

Tools in the Toolbox

**Building capacity to support
the mental health and wellbeing
of people living with long term conditions**

**Living Well: Emotional Support Matters
Evaluation Report, April 2025**



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Acknowledgements

The Mental Health Foundation and the ALLIANCE would like to thank the delivery partners who helped to shape and build Living Well: Emotional Support Matters programme over the course of 30 months. The partner organisations were:

- The Braveheart Association
- Chest Heart and Stroke Scotland (CHSS)
- Clan Cancer Support
- Diabetes Scotland
- Multiple Sclerosis Centre, Mid Argyll
- Sensory Impairment Support Group (SISG) Scotland
- Versus Arthritis
- Waverley Care



Gratitude is also extended to the Monday Trust for their funding contribution towards the Living Well: Emotional Support Matters programme.



Foreword

“ As Associate Director for Devolved Nations with the Mental Health Foundation, I am delighted to introduce this evaluation report for Living Well: Emotional Support Matters. Within the Mental Health Foundation our mission is to help people understand, protect, and sustain their mental health with a focus on preventative approaches. This initiative embodies our commitment to this mission.

The Living Well programme was established in response to the challenges that emerged from the Covid-19 pandemic with the mental health of people with long term conditions particularly impacted. By taking a capacity building approach, the programme aimed to empower people with long term conditions to enhance their mental health and emotional wellbeing. The report highlights the significant progress made through the Living Well programme and shares important learning for others to take a similar approach.

We believe that mental health and emotional wellbeing should be integral parts of care for people living with long-term conditions. By combining our expertise and insights with those of our strategic partner The ALLIANCE and our eight delivery partners, this programme has shown how targeted support can help to embed a mental health lens within organisations, working with people with long term conditions to build resilience and improve the quality of life for many.



We hope this report serves as an important resource and inspiration for future initiatives and that mental health and wellbeing continues to be prioritised across all areas of society. The work of Living Well is a step towards building a future where good mental health is accessible to all, not just to some. ”

Julie Cameron
Associate Director for Devolved Nations
Mental Health Foundation

“ Living with a long term condition can significantly impact your mental health. Dealing with a diagnosis, pain, flare-ups and treatment can increase tiredness, stress, depression and worry. During the Covid-19 pandemic, the mental health of people living with long term conditions significantly and disproportionately worsened while at the same time access to services reduced and health concerns increased.

At the ALLIANCE, our purpose is to improve the wellbeing of people and communities across Scotland. We work to ensure that disabled people, people with long term conditions and unpaid carers drive policy and sit at the heart of services and systems; to support transformational change; and to champion the vital role of the third sector as a strategic partner in policy and delivery. We were therefore pleased to work in partnership with Mental Health Foundation on Living Well as a response to the pandemic's negative impact and to prioritise good mental health and wellbeing for people living with long term conditions.

Living Well demonstrates the power of partnership and the positive impact of a capacity building approach. Working together with third sector delivery partners, Living Well successfully increased staff and volunteers' skills and confidence, changed organisational cultures, and improved people's mental health and wellbeing.

It is now crucial that we learn from the Living Well Approach and prioritise and invest in the mental health and wellbeing of people with long term conditions – across policy, systems development, and the delivery of services and support. By doing so, and working together, we can contribute to a Scotland where everyone enjoys their right to live well with dignity and respect. ”

Lucy Mulvagh
Director of Policy, Research and Impact
The Health and Social Care Alliance Scotland
(the ALLIANCE)



Executive summary

‘Living Well: Emotional Support Matters’ (Living Well) was a three-year Scottish programme developed by the Mental Health Foundation and the Health and Social Care Alliance Scotland (the ALLIANCE) in response to the Covid-19 pandemic.

As a result of the pandemic, people living with long term conditions (LTCs) experienced a significant deterioration in mental health and wellbeing. In response to this, Living Well was designed to promote the mental health and wellbeing of people living with LTCs.

Living Well aimed to:

- Embed practical, measurable skills and self management practices within organisations supporting people with LTCs.
- Capture, share, and disseminate best practices to foster a sustainable approach to mental health support.
- Evaluate the economic benefits of a preventative mental health approach.

The Living Well Approach

To achieve these aims, Living Well utilised capacity building as a tool. The programme partnered with eight organisations who directly support people living with LTCs and worked with them to build and increase the skills, confidence and knowledge of their staff and volunteers.

The programme worked with eight diverse delivery partners across Scotland. These partners represented a broad range of communities, including different age groups, genders, LGBTQIA+

individuals, people with learning disabilities, and ethnic minorities. This collaborative approach not only enhanced the reach of the initiative—benefiting thousands directly and indirectly—but also ensured that support was tailored to the needs of varied population groups.

To effectively build capacity within delivery partners, Living Well implemented three core activities:

- Providing training and learning opportunities to staff and volunteers
- Developing and delivering a Peer Learning Network.
- Investing up to £50,000 in each partner organisation to facilitate their work to promote mental health and wellbeing.

Impact

The evaluation of Living Well found that:

Staff and volunteers had increased capacity, skills and confidence to support the mental health and wellbeing of people living with LTCs

Due to Living Well, staff and volunteers were able to enhance their work further, build on their knowledge, and benefit from specific ‘tools’ provided to undertake new mental health promoting activities. As a result, more mental health and wellbeing activities were delivered by the organisations, encompassing new activities and the expansion of existing ones.

Organisational culture change

Delivery partners reported a culture change emerging within their organisations, with mental

health and wellbeing beginning to be embedded across a wider range of activities, policies and processes. All partners developed organisational wide commitments to wellbeing, delivered new activities and built mental health into their strategic practices.

Improved mental health and wellbeing for people with LTCs, staff and volunteers

People with LTCs had their mental health and wellbeing directly promoted, as well as experiencing general positive impacts such as an increased sense of pride or achievement. The mental health and wellbeing of staff and volunteers was also positively impacted.

Significant economic impact

The economic benefit of Living Well far exceeded the cost of delivery. The total health and wellbeing impacts generated by Living Well amounted to £3.7 million. The funding to impact ratio for Living Well was therefore calculated as £1:£8.60.

Reach

- 14 training and learning events
- 21 peer learning network meetings
- 64 board members reached
- >1000 staff and volunteers reached
- >3000 people living with LTCs reached

The key enablers that help enhance impact were identified, based on these the following conclusions were drawn:

- Partnership working works
- Shared spaces and peer support enhance connections
- Good communication, relationship-building and flexibility underpin delivery
- Workforce wellbeing is central to embedding

a mental health lens

- Training and development opportunities are essential
- Achieving organisational culture change and sustainable impact takes time
- Funding is crucial

Recommendations

The evaluation confirms that building organisational capacity and embedding mental health practices leads to improved wellbeing for people with LTCs, staff, and volunteers alike. Therefore, Living Well makes the following recommendations:

- Allocate long term, sustainable funding for activity that promotes and supports the mental health and wellbeing of people living with LTCs and addresses the mental health inequalities they experience.
- Take a cross-policy approach to ensure mental health and wellbeing is embedded across policies, addressing the wide-ranging physical, social, mental, economic, and environmental factors that impact people living with long term conditions.
- Embed mental health and wellbeing across all aspects of the work of organisations supporting people living with LTCs, including policies, processes and culture.
- Recognise the third sector as a valued and equal partner in the support and promotion of the mental health and wellbeing of people living with long term conditions.

'Living Well: Emotional Support Matters' offers a compelling model for preventative mental health support, demonstrating how strategic capacity building and cross-sector collaboration can generate substantial economic and social benefits.

Introduction



Living Well: Emotional Support Matters (Living Well) was developed by The Health and Social Care Alliance Scotland (the ALLIANCE) and Mental Health Foundation (MHF) in response to the Covid-19 pandemic.

Living Well's vision is for organisations in Scotland that support people living with long term conditions (LTCs) to have the skills, capacity and confidence necessary to effectively promote, enhance and protect the mental health and wellbeing of the people they support, their staff and volunteers.

People living with LTCs had their mental health and wellbeing disproportionately impacted for the worse by the pandemic,¹ as the response to Covid-19 was prioritised over ongoing health monitoring and management. For some people living with long term conditions, this led to a deterioration in health, worry about longer term implications, and feelings of fear and abandonment.

Living with LTCs can, and often does, have a serious negative impact on emotional and psychological health and wellbeing.² The fluctuating cycle of illness and wellbeing for people with LTCs can be a major challenge; some conditions are progressive, and the person's symptoms will become increasingly severe. The emotional and psychological impact³ of a flare up

of symptoms, being diagnosed with a condition, and/or living with progressive conditions cannot be underestimated.

From 2021–2024 Living Well worked to tackle this, and to promote and support mental health and wellbeing for people living with LTCs. Whilst this programme was started in response to the Covid-19 pandemic, given that the numbers of people living with poor mental health and living with LTCs in Scotland is growing, its mission remains extremely relevant. Now, more than ever, there is a need to nurture approaches that allow people to flourish, invest in preventative support and promote the good mental health and wellbeing of everyone.

This report outlines the successes and challenges of Living Well: Emotional Support Matters. It highlights key learning and makes a series of recommendations about how Scotland should continue to support the mental health and wellbeing of people living with long term conditions.

Living Well: Emotional Health Matters was part of the MHF Covid Recovery Programme (CRP),⁴ a suite of support programmes across the U.K. for people who experience inequality and were more adversely affected by the pandemic. This included lone parents, Black and minority ethnic communities, refugees and people living with long term conditions.



The Living Well Approach



In partnership, the MHF and the ALLIANCE developed Living Well: Emotional Support Matters (Living Well) to improve the mental health and emotional wellbeing of people with LTCs. It was created in response to the disproportionately negative impact of Covid-19 on the mental health and wellbeing of people living with LTCs.

Living Well aimed to:

1. Embed practical and measurable skills (including self management practices) and build capacity within the structures and cultures of organisations working with people with LTCs to promote mental wellbeing.
2. Capture, collate and disseminate the learning from this programme, in order to establish 'supporting positive mental health' initiatives, as a key element of self management for people with LTCs.
3. Assess the economic benefits of the Living Well mental health prevention work.

To achieve these aims, Living Well utilised capacity building as a tool. This involved working with delivery partner organisations. The decision to work with organisations was taken because what happens in an organisation can affect employees, volunteers and people that interact with the organisation. Supporting organisations to examine their practice and processes was a key part of the Living Well approach. Equally so was exploring ways to increase opportunities for promoting mental wellbeing in the organisations' service offerings to the public. All of this can shift the culture by introducing interventions which affect everyone connected to the organisation.⁵

The premise of Living Well was to build and increase the skills, confidence and knowledge of staff and volunteers who supported people living with LTCs. In parallel to this, it worked with senior managers and where possible, Board members and/or Trustees, to bring about organisational changes. Developing and embedding learning, skills and practices supports the adoption of a mental health lens across all activities. This increases the scope for impact as more people are reached, whilst also reducing the risk that knowledge and skills are lost when people change roles, priorities shift or funding periods end.

Also fundamental to the Living Well approach was partnership working. MHF and the ALLIANCE came together in partnership to combine their expertise and connections and, as a result, compound their impact. In working with eight

delivery partners the programme used an asset-based approach to build on their strengths, skills and experiences of working with people with LTCs. These organisations have established relationships, trust and connections with the communities they serve. By working with them, Living Well increased its potential reach and scale of impact.

To inform and assess its work, Living Well used the 'Ways to Better Wellbeing' (Table 1). The 'Ways' are five key factors that contribute to wellbeing as identified by the New Economics Foundation (NEF).⁵ They identify actions which promote mental health and wellbeing.

Finally, human rights, equality and intersectionality were also woven into the design, development and delivery of Living Well.



Ways to Better Wellbeing	Examples
<p style="text-align: center;">1</p> <p style="text-align: center;">Connecting</p>	<ul style="list-style-type: none"> • Peer Support interventions/programmes • Mentoring • Support groups • 'Conversation Café' or other tools to encourage dialogue on wellbeing (e.g. creative methods such as storytelling, drama, art, music) • Befriending
<p style="text-align: center;">2</p> <p style="text-align: center;">Being Active</p>	<ul style="list-style-type: none"> • Walking groups • Swimming groups • Any other social activity groups which meet the needs of service users, taking into account mobility issues • Gardening
<p style="text-align: center;">3</p> <p style="text-align: center;">Take Notice</p>	<ul style="list-style-type: none"> • Practising self-care • Yoga/meditation • Being outdoors in green spaces • Being aware of own/others' feelings (Emotional Regulation) • Mindfulness • Positive thinking • Self-image • Self-compassion
<p style="text-align: center;">4</p> <p style="text-align: center;">Learn</p>	<ul style="list-style-type: none"> • Mental health literacy • Learning to use tools and resources to promote mental wellbeing • Resilience and capacity building (e.g. making people aware of their rights, how to influence decision-makers, taking collective action, how power operates and how communities can empower themselves) • Realistic outlook
<p style="text-align: center;">5</p> <p style="text-align: center;">Give</p>	<ul style="list-style-type: none"> • Getting involved in befriending • 'One good adult model' • Volunteering • Joining a Board/Advisory Group • Taking the time to listen/support • Skills exchange

Table 1: The Five Ways to Wellbeing and examples of activities related to them.

Who we worked with

Living Well ran from 2021-2024 and worked with eight delivery partners who directly support people living with LTCs.

The eight delivery partners were:

- The Braveheart Association
- Chest Heart and Stroke Scotland (CHSS)
- Clan Cancer Support*
- Diabetes Scotland
- Multiple Sclerosis Centre, Mid Argyll
- Sensory Impairment Support Group (SISG) Scotland
- Versus Arthritis
- Waverley Care

Living Well recruited delivery partners from across the ALLIANCE's membership. These eight organisations were selected to reflect the diversity and geographical spread of communities in Scotland. Within the first year, CHSS and Clan Cancer Support withdrew due to internal restructuring and strategic changes.

At the time of recruitment, the organisations selected, both large and small, worked with people representing an intersection of long term condition types, protected characteristics and population groups, such as:

- Young people
- Older people
- Men
- Women
- LGBTQIA+
- People with learning disabilities
- People from black and minority ethnic communities
- Rural and urban communities



Building capacity

To effectively build capacity within delivery partners, Living Well implemented three core activities:

- Providing training and learning opportunities to staff and volunteers
- Developing and delivering a Peer Learning Network.
- Investing up to £50,000 in each partner organisation to facilitate their work to promote mental health and wellbeing.

Training and learning

After delivery partners were recruited, a training needs analysis was undertaken. This was developed to ascertain the skills, confidence, knowledge and experience of delivery partner staff and volunteers in providing mental wellbeing support. 102 people from across the organisations responded, and their feedback was used to develop tailored learning opportunities.

Informed by the results of the training needs analysis, over 100 staff and volunteers participated in training sessions offered by Living Well such as on StressLess, a resource specifically created by MHF to promote, support and protect the mental health of young people. Figure 1 details the training sessions offered and the levels of participation.

Training opportunities were delivered by both MHF and other reputable third party organisations. Some training opportunities, such as Mental Health Literacy and Self Management and Confident Conversations were developed by MHF specifically for Living Well based on the feedback received.

Where possible, a “train the trainer” approach was used, to facilitate cascading learning to staff and volunteers who were unable to attend training sessions.

The Living Well team also worked with delivery partners outwith training and learning opportunities, to support the embedding of learning.

Webinars were developed to enhance the training offer and were attended by over 85 staff and volunteers. The webinars offered were:

- Self management, mental health and wellbeing
- Living well with arthritis
- Using peer support to problem solve
- The health needs of the LGBTQ+ community
- Discriminatory micro-aggressions – how to recognise, mitigate and challenge
- Using Sleepio/Daylight apps to support wellbeing

Living Well Training Programme

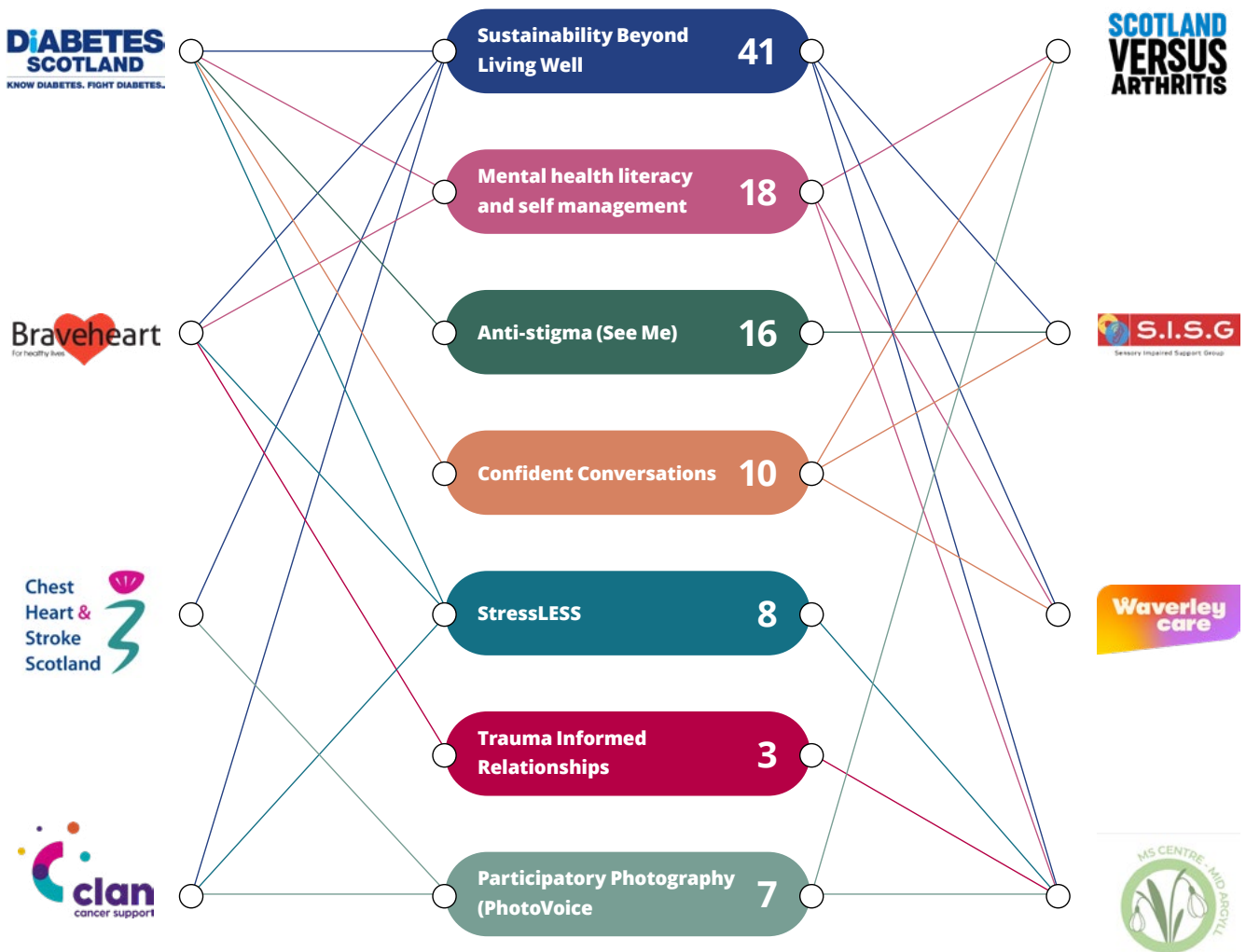


Figure 1: Learning opportunities and levels of participation

Peer learning network

A peer learning network was developed to create a consistent space for delivery partners to come together, share learning and discuss insights and ideas with each other.

The peer learning network operated from November 2021 to June 2024. Partners met online every six weeks, in a space facilitated by the ALLIANCE and Mental Health Foundation. Over the course of Living Well, the peer learning network came together 21 times.

Discussions at the peer learning network included topics like different partner approaches to monitoring and evaluating mental health and using action learning to tackle challenges or barriers relating to project work.



Financial Investment

Living Well partners received up to £50,000 each, over a 24-30 month funding period. In return, organisations committed to taking part in the Living Well activities outlined above to build the capacity of their staff and volunteers.

When organisations were recruited to Living Well, they were also asked to outline how they planned to use these funds to embed mental health and wellbeing within their work, aligned with the 'Ways to Better Wellbeing' in Table 1. Examples of how partners used the funding include:

- To hire staff or meet other core costs.
- To release staff to attend training and events.
- To develop new activities to promote good mental health and wellbeing.
- To continue established activities which had been evidenced to promote good mental health and wellbeing.

Evaluation

This evaluation report pulls together learning from the entire lifetime of Living Well.

As part of the programme's evaluative approach, in 2021 the ALLIANCE and MHF worked with delivery partners to coproduce a Theory of Change (Appendix 1). Monitoring and reporting processes were then developed to capture evidence relating to each of the identified outcomes throughout the delivery period.

From April 2024 to July 2024, MHF's research team supported the capture of post-delivery evaluation data and analysed the previously obtained data.

To inform this evaluation report, the following data was analysed:

- 2 Focus groups with people living with LTCs
- 18 Interviews with delivery partner leads
- 2 Interviews with the ALLIANCE and MHF programme leads
- 25 reports from delivery partners
- 3 records of Evaluation Development Days with delivery partners

Assessing the economic benefit of Living Well's preventative approach

Living Well also commissioned BiGGAR Economics to assess the economic benefit of the Living Well Programme – setting out the wellbeing effects it generated for beneficiaries, staff, and volunteers within each partner organisation. The assessment also looked at the potential cost savings the Living Well project could support for wider society.

Further detail of how BiGGAR Economics calculated the economic impact of Living Well is available in Appendix 2.



Impact

Reach and equalities

Partners reported that Living Well reached the following:

892

staff &
volunteers
trained

64

board
members

3053

people living
with LTCs
directly

1004

staff and volunteers
participated in
Living Well

***32,861+**

people indirectly
through activities
like community
events and social
media

*Those that benefitted from mental wellbeing information via community events held by the Living Well partners in their geographical areas or with communities of interest, through social media, conferences, seminars/webinars and any other activity.

Due to varying equality monitoring practices across delivery partners, it was not possible to gather robust disaggregated data about the people living with LTCs reached by Living Well. However, from the limited data collected, the following breakdown was calculated:

Ethnic origin	Percentage (%)*
White British	68
White Traveller	<1
White Other	4
Indian	2
Pakistani	13
Black/ Black British	<1
African	4
Caribbean	<1
Arab	8

Table 2: Ethnic origins of people living with LTCs impacted by Living Well

Gender	Percentage (%)*
Female	72
Male	27
Other	<1

Table 3: Gender of people living with LTCs impacted by Living Well

Age	Percentage (%)*
18 - 24	<1
25 - 34	6
35 - 44	7
45 - 54	12
55 - 64	26
65 - 74	27
75 - 84	18
85 +	3

Table 4: Age of people living with LTCs impacted by Living Well

*Percentages are rounded to their nearest whole figure.

Increased capacity, skills and confidence to support mental health and wellbeing

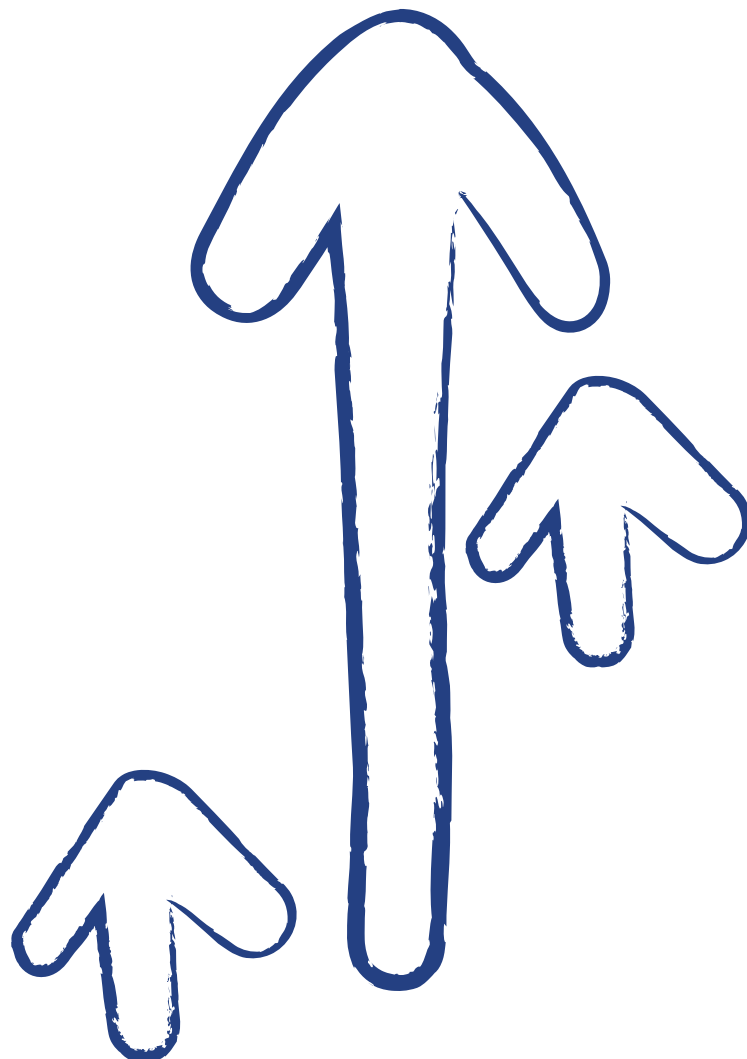
Evidence provided by delivery partners demonstrates that staff, volunteers and people living with LTCs all gained increased capacity and skills to promote their own and other's mental health and wellbeing due to Living Well.

Prior to Living Well, many of the organisations had a well-developed understanding of the importance of mental health and wellbeing and were delivering activities related to this. However, delivery partners reported that due to Living Well

they were able to enhance their work even further, build on their knowledge, and benefit from the specific 'tools' that were provided to undertake new mental health promoting activities.

As a result, more mental health and wellbeing activities were delivered by the organisations, encompassing new activities, and the expansion of existing ones.

Table 5 gives an overview of the new and enhanced activities that delivery partners provided to people living with LTCs, across the 'Ways to Better Wellbeing'.



Ways to Better Wellbeing	New activities delivered by partners	Existing activities that were enhanced
<p style="text-align: center;">1</p> <p style="text-align: center;">Connecting</p>	<ul style="list-style-type: none"> • Peer support groups including for: black and minority ethnic women; children and young people; people who inject substances; people residing in prison; those living with diabetes; for the support of better sleep, and weight management. • Rolled out Sleepio app • Participatory photography • Wellbeing Café • Reflective monthly practice for staff 	<ul style="list-style-type: none"> • Peer support groups, enhanced by: extending length; embedding mental health lens; reestablishing women's group; reestablishing walking group; reestablishing Gay Men's Health Group. • Time to Talk sessions enhanced by confidence in mental health conversations • Self management training rolled out
<p style="text-align: center;">2</p> <p style="text-align: center;">Being Active</p>	<ul style="list-style-type: none"> • Movement classes, including: Exercising with music; Qi-Gong. • Wellbeing Walk • Paracise class for those with MSK diseases • Falls prevention classes 	<ul style="list-style-type: none"> • Movement classes • Reestablished walking group • Wellbeing Worker trained as Move it or Lose it coach • Re-established gardening classes • Kilt Walk
<p style="text-align: center;">3</p> <p style="text-align: center;">Take Notice</p>	<ul style="list-style-type: none"> • Mindfulness activities including: journaling; arts and crafts; reflexology; and creative writing • Community wellbeing days • Mental health literacy sessions • One-to-one wellbeing sessions • Staff reflection sessions 	<ul style="list-style-type: none"> • Self management sessions enhanced by improved content. • Meditation • Engaging with nature using participatory photography. • Developed organisational supports for mental health and wellbeing
<p style="text-align: center;">4</p> <p style="text-align: center;">Learn</p>	<ul style="list-style-type: none"> • Training completed and shared by staff and volunteers. • Sensory Help Packs • Hired Health Psychologist 	<ul style="list-style-type: none"> • Engaged in more community awareness days • Increased access to resources • Staff shared learning from Living Well with people who use their services • Training enhanced knowledge • Embedded mental health into designing of services
<p style="text-align: center;">5</p> <p style="text-align: center;">Give</p>	<ul style="list-style-type: none"> • New volunteering opportunities 	<ul style="list-style-type: none"> • Peer support groups now focus on lived experience • Completion of Nat 4 in Wellbeing by four people who share their learning in community • Pathway to volunteering reviewed

Table 5: New and enhanced activities delivered as a result of Living Well: Emotional Support Matters

One of the most significant impacts reported by delivery partners was an increase in confidence to use newly developed or enhanced skills. Staff and volunteers described how this increase in confidence enabled them to start delivering and expand activities. One of the most common areas people shared having their confidence increased was around having conversations on mental health and wellbeing.

“I’d say with all the [mental health] training that we’ve had, we’re now just talking about it mostly all the time. When someone comes in, we’re checking in with them and checking how they’re feeling that day and how they can be supported that day.”

Delivery Partner

The initial Training Needs Assessment found that whilst many delivery partners felt they had a reasonable understanding of mental health and

wellbeing in theory, there was less confidence to use this knowledge in practice. Throughout Living Well, delivery partners consistently reported confidence increasing. Some of the ways these partners shared this being demonstrated in action included:

- Organisations and managers feeling better able to support colleagues, volunteers and people living with long term conditions.
- Staff feeling empowered and knowledgeable enough to champion the importance of mental health within their organisation.
- Staff and volunteers instigating more conversations around mental health with people living with long term conditions and amongst themselves
- Increased self-esteem of people living with LTCs and volunteers.

“ [Talking about mental health] just feels like part of the process now. I used to be pure embarrassed about it. ”
Delivery Partner Volunteer

“ We’ve [been] giving them hints and tips on how to alleviate some of the anxieties around losing hearing and sight loss during the aging process. ”
Delivery Partner

What helped this to happen?

- **Peer learning network:** Partners repeatedly shared that connecting with others from the group helped to solidify learning, establish relationships and provide both informal and formal support. This was particularly helpful for smaller organisations that don't have capacity or access to resources that larger organisations do.

“The Living Well Peer Network is so invaluable actually. I found it a really, really positive place to be and also a very creative space.” Delivery Partner

- **Training:** The range, accessibility, quality and relevance of the training offered was highlighted by delivery partners as being crucial to the development of their skills and confidence. The Training Needs Assessment was an important mechanism to identify timely and relevant learning opportunities for delivery partners. A train the trainer model helped to support dissemination of training within organisations.

“[one of the key learnings] is the importance of the person-centred approach...the training has helped us to better understand the needs and preferences of our clients and when we basically can apply that knowledge in our daily practice and embed it in” Delivery Partner

“The training you provided was of a high level and what we needed for our organisation so we cascaded it [...], and it was very low cost” Delivery Partner

- **Financial investment:** The money received by partners was a key enabler in allowing them to fully engage in the peer learning network and training opportunities. Multiple partners shared that they would have been unable to release staff for these development opportunities without financial support.

“We valued it [Living Well] so much because we wouldn't have been able to access it or... be able to afford it.” Delivery Partner

- **Flexible funding arrangements:** A number of partners chose to adapt their project plans after completing training, or after significant changes such as organisational restructures. Being able to adapt their work to emerging priorities, or the new insights they were gaining was emphasised as key to making sure the activities they developed were relevant and impactful.

“I really appreciate the fact that you actually are really receptive to feedback and that you're not just another nameless organisation giving us funding...” Delivery Partner

Organisational culture change on mental health and wellbeing

Delivery partners reported a culture change emerging within their organisations, with mental health and wellbeing beginning to be embedded across a wider range of activities, policies and processes, beyond the scope of Living Well itself.

All partners spoke about developing organisational wide commitments to wellbeing. The development of new and enhanced mental health and wellbeing promoting activities was the most common way this occurred. However, all delivery partners also provided examples of wellbeing being built into other strategic practice.

Examples provided by delivery partners include:

- Connecting those attending Living Well training and the peer network to the organisation's Human Resources team.
- Developing organisational Wellbeing Strategies.
- Implementing new evaluation and monitoring processes to measure the mental health and wellbeing of people living with LTCs.
- Embedding mental health and wellbeing into staff support and supervision processes.
- Adding mental health and wellbeing as a standing agenda item in meetings, including at board level.
- Speaking about mental health more regularly in external communications and taking part in awareness days.
- Taking part in MHF's yearly Scottish Mental Health Arts and Film Festival

“ So our HR team or my HR business partners check in with me whenever I attend any of the sessions [peer learning network meetings] now whether it's training or communication with yourself to look how we can cascade this out. ”
Delivery Partner

“ The biggest change that I've noticed is the shift in culture around mental health and wellbeing [...] we've been able to foster a more supportive and open culture around mental health, this is in relation to having the right language and literacy, but also the confidence. ”
Delivery Partner

What helped this to happen?

- **Increased quantity and quality of conversations on mental health and wellbeing:** As a consequence of the work to develop staff and volunteers' skills and confidence discussing mental health, delivery partners spoke about incorporating these as standard into their practices. The training on 'Confident Conversations' was highlighted as key to this.
- **Funding length:** As much of the action to embed mental health and wellbeing within organisations depended upon delivery partners having attended training and spent time reflecting on how to implement it, it was commonly reported that a long enough funding period to undertake this was necessary.

“So embedding it [a mental wellbeing lens] into things,,,,so recently I did the expense policy....I did research and got in touch with the people in the peer learning network....but just keeping an eye on the fact that the cost of living is changing....I don't want volunteers to be stressed so I've upped the.....I think I put in 7.50 to 12 pounds [was 4.50 before] because I was acknowledging we are a national organization” Delivery Partner

- **Champions:** The people engaged in training and the peer learning network often described themselves as taking on a leadership role around mental health and wellbeing within their organisation and becoming a champion. This was felt to be a crucial role to ensure continued progression internally.

“I think the senior managers [...] they're always really keen to have someone who's responsible for it. So, I've been doing that, being the named person who's just coming into every meeting like, “Well, have we considered how this might impact on mental health? Or have we put wellbeing at the centre of that?” Delivery Partner

- **Leadership commitment:** Having awareness, commitment and support from senior leadership and board members was reported as being essential to ensure the strategic prioritisation of action to promote mental health and wellbeing within delivery partner organisations.
- **Organisational size:** Size of organisations appeared to influence the level, speed and scope of impact resulting from Living Well. Smaller organisations were able to be more agile in the dissemination and embedding of learning. Larger organisations often took longer to implement learning, however, tended to connect to a greater number of people living with LTCs. However, both sizes of organisations reported the value to being able to come together and learn from the other's strengths.

Improved mental health and wellbeing for people with LTCs, staff and volunteers

Delivery partners reported that the mental health and wellbeing of the people they support was improved due to Living Well. Some of the ways this occurred was by:

- Developing self management practices around their mental health and wellbeing.
- A reduction in isolation as people engaged with services.
- Attending a new or enhanced peer support group.
- Building connections with others.

As well as this, delivery partners described general positive impacts experienced by people with long term conditions, such as an increased sense of pride or achievement through their work or being empowered to take on a volunteering role and give back to their community.

Living Well also positively impacted the mental health and wellbeing of staff and volunteers in delivery partner organisations. This was described as an increase in morale, motivation and a better work-life balance. In some cases, this was a result of the organisational culture change; as mental health and wellbeing started to be embedded staff members became recipients of mental health and wellbeing promoting activities themselves. Others reported taking on the learning from Living Well to prioritise mental health and wellbeing and applying it to themselves as well as their work.

“ That was a huge confidence boost for the group who were in a group who had long-term conditions, but it was really their mental wellbeing that we were supporting. People with anxiety and depression, no confidence, low self-esteem. ”
Delivery Partner



What helped this to happen?

- **Staff skills and confidence:** Staff being able to discuss, check in and prioritise mental health and wellbeing throughout their work was commonly shared as being a crucial aspect of effectively promoting people's mental health and wellbeing. With these skills and the confidence to use them, partners were able to further support the mental health and wellbeing of the people they work with.
- **Increased activities:** Being able to access more activities designed to promote their mental health and wellbeing had a positive impact on people living with LTCs. The increase in these activities, as a result of Living Well meant more people with LTCs had their mental health and wellbeing supported..

"I think it definitely helps improve how I feel, there were times before I was having this kind of support and connection that I was feeling pretty low and a bit discouraged" Person with LTC

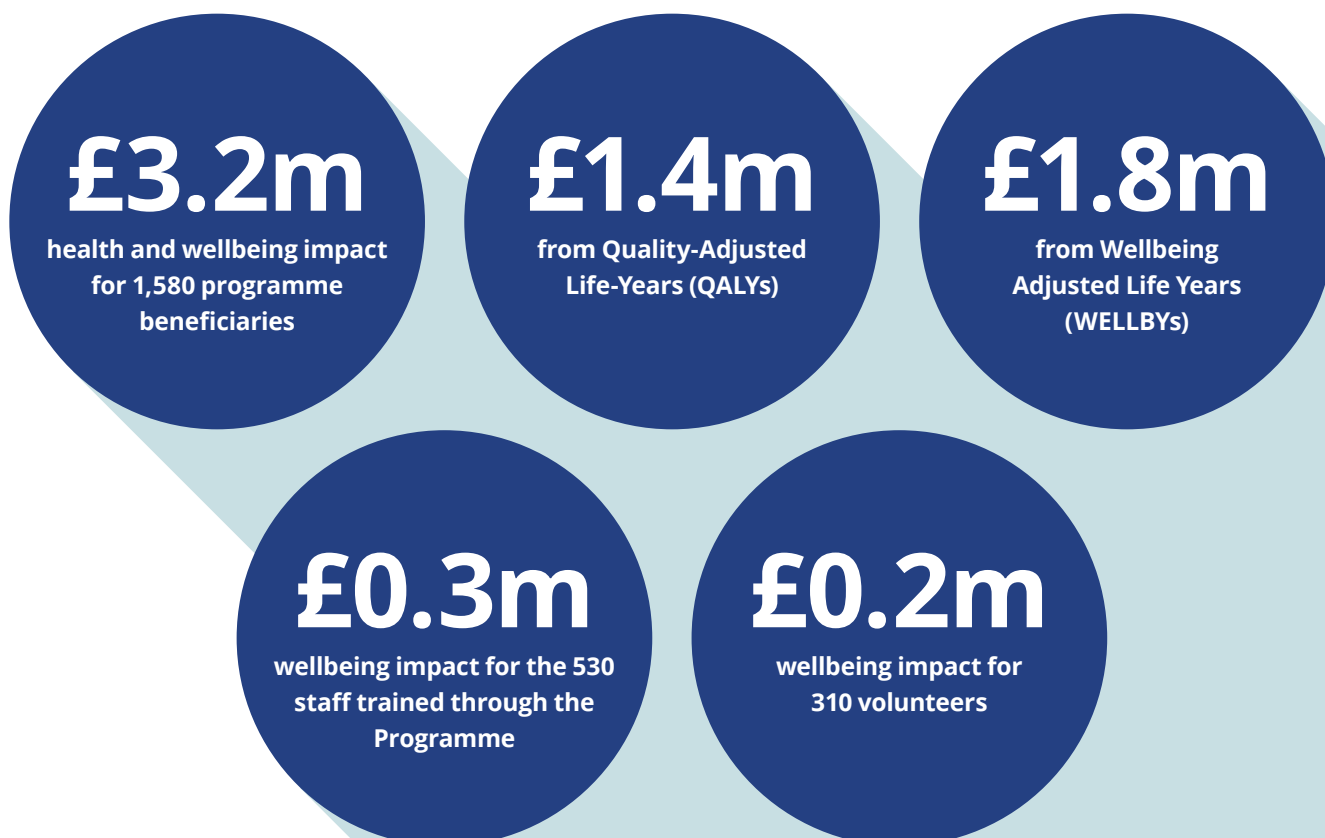
- **Evaluation:** Whilst not a direct contributor to mental health and wellbeing itself, robust evaluation and data collection was vital to assessing, tracking and improving how people with LTCs were being supported. By developing evaluation processes, delivery partners were better able to monitor and respond to the mental health and wellbeing of the people they support.

Significant economic impact

In addition to the MHF's and the ALLIANCE's own evaluation, BiGGAR Economics was commissioned to assess the economic impact of Living Well. To avoid overestimating the effect of Living Well, BiGGAR Economics worked on the assumption that only 50% of the impacts estimated were

attributable to the Programme. They found that the benefits of Living Well far exceeded the cost of delivery, and the long-term effect could outweigh the benefits generated to date.

The total health and wellbeing impacts generated by Living Well amounted to £3.7 million, including:



This implies the funding to impact ratio for Living Well was £1:£8.60, indicating the large generation of benefits in comparison to the cost of delivery.

In addition to these health and wellbeing benefits, Living Well also generated an estimated £0.2 million in cost savings. A further £4.5 million health benefits could be supported in the future if staff

trained through the programme embed what they learned in their professional practice.

The full report from BiGGAR Economics on the economic impact of Living Well: Emotional Support Matters can be found on both the ALLIANCE and MHF's websites.

Challenges

As previously described, relationships and the development of organisational 'champions' were critical to realising positive impact, therefore any disruption to these was challenging. Managing transitions during staff changes, absences, or organisational restructuring was key to ensuring that any new staff or volunteers involved in Living Well were able to form and build relationships with those already participating and catch up on what had already occurred. Having availability within the Living Well team to facilitate these transitions was key to managing this issue when it occurred, as well as forming robust and positive relationships with multiple people within delivery partner organisations.

Delivery partners having sufficient capacity to engage effectively with Living Well training and learning opportunities was also critical. Whilst this was enabled by the financial investment, there were still instances where delivery partners encountered difficulties releasing staff to take part in activities. These were nearly always due to unavoidable external factors and were more common for smaller organisations with less internal capacity to absorb disruption. When these occurred, the Living Well team was able to work flexibly with delivery partners, for example by running separate learning sessions for the organisation.

A further challenge reported by delivery partners which relates to both the previous points, is ensuring retention of knowledge gained through Living Well after the period of working actively together (e.g. through training and the peer network) had finished. A key element of addressing this risk was the work to develop organisational cultures that embed mental health and wellbeing. Delivery partners reported they were actively trying to mitigate this risk using approaches such as developing mental wellbeing strategies for their organisations, involving senior management in information about Living Well, cascading the training to staff and volunteers within their organisations and inviting the Living Well team to speak to their Board members.

“ But I think that the strategy side of it is where it's actually enshrined into the organisation for the long-term. Because if all the staff...suddenly decided to leave, then a lot of the learning would be lost, and a lot of the prioritisation would be lost. I think that for me, that's a very important sustainability-type action that we need to be looking at. ”

Delivery Partner



Learning From the Living Well Approach

Building skills, capacity and confidence improves outcomes and saves money

The Living Well evaluation demonstrates that an organisational skill, capacity and confidence building approach leads to better mental health and wellbeing outcomes for people living with long term

conditions. By building the skills and confidence of staff, they are better able to support people in communities as well as themselves. Through the economic evaluation of Living Well, it has also been shown that working in this way leads to significant economic benefits vastly outweighing the cost of the programme, with a funding to impact ratio of £1:£8.60.



Partnership working works

Working in partnership, both with each other and the delivery partners, has allowed the ALLIANCE and Mental Health Foundation to promote the mental health and wellbeing of a significant number

of people living with LTCs. Partnership working increased the reach of programme and enhanced the training and learning aspect by bringing partners together to share unique insights and experiences of putting the training into practice.

What made the partnership work?

“ It was a great project team for Living Well. They were really flexible and willing to try new ways. It was great. ”
Delivery Partner

“ They’ve been able to reassure and take me through things...and without [me] feeling judged in any way...working relationships were good. ”
Delivery Partner

“ I think the training has been invaluable, not just from the learning, but just getting that time to step out of an organisation and be with others and learn from the other organisations. ”
Delivery Partner

“ We felt there was a really close working relationships with [MHF/The ALLIANCE]. We could pick up the phone and chat if we needed to. ”
Delivery Partner

Shared spaces and peer support enhance connections

Places and spaces to share learning played an important role in the impact Living Well was able to make. It is crucial to develop mechanisms for people and organisations to connect with each other and 'form a little community' for peer learning and mutual support. These spaces are benefitted by diversity and variety in their membership, with members joining due to their shared commitment to promoting the mental health and wellbeing of people living with LTCs.

“We're there with organisations that are very different, big national organisations, but we can still deliver the projects just on a smaller scale [...] the connections, building relationships has been really useful and allowing us to step out of our own little bubble and see what's happening across Scotland.”

Delivery Partner

How to build an effective peer learning network:

- Bring together a diverse range of people and organisations so that they are exposed to a wider array of learning.
- It's necessary to equalize power amongst the peer learning group members as well as the facilitators for effective and productive running of the group
- Take time to facilitate the building of relationships between members, and revisit this regularly, especially when there are changes to membership.
- Establish multiple lines of communication and connection with organisational members, so partnerships are not solely dependent on one or two individuals from an organisation holding all the information.
- Meet consistently to maintain momentum.
- Where possible create spaces for people to meet in person as well as online at various points throughout the life of the peer learning network.
- Coproduce the peer learning network with members to ensure that it addresses topics relevant to them and they develop a sense of ownership of the group.

Good communication, relationship-building and flexibility underpin delivery

One of the common pieces of feedback from delivery partners was that the relationships they formed with the ALLIANCE and MHF as funders and training/capacity building providers was crucial to facilitating their work. The importance of flexible funding and reporting within the capacity building approach was highlighted. Delivery partners valued that they were able to adapt their project plans as their learning developed, and that this was key in enabling them to enact and embed their learning.

Workforce wellbeing is a key enabler

Throughout Living Well, delivery partners shared how significant the ongoing impact of Covid-19 and other issues had been on the mental wellbeing of those working in their organisations. Delivery partners noted that the third sector is often under-resourced, under-valued and over-worked on high pressure topics. All of this takes a toll on people's mental wellbeing.

As a result of Living Well, delivery partners were able to implement the learning they gained to promote the mental wellbeing of their staff and volunteers. This in turn meant that staff and volunteers are in a better place themselves to support the mental wellbeing of others.

How can staff wellbeing be improved and protected?

- Board members and managers who have governance and line management responsibility should be trained on how to embed mental wellbeing within their existing processes such as policies, strategies and support/supervision systems.
- Normalising conversations about mental wellbeing across all management levels and tackling stigma surrounding mental health and wellbeing.
- Role modelling activities that protect and support mental wellbeing, for colleagues and service users by practising self-care and other mental wellbeing enhancing activities

"...we've got more volunteers and stuff like that. So, I'm trying to also role model that I suppose, role model that kind of behavior that is really positive about mental health and well-being and stop the kind of stigma stuff."

Delivery Partner

Appendix 4 also outlines further ways employers can support and promote the wellbeing of the people working for them.

Training and development opportunities are essential

Living Well clearly demonstrates the importance of having access to high quality, relevant training. This built the skills and confidence of delivery partners' staff and volunteers, which led to the improved mental health and wellbeing impacts experienced

by people living with LTCs. Furthermore, adopting a train the trainer model supports wider cascading of learning across organisations as it allows those unable to attend initial sessions to be reached. Therefore, increased access to training for organisations, staff and volunteers supporting people living with LTCs is needed.

What made the training successful?

- An initial Training Needs Assessment to identify gaps in skills, knowledge and confidence.
- Developing learning opportunities which met the training needs of delivery partners.
- The use of the 'train the trainers' model to support dissemination and embedding of learning.
- Introducing training that showcases different artistic and creative approaches and how they can be used to support mental wellbeing.
- Bringing together different organisations through training, and facilitating sharing of learning, ideas and thoughts between them

"The one that really stands out is the PhotoVoice [using photography] training. That one session has really changed the way we work, particularly with one of our groups. The change that we're seeing in those individuals is really quite incredible...They now go out with the camera in their pockets and just record their day." Delivery Partner

Achieving organisational culture change and sustainable impact takes time

Living Well worked with delivery partners over a period of 2.5 years. Delivery partners reported that the process of reflecting on their organisational approaches to promoting good mental health and wellbeing took time. The sequential nature of evolving culture was also highlighted; the training has to happen first and then the culture change will follow. Delivery partners reported that any shorter a funding period would not have been enough to allow for this process to occur, and many felt there is still work to be done to fully embed Living Well across all their practices.

To facilitate this organisational change, Living Well partners discussed the need for easy-to-use guidance on how to build an organisational culture that promotes and supports the mental health and wellbeing of everyone. They also highlighted the need for spaces for staff and volunteers to come together internally, reflect on their work and build a shared understanding of what a long term, preventative mental wellbeing approach should look like for each organisation.

“But I think that the strategy side of it is where it’s actually enshrined into the organisation for the long-term. Because if all the staff...suddenly decided to leave, then a lot of the learning would be lost, and a lot of the prioritisation would be lost. I think that for me, that’s a very important sustainability-type action that we need to be looking at.”

Delivery Partner

Funding is crucial

This evaluation demonstrates the value of the financial investment made in delivery partners. All organisations reported that this enabled them to take part in capacity building and have space to reflect on how to operationalise the learning.

It is, however, recognised that funding constraints and budgets may be a barrier to taking forward the Living Well Approach. Whilst funding is a clear enabler, further work is needed to identify the scale of funding needed to achieve the economic and wellbeing impacts demonstrated by Living Well. Work is also needed to identify innovative ways of promoting and enabling a preventative mental health approach to feature in the various layers of society.



Recommendations

Living Well: Emotional Support Matter's vision is for organisations in Scotland that support people living with long term conditions (LTCs) to have the skills, capacity and confidence necessary to effectively promote, support and protect the mental health and wellbeing of the people they support, their staff and volunteers.

In order to achieve this vision, and based on the findings set out in this evaluation, the following recommendations are presented below.



1

Allocate long term, sustainable funding for activity that promotes and supports the mental health and wellbeing of people living with long term conditions (LTCs) and addresses the mental health inequalities they experience.

Actions	Responsibility
<p>Invest and fund</p> <ul style="list-style-type: none"> Invest in action to establish long term, sustainable, skills and capacity building opportunities in mental health and wellbeing for organisations, staff and volunteers who support people with LTCs. This should include programmes that have been successfully piloted, like Living Well: Emotional Support Matters. Ensure a cross-policy approach is backed with available resources and support to implement in practice. 	<ul style="list-style-type: none"> Funders and Commissioners Scottish Government
<p>Build skills and enhance knowledge</p> <ul style="list-style-type: none"> Develop and invest in opportunities for peer learning, knowledge sharing and training on how to promote and support the mental health and wellbeing of people living with long term conditions. Build dedicated time into workplans and funding arrangements to ensure organisations, staff and volunteers have the time, space and capacity to embed their learning about promoting mental health and wellbeing for people living with LTCs. 	<ul style="list-style-type: none"> Scottish Government Statutory services Third sector Health Boards Local Authorities HSCPs

2

Take a cross-policy approach to ensure mental health and wellbeing is embedded across policies, addressing the wide-ranging physical, social, mental, economic, and environmental factors that impact people living with long term conditions.

Actions	Delivery Partners
<p>Cross-policy approach</p> <ul style="list-style-type: none"> • Acknowledge and raise awareness of the connection between living with a LTC, mental health and wellbeing. • Recognise and raise awareness of the positive economic and wellbeing impacts of taking a preventative, capacity building approach to support the mental health and wellbeing of people living with LTCs. • Embed a preventative capacity building approach across all policies – and their implementation - relevant to people living with LTCs, including (but not limited to): • Mental Health and Wellbeing Strategy and Delivery Plan • Population Health Framework • NHS Reform. 	<ul style="list-style-type: none"> • Scottish Government • Local Authorities • Health Boards • HSCPs
<p>Policy into practice</p> <ul style="list-style-type: none"> • Embed training and capacity building on how to promote mental health and wellbeing for people living with long term conditions across the health and social care workforce, including inclusive resources on having confident conversations about mental health and LTCs. 	<ul style="list-style-type: none"> • Statutory Services • Third Sector • Professional bodies for the health and social care workforce (e.g. NES, SSC, RCN, RCGP)

3

Embed mental health and wellbeing across all aspects of the work of organisations supporting people living with LTCs, including policies, processes and culture.

Actions	Delivery Partners
<p>Workplace mental wellbeing</p> <ul style="list-style-type: none"> • Promote the mental health and wellbeing of staff and volunteers who support people living with long term conditions, and create mentally healthy workplaces through actions including: <ul style="list-style-type: none"> ◊ Co-creating and implementing wellbeing strategies with volunteers and staff. ◊ Normalising conversations about mental health and wellbeing. ◊ Introducing initiatives such as wellbeing days. ◊ Promoting a positive working environment which prevents the onset of work-related stress and mental ill health. • Fully implement into practice existing employer legislative duties of care to the mental health and wellbeing of their employees, and to develop preventative and protective measures for them. (The Management of Health and Safety at Work Regulations 1999, and The Health and Safety at Work Act 1974) 	<ul style="list-style-type: none"> • Third sector organisations • Statutory services • Scottish Government
<p>Monitor and Evaluate</p> <ul style="list-style-type: none"> • Embed monitoring and evaluation of mental health and wellbeing across organisations and activities that support people living with LTCs. • Invest in the development, dissemination and adoption of tools, training and learning opportunities to facilitate effective monitoring and evaluation. • Use the data gathered through monitoring and evaluation to measure impact and identify what works to promote the mental health and wellbeing of people living with LTCs and build the capacity of staff and volunteers. 	<ul style="list-style-type: none"> • Statutory Services • Third Sector • Professional bodies for the health and social care workforce (e.g. NES, SSC, RCN, RCGP)

4

Recognise the third sector as a valued and equal partner in the support and promotion of the mental health and wellbeing of people living with long term conditions.

Actions	Delivery Partners
<p>Invest and fund</p> <ul style="list-style-type: none"> • Recognise the value of the third sector in promoting and supporting the mental health and wellbeing of people living with LTCs. Provide sustainable, long-term investment to nurture this. • Ensure collaborative relationships between mental health organisations and long-term condition organisations to promote knowledge and skills sharing and partnership working. 	<ul style="list-style-type: none"> • Funders and commissioners • Scottish Government • Statutory Services
<p>Embed equality in funding relationships</p> <ul style="list-style-type: none"> • Build equitable funder-partner relationships that recognise the expertise of the third sector. • Establish funding and grant making processes that prioritise communication, engagement and flexibility, through actions including: <ul style="list-style-type: none"> ◇ The use of flexible impact reporting processes. ◇ The ability to discuss and adapt project plans based on emerging insights. ◇ Ensuring funding is available for activities to embed learning and processes into broader organisational practices, as well as project delivery. 	<ul style="list-style-type: none"> • Funders and commissioners • Scottish Government • Statutory Services
<p>Co-creation and community empowerment</p> <ul style="list-style-type: none"> • Work in direct partnership with people living with LTCs, to ensure future mental ill-health prevention initiatives are co-created with people with lived and living experience. • Use learning from the Diverse Experiences Advisory Panel (DEAP) and other ALLIANCE Lived Experience Networks to meaningfully engage with people with lived experience and ensure their experiences and perspectives inform policy and practice. 	<ul style="list-style-type: none"> • Scottish Government • Mental Health Foundation • ALLIANCE • Third sector

About the ALLIANCE

The Health and Social Care Alliance Scotland (the ALLIANCE) is the national third sector membership organisation for the health and social care sector.

We bring together over 3,500 people and organisations dedicated to achieving our vision of a Scotland where everyone has a strong voice and enjoys the right to live well, with dignity and respect. Our members are essential in creating a society in which we all can thrive, and we believe that by working together, our voice is stronger.

We work to improve the wellbeing of people and communities across Scotland by supporting change in health, social care and other public services so they better meet the needs of everyone in Scotland. We do this by bringing together the expertise of people with lived experience, the third sector, and organisations across health and social care to shape better services and support positive change.



The ALLIANCE has three core aims

We seek to:

- Empower people with lived experience: we ensure disabled people, people with long term conditions, and unpaid carers are heard and that their needs remain at the heart of services and communities.
- Support positive change: we work within communities to promote co-production, self management, human rights, and independent living.
- Champion the third sector: we work with, support and encourage co-operation between support the third sector and health and social care organisations.

The ALLIANCE is committed to upholding human rights. We embed lived experience in our work and aim to ensure people are meaningfully involved at every level of decision-making.

Working together creates positive, long-lasting impact. We work in partnership with the Scottish Government, NHS Boards, universities, and other key organisations within health, social care, housing, and digital technology to manage funding and develop successful projects. Together, our voice stronger, and we can create meaningful change.

About the Mental Health Foundation

Since 1949, the Mental Health Foundation has been leading the UK in building good mental health. Together, we can help everyone have better mental health.

We know poor mental health is not inevitable and we believe that everyone deserves good mental health. We want to build a society where everybody can thrive.

We're challenging the way things are done so that no-one living in the UK is deprived of the opportunity for good mental health because of who they are, the community they come from or where they live.

We are the home of [Mental Health Awareness Week](#).



What we do

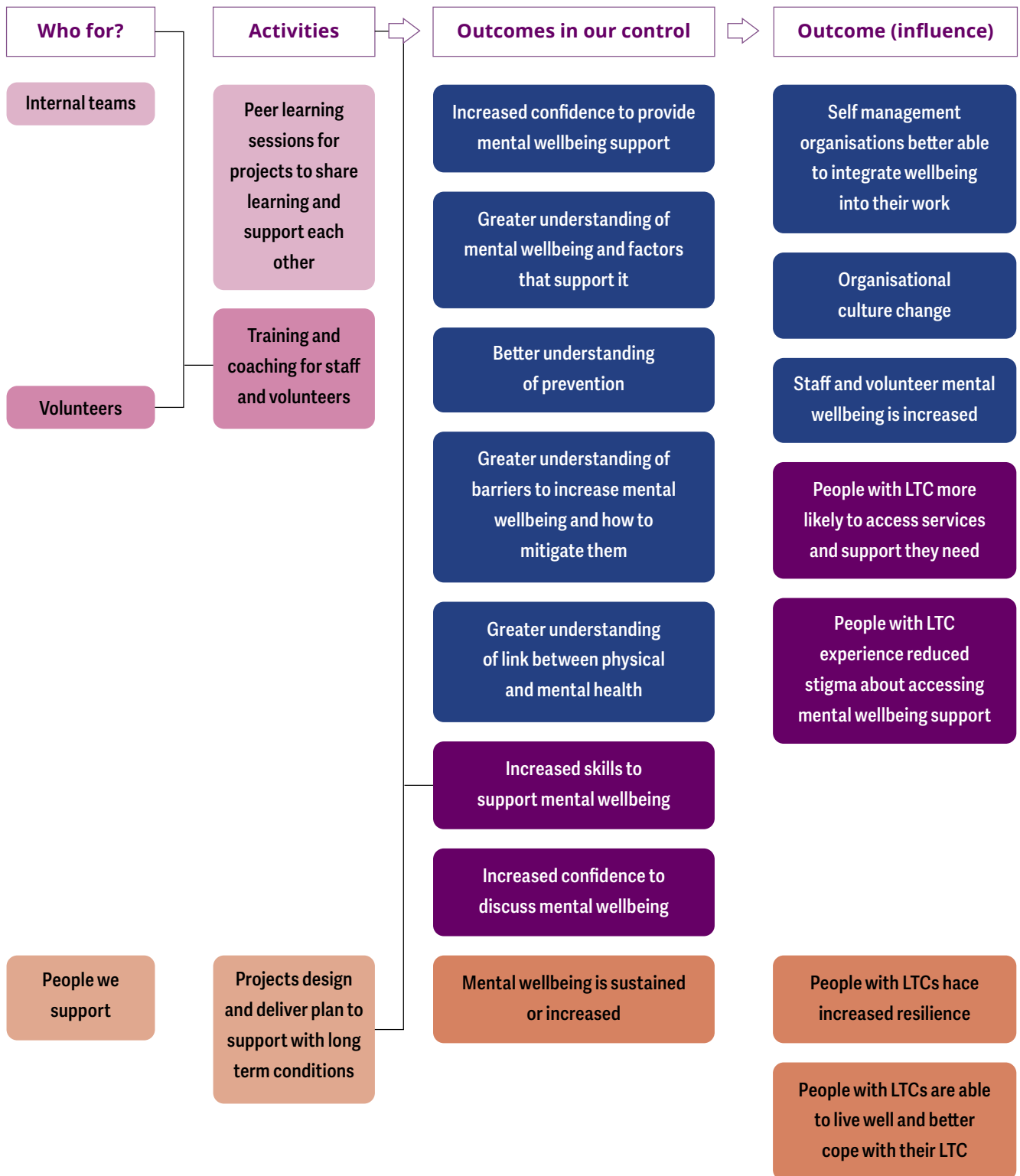
At the Mental Health Foundation, we are committed to making sure people in the UK live mentally healthier lives. We know that to achieve this, we need diversity of thought, background and experience that's reflected in every part of our organisation and the work we do.

We're challenging the way things are done and creating fundamental change in the UK's approach to mental health by:

- Researching and developing new and more effective ways to support and protect mental health.
- Providing everyone with evidence-backed advice and resources.
- Running national campaigns and working with local communities to nurture good mental health.
- Partnering with organisations across the UK to take the valuable lessons we've learned and share solutions that are proven to work.

To help us stay true to our mission and vision we have worked together to define our values – Side by Side, Determined Pioneers, Making a Difference and Walking our Talk.

Appendix 1: Theory of Change



Appendix 2: BiGGAR Economics Evaluation



BiGGAR Economics used Quality Adjusted Life Years (QALYs) to quantify health impacts: A QALY is a measure of a person's health that combines life expectancy and quality of life, with one QALY being equal to one year of life in perfect health. QALYs are used by the National Institute for Health and Care Excellence (NICE) to assess new health technologies. HM Treasury suggests one QALY should be valued at £70,000 in 2019 prices (£84,490 in 2023 prices).

Wellbeing impacts were quantified using Wellbeing Adjusted Life Years (WELLBYs): WELLBYs are a way to assess the wellbeing impact of activities. One WELLBY represents a one-point change in life satisfaction on a scale of 0 to 10 for one person over the course of one year. WELLBYs are recommended by HM Treasury for assessing changes in wellbeing. HM Treasury values one WELLBY in £13,000 in 2019 prices (£15,426 in 2023 prices).

Cost savings were quantified by estimating the amount of money saved.

BiGGAR Economics scaled the health and wellbeing effects according to the duration of the funding period.

Total QALYs = QALY impact x no. people affected per year x duration of funding

Total WELLBYs = WELLBY impact x no. people affected per year x duration of funding.

Total Cost Savings = costs savings x no. people affected per year x duration of funding.

The full report of the economic impact of Living Well is available on the [ALLIANCE](#) and the [MHF's](#) websites.

Appendix 3: Living Well Approach to Capacity Building

What do we mean by capacity building in the context of Living Well?

Capacity building activity covers a wide range of interventions aimed at improving the ability of organisations to utilise their existing resources to improve and enhance their response to the mental health needs of their audience. Trust needs to be developed between the suppliers of knowledge and the recipient organisations, to facilitate an honest appraisal of a baseline position and progress made. Our research suggests that capacity building activity will only result in positive behaviour change when it matches the perceived culture of an organisation. Therefore, it needs to be part of ongoing efforts to genuinely support the contribution of all staff to continuous improvement of their organisation.

Training / learning needs analysis

All capacity building activity requires an accurate focus. It should therefore be underpinned by an informed view of the existing skills, knowledge, confidence and capacity to deliver work in the area of focus. A variety of research methods are suitable for gathering the data necessary to form an accurate foundation on which to build.



Facilitation of training

Mental health, although currently easier to discuss for many people, is still a topic beset by stigma and a consequent reluctance to engage with it. Skilled facilitation supports the learning process, encouraging staff to increase their knowledge, skills and confidence, leading to behaviour change where necessary.



Coaching of key personnel

Inclusive leadership is required to successfully capitalise on capacity building activities. Coaching allows for a very personalised examination of an individual's position relative to the progress of any desired improvement in their organisation. Improving the performance through coaching of key individuals able to influence the behaviour of others is an effective way of embedding positive changes across an organisation.



Activity with boards and trustees

Organisational change requires the involvement of stakeholders at all levels. Mental health and wellbeing is a governance issue as well as an operational concern. It is necessary therefore that board members, trustees, and other senior leaders are involved in the process of implementing change.



Peer networking and learning

Organisations working in the health and social care sector face a number of common challenges, and the enhancement of positive mental health and wellbeing is one such area. Collaborating to share ideas on development, innovative problem solving and mutual support is a beneficial way of creating widescale change across the sector.



Appendix 4a: Workforce Wellbeing briefing paper

The impact of long-term physical health conditions on mental health:

Why & how employers should act now.

Long-term conditions are persistent health conditions that need ongoing management, such as through medication, lifestyle adjustments or other self-management practices. They are also known as chronic conditions. Examples include diabetes, asthma, arthritis, epilepsy, chronic fatigue, and high blood pressure.

Living with long term conditions can cause tiredness, frustration, and worry, especially for people dealing with pain, tests, treatments, flare-ups or coming to terms with their condition. Having a long-term condition can lead to social isolation, low self-esteem, stigma and discrimination.

All of these things can make day-to-day stress levels high, and the development of a mental health problem such as depression or anxiety more likely. In fact, research shows that people with long-term physical conditions are more than twice as likely to develop mental ill-health. It's a vicious cycle as mental health problems can then make it harder for people to cope with their physical health conditions. Add the everyday pressures of work into the mix and the result is a specific and difficult set of circumstances for individuals.




A growing issue
The UK general & working population is aging, and many studies show that the incidence of long-term health conditions rises with age.¹

A current issue
The CIPD estimate that 25% of workers in their 50s have a health condition that impacts on how much and what work they can do.²



A 2022 snapshot of UK workforce age suggests that 33% of workers are 50 or over.²




A capacity issue
"Only 42% of managers say they feel "completely" empowered and capable of helping their company achieve its well-being commitments."³



A productivity issue
"There is no question that caring for how employees feel at work is the right thing to do. Both the moral and business cases are now settled, especially given our most recent field research showing that employee wellbeing drives productivity as well as recruitment and retention of talent which, in turn, has measurable impact on a company's overall financial performance."⁴

A learning issue
"Most employers want to help, but many lack the capacity or knowledge, with smaller employers often struggling with resourcing [...]. Overall, the UK's work and health infrastructure remains fragmented and underdeveloped."⁵




A reputational issue
As well as supporting individual team members there are massive benefits to be had by supporting the mental health and wellbeing of people with long-term health conditions. Amongst many:

- Feeds positive workplace culture
- Inclusive practice replicable across all employees
- Better retention
- Lower sickness absence rates
- Reputational value

A profitability issue
Evidence shows that investment portfolios of companies that are known to prioritise health & wellbeing significantly outperform the general market in stock performance.⁶



Appendix 4b: Workforce Wellbeing briefing paper

How can employers take action to make a difference?

Through Living Well: Emotional Support Matters, Mental Health Foundation and The Health and Social Care Alliance Scotland (the ALLIANCE) supported organisations to build their capacity and improve the mental health and wellbeing of people living with long-term health conditions. This included the facilitation of a peer learning network as well as provision of relevant training and support for key individuals.

As part of this work, participating organisations worked to embed a “mental health lens” in all their activities from front-line services right through to governance, embedding it in their culture. Although our original focus was on members of the public, we quickly realised that staff members and volunteers were also benefiting from this culture change and the enhanced provision of support for mental health and wellbeing.

For example, some managers focused on supportive communication - being fully present, asking open questions, listening intently, reflecting back what they hear and validating the experiences of their employees – and found it hugely effective in demonstrating a culture focused on wellbeing.

The Living Well Emotional Support Matters project

The Living Well: Emotional Support Matters project was a partnership between Mental Health Foundation and The Health and Social Care Alliance Scotland (the ALLIANCE). It supported charities working with people living with long-term health conditions in Scotland to provide tailored, practical mental health support. The emotional wellbeing of this group was known to be disproportionately negatively impacted by the Covid-19 pandemic.

The project aimed to grow the capacity of participating organisations to deliver mental wellbeing support for their service users, staff and volunteers through the facilitation of training and peer learning.

Over 1000 staff and volunteers were reached during the lifetime of the project.



ACAS recommend that employers, as part of their duty of care for employees, should create an environment where their employees feel able to talk openly about mental health.⁹

For example, they should:

- make sure managers model positive wellbeing behaviours and use their voice to challenge stigma
- make sure employees have regular meetings with their managers, to talk about any problems they're having
- provide resources to support open conversations about mental health
- increase awareness of mental health through training and campaigns
- appoint mental health 'champions' who are trained to listen and tell staff where to get support

Our partners told us:

“The training on how to confidently have conversations about mental health made us realise that we have some gaps within our training. So we're rolling it out to all of the UK delivery staff and volunteers, and we'll train them up to be able to cascade it going forward as well.”⁷



“Culture change isn't something that happens overnight, but I do see the impact of the project in changing our culture. Slowly, but I definitely see increased openness to discuss mental health within the staff team and within the board level. I think we've already made some practical changes, but I think that enshrining this into strategy for our sustainability in the long-term is vital. If all the staff suddenly decided to leave, then a lot of the learning and a lot of the prioritisation would be lost.”⁸

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