



A Scoping Study on Wellbeing Brief Interventions across Cheshire and Merseyside

Barbara Parratt

Commissioned by ChaMPs Public Health Network

March 2012

leading improvements in health and wellbeing across cheshire and merseyside

ChaMPs Public Health Network, Suite 1, Marwood, Riverside Park, 1 Southwood Road, Bromborough, Wirral CH62 3QX Tel: 0151 201 4152
Fax: 0151 201 4153 www.champspublichealth.com

Contents

- 1. Introduction.....3**
 - 1.1 Brief Interventions 3
 - 1.2 Wellbeing and Healthy Lifestyle 3
 - 1.3 The Five Ways to Wellbeing..... 4
 - 1.4 The scoping study 4
 - 1.5 Method 4
- 2. Delivery of Wellbeing Brief Interventions6**
 - 2.1 Extent of Delivery 6
 - 2.2 Who is delivering Wellbeing Brief Interventions? 6
- 3. Resources to Support Wellbeing Brief Interventions8**
- 4. Measuring outcomes9**
- 5. Content of Wellbeing Brief Interventions10**
 - 5.1 Table 2 Content of Wellbeing Brief Interventions 10
 - 5.2 Key to Table 2 10
- 6. Wellbeing brief intervention training12**
 - 6.1 Training Summary 12
 - Key to Table 3 12
- 7. Examples of Good Practice.....13**
- 8. The Way Forward15**
- 9. Conclusions16**
- 10. Recommendations17**
- Appendix 1 Questionnaire.....18**
- Appendix 2 Participants20**

1. Introduction

The Public Health White Paper *Healthy Lives Healthy People* (DH 2010) emphasises the centrality of mental health and wellbeing to physical health and to health behaviours. It recognises that self-esteem, confidence and resilience impact on health behaviour and that psychological explanations for why people behave as they do can contribute to effective public health practice.

This report details a piece of work to explore the integration of mental health and wellbeing within brief interventions to support people in changing their health behaviour. The ChaMPs public health network commissioned the work across Cheshire and Merseyside in response to *Healthy Lives Healthy People* and the work of the local Public Health leads for Mental Wellbeing and Brief Intervention.

The work was managed by Jude Stansfield and Alison Farrer at ChaMPs and Pat Nicholl at NHS Sefton. Thanks go to all the participants.

1.1 Brief Interventions

A brief intervention is a time-limited (between approximately 5 and 15 minutes) interaction/conversation between a practitioner and a patient focussed on addressing health behaviour such as smoking, harmful alcohol use, healthy eating and physical activity. It is aimed to increase motivation towards making healthier lifestyle choices.

The *Making every contact count* programme has been introduced to encourage every contact that a member of the public has with the NHS to be a health promoting contact – an opportunity to discuss personal healthy lifestyle. For the programme to be successful, front line staff need to be capable of undertaking brief advice and brief interventions in health behaviour change. Other partners of the NHS including Local Authorities and the Community and Voluntary Sector and organisations such as the Police and Fire Service also have a key part to play in health behaviour change and are therefore involved in delivering brief interventions.

1.2 Wellbeing and Healthy Lifestyle

Although mental wellbeing does not fall into the category of “individual lifestyle behaviour”, it is strongly linked. Mental Wellbeing is an outcome of good physical health and lifestyle, but crucially it is also a determinant of physical health and healthy lifestyle. It is also strongly determined by social and material circumstances and can therefore help to explain and focus on what influences unhealthy lifestyle choices.

There is evidence that psychological wellbeing – such as motivation and self-efficacy underpin a person’s ability to make healthy lifestyle choices and consequently changes. These personal psychological resources, together with the social and material circumstances of a person’s life jointly determine wellbeing that is, how we function and how we feel.

1.3 The Five Ways to Wellbeing

The Five Ways to Wellbeing is a set of evidence-based public health messages to encourage action to improve personal mental wellbeing. The message is simple, positive and acknowledges the social nature of wellbeing. As such it differs from some traditional public health messages that often have a negative focus, (i.e. messages that tell people what not to do), and help make the point that mental health can be influenced in part, but not solely, by factors over which individuals have some control

1.4 The scoping study

A recent meeting of public health practitioners discussed embedding a wellbeing approach into individual health behaviour change and brief interventions. The simple definition of wellbeing as “feeling good and functioning well” was used for this study and given to respondents when asked.

It was determined that before introducing initiatives to increase the number of wellbeing brief interventions it was necessary to explore the current picture of their delivery across Merseyside and Cheshire. The meeting resolved to conduct a scoping study to explore and report on the following issues:

1. The extent to which current lifestyle services and brief interventions are focused on wellbeing, and whether or not existing wellbeing brief interventions acknowledge and address the psychosocial determinants of behaviour change and healthy lifestyles;
2. The use of methods that are solution focused, asset based and address self efficacy and motivation;
3. The use of holistic assessments and measures of wellbeing within wellness services;
4. The use and relevance of a “mental wellbeing” script for wellbeing brief intervention and within *Making every contact count*
5. The ability and confidence of staff to discuss mental wellbeing as a brief intervention and whether training will be required to address this.

1.5 Method

A structured interview questionnaire was developed and piloted with Pat Nicholl, Acting Head of Health Improvement at NHS Sefton. After minor adjustments and receiving approval from the project lead, Jude Stansfield, Mental Health & Wellbeing Programme Manager at ChaMPS, the questionnaire formed the basis of the scoping study (Appendix 1). The eight Public Health Leads were initially contacted by e-mail by the researcher and invited to participate in a telephone interview as part of the scoping study. Seven Leads participated in the telephone interview process and provided comprehensive detail about the delivery of wellbeing brief interventions within their area. They also provided useful contact details of colleagues within their area to complete the picture of delivery and content of wellbeing brief interventions. (Appendix 2) Halton & St Helens PCT provided contact details of provider service leads only to participate in the scoping study

leading improvements in health and wellbeing across cheshire and merseyside

The interviews were held between December 2011 and January 2012, the final date of submission of questionnaires was 31st January. The Public Health Leads that participated in the study were:

Sandra Davies, Associate Director of Public Health, NHS Liverpool

Katie Donnelly, Health Improvement Specialist, NHS Warrington

Julie Graham, Acting Head of Health and Wellbeing, Healthy Communities, NHS Wirral

Chris McBrian, Health Promotion Manager, NHS Knowsley

Pat Nicholl, Acting Head of Health Improvement, NHS Sefton

Davina Parr, Associate Director of Public Health, Central and East Cheshire

Alison Paul, Public Health Improvement Lead, West Cheshire

A full list of additional participants in the study is attached in Appendix 2.

2. Delivery of Wellbeing Brief Interventions

2.1 Extent of Delivery

Over the past few years several areas have adopted a strong emphasis on brief intervention training for frontline staff. This has been strengthened by the 'every contact counts' agenda. Whilst all areas provide general brief interventions, Public Health Leads reported that these usually focus on the lifestyle issues of smoking, healthy eating, obesity, physical activity and alcohol. The commissioning of these is influenced by strategic targets and funding.

Although most areas reported that wellbeing brief interventions do take place, they believed them to be few in number. Every area did include an element of wellbeing and most included addressing the wider determinants of health and the 'Five Ways to Wellbeing'. However many areas hadn't measured this and weren't confident of its delivery. Only one service that focuses specifically on wellbeing could be confident that wellbeing brief interventions took place.

Whether there is a wellbeing element within the brief intervention appears to be most influenced by the job role and skill set of the individual staff member conducting it. Confidence to deliver a wellbeing brief intervention was also influenced by the level of training staff members received and the outcome data that they were required to record. Health trainers were cited most frequently as delivering wellbeing brief interventions. All areas had in place a robust system for signposting and all mentioned various services and courses that existed within their social prescribing service that referrals were made to.

Several areas had produced a brief intervention resource (eg set of cards, booklet, ready reckoner etc) that specifically includes wellbeing and often the 'Five Ways to Wellbeing'. That said, even in areas where that is provided, most conversations do not focus on wellbeing. This is evidenced by research undertaken by Kate Kenwright, Public Health Training Facilitator at Liverpool Community Health Trust. As part of the research a random selection of 24 participants of brief intervention training were contacted to see how the training had impacted on the number of conversations that they now had with clients about lifestyle change. Despite a rise in confidence levels and an increase in lifestyle conversations, only three people were speaking to clients about mental health and wellbeing. These findings are supported by earlier reports of brief intervention delivery within Sefton.

In summary, it appears that despite inclusion in the training and resources wellbeing is receiving limited attention.

2.2 Who is delivering Wellbeing Brief Interventions?

The services commissioned to deliver wellbeing brief interventions are mainly the local lifestyle service, health improvement team and health trainer service. More specifically two localities commission a specific wellbeing service. One area commissions an employment service to do this.

The wellbeing brief interventions are offered by a variety of staff in a wide range of settings. These include:

leading improvements in health and wellbeing across cheshire and merseyside

Health Trainers
Lifestyle Service Staff
Dieticians
Social Prescribing Staff
Wellbeing Service Advisor
Wellbeing Mentors
Job Service Staff
Children's Centre Staff
Environmental Health Staff
Front line Nurses, Specialist Nursing, Health Care Assistants (both Primary Care and hospital Based)
Housing Staff
Community Health Champions
InfoLink Champions
Merseyside Fire and Rescue
Citizens Advice Bureau Staff
General and Specialist Advisors for Psychological Wellbeing Practitioners
'Supporting People' Officers

leading improvements in health and wellbeing across cheshire and merseyside

3. Resources to Support Wellbeing Brief Interventions

Liverpool provides a guide that accompanies brief intervention training that covers eight lifestyle topics. Mental Wellbeing is one of the subjects and includes background information about mental wellbeing, how to look after yourself by following the 'Five Ways to Wellbeing' and some tips to help one feel good. It also provides information about mental health services for signposting. Mental wellbeing is the first topic in the guide reflecting its importance. As the guide says, "having a positive sense of mental wellbeing is fundamental to improving health".

Wirral and Sefton provide a set of cards that focus on a series of lifestyle subjects including Mental Health and Wellbeing. The Sefton Mental Health and Wellbeing card starts with a suggested 'raising the issue' question. "How do you feel you cope with life's ups and downs?" It then provides a context of 'Why it's important?' Messages and Information (signposting). The reverse of the card is designed as a tool for frontline staff to use with clients and includes the 'Five Ways to Wellbeing', the message that following the 'Five Ways' can add 7.5 years to your life and further tips for looking after mental health.

The Wirral set of cards also includes Mental Health and Wellbeing. The cards were designed before the 'Five Ways to Wellbeing' and consequently do not include them. They do, however, provide information on wellbeing and offer signposting information.. Wirral has also been working with ChaMPs on a new e-learning programme that will also address mental health and wellbeing.

Knowsley use a booklet that does include pages on mental health and wellbeing as well as other lifestyle subjects. Although the booklet does not include the 'Five Ways to Wellbeing' currently, there are plans to include them when it is revised and re-printed which is imminent.

Warrington uses a 'Making Every Contact Count Brief Intervention Toolkit'. This provides front line staff delivering brief advice and brief interventions with a short guide on how to deliver brief interventions around lifestyle using the 3 A's. Ask, Advice, Act. It uses the stages of change to encourage staff to identify how ready clients are to change and provides signposting information. It is due to be revised and the revision will contain the 'Five Ways to Wellbeing'.

Halton & St Helens provide a directory of services and a website directory which provides an 0300 telephone number offering a single point of contact for accessing lifestyle services and social prescribing. This can be accessed by self referral or via a professional.

Central and Eastern Cheshire provide an InfoLink website offering signposting support to a large directory of services including some wellbeing services.

Western Cheshire has developed an award winning wellbeing tool. It is hoped that this will be developed into an electronic format.

In conclusion whilst most areas do use a tool for supporting brief interventions there is no standardised tool dedicated to wellbeing focused brief interventions.

4. Measuring outcomes

Measuring outcomes of brief interventions has always proved to be problematic. The difficulty of measuring whether a 'one-off' conversation has resulted in lifestyle change or triggered a change at a later date has limited the amount of evidence collected. Consequently the data most commonly collected relies on the recording of conversations around lifestyle and the tracking of referrals to lifestyle services. When examining wellbeing as an outcome a further barrier is the general requirement for a baseline measure of client wellbeing and a further measure of wellbeing at a later date. This can not be recorded in brief advice or a brief intervention if only one opportunity to engage with a client is possible. For many staff delivering brief interventions in a range of health care and community settings there is only one conversation with the client or patient.

In general, wellbeing is not measured as an outcome by commissioners. However, examples where wellbeing is reported as an outcome in related interventions were provided by some Public Health Leads. Sefton reported that all social prescribing services do record and report back to commissioners on wellbeing. The Short Warwick Edinburgh Mental Wellbeing Scale (WEMWBS) is used to support this information. The scale is also systematically used by Sefton's Wellbeing Advisor based in the Citizens Advice Bureau and Active Sefton, the exercise for health service and Health Trainers.

Health Trainers across Merseyside and Cheshire tend to also record wellbeing as an outcome.

5. Content of Wellbeing Brief Interventions

5.1 Table 2 Content of Wellbeing Brief Interventions

Area	Self-Efficacy	Motivation	Solution Focused Methods	Holistic Assessment Tools	Asset Based
Central & Eastern Cheshire	✓	✓			
Halton & St Helens	✓	✓		✓	
Knowsley	✓	✓			
Liverpool	✓	✓			
Sefton	✓	✓	✓	✓	
Warrington	✓	✓	✓		
Western Cheshire	✓	✓			
Wirral	✓	✓		✓	

5.2 Key to Table 2

Self – Efficacy This refers to the judgement an individual makes about their capability to perform a specific task or in a brief intervention, client optimism of achieving change. It is linked to behaviour change, goal setting and goal achievement.

Motivation In terms of behaviour change, this requires focusing a brief intervention of how the client views the importance of making a change to their lifestyle for the benefit of their health and their level of confidence that they can achieve a goal.

Solution Focused Methods This is the process of focusing a conversation with a client on what he/she wants to achieve rather than dwelling on their problems and barriers to change. It requires consideration of what may be achieved in the present and the future by problem solving and goal setting.

Holistic Assessment Tools This involves using tools such as a ‘life balance wheel’ to allow clients to review several aspects of their lifestyle for the purpose of assessing the areas of high functioning and

leading improvements in health and wellbeing across cheshire and merseyside

allowing them to target one or two areas to concentrate efforts on making changes that may result in an improvement in their wellbeing.

Asset Based In terms of this scoping this category is about whether wellbeing brief interventions focus on the strengths or assets an individual has or his/her community has that can support achieving positive wellbeing. An example would be to explore family support, socialisation, opportunities for physical activity with the client.

Table 2 illustrates that all wellbeing brief interventions focus on self efficacy and motivation, with most encouraging clients to set achievable goals. It would appear to be that job role and availability of time that influence whether brief interventions include holistic assessment tools, are asset based or solution focused. Most brief intervention training has not included these skills. Thus, it is Health Trainers, Wellbeing Advisors, Wellbeing Mentors, Lifestyle Service Staff and Social Prescribing Services that appear to be using these methods, as they generally have received more in-depth training. It could well be the case that more examples of these are taking place but they were not reported by participants of the study. Several respondents highlighted the time factor as being an important issue both in failing to deliver wellbeing brief interventions using these methods and including them in training sessions. Confidence in raising the subject of wellbeing without sufficient skill or training was also raised as a concern.

All participants reported that wellbeing brief interventions were not asset based. Knowsley reported a joint strategic asset assessment tool was being developed and Warrington also reported developing an asset map of the local area.

There is little evidence of a systematic approach to monitoring all brief advice or brief intervention sessions with patients or clients, or the subject discussed within them.

6. Wellbeing brief intervention training

6.1 Training Summary

Area	General B.I	Including Wellbeing	Wellbeing B.I.
Central & Eastern Cheshire	✓		
Halton and St Helens	✓		
Knowsley	✓		
Liverpool	✓	✓	
Sefton	✓	✓	
Warrington	✓	✓	✓
Western Cheshire	✓	✓	✓
Wirral	✓	✓	

Table 3 Summary of Training delivered

Key to Table 3

General Brief Intervention – This involves training staff with a basic set of skills to deliver brief interventions with clients. This includes; raising the lifestyle issue, using open questions and active listening skills, conducting a motivational conversation with clients addressing their understanding of the risks related to their lifestyle behaviour, providing tips and advice on making changes, helping with goal setting, checking readiness to change and signposting to services that can offer more help.

Including Wellbeing – Included in this training is an element of wellbeing which includes the impact of client wellbeing on both their lifestyle and maybe their reluctance or lack of confidence in making changes to it. It may also involve the delivery of the ‘Five Ways to Wellbeing’.

Wellbeing Brief Intervention – This is brief intervention training that specifically target wellbeing as the subject of conversations with clients. It would provide greater detail on the ‘Five Ways to Wellbeing’ and invest more time on the influence of mental health on lifestyle choices and changing behaviour.

Table 3 confirms that whilst all areas provided brief intervention training to varying numbers of front line staff, most has been general training focused on smoking, healthy eating, physical activity and alcohol. This is certainly the case for Knowsley and Halton & St Helens, (where recently health trainers have been re-aligned to deliver the fresh start programme – a ten week weight management course), and Central and Eastern Cheshire. Liverpool, Sefton and Wirral do include wellbeing in their training and have a resource to support it (see 3 Resources to Support Wellbeing Brief Interventions). However, again it is not the central focus of the training. Warrington has delivered general brief intervention training and has offered limited wellbeing brief intervention training to their Wellbeing Mentors. Western Cheshire has a mental health and wellbeing module of brief intervention training.

7. Examples of Good Practice

All Public Health Leads and many contacts within local services offered examples of good practice that they would like to share with colleagues.

Central & Eastern Cheshire – The award winning InfoLink service was offered as an example of good practice. The service has trained local ‘health champions’ and provided a toolkit and website to support an evidence based training programme. The website offers an extensive directory of services for patients to access which includes ‘Five Ways to Wellbeing’. The Healthy Beginnings programme offers an improved seamless health service to women whilst they are in Styal Prison and on their release.

Halton & St Helens – A 0300 telephone number is promoted in Halton & St Helens that offers a single point of contact for either self referral or professional referral, providing access to local lifestyle services and social prescribing opportunities. There is also an on-line community mental health and wellbeing directory which offers up-to-date signposting information and houses helpful information relating to mental health and wellbeing e.g., self help booklets.

NHS Knowsley – Examples that Knowsley shared were its PMS GP contract, which includes the delivery of brief interventions as a core care competency. The LAMP (look after myself programme) has provided wellbeing support to participants with moderate to severe mental health problems. Delivery of this programme has now been extended to people without a mental health problem to build wellbeing. Last year Knowsley provided ‘every contact counts’ training to 80% of Integrated Provider Service staff. The fact that this training was mandatory was cited as one of the main reasons for the number of staff reached. A single point of contact for all lifestyle services was also valued as a useful resource.

Liverpool PCT – The Liverpool Heart and Chest Hospital has provided brief intervention training under the ‘every contact counts’ initiative to over 150 of its staff. Every patient has a brief health promotion chat which forms part of their integrated care pathway. The patient receives a healthy lifestyle guide which includes information on the ‘Five Ways to Wellbeing’ and offers signposting to further support. The initiative is supported by a CQUIN target.

A cascade process of ‘every contact counts’ training is provided in Liverpool. This follows a model where Train the Trainer courses are provided to cascade the brief intervention training throughout organisations in Liverpool. The trainers are then supported by a Training Network that provides support, regular meetings and updates.

NHS Sefton - Using the WEMWBS has boosted commissioner and provider confidence in the effectiveness of wellbeing programmes. It also enables comparison though is reliant on a staff member having more than one conversation with a client.

Wellbeing Sefton is a project aimed to support adults living in South Sefton who may be experiencing stress, anxiety or depression including those who may be at risk of developing mental health problems. They highlighted the importance of the systematic collection of data to track the impact of the service.

leading improvements in health and wellbeing across cheshire and merseyside

Sefton also provide a model of workforce capacity building in delivery of brief intervention training. A team of Brief Intervention Trainers representing primary care, hospital trusts, community and voluntary sector and other partner agencies form a Network of Trainers that meet quarterly for training updates and problem solving sessions.

Healthy Sefton – the provision of a single point of contact for patients and clients has facilitated offering brief advice and brief interventions

NHS Warrington - The ‘Every contact counts brief intervention toolkit’ was offered as an example to be shared. The resource offers information on how to deliver a brief intervention to staff and signposting support. The Health Improvement Project Co-ordinator offered the quick response system as an example of good practice. Once a referral is received by the team, the client is contacted within 48 hours. This prompt access capitalises on a client’s motivation to change.

NHS Western Cheshire – A ‘Train the Trainer’ approach has been adopted in Western Cheshire, with fifty staff from a wide range of organisations trained to deliver brief interventions which include a module on mental health and wellbeing. Details of the content of this course may be accessed on the PCT website. An evaluation is about to be conducted to assess the impact of this training.

A series of ‘Five Ways to Wellbeing’ Experience Days were offered to 100 Supported Living Officers in Western Cheshire. The ‘Five Ways’ were experienced through a novel approach requiring participant involvement and reflection. The events were followed by a half day brief intervention training session to embed learning and encourage the use of the ‘Five Ways in their wellbeing brief interventions with clients. The “Fair Deal for Wellbeing” toolkit was central to this training session and was recommended as a useful resource.

NHS Wirral - A cascade approach to brief intervention training has also been used in the Wirral. A further example of good practice offered was the initiative to provide mental health awareness training to Leisure Service staff.

A further example shared is the successful volunteer scheme that is now in place to accompany the ‘Beating the Blues’ CBT programme, where participants who have completed the programme are trained to help others.

Cheshire & Merseyside – ChaMPs has recently commissioned an E-Learning package for Brief Intervention. This is based on a similar package produced in the West Midlands regional programme and on the training within Wirral and other local areas. This resource is not yet available.

8. The Way Forward

All participants of the study were asked for their suggestions on how to move wellbeing brief interventions forward. Their responses have been collated in the table below.

Table 4 **The Way Forward**

Area	Include in Every Contact Counts	Wellbeing B.I. Training	Mandatory or attached to CQUIN	E - Learn	Time Limited	Lifespan
Central & Eastern Cheshire	✓	✓				✓
Halton and St Helens					✓	
Knowsley	✓	✓	✓		✓	
Liverpool			✓		✓	
Sefton		✓				
Warrington	✓					
Western Cheshire				✓		
Wirral		✓			✓	

All interviewees were enthusiastic about raising the profile of wellbeing within the brief intervention agenda. There was little support for a wellbeing script, though Claire Jones, Senior Health Promotion Officer at Sefton, suggested that a series of prompts or tips would be more useful to support staff delivering wellbeing brief interventions. Several participants were enthusiastic about a training programme to support wellbeing brief interventions but were mindful of the time required to add more content into existing training, encouraging a few to suggest a ‘top up’ session lasting no more than two hours.

Funding any additional training programme was raised as a concern by more than one area and the difficulty of recruiting staff to attend training at the moment was also thought to be a potential barrier.

The role of commissioners in moving the delivery of wellbeing interventions forward was also raised. The content and targeting of current brief interventions reflects the requirements and outcomes measured within existing service level agreements.

The influence of mandatory training or Commissioning for Quality and Innovation (CQUIN) targets on the success of training programmes was highlighted by more than one area.

9. Conclusions

1. All participants of this study were enthusiastic about advancing the development of wellbeing brief interventions and raising the number delivered across Merseyside and Cheshire and the further integration of wellbeing into existing brief intervention.
2. Few wellbeing brief interventions are currently being delivered. Whilst all areas provided some wellbeing brief interventions, it would seem that smoking, healthy eating, physical activity, obesity and alcohol are the main subjects discussed currently. Despite inclusion in the training and resources, wellbeing is seemingly receiving limited attention. Staff confidence in raising issues of mental health and wellbeing is seen as a key factor.
3. There was a variety of terminology used to represent wellbeing. These include “mental health”, “mental health and wellbeing” and “wellbeing”. It would appear that the use of the word ‘mental’ may present a barrier to delivering wellbeing brief interventions as staff associate this with mental illness and are concerned about their lack of knowledge and ability to discuss mental health problems. This led to a misunderstanding, even with professionals, as to exactly what a wellbeing brief intervention is, and to whom it should be delivered.
4. It is important that appropriate wellbeing services are accessible within a locality if wellbeing brief interventions are taking place. All areas reported having social prescribing services in place and signposting facilities that are ideally placed to support increased referrals following wellbeing brief interventions.
5. Commissioners are the key to determining whether wellbeing brief interventions are delivered and whether wellbeing is measured as an outcome. It is apparent that providers of current brief interventions deliver specifically what is within their existing service level agreements and if wellbeing brief interventions are absent from their contract, then they are not delivered.
6. Measuring outcomes related to any brief intervention is a difficult task, especially when the intervention is a one-off contact. When an intervention is taking place over a longer term then many localities are using the short-Warwick and Edinburgh mental wellbeing scale (swemwbs) to measure impact pre and post intervention.
7. Although there are a range of tools there is neither a consistent model of a wellbeing brief intervention used across Merseyside and Cheshire, nor a standardised resource to support one.
8. The ‘Five Ways to Wellbeing’ were often used in various tools although there were some concerned about their ease of application. More than one person said that the terminology was ‘middle class’ and consequently the messages are not accessed by all.

10. Recommendations

1. To collate the existing examples of tools and resources and produce a consistent set of messages on mental health and wellbeing for use within brief interventions.
2. To produce an easy guide to raising the issues of mental wellbeing, in order to increase staff confidence in applying their knowledge.
3. To produce standard wording for use within contracts that will increase the commissioning of wellbeing brief interventions.
4. To ensure that staff using wellbeing brief interventions have access to information on relevant wellbeing services when needed, through using local asset maps/ directories and referral pathways.

Appendix 1 Questionnaire

Public Health Leads: Wellbeing Brief Intervention Scoping Study

Name

Title

Contact Telephone

Question 1

What services do you commission/provide to deliver mental health and wellbeing brief interventions? (Advise I will contact up to 3 including lifestyle services for further interview). Who would you like me to contact?

Question 2

Do you/ they measure wellbeing as an outcome? Other relevant outcomes?

Question 3

To what extent are wellbeing brief interventions currently offered in your area and by whom?

Question 4

To what extent do Brief interventions address the determinants of wellbeing eg debt, housing, health, poverty

Question 5

Do current wellbeing brief interventions focus on:

- Self Efficacy?(Detail)
- Motivation?(Detail)
- Use Solution Focused methods?(Detail)
- Are holistic assessments used? (Detail)
- Asset based?
- The Five Ways to Wellbeing?

Question 6

Where are clients signposted to following a brief intervention?

Question 7

What are your views about moving wellbeing brief interventions forward?

Prompt: Script for wellbeing b.i. – do you use one now?

Question 8

Any ideas of examples of good practice that you would like to share?

Any lessons learned?

Question 9

What proportion of brief interventions do you think focus on wellbeing currently?

Question 10

Have staff received any training around wellbeing brief interventions?

(Detail)

Question 11

Any other suggestions or comments?

Appendix 2 Participants

Participants of the Wellbeing Brief Intervention Scoping Study Dec 11- Jan 12

Central & Eastern Cheshire PCT

Jane Branson, Assistant Director of Public Health
Paul Jackson, Stop Smoking Service Manager

NHS Halton & St Helens

Diane Coysh, Health Improvement Specialist (Workplace, Brief Interventions)
Jen Brown, Health Improvement Specialist Mental Health and Wellbeing

NHS Knowsley

Liz Saunders, Health Promotion Training Co-ordinator

Liverpool PCT

Kate Kenwright, Public Health Training Facilitator
Jan Naybour, Lead of Cardiac Rehabilitation & Health Promotion

NHS Sefton

Claire Jones, Senior Health Promotion Officer
Alison Welsh, Public Health Development Nurse, Community Public Health Practitioner
Jan Smith, Wellbeing Sefton Co-ordinator

NHS Warrington

Tom Snape, Health Improvement Project Co-ordinator
Jan Hadfield, Team Manager, Mental Health Outreach Team, Warrington Borough Council

NHS Western Cheshire

Chrissie Cook, Programme Director (Awaiting information)
Dr Tony Sharples, Public Health Specialist, Western Cheshire PCT

NHS Wirral

Phil Baines, Health Promotion Strategy Manager
Richard Lacey, Health Promotion Strategy Manager
Barbara Edwards, Programme Manager, Mental Health