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Promoting the mental and physical wellbeing of people with mental health difficulties through social enterprise

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Manuscripts

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4 **Promoting the mental and physical wellbeing of people with mental**
5 **health difficulties through social enterprise.**
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8 **Purpose**
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11 Interventions that promote both mental and physical wellbeing have been
12 advocated for people with mental health difficulties, as they have been
13 found to engage less in healthy behaviours and have lower levels of
14 physical fitness. However, no optimal approach to facilitate this
15 undertaking has been identified. This exploratory research aims to explore
16 the experiences of people with psychological distress who accessed a
17 social enterprise that fosters the building of positive social networks in the
18 community, as part of a personalised recovery programme. The intention
19 was to gain an insight into its therapeutic effect in relation to mental and
20 physical health.
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29 **Methodology**
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32 An exploratory survey design was undertaken with a purposive sample of
33 50 individuals who had attended the enterprise. Descriptive statistics and
34 thematic analysis were employed to analyse the data from both closed and
35 open-ended questions.
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40 **Findings**
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42
43 The wellbeing service appeared to provide a supportive environment that
44 offered people access to social networks through their participation in
45 local services and activities. Fostering participants' active participation,
46 connection building and the ability to make meaningful contributions
47 helped to facilitate health behaviours that had a positive impact on their
48 health and wellbeing
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54 **Originality/value**
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3 This study highlights the potential role of a social enterprise in optimising
4 the social context for promoting the health and wellbeing of people with
5 mental health difficulties.
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10 **Introduction**

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12 Interventions fostering the adoption of healthy habits that promote both mental and
13 physical health have been advocated for people with mental health difficulties (Happell
14 et al., 2012). Participating in regular physical activity has been found to have beneficial
15 effects on depression, anxiety and physical fitness (Rosenbaum et al., 2014; Rebar et al.,
16 2016; Stubbs et al., 2017). However, people with mental health difficulties often have
17 low levels of engagement in physical activity and other healthy pursuits (Helgadóttir, et
18 al., 2018; Kemp et al., 2015). Therefore finding effective ways to foster positive
19 changes in health behaviours of people with mental health difficulties is vital.
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31 Social conditions are known to have a significant impact on the determination of
32 health (Griswold et al., 2013). Specifically, social networks that people have access to
33 and the strength of the relationships that these afford are thought to have a positive
34 effect on mental and physical health (Perry and Pescosolido, 2015; Vassilev et al.,
35 2016). Social engagement with others has also been found to support individuals to
36 adhere to healthy pursuits (Hartley and Yeowell, 2015; Kemp et al., 2015). However,
37 people with mental health difficulties tend to have fewer social networks and feel less
38 affiliated with others (Hamer et al., 2014). Their stigmatisation and marginalisation by
39 others may also inhibit them from developing social networks (Hamer et al., 2014;
40 Webber et al., 2014). Hence, models of care that foster the social engagement of
41 individuals with mental health difficulties are being promoted globally, as a means to
42 promote health and wellbeing (Mnookin et al., 2016). Yet no optimal approach to
43 facilitate this process has been identified (Cruwys et al., 2014).
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3 Social enterprises embedded within their community are ideally placed to
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5 support citizens' health and wellbeing. Although physical health gains are less
6
7 determined, social enterprise initiatives have been found to have a positive impact on
8
9 psychosocial wellbeing. This is because they aim to reduce health disparities through
10
11 the amelioration of the social determinants of health (Mossabir et al., 2015; Calò et al.,
12
13 2018). Nevertheless, uncertainty as to the mechanism of how this is achieved (O'Mara-
14
15 Eves et al., 2013) and the difficulty in measuring social outcomes, has meant evaluating
16
17 social enterprises challenging (Bertotti et al., 2011).
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21 An outreach Wellbeing Service (WBS), established as a not-for-profit social
22
23 enterprise in the North West (NW) of England, provides a practical approach to
24
25 improving the mental and physical wellbeing of individuals with psychological distress.
26
27 Psychological distress, being unpleasant emotions caused by the inability to cope
28
29 effectively with stressors or life challenges, leading to impaired social functioning
30
31 (Arvidsdotter et al., 2016). The WBS, through self-advocacy, aims to assist people to
32
33 draw on their own resources to support their mental health and achieve personal
34
35 aspirations. To foster this, the building of social networks is actively encouraged. The
36
37 hub of the WBS is its drop-in centres, of which there are three throughout the region.
38
39 These provide a social space for people to meet and undertake activities such as holistic
40
41 therapies, arts and crafts, health and fitness and computer skills. There is also a music
42
43 studio where individuals can engage with local musicians. People who attend the WBS
44
45 are supported to set up many of these initiatives, as their participation in the running of
46
47 the WBS is actively encouraged. For some individuals, this provides a stepping-stone to
48
49 becoming involved in similar ventures out in the community. To facilitate participation
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51 in the wider community, the enterprise also acts as a vehicle to connect people to
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53 facilities, as well as other groups and organisations that it has developed partnerships
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3 within the neighbourhood. These offer further access to arts and culture, sports and
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5 leisure pursuits, faith organisations, employment and legal support, as well as
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7 educational and volunteering opportunities (see Figure 1). Wellbeing workers (WBWs)
8
9 employed by the enterprise support the personal recovery of individuals depending on
10
11 their needs (Hartley, 2017). Many are directed to activities within the WBS, or
12
13 community groups and organisations according to their preferences and capabilities.
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15 Attendance at these activities is the individual's choice, with those who have difficulties
16
17 in getting there, being linked to charitable organisations or befriending groups who offer
18
19 travel support.
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24 **[Figure 1 near here]**
25

26 This study aims to explore the experiences of people with psychological distress
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28 who engage with a WBS, to understand the therapeutic effect in relation to physical and
29
30 mental health. The purpose is to gain knowledge of the value of the WBS for supporting
31
32 people with mental health difficulties to develop social networks and make positive
33
34 changes that promote their mental and physical wellbeing. It is the intention that the
35
36 findings will inform future practice by offering further insights into the potential role of
37
38 social enterprises in the mental and physical health promotion of people with mental
39
40 health difficulties.
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45 **Methodology**
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47 Following ethical approval, a cross-sectional survey design was used to gain a
48
49 purposive sample of people who attended the WBS. The questionnaire was developed
50
51 following a review of the literature and through critical discussions amongst the
52
53 research team. Questions based on actions that are known to improve mental wellbeing
54
55 were included in the questionnaire, to investigate how changes in these activities
56
57 influenced participants' health. Five actions were identified from the literature: being
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3 physically active; making connections; helping others; learning something new; and
4
5 being employed (Aked et al., 2008). The questionnaire was pre-piloted with researchers,
6
7 at a university in NW England, to establish the clarity and appropriateness of the
8
9 questionnaire. Nine individuals, who had experience of attending the WBS, piloted this
10
11 before a finalised questionnaire was developed that consisted of both closed and open
12
13 questions. Including open questions, allowed participants to provide more in-depth
14
15 information about their experiences (Table 1).
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21 **[Insert - Table 1: Questionnaire topic guide]**
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26 People with mental health difficulties have demonstrated poor engagement in
27
28 previous research (Sydor, 2013). Therefore, several methods were employed to gain
29
30 participation including, 172 questionnaires mailed out to individuals who had accessed
31
32 the WBS over the previous 18 months, posters displayed in GP practices, the local
33
34 library and WBS Facebook page with information about the research and inviting
35
36 participation. This included the consent to gather demographic information from the
37
38 WBS database. The categorisation of the severity of the psychological distress was
39
40 taken from the Patient Health Questionnaire (PHQ-7) scores and generalised anxiety
41
42 disorder scores (GAD-7), collected by the WBWs, at the initial attendance (Table 2). A
43
44 link to the questionnaire was also sent to known e-mail addresses and mobile
45
46 telephones. This resulted in a total, including the pilot, of 50 individuals who responded
47
48 between the 5th of February and the 16th of April 2015.
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54 **Data analysis**
55

56 Data from each returned questionnaire was input into SPSS Statistics software (version
57
58 21) under a unique code to ensure participants' anonymity. A descriptive analysis of all
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3 closed questions was then undertaken, including the demographic information, five
4
5 actions to wellbeing and PHQ-7 and GAD-7 scores (see Table 2).
6
7

8 Open questions were subjected to thematic analysis. Two authors (SH and GY)
9
10 independently collated the responses for each question together, before repeatedly
11
12 reading to become more acquainted with the data. Coding then took place based on the
13
14 process identified by Attride-Stirling (2001). Basic themes were initially identified from
15
16 words or phrases that were repeated or appeared significant to the data. Themes that
17
18 were similar were then assembled together, based on recurring premises, to form
19
20 organising themes. Finally, organising themes that appeared associated were combined
21
22 into global themes. These were deemed to epitomise the essence of the data (Table 3).
23
24 To aid the analysis, memo-taking took place throughout the process were the themes
25
26 were regularly reviewed with their corresponding data, to ensure authenticity in the
27
28 representation of the findings. Critical discussions took place between the two authors
29
30 to verify, modify and refine the themes. Peer review was then undertaken with the third
31
32 author (SP), to consider further the findings and the credibility of their representation.
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40 **Findings**

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42 Of the 50 participants, 39 were female. The mean age of the participants was 44.3 years
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44 (SD = 14.9 years; range = 21-74; female: 43.6 years, SD 15.4; male: 46.9 years, SD
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46 13.1). At initial attendance at the WBS, 16 (32%) were in full-time employment, 12
47
48 (24%) were in part-time employment, 11 (22%) were unemployed, 5 (10%) were house
49
50 makers, 4 (8%) were retired, 1(2%) was in education and 1 (2%) had a career
51
52 sabbatical.
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56 Twelve (24%) participants reported co-morbid physical health conditions. These
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58 included neurological (small fibre neuropathy and hydrocephalus), medical (lupus,
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60

gastroparesis, endocrine neoplasia and irritable bowel syndrome), musculoskeletal (fibromyalgia, low back pain, spinal problems and arthritis) and cardiorespiratory conditions (asthma, atherosclerosis and high blood pressure).

Forty-four (88%) were made aware of other services or activities in the community by their WBWs. Of these, 27 (61%) reported their engagement with these services.

Based on the five ways to wellbeing (Aked et al., 2008), attending the WBS led to 41 (82%) of participants reporting a change in connections and relationships, 12 (24%) in employment, 37 (74%) in helping others and feeling good about themselves, 27 (54%) in new learning experience. Concerning levels of physical activity, 25 (50%) reported a positive change, this included 19 (49%) of females and 6 (55%) of males and 5 (42%) of those who had a physical health condition. Additionally, 50% in the age group 21-40 (n=11) and 57% in the age group 40 to 60 (n=12) reported a change in PA levels with a 28% (n=2) change reported in those over 60 years old.

[Insert - Table 2: Frequency and percentage distributions of participant characteristics and behavioural changes that influence mental and physical health]

Themes

Three overarching themes were derived from the data: 'active participation'; 'making a contribution'; and 'building connections'. A narrative of the findings was constructed based on the themes identified and supported by direct quotes from the participants. All names have been changed to maintain the participants' anonymity.

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3 **[Insert - Table 3: Themes identified from participants' experiences of attending a**
4 **Wellbeing Service and community groups and organisations that they were**
5 **directed to]**
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13 *Active participation*
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15
16 Accessing the WBS and local groups and organisations that participants were directed
17 to appeared to facilitate participants' active participation. For those participants who felt
18 they had the capacity to do so, they were encouraged by the WBWs to undertake
19 activities in the wider community that reflected their hobbies and interests. Participating
20 in this way, not only provided opportunities for participants to meet other people and
21 have new experiences but, also, helped to promote their emotional and physical
22 wellbeing. This could be particularly beneficial for people who felt socially isolated as
23 it could help to abridge their loneliness. This was highlighted in the case of Peter. He
24 had initially engaged in activities at the WBS however, as he gained in confidence, he
25 was encouraged to participate in gardening activities with some of his peers and other
26 local people at a community allotment:
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43 I use the allotment to talk and joke with people.... [At the] council allotment I met
44 people like me with problems too. Outdoors/break from loneliness/isolation. Exercise
45 helped and I sleep for hours afterwards ... (Peter, age 43)
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52 For some participants, it was the desire to pursue artistic endeavours that encouraged
53 their active participation and helped them to become more acquainted with their
54 neighbours. Joyce enjoyed participating at an art and craft centre that she had been
55 directed to in the community as she felt that she "fitted in well within the group". It was
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1
2
3 through sharing experiences with other group members that seemed to help her to gain
4
5 some self-satisfaction:
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7 [I learnt] new activities from others at the craft centre and I was able to share my skills
8
9 with them too. ... it gives you a good feeling seeing others enjoying what you have
10
11 offered. (Joyce, age 70)
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17 However, Natalie preferred to engage in creative activities at the WBS, as the WBS was
18
19 a place that she had become accustomed to attending. Participating in the creative act of
20
21 writing also helped her to gain some relief from her emotional distress:
22
23
24

25 I attend a weekly Creative Writing class at the Lakeside Centre, which allows me a few
26
27 hours every week where I can go to a place that I am familiar with that is not my home
28
29 and socialise with other people. This is perfect for me as meeting new people or going
30
31 to new places can cause me anxiety, so knowing I will be meeting familiar people
32
33 makes it easier to go out. Also, the creative nature of the group allows me the time and
34
35 space to express myself which I probably wouldn't be doing in my home environment,
36
37 and which I find cathartic. (Natalie, age 27)
38
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40

41 Twenty-five (50%) of participants reported a change in their level of physical activity
42
43 by participating at the WBS and other local groups and organisations that they had been
44
45 directed to. Participating in community facilities that promoted physical fitness
46
47 motivated participants to increase their levels of physical activity or re-engage in
48
49 activities that they had previously undertaken. The following comments by Katie and
50
51 Anna acknowledge this:
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54

55 [I] started to regularly go to the gym – 3 to 4 times a week. (Katie, age 28)
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3 Yoga and Pilates - I returned to doing these classes and found I got much more out of
4
5 them than previously in terms of relaxation. (Anna, age 44)
6
7

8 Rosie had regularly been participating in boxercise at a local boxing club, one of the
9
10 WBS partnership groups that she had been directed to. After gaining the confidence to
11
12 undertake training to be an instructor at the club, she now supports other local people to
13
14 participate in physical activity classes:
15
16

17
18 I attended a Boxercise Instructor course and now teach a small Boxercise Fitness group
19
20 voluntary. (Rosie, age 37)
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22

23 Although some individuals were encouraged to participate in the wider community with
24
25 peers they had met at the WBS, for people like Sally, who lacked the confidence to
26
27 make that first step alone, a chaperone was provided to support their participation:
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29

30
31 I have started to exercise more through the wellbeing workers' encouragement. The
32
33 worker organised a volunteer to go to the gym with me for the first time. (Sally, age 33)
34
35

36 Participating in the community offered participants the chance to advance themselves
37
38 by learning something new. This led to 27 (54%) of participants reporting that they had
39
40 undertaken activities that had helped them to develop their abilities. For many, this was
41
42 through engaging in recreational activities that supported their hobbies and interests, or
43
44 opportunities to undertake courses at the local college or educational programmes in the
45
46 community. Both Nick and Chloe developed the capability and the self-assurance to
47
48 engage in studies at the University to help them to achieve personal aspirations. Nick
49
50 had become encouraged to continue to pursue his love of art after participating in local
51
52 art groups and community projects that he had been directed to. Whereas Emma had
53
54 gained all the confidence she needed, by participating at the WBS:
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3 I have gone from anxious wreck to being 3 months from being a qualified art teacher.

4
5 (Nick, age 31)
6
7

8 I passed my driving test and I started university last September, studying film and TV
9 production. Really proud of myself. (Emma, age 24)
10
11

12
13 However, it was by participating in activities with people who had similar mental health
14 difficulties that offered the chance for participants to share stories about their
15 circumstances. Exchanging knowledge about their experiences, in this way, provided
16 the opportunity to gain more insight into their condition and, potentially, ways to self-
17 manage their own situation. This is illustrated by the following comments from Jill and
18 Diane:
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28 Meeting people with similar symptoms as yourself, and discussing what they do to help
29 themselves emotionally and physically in conjunction with G.P.'s and hospitals was
30 very helpful... (Jill, age 59)
31
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33
34

35 I also attended a very organised therapy group on depression linked to people who also
36 have back problems. I found this very useful for the people who attended and myself for
37 us to be able to talk about our day-to-day lives, medication, mood swings (Diane, age
38 58)
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45 ***Making a contribution***

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48 Thirty-seven (74%) of participants had reported a change in their ability to help others
49 and feel good about themselves. A change in employment status was also disclosed by
50 12 (24%) of participants. Accessing the WBS and engaging in local activities that they
51 had been directed to may have helped facilitate these outcomes, as it presented
52 opportunities for participants to contribute more to their community through work,
53 whether it be voluntary or paid work. Some participants were provided with the chance
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3 to become volunteers at the WBS whilst others, were made aware of alternative options
4
5 for volunteering in the wider community. Contributing by offering to help people, in
6
7 this way, may have not only provided a benefit for the community and its citizens but
8
9 also for the participants themselves, as it seemed to give them a sense of
10
11 accomplishment. Giving back to others and being satisfied with their “*achievement*”
12
13 also appeared to improve their self-regard as acknowledged by Janice:
14
15

16
17
18 I started to volunteer meeting people who have experienced cancer or loss of someone
19
20 with cancer. I took a lady to the gym. It made me feel a lot better and useful again.

21
22 (Janice, age 62)
23
24

25 Philip had given up activities that he enjoyed undertaking due to anxiety, before being
26
27 supported by the WBW to volunteer as a receptionist at the WBS. Over time, this
28
29 helped him to develop the confidence to volunteer in the wider community as a guide
30
31 for a local walking group, as walking was one of the activities that he had enjoyed
32
33 doing:
34
35

36
37
38 Volunteering at the WBS has opened my eyes and I do feel good at helping others...

39
40 Volunteering now [as a] walking leader (Philip, age 63)
41
42

43 Participants who were unemployed accessed resources that assisted them in procuring
44
45 future paid work. Depending on personal needs this was either through career advice at
46
47 the WBS or being directed to job clubs or community services that supported local
48
49 people into employment. Attending life coaching sessions at the WBS, when needed,
50
51 also assisted individuals to develop strategies to cope with stressful situations in the
52
53 work environments. This appeared to help Hayley develop the self-assurance to gain
54
55 new employment and for Jessica, the ability to return to work when she had previously
56
57 perceived doing so was too stressful:
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3 I have a new job, which seemed impossible when I started accessing the wellbeing
4 service. (Hayley, age 33)
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8 It gave me the perspective I needed to tackle a new responsibility at work with
9 confidence. (Jessica, age 42)
10
11

12 13 14 15 ***Building connections*** 16

17
18 Forty-one (82%) of participants reported a change in their connections and
19 relationships. It appeared that attending the WBS and getting involved more in
20 community life, had provided opportunities for participants to interact and build new
21 connections with others. Being directed to local facilities that they were encouraged
22 and supported to attend, offered them the chance to get out of the house and associate
23 more with other individuals. Being able to meet with people, in this way, appeared to
24 foster the development of new friendships and feelings of affiliation with others as
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35 Janice and Natalie highlighted:
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38 (I felt) better connected. I was just sat in my flat depressed. It helped me to get out and
39 meet people. (Janice, age 62)
40
41

42
43 Being recommended to try groups I might be interested in has encouraged me to go to
44 places and meet people I wouldn't otherwise have done. It also means that there is at
45 least one time during the week when I am talking to and being friendly with people.
46
47
48
49 (Natalie, age 27)
50
51

52
53 Being “connected”, in this way, appeared to foster a sense of belonging and, for some,
54 helped to enhance self-worth. Janet, who gained the confidence by attending the WBS
55 to become more engaged in the wider community, acknowledged this:
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3 Getting ready for interviews and going back to work when I thought I would never
4 leave the house again... Here is a place where you can belong without much money and
5 get to connect back to the world and feel part of it. I enjoyed my work on reception,
6 learning new skills and making people feel welcome when they come in the doors like
7 someone did for me. ... I have [now] formed a community group. We have made a
8 beautiful strip of council land into a wonderful park with two play areas for children
9 who could not access swings and slides in walking distance. I organise walks and talks
10 on nature on our doorstep to help people connect. (Janet, age 56).
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20 Discussion

21
22 This study has explored participants' experiences of the WBS and the facilities
23 to which they were directed. The intention is to offer an insight into the value of a social
24 enterprise in facilitating people with mental health difficulties to make positive changes
25 to promote their mental and physical wellbeing. It emerges that the WBS worked for
26 some participants because it created a supportive environment for participants to build
27 networks with other people through their participation in local activities and services.
28 This appeared to foster the development of important connections with others, which
29 helped to support their socialisation. This was highlighted at the writing class where
30 engaging in creative endeavours appeared to enhance emotional health. Certainly,
31 previous research has reported the benefits of the arts as a medium for expressing
32 emotions and helping with mental health recovery (Van Lith et al., 2013). However,
33 what seemed to be key in this study, was not the creative activity, in itself, but the
34 setting in which it occurred, and that being in a familiar place with familiar people was
35 what helped to foster the participant's active participation in which associations with
36 others could then be made. This is supportive of prior research that proposed that
37 peoples' health and wellbeing are influenced by how activities are led and put in the
38 context of people's lives and their social determinants of health (Roy et al., 2017).
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3 Indeed, it may be that socialising and building connections with others, in this way,
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5 could help to promote the development of meaningful relationships, which have been
6
7 shown to have positive effects on peoples' wellbeing (Miller et al., 2015).
8
9

10 In the present study, participants appeared to feel a connection and a sense of
11
12 belonging to groups that included individuals who had also experienced mental health
13
14 difficulties. However, these were not the only opportunities for people to have
15
16 collective involvement and affiliations. Many participants were directed to local
17
18 facilities where it was the pursuit of hobbies and similar interests that offered the
19
20 common ground to cultivate these kinships, rather than their mental health condition.
21
22 Having the chance to develop diverse relationships, in this way, could provide the
23
24 opportunity not only to acquire different mechanisms of support but also to educate and
25
26 challenge perceptions of mental health. Thus, potentially, cultivating environments that
27
28 not only help to promote health but also are more inclusive for people with mental
29
30 health difficulties (Miller et al., 2015; Haslam et al., 2016).
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35 Providing supportive environments where people were able to engage with peers
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37 who had experienced similar mental health difficulties, offered the opportunity in which
38
39 people could talk and exchange knowledge and skills about their condition. This gave
40
41 participants the chance to provide each other with emotional support, but also to
42
43 become more educated about their situation and possible ways to self-manage.
44
45 However, there was also the opportunity for participants to become more resourceful in
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47 different life skills, depending on the group interests and the knowledge and abilities of
48
49 the people with whom they were participating. Creating environments that nurture
50
51 peoples' active participation in groups or activities that promote positive health and
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53 wellbeing could, therefore, facilitate individuals in becoming more educated on health
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55 issues. Furthermore, if they become more affiliated to the group, it is possible that they
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3 will become influenced by the groups' collective behaviour to pursue a healthier
4 lifestyle (Haslam et al., 2016; Sani et al., 2015). More research exploring the social
5 context in which these activities take place, and their ability to foster participation in
6 healthy behaviours, could provide further insights into ways to optimise the role of the
7 environment in promoting the health and wellbeing of people with mental health
8 difficulties.
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10
11
12 In this study, some participants were encouraged to participate in activities that
13 promoted their physical health. This led to over 50% of males and over 40% of females
14 and people who had a physical health condition reporting a positive change in activity
15 levels. There was also an increase in the physical activity levels of all age bands
16 including those aged 60 years and older. This is an important finding as within the
17 general population, women, people with physical impairments and older adults are
18 typically characterised by low levels of physical activity (Froehlich-Grobe et al., 2016;
19 Hartley and Yeowell, 2015; Sun et al., 2016). Engaging in physical activity has been
20 found to have a positive effect on the health of people with mental health difficulties
21 namely, improvement in symptoms of depression and anxiety, aerobic capacity, and
22 quality of life (Rosenbaum et al., 2014; Stubbs et al., 2017). Therefore, providing
23 environments that foster their participation in physical activities may help to promote
24 both their physical and mental health. Nevertheless, 72% of people aged 60 and over
25 reported that there was no change in their physical activity levels. Whether these
26 participants perceived they were already engaging in adequate amounts of physical
27 activity or, environments were not tailored specifically to facilitate their participation in
28 physical activity, is not clear. Therefore, further research is needed to gain more insight
29 into effective ways to optimise the participation of older adults with mental health
30 difficulties in physical activities.
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3 Some of the participants who undertook volunteering opportunities appeared to
4 be influential in their locality by either helping others or creating better surroundings in
5 which to live. Some who did not have the confidence to do this alone were offered
6 volunteering roles at the WBS where they could be supported until they developed the
7 self-assurance to assist others in the wider community. Contributing by giving back to
8 their community, not only seemed to provide a benefit to their neighbourhood, but also
9 the volunteers as they began to feel good about themselves and their achievement. This
10 resonates with previous literature that has shown that volunteering to help others
11 improves mental health and assists the development of self-worth, as it provides
12 individuals with a purpose and a worthwhile pursuit (Fegan and Cook, 2012). Providing
13 an environment where people with mental health difficulties feel supported to take on
14 volunteering or other opportunities that are perceived by them as meaningful could,
15 therefore, enhance their prospect of developing their emotional wellbeing and facilitate
16 a greater self-regard (Friedli, 2009).
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35 In this study, 22% of participants were unemployed when they first accessed the
36 WBS and other participants who were in employment found their work stressful and
37 difficult to cope with. Providing opportunities for career advice at the WBS or being
38 directed to local organisations that offered this service, depending on personal
39 predilection and capabilities, helped to furnish some individuals with skills to procure
40 employment or return to work. Furthermore, counselling with the WBWs or attending
41 coaching session in the community, assisted some of those in employment to learn new
42 strategies and develop the confidence to manage, or make positive changes to their
43 work situation. Being employed in meaningful work has been found to promote mental
44 health by providing a purpose as well as improving a person's social status (Connell et
45 al., 2014; Elmes, 2019). Enhancing citizens' prospects of work and their emotional
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3 capacity to return or remain in the work environment could, therefore, not only help to
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5 cultivate individual resourcefulness and wellbeing but enhance community assets
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8 (Jackson, 2011).
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10 **Limitations**

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12 A variety of methods were employed to contact people who had attended the
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14 WBS yet, only 50 responded. However, this is reflective of low returns from previous
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16 surveys for this client group (Care Quality Commission, 2016). Although this may lack
17
18 true representation, nonetheless, this gives a voice to those who chose to disclose and
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20 who, otherwise, would not have had the opportunity to have their say.
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24 As this study took place in only one setting, transferability to other community
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26 environments cannot be assumed. Nevertheless, circumstances highlighted in this study
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28 offers insights that may resonate with other people living with mental health difficulties
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30 in other community services. Further research, including interviews and views of other
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32 stakeholders, is needed to corroborate these findings and provide more in-depth
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34 insights.
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38 Due to the type of survey and nature of the participants, there is a possibility that
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40 responses to the questionnaire include social desirability bias where the participants
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42 may have wanted to present themselves or the WBS in a positive light. Therefore,
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44 findings may over-emphasise the role of community-based organisations in supporting
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46 the healthcare system. Consequently, clear evidence is still to be produced and feasible
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48 methods developed and employed to evaluate this type of 'intervention'. More
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50 evaluation research and new methods are needed to assess the contribution of social
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52 enterprise-led community activities to the healthcare system.
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3 Furthermore, pre-WBS conditions have not been captured; therefore, the results
4
5 are not only undermined in their transferability and external validity but also their
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7 internal validity.
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10 **Conclusion**

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12 This research highlights the value of the WBS in promoting the mental and physical
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14 wellbeing of people with mental health difficulties. By tapping into peoples' needs,
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16 abilities and predilections and having knowledge of, and connections to community
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18 resources, it appears that the WBS was able to provide a supportive environment that
19
20 offered people access to social networks through their participation in local services and
21
22 activities. Fostering participants' active participation, connection building and the
23
24 ability to make meaningful contributions helped to facilitate health behaviours that had
25
26 a positive impact on their health and wellbeing. Social enterprises that are embedded
27
28 within their communities could, therefore, potentially, be valuable in optimising the role
29
30 of social context for promoting the health and wellbeing of people with mental health
31
32 difficulties. Further research needs to be undertaken to explore the capacity of social
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34 enterprises, in this endeavour, and the mechanisms through which they can contribute to
35
36 peoples' health and wellbeing.
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41 **Ethical approval**

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43 Ethical permission was provided by the University Ethics Committee: Application No
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45 1228
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49 **Conflict of interest**

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51 The authors declare that there are no conflicts of interest.
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54 **References**

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Mental Health Review Journal

Figure 1. Activities accessed at the Wellbeing Service and community groups and organisations



Mental Health Review Journal

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Table 1: Topic guide for questionnaires

Attendance at other services or activity in the community made aware of by the wellbeing workers

Details of service or activity attended (open)

Experiences of attendance and how it affected wellbeing (open)

Reasons for not attending (open)

Attending the WBS/community activities and positive changes on 5 ways to wellbeing

Connections and relationships with others. Yes/ no (closed)

If so in what way? (open)

Level of PA? Yes/no (closed)

If so in what way? (open)

Ability to appreciate everyday moments? Yes/No (closed)

If so in what way? (open)

Activities undertaken or new learning experiences Yes/No (closed)

If so in what way? (open)

Your ability to help others and feel good about it? Yes/No (closed)

If so in what way? (open)

Your employment status? Yes/No (closed)

If so in what way? (open)

Do you feel that accessing the wellbeing service has helped you?

Comments on what was helpful or unhelpful (open)

Other suggestions on how the WBS service could be improved? (open)

Table 2 Frequency and percentage distributions of participant characteristics and behavioural changes that influence mental and physical health

Has there been a positive change in the 5 actions to wellbeing following engagement at the WBS and the services and activities that directed to:														
	No of participants n (%)	Connections & relationships		Employment			Physical activity			Help others & feel good about self		New learning experience		
		Yes n(%)	No n(%)	Yes n(%)	No n(%)	NR n(%)	Yes n(%)	No n(%)	NR n(%)	Yes n(%)	No n(%)	Yes n(%)	No n(%)	NR n(%)
		41(82)	9(18)	12(24)	33(66)	5(10)	25(50)	23(46)	2(4)	37(74)	13(26)	27(54)	21(42)	2(4)
Characteristics (n= number of respondents)														
Gender (n=50)														
Male	11(22)	10(91)	1(9)	5(45)	6(55)	0(0)	6(55)	5(45)	0(0)	7(64)	4(36)	6(55)	5(45)	0(0)
Female	39(78)	31(79)	8(21)	7(18)	27(69)	5(13)	19(49)	18(46)	2(5)	30(77)	9(23)	21(54)	16(41)	2(5)
Age (years, n=50)														
21-40	22(44)	17(77)	5(23)	3(13.5)	16(73)	3(13.5)	11(50)	9(41)	2(9)	16(73)	6(27)	10(46)	11(50)	1(4)
> 40 to 60	21(42)	20(95)	1(5)	8(38)	12(57)	1(5)	12(57)	9(43)	0(0)	16(76)	5(24)	13(62)	7(33)	1(5)
> 60	7(14)	4(57)	3(43)	1(14)	5(72)	1(14)	2(28)	5(72)	0(0)	5(72)	2(28)	4(57)	3(43)	0(0)
Ethnicity (n=50)														
White British	44(88)	35(80)	9(20)	10(23)	30(68)	4(9)	22(50)	21(48)	1(2)	32(73)	12(27)	25(57)	18(41)	1(2)
White European	2(4)	2(100)	0(0)	0(0)	2(100)	0(0)	0(0)	2(100)	0(0)	1(50)	1(50)	0(0)	2(100)	0(0)

Asian/Asian British	3(6)	3(100) 0(0)	1(33.3) 1(33.3) 1(33.3)	2(67) 0(0) 1(33)	3(100) 0(0)	1(33.3) 1(33.3) 1(33.3)
Black African/Black British	1(2)	1(100) 0(0)	1(100) 0(0) 0(0)	1(100) 0(0) 0(0)	1(100) 0(0)	1(100) 0(0) 0(0)
Co-morbidities¹ (n=50)						
Yes	12(24)	11(92) 1(8)	2(17) 8(66) 2(17)	5(42) 7(58) 0(0)	9(75) 3(25)	6(50) 6(50) 0(0)
No	38(76)	30(79) 8(21)	10(26) 25(66) 3(8)	20(53) 16(42) 2(5)	28(74) 10(26)	21(55) 15(40) 2(5)
Depression severity (PHQ-9 scores) (n=49)						
None/minimal (0-4)	6 (12)	5(83) 1(17)	1(17) 5(83) 0(0)	1(17) 5(83) 0(0)	4(67) 2(33)	3(50) 3(50) 0(0)
Mild (5-9)	8 (16)	6(75) 2(25)	2(25) 4(50) 2(25)	4 (50) 3(37.5) 1(12.5)	5(62.5) 3(37.5)	3(37.5) 4(50) 1(12.5)
Moderate (10-14)	12 (25)	9(75) 3(25)	3(25) 7(58) 2(17)	6(50) 5(42) 1(8)	9(75) 3(25)	8(67) 3(25) 1(8)
Moderately severe (15-19)	13 (27)	11(85) 2(15)	1(8) 12(92) 0(0)	8(62) 5(38) 0(0)	10(77) 3(23)	7(54) 6(46) 0(0)
Severe (20-27)	10 (20)	9(90) 1(10)	4(40) 5(50) 1(10)	5(50) 5(50) 0(0)	8(80) 2(20)	5 (50) 5(50) 0(0)
Anxiety severity (GAD-7 scores) (n=49)						
None/Minimal (0-4)	2 (4)	2(100) 0(0)	1 (50) 1(50) 0(0)	1 (50) 1(50) 0(0)	2(100) 0(0)	1 (50) 1(50) 0(0)
Mild (5-9)	9 (18)	7(78) 2(22)	2(22) 6(67) 1(11)	2(22) 6(67) 1(11)	5(56) 4(44)	4 (44.5) 4(44.5) 1(11)
Moderate (10-14)	20 (41)	16(80) 4(20)	3(15) 16(80) 1(5)	11(55) 8(40) 1(5)	17(85) 3(15)	12(60) 7(35) 1(5)
Severe (15-21)	18 (37)	15(83) 3(17)	5(28) 10 (55) 3(17)	10(56) 8(44) 0(0)	12(67) 6(33)	9(50) 9(50) 0(0)

NR = non- respondent

¹ Co-morbidities include: neurological conditions (small fibre neuropathy and hydrocephalus), medical (lupus, gastroparesis, endocrine neoplasia and irritable bowel syndrome), musculoskeletal (fibromyalgia, low back pain, spinal problems and arthritis) and cardio respiratory (asthma, atherosclerosis and high blood pressure,

Table 3. Themes identified from participants' experiences of attending a Wellbeing Service and community groups and organisations that they were directed to

Global Themes	Organising Themes	Basic Themes
1. Active participation	a. Emotional and physical well-being	hobbies and interests artistic endeavours physical activities
	b. Learn something new	new experiences develop capabilities knowledge exchange
2. Making a contribution	a. Volunteering opportunities	helping others community benefits sense of achievement
	b. Improved employment prospects	new job return to work more self-assured
3. Building connections	a. Sense of belonging	affiliation with others friendships
	b. Positive relationships	more sociable improved self-worth

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