

Social Impact Report

Improving Mental Health
and Wellbeing



Wellbeing Centres

pss*

Contents

Section 1: What is impact reporting?	Page 3
Section 2: Who we are and what we do	Page 4
Section 3: Why our Wellbeing Services are important	Page 6
Section 4: Who we work with	Page 7
Section 5: What our client's journey is like	Page 8
Section 6: Measuring Impact on mental health and wellbeing	Page 9
Section 7: What we've achieved this year	Page 10
Section 8: The Value of Co-Production and Empowerment	Page 16
Section 9: What our stakeholders say about us?	Page 19
Section 10: You Said...We Did	Page 20
Section 11: Economic Impact	Page 21

Section 1:

What is impact reporting?

PSS has long been committed to delivering services that strengthen communities and empower individuals.

As an organisation that seeks to create improvements in society, we need to measure and quantify not only what we do, but also how many people we reach, how effective we are at what we do, and to place a value on services we deliver. Having the evidence to demonstrate our social impact is important to us for two reasons: firstly, our commitment to quality means that in order to improve our services' and service users' stories of change we need to understand what does and does not work. Good impact reporting will help us to tell these stories more clearly and to focus on achieving even more for those we are supporting. Secondly, we are motivated by legislative and regulatory requirements such as the Public Services (Social Value) Act 2012 which place a duty on organisations like ours to demonstrate how our services might improve the economic, social and environmental well-being of society.

We prioritise social impact reporting because:

We want to demonstrate the difference we make

We want to see what does and does not work

We are committed to delivering value for money

We have embedded it in our key strategic objectives underpinned by our vision and values

The ultimate aim is to look at our service and the people we work with – and be able to answer the question – are we doing any good?

This report for our Wellbeing Services look at the outcomes we achieve for adults who are experiencing difficulties with their wellbeing such as anxiety, depression, stress or addiction issues. The service looks not only to support people with those issues, but associated issues resulting from their poor mental health such as issues with housing, finance and benefits.

The service we provide produces savings to social care, health and the wider economy, as well as improved outcomes for individuals.

Section 2:

Who we are and what we do

PSS Wellbeing Centres provide recovery focused courses and creative approaches for those experiencing the challenges of living with anxiety, depression and emotional distress. Whilst medical interventions are of course necessary to treat specific conditions or health problems, we believe the importance of strong social networks, access to friends, family and support, and an active social life should not be underestimated.

We recognise that people's health is determined primarily by a range of social, economic and environmental factors and aim to address people's needs in a holistic way, supporting them to take greater control of their own health. We recognise that supporting this kind of recovery can take time so we provide safe nurturing spaces, enabling people to heal, understand, regain control and move forward with renewed meaning and purpose in life.

How we work

People are invited to attend our recovery courses to learn new techniques, strategies and skills with support from others. Personal development courses enable our clients to recognise and develop their own personal resourcefulness, resilience and talents. We have a variety of courses depending on the needs of the people we work with across five distinct areas.

What we offer

Self-Management and Core Courses

Our main courses focus on dealing with issues including Anxiety, Lifting Mood, Mindfulness and Relaxation.

Healthy Lifestyles

A further range of activities focus on physical health and wellbeing and include yoga, healthy eating and relaxation.

Welfare Benefit Support

Economic well-being is often one of the main contributory factors to poor overall wellbeing and mental ill-health. Providing support in this area is a form of practical help given to our clients.

Creative Arts

We believe that everyone is creative and that creativity can play a powerful role in a person's mental health recovery. Arts, crafts, photography and creative writing are some of the courses on offer.

Peer Support

Peer led groups enable people with personal experience of mental distress to offer and receive support from each other. These include through poetry and art as well as an LGBT-specific group.

Social prescribing and connecting people to other organisations

Social prescribing, sometimes referred to as 'community referral', is a means of enabling GPs, nurses and other primary care professionals to refer people to a range of local, non-clinical services.

Often people's health and wellbeing is determined by a range of social, economic and environmental factors, social prescribing seeks to address people's needs in a holistic way. It also aims to support individuals to take greater control of their own health.

Social prescribing schemes can involve a variety of activities which are typically provided by voluntary and community sector organisations. Examples include volunteering, arts activities, group learning, gardening, befriending, cookery, healthy eating advice and a range of sports.

The Wellbeing Centres at PSS receive referrals from primary health to work with people experience mental health issues.

Examples of the organisations that we work with include the Hearing Voices Network, CAB Advice on Prescription, Liverpool Community Development Service, Waves of Hope and Mary Seacole. We also work with organisations delivering activities including acupuncture, yoga and art sessions.

One of the benefits of referring to PSS is that we in turn work with over 30 partners and organisations who can help to provide this range of activities.



Section 3: Why our Wellbeing Services are important

Mental illness is the single largest cause of disability in the UK and each year about one in four people suffer from a mental health problem. The cost to the economy is estimated to be around £105 billion annually - roughly the cost of the entire NHS ¹.

Evidence suggests that people experiencing mental ill-health are some of the most isolated in society. There is an emerging evidence base for the health promoting benefits of a wide range of services and activities, sometimes called 'wellness' or 'wellbeing' services. This can include community-led developments, co-production, social prescribing, psychosocial and psychoeducational groups, peer support, volunteering, arts for health, and others ².

Around **22%** of the Liverpool population have long-term health conditions with 1.3% of the registered population diagnosed with a serious mental illness in 2015/16 ³.

Liverpool has the **highest rate of admission to secondary mental health services** among people aged 18+ out of the core cities ³.

19% of adults aged 18+ in Liverpool are living with depression and anxiety ⁴.

Meeting public sector outcomes

Strategically the objectives of what we do support the principles set out in NHS policy documents, including the *NHS five year forward view* (2014), encouraging a focus on prevention and wellbeing, patient-centred care, and better integration of services; as well as highlighting the role of the third sector in delivering services that promote wellbeing. More recently, the *General practice forward view* (2016) has emphasised the role of voluntary sector organisations, including through social prescribing, in efforts to reduce pressure on GP services. In addition, social prescribing contributes to a range of broader objectives, for example in relation to employment, volunteering and learning. We will also be working closely with public sector commissioners to deliver the aims of *One Liverpool: 2018-2021* ⁵.

The Outcomes we support people to achieve

This report will focus in detail on how we have delivered the following primary outcomes

- Supporting people to reduce their levels of anxiety
- Supporting people to reduce their levels of depression
- Supporting people to improve their economic situation

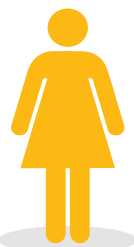
The Wellbeing Centres have also supported people to achieve these further outcomes

- Helping people to improve their quality of life through peer support
- Supporting people to feel more in control and able to manage their own health and wellbeing
- Supporting people to be more physically active
- Supporting people to be better able to manage practical issues, such as debt, housing
- Supporting people to be more connected to others and less isolated

Section 4: Who we work with

In 2017 we worked with a total of 541 people.

36%
were male



54%
were female

2%

18-24 years

10%

25-34 years

15%

35-44 years

27%

45-54 years

30%

55-64 years

15%

65+ years

White British **95%** | **5%** Other Ethnicity

Employment status

14%

Employed
(full time, part time
and self-employed)

55%

Not in paid work

18%

Retired

13%

Other
includes students, veterans
and voluntary work

Primary needs / diagnosis



Depression

41%



Anxiety

38%



Mental
Health
condition*

11%



Stress

3%



Other

3%



Addiction

3%



PTSD

2%

*Includes psychosis, schizophrenia, bipolar disorder and personality disorders.

Section 5: What our client's journey is like

How does it work?

1

Stage 1: People are referred to the Wellbeing Centres – often from a wide range of community organisations and community mental health teams, although people can self-refer. This will be to one of our bases in Speke, Garston, Belle Vale or Liverpool City Centre.

Stage 4: We ask that everyone complete at least one of the CORE courses called 'Lifting Mood' and 'Anxiety Management', so that they can be introduced to the service and become familiar with the Wellbeing Centres and how we work.



6

Stage 6: We work with people for the duration of their courses or sessions, and carry out follow ups with the tools to help us see what progress is being made, and what more we can do.



7

Stage 7: People will complete their courses and can access other courses or activities they think might be useful to them.

2

Stage 2: One of our team will have a chat with the individual, and once we know more about them together we will create a wellbeing plan that will meet their needs. This may also involve using tools such as the Patient Health Questionnaire to help us understand in more detail what those needs are.



4

3

Stage 3: We may also signpost to other organisations such as advocates, Healthwatch and one of our partners who can support the individual as part of the wider social prescribing model.

Stage 5: Once people have completed an introductory course, they have access to the full timetable of activities and groups which can help address their needs.

9

Stage 9: People can then choose to continue to access the service or move on without support. They can always come back and access peer support when they wish.



Stage 8: If people no longer need formal support – they can access peer support on an ongoing basis through the Wellbeing centres as a means of informal support.

8

Section 6: Measuring Impact on mental health and wellbeing

Assessing someone's mental health is not the same as assessing their physical health. If someone has a broken bone, you can x-ray it, see the break, set the bone and six weeks later you can look again and see that it has healed.

There may be some physiological things which you can measure that can contribute to mental health issues (e.g. hormone imbalances); but on the whole mental health and wellbeing is about how people feel and that isn't something tangible that you can see. However there are ways that you can help to assess wellbeing – some of which we use at the Wellbeing Centres. This helps us to work with people to understand their progress and how we can support them better.

GAD: General Anxiety Disorder Questionnaire

The GAD is made up on a number of questions which ask people about their anxiety over the previous weeks. It asks about things like anxiety levels, how worried people are, and how easy they find it to relax.

WEMWBS: Warwick-Edinburgh Mental Well-being Scale

WEMWBS is a self-assessment tool which is used to assess mental wellbeing. It asks about how people have been feeling about different areas of their life over the previous few weeks.

PHQ: Patient Health Questionnaire

The PHQ is another self-assessment tool which looks at levels of depression. It asks about things like how people are feeling generally, how easy they find it to concentrate and what activities they have been doing.

How we use these tools

As part of our assessment process, we will often use the most appropriate tool from the above, and ask our clients to self-assess against them, to help us understand how they are feeling. We will then use the tools again further down the line after we have worked with them, to understand how they are continuing to feel and any impact this might be having.

It is important to note that a decrease in the scores doesn't always mean a decrease in overall mental wellbeing. The tools are used at specific points in time and ask about the previous few weeks. People might be having a particularly bad time when we ask the questions, or sometimes the work we do with people can be difficult at first. However our aim is to support people to improve their wellbeing; and this is one of the ways that we can try to demonstrate that we are achieving that.



Section 7:

What we've achieved this year

Reducing levels of anxiety

Anxiety is a normal, albeit unpleasant, part of life, and can affect everyone in different ways and at different times. Some people have a very clear reason for their anxiety; a traumatic incident, lots of stressors or they may have experienced a big life event such as a divorce or a health scare. However, some people don't have an identifiable cause for their anxiety and it causes them some distress and can persist whether or not the person experiencing it understands why.

There are lots of different forms of anxiety; with the most common being Generalised Anxiety Disorder, although there are lots of other specific forms including Obsessive Compulsive Disorder, Agoraphobia and Panic Disorder. In 2013 there were 8.2m cases of Generalised Anxiety Disorder reported in the UK ⁶ with women being almost twice as likely to be diagnosed with anxiety as men ⁷.

The most common thing people do when they are anxious is to avoid dealing with it. Although avoidance produces short-term relief from the anxiety, the anxiety often returns and by avoiding dealing with it, people don't actually understand if their fears about what might happen are true ⁸. Our aim at the wellbeing centres is to help people deal with this and reduce their anxiety levels.

What we Provide at PSS		How people have used our service
<ul style="list-style-type: none">• Anxiety Management Course – 140 sessions delivered.• Further courses offered including Mindfulness, Relaxation and Peer Support classes.		<ul style="list-style-type: none">• 154 clients attended the Anxiety Management course at the Wellbeing Centres.• 1465 attendance hours at the Anxiety Management courses.
Stakeholder	Outcome and Value Added	
Clients	<ul style="list-style-type: none">• Of those clients who completed the General Anxiety Disorder (GAD) questionnaire during their time with the Wellbeing Centres – 84% saw an improvement in their score, whilst 16% saw a decline.• 70% of those who had a score of ‘severe’ anxiety had reduced this throughout the duration of the course to moderate, mild or below mild.• 26% of those who improved their scores had been taken out of ‘caseness’ – or in other words, below the score which is the threshold for the condition.• For all 7 questions asked in our internal PPO survey – the results increased throughout the year.	
Public Services	<ul style="list-style-type: none">• Based on those who had been taken out of ‘caseness’ – this would represent a saving to public services in the year of approximately £17,000.	
Employers	<ul style="list-style-type: none">• Based on those who had been taken out of ‘caseness’ – this represents a saving in lost employment hours in the year of approximately £20,000.	

Mo's story

Mo was referred to the service by a trainee in Psychiatry from Baird House with a diagnosis of anxiety. He was at University training to be a doctor but his social anxiety was causing him to self-medicate with drugs and alcohol. This was having a detrimental impact on his attendance and performance at University.

During his meeting to create his wellbeing plan his goal was to learn to manage his social anxiety and be more disciplined around meditation and relaxation. PSS helped create the plan and completed the outcome tools with him. His GAD score was 13/21 which is a moderate level of anxiety and his PHQ score was 13/27 which indicates a moderate level of depression.

Mo attended the Wellbeing Centres for 6 sessions of anxiety management and the case notes showed he was feeling more optimistic about the future, dealing with problems well and thinking more clearly. At his Wellbeing Review five months later his GAD score had reduced to 5/21 (mild anxiety) and his PHQ score has gone down to 3/27 (minimal level of depression).

We later received an email from Mo to thank us for running the anxiety course.

.....

"I have learned a great deal and will continue to use these techniques every day. Just as an update, I honestly feel like I manage my anxiety very well now; I feel like I am 95% there. It does infuriate me that a lot of GPs do not know about services like yours. I will take it upon myself to make GPs aware as I do my placements, considering how much I have learned to manage day to day situations. I can't put a value on how much I have been helped by your service. I will of course be sending a donation, when I start work (I am a little short as a student!) Thanks, Mo"

.....

Mo has since left the service and successfully returned to his studies.



Tom's story

Tom was referred to the PSS Wellbeing Centres in November 2016 by the Liverpool Community Alcohol Service. At this time Tom was experiencing significant difficulties and was misusing alcohol as a coping tool. He had lost his job and his relationship within his marriage was strained resulting in Tom moving out of the family home temporarily.

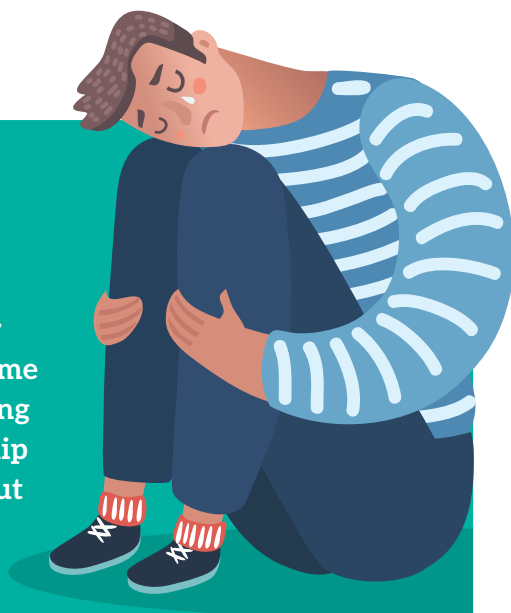
During his first appointment with the Wellbeing Centres Tom was physically shaking on arrival. He explained that he had become socially withdrawn and he felt overwhelmed with day to day living. Alcohol had been a major factor in Tom's life for a long time and now he had now stopped drinking with the support of The Brink and the Liverpool Community Alcohol Service, but found this was exacerbating his negative feelings.

At his initial appointment, Tom had a GAD score of 16/21 for anxiety and a PHQ score of 24/27 for depression. The Wellbeing Centres suggested that he attend the anxiety and lifting mood courses, but Tom was unsure about being part of a group and worried that he might need to use alcohol to help him attend; but he was willing to give it a go. Tom identified that he wanted to rebuild relationships with his family who he was separated from, and spend more time with his teenage daughter with longer-term goals of retuning to employment.

Tom went on to the Lifting Mood & Raising Self Esteem course, but during this time experienced difficulties with family which triggered his alcohol dependency and meant that he needed a bit of extra support from the Wellbeing team at this time. Tom continued to attend the course when he was affected by further external pressures from DWP medical assessment finding him "fit for work" resulting in an immediate cut to his benefits. It became evident to the team that Tom was really struggling and the team supported him by making referrals to CAB, Advocacy and welfare rights teams.

After working through the DWP process Tom was re-assessed and placed into a specific support group allowing him to recover at his own pace and get to point of general wellbeing. Tom continued to engage with the Wellbeing Centres and attended follow up courses in Wellness Recovery Action Plan and Ideas on Healing. His GAD score had now reduced to 13/21 for anxiety and the PHQ score of 21/27 for depression. Tom was making good progress, and at this point he had been sober for several months and was visiting the family home 3 times a week – including being able to take his daughter to the cinema. Tom fed back that he noticed he was "lifting my head up more and being able to look at people with eye contact". Tom was also feeling better motivated to keep attending support with LCAS and had found it powerful to hear how other people in the group are affected by stress & anxiety.

During the Christmas period, Tom informed the team at PSS that he was feeling much more positive and was hoping to move to a property nearer to his family. The biggest news was that he was cooking Christmas dinner at the family home this year. Tom expressed that he felt things were finally looking up and he was moving forward in his life. Tom has since made a positive exit from the service.



Reducing levels of depression

Depression is a common and serious medical illness that negatively affects how people feel, the way they think and how they act. Depression can be recognised in various ways - including having feelings of sadness or a loss of interest in activities that the person previously enjoyed. It can lead to a variety of emotional and physical problems and can decrease a person's ability to function at work and at home.

Depression can have many causes; some of them deep-rooted such as things that happened in childhood or related to upbringing, and others based on lifestyle or life events that are happening now. There is also evidence that there is a genetic inheritance where some people are more likely to experience depression where a family member has had it.

More than 38,000 adults in Liverpool are currently diagnosed with depression by their GP equating to 9.2% of the 18+ population, which is significantly above the national rate ⁹.

Treatment for depression is very varied. At the basic level, it can involve making simple changes like getting more sleep, eating better, exercising more and good self-care - all of which can affect mood. However some people will need greater levels of support such as talking therapies (such as cognitive behavioural therapy), alternative therapies or treatment and medication such as antidepressants.

What we Provide at PSS		How people have used our service	
<ul style="list-style-type: none">• Lifting Mood – 83 courses provided.• 77 healthy lifestyle courses provided throughout the year including healthy eating and therapy sessions.		<ul style="list-style-type: none">• 98 clients attended the Lifting Mood course at the Wellbeing Centres.• 947 attendance hours at the Lifting Mood courses.	
Stakeholder	Outcome and Value Added		
Clients	<ul style="list-style-type: none">• Of those clients who completed the Patient Health Questionnaire (PHQ) questionnaire during their time with the Wellbeing Centres – 73% saw an improvement in their score, 6% stayed the same and 21% saw a decline.• 26% of those who had a score of ‘severe’ depression had reduced this throughout the duration of their support from the Wellbeing Centres.• 25% of those who improved their scores had been taken out of ‘caseness’ – or in other words, below the score which is the threshold for depression.• For all 7 questions asked in our internal PPO survey relating to Lifting Mood– the results increased throughout the year.		
Public Services	<ul style="list-style-type: none">• Based on those who had been taken out of ‘caseness’ – this would represent a saving to public services in the year of approximately £35,500. The effects of this can also be calculated over the subsequent five years.		
Employers	<ul style="list-style-type: none">• Based on those who had been taken out of ‘caseness’ – this represents a saving in lost employment hours in the year of approximately £68,000. The effects of this can also be calculated over the subsequent five years.		

Improving people's economic situation

Poverty and economic disadvantage increases the risk of mental health problems and can be both a cause and a consequence of mental ill health. Mental health is shaped by social, economic and physical environments in which people live – both positive and negative. Successfully supporting the mental health and wellbeing of people living in poverty, and reducing the number of people with mental health problems experiencing poverty is a key aim for the Wellbeing Centres ¹⁰.

An Institute for Fiscal Studies report has shown that four in ten people with mental health problems are in poverty, more than double the national rate in the UK. This is a particular issue amongst 25-54 year olds. A generation of working-age people, at the peak of their potential, is being written off because of mental ill-health ¹¹.

One third of working age people in the Liverpool are considered economically inactive which is the highest level among the core cities. Furthermore there were more than 18,000 claimants for Employment Support Allowance (ESA) for mental and behavioural conditions in Liverpool in 2016: also the highest among the core cities ¹². Therefore both mental health and poverty are significant issues in the city.

How the Wellbeing Centres support people

The Wellbeing Centres support people to navigate the welfare benefits system, through providing supporting letters, telephone calls, emotional support or referring to other agencies. In 2017 we have helped 36 individuals and have written 53 supporting letters, many challenging the decisions made by DWP and PIP assessors. This does not include the emotional support, telephone calls and crisis appointments needed by people to help them cope with the stress of their situation.

People who attend our service are poorer because of central government policy changes on social security; including reduction in benefit payments, particularly housing benefit via the bedroom tax, and changes to the mobility component of PIP. Many of the people we work with are fearful of the future, with many being subject to 6 monthly ESA reviews, so that even when they win their award they are denied that celebratory feeling or breathing space, knowing it will all happen again soon.

Breathing space however is exactly what is needed when recovering from mental health issues, time to help understand, gain control and move forward. This in turn affects the service, as we are often in a situation where, whatever progress we have helped an individual achieve, just comes undone.

The service has developed strong partnerships in order to mitigate the impact of the system on individuals. A referral pathway has been developed specifically with Advice on Prescription who are becoming a key organisation with LCC and CCG as well as working with Liverpool Income Maximisation Team, Healthwatch, Advocacy Works. These services provide invaluable expertise with form filling, tribunals and practical support at medical assessments.

Using financial proxies we have estimated that our successful interventions on welfare benefits have saved the public sector £45k a year – by preventing relapses and admissions to hospital, reducing length of stay and preventing homelessness due to poverty and associated mental ill health. This includes taking into account the actual cost of the increased benefits.



Bob's story

Bob had social phobia and depression and was a long-term user of the Wellbeing Centres, attending for peer support. Bob had received a letter inviting him in for an Employment Support Agency (ESA) assessment. The Wellbeing Centre staff had written a supporting letter for Bob explaining why we did not feel he was currently fit for work.

Bob was extremely anxious about his medical assessment and this was made worse when two appointments for his ESA medical assessment were cancelled at short notice. On the first occasion his appointment was cancelled in the waiting room on the day, and on the second occasion by telephone 45 minutes beforehand. The second cancellation left Bob feeling that his anxiety was out of control. He was unable to distract himself from the worrying thoughts associated with future appointments and the potential negative outcome.

Bob attended the centre in a distressed state saying he was exhausted through lack of sleep and that he had been snapping at his elderly mother due to his heightened anxiety. He sent the team emails at 4 o'clock in the morning, needing reassurance, telling us how frightened he was for the future. We wrote a further letter to the decision maker outlining our concern at witnessing Bob's mental health deteriorate as a result of a mishandled process, requesting they make a positive decision in favour of him without having to undergo a further medical assessment.

We also encouraged him to talk to his GP and he requested an emergency appointment and was prescribed sleeping tablets to help him get through the process at the time.

As a result of our supportive intervention, Bob was awarded the support group of ESA without a medical assessment. Therefore he experienced a positive outcome for both his anxiety and his economic wellbeing.



Section 8: The Value of Co-Production and Empowerment



Spotlight on Kindred Minds

Six years ago a steering group was set up by some service users from the Umbrella centres with the aim of forming a charity that would raise funds and support its members if the PSS centres ever closed for any reason – and so ‘Kindred Minds’ was born. Here is the story from Bev, one of the founding members:

“With PSS’s help and support our trustees held regular meetings and planned for the future of people who use the services; a safety net where we could find a room in a suitable building and carry on with various wellbeing activities that benefit us.

As we are all service users ourselves, it can be difficult at times when we are unwell, but the PSS staff support and encourage us, so we can take time out, until we are well enough to return.

Two years ago we became a CIO (Charitable Incorporated Organisation) - something that we hoped one day would happen as it would enable us to apply for more grants and funding. Money from small funders came in, including funding that enabled us to take on a paid member of staff for 4 hours per week who has really helped us to move forward. We also employed a sessional activity worker who will lead activities which our service user members have voted for, as we ask what activities our members feel would improve their wellbeing.

Last year has seen the Leeson Centre close, but Kindred Minds has recently secured a tenancy in STEC on Speke Boulevard; our first ever place from where we can support our members. We are going from strength to strength and are here to stay.”

Spotlight on Peer Support and Co-Production

As shown in the service user journey, once people have completed the courses provided by the Wellbeing Centres, they can continue to access peer support on an ongoing basis or train to be volunteer peer supporters. This is one of the best examples of co-production at PSS; people sharing their experiences and using them to support others in a similar position. Here is Elwyn's story:

"After experiencing major improvements from my own treatment for chronic anxiety since I first joined the Wellbeing centres, I completed peer support volunteering courses and then took the plunge co-producing a wrap course as a taster. I did this in order to give back as well as to continue my own recovery and it was a brilliant experience for me. I've really enjoyed all the psychology based groups that involve CBT, awareness and mindfulness. I was being supported by the staff and someone suggested that I co-facilitate the 8 week 'intro to mindfulness' course with one of the professionals there. This has proved to be successful and I've really enjoyed it. It has helped with regaining my confidence and continued to help my mindfulness but most importantly it seems to work for the centre and everyone involved. My shared experience gives the course a different angle than if it has a second professional there. What I lack in elegance of delivery is more than made up for with insight to learning methods that have really worked for me. It certainly gives a more personal perspective which seems to engage those attending. I hope to continue with this peer support of the mindful intro group, as I feel very privileged to do so. It really is a life changing opportunity".



Spotlight on our User Representation

Eve had worked for years but became unwell through work related stress. She was referred to the Umbrella Centre by her work coach at the job centre and attended courses which helped her to manage her stress a lot better. One day she noticed an advert for a service user representative at the centre, and after much thought she applied for the role and was successful at the interview. Here is Eve's story:

"The job role at the Wellbeing Centres is really very varied but the main things I do are:"

Obtain Feedback

A large part of my role is gathering feedback from service users. To do this I meet up with service users across all 3 centres and ask for their feedback through discussion and questionnaires. I ask for suggestions about how the service could be improved and also whether by attending their personal situations and wellbeing has improved.

Representation

Another part of my role is to attend team meetings and represent the service user voice. I gather all the feedback and suggestions and provide a report for the quarterly staff team meetings. This was daunting at first but I have gained confidence since beginning the role. At the team meetings I put forward service user suggestions for the next quarter timetables and after discussion this has resulted in additional courses being offered. I also noticed a major theme from service users feedback was that the staff team could do better at communicating new courses and the idea of a texting service was put forward. It would be fair to say, this took a lot of persistence and persuasion from myself to finally happen but we now have a texting service to inform service users of new courses and both staff and service users find this helpful.

Providing Feedback

An important part of my role is feeding back to service users the team's response to their feedback. I do this by attending service user meetings with the service manager. At the meetings we are able to show how their feedback has influenced the service delivery but also to explain why some courses may not be possible; often due to lack of funding. We then discuss solutions to achieve this such as ideas for fundraising. The service users then feel included, and that their feedback has made a difference and so a positive impact has been achieved.

"On reflection I feel that the representative role I have is really important and I hope I have made a difference to the service. I think it is reassuring for people to know when I visit groups that I was also a service user. Initially I felt there was a reluctance to speak up in case of a hidden agenda. Now I have met up with all the groups on several occasions and they have seen results from my meetings, I feel they are more comfortable with me. It is important to have trust in order for people to feel true equals. The next steps for me are to keep building on my own confidence and as part of this I am currently applying for part time jobs".

Section 9: What our stakeholders say about us?

"You keep us informed about loads of other interesting stuff, unexpected, about wellbeing. It's been an absolute life saver and a favourite life experience of mine, and believe me - I've lived."

"Without PSS, I wouldn't have known where to go and would have ended up in Broadoaks."

"Before being involved with PSS I was totally socially isolated, not seeing or speaking to anyone from week to week, except for home visits from my CPN and my son who I hide a lot from. PSS has only had a positive impact on my life, thank you."

"I feel that coming to PSS has given me my self-esteem back and able me to interact with other people. The tutors are excellent in all aspects of the job."

"Carry on being welcoming, helpful and non-judgemental. I will be sad when I no longer need your services, but I know it will be for the right reasons because I have achieved goals I was needing support with. I would like to keep in touch and maybe volunteer one day with yourselves."

"Just want to thank the staff at the Umbrella Centre for being the best and for all the help and support they give."

"Coming to the centre helps me to cope each day and there is always something to do and talk about any problems I have."

"I feel that coming to PSS has given me my self-esteem back and able me to interact with other people. The tutors are excellent in all aspects of the job."

"I am really happy about PSS. The courses they offer are very helpful to me. The staff are friendly and wonderful."

"Just like to say I think it a valuable resource having a service like the Umbrella providing support for those of us that are experiencing mental health difficulties."

"Nicky and all her staff are always there to listen to any problems I have and they always help me to calm down whether it's on the telephone or in person at the Umbrella Centre. Excellent service."

Section 10: You Said...We Did

It is important to PSS and the Wellbeing Centres that we keep trying to get better at what we do. Each year we carry out an annual survey of people who use our services to find out what is working and where we can improve.

In 2017, 100 people returned the Wellbeing Centres surveys with the following positive results:

100%

were happy with the quality of support they received

92%

said we had a positive impact on their health and wellbeing

90%

said we had a positive impact on their quality of life

97%

were happy with how safe we made them feel

79%

said it had a positive impact on their involvement with family and friends

100%

were happy with the people who work for the service

The service also received 41 comments, and importantly, we want to show that we have listened and made changes based on what you've said. Here was the feedback we provided following the 2017 survey.

You Said: The texting service has made things better but the communication about activities and courses could be improved even more.

We Did: We always promote new courses with flyers for those with no access to the internet or text. However Dave and Eve, your service user representative are currently working on our Upbeat Blog, which will allow you to sign up for updates on courses and activities. This will hopefully go live in Spring and will be in addition to the texting service.

You Said: You requested the following activities: More groups for men • Music • Drop in group.

We Did: Music - We run a beginners Ukulele group every 2 months. We also have The Strumbrellas Ukulele Band peer support group which happens weekly. Kindred Minds are running a singing group in Speke.

Richmond fellowship will also be delivering a singing group at the City Centre late Spring.

More Groups for Men - We are currently building a Dutch Barn on Dutch Farm and will be delivering men only activities from there. LIPA are currently delivering a Drama course for men.

Drop In Groups - We currently have 3 drop in groups at the service which can accommodate places for new people. As such we do not have the space to accommodate any more at this time.

You Said: You would like more outside agencies to come into the art groups.

We Did: Liverpool Adult Learning are currently running 3 art courses at the centres, photography, multi-craft and Art.

LIPA are delivering a drama course for men.

Homecooked CIC are delivering Health Eating and Cookery courses across the 3 centres.

Section 11: Economic Impact

National economic impact

Analysis commissioned by NHS England found that the national cost of dedicated mental health support and services across government departments in England totals £34 billion each year, (excluding dementia and substance use).

However when you add in lost employment and the costs related to criminal justice, the cost to the economy as a whole of mental ill health is estimated to be around £105 billion annually – roughly the cost of the entire NHS¹³. Research has indicated that increased investment in evidence-based interventions could produce net savings through increased employment. For depression and anxiety disorders, increasing the number of people who are currently in treatment and who receive evidence-based interventions would increase service costs but could result in savings in total costs if treatment is effective¹⁴.

Mental health accounts for
23%
of NHS activity, but NHS spending on secondary mental health services is equivalent to just half of this¹⁵.

PSS Economic Impact

As part of our work on the PSS Impact Report we carried out an analysis of the economic impact of some of the work done by the Wellbeing Centres in the areas of anxiety, depression and welfare benefits. By using the details of the outcomes we have captured, and applying financial proxies; we have been able to produce both a cost-benefit figure in terms of investment-to-save for the public sector, as well as potential economic savings resulting from lost employment.

How we carried out the analysis

- We used the starting and ending GADS and PHQ scores for all users over the course of a year at the wellbeing centres as well as some WEMWBS scores.
- Whilst a large proportion of the people using services did reduce their scores significantly for anxiety and depression, we only included those whose final scores were below the points for 'caseness'. It is highly likely that more people will have improved beyond the point of intervention; however we have not included this as it is important not to overclaim the benefits.
- We also looked at the numbers in receipt of welfare benefit support and based on feedback and service knowledge applied a very conservative estimate to the success rates for this and limited the results to one year only, unlike the others where we looked at a 5-year span with discounting.
- We applied the general SROI principles to this exercise, and for financial proxies we used those contained in a Kings Fund Report and a Poverty and Mental Health publication.

The result of the cost-benefit analysis

The cost benefit analysis shows that for every £1 invested in the Wellbeing Centres - between £3.40 and £5.72 will be saved by the Public Sector across Health, Social Care, and to the economy from lost employment. We have shown the range of potential savings as part of the sensitivity analysis below.



Low: £3.40 saving for £1 spent

based on a reduced success level for welfare benefit support



Medium: £5.36 saving for £1 spent

based on known success rates and lower financial proxy levels



High: £5.72 saving for £1 spent

based on known success rates and higher financial proxy levels

These savings are made up from

- Savings to health and social care services as a result of reduced levels of depression following the Wellbeing Centres interventions.
- Savings to health and social care services as a result of reduced levels of anxiety following the Wellbeing Centres interventions.
- Economic savings from improved attendance at employment as a result of reduced depression.
- Economic savings from improved attendance at employment as a result of reduced anxiety.
- Savings to health and social care services as a result of prevented relapses due to economic disadvantage (supported through welfare benefit support).
- Savings to health and social care services as a result of reduced length of stay due to admissions due to economic disadvantage (supported through welfare benefit support).
- Savings to public sector as a result of preventing homelessness due to economic disadvantage (supported through welfare benefit support).



We have also made sure that we have accounted for the following costs

- Cost to the public sector of providing the wellbeing centre service.
- Cost to the public sector of Increased benefits to welfare claimants, following welfare benefit support.

It is important to note that

- This is a very conservative financial analysis for the service, focusing specifically on the resulting impacts from support provided around anxiety, depression and welfare benefits.
- Since there were still outstanding cases and these figures are based only a proportion of the client base, it is likely that the economic benefits could be even higher.
- Since we have only focused on clients going below caseness – we have not accounted for any reductions in the use of public services for those with significantly improved scores – therefore there is also a likely saving from this group.
- We have not included any ‘social impact’ costs in terms of emotional wellbeing due to a lack of a financial proxy in this area.
- We have applied standard levels of attributability, displacement, deadweight and drop-offs to the figures to ensure that we do not overclaim.
- These results have not been accredited, and financial proxies are based on national research papers.



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