"YOU CAN SEE THE IMPROVEMENT IN PEOPLE": EVALUATING THE IMPACT OF VALLEYS STEPS

Final Report

for Valleys Steps – Draft [v1.0]

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INTRODUCTION

The Welsh Institute for Health and Social Care (WIHSC) based at the University of South Wales were commissioned to evaluate the Valleys Steps project.

PROJECT SUMMARY

Valleys Steps (VS) is a 'Tier 0' open access mental well-being service in Cwm Taf, initially developed with the support of Cwm Taf Morgannwg University Health Board (CTM UHB) and Wales Council for Voluntary Action (WCVA) following successful bids for Social Investment Bond and Big Lottery funding. Valleys Steps provides open access courses in Stress Control and Mindfulness to the population of Cwm Taf together with providing a signposting function to other statutory and non-statutory mental health services and resources. The primary goal of the service is to improve the mental well-being and emotional resilience of the population.

Valley Steps officially launched in April 2016 after a successful pilot of the project ran through the Local Primary Mental Health Support Service (LPMHSS). It is an independent charity, run by a Service Manager, who reports directly to a board of Trustees. Valleys Steps offers practical information and learning to improve people's emotional well-being through the delivery of free Mindfulness and Stress Control Courses. The courses aim to help people to manage emotional distress by improving emotional literacy and individual resilience to the challenges they face in everyday life. The courses delivered are free and provided on an open access basis from leisure centres, libraries, church halls and community centres within different areas of Rhondda Cynon Taf and Merthyr.

The original business model for Valleys Steps anticipated that demand on secondary services and primary care antidepressant prescribing in particular would decrease (both by introducing new treatment initiatives and supporting withdrawal of long term unnecessary treatment) resulting in cost savings that would re-pay the Social Investment Bond. There is now in place a Service Level Agreement between Valleys Steps and CTM UHB which in part is predicated on achieving these goals in the population who consult their GPs for emotional issues and those already receiving treatment in Primary Care, but also includes other components of the offer that Valleys Steps makes.

STUDY DESIGN AND DOMAINS FOR THE EVALUATION

The Table (overleaf) provides a summary of the different domains for the evaluation that were identified as key components of the study design. Along with very many similar such programmes, Valleys Steps has gone through a number of iterations in how it understands its role, and accordingly has changed its approach over time. Accordingly the domains of the evaluation (which were set at the outset of the evaluation study) have also changed, and some areas which had prominence early in the study have reduced in importance, whilst others have gained in such importance. Overall, they were and are designed to reflect the breadth of the work that Valleys Steps has undertaken.

STRUCTURE OF THE REPORT

The purpose of this Final Report is to present the data collected over the course of the evaluation, and to provide evidence about the impact of Valleys Steps to date, as well as to inform the development of the programme. It covers the different elements of the study design and reflects the mixed methods approach to the evaluation.

Table I.1 – Domains of evaluation and description across the three years of the study

DOMAIN and DESCRIPTION	Year 1	Year 2	Year 3
1. 'POPULATION' PRESCRIPTION TREND DATA A basket of drugs was monitored to analyse the trend under VS (intervention) and to compare that with the current position of a 7-8% growth per annum (baseline), and for this to be compared with similar GP Clusters across Wales (and other parts of the UK as appropriate).	The first analysis of Defined Daily Dose (DDD) data collected by the health board was included in the Y1 report. Using DDD data did not unfortunately allow for the CTUHB area to be compared with others. At that time we were in discussion with NHS Shared Services and Welsh Analytical Prescribing Support Unit (WAPSU) to provide a better quality standardised measure (Average Daily Quantity [ADQ] per 1000 Specific Therapeutic group Age-Sex Related Prescribing Units [STAR-PU]).	Due to the timing of the confirmation of the VS 'basket' (details of the basket are in Appendix 1) it was not possible for NHS Shared Services to produce the model we anticipated for the Y2 report. The study team therefore used ADQ values (but without the Specific Therapeutic group Age-Sex Related Prescribing Units [STAR-PU]) as the unit of analysis for the domain. We were still able to undertake a comparative analysis of the trends in Cwm Taf and trends in similar GP clusters, other Welsh health boards and for Wales as a whole.	Building on the previous analyses, a determination was made to move away from tracking the composite basket, and to focus more particularly on two of the key frontline anti-depressants: citalopram and sertraline. This was to focus more especially on the types of medication that might are in line with the approach and philosophy of VS – a programme designed to support those who may be able to avoid such frontline medications through mindfulness and stress control.
2. SERVICE DATA FROM PRIMARY CARE This domain was designed to look at GP-level data, held in practice systems. It would have allowed us to consider the change in the number and % of patients who are on the VS basket of drugs, and specifically what proportions are: either new or repeats, or reviewed and then taken off medication; and the duration of patients who are on these drugs. It was also hoped that GPs would have been able to provide data regarding change in the numbers of patients being referred into VS.	It was hoped that it might be possible to work with GP practices and clusters to develop a template for analysis building on the elements of the QOF framework to inform us about these matters. Following the Welsh Government's announcement regarding the specifics of the Mental Health and Wellbeing Domain of the 2017-2018 QOF QP, GP practices and clusters had to focus on people 17 and under. Therefore it was not possible to use the QP process to improve Read Coding and data collection.	It was thought that some pilot work may be possible in particular clusters of Cwm Taf, using GP Read Code data, but this was dependent upon how the GP practices responded to the request and the extent to which data is retrievable from their systems. For a number of different reasons this was not possible to progress in Year 2.	It has not been possible to proceed with this domain across the course of the study. Accordingly, there is no section of the report which focuses upon it.

DOMAIN and DESCRIPTION	Year 1	Year 2	Year 3
3. SERVICE DATA FROM THE LOCAL PRIMARY MENTAL HEALTH SUPPORT SERVICE (LPMHSS) This involved tracking change in the LPMHSS service. In particular using the Mental Health Measure: Monthly Submission Proforma for WG to track the key metrics.	The first cut of this data was provided in the Y1 report. There were some questions about the quality of this data in the early period.	The early data (2012-13) was removed from the analysis (as described above) but otherwise has been repeated as for Y1. The data collection process is ongoing – as it is one for WG – and data is provided to WIHSC annually.	Further to the feedback offered at the end of Year 2, questions were raised over the validity and accuracy of the data being provided under this domain. It was decided to remove it from the study as satisfactory answers to the questions raised could not be provided. As with domain 2, there is no account of this area of the study in this final report.
4. IMPACTS ON WELL-BEING OF VS SERVICE USERS and VS This centred on understanding the impact on behaviour of VS on service users, including demographic data (from April 2017 onwards) and a range of metrics including the difference it makes to their quality of life, impact on employment, impact on anxiety and depression. This came from the Warwick Edinburgh Mental Well-Being Scale (WEMWBS) scores (collected by VS at baseline [Timepoint 1] and end of intervention [Timepoint 2]) and reflections on the longitudinal impacts of VS from service users collected 6-9 months after completing their VS course.	The first cut of this data was provided in the Y1 report. Outline data was presented in terms of the number of VS attendees over the period April 2016-March 2017 which was broken down by demographic information over the period January 2017-March 2017.	The set of data agreed in Y1 was collected into Y2, but augmented by more qualitative interview data from the follow-up conversations with participants at which WEMWBS data (Timepoint 3) was collected.	Following the receipt of the Y2 report, it was agreed that no further analysis was needed in this domain – the case for the effectiveness of VS in this regard had been made, and was universally accepted.

DOMAIN and DESCRIPTION	Year 1	Year 2	Year 3
5. UNDERSTANDING THE IMPACT OF VS ON KEY STAKEHOLDERS This domain involved working to understand the system impacts of VS in its broadest context. The impact of VS as a component of the other changes in service delivery being proposed, planned and implemented will be teased out, especially for GPs. In addition, research was undertaken with those who had made a commitment to support VS – namely its programme volunteers.	Nothing was collected against this Domain in Y1 as it was too early to determine the impact of VS from the stakeholder group.	An online survey was developed and distributed across all key stakeholders – whether clinicians or in associated organisations – to determine awareness and impact (to date) of VS. The survey opened in February 2018, and the results were contained in the Y2 report.	An online survey was again developed and distributed across all key stakeholders – whether clinicians or in associated organisations – to determine awareness and impact of VS. This built on the survey in Y2, adding new questions for this final year. In addition a focus group with a group of VS volunteers was undertaken which is reported here. They are described as stakeholders as they are not remunerated as members of staff.

DOMAIN 1 – PRESCRIPTION TREND DATA IN CWM TAF

As described above, a basket of drugs (Appendix I) was identified and monitored to determine the trends across time. In the Y2 report, we used 'Average Daily Quantity (ADQ)' values and the mean ADQs of the basket of drugs to track change over time in order to make comparisons between Cwm Taf UHB and other parts of Wales. This was instead of using Defined Daily Doses (DDD) which did not permit comparison between Cwm Taf UHB and other parts of Wales (and potentially elsewhere) that had been used in Y1.

A further refinement has been determined for this final report. In the pages that follow, we have moved away from considering the basket as a whole, and instead use only two of the most relevant and frequently prescribed drugs, namely Citalopram and Sertraline for the purpose of tracking change over time. Comparisons between Cwm Taf UHB and other parts of Wales are made separately for the two chosen drugs.[1] The rationale for making this change is both a function of moving closer to an adherence to statistical best practice, and a recognition that as 'frontline' anti-depressant medications, Citalopram and Sertraline are likely to be the sorts of medications that those who come to VS as an alternative to a drug therapy are seeking to avoid.

MOVING AWAY FROM BASELINE AND INTERVENTION PERIODS

One of the consequences of moving to use this key metric was to think differently about the 'baseline' and 'intervention' periods for the study. The logic behind the data presented under this domain in the Y1 and Y2 reports is that there was an effective 'baseline' and 'intervention' period which allowed for comparisons between the current situation (intervention period) with that which existed prior to VS (baseline period).

Such distinctions however are not tenable given the volume of prescribing activity in Cwm Taf Morgannwg when compared with the amount of activity undertaken by VS. In short, it is not possible for the programme to have at scale, the kinds of system-level impacts that it was originally hoped that it might be able to have. As such, and given that ADQ data is only available from January 2016, we have in this final report removed the somewhat arbitrary distinctions between 'baseline' and 'intervention' periods, and plotted the data as a whole time series from the first point available to the last (at the time of production of this report).

Given this, we have determined to change the nature of the analysis, and to focus less on the differences between the 'baseline' and 'intervention' periods (given that the baseline period is now only three months long); and rather to focus on the differences between Cwm Taf and other parts of Wales. Specifically we have identified three core sets of relationships within the dataset to test:

- Cwm Taf vs. key comparator GP clusters [Chart 1.1]
- Cwm Taf vs. each of the other Welsh health boards [Chart 1.2]

[1] It should be noted here that we used the means of ADQs computed across all available GP practices for each month (time) from January 2016 to February 2019.

- Cwm Taf vs. the rest of Wales (excluding Cwm Taf) [Chart 1.3]

GP CLUSTERS

In terms of the clusters, there are eight within Cwm Taf (which for this analysis we are taking as a whole) and following the work of the All Wales Medicines Strategy Group (AWMSG) we have identified the seven GP clusters from across Wales whose profile most closely matches those of Cwm Taf – these are specified in Table 1.1 below. Again we take these seven clusters as a case for the purpose of the analysis below.[2]

Table 1.1 – GP clusters – Cwm Taf and Key Comparators

Cwm Taf GP clusters (n=8)	**Key comparator GP clusters [and health board]** (n=7)
– North Cynon	– Blaenau Gwent West [Aneurin Bevan UHB]
– North Merthyr Tydfil	– Blaenau Gwent East [Aneurin Bevan UHB]
– North Rhondda	– Caerphilly North [Aneurin Bevan UHB]
– North Taf Ely	– Newport West [Aneurin Bevan UHB]
– South Cynon	– Holywell and Flint [Betsi Cadwaladr UHB]
– South Merthyr Tydfil	– North Denbighshire [Betsi Cadwaladr UHB]
– South Rhondda	– Penderi [Swansea Bay UHB]
– South Taf Ely	

INTERPRETING THE DATA

Charts 1.1a/b to 1.3a/b in the pages below depict the data in graphical form. We have plotted each of the three charts as specified above with linear trendlines, separately for Citalopram and Sertraline. Tables 1.2-1.4 below presents the summary of the corresponding linear trend lines. An explanation of the data terms used is provided below.[3]

Table 1.2 – Intercept, gradient and R^2 vales for Chart 1.1a/b – Cwm Taf vs. Key comparator GP clusters

Categories	**Citalopram**			**Sertraline**		
	Intercept	**Gradient**	**R^2**	**Intercept**	**Gradient**	**R^2**
Cwm Taf UHB[4]	4871.300	10.163	0.2271	1988.114	45.284	0.9289
Comparator GP clusters	4253.816	16.956	0.5185	2387.75	44.50	0.9426

[2] All Wales Medicines Strategy Group (2014) *GP Cluster Level Comparators* –available from:http://www.awmsg.org/docs/awmsg/medman/GP%20Cluster%20Level%20Comparators.pdf

[3] In order to help explain the trends represented in the charts and tables we created regression formulae to represent each of the categories.

[4] Now Cwm Taf Morgannwg UHB.

Table 1.3 – Intercept, gradient and R^2 vales for Chart 1.1 – Cwm Taf vs. other Welsh health boards

Categories	Citalopram			Sertraline		
	Intercept	Gradient	R^2	Intercept	Gradient	R^2
Cwm Taf UHB	4871.300	10.163	0.2271	1988.114	45.284	0.9289
Aneurin Bevan UHB	4359.709	5.039	0.0903	2573.530	43.212	0.8986
Abertawe Bro Morgannwg UHB[5]	4377.187	14.411	0.5146	2300.387	43.896	0.9483
Betsi Cadwaldr UHB	3133.221	4.912	0.1827	2126.921	28.286	0.9155
Cardiff and Vale UHB	3581.920	-3.310	0.0735	1944.26	36.70	0.8972
Hywel Dda UHB	3492.055	5.109	0.1152	1625.085	32.857	0.9294
Powys tHB	3094.473	2.878	0.0420	2476.308	34.802	0.8411

Table 1.4 – Intercept, gradient and R^2 vales for Chart 1.1 – Cwm Taf vs. the rest of Wales

Categories	Citalopram			Sertraline		
	Intercept	Gradient	R^2	Intercept	Gradient	R^2
Cwm Taf UHB	4871.300	10.163	0.2271	1988.114	45.284	0.9289
Rest of Wales (excluding Cwm Taf)	3733.055	5.144	0.1595	2160.134	36.301	0.9302

The 'gradient' value is the key one in the tables below, as it provides a value to describe the trendline that is shown as a solid straight line across time (months) in the charts. So for example, for Cwm Taf and Citalopram, the regression line of best fit indicates that starting from the 'intercept' point of 4871.3 at January 2016, mean ADQ increases by 10.163 each month; and for Sertraline the intercept is 1988.114 and the rate of increase is 45.284. This then allows us to compare the gradient values with those associated with other GP clusters, each of the health boards, and for Wales as a whole. We may also compare the behaviours of the two chosen drugs along these lines. So, when interpreting the charts, the larger the gradient value, the greater the (rate of) increase in ADQ values each month. Furthermore, in the cases of Cwm Taf vs comparative GP clusters and vs Wales as a whole, we may test whether the Cwm Taf gradient differs significantly from that of the others groups. For Cwm Taf vs comparators, data provides some evidence (p=0.1056) for gradients to be not significantly different with respect to Citalopram and strong evidence (p=0.7790) for non-significant difference for Sertraline. On the other hand, for both Citalopram and Sertraline, data provides strong evidence (p=0.0012 & 0.0030 resp.) for

[5] Now Swansea Bay UHB.

gradients to be significantly different when Cwm Taf is compared with Wales as a whole.

The R^2 value is the proportion of variation in mean ADQs that is explained by time (i.e. by the fitted linear model). A higher R^2 value shows a higher proportion explained by time, and means that the data points more closely follow the regression line (sometimes expressed as a percentage). So, for example, for Citalopram within Cwm Taf, with only 0.2271 (or 22.71% explained), it tells us that the points fluctuate away from the line quite extensively, and that just under 80% of this variation is explained by factors other than time. On the other hand, the variation explained by the linear model for Sertraline within Cwm Taf is nearly 93%. In fact, the general pattern is that a linear trend model of mean ADQs across time explains around 90% of the variation as opposed to approximately 50% or much less for Citalopram.

SUMMARY

These Tables and the Charts that follow allow us to draw a comparison between the relative rate of increase in each location. There are three important summary points that emerge from the data at this stage:

1. Cwm Taf UHB has the highest intercept in all of the categories for Citalopram, meaning that the start of Cwm Taf's trendline is above the key comparator GP clusters, the other Welsh health boards, and Wales as a whole. Put simply Cwm Taf UHB is starting from the highest base of all the categories analysed. On the other hand, Sertraline has smaller intercept for Cwm Taf compared to that of the key comparator GP clusters and All-Wales cases, and a mid-range intercept compared to the other Welsh HBs.

2. All of the categories are experiencing a month-by-month increase in mean ADQ values as indicated by the gradient (for both Citalopram and Sertraline) except for Citalopram within Cardiff and Vale UHB. For Citalopram, this rate of change varies from a monthly ADQ mean increase of -3.31 in Cardiff and Vale UHB to an increase of 16.956 for the key comparator GP clusters. Furthermore, the rate of increase month by month is higher for both the key comparator GP clusters and Aneurin Bevan UHB than it is for Cwm Taf UHB. For Sertraline, the rate of change varies from a monthly ADQ mean increase of 28.286 in Betsi Cadwaladr UHB to an increase of 45.282 for Cwm Taf UHB. This means the rate of increase month by month is higher for Cwm Taf UHB than it is for all other cases.

3. For Citalopram, there appears to be a variety of explanatory factors in play here – the change is not just down to time as demonstrated by the R^2 values as calculated in the regression analysis. The extent to which these other factors explains the change is greatest in HBs such as Powys tHB, Cardiff and Vale UHB and Abertawe Bro Morgannwg UHB, and smallest in Aneurin Bevan UHB (and Comparator GP clusters). The behaviour of Sertraline is very different to that of Citalopram. Here, the change is predominantly down to time as indicated by high R^2 values associated with the linear regression model.

Chart 1.1a – Average Daily Quantity Means [Citalopram] – change over time (Jan 2016-Feb 2019) for Cwm Taf UHB vs Comparator GP clusters

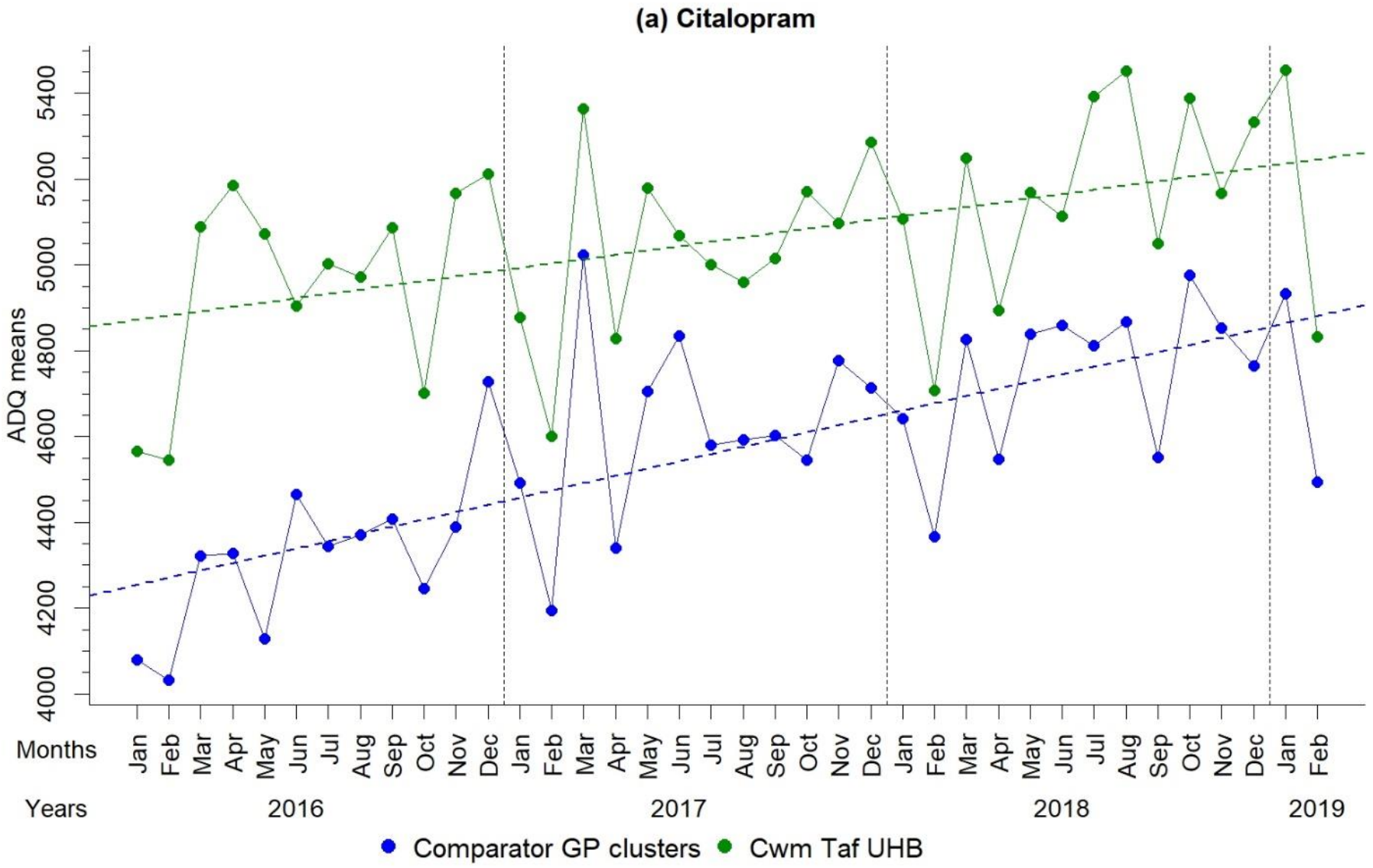


Chart 1.1b – Average Daily Quantity Means [Sertraline] – change over time (Jan 2016-Feb 2019) for Cwm Taf UHB vs Comparator GP clusters

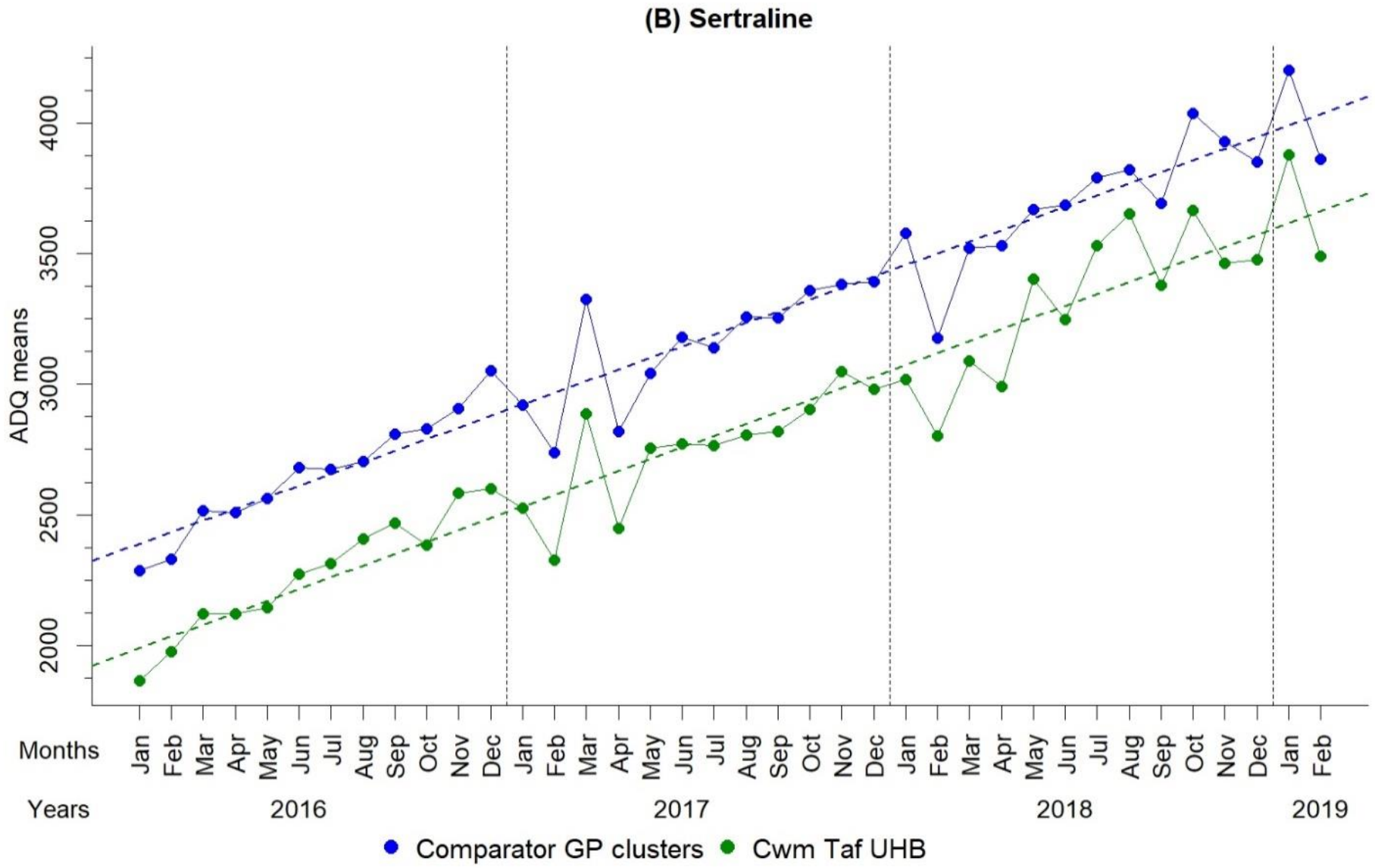


Chart 1.2a – Average Daily Quantity Means [Citalopram] – change over time (Jan 2016-Feb 2019) for Cwm Taf UHB vs other Welsh health boards

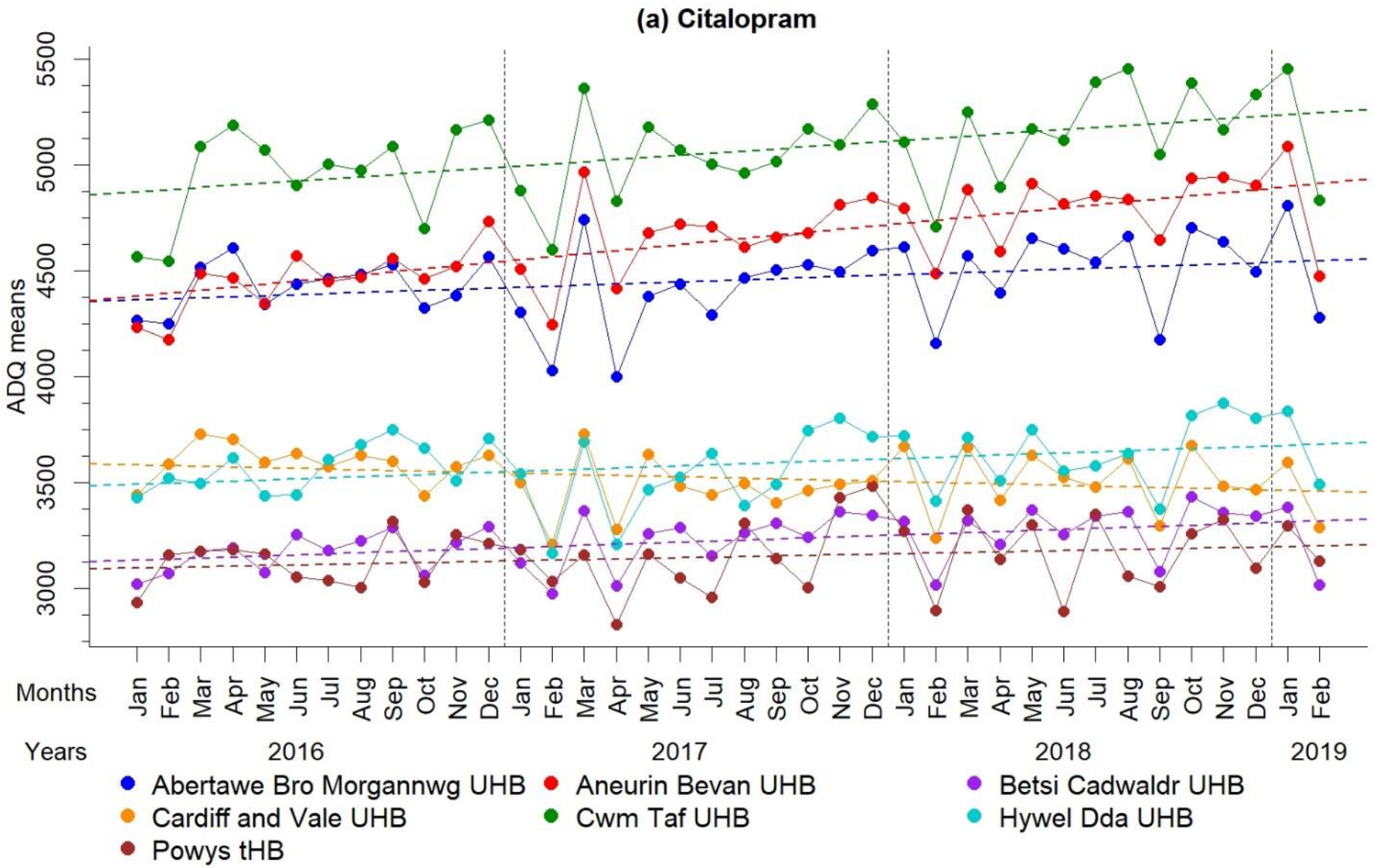


Chart 1.2b – Average Daily Quantity Means [Sertraline] – change over time (Jan 2016-Feb 2019) for Cwm Taf UHB vs other Welsh health boards

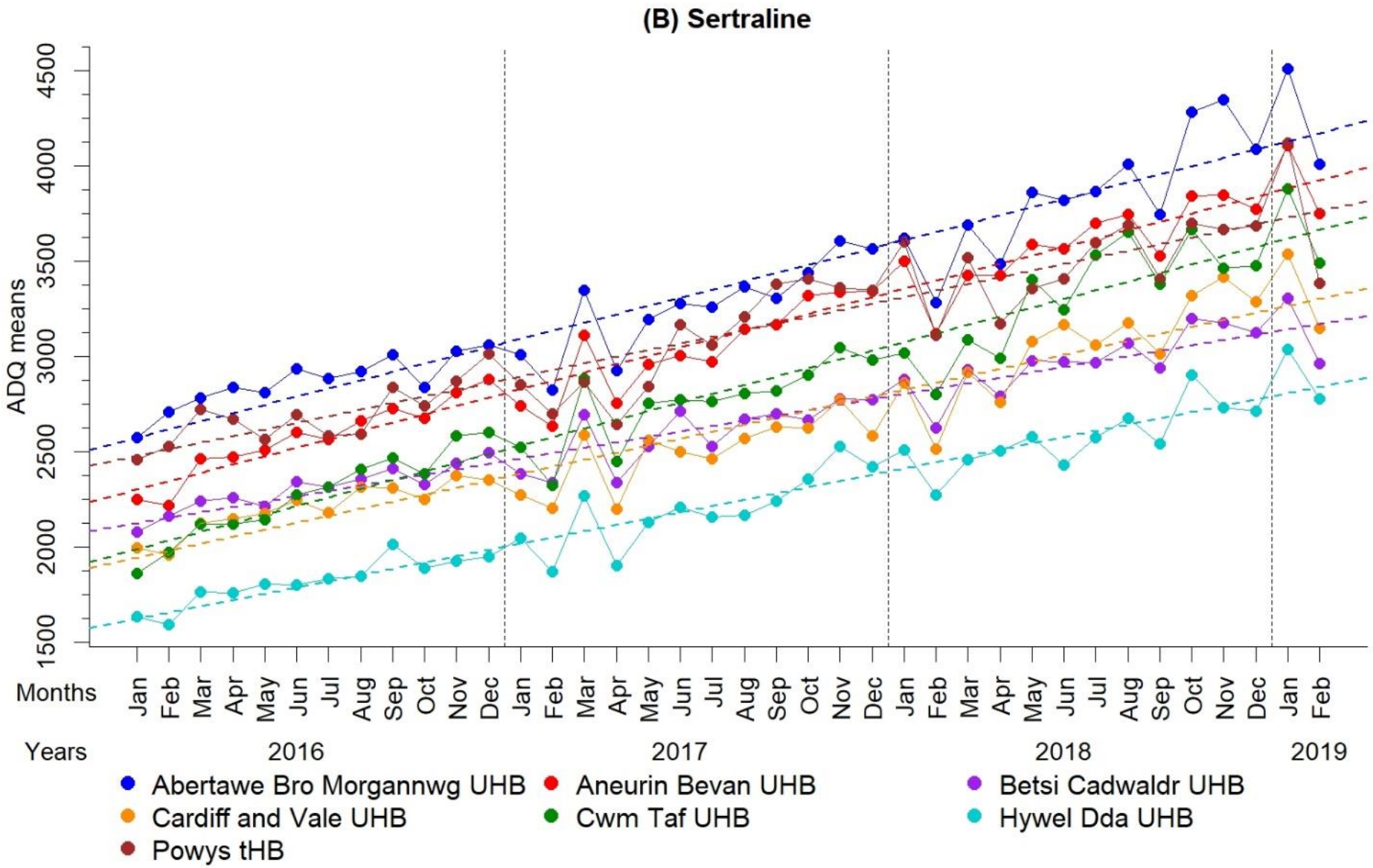


Chart 1.3a – Average Daily Quantity Means [Citalopram] – change over time (Jan 2016-Feb 2019) for Cwm Taf UHB vs all-Wales (excluding Cwm Taf)

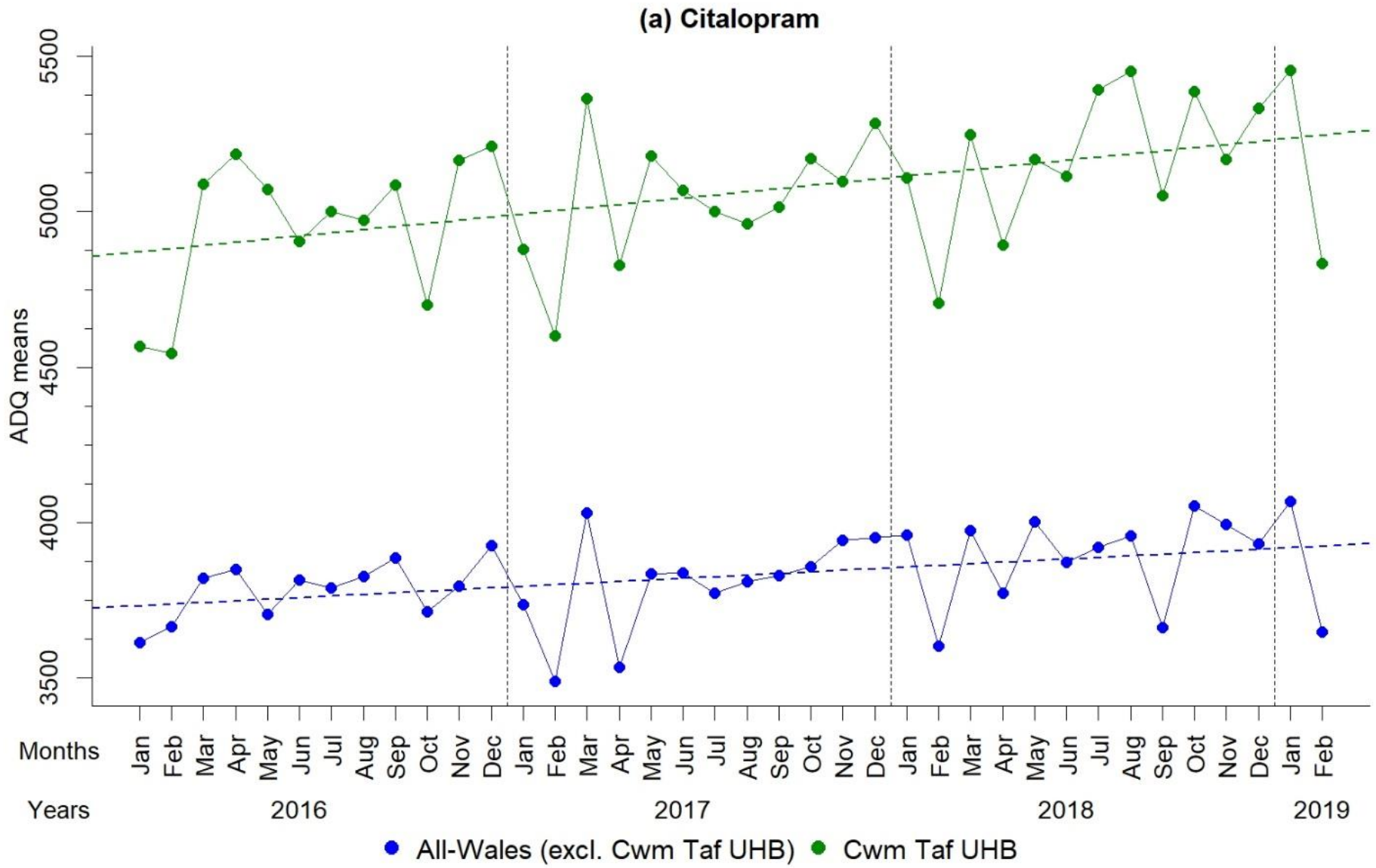
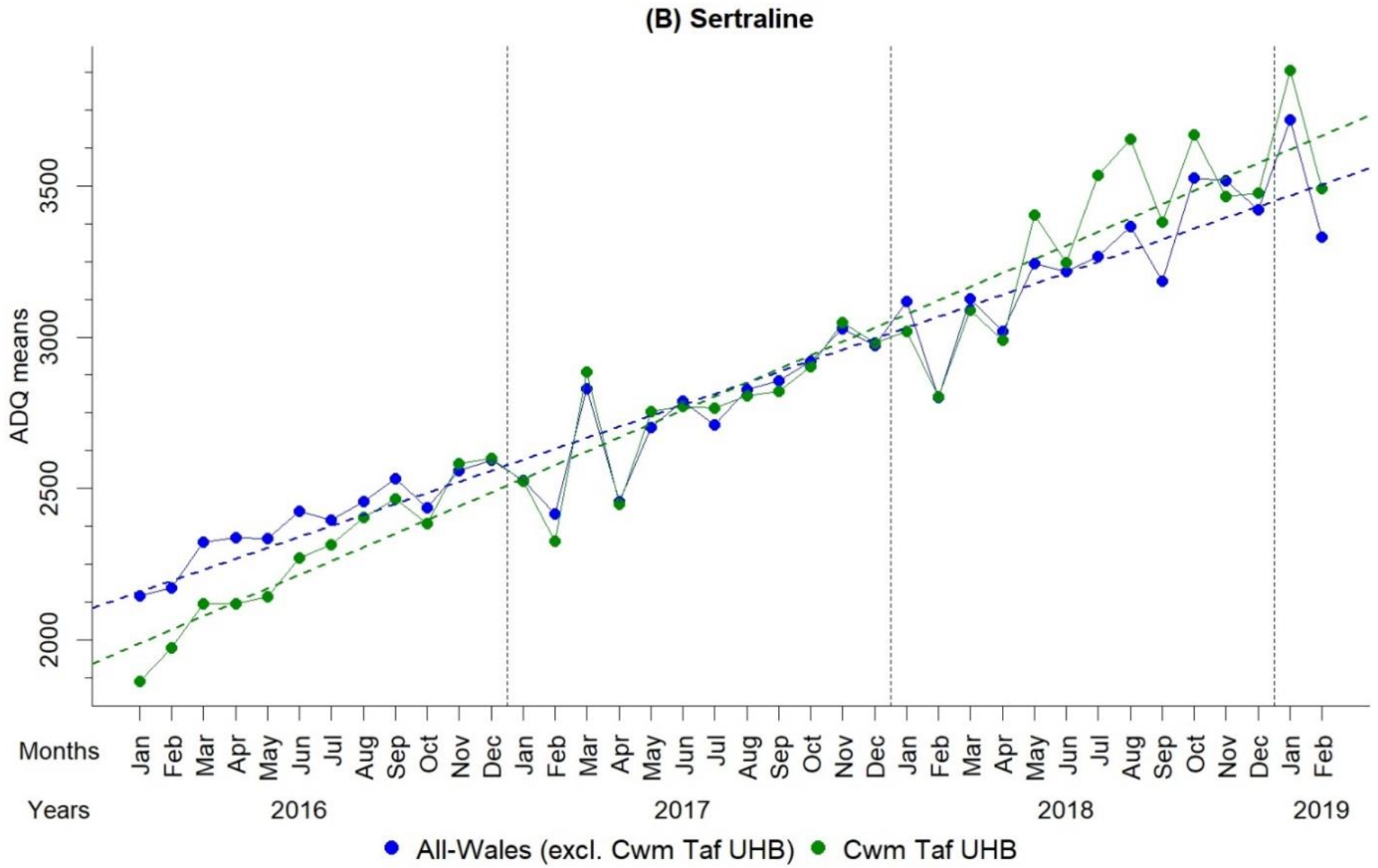


Chart 1.3b – Average Daily Quantity Means [Sertraline] – change over time (Jan 2016-Feb 2019) for Cwm Taf UHB vs all-Wales (excluding Cwm Taf)



DOMAIN 4 – VALLEYS STEPS PARTICIPANT DATA

This section details the data collected by VS and is augmented by data collected independently of VS by WIHSC. The first part is an analysis of the Warwick Edinburgh Mental Well-Being Scale (WEMWBS) collected for VS participants. Data is collected 'Before VS' (Time-point 1) and 'After VS' (Time-point 2, both collected by VS colleagues) and at a 'Follow-up' point (Time-point 3, six to nine months after Timepoint 2). The second part of the chapter provides an account of qualitative interviews with people who have attended VS – these were collected at Time-point 3. Where possible, demographic characteristics were examined within the data.

WEMWBS ANALYSIS

MINDFULNESS

Table 4.1 depicts the average WEMWBS scores for mindfulness course participants in Year 1 of the project (Q1-Q4, April 2016 to March 2017). It illustrates that there was a statistically significant change in WEMWBS scores for mindfulness participants (based on an analysis of the Wilcoxon signed rank test) using the adjusted values.

Table 4.1 – Average WEMWBS scores for mindfulness participants in Year 1[1]

Time	N	Before VS	After VS	Change	Statistically significant?
Year 1 (Q1-Q4) – 2016/17	352	38.3 (9.4)	48 (9.2)	+9.56	Yes (P<0.001)

Similarly, for the first three quarters of Year 2 (Quarter 5-Quarter 7, April 2017 to December 2017), there were significant improvements in mean WEMWBS scores – see Table 4.2.

Table 4.2 – Average WEMWBS scores for mindfulness participants in first 3 quarters of Year 2 (Q5-Q7)

2017/18	N	Before VS	After VS	Change	Statistically significant?
Q5	93	37.3 (8.3)	48 (9.8)	+10.72	Yes (P<0.001)
Q6	69	39.3 (10.8)	48 (9.5)	+8.48	Yes (P<0.001)
Q7	52	39.4 (8.5)	50 (6.9)	+10.20	Yes (P<0.001)
TOTAL	**214**	**38.5 (9.2)**	**48 (9.1)**	**+9.87**	**Yes (P<0.001)**

Table 4.3 depicts mean WEMWBS scores for mindfulness participants across age and gender for Q5-Q7 2017. This data demonstrates that the programme made the largest meaningful positive change to those between 25-39 years of age, and of male gender.

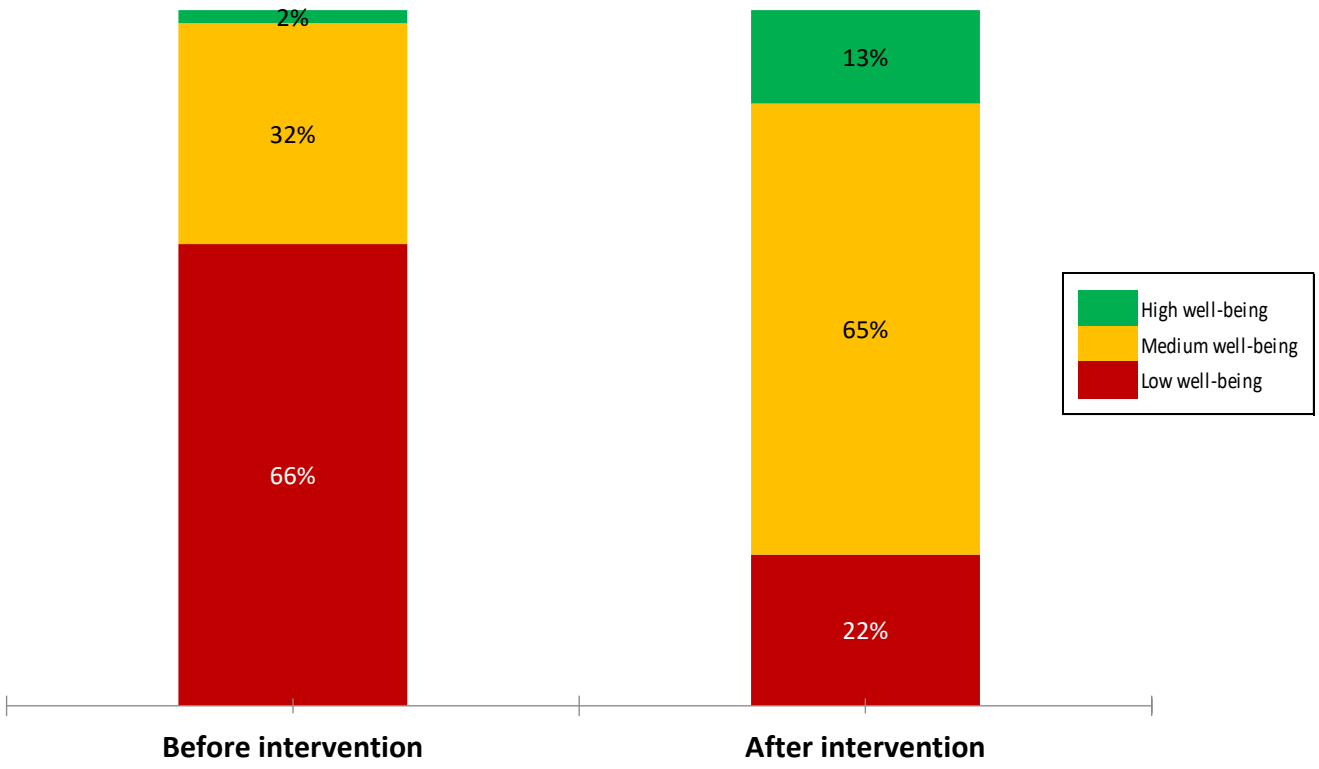
[1] Figures (in brackets) in the table are the standard deviation values.

Table 4.3 – Average WEMWBS scores for mindfulness participants across age and gender (Q5-Q7)

Category	Before VS	After VS	Change	Meaningful positive change?
AGE				
25-39	36.9	50	+12.74	Yes
40-54	37.5	48	+10.37	Yes
55-64	39.1	49	+9.43	Yes
65+	42.6	48	+5.58	Yes
GENDER				
Male	37.4	48	+10.31	Yes
Female	38.8	49	+9.91	Yes

Figure 4.1 presents the proportion of mindfulness participants across wellbeing groups, pre- and post-intervention, for Q5-Q7 (red = low well-being; yellow = moderate well-being; green = high well-being).[1] At the start of the mindfulness courses 32% of participants had moderate well-being. Upon course completion, this increased to 65%. There were few individuals who had high well-being at the start of the courses (2%), however this increased to 13% at the end of the course. Correspondingly, the proportion of individuals with low wellbeing decreased from 66% to 22%.

Figure 4.1 - Mindfulness participants across well-being groups, pre- and post-VS (Q5-Q7)



[1] WEMWBS scores are categorised as low well-being where total score is less than 42, moderate for 42-58 and high for greater than 58.

STRESS CONTROL

Table 4.4 depicts the average WEMWBS scores for stress control course participants in Year 1 of the project (April 2016 to end March 2017). It illustrates that there was a statistically significant change in WEMWBS scores for stress control participants based on the Wilcoxon signed rank test, using the adjusted values. Similarly, for the first three quarters of Year 2 (April 2017 to December 2017), there were significant improvements in mean WEMWBS scores – see Table 4.5.

Table 4.4 – Average WEMWBS scores for stress control participants in Year 1

Time	N	Before VS	After VS	Change	Statistically significant?
Year 1 (Q1-Q4) – 2016/17	179	36.7 (9.7)	47 (9.3)	+10.33	Yes (P<0.001)

Table 4.5 - Average WEMWBS scores for stress control participants (Q5-Q7)

2017/18	N	Before VS	After VS	Change	Statistically significant?
Q5	60	36.9 (10)	47 (9.9)	+10.52	Yes (P<0.001)
Q6	56	37.2 (9.1)	48 (9)	+10.66	Yes (P<0.001)
Q7	56	36.3 (8.1)	47 (8.5)	+11.00	Yes (P<0.001)
TOTAL	**172**	**36.8 (9.1)**	**47 (9.2)**	**+10.72**	**Yes (P<0.001)**

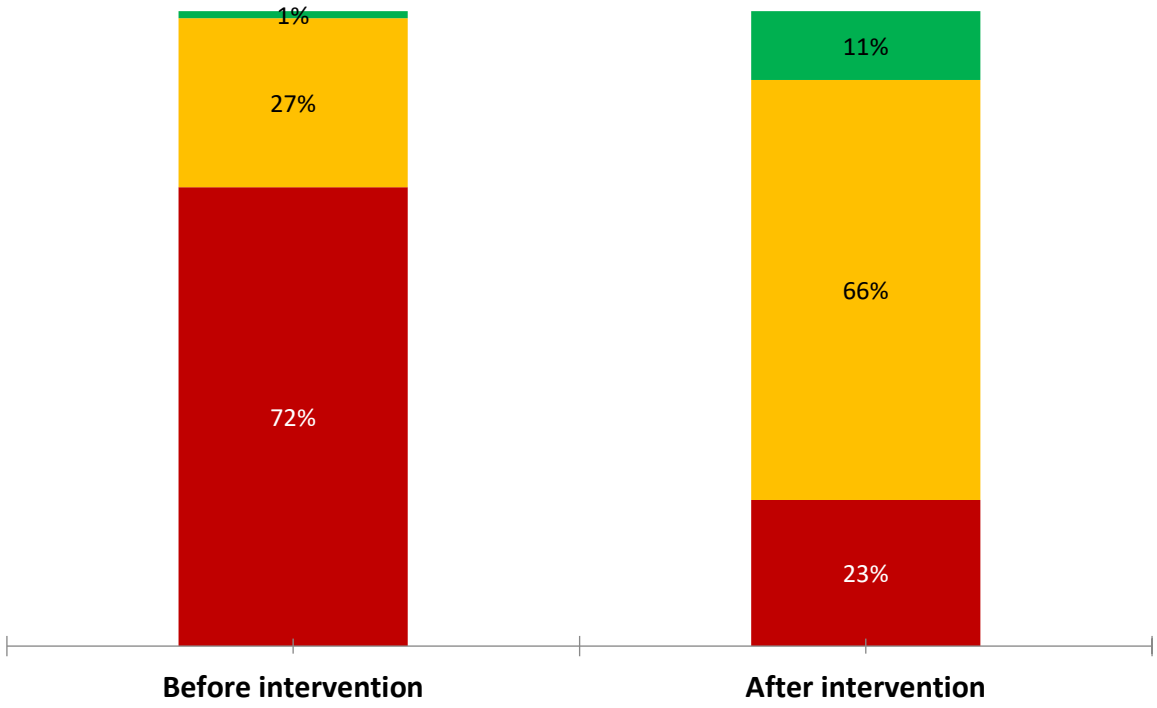
Table 4.6 depicts mean WEMWBS scores for stress control participants across age and gender. As such, the largest meaningful change was observed for those aged 65+ years and of female gender.

Table 4.6 – Average WEMWBS scores for stress control participants across age and gender

Category	Before VS	After VS	Change	Meaningful positive change?
AGE				
25-39	35.2	45	+9.84	Yes
40-54	36.5	48	+11.58	Yes
55-64	39.8	48	+8.52	Yes
65+	35.2	48	+12.62	Yes
GENDER				
Male	37.1	46	+9.37	Yes
Female	36.7	48	+11.28	Yes

Figure 4.2 presents the proportion of stress control participants across well-being groups, pre and post intervention, for Q5-Q7 2017. At the start of the stress control program 72% of participants had low well-being. Upon program completion, this decreased to 23%. Only 1% of the participants had high well-being at the start of the course. This increased to 11% after the stress control course. There was also an increase in the proportion of participants with moderate well-being, from 27% to 66%.

Figure 4.2 – Stress control participants across well-being groups, pre- and post-VS



FOLLOW-UP WEMWBS SCORES

The follow-up (Time-point 3) WEMWBS scores collect six to nine months after Time-point 2 (end of the VS course) demonstrate that the well-being increases observed after the intervention, persisted in the long-term. That said, scores didn't increase between Time-points 2 and 3, but it is important to note that they were maintained at the level that had been achieved at the end of the VS courses:[1]

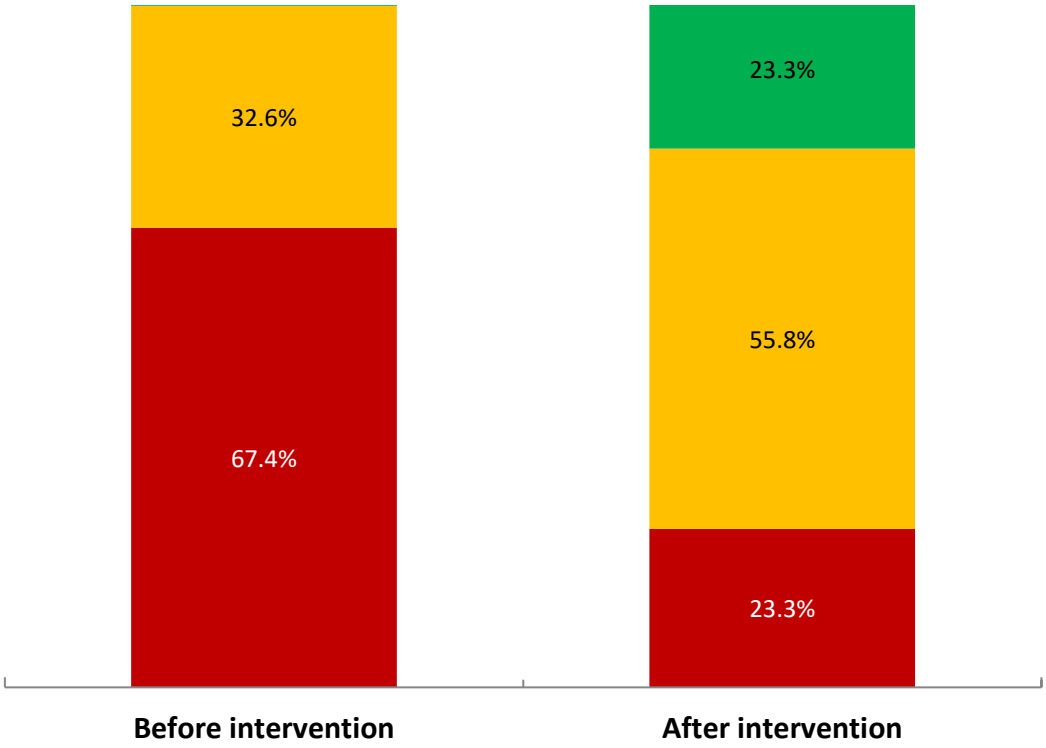
Table 4.7 – Change in WEMWBS scores, pre- and six to nine months post-VS

N	Before VS	After VS	Change	Statistically Significant
43	37 (11)	47 (11.2)	+9.6	Yes (P<0.001)

[1] All follow-up interviewees, except for four individuals, had completed the mindfulness course. Therefore, the data above reflects mindfulness course attendees.

Figure 4.3 presents the proportion of participants across wellbeing groups, pre- and six to nine months post-intervention, for 2017. 67% of participants had low well-being before the course, and six to nine months after the course, this decreased to 23%. Only 2% of the participants had high well-being at the start of the course. This increased to 23%. There was also an increase in the proportion of participants with moderate well-being, from 33% to 56%.

Figure 4.3 –Participants across well-being groups, pre- and six to nine months post-VS



HAPPINESS AND ANXIETY: NATIONAL SURVEY FOR WALES INDICATORS

Participants were assessed on two questions drawn from the National Survey for Wales: 'overall how happy did you feel yesterday?' and 'overall how anxious did you feel yesterday?' Both measures were assessed on a scale of 0 to 10. For the happiness question, higher scores reflect more positive answers (0 is "not at all happy" and 10 is "completely happy"). For the anxiety question, lower scores reflect more positive answers (0 is "not at all anxious" and 10 is "completely anxious"). Tables 4.8 and 4.9 depict these scores for mindfulness and stress control participants during Q5-Q7 2017. It is important to note that the National Survey for Wales scores are included as a reference point for the VS data, but that we expect there to be higher scores for the Welsh population than for VS participants.

In response to the first question which examined the overall level of happiness yesterday, at the start of the valley steps program, mindfulness participants had a median score of 5 and there was no change in the median score after VS. Notably, the median score of 5 upon programme completion was still below the Welsh average (median = 8). For the stress control participants, the median happiness score increased from a baseline score of 5 to a follow-up score of 7.

In response to the second question which examined the overall level of anxiety yesterday, at the start of the Valleys Steps program, mindfulness participants had a median score of 6, and again

there was no change in median score at follow-up. For the stress control participants, median anxiety scores decreased from 6 at baseline to 4 at follow-up. Even though overall levels of anxiety were seen to decrease, the level of anxiety experienced by participants following program completion was still above the Welsh median score of 1.

Table 4.8 – Mindfulness participants scores on NSW indicators

NSW questions	NSW average	Before VS	After VS	Change
Overall, how happy did you feel yesterday?	8	5	5	**No change**
Overall, how anxious did you feel yesterday?	1	6	6	**No change**

Table 4.9 – Stress control participants scores on NSW indicators

NSW questions	NSW average	Before VS	After VS	Change
Overall, how happy did you feel yesterday?	8	5	7	**+2**
Overall, how anxious did you feel yesterday?	1	6	4	**-2**

USE OF ANTIDEPRESSANT MEDICATION PRE AND POST INTERVENTION

Participants reported on their use of antidepressant medication, both pre- and post-intervention. As depicted in Tables 4.10 and 4.11, the majority of mindfulness and stress control participants were not on any antidepressant medication at the start of the VS programme and remained medication free upon completion of the course. For those participants on antidepressant medication, level of use remained primarily unchanged with only two mindfulness participants and seven stress control participant ceasing use of medication over the 6-week intervention period.

Table 4.10 – Antidepressant use amongst mindfulness participants both pre- and post-intervention

Medication at start of VS	Medication at end of VS	TOTAL
Yes	Stopped	**2**
Yes	Decreased	**13**
Yes	Same	**69**
Yes	Increased	**4**

Table 4.11 – Antidepressant use amongst stress control participants both pre- and post-intervention

Medication at start of VS	Medication at end of VS	TOTAL
Yes	Stopped	**7**
Yes	Decreased	**9**
Yes	Same	**76**
Yes	Increased	**7**

COURSE RATING

Upon course completion, participants were asked to rate the course overall. Figure 4.4 depicts the mindfulness participants' course ratings. More than three-fifths (61%) of participants rated the mindfulness course as excellent, 36% rated it as good, 6% rated it as fair and 1% rated it as poor.

Figure 4.4 – Participants' rating of the mindfulness programme

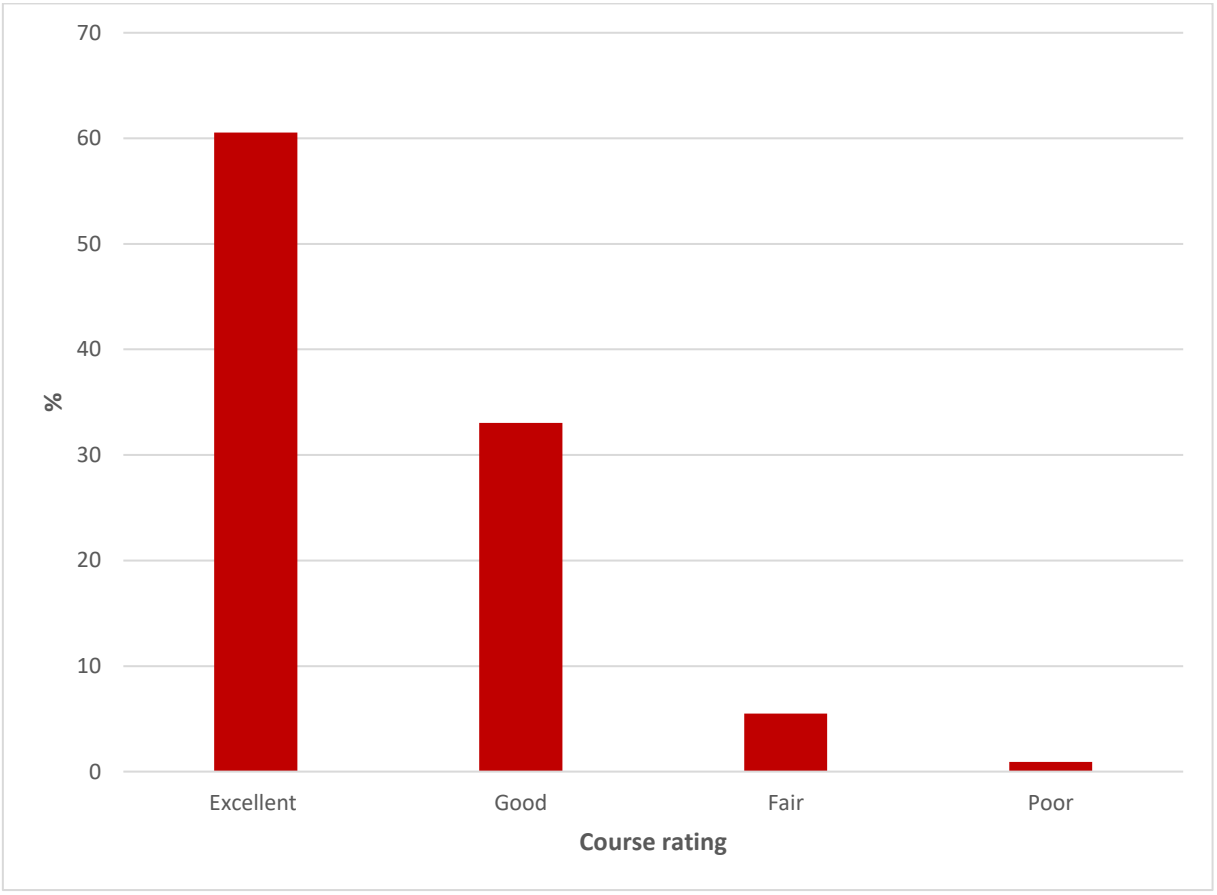


Figure 4.5 depicts the stress control participants' course ratings. As seen, 62% of participants found the course to be excellent and 38% found the course to be good. No participants perceived the course to be of fair or poor standard.

Figure 4.5 – Participants' rating of the stress control program

QUALITATIVE FINDINGS

In total, twenty-five beneficiaries have been interviewed as part of the evaluation of VS: nine males, and sixteen females. All had attended either the mindfulness course, the stress control course, or both. The data presented below is an initial cut through the findings from these interviews.

FINDING OUT ABOUT VALLEYS STEPS

Participants described how they had come about VS. For the majority of beneficiaries, this was through health professionals in terms of a GP, nursing staff or mental health team. For others, it was through Facebook, or leaflets placed in their place of employment.

BACKGROUND OF PARTICIPANTS

The individuals interviewed described their experiences of stress and anxiety in their daily lives. Some had physical health problems, were recently bereaved, or experiencing work-related stress that was contributing to a reduction in their mental well-being:

> *"I've recently been diagnosed with fibromyalgia which they believe was brought on with the stress of my divorce, I just wanted to try the coping technique."*

> *"I lost both my parents in a very short space of time, my marriage and husband of 13 years broke down so I found everything very difficult. Losing so many people in such a short space of time with three children as well. I think I just wanted techniques in how I could deal with it myself"*

Beneficiaries described their reasons for attending Valleys Steps. These included wanting to learn coping techniques and strategies to self-manage stress and low mood:

"I suffer with anxiety and I found that even with my medication sometimes I just needed something else to help me."

"I had been quite stressed and I wanted something to help me cope with it."

"[I have] high anxiety and depression so I just really want to come off that and was looking for ways to manage stress on my own really."

PERCEPTIONS OF THE COURSES

Relaxed environment

Participants described how they found the mindfulness and stress control courses very helpful and beneficial to their individual circumstances. In particular, the participants felt that the courses were very relaxed and that the course instructors were reassuring and put them at ease:

"…the environment we were in was a lot more comfortable, people felt that they could partake…in the mindfulness we were encouraged to partake to a degree and I think that helped people relax."

"From the start I absolutely loved the person who was controlling the course, she was absolutely fantastic. She settled everybody from the start, everybody was at ease."

In this way, participants benefitted from the non-clinical atmosphere and the structure of the course where there were no requirements for participants to contribute if they did not wish to:

"You didn't have to speak, you could just listen or do whatever you wanted to do. I just loved the activities. I found the whole course so fascinating and it was everything. She gave us little teasers to think about, little examples. It just got me thinking so much. I started doing the techniques from week 1….by week 2 you could see it coming together."

"You didn't have to do anything, you were free to walk out at any time. Freedom without question. If you wanted to walk out you weren't looked at or stared at, you could do what you want. [It was] very good."

Many beneficiaries found the staff delivering the program *"confident in their subject…I was able to follow the instructions easily."* They further felt that: *"The one who taught me, she was absolutely lovely I think that's another reason why I enjoyed it. She's so friendly, there was no judgement, she would have a laugh. I don't like taking it too seriously or it can feel too formal."*

The delivery of the courses was found to be engaging and informative:

"The time when we were there absolutely flew by. That should speak volumes. Particularly when you are there to support. You know an hour and a half but honestly it felt like 30 minutes because the information was coming so…. Not that you couldn't comprehend it but it was delivered very well. I suppose you became so absorbed in it the time went very quickly."

"I felt it was well structured and well delivered. I couldn't fault it to be honest."

In particular, the instructors drawing on their own experiences was considered to make the course relatable: *"…because she drew on personal experience in life and things that most people can relate to and explanations that clarified."*

Although most people had positive perceptions of the courses, a couple felt that the stress control course was not suitable for their needs:

"I did feel anxious in the stress management, the first one I went to, but the staff were very welcoming. I found the setting quite uncomfortable, seats were uncomfortable, it seemed a bit

dark and I think most people were struggling to stay awake. It was late in the evening. I felt anxious going in but tried to stay focussed. I only went to the first meeting because it offended me, I never went back. Sometimes some therapies aren't for you. I thought that with stress control."

Useful knowledge and skills

Many interviewees said that they benefitted from both the mindfulness and stress control courses. The reported having learnt useful techniques for dealing with stressful situations including meditation and breathing, which they continue to practice:

"The meditation is still continuing, the breathing techniques, you know situations in work."

"The mediation I found really helpful. I do mediation every night. With regards to the stress control and panic attacks and things just changing my mind set in general has been a big help. The little tips about how to calm yourself down when you feel a panic coming on with breathing and things like that helps a lot."

"It was very helpful and I've been using it in my life so I'm grateful for that."

They also described looking back at the workbooks that they were given to refresh their memories: *"..having the folder, the workbook to go through at leisure and you can prepare yourself and refer back to, and having it from the outset is great rather than a few sheets of paper at a time."* Also, the availability of the course materials online was appreciated by some of the participants: *"You can go online and see everything"*. There were some who said that they had the course materials and intended to look back over them at a later date:

"Trouble is when I get home I don't follow the things up that's the only problem with me."

"The stress control I still have the book and I've been planning to pay more attention to it and read a little bit but I haven't been able to do it."

Some of those interviewed gave examples of how the courses had provided long-term benefits to their well-being:

"I was talking to my husband he said I definitely think you are a lot calmer. Some things where I would get upset or get worked up, I just go whatever and just brush it off, it doesn't affect me as much. I definitely thinks it's helped."

"I used to stress about things I said to my boss or my colleagues a lot….that's been really helpful. I do that a lot less now."

"It has helped a lot because I was a really bad worrier and although I still have a little bit of that in me it doesn't rule my life anymore because I am able to control it."

Many of the interviewees said that they had been on both the mindfulness and the stress control courses. Some expressed their intention to do one or both of the courses again, which demonstrates the beneficial impact of the courses:

"Now I'm revising for my final exams in May and I might go on the mindfulness course."

"Yes if there is more classes I would like to complete the mindfulness because I missed two classes and I would like to do the stress control as well."

"[I] loved the mindfulness course. In fact I am going to go back to the mindfulness to repeat it."

Some of the interviewees also described how they had recommended the courses to their friends and family members:

"I've got a couple of friends at the moment that are struggling with similar problems because I don't know if there is a course running at the moment they've had a look at my books".

"I'm telling everyone I see I mention it to them."

"I thought it was brilliant. I work in [name] surgery and I recommend it to patients all the time. I give piles of leaflets to patients as well. It did help me. People are given tablets and told to go on their way, that's not helping people to deal with the cause and obviously if you can prevent yourself feeling stressed or worked up or anything like that, that is more beneficial than just masking it."

IMPROVEMENTS TO THE COURSE

Beneficiaries were asked to think of any improvements to the mindfulness course they would make. The majority of beneficiaries felt that there were no improvements to be made as their experience of the course had been positive: *"I can't think of anything….I was overcome with how well they have presented everything clearly…very well organised I thought…"*

Of the few beneficiaries who did make suggestions, they felt that the mindfulness component could be improved in terms of location: *"I had to travel quite a bit for me….so some closer to me…"* alongside increasing the meditation component or offering a follow up session:

"It would be nice to have maybe a little bit more meditation, there's a little bit in the 6 weeks, probably just enough for you to take from that and do it on your own back."

"I wished there was a course after you have done mindfulness once, like a follow up, it would be nice to do a follow up afterwards."

"I think a chase up to each individual who attended it would go a long way to see that they are coping and again people who don't have support, family or anybody then at least they can go back to the notes be reminded how they felt, how different they were from the start to the end and maybe just be given that push back toward the notebook or back online to reintroduce something that they've forgotten about."

Another beneficiary touched upon the advertising of the course and felt that this could be more widespread as*: "I certainly hadn't heard about it until I had gone to the doctors."* Another participant who had hearing loss had difficulties in listening to everything during the course due to the acoustics in the venue, which may impact on the accessibility of the course for those with sensory impairments: *"For me there was a hearing issue I struggled a bit especially when they were playing the videos as well. And we were sat more or less right in front of the girl".*

There were mixed perceptions of the stress control course. As such, some participants felt that: "*It was really good, really positive calm environment. [The course leader] was excellent, she puts it across in a way that made you feel that you didn't have to feel guilty about it, really good as a course leader. Excellent."*

Others however felt that: *"I have to be honest, I felt like I was at an alcoholics anonymous meeting because every so often she was saying 'watch what you drink'. I don't drink any alcohol. I thought am I in the wrong meeting. It was a little bit too much. Maybe they assume that people who are stressed drink a lot…but for me it didn't feel like it fitted in with me. It seemed to be a constant recurring point in the session, it put me off. I didn't finish that course."*

ANTIDEPRESSANT MEDICATION

All beneficiaries were asked whether they were currently on any antidepressant medication, and if so had their dosage increased, decreased or remained the same since attending either the

mindfulness and/or stress control courses. It was seen that the majority of interviewees were on antidepressant medication at point of attending the program and their dose had remained unchanged following course completion. Even though doses remained unchanged, the course did assist beneficiaries in thinking about reducing/stopping current doses. As summarised by one individual:

> *"I'm still on the same dose but I haven't seen my doctor since attending the course. I was thinking the other day about possibly lowering it or coming off. I don't want to stay on them forever. I am looking to reduce them now."*

Other interviewees who were not currently taking medication recognised the value of low-level interventions such as Valleys Steps.

DOMAIN 5 – IMPACT ON, AND FOR, KEY STAKEHOLDERS

In order to engage with the range of key stakeholders, an online survey was developed for completion. The survey was developed independently by WIHSC but distributed by health board colleagues, and was 'in the field' between February and March 2018.

ONLINE SURVEY – HEALTHCARE PROFESSIONALS

Fourteen respondents completed the survey in 2019 compared with forty respondents in the previous year. Table 5.1 details the range of professions. Of those who responded in total over the two surveys 50% (n=27) of respondents were GPs and 25.93% [n=14] were Local Primary Mental Health Support Service (LPMHSS) Practitioners. No practice nurses or community pharmacists completed the survey.

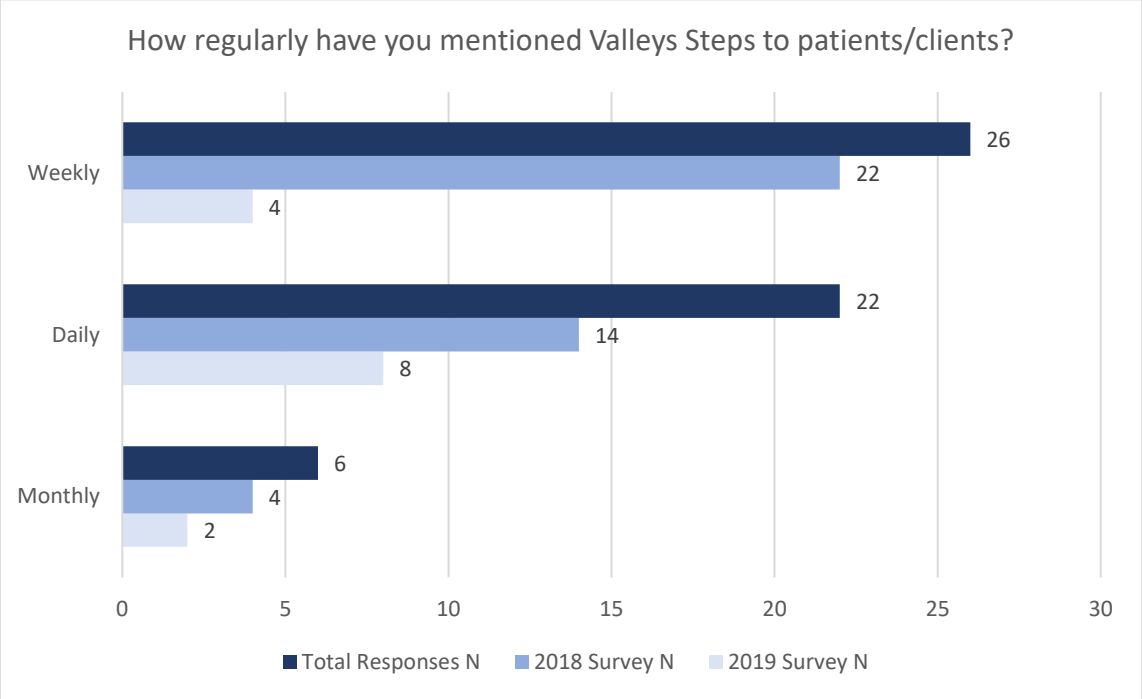
Table 5.1 – Profession of survey respondents

	2018 Survey [40 responses]		2019 Survey [14 responses]		Total [54 responses]	
Survey respondents	N	%	N	%	N	%
GP	22	55%	5	37%	**27**	**50%**
Primary Mental Health Support Service Practitioner	11	29%	3	21%	**14**	**26%**
Practice Manager	2	5%	3	21%	**5**	**8%**
Other Mental Health Professional	1	2%	2	14%	**3**	**6%**
Other	3	7%	-	-	**3**	**6%**
Practice Pharmacist	1	2%	-	-	**1**	**2%**
Secondary Care Clinician	-	-	1	7%	**1**	**2%**
Practice Nurse	-	-	-	-	**-**	**-**
Community Pharmacist	-	-	-	-	**-**	**-**

RESULTS – STRUCTURED QUESTIONS

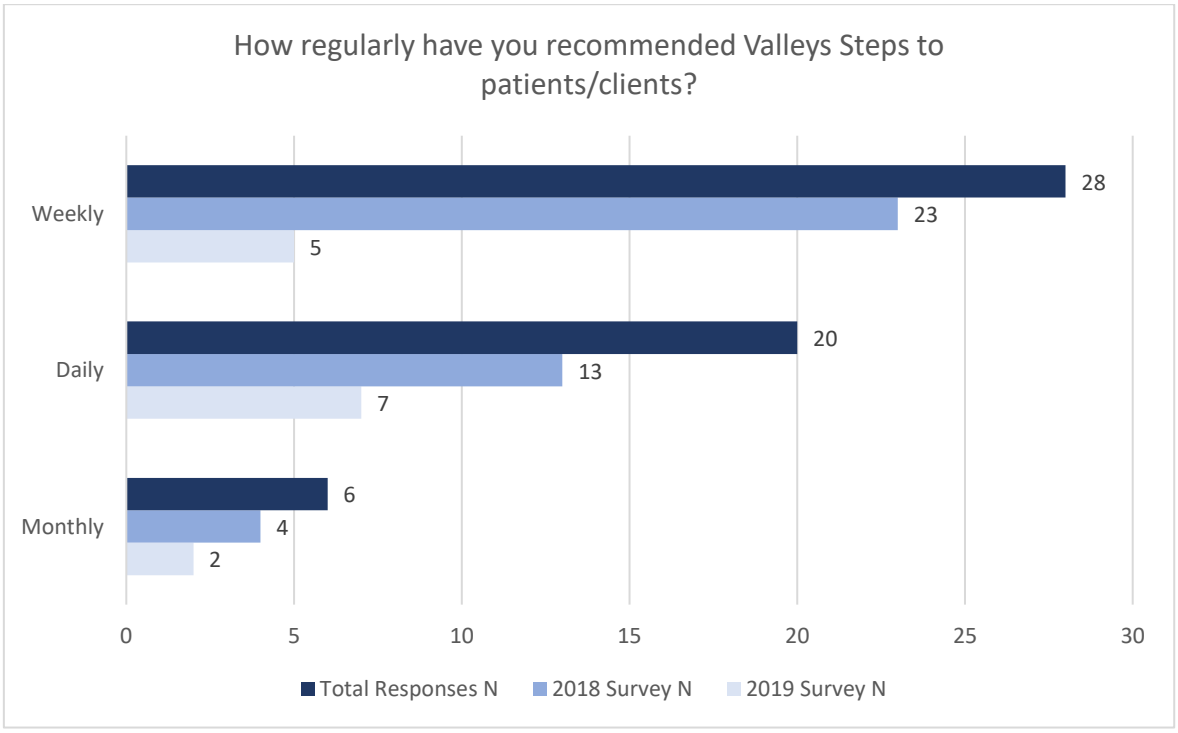
All respondents reported that they had mentioned Valleys Steps and the courses they run to patients/clients in the last six months. When asked how regularly they mention Valleys Steps to patients/clients, a majority of all respondents across both surveys reported that they mention Valleys Steps on a weekly basis, however results of the 2019 survey show that the majority of respondents, 8 (57%) of 14 mention Valleys Steps on a daily basis - see Figure 5.1.

Figure 5.1 – How regularly have you mentioned Valleys Steps to patients/clients?



Respondents were also asked if they had recommended clients/patients to attend Valleys Steps in the last six months. Again, all 54 respondents reported that they had recommended Valley Steps and, as shown in Figure 5.2, a majority of respondents overall recommend Valleys Steps to clients/patients on a weekly basis. Again though, the 2019 survey shows a percentage increase in respondents recommending VS on a daily basis i.e. 13/40 (33%) in 2018 and 7/14 (50%) in 2019 – see Figure 5.2

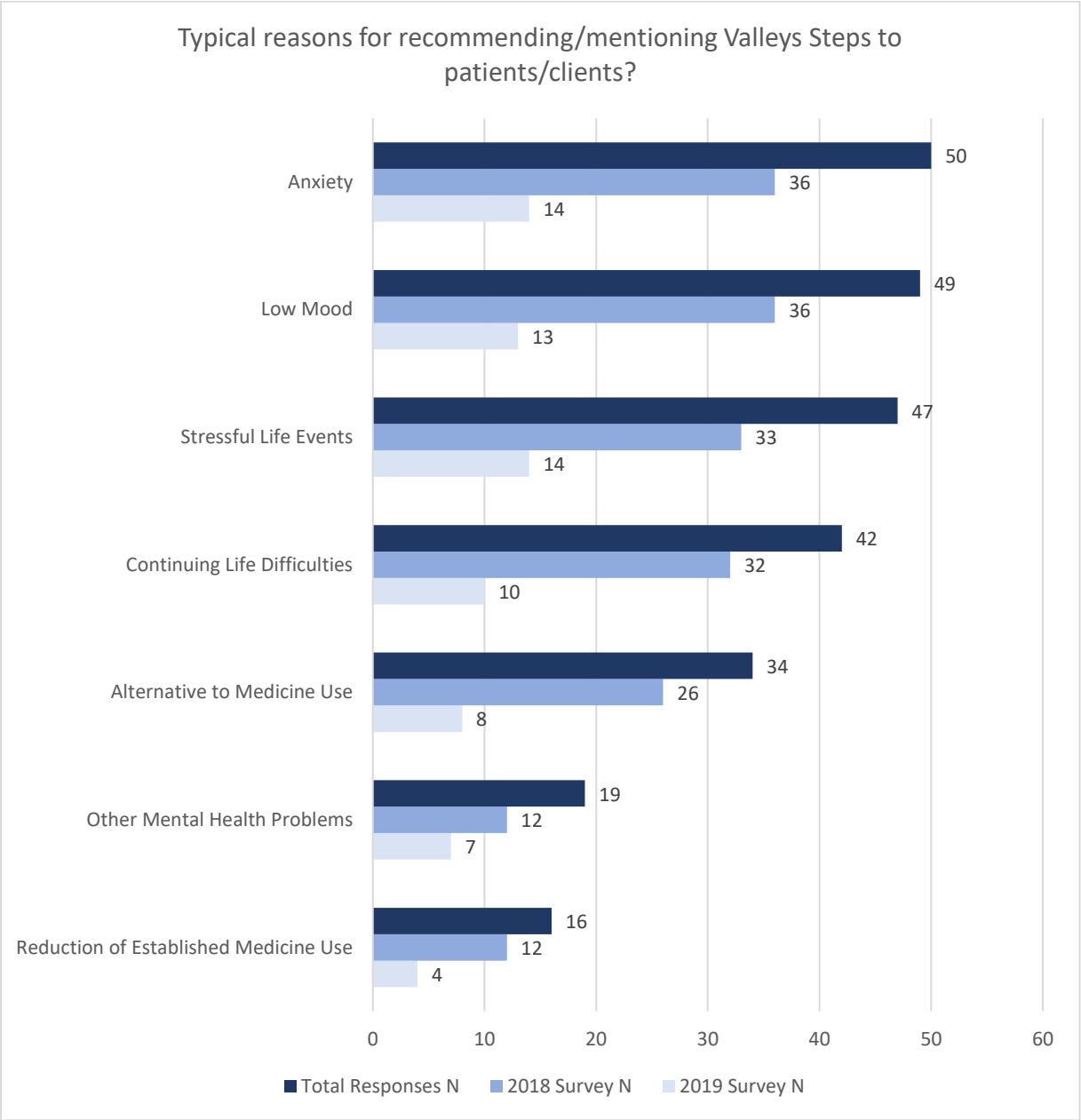
Figure 5.2 – How regularly have you recommended Valleys Steps to patients/clients?



Respondents were asked to select from a list of reasons for recommending/mentioning Valleys Steps to clients/patients. Respondents could select as many reasons from the list that applied to them.

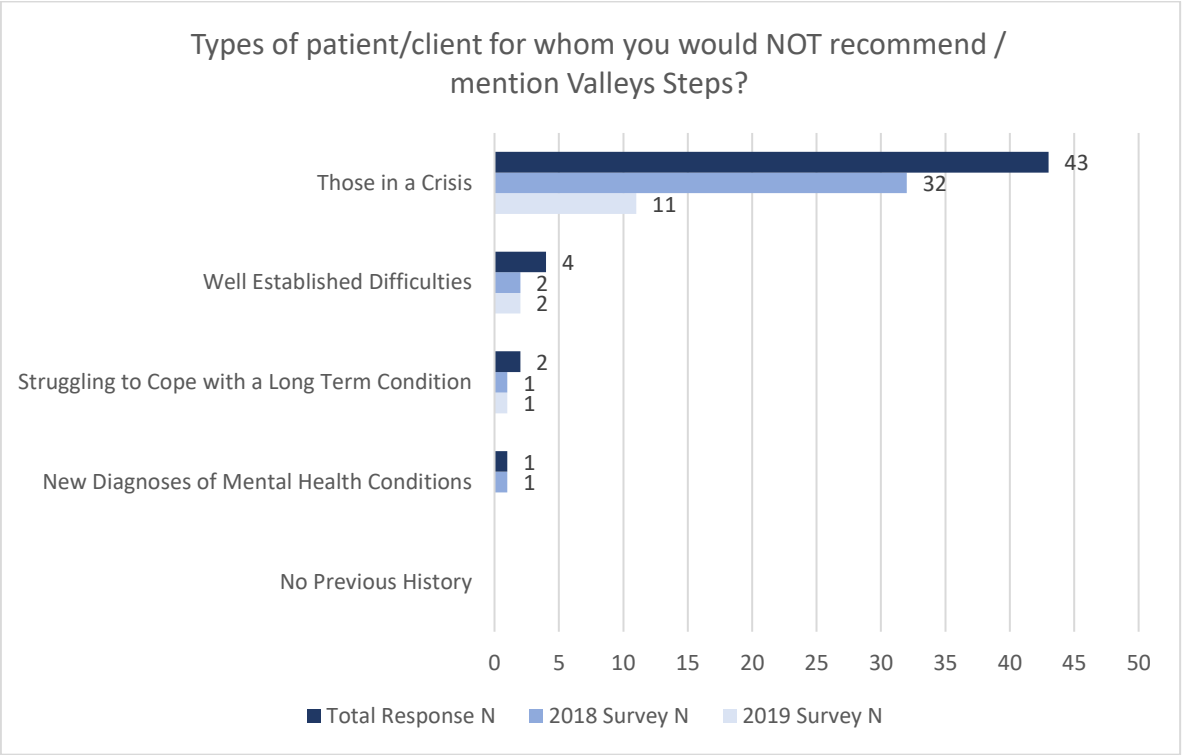
As seen in Figure 5.3, the most common reasons for telling clients/patients about Valleys Steps were if they had anxiety or low mood, stressful life events, or continuing life difficulties. Less commonly selected reasons alternative to medication use, other mental health problems and a reduction of established medicines.

Figure 5.3 – Typical reasons for recommending/mentioning Valleys Steps to patients/clients



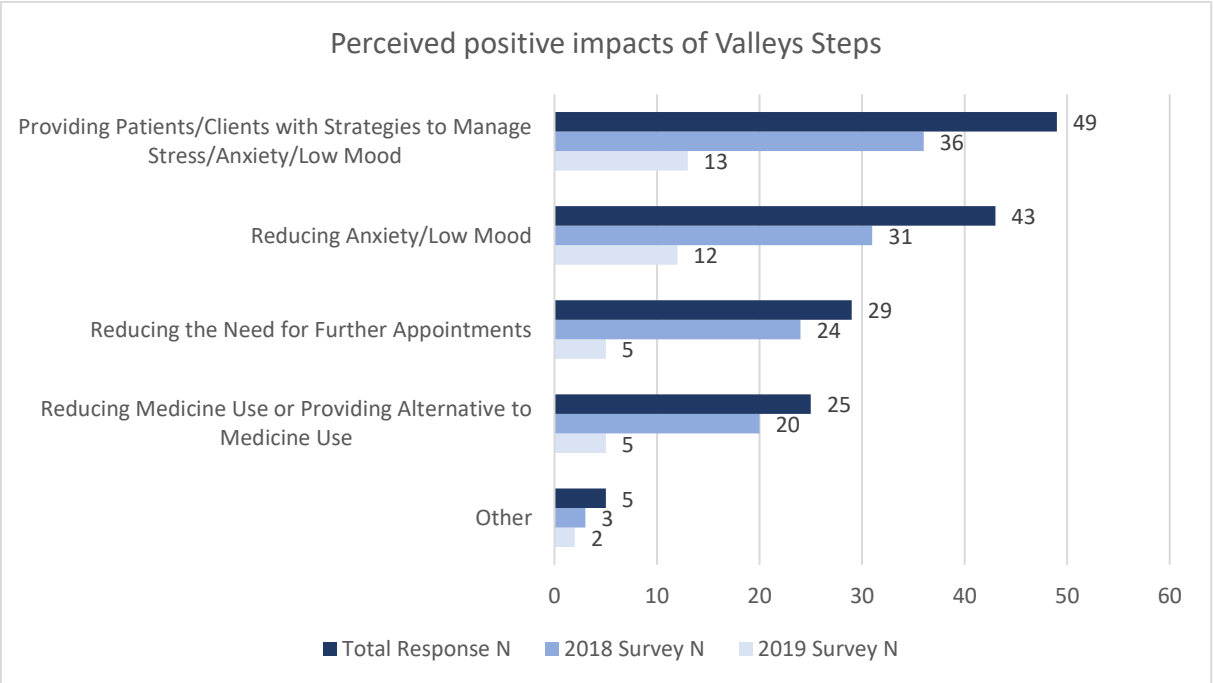
Respondents also reported that they would not recommend Valleys Steps to those patients/clients who were in a crisis – Figure 5.4.

Figure 5.4 – Types of patient/client for whom you would NOT recommend / mention VS



Respondents were asked about their perceptions of the positive impact that Valleys Steps may have on their clients/patients. The most commonly reported impact related to the courses providing patients/clients with strategies to manage stress/anxiety/low mood. Fewer responses related to reducing or providing alternatives to medicine use. In the 2019 survey respondents wrote an 'other' response which related to weight loss / joint management and the respondent 'not knowing due to insufficient feedback'.

Figure 5.5 – Perceived positive impacts of Valleys Steps



Respondents to the survey were asked to what extent they agreed or disagreed with a series of four statements about Valleys Steps (Figures 5.6-5.9). A majority of respondents 94% either agreed or strongly agreed that they trusted the effectiveness of the service that Valleys Steps provides. A smaller proportion of respondents agreed or strongly agreed that Valleys Steps has enhanced their capacity to see other patients (63%). 93% of respondents agreed or strongly agreed that they had confidence in Valleys Steps as part of the portfolio of Cwm Taf services. 100% of respondents reported that they recommend Valleys Steps to colleagues/peers/others.

Figure 5.6 – "I trust the effectiveness of the service that Valleys Steps provides"

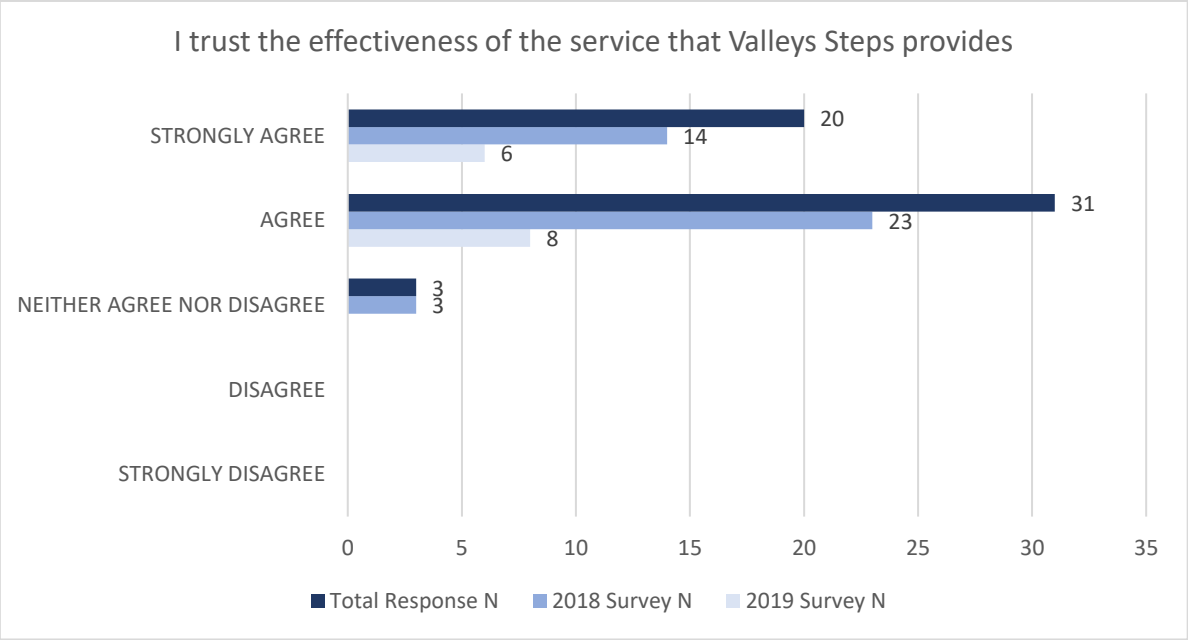


Figure 5.7– "Recommending patients/clients to Valleys Steps has enhanced capacity for me/my organisation to see other patients/clients"

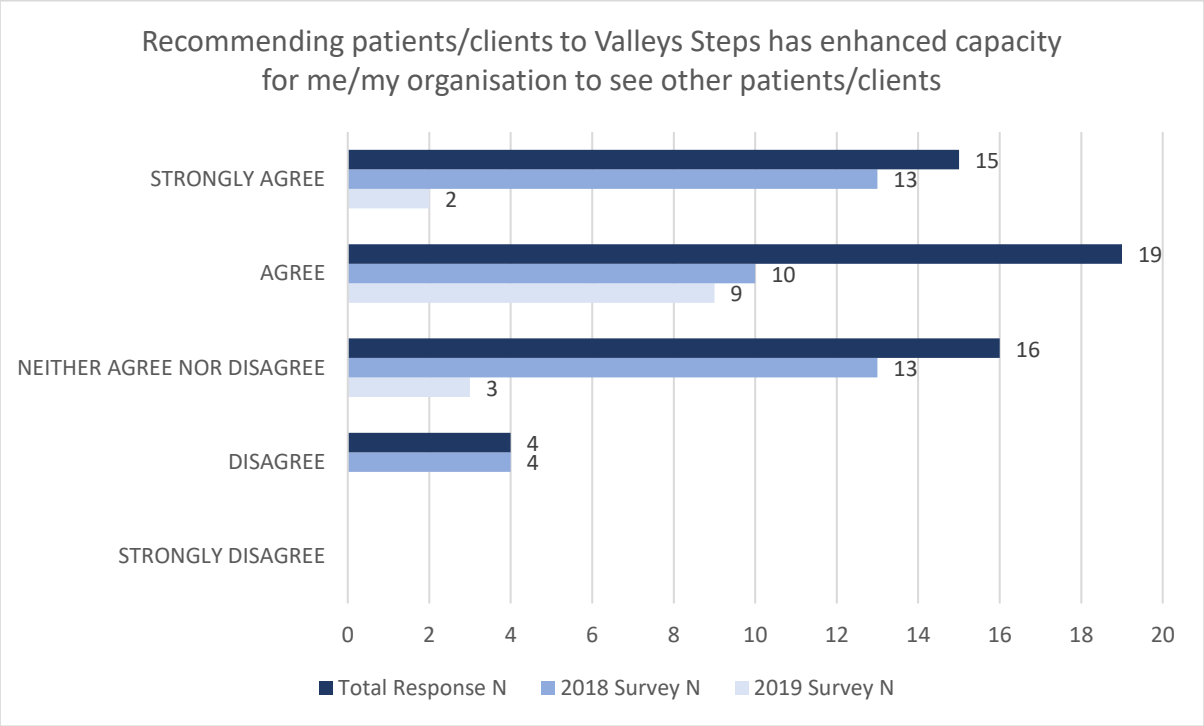


Figure 5.8 – "I have confidence in Valleys Steps as part of the portfolio of services in Cwm Taf"

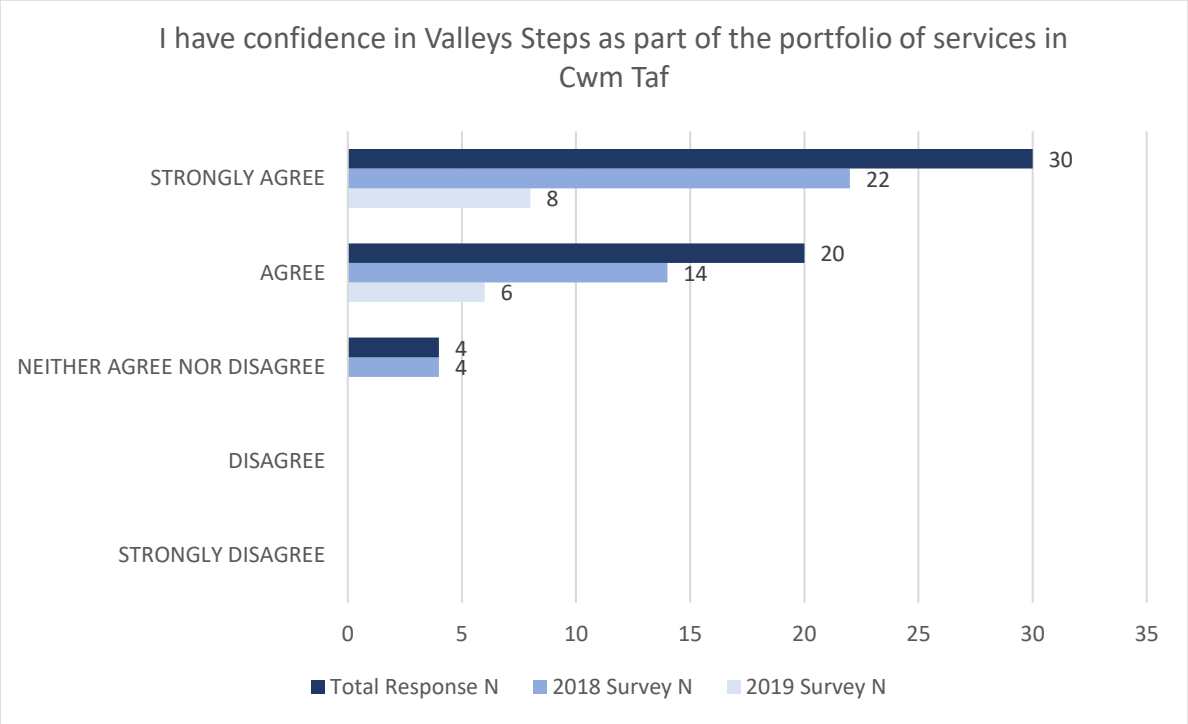
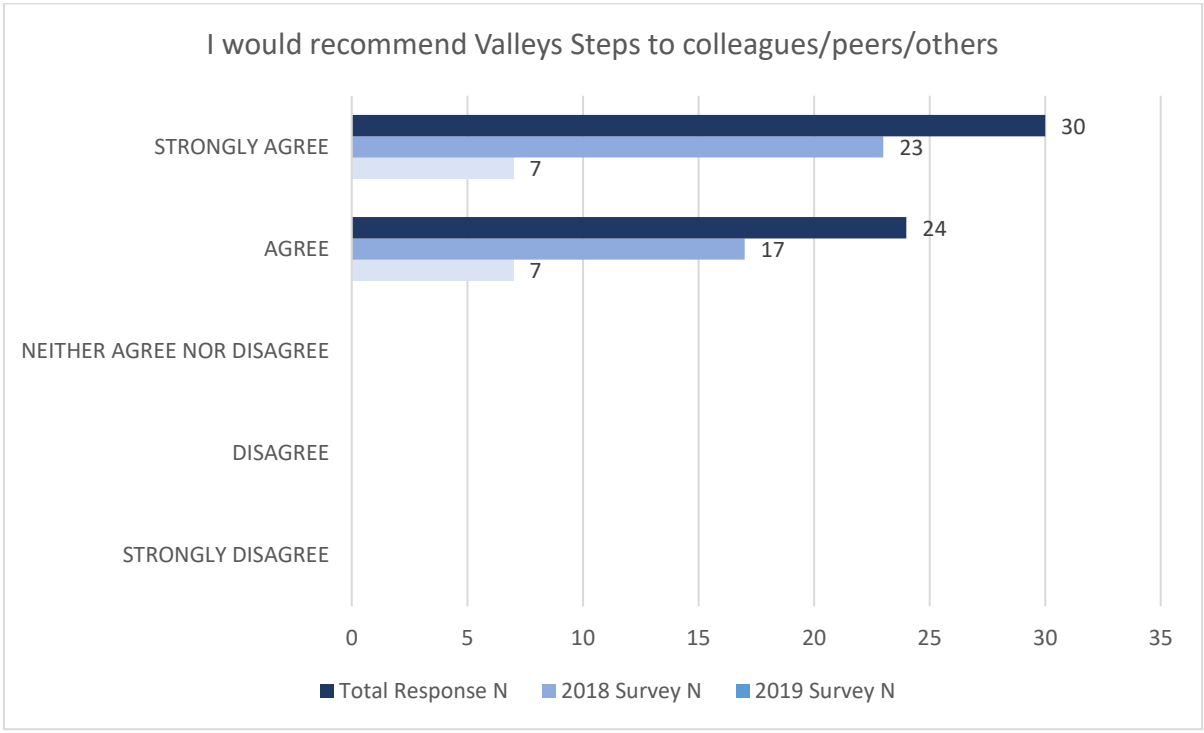


Figure 5.9 – "I would recommend Valleys Steps to colleagues/peers/others"



RESULTS – OPEN TEXT QUESTIONS

Respondents were asked to provide to open text questions. Firstly, they were asked to respond to the question "What has been the overall impact of Valleys Steps in your view?"

In 2018 respondents gave positive views about Valleys Steps in terms of it being a valuable resource in addition to other mental health services in the community where they can direct patients who are anxious and unhappy. They also mentioned that Valleys Steps may take pressure off other services by providing patients with coping skills and enabling them to take control of their mental health. The results in 2019 echoed those previously gathered and can be seen in Table 5.2 below.

Some respondents also reported that the courses offered an alternative to medication for suitable patients. It was also noted, however, that many patients/clients may be too anxious to attend a group setting, and some may be unable to travel to the Valleys Steps venues.

Table 5.2 - "What has been the overall impact of Valleys Steps in your view?"

2019 Survey [14 responses]	**2018 Survey** [40 responses]
"Easy access for patients. Within the community so not daunting to attend hospital. Patient taking responsibility for their mental health and addressing the issues. " *"I think that by patients attending the sessions they can see what a positive effect it can have on your day to day life. It may not "cure" all your problems but gives you an insight on how to "cope" if things are affecting how you function on a daily basis."* *"Patient feed back is great. We mostly refer for lifestyle/weight loss. Patients feel their confidence increase regarding the gym environment."* *"Another source of support which the patient can do themselves. Less medication prescribing."* *"Empowers patients to self-manage, has better long term outcomes than medicines alone."* *"Valleys Steps has had a positive impact on our patients via our clinicians, GPSO or via signposting by a receptionist. I hope this will ultimately change the way patients perceive services and they will self - refer either themselves or their families as health and social care integrate further."* *"Valley steps is accessible within the community with options of times and places that are suitable to everyone day to day life."* *"Has encouraged and enabled service users to take a part in their own health and wellbeing."* *"Offers flexible and alternative support systems."* *"It takes a lot of pressure off our services."*	*"Patients who access Valleys Steps are able to access them independently and therefore 'free up' more time for practitioners to complete more assessments."* *"Provides an opportunity to empower patients to help themselves with "mild" anxiety and depression and stress of daily life. In some cases these tools acquired mean they can self - care without having to come back to other primary care services. Also provides supplementary help to those requiring more support / medication. An essential option to reduce pressures on GP, primary mental health services."* *"Reduce the burden of managing the anxious and unhappy in General practice where medication is too often the only option. It has filled a big gap in the CMHT service provision."* *"It has had a very positive impact for my patients. feedback is very positive and it allows people to take control of their mental health issue, helps them feel less isolated and is another resource I can offer."* *"I am pleased to be able to have something to offer patients with anxiety or who are suffering from stress. Although I frequently recommend patients to the courses and the website I don't know how many of them attend or whether they have found it useful therefore it's difficult to gauge how useful it has been or the impact it has had on my patients."* *"Valleys Steps has offered a suitable intervention for those clients referred who would benefit from learning some basic skills to aid them in*

"Excellent impact. I have something I can refer patients to and I know it works. They can also take family members with them so we are spreading the word about the positive benefits for everyone, not just those with a mental health condition. It encourages patients to be more proactive in their treatment and therefore gives them a sense of control and a confidence boost."	*maintaining their mental health. I find it has also offered good support for those with long histories of mental health difficulties who are have been dependent on medication to aid their recovery."* *"Really helpful as no counselling available and patients like it."* *"Provides a very helpful on going support option for clients within the community, which is easily accessed. It has helped manage referrals within PCMHSS, which can be very high. It helps address mental wellbeing within a local and community level."*

In addition, in answer to the question "What would have happened to your patients/clients if Valleys Steps did not exist?" most responses related to the patient having to wait longer for another service to address their issues, increased referrals to the PCMHT, more consultations or the patient/ client becoming more isolated. It was also highlighted that medications would be more likely to be prescribed. A selection of the comments are provided below.

Table 5.3 - "What would have happened to your patients/clients if Valleys Steps did not exist?"

2019 Survey [14 responses]	**2018 Survey** [40 responses]
"No support for the patients and will have to be referred to the mental health team. " *"Increase in the number of GP appointments attended. Prescribed medication.* *"They would do nothing (although this could still happen with Valley Steps support)."* *"Unsure as to whether they would gain anything if this service didn't exist as most patient who we refer would not step foot in the gym, just from advice."* *"I would have expected to have seen them in more consultations."* *"Longer waiting times to gain help."* *"Patients would see another member of the healthcare team or not receive support which may result in their condition becoming more difficult to manage."* *"They would need to get counselling privately."* *"Our intervention pathway would either have a higher referral rate and longer waiting times. Also that reduction in organisations such as valley steps would be mean less in the community."*	*"Increased referrals into NHS services."* *"Long wait for PCMHT with less satisfaction. Probably increased antidepressant rates too."* *"They would be on medication and or on waiting lists for secondary care."* *"It would substantially reduce the resources available for patients with mental health issues and poor resilience. There is little enough available for mental health problems and VS is invaluable."* *"I think we would be providing the courses/support to the individuals within MH services which would mean increasing waiting times and intervention times. As above those who are appropriate for valley steps I wonder how helpful it is to keep them under MH services and I feel it is more beneficial for people to develop coping skills to help with life difficulties."* *"Would have to refer CMHT/MIND and risk DNA or long waiting time"*

"Those with anxiety and depression could experience difficulty with accessing services easily. Valley steps allows easy access to all." *"Become more isolated."* *"Our service would have to provide extra courses for these patients."* *"I would have less to offer and I would have to make more referrals to CMHT. More importantly a valuable resource would not be available to patients."*	

The respondents to the survey were also asked to suggest improvements to the Valleys Steps service with the most common suggestions relating to providing more varied courses, at different locations and at different times, including on the weekend. It was also suggested that a follow-up support group could be held after the courses. Respondents in 2019 suggested family sessions and sessions that focus on teenagers. Also suggested was the possibility of offering 1:1 support or smaller group sessions for those who are not suitable or anxious for the larger group courses. Comments included the following (see Table 5.4).

Table 5.4 – Suggested improvements to the VS service

2019 Survey [14 responses]	**2018 Survey** [40 responses]
"Have more sessions or channel them in right direction for ongoing support." *"More sessions in local areas (some people find it difficult to travel)."* *"Offer sessions specifically to teenagers in schools (especially around exam time)."* *"Promote families attending together."* *"More frequent stress control courses in our immediate local area."* *"Improved access to courses as there is only one evening available locally."* *"Just a thought - Email updates and additions to services to cascade through the team."* *"More courses – reduce the wait for my patients."* *"Smaller groups for people who struggle with lots of people."* *"Courses more suitable for the younger person especially around emotions."* *"Regular courses closer together."* *"Flexibility of courses. More at weekends/evenings."*	*"If resources were limitless...more variety of times and locations. Some patients have said they cannot attend due to work."* *"Some patients are so anxious / demotivated they could do with a hand to hold to get them to the first session or two"* *"Would to helpful to perhaps work more closely with Primary Mental Health Care Services."* *"Different array of courses, more evening courses."*

The survey conducted in 2019 also contained several questions not previously asked. The first asked respondents to reflect on the key drivers informing GP prescribing behaviours. They noted that in respect of the issues surrounding mental health and why they actually prescribe, rather than engage in other forms of support for patients, the following issues were raised:

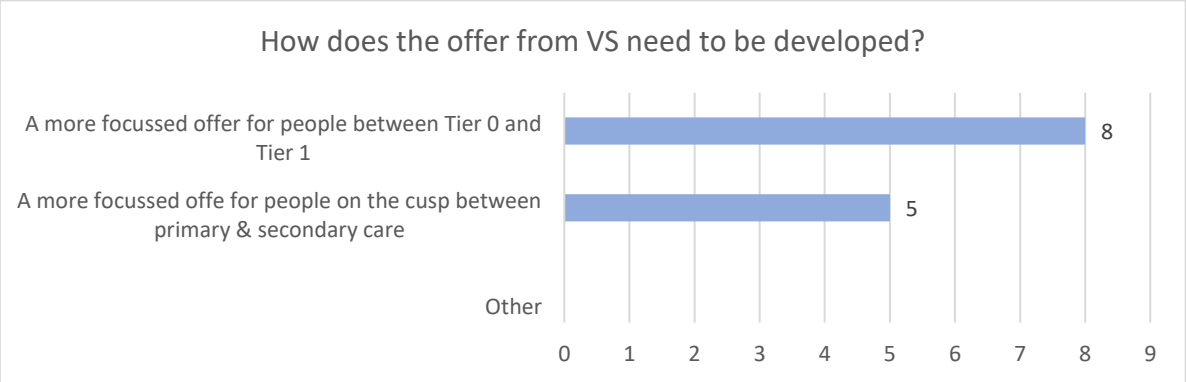
- Short consultation time
- Patients' expectation to have medication
- Patients working away and not being able to attend self-help groups
- Patients who have attended self-help groups but show no change in their symptoms
- Repeat attendance at the practice and worsening symptoms
- Patient decision to have medication

In terms of the way in which the 'offer' from Valleys Steps needs to be developed, respondents were asked as to whether anything is acting as a barrier to referrals being made to Valleys Steps. Four respondents reported that they felt there were no such barriers in respect of referrals to Valleys Steps, and a further individual reflected on the change such that there used to be a need to have a signature from the patient, which mostly meant patients attending the surgery again to complete the form. Now that this has stopped, it was felt that the process is much easier and convenient for the patient. Others reported the following:

- Frequency of sessions are too few
- Wider advertisement of the sessions being held needs to be undertaken with local shops/ supermarkets displaying posters/information
- Patients' work patterns and childcare issues in evenings
- Patients not being interested or not being able to make the evening the session is on
- Some patients have a fear of group situations, and group size
- Timetables mean that new sessions can be months away

They were also asked about the development of the offer in a structured question – results are shown in Figure 5.10.

Figure 5.10 – How does the offer from VS need to be developed?



In respect of the gaps in the existing service provided by Valleys Steps, respondents identified that feedback from the services regarding their attendance would be helpful, but that they were reliant on patients for this information. There was an ongoing theme about capacity and courses being run every few months in each locality as patients are unwilling to travel beyond their area to attend courses. There were also concerns again expressed about the desire for more groups, on group sizes, and the need to have information updated as quickly as possible regarding the timetable.

Finally, respondents were asked as to whether Valleys Steps needs a different offer for young people. The responses are provided below:

- Yes because their issues are different from an adult. Something more friendly, approachable and tailored to their needs would be needed
- Maybe having different classes, such as beginners' netball team, fun 5-a-side football team. Something more fun than the thought of attending the gym would be attractive
- Possibly informing local schools of the service if this isn't in place. A young person's section on the web page with appropriate help would be good
- An age-restricted group so people feel comfortable would help
- Unsure about this
- Using different venues might help – i.e. utilising the woodland/cycling venues in the community
- Possibly as many of our younger patients lack resilience, coping strategies and have an unrealistic expectation of the realities of life and 'happiness'. Something around this would be useful

FOCUS GROUP WITH VOLUNTEERS

In order to hear from another key stakeholder group, a focus group was conducted with Valley Steps volunteers in June 2019. This section reports the findings from this session – which included 11 participants – is divided into five themes that were apparent during the analysis of the focus group transcript. These are:

- Motivations for volunteering
- Benefits to participants
- Benefits to volunteers
- Team Ethos
- Volunteer Qualities

The focus group allowed volunteers to express their opinions on these themes and related topics.

MOTIVATIONS FOR VOLUNTEERING

This theme focuses on the motivations and reasons for volunteers to become involved in volunteering within Valley Steps. There are a variety of motivating factors, from personal gains such as confidence and self-esteem, to former participants in the programme looking to give back to Valley Steps.

> *"I decided to volunteer and I think the volunteering side helped me more than attending the course personally with my self-esteem and things like that….you can just see the change in people from the first week when they walk in the door"*

Here we can see that this volunteer gained confidence and self-esteem from volunteering with Valley Steps. We can also see that they made the transition from a participant on the course to a volunteer, a journey that has greatly improved their self-esteem.

> *"I think the importance of making people feel really welcome when they come in and having the continuity of one person I think is crucial"*

The quotation above outlines the importance of the volunteer in making participants of Valley Steps feel welcome, and of having continuity in terms of the people that participants deal with on the course. This person outlined the ways in which these elements were important to them later volunteering for Valley Steps after they initially took the course as a participant.

> *"I wanted to help people. You can see the improvement in people and see what help people are getting out of the courses"*

We can see from the above quotation that the motivating factor for this volunteer was to help people, and to see the improvement in people's lives from attending Valley Steps courses. Many of the volunteers had actually been participants on the Valley Steps courses, and they felt that it would benefit them and the service to continue their involvement in a volunteering capacity.

> *"I started when I retired which was two years ago and I just wanted to give something back. I like the interaction, the 'welcome, good morning', trying to put a smile on faces"*

> *"Everybody wants to give something back"*

The two preceding quotations highlight the desire of former participants to 'give something back' to the Valley Steps service, which they benefited from. The course has obviously had a beneficial impact on many of the volunteers, and has inspired them to give back by volunteering.

This final extract for this section on volunteers motivations bring together many of the aspects presented above. The volunteer discusses wanting to 'give back' to a worthwhile charity, echoing many of the sentiments of previous quotations. They highlight the impact of seeing benefits for those who take course, and mention how the volunteering experience is 'symbiotic' in that the volunteers themselves still benefit from the courses even though they have been involved in them many times – 'we learn something different every time':

> *"Why do I do it? Again I'm like everybody else and want to give something back to a worthwhile charity. You can see the benefits in others and also I think it's quite symbiotic as*

well because I don't think anybody could deny the fact that they don't benefit themselves from being part of the courses and even though we've sat through dozens and dozens of courses having being repeated, we learn something different every time."

BENEFITS TO PARTICIPANTS

This section outlines what the volunteers who took part in the focus group felt were the main benefits to participants of Valley Steps courses.

"I started this course in college in September and there was a girl in the class who was coming to our two things and she said to me 'do you know the only reason that I have the courage to come to this course is because Valleys Steps did for me'. And she's just finished a course same as I have, that's really, really good."

Here we can see a volunteer noting the benefits of the Valley Steps courses on a participant he met when attending his college course. He notes the impact that Valley Steps had on her confidence and courage to attend college and finish a course through until the end.

"You can see them moving around, the more confident they are week by week. They come into the group and they are more talkative and are more with other people in the group as well. Their body language, they open up"

In this quotation we can see that one of the main benefits of Valley Steps for participants in the view of the volunteers is an increase in confidence. The volunteer speaking above notes that participants in Valley Steps become more confident 'week by week' and that they being to engage with the group more freely. This points to the impact that Valley Steps can have on participants' confidence and social skills.

"Health wise as well, I've had somebody come in saying they've done two courses and their blood pressure had come down. It was really relaxed, it was fabulous just listening to how their lifestyle and home life is changing and how much calmer they feel"

We can see here that this volunteer feels that Valley Steps has a positive impact on physical health as well as confidence and social skills. They note that the course helps people through the creation of a sense of calm and that the courses are able to have positive impacts on participants' lifestyle and home life.

"I know that for a lot of those people coming on the courses, it's the only time they leave the house in the week. So to see the people interacting with people, I think they get as much out of the social aspect of it as they do with the actual course part of it"

This extract from the focus group highlights further the impact that Valley Steps can have on participants' social lives and well-being. The volunteer notes that for some people who attend the course, this may be the only time they leave their house over the course of a week. This can obviously have a profound impact on isolation, loneliness and engagement with the community.

BENEFITS TO VOLUNTEERS

This section highlights quotations which explore the benefits that volunteering for Valley Steps can have for the volunteers themselves. It is important to note that all of the volunteers present identified benefits to participants as foremost in their motivation, but recognised the reciprocity of volunteering for Valleys Steps – there is a mutual benefit in being part of the programme, for both participants and volunteers.

> *"I feel proud when I talk to my friends and say I'm volunteering I must be honest, because I do feel proud of what I do"*

This volunteer expresses how they feel a sense of pride from volunteering. It gave a number of people additional purpose and meaning in their lives.

> *"I regularly leave courses feeling lighter with a skip in my step. It does a lot to improve my well-being, I do it more for me sometimes than the attendees, but we are both getting something good out of it because Valleys Steps is getting a volunteer and I'm getting well-being from it"*

The extract above shows the impact that volunteering for Valley Steps can have on a volunteer's well-being. The situation is mutually beneficial for the volunteer and the participants, as well as Valley Steps itself. As the volunteer notes 'I do it more for me sometimes than the attendees.' This speaks to the impact on their well-being that volunteering activities have had.

The extract below is a particularly eloquent and heartfelt description of the benefits of volunteering. The volunteer notes their own personal journey, as well as parallels with many of the problems faced by Valley Steps participants, and the ways in which being able to help those in a similar predicament has given them a sense of reward and purpose to the volunteering activities they are engaged in:

> *"Just that I have done something good. I used to be in a position as those people who attended the course so I would have liked somebody to have helped me at that time. There was nothing about back then when I was really struggling but knowing now that I can sort of help other people to maybe feel a little bit better about themselves or to manage something or to come to realisation about some things through the course if that makes sense. That gives me a feeling that I don't think a paid job could give you in some ways. I do get paid, but just not in money"*

The final quotation in this section shows again the ways in which the experience of volunteering for Valley Steps enriches the lives of the volunteers themselves. It also highlights the ways in which it affects life outside of the volunteering experience, in the home and in social situations. There is clearly a ripple effect from volunteers to participants, home lives, friends and the wider community from volunteering: *"You take it back home with you. You relate it to your own life and it makes your home life a bit better. You can pass it onto your friends and make them more aware of what's out there. I think it's helping others really, and it helps yourself."*

TEAM ETHOS

This next section of the chapter looks at the team ethos of the volunteers and the impact this has had on the volunteers themselves, as well as the implications for participants and Valley Steps as a whole.

> *"I'm hoping the volunteer team know how much they are appreciated because we could not run the service without the volunteers and that's the bottom line, or we would literally do a third of the courses that we do now."*

This quotation comes from a practitioner at Valley Steps discussing how important and integral the volunteer team is to the Valley Steps service. It is evident that the volunteering team and its ethos is a vital part of the Valley Steps service from this quotation.

> *"It's that sort of team we are. If anybody has got suggestions they just send them to me or tell me and as far as we can we will implement it."*

> *"We don't just volunteer for the six week courses. There's also standalone events. I've done a couple and man the stall where people come up for information. And there's that volunteering that goes on and in the office. It's not just the six weeks, different types of volunteering goes on"*

Here we see, in the above quotations, the openness between the workforce at Valley Steps and the volunteers. We can see in the first quotation that the practitioners at Valley Steps are very confident in the ability and commitment of the volunteers, and welcome any suggestions from the volunteers as to potential changes in practice.

We also see from the second quotation the ways in which the team ethos is in effect in terms of the different kinds of volunteering that occurs. As stated, some volunteers help with the courses, others with standalone events and still others with office work and administration. This flexibility and diversity in the kinds of skills volunteers can bring to Valley Steps seems to speak to a particularly positive team ethos amongst the volunteers, as well as the positive benefits this ethos can bring to Valley Steps as a whole.

QUALITIES OF VALLEY STEPS VOLUNTEERS

This last section focuses on the qualities displayed by Valley Steps volunteers in their volunteering work. It explores the different qualities that Valley Steps volunteers use in their work in different areas, and the ways in which these help participants as well as contributing to the team ethos mentioned in the previous section.

> *"I cannot fault our volunteers. They are kind, they can keep the confidentiality side of it, they never over step the boundaries. We get people ringing up saying 'oh I don't know who it was but they were fantastic…I was nervous about coming in but they were lovely'"*

We can see from the above quotation that there are a number of qualities associated with volunteers for Valley Steps. Kindness is a must; we can see from previous sections that many participants who approach Valley Steps are often suffering with low self-esteem or problems

surrounding isolation and loneliness. Therefore being able to show kindness to these participants when they enter the programme and as they continue through the course is an essential quality for Valley Steps volunteers. We can also see how the professionalism of Valley Steps volunteers in terms of confidentiality is an important quality as well.

> *"You have to have a core team of dedicated volunteers. I've asked people to come along tomorrow to sit through the course and see what they think and then that's when they know what we are all about. This place is totally different from say when you are volunteering in a charity shop, totally different. It's one of our strengths but also quite difficult to get the right people with the right skills"*

This last quotation highlights the ways in which dedication and professionalism are key elements for the Valley Steps volunteers. Here a practitioner has identified the qualities needed in recruiting volunteers, and the difference between perhaps more traditional kinds of volunteering e.g. at a charity shop. They note that it can be difficult to get the right people with the right skills but also, as we can see from the above sections, when they do get the right volunteers they have a very positive impact on the service and on participants, as well as gaining many benefits from the volunteering experience themselves.

SUMMARY

The following statements summarise the key points from the chapter above:

- Fifty-four respondents replied to the survey, 40 in 2018 and 14 in 2019, most of whom were GPs;
- All respondents regularly signposted clients/patients with anxiety and low mood to VS;
- Respondents were less likely to signpost clients/patients who were experiencing a crisis;
- Respondents reported that they had confidence in the effectiveness of VS although were less likely to report that Valleys Steps has released their capacity to see more patients;
- Valleys Steps was seen as a valuable resource in the community where respondents could signpost patients to manage their mood and anxiety;
- Comments suggested that without Valleys Steps, patients would have to wait for another service to address their issues, referrals to PCMHT would increase and medication would more likely be prescribed;
- Suggestions for improvements included more variety courses at different times and locations and tailoring courses to young people, as well as the possibility of running smaller groups or 1:1s for some patients/clients;
- Valleys Steps benefits hugely from a highly motivated, competent and caring group of volunteers who have a variety of motivations for volunteering (including their own experiences, enjoy seeing the benefits accrue to participants, recognise that they benefit from being volunteers as part of a team, and have a range of skills and qualities that mean they are able to support people effectively during the courses.

CONCLUSIONS

Service evaluations will always follow the trajectory of the service that is there to evaluate. As a novel intervention, Valleys Steps was not copying a blueprint as to how a third sector organisation would work to offset public sector spend in the health system. In one sense therefore it is difficult to be conclusive about the overall impact of VS. It did not go down a set path – in many ways it had to develop a series of novel solutions to the challenges that it faced. That being said, there are clearly some important and significant achievements for the project to reflect upon, and there are also areas of the programme where discerning impact is difficult to do from an evaluation perspective.

Most positively, there is a clear evidence-base that VS is having an impact on the people (Domain 4) that it is designed to support. The validated WEMWBS tool showed scores increasing and being sustained over time. Service users reported a number of other positive outcomes from participating in the programme, and they spoke with conviction about the impacts that the sessions have had for them over many months. The perspective from key stakeholders, primarily GPs (Domain 5) responded very positively and favourably when asked about the central tenets of the offer that Valleys Steps is making for the mental health and well-being of the citizens of Cwm Taf and the ways in which they work. In addition, the Valleys Steps volunteers (Domain 5) spoke with conviction about the value that they place on the role that they play, and the impact that accrues to the beneficiaries of Valleys Steps.

As noted in the introduction, it was not possible to progress the evaluation study in respect of Domains 2 (Primary Care data) and 3 (Local Primary Mental Health Support Service data) which is an obvious limitation on the overall evaluation – we are not able to comment on the way in which Valleys Steps has undertaken this important partnership role.

There have been improvements in the quality of the analysis undertaken of the population prescribing data (Domain 1), although it is still not possible to attribute causal links between the trends in prescribing data with the work of Valleys Steps. There are however useful and well-established comparators for this data across Wales and across time.

SUMMARY OF FINDINGS

- There has been a move away from the full basket towards a consideration of two frontline anti-depressant medicines – citalopram and sertraline (Domain 1). All of the categories are experiencing a month-by-month increase in mean ADQ values as indicated by the gradient (for both Citalopram and Sertraline) within Cwm Taf. For Citalopram, the rate of increase month by month is higher for both the key comparator GP clusters and Aneurin Bevan UHB than it is for Cwm Taf UHB. For Sertraline, the rate of increase month by month is higher for Cwm Taf UHB than it is for all other cases;
- No significant evaluation activity was possible with primary care data (Domain 2);
- Having reviewed the data within the Local Primary Mental Health Support Service element of the evaluation activity (Domain 3) was not of sufficient quality for inclusion in this final report;

- The most significant and key impact for VS is at the individual level where project is felt to be successful and effective of those attending courses (Domain 4). In fact, those beneficiaries have secured longitudinally sustained positive WEMWBS data outcomes which are statistically significant. The qualitative outcomes – derived from interviews with participants – are also significant in the impacts that individuals saw in their own lives; and
- Key stakeholders (largely GPs) have responded very positively over two years about their relationship with VS (Domain 5). All respondents regularly signposted clients/patients with anxiety and low mood to VS, and they reported that they had confidence in the effectiveness of VS. Valleys Steps was seen as a valuable resource in the community where respondents could signpost patients to manage their mood and anxiety. The role of volunteers has been a crucial part of the impact of Valleys Steps, bringing their competence and kindness to help benefits accrue to participants. They simultaneously recognise that they benefit from being volunteers as part of a team, with a range of core skills and qualities.

APPENDIX I · **VALLEYS STEPS 'BASKET' OF DRUGS**

Drug Name	BNF Chemical Name	BNF Sub Paragraph Name	BNF Section Name	BNF Chapter Name	BNF Chemical	BNF Product	BNF Preparation
Citalopram Hydrob_Tab 20mg	Citalopram Hydrobromide	Selective Serotonin Re-Uptake Inhibitors	Antidepressant Drugs	Central Nervous System	0403030D0	0403030D0AA	0403030D0AAAAAA
Escitalopram_Tab 20mg	Escitalopram	Selective Serotonin Re-Uptake Inhibitors	Antidepressant Drugs	Central Nervous System	0403030X0	0403030X0AA	0403030X0AAABAB
Fluoxetine HCl_Oral Soln 20mg/5ml	Fluoxetine Hydrochloride	Selective Serotonin Re-Uptake Inhibitors	Antidepressant Drugs	Central Nervous System	0403030E0	0403030E0AA	0403030E0AAACAC
Mirtazapine_Tab 30mg	Mirtazapine	Other Antidepressant Drugs	Antidepressant Drugs	Central Nervous System	0403040X0	0403040X0AA	0403040X0AAAAAA
Sertraline HCl_Tab 50mg	Sertraline Hydrochloride	Selective Serotonin Re-Uptake Inhibitors	Antidepressant Drugs	Central Nervous System	0403030Q0	0403030Q0AA	0403030Q0AAAAAA
Paroxetine HCl_Tab 20mg	Paroxetine Hydrochloride	Selective Serotonin Re-Uptake Inhibitors	Antidepressant Drugs	Central Nervous System	0403030P0	0403030P0AA	0403030P0AAAAAA
Trazodone HCl_Cap 50mg	Trazodone Hydrochloride	Tricyclic & Related Antidepressant Drugs	Antidepressant Drugs	Central Nervous System	0403010X0	0403010X0AA	0403010X0AAAAAA
Lofepramine Hcl_Tab 70mg	Lofepramine Hydrochloride	Tricyclic & Related Antidepressant Drugs	Antidepressant Drugs	Central Nervous System	0403010R0	0403010R0AA	0403010R0AAAAAA
Venlafaxine_Tab 37.5mg	Venlafaxine	Other Antidepressant Drugs	Antidepressant Drugs	Central Nervous System	0403040W0	0403040W0AA	0403040W0AAAAAA

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