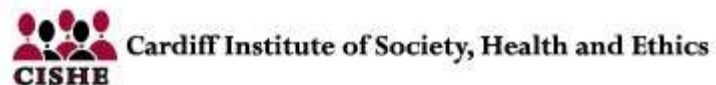


Conwy & Denbighshire Mental Health Advocacy Service
Report on Rapid Health Impact Assessment of CADMHAS

September 2007



Author: Susan Critchley, Conwy & Denbighshire Mental Health Advocacy Service, Service Manager.

Foreword

CADMHAS would like to thank all those individuals and partner agencies whom have supported the development of the Conwy & Denbighshire Mental Health Advocacy Service, especially those who were able to attend the health impact assessment on 20th September 2007. We hope that you found the morning useful and believe that the information gathered will help to inform future provision and development of the CADMHAS service, and to help CADMHAS's continued sustainability. Thank you for your willing participation and we look forward to continue to work with you in the future.

CADMHAS would also like to thank Liz Green, Health Impact Assessment Development Officer, for her enthusiastic facilitation of this assessment process.

Introduction

A rapid health impact assessment (HIA) was conducted on the Conwy & Denbighshire Mental Health Advocacy Service (CADMHAS). CADMHAS is currently jointly funded by Conwy & Denbighshire Local Health Boards and the two Local Authorities. CADMHAS covers the geographical areas of both Conwy & Denbighshire. Much of this area is of a highly rural nature – with the associated impacts of access to services and transport issues. The HIA was used as a basis to inform and improve the services CADMHAS currently offers. The HIA looked at the positive and negative health and well-being impacts of the CADMHAS service on the local community. It provided an opportunity for key stakeholders to provide practical recommendations on how CADMHAS could further improve the health and well-being of the population and how any actions could be implemented.

It encompassed a half day participatory stakeholder workshop held on September 20th 2007. A list of the participants is included in (Appendix One).

An evaluation was undertaken at the end of the session (results in Appendix Two).

The stakeholder group was varied encompassing representatives from CADMHAS itself and from the Community Health Council, National Public Health Service, Ablett Psychiatric Unit and voluntary sector organisations, invitations had been sent to; GP's with a specific interest in mental health, service workers, the partnership manager, representatives from the LHB and from north Wales Police. The group considered who within the local community would benefit from the work of CADMHAS and identified any possible gaps.

Stage One

Potential Implications on Health and Wellbeing

The following table shows a summary of where the group identified strengths and weaknesses (i.e. positives/negatives) of CADMHAS and its activities, in relation to the wider determinants of health. It focussed on vulnerable groups as well as the wider population (Appendices Three and Four). The HIA was based around the framework of 'what has worked well' and 'what could be improved' within CADMHAS. The overarching aim was to maximise the positive health implications and minimise / negate any potential negative impacts.

Health and Well-being Determinants for Conwy & Denbighshire Mental Health Service

Lifestyles

Positives Identified	Negatives Identified
<ul style="list-style-type: none">• Info giving role - benefits of buying fresh food?• Risk taking behaviour• Balance in advice / info given• Access to advocacy service can lead to less chaotic lifestyle	<ul style="list-style-type: none">• But CADMHAS about choice so individuals may want to eat 'rubbish'• Risk Taking Behaviour

Gaps

- Not a 24hr service so not a constant safety net - access needed for those outside of office hours
- Carers need access to advocacy services

Recommendations

- Plenty of other services offer healthy eating advice, this is not a priority for CADMHAS
- CADMHAS not a Helpline or crisis service, so not essential for future to develop 24hr service, other info / helpline services available – ensure numbers are on CADMHAS ansa-phone. May be worth exploring out of office hours advocacy in the future though?

Social & Community Influences on Health

Positives Identified	Negatives Identified
<ul style="list-style-type: none"> • Big impact on Family • Support given for the person to take control of own life • Ease strain on the family • Can help the person stay engaged with services • Specific in the way we work – based on informed decision making and individual choice • Help people feel more included / signpost to other supports / groups / housing etc • Empowering people to develop skills to cope in future, ie communication with services • Encouraging sense of belonging • Establish links to other support networks throughout advocacy process ie family / friends / neighbours / organisations • Citizen power – raise profile of MH problems • Signposting improves service delivery 	<ul style="list-style-type: none"> • Can be in conflict with family interests • Can conflict with service interests • Can become dependent on advocate – not taking responsibility for self • Stigma of MH issues can result in discrimination in accessing services
<p>Gaps</p> <ul style="list-style-type: none"> • Lack of Welsh speaker, but access to fluent speakers from neighbouring service • Immigration issue – migrant workers – translation & access to services <p>Recommendations</p> <ul style="list-style-type: none"> • Be certain about what advocacy is or is not at the outset to avoid dependency • Awareness raising presentations for future • Pro-actively try to recruit welsh speaking staff and volunteers • Need to gather more local info re: migrant population 	

Living & Environmental Conditions affecting Health

Positives Identified	Negatives Identified
<ul style="list-style-type: none">• Help with Housing issues high on the list of support offered by advocates• Help to improve housing provision – liaison with housing associations and other services• Support for people leaving hospital	<ul style="list-style-type: none">• Lack of appropriate housing, discrimination on behalf of private landlords renting to people with MH issues• Lack of secure housing for those with long term MH problems, difficulties experienced when in hospital• Attractiveness of the local area draws people from cities & urban areas putting greater strain on services / housing

Gaps

- Unable to reach those in private residential care

Recommendations

- Highlight housing needs of people with MH problems at a strategic level
- Use findings from MHUK pilot to provide evidence of need of those in private care
- Highlight need to address commissioning / funding issues for those in our area but funded from out of area

Economic Conditions affecting Health

Positives Identified	Negatives Identified
<ul style="list-style-type: none"> • Support offered to address employment issues • Advocacy can help people to remain in employment – liaison with employers • Increase sense of value and self-worth through support to stay in employment • Signposting to welfare rights & CAB to ensure people receive all welfare rights entitlements • Indirectly educating employers • Increase confidence in self to consider employment 	<ul style="list-style-type: none"> • Not a 24hr / out of hours service – difficult for those in full-time employment to access advocacy support

Gaps

- Access for those in full-time employment

Recommendations

- Need to gather/research numbers of those in full-time employment who would be likely to use our service
- Future role to create links with employers – employee assistance programmes & Occupational health departments / Healthy Minds At Work Initiative?

Access & Quality of Services

Positives Identified	Negatives Identified
<ul style="list-style-type: none">• Promotes access to appropriate care & medical services• Increases awareness of rights• Links to CAB etc• Potential to signpost to education / IT	None identified?

Recommendations
<ul style="list-style-type: none">• None needed

Macro-economic, Environmental & Sustainability Factors

Positives Identified	Negatives Identified
<ul style="list-style-type: none">• Influence commissioning of services – CADMHAS building body of evidence re: need / gaps• Distinct from other services, can provide essential statistics to support future provision	<ul style="list-style-type: none">• Piecemeal funding and policies – not joined up across Wales• Lack of audit of funding = duplication – detrimental impact on service provision

Recommendations
<ul style="list-style-type: none">• Not be reliant on one source of funding = greater sustainability• Mapping of advocacy services available in the area

Conclusion

The group considered that the implementation of the above recommendations would have the potential to improve health and well-being and reduce health inequalities within the local community via delivery of services through CADMHAS. It will be used as a basis to influence the CADMHAS Work Plan and to support applications for funding. This process has provided the opportunity to focus our minds on the health and well-being implications of the work of CADMHAS.

The findings of the day will be disseminated to the CADMHAS Management Committee and to those involved in the process, and as part of our monitoring report to the commissioners of the CADMHAS service.

Furthermore, all participants in this process have expressed that this was a positive and useful experience. The half day session has demonstrated that there is a wealth of ideas in relation to this area, and further Health Impact Assessment work could be undertaken in the future.

For further information on the Conwy & Denbighshire Mental Health Advocacy Service or this HIA, please contact:

sm@cadmhas.co.uk or Liz.green@wch.wales.nhs.uk

Appendix One

PARTICIPANTS:

Claire Jones	Conwy & Denbighshire Local Public Health Team
Christine Reynolds	Clinical Nurse Manager, Ablett Psychiatric Unit
Liz Grieve	UNLLAIS
Anne Dennis	Independent Service User Rep & CADMHAS
Jeff Lansdell	Advocate, Clwyd Community Health Council & CADMHAS
Susan Critchley	Service Manager, CADMHAS

Appendix Two

Evaluation of CADMHAS HIA:

Comments/Ratings : 1 = did not meet expectations /poor

10 = very much met expectations / excellent

EXPECTATIONS:

- To gain a clearer understanding of how well the service was progressing and how it can move forward (10)
- To learn more about the service.
- To increase my understanding of the scope and limitations of the CADMHAS and areas in which it may be best developed (7)
- To increase my understanding of the scope and limitations of the CADMHAS and areas in which it may be best developed (7)
- To undertake the HIA and produce some recommendations/actions.
- To gain a clearer understanding of how well the service was progressing and how it can move forward (10)
- To learn more about the service.
- To undertake the HIA and produce some recommendations/actions which can be taken forward in the future.
- To complete HIA
- Workshop was very clear and structured but allowed for discussion and views to be expressed freely (10)
- Learn more re: process of HIA

WHAT WORKED WELL

- Develop a vision for future service development (9)
- Gave opportunity for overview locally and a 'one step back view'. See where you are and where you might go (8)
- The opportunity to take stock and look at options for service development. To discuss with stakeholders how the service has gone so far (7)
- Workshop was very clear and structured but allowed for discussion and views to be expressed freely (10)
- Opportunity to consider impact of CADMHAS & Develop a vision for future service development (9)
- Gave opportunity for overview locally and a 'one step back view'. See where you are and where you might go (8)
- The opportunity to take stock and look at options for service development. To discuss with stakeholders how the service has gone so far (7)

Appendix Three

The next two pages show part of a toolkit that was used during the appraisal taken from “Improving Health and Reducing Inequalities – A Practical guide to health impact assessment” (Welsh Health Impact Assessment Support Unit & Partners, 2004.)

Health and well-being determinants checklist Please note that this list is a guide and is not exhaustive.	
1. Lifestyles	<ul style="list-style-type: none"> • Diet • Physical exercise • Use of alcohol, cigarettes, non-prescribed drugs • Sexual activity • Other risk-taking activity
2. Social and community influences on health	<ul style="list-style-type: none"> • Family organisation and roles • Citizen power and influence • Social support and social networks • Neighbourliness • Sense of belonging • Local pride • Divisions in community • Social isolation • Peer pressure • Community identity • Cultural and spiritual ethos • Racism • Other social exclusion
3. Living/environmental conditions affecting health	<ul style="list-style-type: none"> • Built environment • Neighbourhood design • Housing • Indoor environment • Noise • Air and water quality • Attractiveness of area • Community safety • Smell/odour • Waste disposal • Road hazards • Injury hazards • Quality and safety of play areas
4. Economic conditions affecting health	<ul style="list-style-type: none"> • Unemployment • Income • Economic inactivity • Type of employment • Workplace conditions
5. Access and quality of services	<ul style="list-style-type: none"> • Medical services • Other caring services • Careers advice • Shops and commercial services • Public amenities • Transport • Education and training • Information technology
6. Macro-economic, environmental and sustainability factors	<ul style="list-style-type: none"> • Government policies • Gross Domestic Product • Economic development • Biological diversity • Climate

Vulnerable and/or disadvantaged population groups

The target groups you identify as vulnerable or disadvantaged will depend on the characteristics of the local population and the nature of the proposal itself. The most disadvantaged and/or vulnerable groups are those which will exhibit a number of characteristics, for example children in living poverty. This list is therefore just a guide and you may like to focus on groups that have multiple disadvantages.

1. Age related groups*

- Children and young people
- Older people

2. Income related groups

- People on low income
- Economically inactive
- Unemployed
- People who are unable to work due to ill health

3. Groups who suffer discrimination or other social disadvantage

- People with disabilities
- Refugee groups
- People seeking asylum
- Travellers
- Single parent families
- Lesbian and gay people
- Ethnic minority groups**
- Religious groups**

4. Geographical issues

- People living in areas known to exhibit poor economic and/or health indicators
- People living in isolated areas
- People unable to access services and facilities

You will also want to assess the impact on the general adult population and/or assess the impact separately on men and women.

Please note that this list is a guide and is not exhaustive.

* Could specify age range or target different age groups for special consideration.

** May need to specify.

Appendix Four: About the Welsh Health Impact Assessment Support Unit.

Health Impact Assessment is a process which supports organisations to assess the potential consequences of their decisions on people's health and well-being. The Welsh Assembly Government is committed to developing its use as a key part of its strategy to improve health and reduce inequalities.

Health impact assessment provides a systematic yet flexible and practical framework that can be used to consider the wider effects of local and national policies or initiatives and how they, in turn, may affect people's health. Health impact assessment works best when it involves people and organisations who can contribute different kinds of relevant knowledge and insight. The information is then used to build in measures to maximise opportunities for health and to minimise any risks. It also provides a way of addressing the inequalities in health that continue to persist in Wales.

Welsh Health Impact Assessment Support Unit

WHIASU is based in the Cardiff Institute of Society, Health and Ethics which is part of Cardiff University's School of Social Sciences. It is funded by the Welsh Assembly Government, through the Wales Centre for Health and is resourced to cover both North and South Wales.

The key roles of WHIASU are:

- To support the development and effective use of the health impact assessment approach in Wales through building partnerships and collaborations with key statutory, voluntary, community and private organisations in Wales.
- To provide direct information and advice to those who are in the process of conducting health impact assessments.
- To contribute to the provision of new research, and provide access to existing evidence, that will inform and improve judgements about the potential impacts of policies, programmes and projects.

For more information with regard to HIA or the Welsh Health Impact Assessment Unit please contact:

Liz Green
Health Impact Assessment Development Officer
Welsh HIA Support Unit
Office 55
Croesnewydd Hall
Wrexham Technology Park
Wrexham
LL13 7YP
Tel: 01978 313664
E-mail: liz.green@wch.wales.nhs.uk

Website for the Welsh Health Impact Assessment Support Unit –
www.whiasu.wales.nhs.uk