 

**Midlothian Communities Mental Health and Wellbeing Fund – Year 3 Evaluation extract with a narrative on impact**

**Written by:** Angelika Seliwiak, student of Edinburgh College (English level ESOL for work Nat 5) at work experience with MCA. Part of the UKSPF Volunteer like a BOSS.

Mentored and supported by: Magdalena Clark the Volunteering Development Manager at MCA

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**Introduction**

The aim of this report is to demonstrate how Communities Mental Health and Wellbeing Fund Year 3 and project activities influenced the improvement of mental health and wellbeing amongst local communities.

It also intends to benefit the full agenda for mental health and wellbeing in line with the four areas of key needs, set out in the Mental Health Transition and Recovery Plan

1. Providing and supporting the conditions for good mental health and wellbeing at population level.
2. Provide accessible signposting to help, advice and support.
3. Providing a rapid and easily accessible response to those in distress.
4. Ensuring safe, effective treatment and care of people living with mental illness.
5. The commitments in this Plan span these different types of need from the importance of reducing stigma, to the provision of specialist services where necessary.

It reflects the importance we place on community support as part of our overall mental health infrastructure locally and the commitments given by Scottish Ministers to increase direct mental health investment in both the NHS Recovery Plan.

**Mental health provision in Midlothian**

In Midlothian, the Community Planning Partnership set 3 main outcomes for the years 2023- 27.

These are:

* Individuals and communities have improved health and skills for learning, life and work**.**
* No child or household living in poverty**.**
* Significant progress is made towards net zero carbon emissions by 2030**.**

The Vision for Midlothian is to, by working together as a Community Planning Partnership, individuals and communities, be able to lead healthier, safer and greener lives by 2030.

Mental Health data for Midlothian:

* Between 10% and 25% of people attend Midlothian GP practices in relation to mental health issues (Mental Health Collaborative 2019).
* In 2018/19, 18.7% of the Midlothian population (17,110 people) were prescribed drugs for anxiety/depression/psychosis - slightly lower than Scottish average (ScotPho).
* The most deprived areas have 31% more people prescribed medication to help treat mental ill health (ScotPho 2018/19).

There has been a rise in referrals to adult social work services over the past decade in Midlothian and a significant proportion of these are mental health related referrals

Midlothian area – demographics:

* Midlothian is the second smallest local authority in mainland Scotland but also the fastest growing.
* There are 90,600 people in Midlothian this is an increase of 16.1% from census 2011.
* Midlothian’s current population can be characterised by 19% being over 65 years of age, 63% between 15-64 years of age, and 17.8% under 14 years of age.
* The largest percentage population increase will be in those aged 75+.
* Less than 2% of Midlothian’s population is black or minority ethnic (Census).
* SIMD deprivation rating varies -the largest group is in SIMD Quintile 2.

**Findings**

The information is based on a survey which was carried by Midlothian TSI. A standard set of evaluating questions were shared by Scottish Government with TSIs and completed by projects by 20th and 31st March 2024. Midlothian TSI used the standard set of questions with one addition regarding overall satisfaction, reflecting on the quality of service and information given. Midlothian TSI followed the questions proposed by SG to provide consistency in reporting across regions and allow comparison across the continuous years of funding locally.

Midlothian TSI had received feedback showing examples of projects emerging impact, for example testimonies from project users. Some might be tokenistic, but they provide example of overall impact and feel for improved wellbeing. Alongside these examples projects have meaningfully worked with target groups to deliver outcomes set within the submitted applications.

Below are the examples of **micro, small and large** organizations.

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| Organization name | **Pathhead man’s group** | **Micro** |  |
| Project name | Pathhead Men’s Café and Not-So-Grumpy Events | Reached 16 | Year 3 |
| Main Beneficiary | To encourage men to become involved in wider community events and activities to reduce isolation. | | |
| Achievements | Many of the elder men in the village have said they had little to do on a weekly basis after retiring and before the café was set up. The café provides a focus for them to meet with other men, build friendships and get involved in the wider community events. The fact that the number of regular attendees has grown and includes men referred from the Thistle Foundation clinic at the local Medical Centre shows the value of the café. It is particularly heartening to see men who took a lot of persuading or said nothing then they first attended now play a full and vocal part in the café. Some of our members have been in hospital or have been recently bereaved. Members of the group have attended funerals to show support, visited bereaved members to check on them or taken them out, e.g. to the pantomime. Many members have visited those in hospital to ensure they have had regular visits. The fact that many of these men did not know each other 2 years ago is a testament to the strength of relationships forged at the café. | | |

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| Organization name | **Edinburgh Community Yoga** | **Small** |  |
| Project name | Trauma-Informed Yoga in Dalkeith | Reached  23 | Year 3 |
| Main Beneficiary | The majority of the beneficiaries were women affected by trauma | | |
| Achievements | We have achieved a lot with regard to our partnership working, which has developed well. Here is some feedback from some of our partners. “I am grateful to have a service to support patients with trauma, both physically and mentally, as the benefits of movement and meditation are profound. I particularly like that they will be able to engage with other patients who have experienced trauma and may find some solace in one another alongside the support they are getting from Edinburgh Community Yoga. I intend to continue referring patients to this excellent community resource.” Dr. Amy Fulton, GP at Newbattle Medical Practice “From a recovery worker perspective, I find the yoga classes a useful resource to refer people to, especially the Trauma informed classes for women, as the trauma counselling has a long waiting list, and this is a great step in-between. It’s good to have a variety of classes for people to do, especially ones that don’t require much physical fitness but get people moving. Great to have a choice of weekly or monthly, or to do both, to help people keeping busy while trying to maintain their abstinence.” Daya Feldwick – Recovery worker – MELD “As support worker in the community, it's a great resource to be able to refer people to knowing that it can help them with not only their physical health but also their mental health in a trauma informed and supportive way. “Elspeth Campbell, Development Worker I Health in Mind | | |

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| --- | --- | --- | --- |
| Organization name | **Women's Aid East and Midlothian** | **Large** | |
| Project name | Green Recovery of Women (GROW) | Reached 20 | Year 3 |
| Main Beneficiary | Women who have been subjected to domestic abuse. | | |
| Achievements | Some key achievements we are proud of which demonstrate a tangible difference to individual mental health include the improved mental and physical health of women who participate in the prescribe nature programs. Engaging with the green space has shown to reduce cortisol levels by promoting relaxation and metal clarity. Women report specifically that the therapeutic nature-based activities like creative woodcraft and forest skills increase feelings of calm and empowerment. By offering an adult achievement award we provided women with opportunities for self-reflection learning, formal learning and access to qualification and future planning. All women who attended reported increased confidence and a renewed sense of hope about their future, demonstrating a positive shift in mindset and mental health. The group activities have seen women build supportive networks that reduce feelings of isolation that many had experienced due to being subjected to domestic abuse. This sense of belonging in a community of like-minded women contributed to improved emotional health, resilience and self-empowerment. Also, by training WAEML staff in Forest and Outdoor Leadership we’ve ensured that the trauma informed outdoor practices will continue to be integrated into our core service. This not only enhances the immediate care women receive but also ensures that these healing methods will remain a sustainable part of WAEMLs offer, providing ongoing mental health support to women in the future. | | |

**Conclusion**

Referring to the introduction and key needs presented at the beginning of the report, below is the summary of project’s impact on the community:

* More than 80% improvements in mood, confidence and sense of self
* Nearly 70% report improvement in emotional stability
* 50% reduction in physical pain
* More than 50% improvement quality of life
* More than 80% - reduced feeling of isolation
* More than 80% improvement of mental health
* About 90% adopted a new way of living

As a result of activities, during year 3, people have changed their lifestyle, which has led to improvements in both physical and mental health. Most participants are no longer feel socially isolated and have established new relationships.

We can observe positive changes within the projects, throughout year 3 implementation and clear return on investment. The feedback (micro funds) indicates importance of these interventions and the service user led initiatives (micro- grassroot organisation).

In addition, we can see how the surveys and feedback from participants from the small and large projects, shape the design and delivery of the project. (yoga session, voice of woman affects by domestic violence). This makes the communities feel empowered.

This directly translates into an improvement of the overall wellbeing and sense of purpose and links to the Mental Health Transition and Recovery Plan areas of key needs listed at the introduction to this report such as:

1. Providing and supporting the conditions for good mental health and wellbeing at population level.
2. Provide accessible signposting to help, advice and support.
3. Providing a rapid and easily accessible response to those in distress.
4. Ensuring safe, effective treatment and care of people living with mental illness.
5. The commitments in this Plan span these different types of need from the importance of reducing stigma, to the provision of specialist services where necessary.

End of report.