pilot that delivered on its expected outcomes, and provided useful learning that will enable this programme to delivered effectively at scale, within KHP and beyond.

4. Describe your plans to sustain the benefits of this project

The Mindapples charity intends to prioritise training for mental wellbeing champions within public health organisations, particularly within KHP, since it not only supports and empowers the staff to manage their own mental wellbeing, but also gives them the knowledge and tools to educate their colleagues and the general public.

Our goal will be to build a large network of mental wellbeing champions spread across the organisation, and in other organisations and sectors, to help meet the need for training in workplace health and mental well-being. This will involve scaling up the number of courses delivered, and also providing centralised support and community-building functions to amplify and sustain the growing community of champions.

Mindapples will seek further financial support and commissions from KHP and other organisations to fund this work, and we hope Guy's and St Thomas's Charity will support us in our efforts.

Mindapples will also continue to develop high quality training materials for champions to use when they conduct their own trainings, and offers discounts on other training and engagement materials that champions can purchase as required. This and other avenues will be explored by Mindapples for creating sustainable revenue streams from this growing community of champions, to reduce ongoing dependence on grant funding and institutional commissions.

Within KHP, several of the champions in this programme have expressed an intention to deliver the training and spread interest in the content. A Project Manager in the Mind and Body Programme at King's Health Partners has been provided with the names of staff who completed the training. He will use the network of Mindapples champions to meet the need for training in mental health and well-being in the workplace. His efforts should be supported by management and communicated through KHP, and case studies should be written about the champions activities to help promote interest in the training.

Most encouragingly, Mindapples has also had considerable interest from the London Borough of Southwark in running further Champions Training and other forms of staff wellbeing programmes. A programme has now been completed with staff in housing services, with similarly positive results, and this programme included a full two-day Champions training course for managers within the service. Southwark has now commissioned Mindapples to deliver further training to their new centre of best practice for homelessness support, which means the key ideas of the training will be disseminated beyond Southwark to other boroughs. We hope this is a model that can be rolled out to other areas of health and social care.

5. *Reflecting on barriers and opportunities identified, how likely is it that you will achieve your plans for sustainability and why?*

There are two levels of potential risk to the successful implementation of this project, and both are fundamentally questions of resources.

Firstly, it could prove difficult to secure the support and partnerships necessary to train up large numbers of champions, and particularly to reach the level necessary to sustain an engaged community. We are dependent on follow-on funding from GSTTC to continue our work with KHP staff, and on the continued support of KHP to promote the courses. We will also need some match funding or parallel commissions from other healthcare and charitable organisations to allow us to grow our community and support it effectively, particularly funding for community management and ongoing support and training. The commission from Southwark shows the potential for an effective and sustainable model of growth, if the service is properly promoted and supported.

Secondly, the impact of these courses will depend on the willingness and capacity of champions to deliver their own training and advice sessions and embed the techniques into their practice. Whilst Mindapples can assist with this process through strong community engagement, materials and support tools, it will also depend on internal support within KHP and other institutions for this initiative, and particularly to secure the promotion, official backing and time needed to implement this work correctly. This means it will need to be embedded into institutional strategies and sit alongside other initiatives to promote public health and wellbeing, rather than competing or supplementing them.

6. *Please outline plans to share the learning from this project across your organisation, borough, region and/or further afield (including any communications or media activity).*

All feedback collected from the Evaluations Forms completed by participants was tabulated and has been included with this report.

The data was analysed and sent to the Board of Mindapples for further discussions, and will also be incorporated into a promotional report to attract interest from other funders and partners.

A document highlighting the lessons learned from managing the administration of the project has also been shared with the Board.

A debrief will be held with the trainers to discuss lessons learned, the results of which will also be shared with the Board and used to inform the development of the Mental Wellbeing Champions training.

We will also be seeking a follow-up meeting with GSTTC to discuss the project and consider next steps, and circulating the findings to the champions themselves, and to colleagues in KHP communications, to encourage them to share the success. We welcome other suggestions from the funder about how we can promote this service to other health authorities and public health bodies.

7. *Please include below a summary, of no more than 100 words, of the key achievements, impact and learning so far that we can use to talk publicly about this work (e.g. on our website or through social media).*

This project delivered Mindapples' Mental Wellbeing Champions training to public health staff in Lambeth and Southwark, to help them spread messages about mental self-care and resilience to their patients. 40 staff members were trained, and all said they would use what they had learned to improve how they worked with patients and managed their own mental health. An adapted programme is now being rolled out to public service teams in Southwark and other boroughs, and this has the potential to be a scalable, cost-effective tool for day-to-day mental health and wellbeing promotion within the NHS and beyond.

8. *Are there any specific issues you would welcome additional support or advice with?*

We would welcome some support with developing materials for NHS audiences promoting the service, and recommendations of partner bodies and prospective funders and clients who can help us promote and fund further programmes. Academic review and endorsement by KHP clinicians and academics would also be hugely beneficial.