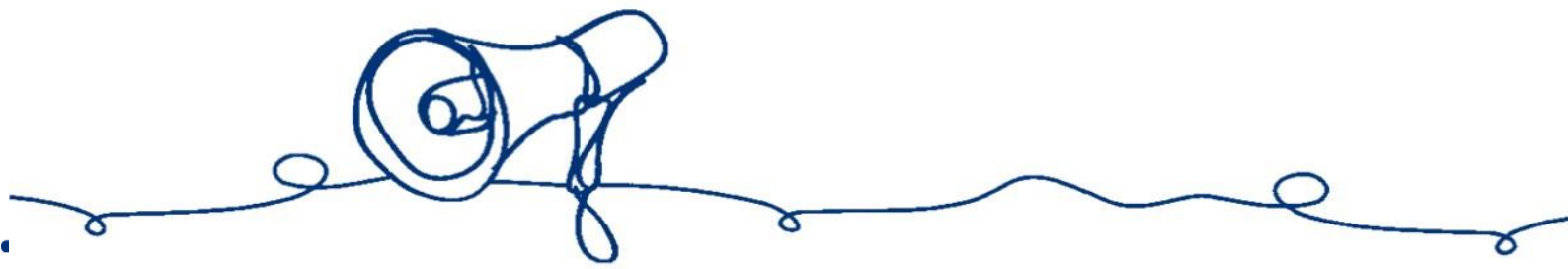
mind
for better mental health

In It Together

Evaluation Report

April 2020



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Key findings

- In It Together, funded by the Covenant Fund, is a four week course that supports the wellbeing & resilience of partners of serving military personnel. The course was delivered by Oxfordshire Mind and Norfolk and Waverley Mind (formally West Norfolk Mind) between August 2017 and December 2019.

- The project aimed to build resilience by offering practical skills to help manage thought patterns that lead to negative emotions and behaviours. It also teaches strategies to identify risks and respond to stressful situations and triggers.

- Initial findings suggest that 'In It Together' had a positive impact on participants' wellbeing, with 79% (n = 72) reporting an improvement by the end of the programme. Participants' mean wellbeing score increased to above the national average after engaging in the programme.

- The evaluation also suggests that 'In It Together' had a positive impact on the majority of participants' quality of life and self-esteem, with 75% (n = 67) and 71% (n = 65) of participants reporting improvements in the quality of life and self-esteem respectively.

- The 'In It Together' pilot had the least positive impact of participants' social connection. Only 60% (n = 55) of participants reported improvements in their sense of belonging and support. This is improvement is markedly lower when compared to improvements in wellbeing.

- The content of the programme was well received by facilitators. However, further adaptation was required to ensure it met the needs of military partners. The length of the course was said to be too short, which may go some way to account for why some participants did not demonstrate more positive outcomes. The use of the online element of the course was very limited.

- Key barriers to the implementation of the programme included: difficulties with recruitment and establishing referral pathways; initial scepticism and lack of trust from the target audience; and the logistics of organising crèche facilities.

Introduction

Background

Very little is known about the psychological effects of the deployment of service personnel on their family and friends (Centre for Mental Health, 2012). Understandably, the focus of research has been on those serving. This has meant that there is a gap in our understanding of the needs of those left on the "home front" and how best to keep them well (Centre for Mental Health, 2012). As highlighted in the Unsung Heroes report (Centre for Mental Health, 2012), whilst recommendations for the need to better recognise and provide treatment for the mental health needs of both serving and ex-serving military personnel, such recommendations fail to be extended to the family.

Due to the extremely limited availability of any UK based studies regarding the effects of deployment on military families, we must look to the United States. Mansfield et al (2010) found that military wives, whose husbands were deployed, received significantly more diagnoses of depressive disorders, sleep disorders, anxiety and acute stress reaction and adjustment disorders.

Previous attempts to provide psychological support for military families has come from bereavement services or The Big White Wall (Centre for Mental Health, 2012). However, awareness and suitability of these initiatives is questionable (Centre for Mental Health, 2012).

Mind's 'In It Together' project, funded by the Covenant Fund, was a social support and psychoeducational service designed to build the resilience of the partners of serving military personal. The project aimed to build resilience by offering practical skills to help manage thought patterns that lead to negative emotions and behaviours, as well as strategies to identify risks and respond to stressful situations and triggers.

Mind's Research and Evaluation Team independently evaluated the impact of the course, generating insights to inform future service development. This report summarises the findings from this evaluation.

Course development

The programme was adapted from Mind's evidence-based resilience protocol, developed in partnership with the University of Oxford. Mind defines resilience as not simply a person's ability to 'bounce back', but their capacity to adapt in the face of challenging circumstances whilst maintaining a stable mental wellbeing. Mind's resilience protocol identifies three overlapping and interrelating elements that are seen as needed to be resilient: high wellbeing, good quality social connections and having ways to cope with difficult or traumatic events.

The protocol was tailored to meet the needs of partners of military personnel through gaining insights from a focus group ($n = 4$) and three one to one interviews with military personnel's partners; focussing on the stresses and the coping strategies employed. Given the small sample size, the stresses and coping strategies listed below are not intended to be representative, rather to provide a snapshot of the experiences shared by these partners.

Stresses & coping strategies

Stresses described by partners were:

- **Isolation** – both physically; as military bases are often remotely located making it difficult to reach off-site facilities, and emotionally; as military families often live a distance from support networks and when their partner is deployed they are often managing the family home alone.
- **Unpredictability** – in relation to partners' deployment, return home, and moving between bases. All of which happens with little notice or formal communication.
- **Status and identity** – often determined by their partner's career, and rank, as opposed to a sense of their own status and identity.
- **Lack of formal medical support** – albeit not exclusive to military partners, but a lack of understanding about mental health from GPs, lack of ability to register with GPs, and some health provision only available to those serving.
- **Relationships** – difficulty for both partners to understand each other's pressures as well as the pressure placed on reintegration into the family quickly and easily after a prolonged absence.
- **Practicalities** – the stress of running a family home, with the hindered ability to action tasks, such as banking, without the deployed partners signature, plan for celebrations and life events, and the desire for rest and recuperation being incongruent between those who have been deployed and those at home.

The coping strategies participants said they employed were:

- **Friendship networks** – especially with other military partners, due to shared experiences.
- **Organised activities** – community organised activities, such as "mums' groups", as opposed to military organised activities, allowing for routine and distraction from absent partner.
- **Support from key figures** – which could be formal (e.g., Padre/Chaplin) or informal (e.g., other military partners) who are sources of support and information.
- **Fitness and meditation** – used as distraction and stress reliever. However, affordability and childcare were barriers to engaging in this.
- **Grit and determination** – 'getting on with it', 'putting on a brave face', and acceptance that this is the life of a military family.
- **Anger** – feeling anger for the situation they are in when experiencing setbacks and partners absence, with some using social media as an outlet for frustration.

Course content

The course consisted of a two-hour session, held on four consecutive weeks. The sessions used a mix of information, group work, wellbeing activities, and cognitive behavioural therapy (CBT) techniques to support the mental health and wellbeing of participants. Participants were also provided access to online content, which mirrored the content delivered in session. Participants were encouraged to access these resources, whilst attending the course, to reinforce in-session learning.

The course specifically focused on:

- developing participants knowledge and understanding of mental health problems
- identify strategies that will to build their resilience
- improving wellbeing
- improving self-esteem

- teaching psychological coping strategies
- encouraging participants to develop strong support networks

Each session was facilitated by a member of local Mind service delivery staff. Participants were set a 'home practice' task each week to put into practice one tool they had been introduced to that session, as well as being invited to access the weekly online learning module. Each session typically consisted of a 10 minute check in/ review experiences of home practice task, followed by 45 minutes of psychoeducational group activities, a 10 minute break, a further 45 minutes of psychoeducational group activities, and then the session finished with 10 minutes used to introduce weekly home practice and look ahead to next week's session topic.

Recruitment & referrals

The main referral/recruitment route was through self-referral. This self-referral was mainly facilitated by local Mind project workers promoting the service face-to-face on base (e.g. via holding info sessions, coffee mornings or visiting existing groups/events, such as mum and baby groups, army wives choir meetings, mental health/wellbeing awareness events put on by the bases). Promotional materials (e.g., leaflets/posters) were also circulated, along with posts/ads on relevant social media, providing contact details for people to self-refer.

Local Mind project staff also made links with army/RAF welfare staff on bases. They liaised with staff to gain support with logistics (e.g., securing venues on base to hold the sessions) as well as helping to advertise the programme and referring potential participants they were in touch with via their welfare work. In some cases the local Mind project workers also liaised with the Padres, as outlined above, who act as support on base, and in some cases referrals came via this route. Local Mind project workers also linked in with local branches of SSAFA (an armed forces charity that provides a range of support) who would occasionally signpost clients to the local Mind project.

Methodology

This section presents the objectives of the evaluation and the methodology used.

Mind's Research and Evaluation Team independently conducted a mixed method evaluation between August 2017 and March 2020.

Research objectives

The overarching aim of this evaluation was to understand the impact of the course on participants' quality of life, self-esteem, social networks, and wellbeing; the pillars of resilience.

Evaluation questionnaires

The evaluation was designed to collect data from participants using a standardised evaluation questionnaire at the beginning and end of the course. The following outcomes were included in the pre and post surveys and were measured using the tools outlined below.

Table 1: Outcomes measured in pre and post up evaluation questionnaires

Resilience Pillar	Measurement Tool
Wellbeing	Recovering Quality of Life (ReQol) • 10 item standard clinical measure of quality of life specifically designed for people with mental health problems Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) • 14 items assessing mental wellbeing
Psychological Coping Strategies	General Self-Efficacy Scale (GSES) • 10 item self-report measure of self-efficacy
Social Capital	Social Provision Scale (SPS-10) • 10 item measure of social capital

122 participants took part in the course: 71 from Oxfordshire Mind and 51 from Norfolk and Waverley Mind (formally West Norfolk Mind). Descriptive statistics (e.g. averages) and inferential analysis (i.e. measure of difference) were used to analyse the profile of participants and the self-reported outcomes data for those that took part in the evaluation.

Interviews

Between Winter 2019 and Spring 2020, Mind's Research and Evaluation team conducted five semi-structured telephone interviews with three course participants, and two local Mind delivery staff. Given the very small number of interviews that were conducted, the following qualitative findings should be seen as a deeper dive into specific participants' experiences, rather than representing a wide breath of course participants' experiences.

Participant interviews explored the overall experience of the course, any impact on the outcomes listed above. Project staff interviews explored clients' experiences of taking part in the intervention and process learning from delivering the programme.

The interviews were professionally verbatim transcribed. All participants gave informed consent, had opportunities to ask questions, and the data was stored and processed in

compliance with GDPR. The data was analysed thematically using the Framework Approach. Anonymous verbatim quotes are included in this report.

Participant Profile

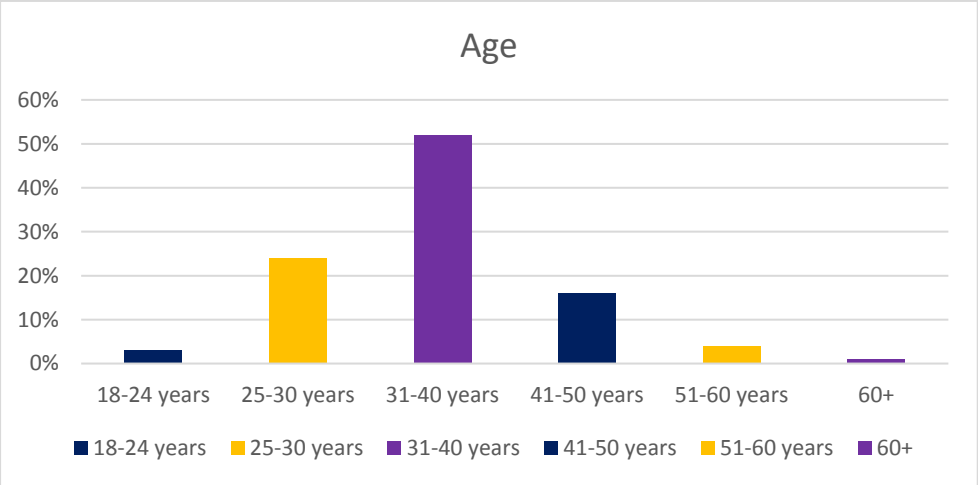
122 people completed the pre course evaluation questionnaires and 91 people took part in the post course evaluation questionnaires.

Gender, age, sexual orientation, and disability status

100% of participants identified as female.

The largest age group accessing 'In it Together' were aged 31-40 years (52%, *n* = 63). The next most common group were those aged 25-30 (24%, *n* = 29), followed by those aged 41 – 50 (16%, *n* =20), then those aged 51-60 (4%, *n* =5), and then those aged 18-24 (3%, *n* =4). The smallest group accessing In It Together were those aged 60+ (1%, *n* = 1).

Figure 1: Percentage of service users by age band



Base size: 122 participants [3 missing cases]

The majority of participants, 116 (96%), identified as heterosexual / straight, 3 (23%) participants identified as bi, and 1 (1%) participant identified as either Lesbian or Another respectively.

Seven participants (4%) identified as having another experience of disability, five participants (2%) identified as having a physical disability, two participants (2%) identified as having a learning disability, and one participant (1%) identified as having a physical disability and other experience of disability.

Ethnicity

The table below shows the breakdown of participants by ethnicity.

Table 2: Ethnicity of Participants

Ethnicity	%
White British	90% (*n* =109)
Any other White background	5% (*n* =6)
Mixed	3%

	(*n* =3)
Asian	2% (*n* =2)
Black	2% (*n* =2)

Base size: 122 participants [3 missing case]

Experience of mental health problems

Just under half of participants reported having personal experience of mental health problems (47%, *n* = 56). The table below provides more information about other experiences of mental health problems.

Table 3: Participants' experience of mental health problems at baseline

Experience of mental health problems	%
Personal experience	47%
Family member	21%
None of the above	12%
Friend to someone	8%
Used services	6%
Used local Mind services	3%
Work in sector	3%

Base size: 119 participants
Note: percentages don't add up to 100% as participants could select multiple options

Participant Outcomes

Quality of Life, Self-esteem, Social Capital, and Wellbeing

Table 4 shows the average scores for quality of life, wellbeing outcomes, self-esteem, and social capital as measured by the pre and post questionnaires. The mean change in scores between pre and post questionnaires are also presented to demonstrate where positive improvements have been made. Population norms are provided, where available, in order to allow for comparison between participants' scores and that of the general population.

Table 4: Average scores on participant outcomes

Outcome measured	Population norm /Clinical Threshold	Average score pre questionnaire	Average score post questionnaire	Mean Change Between Sessions 1 and 8*
Quality of Life (ReQol)	Unavailable	24.18	27.66	3.48
Wellbeing (S-WEMWBS)	23.60	22.50	25.46	2.96
Self-esteem (GSES)	Unavailable	28.19	30.62	2.43
Social Capital (SPS-10)	Unavailable	30.95	32.81	1.86

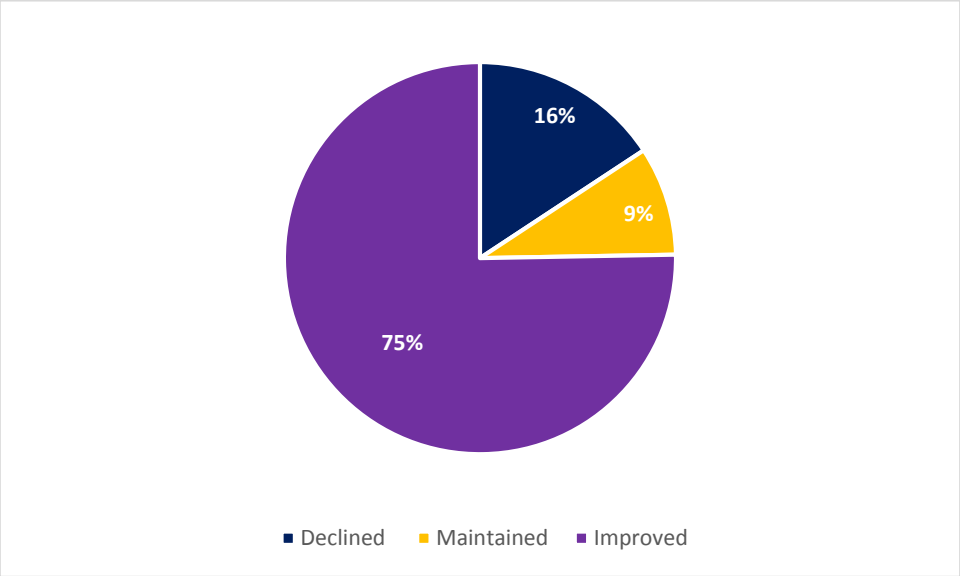
Base size: 91 participants. *Mean change between sessions 1 and 4 refers to the mean change in scores for clients where both Session 1 and Session 4 scores were recorded.
Increases in scores indicate positive change.

Quality of Life and Wellbeing

One of the three pillars of the resilience model, and a key aim of this programme, was to improve people's mental state, how they are feeling, and how well they can cope with everyday life.

The data collected from participants indicated that 75% (n = 67) of participants reported an improvement in their quality of life. However, 16% (n = 14) reported a decline in their quality of life. Table 4 outlines participants' average pre and post scores. A paired sample t-tests was performed on participants' pre and post evaluation questionnaires and results confirmed that increases in quality of life were statistically significant at the p<.001 level. However, it is important to note that although statistically significant, the change reported was fairly small and may not have necessarily felt like a big change for participants.

Figure 2: Changes in participants' Quality of Life

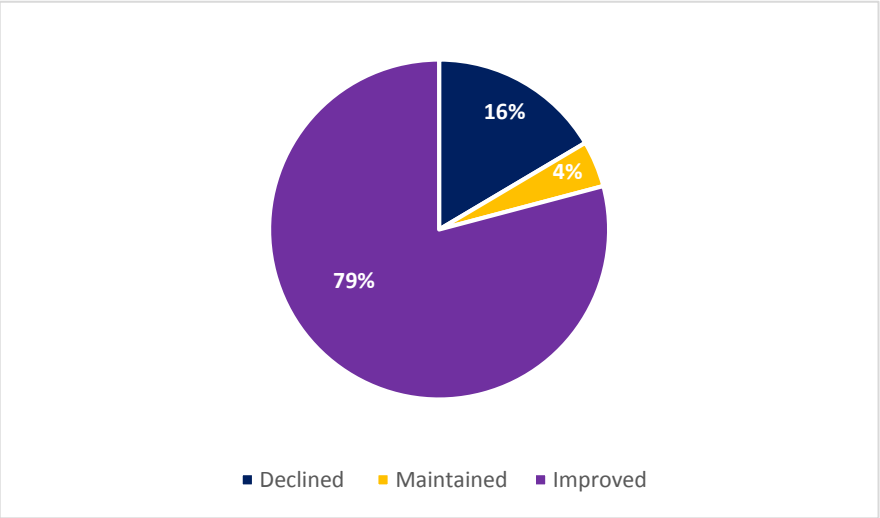


Base size: 89 participants.

On average, across all outcomes, participants appeared to improve most in their reported levels of wellbeing. 79% (n = 72) reported an increase in the levels of wellbeing. However, 17% (n = 15) did report a decline in their wellbeing. Table 4 above, indicates that participants report, on average, wellbeing scores that are lower than the population mean for England at baseline. However, after attending the programme, participants' scores were higher than the population average for wellbeing. This would indicate that the In It Together is successful in improving participants wellbeing.

A paired sample t-tests was performed on participants' pre and post evaluation questionnaires and results confirmed that increases in wellbeing were statistically significant at the p<.001 level.

Figure 3: Changes in participants' Wellbeing



Base size: 91 participants.

Examples of improvements to quality of life and wellbeing, expressed by participants, included:

- improvement in general quality of life
- improved and stabilised mood
- improved emotional control

"I hardly raise my voice like the usual me. Yes, I hardly raise my voice, I hardly scream, I hardly shout, I just know this can be handled quite calmly." (Participant)

"I don't easily get upset like I used to." (Participant)

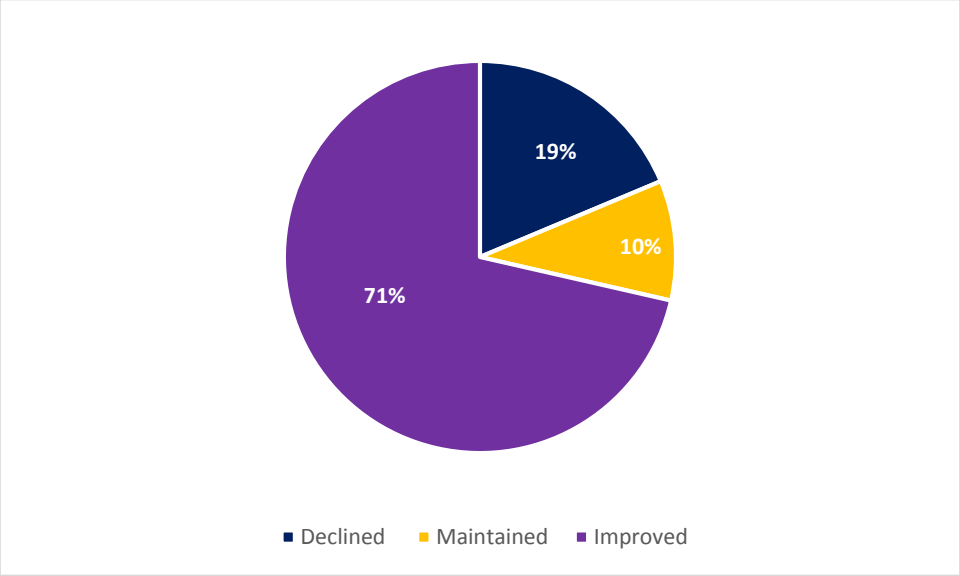
""It made me feel better at a time where I was, sort of, feeling quite anxious and at least I could be in a safe environment and you get to share with other people...it lifted my mood." (Participant)

Self-esteem

In order to measure the impact of teaching new psychological coping strategies, the evaluation measured changes in participants' empowerment and self-esteem. 71% (n = 65) of participants reported an increase in their self-esteem. However, similar to the pattern with quality of life scores, almost 1 in 5 (19%; n = 17) participants reported a decline in their self-esteem.

Table 4 shows participants' average pre and post scores. A paired sample t-tests was performed on participants pre and post evaluation questionnaires and results confirmed that increases in self-esteem were statistically significant at the p<.001 level. However, it is important to note that although statistically significant, the change reported was fairly small and may not have necessarily felt like a big change for participants.

Figure 4: Changes in participants' Self-Esteem



Base size: 91 participants.

When interviewed, participants mentioned:

- improved self-esteem and empowerment
- improved self-care and coping techniques

"*It's like a manual, in a way. A manual for how to survive. So definitely, I think it's helped with giving me more coping strategies." (Participant)*

' It really, kind of, gave it a little bit more strength... I think it's empowerment as well." (Participant)

"but it's helped me so much more, helped me cope so much better than I thought I was going to." (Participant)

"Before now, no matter how stressed out I am, I am tell myself, 'Look, no matter how you feel, you've got to do this. If you don't do it, it can't get done.' Now when I'm stressed out, I know it's time to rest, you know? I know it's time to rest and I let it go." (Participant)

Social Capital

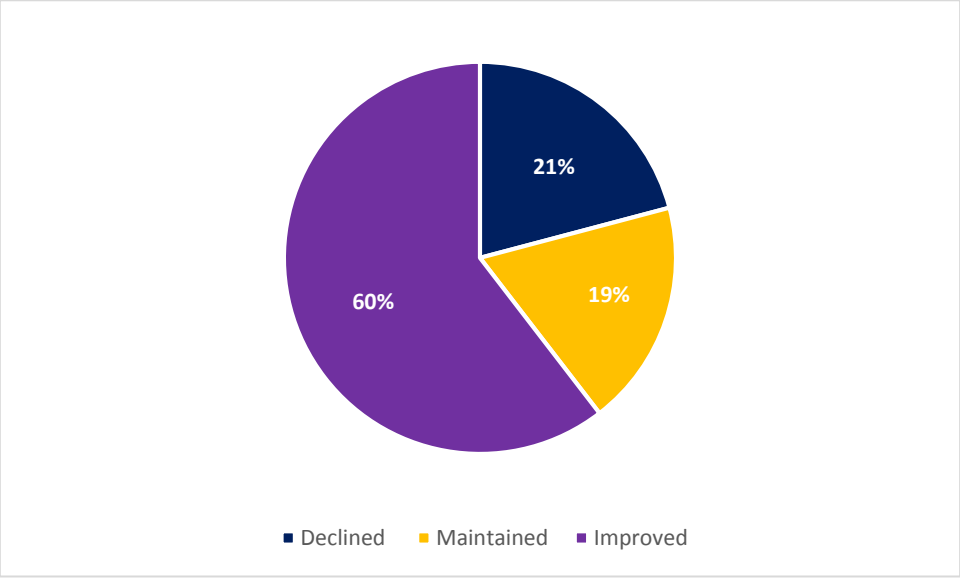
The programme aimed to achieve an improvement in participants' social networks, as measured by improvements in sense of belonging and support. This is the final element of the resilience model.

60% (n = 55) of participants reported an increase in their social capital, with 2 in 5 either reporting a decline (21%; n = 19) or no change 19% (n = 17) in their levels of social connection from pre to post. Given a key aim of the programme was to improve participants' feelings of social connection this result may be unexpected.

Table 4 shows participants' average pre and post scores. A paired sample t-test was performed and results indicated that the improvements in participants social networks were statistically significant at the p <.01 level. However, it is important to note that

although statistically significant, the change reported was fairly small and may not have necessarily felt like a big change for participants.

Figure 5: Changes in participants' Social Capital



Base size: 91 participants.

Examples of improvements to social capital, reported by participants included:

- a sense of togetherness and developing peer supportive relationships in the group through shared experiences,
- improved relationship with partners,
- an ability to talk about their mental health with their partner.

"So, realising that not everyone you see on the street has got it all fixed, it was quite an eye-opener. Yes, I think that was one of the most special parts of it." (Participant)

"You're with other people who, perhaps, are feeling the same." (Participant)

"I was able to, sort of, come home and talk to him about it. I think he saw that it was beneficial...so, it wasn't only helping me but it, sort of, helps your family as well." (Participant)

"I've spoken to my husband a lot more about how I've felt." (Participant)

"It's [the course] actually made us feel better about each other." (Participant)

Overall, findings suggest that 'In It Together' had a positive impact on participants' wellbeing, with 79% (n = 72) reporting an improvement by the end of the programme. Participants' mean wellbeing score increased to above the national average after engaging in the programme. The evaluation also suggests that 'In It Together' had a positive impact on the majority of participants' quality of life and self-esteem, with 75% (n = 67) and 71% (n = 65) of participants reporting improvements in the quality of life and self-esteem respectively. However, the 'In It Together' pilot had the least positive impact of participants' social connection. Only 60% (n = 55) of participants reported improvements in their sense of belonging and support. This is improvement is markedly lower when compared to improvements in wellbeing.

Process Learning

The following section outlines the key process learning gained from qualitative interviews with both local Mind facilitators in the two pilot sites, as well from participants (where relevant).

Recruitment

Facilitators noted that developing and maintaining strong links with key individuals on each military base was vital to recruitment. Who the key individuals were varied for each base; on some bases it was the Welfare or Communications Officer, whereas on others it was 'military wives' or the Padre/Chaplin. These individuals often acted as gatekeepers to the base, and so without getting these key individuals on board, recruitment could - and initially did - prove difficult.

"My first port of call would be to contact the welfare office if they were army, or the communications office if they were air force and find out who I needed to contact. I would ask what they had on the base for families, so coffee mornings, military wives choir, health visitors and so I would find out what was already running on the base for families and then I would ask permission to visit". (Facilitator)

"So we done a lot of coffee mornings, we done a lot of meeting up with SSAFA, we done a lot of meeting up with the chaplaincy, we done a lot of flyers, drop-ins, we done a lot of being at events like the Mardell, we done, we went to any event we could to, kind of, take some flyers and promote ourselves". (Facilitator)

"If you know what the key influences are straight away, go straight to them, like the chaplaincy, like Safa, like the padres, build some connections with some military wives. And if you can build the connections with the military wives to start with, it just goes from strength to strength. They've helped me do activities, get groups together, get other military wives on it run evening courses, help us get into the choir". (Facilitator)

This difficulty in recruitment appeared to be compounded by facilitators' different experience of working with this audience. One facilitator had delivered a similar programme in the past and was able to rely on established contacts and methods of engagement (as well as their own personal experience of being a military wife). However, the other facilitator did not have these experiences or connections. This initially hindered their ability to recruit to the programme.

"I'd already set up quite a lot of connections or liaisons with welfare officers in the six bases [in a previous role]... So actually that gave me a foot in the door much easier this time round because the first time round I spent a lot of time knocking on doors and trying to get my foot in the door... I'd managed to build a bit of a rapport with a lot of welfare officers and care teams". (Facilitator)

"That took us a little while to realise that, but getting the chaplaincy on straight away because they would always signpost people and their work that might need some extra support or might need to come to a workshop, or might need a bit of mental health advice". (Facilitator)

Time to build trust with this group and dispel initial scepticism about mental health was another initial barrier to recruitment that had to be overcome. Attending many pre-existing face-to-face groups (e.g., "mums" groups, military wife's choirs, and coffee mornings) were key to advertising the programme and generating interest. Perseverance and dedicating time to attending the same events multiple times was crucial for success with this route.

"Because, kind of, when we said we were from Mind, people were like, 'Oh, you know, my mental health's fine, I don't want to talk to you about that.'...once they'd seen us a few times and once they'd started doing the course, the stigma around that, kind of, went, as such, and we built the relationship". (Facilitator)

"It's difficult to engage and face military bases, and we had to build up a relationship with them and, kind of, it was just difficult. Once we've built those relationships in the military bases, it was fine". (Facilitator)

"It was quite, to start with in the first few months was quite a, I wouldn't say a hard process, but it was kind of, like, 'Just keep going with it, keep showing your face, keep turning up each week". (Facilitator)

However, once referral pathways were established, many women self-referred to the programme.

And then, like, there was a couple of ladies that, when I first promoted the course, didn't want to do it, and then by six months on the scene, they were like, 'Do you know what, I'm going to do the course, what have I got to lose?' (Facilitator)

The issues with recruitment outlined above may go some way to explain the variation in group sizes. The programme was designed to run with between 8-10 participants in each group. However, group sizes ranged from 2 to 13 people, with the average group size across the programme being 5 participants in each group. Whilst delivery staff did not indicate any concerns regarding group cohesion (with the exception of the group of 2 participants), the smaller group size does reduce the cost effectiveness of the programme.

Programme set up

Aside from the fairly resource intensive establishment of recruitment and referral pathways, one barrier for facilitators with programme set-up was the ability to provide crèche facilities. When the programme was designed, it was agreed that participants attending the programme would need access to paid for childcare arrangements, given they are often stay at home parents and live far away from family members who may be able to assist with childcare. However, programme facilitators shared challenges when attempting to establish the crèches. This mainly centered around the issue of crèches being unable to cater to the short-term requirements of a four-week course. Crèches work to the academic calendar and so are more used to accommodating six-to-eight week childcare requirements.

"The only thing I would say is, going forward, is that crèche places are taken, like, termly or quarterly, so to have one just for four weeks was quite hard at times." *(Facilitator)*

"Most nurseries are booked. Most nurseries won't take a child for four or five sessions for three hours". *(Facilitator)*

Also, one facilitator noted that, traditionally, there is a reluctance within this group to allow others to look after their children. This was also confirmed by one participant.

"Military wives don't part with their children. Because they move. So a lot of the under threes do not get put in nursery because the women can't work because they are forever on the move and also because the children are forever on the move they don't like to disrupt them any more than they have to". *(Facilitator)*

"So that's the first time someone who is not me actually looking after my kids." (Participant)

A final consideration when setting up the programme was the issue of having groups made up of participants whose partners were of mixed ranks. The inherent hierarchy within the military also extends to the families. As outlined above, the status and identity of military partners is often determined by their partner's career, and rank, as opposed to a sense of their own status and identity. Therefore, some participants were reluctant to attend a programme in which there was a group member whose partner was of a higher military rank than theirs, especially within the same military unit, due to concerns around anonymity and how that may qffect their partner who was serving.

"They can sometimes be an issue with rank so sometimes officers' wives don't want to be in the same room as non-officers' wives." (Facilitator)

"When I contacted her afterwards it turned out that one of the wives in the room, this other person was her husband's boss. She said 'I don't want to share anything. I didn't realise we were going to be discussing and I don't want to do that. I don't want her going home'". (Facilitator)

Programme content and length

The content of the programme was well received by facilitators. Those that were able to attend the co-production session, held prior to delivery, stated that they found this helpful.

"Well I really thought weaving the five ways to wellbeing was quite a strength because it's a simple proven thing and what I tried to do was pull everything back to it so whatever we did we would pull it back to the five ways to wellbeing." (Facilitator)

"I know we adapted it quite a lot in the end...originally, in the material, there wasn't any, kind of, solution. It was explained very well, but then the techniques, in parts, were missing. And I think the material we came up with in the end was, you know, it was really received very well. But it did take some tweaking." (Facilitator)

"We looked at the material...because some of it wasn't relevant to military, or it needed to be reworded, or it wasn't, you know, the terminology had to be changed just so it fitted, more than anything. And actually, it was quite nice to be a part of it in the end, you know, and obviously get lots of different heads together to speak about all of our different views on it". (Facilitator)

However, facilitators did note that some of the content of the programme was not entirely suitable for the types of pressures and experiences faced by this audience, even after tweaks were made to the course content.

"So there was something called the planets where people are beamed up to a planet with a survival kit... because they're military wives and because they spend a lot of time on their own dealing with problems because their husbands are away, they turned through that exercise and didn't understand how anyone couldn't cope". (Facilitator)

"It didn't feel as if it challenged the women enough. Having been on the bases and worked with the women and having challenged them with CBT, I didn't find this particularly challenging." (Facilitator)

"One of the exercises said if you imagine this, this and this, it will alleviate your worry...but there was nothing to show visually or talk about how we accumulate stress and there was nothing about how we could all cope with stress". (Facilitator)

The course was designed to be four weeks in length. However, both facilitators provided feedback that this was too short. Facilitators stated that by the time group cohesion had been established, which took around three weeks, participants were already more than

half way through the course. They also felt that some participants had higher levels of need that required more intensive support. Participants themselves also provided feedback about the short length of the course, indicating that they would have liked to it have been a little longer.

"I must admit I would have liked six weeks because I think you haven't got your group until week three because they haven't gelled." (Facilitator)

"The only thing that I found throughout delivering it is it seems to be too short. By week three, everybody interacts, the relationships have been built up. You're just trying, you've just got to a level where everyone's got an understanding of each other, they're talking about emotions that they've maybe not talked about before, they're interacting with each other. And then week four comes". (Facilitator)

The local Mind facilitators made further adaptions to the course content and protocol. It is not possible to ascertain from the interviews conducted the extent to which the material was adapted, or the level of overlap in adaptations made between the two sites running the programme. This does have some impact on our ability to draw conclusions from the evaluation, given the course content was not entirely delivered to the original protocol and it is likely that there were some inconsistencies in programme delivery.

"I actually had a meet and greet week where they came and found out about the course, what it entailed. I told them about the research and I gave them an overview of the course and then they signed up for it." (Facilitator)

"We discovered that we needed to do a drop-in and offer more support after the workshop. That is something that [national Mind] supported us with, and we were able to do in the end." (Facilitator)

Participants were provided access to online content. They were encouraged to access these resources, whilst attending the course, to reinforce in-session learning. However, there was little mention by both participants and facilitators, during interviews, of the use of the online element of this programme (although the use of the online content was not directly asked about in the interview). Furthermore, it appeared that the online content was accessed 36 times across the whole of the programme. Therefore, it is difficult to draw any definitive conclusions about the effectiveness of this element of the programme. One facilitator provided some anecdotal evidence regarding the use of the online content:

"Another strength was the fact that actually there was a, not everyone used it but there was the facility of going online and so if someone had to leave early for childcare, or for whatever reason, they could then go online and pick it up." (Facilitator)

<u>Communication with national Mind and Evaluation Approach</u>

Feedback received around communication with national Mind was positive. Facilitators shared that staff at national Mind provided quick responses, took concerns seriously, and were flexible when they raised the need to make adaptions to the course format (e.g., adding a welcome session) and content.

"They said okay what don't you like and when I explained what I didn't like, they said well can you send us some bits and pieces you would like and I thought that was really good because they'd obviously paid someone to design this protocol and then to have someone say well I don't like it, I don't really want to deliver that part, they listened which I thought was good". (Facilitator)

However, feedback was received which indicated one facilitator felt that national Mind staff could have provided more direction in relation to how to recruit participants and expectations around that.

"There wasn't any information on how you wanted us to go in. It was, kind of, left to us, if that makes sense. It was like, yes you can go in to face-, but in regards to direction, there wasn't really any given on how you would like us to go about that. We did find our own routes but maybe going forward, it would be nice to maybe say, 'Well maybe you could do this, or maybe you could contact this person, etc.". (Facilitator)

Both facilitators expressed concerns about the evaluation questionnaires. These concerns were in relation to the length, whether some questions could be triggering (e.g., number of moves in the past 5 years may be upsetting as military families move a lot), and if questions would be seen as intrusive. However, facilitator feedback indicated that when participants were asked to complete the questionnaires there was little resistance to doing so and facilitators could also see the benefit of completing the forms.

"*For me to complete them to put them on to a computer, on a spreadsheet, were fine. I didn't find them difficult at all. I thought they were quite long winded and I thought they were intrusive for the women, but of course I understand it's a pilot scheme and I do understand that...but it did seem quite intrusive but to be quite honest, the women were so impressed they were getting this group course for nothing and it had been designed for them, actually they didn't mind. It just took quite a while to fill". (Facilitator)*

"I thought they were good and people either filled in the evaluation forms and put feedback on it or they didn't".(Facilitator)

Furthermore, one facilitator raised whether the questions covered the right topics and how well they linked to the course itself.

"My opinion on them was, they're not asking the right questions because on the questionnaire, the person that's doing the course might feel exactly the same when they start the course to when they finish the course. However, they might feel more equipped to deal with the emotions that they're feeling or they might feel more equipped to deal with the stress. The other thing is, some of the questionnaires, the results showed worse because actually by doing the course, it highlights that some people were struggling". (Facilitator)

Conclusion

The 'In It Together' programme had a positive impact on wellbeing, quality of life, and self-esteem for the majority of participants. All improvements were statistically significant.

Improvements were see in participants' wellbeing, with 79% reporting an improvement, as well as in quality of life and self-esteem, with 75% and 71% of participants reporting improvements in the quality of life and self-esteem respectively. Improvements in social connection were smallest, with around 2 in 5 participants either reported no improvement (19%) or a decline (21%).

A small number of participants experienced declines in the wellbeing during the course and had unmet support needs. Whilst the focus of the course is wellbeing and resilience,

appropriate onward signposting is crucial to ensure participants receive adequate support and care.

Facilitators experienced some difficulties when establishing referral pathways and recruiting into the programme. This largely due to initial scepticism and lack of trust expressed by the target group. This may go some way to explain the smaller than expected group sizes. Furthermore, the arranging of crèche facilities and mixed rank groups also caused some problems.

The course content was well received by both facilitators and participants, which is likely to account for the significant improvements to participants' wellbeing, quality of life, and self-esteem. However, the course content required some further adaptation in order to be entirely suitable to this audience. Facilitators were able to make these changes during delivery but there was no central record of the changes made.

A number of participants felt that the course was too short, and facilitators felt that this affected the ability to harness group cohesion. This may go some way to explain why improvements in social connection were markedly lower when compared to improvements in wellbeing.

The level of engagement with the online 'out of session' support was limited and it has not been possible to evaluate whether it added value.

The course met its aim to improve the wellbeing, quality of life, and self-esteem of military partners. However, social connection did not appear to improve for 40% of participants. Given the adequate sample size and significant results from the inferential analysis we can be confident in the robustness of the evidence.

Recommendations

Based on the findings of the evaluation, we make the following recommendations:

1. **Review the course content to ensure it is consistently tailored to meet the needs of this audience.** Feedback indicated that further adaptions were required, and took place in an ad-hoc manner by programme facilitators, in order to make it entirely suitable for this audience.
2. **Consider lengthening the course.** Feedback provided by both facilitators and participants stated that the course was too short. Facilitators felt that it took around three of the four weeks to build group cohesion and participants were left wanting more support after the course ended.
3. **Reconsider the value of the online element of this service.** Data indicated that the online 'out of session' resources were accessed 36 times across the course.
4. **Building strong connections with trusted figures within bases and making partnerships with military-specific organisations is crucial.** There were challenges in establishing connections and referral pathways into the programme, which took up a considerable amount of facilitator time. If this programme was to be delivered again national Mind may want to consider how they can support local Minds in developing relationships with key figures and building partnerships with military-specific organisations.

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