

Mental Well-being Impact Assessment

A PRIMER

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Mental Well-Being Impact Assessment: A Primer

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Introduction

RATIONALE FOR A MENTAL WELL-BEING IMPACT ASSESSMENT PRIMER

“We will have to face up to the fact that individual and collective mental health and well-being will depend on reducing the gap between rich and poor. At the same time, reducing inequality is not a sufficient policy response, important as that is. What is also needed is a shift in consciousness and a recognition that mental health is a precious resource to be promoted and protected at all levels of policy and practice.”¹

In this time of economic turmoil and upheaval with its consequent assaults on our mental health, it seems more important than ever to acknowledge the importance of mental health to our collective well-being, to the health of society and our economy. To advance population mental health will require mental health to be everyone’s business, to be mainstreamed into the non-health sectors (which have the most important effect on our health) and to be appropriately considered, documented and resourced.

Like health more broadly, the determinants of mental health are largely social and economic: they lie in the decisions that are made about employment, housing, income distribution, and education, for example, which determine how and how long we live our lives. But taking an exclusively population-based approach to addressing these determinants may inadvertently widen health inequalities. Instead, it requires us to

WHO IS THIS PRIMER FOR?²

This primer will be of value to a broad range of decision-makers. In particular, MWIA has been cited as a valuable tool to “inform the decision-making process at different levels and in a range of contexts, for example:

- Policy development and analysis
- Strategy development and planning
- Program and/or project development
- Commissioning or providing services
- Resource allocation and capital investment
- Community development and planning (including community participation/service user involvement)
- Preparing or assessing funding “requests”
- Developing approaches and initiatives”

approach these considerations with a focus on, and commitment to, equity from conceptualization through to implementation and evaluation.

But how should this be done? Who should be involved? And how extensive would this need to be?

This primer² aims to answer these questions. It begins by providing an overview of equity-focused planning tools (Health Impact Assessments (HIA), equity lens, equity audit, Health Equity Impact Assessment(HEIA)), then moves on to clarify the conceptual differences between mental health and mental illness. The final two sections discuss how to actually undertake a Men-

1 Friedli L (2009) Mental health, resilience and inequalities, WHO Europe, www.euro.who.int/_data/assets/pdf_file/0012/100821/E92227.pdf

2 MacCourt P (2010) Development of a Template and Workplan for a Mental Health Impact Assessment Toolkit, Public Health Agency of Canada.

tal Well-Being Impact Assessment. The literature is mostly drawn from the UK's *Mental Well-being Impact Assessment: A Toolkit – 'A Living and Working Document.'*³

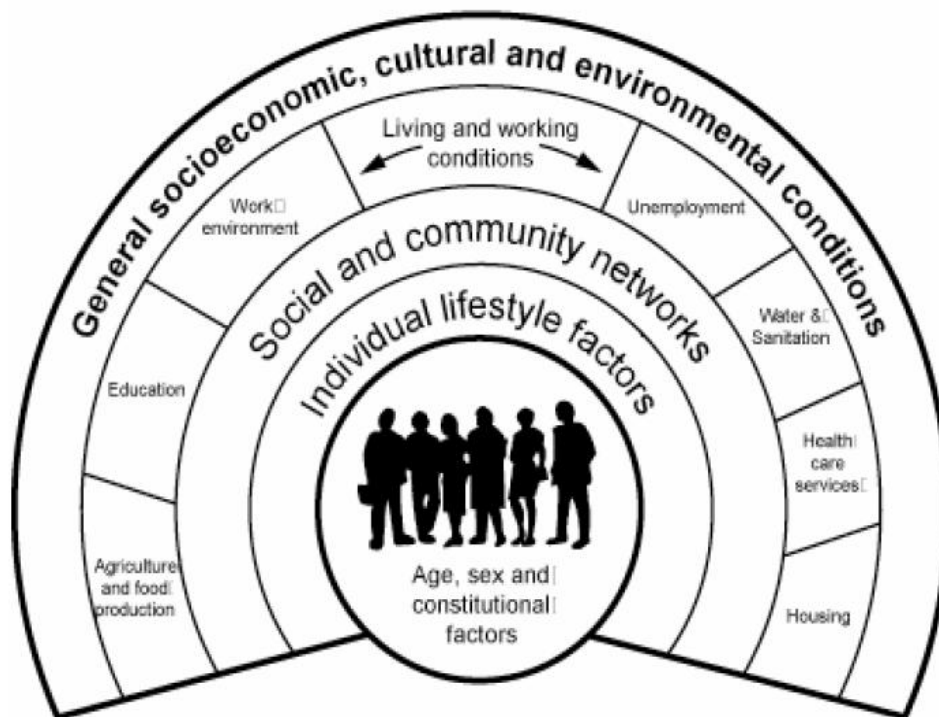
OVERVIEW OF EQUITY-FOCUSED PLANNING TOOLS

Health Impact Assessment (HIA) originated in the late 1980s in the UK, as a result of the Acheson Inquiry into Health Inequalities. Since that time, a large body of knowledge has emerged which looks at how to identify and assess the health needs of disadvantaged populations.⁴ A practical tool that is usually used prospectively, HIA is strongly linked to primary prevention and health reform as it brings together sectors associated with the

minimize positive and minimize negative impacts before the proposal or project is implemented. Rooted in a social model of health, HIAs adopt a multidisciplinary, participatory approach (the US-based Prevention Institute's "collaboration math" tool shows how this can be operationalized)⁵, makes use of both qualitative and quantitative evidence to develop prioritized recommendations, and is explicit and transparent about its values. Finally, HIAs have an explicit focus on equity and social justice. Diagram 1 shows the different determinants of health, with the outer circle (socioeconomic, cultural and environmental conditions) having the most impact on population health.

Terminology is important and can clarify or mystify. The terms "equality" and "equity" are often used

DIAGRAM 1



G Dahlgren and M Whitehead (1991)

social determinants of health (housing, employment, transportation, etc.) so that action can be taken to maxi-

interchangeably, but although related, they do have distinct meanings. Equity has been defined as about equal access to services for equal need, equal utilization for equal need and equal quality of care for all, with a focus

3 (<http://www.liv.ac.uk/ihia/IMPACT%20Reports/mwia-toolit1.pdf>)

4 Coggins T, Cooke A, Friedi L, Nicholls J, Scott-Samuel A & Stansfield J (2007) *Mental Well-being Impact Assessment: A Toolkit- 'A Living and Working Document,'* United Kingdom: Care Services Improvement Partnership North West Development Centre, www.liv.ac.uk/ihia/IMPACT%20Reports/mwia-toolit1.pdf

5 Cohen L (2010) *What Role Can Health Impact Assessment play in the National Health Reform Initiative?*, Prevention Institute, www.preventioninstitute.org

on health outcomes.⁶ In practice, this can mean introducing a level of inequality in order to level the playing field for different groups in society. Equity is a value-laden concept and is rooted in a human rights ideology, asserting that extraneous, controllable factors such as race, income and occupation, for example, should not pose barriers to achieving one's potential.⁷ Equality, on the other hand, can be easily dismissed, given that there are natural differences (or variations) between different people. A key difference between equity and equality is that the differences are systematic, rather than random, and show recurring patterns across many health outcomes. The goal of health equity is not to achieve equal health outcomes (in this case, equal opportunities to maximize mental well-being) but to ensure that no-one is disadvantaged due to external factors from reaching their health and creative potential.

Equity has risen up the agenda over recent years, as it has become increasingly obvious that programs that do not take equity into account may unwittingly improve overall population health while widening the gap between different social groups. However, the commitment to health equity (a concept that is political and therefore contestable and given varying prioritization) has not often been matched by clear practical guidance. In general, there have been three main measures used to describe health inequities: health disadvantages (differences between segments of the population or between societies); health gaps (differences between the worst-off and everyone else); and health gradients (differences across the whole spectrum of the population). While practical evidence on how to tackle health inequities is still emerging, one can draw inspiration from the WHO's Priority Public Health Conditions Knowledge Network, which has adopted the key principles for creating a knowledge base: a commitment to the value of equity; identifying and addressing gradients and gaps; focusing on causes, determinants and outcomes; and understanding social structure and dynamics.

From a practitioner/policy-maker's perspective, there is a range of tools that can be applied, depending on circumstances, to put considerations of equity on the agenda, and to translate philosophy into practice. It

should be borne in mind that not all of these tools need to be used, and that their use depends on practical considerations, such as time, availability of data, motivations, etc. Regardless of which tool is used, the important point is that the principle of equity be articulated and committed to, and that, wherever possible, this commitment be operationalized in a way that makes sense and meaningfully involves possible affected groups.

An equity lens, described as a "metaphorical pair of glasses that ensures people ask 'who will benefit?'" could be applied throughout the development cycle of a proposal or program to ensure that it was developed, implemented and evaluated taking account of equity throughout. For example, mental health services could be analyzed through this lens to ensure that they were taking into account the differing needs of the diverse populations they were serving, giving higher priority to those populations with greater need and with greater vulnerability to the social determinants of health (poor housing, precarious employment/unemployment, low income, etc.). Ideally, this lens would be applied during the development of mental health services, but it could also be used retrospectively as a form of equity-focused evaluation. Another equity-focused planning tool, an equity audit, would be carried out during the needs assessment and planning stages of a proposal, to seek out the different needs of targeted population groups in a local area and ensure that these needs were used to set priorities. Finally, a HEIA is based on the same principles as a HIA in that it represents a structured and systematic process to identify the potential positive and negative health impacts of a proposal or program and try to maximize positive and minimize negative health outcomes, but with attention and explicit focus on whether these outcomes differed for different population sub-groups, with priority accorded to improving health outcomes for more vulnerable groups. For example, Toronto Central LHIN has incorporated HEIA into their planning with provider partners: recent applications for Aging at Home funding, a program designed to support independent living, were required to do a HEIA, and the hospitals used the tool in updating their equity plans.

There is some debate about whether equity should be incorporated into an HIA or whether it should be a separate tool. While the guidance for conducting an HIA is available, the literature is more limited for an HEIA. In providing

6 Mahoney M, Simpson S, Harris E, Aldrich R & Williams J S (2004) Equity-Focused Health Impact Assessment Framework, the Australasian Collaboration for Health Equity Impace Assessment (ACHEIA).

7 Blas E & Krurp A (2010) Equity, Social Determinants and Public Health Programmes, World Health Organization, http://whglibdoc.who.int/publications/2010/9789241563970_eng.pdf

guidance to the Toronto Central LHIN, Gardner (2008)⁸ identified the importance of adopting a two-pronged approach to ensure that equity is built into health care delivery both strategically and operationally, with specific interventions targeted to locally-identified disadvantaged populations.

VIVE LA DIFFERENCE: MENTAL HEALTH AND MENTAL ILLNESS

To understand where a mental well-being impact assessment (MWIA) fits in warrants a brief look at the terms mental health and well-being. Mental health and mental illness are frequently confused (we often talk about mental health services when what we really mean is mental “illness” services) and this can lead to conceptual and operational confusion. The two terms are related but distinct concepts. A person can be mentally healthy while still having a diagnosable mental illness and vice-versa. This is known as the two-continua model, with flourishing on one end of the mental health spectrum and languishing on the other, and presence or absence of a diagnosis at opposite ends of the mental illness continuum⁹ (see companion paper on “Social Determinants of Mental Health” for more information). The distinction is important not just for conceptual clarity and to situate our understanding of mental health in a more balanced context, but also because the evidence base for mental health differs from that for mental illness, which becomes relevant when undertaking a mental well-being impact assessment.

Mental health has been defined in many different ways. Indeed, no common definition exists, although it has been described as having three inter-related components: emotional well-being (feelings of happiness, satisfaction and interest in life); psychological well-being (self-acceptance, purpose in life, autonomy, positive relations with others, environmental mastery, and personal growth); and social well-being (social coherence, social acceptance, social actualization, social contribution, and social integration). From a social determinants of mental health perspective, our social economic position (education, income, occupation, prestige) influence health through different pathways leading to different health outcomes. Much like the

Dahlgren and Whitehead diagram (Diagram 1), an individual’s psychological resources (self-confidence, self-efficacy, optimism, etc.) exist within a broader “social structures” circle, referring to our position with respect to others at home, at work, and in public spaces. Our mental health needs to be viewed within this broader framework: for example, our social position impacts our emotions, thoughts, and behaviours. The term “position” is more fluid than “status” and highlights the relative nature of equity. We can talk about mental health (or mental well-being) at different levels, other than just at the individual level – for example, we can talk about the mental well-being of an organization or a neighbourhood in terms of their levels of confidence and safety (both physical and psychological).¹⁰

BLENDING MENTAL HEALTH, IMPACT AND EQUITY: THE MENTAL WELL-BEING IMPACT ASSESSMENT¹¹

The idea of creating a separate MWIA arose out of the finding that many HIAs lacked a sufficient focus on (positive) mental health. Furthermore, a MWIA represents a shift in thinking about mental health, from a

“A CANADIAN MENTAL HEALTH IMPACT ASSESSMENT TOOL SHOULD SYSTEMATICALLY USE GENDER-BASED ANALYSIS (GBA) IN ALIGNMENT WITH HEALTH CANADA’S GBA POLICY. IMPORTANTLY, THIS APPROACH REFLECTS SOUND SCIENCE AND WILL HELP CONTRIBUTE TO THE DEVELOPMENT OF APPROPRIATE RECOMMENDATIONS AND ACTIONS THAT TAKE INTO CONSIDERATION DIFFERENCES BETWEEN GENDER AND VULNERABLE GROUPS” (BIRD, 2008, P.4 CITED IN LAKASKI, 2010).

focus on illness to a focus on health. The most recent version of the UK’s MWIA encapsulates this well:

“The MWIA process enables a shift in thinking and focus to improve mental well-being. It can contribute to re-aligning resources and models

8 Gardner B (2008) Health Equity Discussion Paper, Toronto Central LHIN, www.torontocentrallhin.on.ca

9 Westerhof G J, Corey L & Keyes M (2010). Mental Illness and Mental Health: The Two Continua Model Across the Lifespan, *J Adult Dev* 17: 110-119.

10Friedli L (2009) Mental health, resilience and inequalities, WHO Europe, www.euro.who.int

11This is sometimes referred to as a Mental Health Impact Assessment. This section is adapted from *Mental Well-being Impact Assessment: A Toolkit, “A Living and Working Document.”*

of service from those that concentrate on managing the consequences of poor mental well-being (high crime, unemployment, illness, intolerance, and under-achievement) to ones that tackle the determinants of good mental well-being: control, resilience, participation and inclusion.”¹²

Four factors have been identified which are linked to the social determinants of mental health: enhancing control, increasing resilience and community assets, facilitating participation, and promoting inclusion (called the “four-factor framework” below). These factors are, in turn, influenced by population characteristics (age, gender, race/ethnicity, socio-economic position and class, disability, sexuality and transgender, and physical health), the wider determinants of mental well-being (physical security, environment, meaningful activity, good quality food, leisure, education, transport, and financial security) and the economy, with equity and social justice affecting every level.¹³ This means that proposals or projects should be considered with a view to examining their possible impacts on these four factors, at the individual, community, and environmental levels (see below for more detail). In addition, if equity is to be an additional consideration, this process should be underpinned by using one or more of the equity-focused planning tools (equity lens, equity audit, HEIA).

Adopting an equity lens, the questions to consider are:

- Who might be affected by the project or proposal?
- What are the possible impacts on mental health (look at the four-factor framework) for these different groups?
- Are these impacts equally distributed?
- Where can the positive impacts be maximized?
- Where can the negative impacts be minimized?
- Which sub-populations’ interests take precedence?

As the questions suggest, this process draws on several types of knowledge: the evidence base (socio-demographic data, published and grey literature), community profiles, as well as the experiences of local stakeholders (both professionals and local people), particularly those who may be affected by the proposal and/or whose voices have traditionally been marginalized.

¹²Mental Well-being Impact Assessment (2010), National Health Development Unit, www.nmhd.org.uk

¹³Friedli, L (2009 2) cited in Mental Well-being Impact Assessment (2010).

THINKING ABOUT POWER

Involving stakeholders in the process of MWIA requires attention to issues of power, to ensure that participation is not disempowering or exclusionary. Bird (2008: 37) suggests that the following questions be considered before engaging with the public and strategies developed to ensure that the most marginalized voices are heard:

- “At which level will communities or stakeholders be invited to enter in the decision-making process of a MWIA?
- Will they be invited to understand the policy and subsequent health impacts in question (power over)?
- Will they be invited to suggest ways in which the policy will impact on mental health (power to)?
- Will they be able to influence some of the final decision (power with)?
- Or will they be able to make the final decision (power within)?”

The outcome of a MWIA, like health impact assessments more broadly, is a set of evidence-based, prioritized recommendations which can be acted upon by policy-makers and/or practitioners. The following section outlines the steps involved in carrying out a MWIA.

DOING A MENTAL WELL-BEING IMPACT ASSESSMENT

The steps involved in carrying out a Mental Well-being Impact Assessment are essentially the same as those involved in an HIA:

1. Screening
2. Scoping
3. Appraisal
4. Recommendations – identifying the positive and negative impacts
5. Identifying indicators to monitor the impacts of the proposal/project on mental well-being
6. Implementation of the recommendations

Once again, the principle of equity can be incorporated into each of these steps through an ongoing process of self-reflection which asks “Who might be affected? How might different groups be affected? What actions can be taken to involve those who may be pos-

sibly adversely affected to minimize any harm?” In this manner, the MWIA adopts the public health’s key value to “do no harm” and to put into practice the precautionary principle, of choosing not to do something if the probabilities of harm outweigh those of benefit.

STEP 1: DESKTOP SCREENING

Desktop screening — researching available data, program and planning documents and related evidence — is the first stage in a MWIA and answers the question of whether you should do a MWIA. Like HIA, it is ideally carried out *before* a proposal or project has been implemented so that adjustments can be made. It requires a good working knowledge of the project (therefore a couple of experts in the field would be useful to be involved) as well as identification of affected populations/communities. It is, therefore, helpful to a few key people involved in this step, both those with professional knowledge and at least one person from a community likely to be affected by the proposal (e.g., a mental health consumer).

While the following steps may suggest a lengthy process, this step is supposed to be relatively quick (hence its name “desktop”), so that a judicious decision can be made about whether or not to proceed. In general, this step involves asking questions about relevance to mental well-being and the possible nature and scale of impact of the proposal on mental well-being:

RELEVANCE:

- Why do you want to look at the possible impact on mental well-being of the proposal?
- Is there an opportunity to influence or change ways in which the proposal is being delivered? (only proceed with an MWIA if the answer to this question is yes).

IMPACT ON LOCALLY-IDENTIFIED, VULNERABLE POPULATIONS:

- Given that different populations have different degrees of vulnerability to poor mental health and different resources to cope with mental illness, what impact will the project or proposal have on different sub-populations (drawing on professional knowledge as well as demographic knowledge of the affected communities)?
- Using the four-factor framework previously identified (enhancing control, increasing resilience and community assets, facilitating participation, and promoting social inclusion), look at the likely impacts

of the project on each of these factors, at the individual/lifestyle, community/social, and socio-economic/environmental levels (you don’t need to use all of them, choose the ones that are most relevant).

SCALE AND DURATION OF IMPACT

- What is the possible scale of impact (brief, weeks, months, years, entire life, unclear)?
- Are there possible long-term mental health impacts for the project? (Yes, some; a few people; a part of the population; the entire population; none; unclear).

At the end of this step, you will have summary responses to questions about the impact of the project on population groups, social determinants and protective factors. You should be able to answer the question about whether or not you should go ahead with doing an MWIA, bearing in mind that this will not be appropriate or feasible for every proposal. For example, if the proposal, based on a review of the available evidence, is determined to have minimal impact on local populations and/or very limited scale or duration of impact, then it would not make sense to proceed. However, if the likely mental health impacts of the proposal are unknown and the evidence suggests that, based on the four-factor framework, that the impact on locally identified populations could be considerable, then a MWIA would be justified. (A series of templates are provided in www.nmhdu.org.uk.)

2. SCOPING

The scoping stage involves setting up the structure for undertaking the MWIA. It involves such practical considerations as how in-depth the MWIA will be (from less intensive, desk-based to more comprehensive), whether or not it is necessary to establish a Steering Group, who should be involved, when, how and who should make decisions, what resources will be needed, and how evidence will be gathered. In essence, this is the project management step of the MWIA.

3. APPRAISAL

The appraisal stage involves looking at the current state of evidence, which can include community profiles, stakeholder and key informant data (you can look at previous consultations of HIA or MWIA, original field work from such sources as one-to-one interviews, workshops, site visits, etc.), published and “grey” literature of potential impacts of interventions on mental

well-being or protective factors. As the different types of evidence shed different perspectives on the issue, it is recommended to draw on all different types, even if undertaking a rapid MWIA, but especially if undertaking a comprehensive MWIA.

4. RECOMMENDATIONS

This is often a neglected step, but the ultimate purpose of a MWIA. The preceding steps should result in clearly defined, prioritized, actionable recommendations, provided at the end of a report which describes the process and the findings. The format and language of the report should be tailored to the decision-makers. Ideally, a way of evaluating the MWIA would also be considered and discussed — for example, whether the Terms of Reference had been achieved [drawing on qualitative data]; propose an impact evaluation to determine whether the MWIA had influenced the decision-making process; and propose an outcome evaluation to determine the MWIA's more long-term consequences on public health.

5. IDENTIFY INDICATORS TO MONITOR THE IMPACTS OF THE RECOMMENDATIONS

How will you know the extent to which the recommendations have been achieved? Alongside the recommendations should be (ideally measurable) indicators. Although discussions on mental health can be highly subjective, attempts should be made to quantify impacts wherever possible. This may involve surveys being designed to measure aspects of mental health that are not easily captured or documented by existing objective data, however, surveys do exist on different aspects of mental health, such as self-esteem or quality of life, and the Warwick-Edinburgh Mental Well-Being Scale (<http://www.healthscotland.com/documents/1467.aspx>), could be a useful way of measuring individual mental well-being.

6. IMPLEMENTATION OF THE RECOMMENDATIONS AND ONGOING MONITORING

You have screened, scoped, appraised, recommended and indicated — and now for the implementation! Given that you provided a prioritized list, not all of the recommendations may be acted upon, but those that are should be subjected to ongoing monitoring and adjusted if there are unanticipated and/or undesirable consequences.

In summary, the MWIA represents a structured pro-

cess for identifying, measuring and then taking action on the possible mental well-being impacts of a proposal. Like HIA, it is systematic and responses to each step should be written down so that the process adheres to the principles of openness and transparency. Given the need for a more nuanced approach to mental health promotion, an equity lens can be applied throughout the steps to ensure that the diversity of the affected populations are given their appropriate consideration.

FINAL THOUGHTS AND CONCLUSION

The contribution of sectors outside of the health care system for impacting on population health has been recognized. Tools such as HIA and, more recently, HEIA have been developed and used to systematically and explicitly articulate the extent to which proposals or projects from these sectors will affect different population groups within a geographical area. These tools have been invaluable in making the possible impacts of proposals explicit and, if undertaken before project implementation, truly adopt the precautionary principle by addressing any unforeseen consequences before they can be realized. In most cases, these tools will suffice to document possible mental health impacts on different population groups, particularly if their objectives are broad. However, if mental health is an important consideration of a project or proposal and/or is heavily suggested by the local populations and data, then critiquing these proposals with reference to the evidence base on mental health will be necessary and beneficial. This primer has outlined the steps involved in undertaking such an exercise. More detail, including worksheets, can be found in the document *Mental Well-being Impact Assessment: A Toolkit — “A Living and Working Document”* (<http://www.liv.ac.uk/ihia/IMPACT%20Reports/mwia-toolit1.pdf>), upon which this primer is based. A condensed example of what this might look like, including focused questions, is provided in Appendix A.

RESOURCES AND FURTHER READING

National Mental Health Development Unit (2010) – www.nmhdu.org.uk

The Mental Well-Being Impact Assessment (2010 – revised version) - <http://www.apho.org.uk/resource/item.aspx?RID=95836>

Coggins T, Cooke A, Friedli L, Nicholls J, Scott-Samuel A & Stansfield J (2007) Mental Well-being Impact Assessment: A Toolkit – ‘A Living and Working Document’, United Kingdom: Care Services Improvement Partnership North West Development Centre, <http://www.liv.ac.uk/ihia/IMPACT%20Reports/mwia-toolkit1.pdf>

Ethno-Racial People with Disabilities – <http://www.erdco.ca>

Ontario Women’s Health Network – <http://www.owhn.on.ca>

Health Equity Council – <http://www.healthequity-council.ca>

Rainbow Health Network – <http://www.rainbow-healthnetwork.ca>

Wellesley Institute links:

Health Equity Impact Assessment webpage: <http://www.wellesleyinstitute.com/policy-fields/healthcare-reform/roadmap-for-health-equity/health-equity-impact-assessment/>

Using Health Equity Impact Assessment Creatively: Local Mental Health Strategy - <http://www.wellesleyinstitute.com/blog/using-health-equity-impact-assessment-creatively-local-mental-health-strategy/>

International HIA Resources - http://www.wellesleyinstitute.com/health-care-reform/roadmap-for-health-equity/health-equity-impact-assessment/other_international_hia_resources/

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