Mental Health Review J

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

Journal:	*Mental Health Review Journal*
Manuscript ID	MHRJ-06-2018-0019.R2
Manuscript Type:	Research Paper
Keywords:	social enterprise, mental health, physical activity, wellbeing, health promotion, social networks

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Purpose

Interventions that promote both mental and physical wellbeing have been advocated for people with mental health difficulties, as they have been found to engage less in healthy behaviours and have lower levels of physical fitness. However, no optimal approach to facilitate this undertaking has been identified. This exploratory research aims to explore the experiences of people with psychological distress who accessed a social enterprise that fosters the building of positive social networks in the community, as part of a personalised recovery programme. The intention was to gain an insight into its therapeutic effect in relation to mental and physical health.

Methodology

An exploratory survey design was undertaken with a purposive sample of 50 individuals who had attended the enterprise. Descriptive statistics and thematic analysis were employed to analyse the data from both closed and open-ended questions.

Findings

The wellbeing service appeared to provide a supportive environment that offered people access to social networks through their participation in local services and activities. Fostering participants' active participation, connection building and the ability to make meaningful contributions helped to facilitate health behaviours that had a positive impact on their health and wellbeing

Originality/value

This study highlights the potential role of a social enterprise in optimising the social context for promoting the health and wellbeing of people with mental health difficulties.

Introduction

Interventions fostering the adoption of healthy habits that promote both mental and physical health have been advocated for people with mental health difficulties (Happell et al., 2012). Participating in regular physical activity has been found to have beneficial effects on depression, anxiety and physical fitness (Rosenbaum et al., 2014; Rebar et al., 2016; Stubbs et al., 2017). However, people with mental health difficulties often have low levels of engagement in physical activity and other healthy pursuits (Helgadóttir, et al., 2018; Kemp et al., 2015). Therefore finding effective ways to foster positive changes in health behaviours of people with mental health difficulties is vital.

Social conditions are known to have a significant impact on the determination of health (Griswold et al., 2013). Specifically, social networks that people have access to and the strength of the relationships that these afford are thought to have a positive effect on mental and physical health (Perry and Pescosolido, 2015; Vassilev et al., 2016). Social engagement with others has also been found to support individuals to adhere to healthy pursuits (Hartley and Yeowell, 2015; Kemp et al., 2015). However, people with mental health difficulties tend to have fewer social networks and feel less affiliated with others (Hamer et al., 2014). Their stigmatisation and marginalisation by others may also inhibit them from developing social networks (Hamer et al., 2014; Webber et al., 2014). Hence, models of care that foster the social engagement of individuals with mental health difficulties are being promoted globally, as a means to promote health and wellbeing (Mnookin et al., 2016). Yet no optimal approach to facilitate this process has been identified (Cruwys et al., 2014).

Social enterprises embedded within their community are ideally placed to support citizens' health and wellbeing. Although physical health gains are less determined, social enterprise initiatives have been found to have a positive impact on psychosocial wellbeing. This is because they aim to reduce health disparities through the amelioration of the social determinants of health (Mossabir et al., 2015; Calò et al., 2018). Nevertheless, uncertainty as to the mechanism of how this is achieved (O'Mara-Eves et al., 2013) and the difficulty in measuring social outcomes, has meant evaluating social enterprises challenging (Bertotti et al., 2011).

An outreach Wellbeing Service (WBS), established as a not-for-profit social enterprise in the North West (NW) of England, provides a practical approach to improving the mental and physical wellbeing of individuals with psychological distress. Psychological distress, being unpleasant emotions caused by the inability to cope effectively with stressors or life challenges, leading to impaired social functioning (Arvidsdotter et al., 2016). The WBS, through self-advocacy, aims to assist people to draw on their own resources to support their mental health and achieve personal aspirations. To foster this, the building of social networks is actively encouraged. The hub of the WBS is its drop-in centres, of which there are three throughout the region. These provide a social space for people to meet and undertake activities such as holistic therapies, arts and crafts, health and fitness and computer skills. There is also a music studio where individuals can engage with local musicians. People who attend the WBS are supported to set up many of these initiatives, as their participation in the running of the WBS is actively encouraged. For some individuals, this provides a stepping-stone to becoming involved in similar ventures out in the community. To facilitate participation in the wider community, the enterprise also acts as a vehicle to connect people to facilities, as well as other groups and organisations that it has developed partnerships

within the neighbourhood. These offer further access to arts and culture, sports and leisure pursuits, faith organisations, employment and legal support, as well as educational and volunteering opportunities (see Figure 1). Wellbeing workers (WBWs) employed by the enterprise support the personal recovery of individuals depending on their needs (Hartley, 2017). Many are directed to activities within the WBS, or community groups and organisations according to their preferences and capabilities. Attendance at these activities is the individual's choice, with those who have difficulties in getting there, being linked to charitable organisations or befriending groups who offer travel support.

[Figure 1 near here]

This study aims to explore the experiences of people with psychological distress who engage with a WBS, to understand the therapeutic effect in relation to physical and mental health. The purpose is to gain knowledge of the value of the WBS for supporting people with mental health difficulties to develop social networks and make positive changes that promote their mental and physical wellbeing. It is the intention that the findings will inform future practice by offering further insights into the potential role of social enterprises in the mental and physical health promotion of people with mental health difficulties.

Methodology

Following ethical approval, a cross-sectional survey design was used to gain a purposive sample of people who attended the WBS. The questionnaire was developed following a review of the literature and through critical discussions amongst the research team. Questions based on actions that are known to improve mental wellbeing were included in the questionnaire, to investigate how changes in these activities influenced participants' health. Five actions were identified from the literature: being

physically active; making connections; helping others; learning something new; and being employed (Aked et al., 2008). The questionnaire was pre-piloted with researchers, at a university in NW England, to establish the clarity and appropriateness of the questionnaire. Nine individuals, who had experience of attending the WBS, piloted this before a finalised questionnaire was developed that consisted of both closed and open questions. Including open questions, allowed participants to provide more in-depth information about their experiences (Table 1).

[Insert - Table 1: Questionnaire topic guide]

People with mental health difficulties have demonstrated poor engagement in previous research (Sydor, 2013). Therefore, several methods were employed to gain participation including, 172 questionnaires mailed out to individuals who had accessed the WBS over the previous 18 months, posters displayed in GP practices, the local library and WBS Facebook page with information about the research and inviting participation. This included the consent to gather demographic information from the WBS database. The categorisation of the severity of the psychological distress was taken from the Patient Health Questionnaire (PHQ-7) scores and generalised anxiety disorder scores (GAD-7), collected by the WBWs, at the initial attendance (Table 2). A link to the questionnaire was also sent to known e-mail addresses and mobile telephones. This resulted in a total, including the pilot, of 50 individuals who responded between the 5th of February and the 16th of April 2015.

Data analysis

Data from each returned questionnaire was input into SPSS Statistics software (version 21) under a unique code to ensure participants' anonymity. A descriptive analysis of all

closed questions was then undertaken, including the demographic information, five actions to wellbeing and PHQ-7 and GAD-7 scores (see Table 2).

Open questions were subjected to thematic analysis. Two authors (SH and GY) independently collated the responses for each question together, before repeatedly reading to become more acquainted with the data. Coding then took place based on the process identified by Attride-Stirling (2001). Basic themes were initially identified from words or phrases that were repeated or appeared significant to the data. Themes that were similar were then assembled together, based on recurring premises, to form organising themes. Finally, organising themes that appeared associated were combined into global themes. These were deemed to epitomise the essence of the data (Table 3). To aid the analysis, memo-taking took place throughout the process were the themes were regularly reviewed with their corresponding data, to ensure authenticity in the representation of the findings. Critical discussions took place between the two authors to verify, modify and refine the themes. Peer review was then undertaken with the third author (SP), to consider further the findings and the credibility of their representation.

Findings

Of the 50 participants, 39 were female. The mean age of the participants was 44.3 years (SD = 14.9 years; range = 21-74; female: 43.6 years, SD 15.4; male: 46.9 years, SD 13.1). At initial attendance at the WBS, 16 (32%) were in full-time employment, 12 (24%) were in part-time employment, 11 (22%) were unemployed, 5 (10%) were house makers, 4 (8%) were retired, 1(2%) was in education and 1 (2%) had a career sabbatical.

Twelve (24%) participants reported co-morbid physical health conditions. These included neurological (small fibre neuropathy and hydrocephalus), medical (lupus,

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

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

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

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

Themes

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

[Insert - Table 3: Themes identified from participants' experiences of attending a Wellbeing Service and community groups and organisations that they were directed to]

Active participation

Accessing the WBS and local groups and organisations that participants were directed to appeared to facilitate participants' active participation. For those participants who felt they had the capacity to do so, they were encouraged by the WBWs to undertake activities in the wider community that reflected their hobbies and interests. Participating in this way, not only provided opportunities for participants to meet other people and have new experiences but, also, helped to promote their emotional and physical wellbeing. This could be particularly beneficial for people who felt socially isolated as it could help to abridge their loneliness. This was highlighted in the case of Peter. He had initially engaged in activities at the WBS however, as he gained in confidence, he was encouraged to participate in gardening activities with some of his peers and other local people at a community allotment:

> I use the allotment to talk and joke with people.… [At the] council allotment I met people like me with problems too. Outdoors/break from loneliness/isolation. Exercise helped and I sleep for hours afterwards … (Peter, age 43)

For some participants, it was the desire to pursue artistic endeavours that encouraged their active participation and helped them to become more acquainted with their neighbours. Joyce enjoyed participating at an art and craft centre that she had been directed to in the community as she felt that she "fitted in well within the group". It was

through sharing experiences with other group members that seemed to help her to gain some self-satisfaction:

> [I learnt] new activities from others at the craft centre and I was able to share my skills with them too. … it gives you a good feeling seeing others enjoying what you have offered. (Joyce, age 70)

However, Natalie preferred to engage in creative activities at the WBS, as the WBS was a place that she had become accustomed to attending. Participating in the creative act of writing also helped her to gain some relief from her emotional distress:

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

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

> [I] started to regularly go to the gym – 3 to 4 times a week. (Katie, age 28)

> Yoga and Pilates - I returned to doing these classes and found I got much more out of them than previously in terms of relaxation. (Anna, age 44)

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

> I attended a Boxercise Instructor course and now teach a small Boxercise Fitness group voluntary. (Rosie, age 37)

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

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

Participating in the community offered participants the chance to advance themselves by learning something new. This led to 27 (54%) of participants reporting that they had undertaken activities that had helped them to develop their abilities. For many, this was through engaging in recreational activities that supported their hobbies and interests, or opportunities to undertake courses at the local college or educational programmes in the community. Both Nick and Chloe developed the capability and the self-assurance to engage in studies at the University to help them to achieve personal aspirations. Nick had become encouraged to continue to pursue his love of art after participating in local art groups and community projects that he had been directed to. Whereas Emma had gained all the confidence she needed, by participating at the WBS:

> I have gone from anxious wreck to being 3 months from being a qualified art teacher. (Nick, age 31)

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

However, it was by participating in activities with people who had similar mental health difficulties that offered the chance for participants to share stories about their circumstances. Exchanging knowledge about their experiences, in this way, provided the opportunity to gain more insight into their condition and, potentially, ways to self-manage their own situation. This is illustrated by the following comments from Jill and Diane:

> Meeting people with similar symptoms as yourself, and discussing what they do to help themselves emotionally and physically in conjunction with G.P.'s and hospitals was very helpful… (Jill, age 59)

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

Making a contribution

Thirty-seven (74%) of participants had reported a change in their ability to help others and feel good about themselves. A change in employment status was also disclosed by 12 (24%) of participants. Accessing the WBS and engaging in local activities that they had been directed to may have helped facilitate these outcomes, as it presented opportunities for participants to contribute more to their community through work, whether it be voluntary or paid work. Some participants were provided with the chance

to become volunteers at the WBS whilst others, were made aware of alternative options for volunteering in the wider community. Contributing by offering to help people, in this way, may have not only provided a benefit for the community and its citizens but also for the participants themselves, as it seemed to give them a sense of accomplishment. Giving back to others and being satisfied with their "*achievement"* also appeared to improve their self-regard as acknowledged by Janice:

> I started to volunteer meeting people who have experienced cancer or loss of someone with cancer. I took a lady to the gym. It made me feel a lot better and useful again. (Janice, age 62)

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

> Volunteering at the WBS has opened my eyes and I do feel good at helping others… Volunteering now [as a] walking leader (Philip, age 63)

Participants who were unemployed accessed resources that assisted them in procuring future paid work. Depending on personal needs this was either through career advice at the WBS or being directed to job clubs or community services that supported local people into employment. Attending life coaching sessions at the WBS, when needed, also assisted individuals to develop strategies to cope with stressful situations in the work environments. This appeared to help Hayley develop the self-assurance to gain new employment and for Jessica, the ability to return to work when she had previously perceived doing so was too stressful:

> I have a new job, which seemed impossible when I started accessing the wellbeing service. (Hayley, age 33)

> It gave me the perspective I needed to tackle a new responsibility at work with confidence. (Jessica, age 42)

Building connections

Forty-one (82%) of participants reported a change in their connections and relationships. It appeared that attending the WBS and getting involved more in community life, had provided opportunities for participants to interact and build new connections with others. Being directed to local facilities that they were encouraged and supported to attend, offered them the chance to get out of the house and associate more with other individuals. Being able to meet with people, in this way, appeared to foster the development of new friendships and feelings of affiliation with others as Janice and Natalie highlighted:

> (I felt) better connected. I was just sat in my flat depressed. It helped me to get out and meet people. (Janice, age 62)

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

Being "connected", in this way, appeared to foster a sense of belonging and, for some, helped to enhance self-worth. Janet, who gained the confidence by attending the WBS to become more engaged in the wider community, acknowledged this:

> Getting ready for interviews and going back to work when I thought I would never leave the house again… Here is a place where you can belong without much money and get to connect back to the world and feel part of it. I enjoyed my work on reception, learning new skills and making people feel welcome when they come in the doors like someone did for me. … I have [now] formed a community group. We have made a beautiful strip of council land into a wonderful park with two play areas for children who could not access swings and slides in walking distance. I organise walks and talks on nature on our doorstep to help people connect. (Janet, age 56).

Discussion

This study has explored participants' experiences of the WBS and the facilities to which they were directed. The intention is to offer an insight into the value of a social enterprise in facilitating people with mental health difficulties to make positive changes to promote their mental and physical wellbeing. It emerges that the WBS worked for some participants because it created a supportive environment for participants to build networks with other people through their participation in local activities and services. This appeared to foster the development of important connections with others, which helped to support their socialisation. This was highlighted at the writing class where engaging in creative endeavours appeared to enhance emotional health. Certainly, previous research has reported the benefits of the arts as a medium for expressing emotions and helping with mental health recovery (Van Lith et al., 2013). However, what seemed to be key in this study, was not the creative activity, in itself, but the setting in which it occurred, and that being in a familiar place with familiar people was what helped to foster the participant's active participation in which associations with others could then be made. This is supportive of prior research that proposed that peoples' health and wellbeing are influenced by how activities are led and put in the context of people's lives and their social determinants of health (Roy et al., 2017).

Indeed, it may be that socialising and building connections with others, in this way, could help to promote the development of meaningful relationships, which have been shown to have positive effects on peoples' wellbeing (Miller et al., 2015).

In the present study, participants appeared to feel a connection and a sense of belonging to groups that included individuals who had also experienced mental health difficulties. However, these were not the only opportunities for people to have collective involvement and affiliations. Many participants were directed to local facilities where it was the pursuit of hobbies and similar interests that offered the common ground to cultivate these kinships, rather than their mental health condition. Having the chance to develop diverse relationships, in this way, could provide the opportunity not only to acquire different mechanisms of support but also to educate and challenge perceptions of mental health. Thus, potentially, cultivating environments that not only help to promote health but also are more inclusive for people with mental health difficulties (Miller et al., 2015; Haslam et al., 2016).

Providing supportive environments where people were able to engage with peers who had experienced similar mental health difficulties, offered the opportunity in which people could talk and exchange knowledge and skills about their condition. This gave participants the chance to provide each other with emotional support, but also to become more educated about their situation and possible ways to self-manage. However, there was also the opportunity for participants to become more resourceful in different life skills, depending on the group interests and the knowledge and abilities of the people with whom they were participating. Creating environments that nurture peoples' active participation in groups or activities that promote positive health and wellbeing could, therefore, facilitate individuals in becoming more educated on health issues. Furthermore, if they become more affiliated to the group, it is possible that they

will become influenced by the groups' collective behaviour to pursue a healthier lifestyle (Haslam et al., 2016; Sani et al., 2015). More research exploring the social context in which these activities take place, and their ability to foster participation in healthy behaviours, could provide further insights into ways to optimise the role of the environment in promoting the health and wellbeing of people with mental health difficulties.

In this study, some participants were encouraged to participate in activities that promoted their physical health. This led to over 50% of males and over 40% of females and people who had a physical health condition reporting a positive change in activity levels. There was also an increase in the physical activity levels of all age bands including those aged 60 years and older. This is an important finding as within the general population, women, people with physical impairments and older adults are typically characterised by low levels of physical activity (Froehlich-Grobe et al., 2016; Hartley and Yeowell, 2015; Sun et al., 2016). Engaging in physical activity has been found to have a positive effect on the health of people with mental health difficulties namely, improvement in symptoms of depression and anxiety, aerobic capacity, and quality of life (Rosenbaum et al., 2014; Stubbs et al., 2017). Therefore, providing environments that foster their participation in physical activities may help to promote both their physical and mental health. Nevertheless, 72% of people aged 60 and over reported that there was no change in their physical activity levels. Whether these participants perceived they were already engaging in adequate amounts of physical activity or, environments were not tailored specifically to facilitate their participation in physical activity, is not clear. Therefore, further research is needed to gain more insight into effective ways to optimise the participation of older adults with mental health difficulties in physical activities.

Some of the participants who undertook volunteering opportunities appeared to be influential in their locality by either helping others or creating better surroundings in which to live. Some who did not have the confidence to do this alone were offered volunteering roles at the WBS where they could be supported until they developed the self-assurance to assist others in the wider community. Contributing by giving back to their community, not only seemed to provide a benefit to their neighbourhood, but also the volunteers as they began to feel good about themselves and their achievement. This resonates with previous literature that has shown that volunteering to help others improves mental health and assists the development of self-worth, as it provides individuals with a purpose and a worthwhile pursuit (Fegan and Cook, 2012). Providing an environment where people with mental health difficulties feel supported to take on volunteering or other opportunities that are perceived by them as meaningful could, therefore, enhance their prospect of developing their emotional wellbeing and facilitate a greater self-regard (Friedli, 2009).

In this study, 22% of participants were unemployed when they first accessed the WBS and other participants who were in employment found their work stressful and difficult to cope with. Providing opportunities for career advice at the WBS or being directed to local organisations that offered this service, depending on personal predilection and capabilities, helped to furnish some individuals with skills to procure employment or return to work. Furthermore, counselling with the WBWs or attending coaching session in the community, assisted some of those in employment to learn new strategies and develop the confidence to manage, or make positive changes to their work situation. Being employed in meaningful work has been found to promote mental health by providing a purpose as well as improving a person's social status (Connell et al., 2014; Elmes, 2019). Enhancing citizens' prospects of work and their emotional

capacity to return or remain in the work environment could, therefore, not only help to cultivate individual resourcefulness and wellbeing but enhance community assets (Jackson, 2011).

Limitations

A variety of methods were employed to contact people who had attended the WBS yet, only 50 responded. However, this is reflective of low returns from previous surveys for this client group (Care Quality Commission, 2016). Although this may lack true representation, nonetheless, this gives a voice to those who chose to disclose and who, otherwise, would not have had the opportunity to have their say.

As this study took place in only one setting, transferability to other community environments cannot be assumed. Nevertheless, circumstances highlighted in this study offers insights that may resonate with other people living with mental health difficulties in other community services. Further research, including interviews and views of other stakeholders, is needed to corroborate these findings and provide more in-depth insights.

Due to the type of survey and nature of the participants, there is a possibility that responses to the questionnaire include social desirability bias where the participants may have wanted to present themselves or the WBS in a positive light. Therefore, findings may over-emphasise the role of community-based organisations in supporting the healthcare system. Consequently, clear evidence is still to be produced and feasible methods developed and employed to evaluate this type of 'intervention'. More evaluation research and new methods are needed to assess the contribution of social enterprise-led community activities to the healthcare system.

Furthermore, pre-WBS conditions have not been captured; therefore, the results are not only undermined in their transferability and external validity but also their internal validity.

Conclusion

This research highlights the value of the WBS in promoting the mental and physical wellbeing of people with mental health difficulties. By tapping into peoples' needs, abilities and predilections and having knowledge of, and connections to community resources, it appears that the WBS was able to provide a supportive environment that offered people access to social networks through their participation in local services and activities. Fostering participants' active participation, connection building and the ability to make meaningful contributions helped to facilitate health behaviours that had a positive impact on their health and wellbeing. Social enterprises that are embedded within their communities could, therefore, potentially, be valuable in optimising the role of social context for promoting the health and wellbeing of people with mental health difficulties. Further research needs to be undertaken to explore the capacity of social enterprises, in this endeavour, and the mechanisms through which they can contribute to peoples' health and wellbeing.

Ethical approval

Ethical permission was provided by the University Ethics Committee: Application No 1228

Conflict of interest

The authors declare that there are no conflicts of interest.

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

Table 1: Topic guide for questionnaires

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

Details of service or activity attended (open)

Experiences of attendance and how it affected wellbeing (open)

Reasons for not attending (open)

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

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

If so in what way? (open)

Level of PA? Yes/no (closed)

If so in what way? (open)

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

If so in what way? (open)

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

If so in what way? (open)

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

If so in what way? (open)

Your employment status? Yes/No (closed)

If so in what way? (open)

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

Comments on what was helpful or unhelpful (open)

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

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

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

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

NR = non- respondent

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

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

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