CENTRE FOR MENTAL HEALTH

MADE IN COMMUNITIES

The national evaluation of the Better Mental Health Fund

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FOREWORD

Mental health is made in communities. It's forged in the connections we make, the lives we lead, the people who are around us, and the environments we live in.

The Better Mental Health Fund was a government-backed grant scheme that put communities at the heart of improving the public's mental health at a time of extraordinary stress and strain for millions of us.

By putting funding for public mental health into local authorities in 40 of the most disadvantaged areas of England, and giving them the freedom to spend it according to the needs of their area, the Fund showed just what can be achieved by working arm-in-arm with people and communities.

Each of the 40 areas that participated in this unique programme did something different with the funds available. They took a wide range of approaches to improving mental health in the communities they serve, often focusing on communities with the poorest mental health and least access to effective support. This often meant partnering with community organisations, for whom even small amounts of money can go a long way. And they showed that it is possible to get great results that make a real difference in people's lives.

Imagine if this was the norm across the country. If local authorities were able to build and nurture community-led mental health projects longer term with sustained funding and commitment. If our mental health was always taken as seriously as our physical health. If communities were properly supported to lead the way in promoting better mental health for all.

This report shows what is possible with wise investment in the public's mental health. We mustn't let it be a one-off event in the aftermath of the pandemic. There's so much more that councils and communities could do together, with the right support, to boost people's mental health.

We hope that this report spurs action nationally and locally to build a lasting legacy from the Better Mental Health Fund for everyone's benefit.

ANDY BELL, CHIEF EXECUTIVE

KEY FINDINGS

The Better Mental Health Fund has benefitted people at risk of poor mental health and others with experience of mental ill health in 40 of the most disadvantaged areas of England. The evaluation highlights a number of learning points which are useful to consider when planning future initiatives:

1. **Funding for public mental health activity can make a marked difference by building social and community capital**. This is especially the case for smaller organisations, more so if the funding is disbursed flexibly, enabling a rapid response to identified need and reducing administrative burden.
2. **It's possible to foster innovation in a short timescale**, for example by adapting evidence-based targeted or universal interventions for specific populations.
3. **The existence of goodwill and strong relationships** between local councils and voluntary and community sector (VCSE) organisations is essential to get funding out quickly.
4. **The experience of responding to Covid quickly provided a foundation for engagement** and adapting programmes to deliver mental health interventions.
5. **Capacity building was a feature of many of the programmes**, which provided relevant training for non-specialists in mental health. This potentially leaves a positive legacy but raises the issue of the ongoing development of this workforce.
6. **Short-term funding brings significant risks**. At the outset, it takes time to establish projects and coproduce ways of working. And at the end, providers are left with extra demand they cannot handle, and people lose valued support.
7. **Small, unconstituted groups are a vital part of the public mental health ecosystem**: both as potential providers of support but also as sources of intelligence about needs and means of coproducing solutions. Such groups can benefit from small grants as well as links with, and support from, bigger VCSE organisations.
8. **Up to date joint strategic needs assessments (JSNAs) and other robust needs assessments are a vital foundation** – providing insight about where needs are greatest and gaps are most pronounced.
9. **Areas with an existing strategic focus on addressing inequalities** were more readily able to implement a coherent and coordinated programme of activities. This strategic focus meant that the Better Mental Health Fund added to or complemented other pre-existing programmes of work with this aim.
10. **Some areas had challenges reaching the most disadvantaged groups in the population**, sometimes as a result of short timescales and a lack of prior engagement. Where there was a history of engagement and dialogue, projects were likely to get going more quickly.

11. **It can be valuable for local authorities to share resources they've produced** to get greater benefits across wider areas – learning from each other and maximising the use of staff time and resources. Care needs to be taken to adapt these to the local context.
12. **Timing is important**. It needs to be right for the community and the setting where it is being delivered: for example, work within schools or with young people in education needs to fit into the academic year. Projects with internally-driven timescales might not cohere with those of the place they are being offered.
13. **Political leadership is important to help get projects started and sustained**, including when national funding ends. Elected members in local authorities play a vital role in promoting and continuing initiatives.
14. **Public mental health activity needs to be culturally appropriate**. The mental health workforce as a whole is not representative of the communities it serves, and this can hold projects back, for example when offering culturally appropriate therapy.
15. **Projects that seek to change systems or build capacity** – for example, by building on the opportunities brought by integrated care boards and partnerships (ICBs and ICPs) – may leave a stronger legacy than those that seek to provide a time-limited service.

THE BETTER MENTAL HEALTH FUND

The Government set up the Better Mental Health Fund in 2021 to address mental health challenges arising from the Covid-19 pandemic. The Office for Health Improvement and Disparities (OHID) was responsible for its administration. The £15 million fund aimed to reduce mental health inequalities by targeting at-risk and vulnerable groups. It was developed in response to growing evidence that the pandemic and its associated mitigations were affecting public mental health and exacerbating inequalities, alongside other measures to improve access to mental health crisis care and support.

Funding was offered to 40 local authorities in England to commission evidence-based interventions to improve mental health and mental wellbeing in local communities. These local authorities have some of the highest levels of deprivation, where mental health is at its poorest. The 40 councils that received funding covered almost all regions of England, and were allocated according to population size. They implemented 314 individual projects over the 12 months of the programme, reaching well over half a million people either directly or indirectly in many of the most deprived areas of England and in communities or population groups that have traditionally been poorly served by both public mental health and mental health services.

The Fund was designed to enable local councils to support a wide range of activities to promote mental health, covering a spectrum of preventative and support-based interventions and projects for the general population, for people at risk of experiencing poor mental health, and for people who are already experiencing mental health challenges. Local councils did this by tailoring their use of the Fund to the needs of their communities, building on evidence of need and their understanding of where inequalities in mental health were most pressing.

The Better Mental Health Fund encouraged local authorities to invest in interventions that already have a strong evidence base, adapting them where necessary to the needs and preferences of groups within the population. This includes people facing the highest risks to their mental health and the poorest access to support. This maximised the chances of making a positive impact to wellbeing among the most disadvantaged and marginalised communities.

Local councils used the Better Mental Health Fund to support a wide range of activities to promote mental health, covering a spectrum of preventative and support-based interventions and projects, for people at risk of experiencing poor mental health and for people who are already experiencing mental health challenges.

A hallmark of many projects was their use of social approaches to mental distress, with interventions aimed at addressing some of the risk factors – such as isolation or exclusion – that are known to play a role in poor mental health.

The types of project supported by the Fund included:

- Pre- and post-natal support
- Parenting programmes
- Social and emotional learning programmes
- Bullying prevention in educational settings
- Whole school approaches
- Mental health promotion for young people
- Promoting mental wellbeing in the workplace
- Supporting people facing financial insecurity and debt
- Improving housing quality/security and preventing homelessness
- Befriending and projects addressing loneliness
- Bereavement support
- Community wellbeing
- Peer support
- Physical activity for mental health.

Projects supported by the Better Mental Health Fund made a significant difference to the people who participated in them. Many local areas are now exploring ways to sustain them longer term. This is challenging in the current fiscal environment, but effective local leadership and relationships between agencies help to make this more possible.

EVALUATION PROCESS & METHODOLOGY

Centre for Mental Health was appointed to evaluate the Better Mental Health Fund nationally. We worked with local areas to understand how they used the Fund to improve mental health and wellbeing in their communities, and what they learned in the process. The evaluation was commissioned by OHID to capture as much learning from the Fund as possible about how the funding was used, what it achieved, and what can be learned for policy and practice longer term from this unique programme. It complements local evaluations conducted at many of the sites, which provided deeper assessments of each area's approaches and results.

We took an appreciative enquiry approach, a model based on promoting sustainable change. We focused on understanding operational successes and learning points, and on identifying community assets. We sought to deepen our knowledge about what works in improving mental health and wellbeing for marginalised communities.

Mixed method evaluation – where quantitative and qualitative techniques are used complementarily – is helpful when seeking to understand complex systems. As such, we took three approaches to collecting data to help us create a rich picture of outcomes and outputs, as well as a narrative about what worked, what was challenging, and how barriers were overcome.

MONITORING DATA

The data, collected by each local area and sent to OHID as part of their quarterly monitoring of the projects, included cost, number of beneficiaries, uptake rates across demographic groups, and changes in mental health and wellbeing, across the 40 sites and for the 314 projects. Data quality was not always strong, notably in relation to protected characteristics and, on occasion, deprivation, which limited analysis. There was a vast amount of missing or unknown data, and in some cases, wellbeing scores were inaccurately reported.

One key contextual issue for the analysis of the wellbeing scores came to light. While normally we would be looking for positive changes in beneficiaries' scores, in the midst of the Covid-19 pandemic, with its widely anticipated and reported negative impacts on communities' wellbeing (O'Shea, 2021), we noted that no increase, and even a slight decrease, could still be seen as positive. To support individuals to maintain scores during the pandemic was considered to be a positive outcome.

WORKSHOPS AND GROUP INTERVIEWS

In March 2022, we hosted five interactive evaluation workshops. They were attended by 37 public health leads and colleagues, and eight service providers. At least one representative from each of the 40 implementation sites attended a workshop.

The following areas were discussed:

- What opportunities has the Better Mental Health Fund brought?
- What have been the key challenges in implementation? What has gone well?
- What difference has the Fund made to local people?
- What have you learned?

Participants noted how they had benefitted from meeting colleagues working in a variety of sites and with diverse communities. There had been value in making connections and reflecting on their experiences together.

A facilitated meeting with regional and national staff members from OHID was undertaken in August to hear their reflections on the process.

Workshop participants worked in small groups, reflected on their experiences, and shared information about their projects. Workshops were useful to generate ideas, share views and explore common experiences in significant depth.

CASE STUDIES

To supplement and illustrate the themes that emerged from the monitoring data and workshops, we purposively selected 13 case study sites to bring depth to our understanding of the successes and challenges of implementation and impacts of the local projects. We devised the following criteria for selecting the sites:

- A spread across the four quartiles of disadvantage as measured by the 2019 Index of Multiple Deprivation
- Diversity of population and intended beneficiaries, for example people of colour
- Project focus: primary, secondary and tertiary prevention
- Whole system approaches and systems change
- Size of budget
- Regional representation
- Mix of seaside and inland places – none of them were rural.

The 13 places we chose were:

1. Barnsley
2. Birmingham
3. Blackpool
4. Bradford
5. Haringey
6. Hartlepool
7. Lambeth
8. Leicester
9. Luton
10. Oldham
11. Sandwell
12. South Tyneside
13. Torbay.

The case studies were completed by bringing together data and information from project documentation, monitoring data, and interviews (39 people were interviewed in total).

VIDEOS AND PODCASTS

Interviews with beneficiaries and with public health leads across the country, shared in **videos and podcasts**, brought depth and additional insight.

Before taking part in the research – either in workshops or in videos – we secured the consent of research participants, reassuring them that their data would be used respectfully and confidentially, and that they were in control of the process and could withdraw at any time.

OPPORTUNITIES CREATED BY THE BETTER MENTAL HEALTH FUND

Workshop participants felt that the Better Mental Health Fund had had a positive impact on the mental health of residents, including those with complex needs, despite numerous external pressures.

The immediate and longer-term impacts of the pandemic included unemployment and deepening financial insecurity, loneliness and isolation, worries about loved ones, frustration at changes in the ways clinical and support services had been delivered, disrupted schooling, greater risks for people living in abusive households, bereavement and grief, and the psychological effects of long-term sickness.

The positive impact of the Better Mental Health Fund working where need was the greatest was widely acknowledged.

The Better Mental Health Fund brought welcome opportunities to promote population-based and preventative approaches in deprived areas, and to resource innovative projects where challenges were many and resources were likely to have been constrained.

As one participant noted, the Better Mental Health Fund meant that '*we've been given the chance to do work we simply couldn't do before*'.

Workshop participants described how, as the mental health impacts of Covid-19 deepened, the Better Mental Health Fund had created opportunities to bring support and relief in the most affected communities, to change local systems, and to build local knowledge. They spoke warmly about national and regional OHID teams and welcomed the time they spent, and the care they took, to build relationships with local programme leads and to support them throughout the process.

Workshop participants were, in the main, optimistic about the possibility of improving the mental health and wellbeing of local people, especially those who carried a disproportionate burden. They were also pragmatic. For them, making progress meant that their plans had to be ambitious, yet realistic. As one participant noted: '*You must accept that you're never going to be able to help everybody. Even if you can just help a few people then you've achieved something. Especially here, it's such a deprived borough. You're never going to be able to engage everybody. Some people just aren't interested. But if you engage a handful of people and help them improve their lives, that's a good thing*'.

SOUTH TYNESIDE

South Tyneside has a population of approximately 150,000. The population is recorded as being mainly, though not exclusively, white.

It is one of the 20% most deprived local authorities in England.

Most of the organisations funded through the Better Mental Health Fund in South Tyneside are run by the VCSE.

The Better Mental Health Fund is supporting a range of projects across the life course that are targeted at populations facing greater inequalities, both in terms of the circumstances in which they live and the challenges they face in accessing support.

The projects are varied, and include **Women's Health in South Tyneside (WHiST)**, a voluntary organisation that connects access to counselling services for women with practical support in relation to budgeting, debt management and bill-paying. The project also offers advice on housing issues and social security benefits.

An advocate, resourced by the Better Mental Health Fund, hosts a drop-in session on a Tuesday. There is group work as well as one-to-one support on offer. Attendees talk about the challenges they face, offer each other support, and identify solutions. They can also eat together (which might be the only meal they will have that day), as well as socialise and interact – creating positive experiences for women who struggle with depression and low mood, as well as isolation and loneliness.

One participant wrote:

"Since coming to WHiST and the Tuesday morning drop in, I still feel anxious about my finances, but I feel like it is getting sorted out now.

I now have more a month to live on and feel I make good choices with money. I'm starting to get more of my confidence back. I have now told my children about my problems with money and how much I have been struggling, they couldn't believe that I had kept it to myself for so long.

It has made our relationship stronger, and I feel the weight has been lifted."

For a full description of local needs and assets, see South Tyneside Council's **Joint Strategic Needs and Assets Assessment**

HARINGEY

Haringey has a population of 268,647; people of colour make up 64.4% of the population and over 180 languages are spoken.

Haringey residents experience high levels of poverty, unemployment, single parents, drug abuse, domestic violence and serious youth violence.

The deprived wards are mainly located in the east of the borough. People living in these deprived areas are more likely to be affected by depression.

The identification of local mental health needs was informed by the 2019 Mental Health JSNA, Haringey's resident Covid-19 survey, and engagement with local mental health service providers.

The Better Mental Health Fund in Haringey aimed to provide a comprehensive approach to promoting better mental health for Haringey's residents, reducing inequalities by targeting areas in Haringey where risk factors for poor mental health are greatest. Badged as Haringey's Great Mental Health Programme, the seven programmes aimed to:

- Reduce barriers to accessing mental health information and support, by providing information in different languages
- Strengthen communities by increasing social connectedness and reducing isolation, investing in and establishing grassroot organisations
- Design interventions to address the mental health consequences of Covid, particularly bereavement and loss.

Mind in Haringey was already delivering prevention services and through the Fund they introduced a model of stepped bereavement support. This included information and signposting, counselling and group support, grief workshops, and online peer support including Latin-American groups, reflective of Haringey's population.

Staff are recruited from the borough to reduce high local levels of unemployment, with lived experience valued. The recruitment of a Portuguese worker was identified as enabling the service to be more accessible.

The service routinely collected wellbeing, demographic and qualitative data to understand access, uptake and performance. A recent evaluation showed positive changes in wellbeing to be statistically significant, unlikely a result of chance.

Haringey also partnered with other local authorities in the Good Thinking consortium and across London for the Great Mental Health Day to maximise its impact beyond the borough. This highlights the value of a well-developed communication strategy to promote existing services, and to make mental health a 'good news story.'

For a full description of local needs and assets, see Haringey Council's
Joint Strategic Needs Assessment

THE EARLY PHASE OF IMPLEMENTATION

According to some people in the workshops, the rapid timescales for programme set up and implementation limited the ambition of projects in some areas and drew focus away from working with people facing multiple challenges, for example people of colour. As a participant noted: '*If there had a been a longer run up, it would have been easier to bring people together [in a] partnership approach*'.

Those sites that had project ideas ready for implementation felt that they were at an advantage.

The information sheet included in the initial tendering documents that detailed ideas for evidence-based projects was found by workshop participants to have been very helpful. It saved time and gave a clear indication of the types of initiative that OHID would fund. Participants were reassured that their proposals were likely to have positive impacts, or would at least cause no harm, because they were based on established evidence.

Working in deprived areas and with people with complex needs takes time, participants commented, especially for projects addressing issues that are sensitive and stigmatised, such as suicide and self-harm, or when potentially detailed processes such as coproduction are required. As one participant noted: '*Fundamental change can take time. It takes time to work with people and get to grips with what's going on for them*'.

There were challenges in aligning the timing of local and national decision-making cycles, procurement and contracting processes, as well as in staff recruitment. Where strong relationships existed within local authorities, and across different departments, such as procurement, HR and public health, progress was more easily made.

A small number of workshop participants initially found the requirements for quarterly performance returns to OHID confusing. They welcomed subsequent efforts to clarify what was expected and to simplify reporting processes.

LAMBETH

The South London borough of **Lambeth**, with an estimated population of 330,000, has many diverse, marginalised and excluded communities that carry disproportionate burdens of preventable and avoidable ill health.

The white British and Irish population make up only 40% of the population.

Life expectancy is decreasing in Lambeth.

Grounded in the strategic information they had collected and the priorities they had identified, the Better Mental Health Fund provided opportunities for the strategic health partnership Lambeth Together to resource projects which had not had a clear source in recent times.

The projects were led by VCSE organisations that understood the needs and assets of the communities with which they worked.

Eight projects were funded, including a Carers' Hub. Carers' experiences of isolation, loneliness and exhaustion intensified during the pandemic. This was especially acute for people whose loved ones were shielding or experiencing high levels of anxiety about going out.

Lambeth Carers' Hub has a strategic objective to improve the wellbeing of carers – child and adult – and provides a range of activities. These include mindfulness, tai chi and sessions that focus on carers' wellbeing and self-care – what one service user referred to as 'a space just for me.'

The Covid pandemic brought challenges in keeping carers engaged as they struggled to get out and find time for themselves. The Better Mental Health Fund has resourced a sessional worker to promote the facility, leading to an increase in interest, and new clients are accessing the project. The work is having a positive impact.

Measuring baselines and changes in wellbeing takes time and the carers are sometimes reluctant to engage in this process. The Hub has developed its own measures in recent years which acknowledge the specific kinds of stress that carers experience and how they might react.

For a full description of local needs and assets, see Lambeth Council's
Joint Strategic Needs and Assets Assessment

BLACKPOOL

Blackpool is a seaside town in the north west of England with an estimated population of 140,000 people. It has a significantly smaller percentage of people of colour compared to the North West as a whole and to England and Wales. It is one of the most deprived places in England.

Men and women in Blackpool have the lowest life expectancy in any local authority in England. Depression is significantly higher in Blackpool than the national average and it has some of the highest rates of prescribing antidepressants in England.

Public health drew on established knowledge such as the Blackpool Joint Strategic Needs Assessment and carefully considered what could be achieved in the timeframe, to balance ambition with realistic expectations.

Projects were developed in partnership with stakeholders from the Blackpool Mental Health Partnership Board, with all projects meeting an identified gap.

Through the Better Mental Health Fund, Blackpool Council resourced the development and set up of a digital health text messaging app called ChatHealth.

Through it, young people can contact a school nurse directly and ask any health questions they want, with a view to improving their knowledge about mental health and wellbeing, increasing their confidence in making changes, and promoting their emotional health.

Heralded as a potential 'game changer', the app has been developed in line with principles set out by National Institute for Health and Care Excellence (NICE).

The development phase of the app brought young people together to design a survey to understand what potential users wanted, how the app should work, and how it should be branded and marketed.

The automated responses provided by the app have been reviewed and refined by young people to make sure that they are appropriate in content and tone.

The ownership and running of the app, including paying for its licence, have now passed from Blackpool Council to the NHS Trust. They have agreed to keep it going as part of their commitment to developing school-based wellbeing services, flagged as a priority in a recent review of school nursing.

For a full description of local needs and assets, see Blackpool Council's
Joint Strategic Needs Assessment

SYSTEMS CHANGE

Workshop participants noted that local implementation strengthened foundations for partnership working in the future – working across systems, drawing in the VCSE, as well as social care, police, education, and housing. This increased mutual understanding of different stakeholders led to discussions about the possibilities of joint working on a broader canvas to improve mental health and wellbeing.

Where there was existing mistrust between VCSE providers and the local authority, the demands and speed of implementation threatened to strain relationships further. One workshop participant noted that: '*short term funding can do harm*' in such contexts. Some local provider organisations refused to take funding for just one year: '*this damaged our relationships with them and meant really good organisations weren't able to participate*'.

The need to build skills to work with excluded communities was highlighted. Greater investment could upskill providers and increase their capacity to adopt coproduction: '*not everyone knows how to do coproduction... incorporating it into a service spec was not enough... everyone has a different understanding of what it is*'.

Working at significant speed to ensure the funding was allocated quickly meant that sometimes not enough time was given to systems' development. This led to some public health leads overestimating existing services' capacity to bring about significant change or to engage in the programme overall. For example, as one participant noted, '*adjusting services to be more sensitive to trauma is not as straightforward as providing training: it's about cultural change*'.

Good project management, effective communication, and bringing service providers together were all keys to success, especially where sites were able to mobilise swiftly. Some places had a far greater number of projects, and relationships, to manage. Where the number of projects was fewer, workshop participants often (though not always) felt more confident about delivery.

Where funding was allocated to create new posts, (for project managers, for example), recruitment processes slowed progress. Short-term roles were not always attractive to otherwise suitable candidates and secondments were difficult to secure during a period where staff had often been temporarily redeployed as part of system-wide Covid responses.

Operational issues relating to the pandemic also had an impact on progress. These included staff sickness, bereavement, lack of prioritisation of the work, and limited VCSE sector capacity.

Funding was occasionally used to give a degree of security to smaller VCSE sector organisations that were struggling financially but played an important part in community wellbeing. This provided a lifeline that enabled continuity of delivery in the throes of the pandemic.

PROGRAMME REACH

The projects that were funded varied from community projects, Mental Health First Aid projects, befriending projects, and digital interventions. A total of 314 projects were funded, reaching 295,611 unique direct beneficiaries and 500,430 unique indirect beneficiaries. A direct beneficiary is someone who benefits from the project as a result of participating in it. Depending on the project, this could be people who received awareness training or who undertook a wellbeing activity. An indirect beneficiary is someone who is not directly connected with the project but will still benefit from it. This could be other members of the community or from the area or family members of the participants. We use the word "reach" to indicate how many people directly and indirectly benefited from the project.

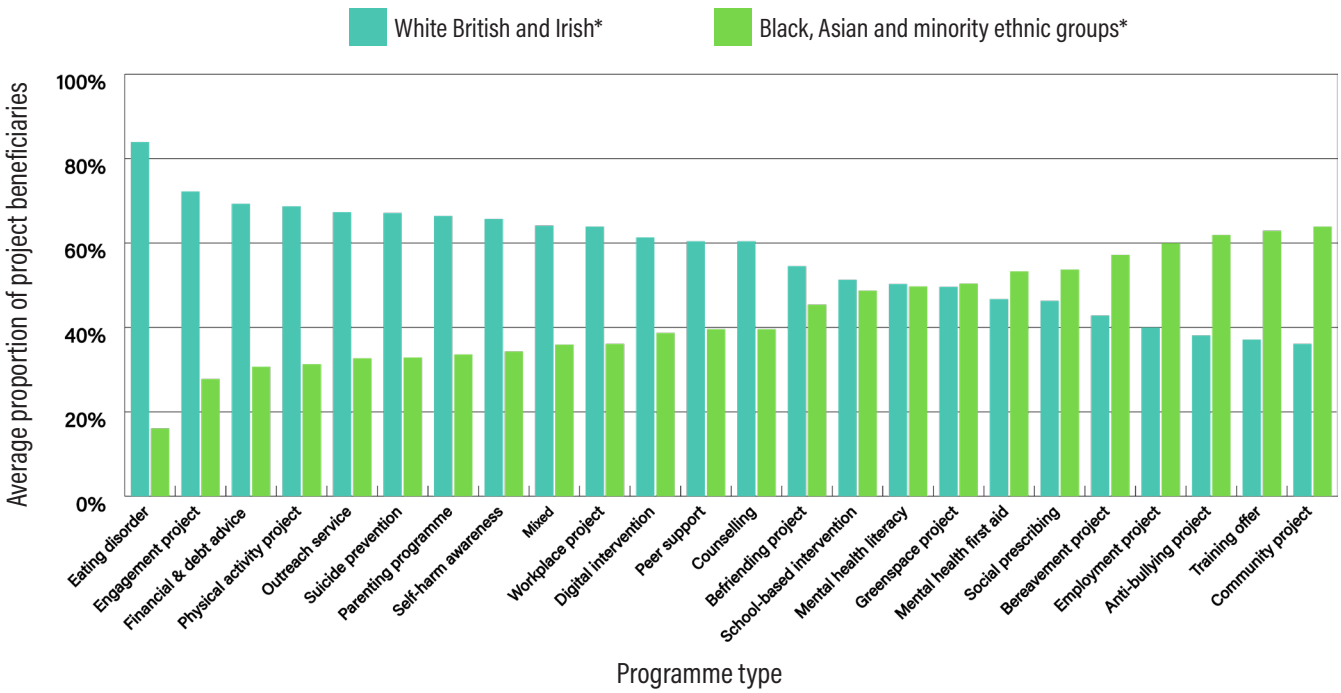
A total of 839 staff were employed, and 3,732 partner organisations were engaged.

People of colour made up, on average, 18% of direct beneficiaries; this is less than the average population figures of people of colour across the selected local authorities, which is 40.8%.

The proportion of people of colour varied widely by the type of project, from 16% for eating disorder projects to 64% for 'community projects.'

The average proportion of beneficiaries living in the most deprived 30% of Lower Layer Super Output Areas (LSOAs) in England, across all projects of the funded local authorities, was 40.9%.

Figure 1: A graph presenting average proportions of beneficiaries to date by ethnicity between project types. *Ethnicity labels defined by OHID classification.



WELLBEING MEASURES

Wellbeing, and changes in wellbeing, were assessed using standardised measures for some of the projects. It was for each local authority to decide which measure, if at all, was appropriate for each project. In total, 153 projects used measures to assess wellbeing. These measures included:

- **The Good Childhood Index (The Children's Society)**
  A higher score suggests greater wellbeing.
- **The Ability to Cope with Grief measure**
  A higher score means better ability to cope.
- **The Generalised Anxiety Disorder Assessment (GAD7)**
  A higher score suggests more severe anxiety.
- **The Office for National Statistics Personal Wellbeing Domain for Children and Young People (ONS3) for children aged 10-15 years**
  A higher score suggests greater personal wellbeing, life satisfaction, feelings that life is worthwhile, and happiness.
- **The Office for National Statistics Personal Wellbeing Domain for Children and Young People (ONS4) for young people aged 16 and over**
  A higher score suggests greater personal wellbeing, life satisfaction, feelings that life is worthwhile, and happiness.
- **The Patient Health Questionnaire (PHQ-9)**
  A higher score suggests a greater severity of depression.
- **The Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS)**
  A higher score suggests greater wellbeing.
- **The Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS)**
  A higher score suggests greater wellbeing.

Of these 153 projects, 123 projects provided average baseline scores, average post-intervention scores, and average change scores. 76 projects (24.2%) reported whether the average change was statistically significant.

The wellbeing scores collected by the projects demonstrated that 32.8% of projects, out of the total 314, were able to bring about improvements, of which 18.8% were statistically significant. These were sometimes specific to the type of project: for example, bereavement projects that measured wellbeing could demonstrate that participants were better able to cope with grief and were happier after the intervention. Bradford's community champions project saw participants score more positively in terms of life satisfaction and feeling that life is worthwhile. Bolton reported a significant increase in life satisfaction, feelings that life is worthwhile and happiness, and a significant decrease in anxiety following the introduction of its financial and debt advice service. Parenting programmes in seven local sites showed improvements in wellbeing, including reductions in anxiety and

depression among participants in two local authorities (Barking & Dagenham and Doncaster). The Being Well project, delivered by Birmingham Mind, similarly showed improvements in wellbeing as a result of its interventions.

Not all projects demonstrated improvements in wellbeing in the short term; 6.4% of projects had either a negative impact on wellbeing or made no change.

BARNSLEY

Barnsley is an ex-mining town and has an Index of Multiple Deprivation of 30. It has a population of 243,341, of which 3.9% are from ethnic minority communities, including Polish and Romanian people (Barnsley Metropolitan Borough Council, 2019).

Barnsley has one of the highest rates of self-harm for children and young people in England and suspected suicides are identified as a huge issue.

The programme sought to target populations that were at risk of developing mental health conditions through six separate projects. As such, the funding was used to provide non-medical approaches that build individual and system capacity to recognise the signs of distress and intervene early. The investment was intended to provide prevention interventions to strengthen personal wellbeing and resilience in the community.

Barnsley has developed governance relating to mental health. There is a Mental Health Partnership led by the Director of Public Health with an independent chair. This is supported by a Mental Health Delivery Group, on which the Mental Health Forum, a service user group, are equal partners. These arrangements proved very helpful in identifying the priorities and engaging with service users and providers.

One of the six projects was run by Humankind, a local voluntary group, which wanted to increase its current support groups and drop-in sessions, with a focus on delivering these in the community through outreach. The target audience for the project was anyone in Barnsley over 18 experiencing issues with their wellbeing or classed as having a low-level mental health need. Delivering targeted groups around stress management, anxiety management, managing emotions and self-esteem in a local and easy-to-access setting aimed to increase opportunity for access. Progress was monitored through the use of monitoring tools such as PHQ-9 and GAD-7 – short screening instruments used for detection of depression and anxiety symptoms in various settings, including general and mental health care as well as the general population. An early local evaluation suggested that because of its close ties with the community, the approach adopted by Humankind was successful.

For a full description of local needs and assets, see Barnsley Council's
Joint Strategic Needs Assessment

TORBAY

Torbay has a population of 136,000. A quarter of all residents are aged over 65. A fifth are children. There is significant variation in health and wellbeing across the bay. In the most affluent areas residents can expect to live on average over six years longer than those living in the more deprived communities.

Inequalities have been widening as relative deprivation worsens; Torbay is ranked as the most deprived local authority in the South West region. Torbay's economy ranks amongst the weakest in England and has declined in recent years.

The Better Mental Health Fund was used for the Torbay Wellbeing and Engagement Project (TWEP), led by the Community Development Trust, with a brief to work with a range of providers, including Paignton Community Larder. Its intended outcomes were:

- Prevent and improve mental ill health and promote wellbeing by addressing the needs of residents who access local food support and children's centres
- Pilot and evaluate an enhanced model of social prescribing, optimising and adding to pre-existing community and statutory sector assets
- Galvanise whole system working, optimising VCSE and statutory assets for the benefit of the wider system, individual organisations, and the public.

One of the key impacts of the project is that it brought together services that already existed but had not collaborated previously. They benefitted from having a common goal to focus efforts and create opportunities to talk to each other.

For a full description of local needs and assets, see Torbay Council's
Joint Strategic Needs Assessment

IMPACTS ON LOCAL COMMUNITIES

VCSE providers worked swiftly to carefully tailor their offers to specific communities in greatest need, such as asylum seekers and LGBTQ+ people. As one participant noted: '*we can reach out to groups that don't trust the council*'. This was seen in projects working with people of colour, where attention was given to creating materials in community languages; ensuring translation was accurate and culturally appropriate; and working to remove cultural and linguistic barriers.

Workshop participants were positive about the impact of local programmes and remained confident that good value for money will be achieved. One participant said that the impact on local communities was going to be 'stellar'. Confidence was drawn from the evidence-based footing for the projects: '*We followed the evidence of what works. We know it works. So, it will work*'.

CELEBRATING SUCCESS

At a special event delivered by OHID on 20 July 2022, almost 100 participants considered the impact of the Better Mental Health Fund on beneficiaries with a range of characteristics – including socio-economic status, age, ethnicity, gender, sexuality and disability. Centre for Mental Health showed a video of testimonies from beneficiaries across the country. Workshop participants worked in small groups and concluded that:

1. Effective action was more likely to follow where the needs and assets of specific vulnerable and isolated communities were known and championed by local public health leaders and others
2. While there are principles of working that could be applied to almost all projects – such as coproduction – there was little that was generalisable for all communities in terms of activities
3. Effective projects were locally determined and culturally appropriate, for example through being delivered in community languages and in community spaces such as places of worship or community centres. These approaches recognised the realities of people's lives and the challenges they faced, for example the mental health impacts of debt and poor housing.

A workshop with attendees of the young men's support group in Hartlepool demonstrated the positive impacts on mental health generated by participating in structured group work. Young men on low incomes, struggling with loneliness and poor mental health, came together to explore their feelings and to build friendships. They reported a new sense of belonging and purpose, and a renewed interest in finding work.

HARTLEPOOL

Hartlepool is the smallest of the local authorities to receive Better Mental Health Fund resources, with a population of 93,663. One-fifth of households experience deprivation and relatively high numbers of people have long-term conditions. Hartlepool is in the top 15% for food insecurity and was particularly vulnerable to the impacts of the pandemic. This reflected the prevalence of chronic illness and rising health inequalities, and the Covid death rate has been 27% higher than the rest of England (Bhattacharya, 2021).

The projects reflected needs that had previously been identified and were amplified by the pandemic, notably isolation, low emotional wellbeing, fears about coming out of Covid, and the need for support with grief and bereavement. The death by suicide of a young person from a town in the North East of England during the first lockdown led to the recognition of the need for a positive response in schools to manage the impact on the school community.

A 'Working Together' consultation event brought together a wide range of key partner agencies, people with lived experience, and family carers to explore what was working well, and not so well, and to develop a local action plan. Many of the priorities identified informed the development of the Better Mental Health Fund in Hartlepool.

There were nine projects, the majority of which were run by the local authority directly. In one, a Wellbeing Officer works with young men aged 18-35 who have experienced significant personal challenges – including grief, loneliness, and pressures associated with studying – which have left them isolated and, on occasion, struggling to cope.

Dissatisfied with NHS mental health services and the support offered by VCSE projects focused on the needs of older adults, the men come together weekly to share their experiences, build confidence in talking about their emotions, and share ideas about how to get by, day by day.

The men help each other to manage depression and anxiety, which has restored feelings of belonging and purpose. For some participants, having supportive friends and a stable source of support are new experiences and a source of considerable nourishment. One participant described the other attendees as 'friends for life.' Increases in self-worth, confidence and purpose were evident, with some of the men going on to voluntary work or employment.

For a full description of local needs and assets in Hartlepool, see the Tees **Joint Strategic Needs Assessment**

MEASURING IMPACT

Demonstrating early impact – the workshops were held while the Fund was still in operation – was challenging for local systems. '*It's too soon to know for sure*', one participant said, '*but we know there has been a very significant uptake and it is going to make a massive impact*'.

Judgements about the success of projects could be affected by the timing of measurement, which could alter the findings significantly. One participant noted that: '*there are lots of outcomes and impacts that won't be caught by June [2022], which is a real shame*'.

There are challenges in demonstrating improvements in mental health and wellbeing using existing wellbeing metrics: collecting pre- and post-intervention information was sometimes difficult, especially within a limited time scale. One participant told us: '*it's not really the appropriate tool for any of the projects but we must use something. I'll still provide the data but it's not necessarily the right questions to ask*'.

Conversely, some participants observed that using standardised wellbeing scores kept commissioners and service providers focused on the task and helped demonstrate impact: '*using the tools has given us new perspectives*'. At a reflection workshop for regional mental health leads from OHID, the increase in awareness about the importance of performance data among VCSE colleagues was seen as a positive consequence of the programme.

Through the implementation of local projects, public health leads and service providers built a picture of what is happening locally: '*we've got this rich data about what's being communicated to us, from service providers. We created vox pops with delegates and put it together as a video so we could capture that'*. In this context they highlighted the limitations of trying to fit these observations into traditional monitoring formats, where 'the numbers don't reflect what we are doing'.

LEICESTER

Leicester has an ethnically diverse and relatively young population. The city's public health team had established their priorities for action, formed by a city-wide mental health needs assessment from 2019. It showed that access to mental health services was poor and that targeted approaches were needed with children and young people, working age adults, carers and older people.

The Better Mental Health Fund resourced eight projects, including supporting victims of domestic abuse; supporting family carers; and working with foodbanks to engage people living in poverty in mental health promotion activities.

The Fund helped build the capacity of ADHD Solutions, a VCSE sector organisation, to develop its offer and support families struggling to understand the behaviour and needs of their children. It provided information and support while they were waiting, which brought relief to worried parents as well as practical help.

Unlike other services, families could self-refer, which created a pathway for vulnerable families that wasn't there before.

The Better Mental Health Fund also resourced the expansion of an anti-bullying initiative – which promotes restorative, relationship-based measures, and aims for a middle ground between punitive and non-punitive responses – in seven schools across the city.

Taking a whole school approach and building on work that came to a halt when Covid restrictions began, the programme developed and supported school leaders to challenge school cultures. Critically, it encouraged students to think about the consequences of their actions and to be more empathic.

Outcomes of restorative approaches include improvements in student and staff wellbeing, reduction in violence, and fewer exclusions.

SUSTAINABILITY

The Better Mental Health Fund was time-limited from the outset, but the sites we looked at in the case studies had all taken steps to sustain the benefits of this investment.

It was feared that sustaining projects would be a significant challenge for local systems, not least because it was increasingly difficult to fund prevention programmes. As one participant noted, '*we need cash: that's the top and bottom of it*'.

In some places, funding was being sought through local public health routes, especially if mental health was an identified priority in their Health and Wellbeing Strategy.

Public health leads put emphasis on local evaluations to give a steer on what elements of the programme should be taken forward. One noted, '*evaluation with the university will be quite powerful. What is the return on investment? Making the business case, getting further funding. Our local evaluation will flesh out the sustainability*'.

Other commissioners encouraged current service providers to 'mainstream' the new activities (to absorb them into current activity), and they are rewriting existing service specifications to include new activities.

Working with elected leads, notably cabinet members with responsibility for health and social care, was seen as an important tactic for promoting the longevity of projects.

BIRMINGHAM

With a population of over a million people, Birmingham is the largest local authority in England. It is a highly ethnically diverse city: people of colour make up over half of the population and one in four people are of South Asian heritage.

Many areas in Birmingham are amongst the most deprived in the country. The impact of Covid-19 has not been equal across the population of Birmingham and it has disproportionately affected people living in the more deprived communities, and from Pakistani, Indian, Bangladeshi, Black African and Black Caribbean communities.

Birmingham undertook a detailed Covid-19 Impact Survey in 2021 to understand the local impact of the pandemic and lockdown measures on health and wellbeing, isolation, social cohesion and behaviours.

The key themes highlighted how some communities felt the relationships within their community had deteriorated during lockdown, and this was most marked for people of colour and LGBTQ+ communities. Rates of self-reported anxiety and feeling lonelier were also highest for people of colour. It was also evident that domestic abuse had increased.

The 11 projects that were prioritised built on established work programmes and had the potential to have a legacy beyond the Better Mental Health Fund. The pre-existing Birmingham Mentally Healthy City Forum, which brings together a wide range of providers from across the city, was critical in this process. The existing relationships this had built with providers enabled projects to be established quickly within the timescale of the Fund.

They include the Delicate Mind, a group that was created by a young man in 2018 to support the Muslim population, following the death by suicide of his brother. It aims to address the structural problems faced by the Muslim community, notably poverty and racism.

A small amount of funding enabled the organisation to extend its reach and to create a culturally appropriate bereavement service. **The Delicate Mind** provided two services, a men's group and a women's group, as well as raising awareness of mental health in the Muslim community in Birmingham. The service was collecting feedback data at the time of our evaluation and felt that the services were positively received. The organisation is also involved in national work to develop approaches to mental health grounded in non-Western beliefs.

For a full description of local needs and assets, see Birmingham City Council's
Joint Strategic Needs Assessment

KEY LEARNING POINTS

The Better Mental Health Fund has benefitted people at risk of poor mental health and others with experience of mental ill health. The evaluation highlights a number of learning points which are useful to consider when planning future initiatives:

1. **Funding for public mental health activity can make a marked difference by building social and community capital**. This is especially the case for smaller organisations, more so if the funding is disbursed flexibly, enabling a rapid response to identified need and reducing administrative burden.
2. **It's possible to foster innovation in a short timescale**, for example by adapting evidence-based targeted or universal interventions for specific populations.
3. **The existence of goodwill and strong relationships** between local councils and voluntary and community sector (VCSE) organisations is essential to get funding out quickly.
4. **The experience of responding to Covid quickly provided a foundation for engagement** and adapting programmes to deliver mental health interventions.
5. **Capacity building was a feature of many of the programmes**, which provided relevant training for non-specialists in mental health. This potentially leaves a positive legacy but raises the issue of the ongoing development of this workforce.

SANDWELL

In **Sandwell**, the Better Mental Health Fund created opportunities to showcase what can be done in the mental health promotion space. As well as major funded projects, they set up a small grants scheme that gave small community groups, which lacked the capacity or expertise to apply for large pots of money, up to five £5,000 grants to undertake small interventions, to pilot ideas, or to give taster sessions. Funded activities included ones which focused on growing, cooking and eating food together. As one interviewee noted, 'the funding created new avenues, new projects, new groups.' The key learning from the small grants scheme was that small amounts of money could have a big impact on local people who otherwise wouldn't access mainstream services. They were useful in building the appetite of small community groups to be ambitious in the future in terms of improving mental health and wellbeing. 'These small organisations have a lot to offer', said one interviewee, 'they have great potential.'

6. **Short-term funding brings significant risks**. At the outset, it takes time to establish projects and coproduce ways of working. And at the end, providers are left with extra demand they cannot handle, and people lose valued support.
7. **Small, unconstituted groups are a vital part of the public mental health ecosystem**: both as potential providers of support but also as sources of intelligence about needs and means of coproducing solutions. Such groups can benefit from small grants as well as links with, and support from, bigger VCSE organisations.
8. **Up to date joint strategic needs assessments (JSNAs) and other robust needs assessments are a vital foundation** – providing insight about where needs are greatest and gaps are most pronounced.

LUTON

Luton has a population of 213,502 and is more densely populated than some London boroughs (Holmes, 2023). It is one of the most ethnically diverse towns in England with 61.8% of the population being from a racialised community: notably Pakistani, Bangladeshi, Indian, East European, and African Caribbean communities.

Through the town's Fairness Taskforce, the Better Mental Health Fund was used to enhance participatory budgeting to support grassroots projects, community groups and VCSE organisations to deliver projects to address needs identified by residents.

The Participatory Budgeting programme was managed by the council and the funds were allocated to grassroots organisations through a decision-making process involving local citizens. Participatory Budgeting, a model of micro-commissioning, was adopted in Luton ten years ago. The Fund, combined with funding for violence reduction and Covid recovery, has enabled a six times increase in the allocation.

The process involves a Citizens Think Tank, open to anyone in Luton. This is usually followed by Citizens' Days, which had to be adapted because of Covid and, instead, the proposals went to a Community Panel. 68 projects were funded, with organisations receiving up to £3,500. These grants supported a wide range of activities including a Parkinson's Support Group; a local youth football team to play in a youth tournament at Crystal Palace; a new LGBTQ+ group; a 'Big Iftar' to celebrate the end of the daily Ramadan fast with 1,000 residents participating; debt advice; culturally appropriate bereavement support; and a parent and teen wellbeing programme.

For a full description of local needs and assets, see Luton Council's
Joint Strategic Needs and Assets Assessment

9. **Areas with an existing strategic focus on addressing inequalities** were more readily able to implement a coherent and coordinated programme of activities. This strategic focus meant that the Better Mental Health Fund added to or complemented other pre-existing programmes of work with this aim.
10. **Some areas had challenges reaching the most disadvantaged groups in the population**, sometimes as a result of short timescales and a lack of prior engagement. Where there was a history of engagement and dialogue, projects were likely to get going more quickly.
11. **It can be valuable for local authorities to share resources they've produced** to get greater benefits across wider areas – learning from each other and maximising the use of staff time and resources. Care needs to be taken to adapt these to the local context.
12. **Timing is important**. It needs to be right for the community and the setting where it is being delivered: for example, work within schools or with young people in education needs to fit into the academic year. Projects with internally-driven timescales might not cohere with those of the place they are being offered.
13. **Political leadership is important to help get projects started and sustained**, including when national funding ends. Elected members in local authorities play a vital role in promoting and continuing initiatives.
14. **Public mental health activity needs to be culturally appropriate**. The mental health workforce as a whole is not representative of the communities it serves, and this can hold projects back, for example when offering culturally appropriate therapy.
15. **Projects that seek to change systems or build capacity** – for example, by building on the opportunities brought by integrated care boards and partnerships (ICBs and ICPs) – may leave a stronger legacy than those that seek to provide a time-limited service.

CONCLUSIONS

The Better Mental Health Fund can be considered as a 'proof of concept' programme for investing in locally-based public mental health activity. As such, it has offered some clear markers for what can be achieved in improving the mental health and wellbeing of disadvantaged, marginalised and deprived communities. It also provides invaluable learning about the keys to success in supporting public mental health activity at scale in England.

The Better Mental Health Fund was widely used to promote better mental health, facilitate early intervention and address identified unmet needs. A hallmark of many projects was their use of social approaches to mental health, with interventions aimed at addressing some of the factors – such as isolation or exclusion – that are known to play a role in poor mental health.

A significant proportion of projects were aimed at children and young people, either directly, or through their parents, or their school or educational setting. Many projects specifically sought to work with people of colour and groups of people that have experienced greater risks to their mental health during the Covid pandemic.

It has demonstrated the value of early intervention and targeted approaches to prevention.

A majority of the projects were delivered by VCSE organisations that varied from small unconstituted groups to large well-established charities. Nonetheless, they shared the characteristics of VCSE organisations in having an advantage in engaging with marginalised communities, being open access rather than bound by statutory referral criteria, a blurring of roles between paid staff and service users, informality, and a relational approach – all of which appear to have facilitated engagement. However, this poses challenges for data collection and for demonstrating the sector's impact.

RECOMMENDATIONS

In taking a strategic approach to addressing mental health inequalities – one which applies the findings of the evaluation – local authorities should build on their engagement with residents, deepen their understanding of mental health challenges, and identify opportunities to take action.

To deliver sustainable programmes of mental health promotion in disadvantaged neighbourhoods, organisations from the VCSE sector need to be resourced appropriately. Local leaders, including Directors of Public Health, have a role in securing resources for the types of community-based interventions we have found to be effective.

Local authorities and other funders could give small grants to VCSE organisations to meet needs and provide insights from the most disadvantaged communities. This would engender a culture of greater agility in responding to problems as they arise.

The Better Mental Health Fund has more than achieved its intended purpose. It has demonstrated the value of investing in local councils and communities to boost people's mental health and wellbeing. It has shown that working alongside community organisations to deliver evidence-based interventions can make a tangible difference to people's lives. If investment of this kind were to be sustained, its benefits could be greater still. In many of the places that benefited from the Better Mental Health Fund, legacy funding will ensure these investments will live on and make a lasting difference. Each site has also created learning that will be invaluable locally. As a proof of concept programme, the Better Mental Health Fund has shown what can be achieved in a short time, and the potential for longer-term investment to derive even bigger and better results for the public's mental health in the future.

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CENTRE FOR MENTAL HEALTH

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