An evaluation of

Man On! Inverclyde

Prepared by

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Contents

Introduction

This Report

This report contains the findings of an evaluation of Man On! Inverclyde (MOI) with respect to its activity undertaken as a result of grants awarded under the Scottish Government Communities Mental Health and Wellbeing Fund for Adults (the Fund). The evaluation activities were conducted by Dr Jacob Asplin (the author) of the NHS Greater Glasgow and Clyde (GGC) Directorate of Public Health between October 2023 and March 2024.

Aims

This evaluation was performed as a voluntary collaboration between MOI and the NHS GGC Directorate of Public Health in order to achieve the following agreed aims:

- Evaluate the public mental health impact of a community third sector organisation (TSO) in order to provide evidence of the impact of the Fund.
- Provide constructive feedback to MOI from a public health perspective in order to support MOI in improving service delivery and prioritising future activities.
- Build MOI's capacity for self-evaluation in order to support MOI in its ability to demonstrate its effectiveness to external partners and agencies.

The focus of this evaluation was on the experience of accessing and using the MOI service and not on the circumstances or issues that brought people to the service. Only those activities and time periods supported directly by grants awarded under the Fund, i.e. the Adult Services including Crisis Support, were in scope for this evaluation.

Background

Man On! Inverclyde

MOI is a Scottish Charitable Incorporated Organisation (SCIO) based at its non-clinical Wellbeing Centre in Greenock.[1] Its purposes, within Inverclyde and beyond, include:

- To promote the advancement of mental health and relief of those affected by mental ill-health
- To improve and save lives and reduce rates of suicides
- To increase emotional literacy and suicide alertness skills
- To promote financial inclusion and prevent or relieve poverty
- To provide and remove barriers to recreational activities that improve the conditions of life

Founded initially as a grassroots community group prior to the onset of the COVID-19 pandemic in March 2020, and formally incorporated as a charity in January 2021, MOI has retained a focus on removing the stigma surrounding mental ill-health and in preventing suicides across the community. It seeks to achieve these aims through a relationship-focussed model of peer support, crisis intervention, and suicide safety planning. This is alongside delivering accessible community activities, such as coffee mornings and Football Therapy projects, which remove the stigma to accessing wellbeing support and provide opportunities for its Members to connect with each other.

Raising funds mainly through grant payments from external funders, and supported by the generosity of the Inverclyde public, MOI employs a range of both full-time and part-time Staff as well as being supported by a cohort of Volunteers. Since its inception, the charity has expanded its remit to offer support to both adults and young people of any gender, as well as building links and partnerships with local schools, other third sector organisations, and the regional Third Sector

Interface (TSI): Communities and the Voluntary Sector Inverclyde (CVS Inverclyde). MOI has built a strong reputation and visible presence in Inverclyde and gained significant local and national recognition, including winning the 'Services to Mental Health' and 'Overall Outstanding Achievement' awards at the Inverclyde Health and Social Care Awards in 2021.

The Communities Mental Health & Wellbeing Fund for Adults

The Fund was announced by the Scottish Government in October 2021 to support its response to the mental health impacts of the COVID-19 pandemic, as outlined in the Mental Health Transition and Recovery Plan.[2 3] Now in its third year, the Fund has provided £15 million per year (plus an additional £6 million in 2021/2022) to local mental health and wellbeing projects across Scotland that help to tackle priority issues such as suicide prevention, social isolation, loneliness, and mental health inequalities. It has a particular focus on responding to the cost of living crisis and those facing socio-economic disadvantage.

The Fund is delivered through a locally focused and co-ordinated approach to support community-based organisations in line with local mental health and wellbeing needs. Overall accountability for distributing the Fund at a local level lies with each regional TSI, such as CVS Inverclyde.[4] Over the first two years of the Fund, £580,885 was distributed to third sector organisations in Inverclyde, including £42,000 to MOI, with a further £240,739 allocated to the area for Year 3.[5]

Mental Health in Inverclyde

Inverclyde is a 160 km^2 council area located in the west of Scotland and is one of six local authorities served by the NHS Greater Glasgow and Clyde (GGC) Health Board (see Figure 1). With 78,340 inhabitants, it is the 5th least populous of all 32 local authority areas in Scotland.[6] The area has a rich maritime and industrial heritage, but now faces a number of socio-economic challenges.[7] The coastal towns of Greenock and Port Glasgow contain some of the most deprived areas in Scotland.[8] It is well-established that socio-economic disadvantage is associated with poorer mental health, and that people living in deprived areas may be more likely to need mental health care but less likely to access it.[9-12]

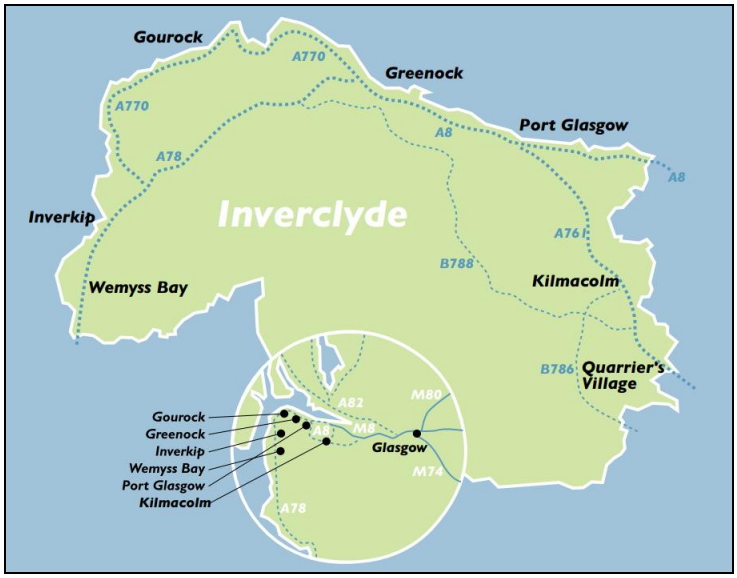

Figure 1. Schematic map of Inverclyde.
(Source: Inverclyde Council)

Several national surveys and routinely collected health data sources indicate that the need for mental health support in Inverclyde is high. The Adult Health and Wellbeing Survey (HWBS) 2022/23 demonstrated that people living in Inverclyde were less likely to have a positive perception of their mental/emotional wellbeing (77%) when compared to GGC as a whole (81%).[13] Using the validated Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS), the HWBS showed that nearly a quarter (24%) of all respondents in Inverclyde had a score that indicated depression, rising to nearly a third (32%) in the most deprived areas, figures that match those for GGC as a whole. Using the same scale, the Scottish Health Survey (SHeS) 2022 demonstrated an overall decrease in mental wellbeing in Inverclyde since 2012 with the most recent data lying below both GGC and national averages and having fallen more sharply than these comparators during the pandemic years (See Figure 2).

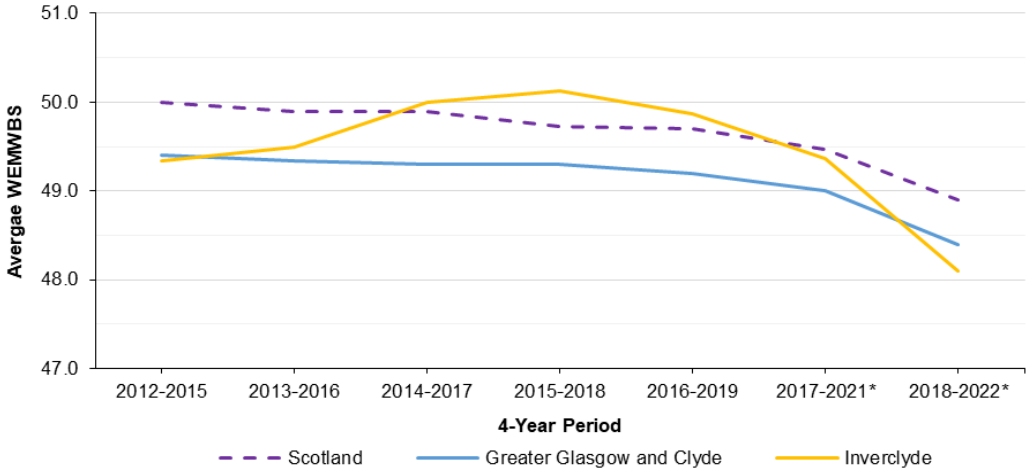

Figure 2. Trends in mental wellbeing, expressed as a 4-year* moving average Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS). (Source: SHeS) *No data for 2020

Population health data from Public Health Scotland (PHS) may indicate a relatively high underlying need for mental health and wellbeing support in Inverclyde. The proportion of the Inverclyde population being prescribed at least one drug for anxiety, depression, or psychosis is higher than in GGC and Scotland as a whole and this gap is widening (see Figure 3). To what extent this represents a difference in awareness and health-seeking behaviour is uncertain.

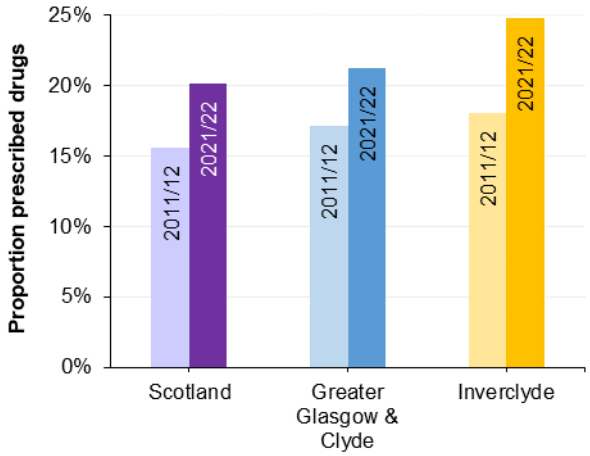

Figure 3. Change in percentage of the population prescribed drugs for anxiety, depression, or psychosis between 2011/12 and 2021/22. (Source: PHS / Prescribing Information System)

The rates of death by suicide in Inverclyde are also a strong signal of the need for effective mental health interventions. Data on deaths recorded as due to intentional self-harm or of undetermined intent (i.e. probable suicide) are available from National Records of Scotland (NRS). After accounting for differences in age structure and yearly fluctuations (using an age-standardised 5-year moving average), Inverclyde experienced a higher rate of probable suicides (19.6 per 100,000 population) than both the GGC region (19.1) and Scotland (16.8) in 2018-2022 (see Appendix 1).

The HWBS also demonstrated that indicators of social health in Inverclyde are less positive in 2022/23 than in 2017/18. For example, there was a large increase in the proportion of people who felt isolated from their family and friends, from 9% to 16%. Again, those in more deprived areas fared worse, being more likely to feel isolated or lonely, less likely to feel a sense of belonging, and having less positive views of access to social support. The Scottish Household Survey (SHS) also collects data on indicators of social health. Nearly one in every five respondents from Inverclyde (19%) indicated that they felt lonely at least some of the time. However, the vast majority (96%) of those in Inverclyde agreed with the statement: 'If I was alone and needed help, I could rely on someone in this neighbourhood to help me', higher than for Scotland as a whole (87%). This perhaps demonstrates that Inverclyde retains a sense of social cohesion, indicating that community-based organisations may be well placed to provide mental wellbeing support.

Method

Approach

This evaluation was performed using a collaborative and participatory approach, centring on a Wisconsin-style logic model retrospectively co-produced by members of the NHS GGC Directorate of Public Health and the MOI leadership team (see Appendix 2).[14] A programme of informal observational sessions were undertaken to support this process, helping to familiarise the author with the activities of MOI prior to the evaluation activities.

A logic model is a planning tool which broadly describes the journey of change a project or programme, such as the MOI Adults Service, intends to make.[15] It explains how the activities of the programme contribute to the organisation's aims and helps to clarify the short-, medium- and long-term intended outcomes. It is these outcomes that were used to guide the development and conduct of the planned evaluation activities.

There were three principal activities undertaken for this evaluation:

- Primary data collection via surveys, semi-structured interviews, and focus groups
- Unstructured interviews with staff of partner organisations to provide contextual information
- Analysis of anonymised and aggregated MOI service data (supported by a co-signed Partnership Agreement between MOI and NHS GGC)

Data Collection

Two separate surveys were created: one for Members (i.e. service users) of MOI, and another for the Staff, Volunteers, and Trustees of MOI. Both were online surveys created using Webropol (webropol.co.uk), the preferred survey tool of NHS GGC, and the content agreed upon by MOI leadership. Information regarding the purpose of the evaluation and the data handling arrangements was presented at the beginning of the survey. The surveys were distributed by MOI Staff using direct messaging and the placement of QR codes within the MOI Wellbeing Centre.

Four semi-structured interviews and focus groups were conducted with MOI Members at the Wellbeing Centre at times convenient to the participants. A topic guide for these sessions was shared with and agreed upon by the MOI leadership (see Appendix 3). All sessions were recorded with informed verbal consent given by all participants. Written information regarding the purpose of the evaluation and the data handling arrangements was provided. Key excerpts from the recordings were transcribed and data extracted using a thematic content analysis approach.

Unstructured interviews were conducted with staff of key partner organisations identified by the MOI leadership. These sessions were not recorded to allow a frank discussion and open sharing of opinions. Instead, contemporaneous notes were taken at the time of interview.

In total, 59 individuals contributed their views to this evaluation. This includes:

- 27 respondents to the Members' Survey (see engagement summary at Appendix 4)
- 17 respondents to the Staff Survey (see engagement summary at Appendix 5)
- 11 interview / focus group participants (eight Members and three Members' relatives)
- 6 staff of partner organisations (four Community Link Workers, one High School Principal Teacher, and one CBT Therapist)

Existing Data

Following signature of a Partnership Agreement by both NHS GGC and MOI, anonymised MOI service data was securely shared with the author to supplement the primary evaluation data. This

included non-identifiable information contained within 99 Member Agreements, 2,230 session registrations, 58 Members' Well-being Stars™ (outcomesstar.org.uk), 208 self-referral forms, and 222 third party referral forms.

Analysis and Presentation of Findings

The findings of the evaluation were analysed, and presented here, according to Donabedian's three components approach for evaluating the quality of care: structure measures, process measures, and outcome measures.[16] For an evaluation which aims to support service improvement, a fourth component is added: balancing measures.[17] These components can be described as:

- Structure: attributes of the service, such as opening times and staff numbers and attributes
- Process: the way systems and processes work to deliver the desired outcomes
- Outcome: the impact of the service on the member and whether the aims have been achieved
- Balancing: unintended or wider consequences of the service (can be positive or negative)

Data and information from the qualitative elements of the evaluation were synthesised under these component headings and analysed to identify the key themes. These themes are supported, where possible, with the quantitative data derived from the primary surveys, the MOI service data, and the routine and open-source data if applicable.

The findings are summarised into a Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis matrix. This is, in turn, used to provide conclusions and considerations for future service developments in line with the three aims of this evaluation and relate to the intended outcomes of the service identified during the logic model process.

Limitations

Whilst best effort was made to ensure a range of views and opinions were included, psychological safety was paramount in the conduct of this project. Therefore, it is important to consider the findings of this evaluation in the context of its methodological limitations. Although not intended as primary scientific research, several common types of bias in research should be acknowledged as potentially influencing the results of this evaluation:

- All participation in this evaluation was voluntary and therefore the participants may not represent the views of the entire MOI membership or workforce i.e. those unwilling to participate may differ systematically in their views or experience of MOI.[18]
- Similarly, the views of those Members who chose, for whatever reason, to disengage with MOI services are not represented here – this effect is known as survivorship bias.[19]
- Many participants, including all those conducting interviews or attending focus groups, were selected by the MOI leadership. Whilst this ensured these participants were in a stable place to be able to meaningfully participate, it inevitably limits the independence of this evaluation and represents a form of selection bias.[20]
- Other biases, present in all research undertaken using similar qualitative methods, will also have influenced the findings to some extent including: social acceptability bias, recall bias, extreme response bias, and confirmation bias.[21-24]
- Finally, qualitative research methods carry a risk of researcher bias in which the influence of the researcher (the author) impacts the objectivity and validity of the findings. This risk was mitigated by the author's formal training in research methods, consciousness of reflexivity and the use of reflexive methods, and maximising the use of direct quotations in the presentation of the evaluation findings.[25]

Findings – Structure Measures

Structure measures relate to the attributes of the service, such as numbers of staff and opening times of the service. Analysis of the findings under this component identified four key themes: accessibility, staff attributes, facilities, and reach.

Accessibility

Accessibility refers to how easy the service is to approach, enter or use. This may relate to the geographical location, the times at which the service is available, and the eligibility criteria or barriers to using the service.

In general, both Members and Staff had positive perceptions of the accessibility of the MOI services (see Figure 4). Overall, 75% of all survey respondents were promoters of the view that MOI services are accessible, with an average score for accessibility of 9.2 out of 10.

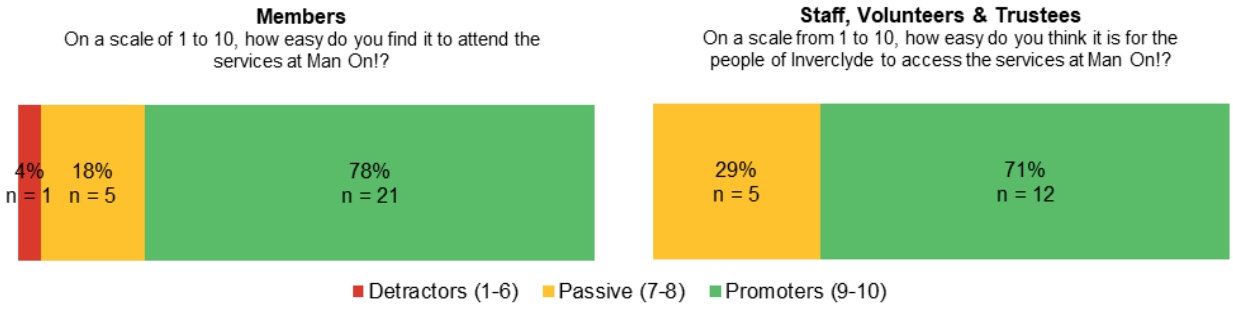

Figure 4. Member and Staff survey responses to questions on the accessibility of MOI services.

There were several specific views raised on the location of the Wellbeing Centre. Many survey respondents viewed the location as 'very easy to get to', 'very accessible', and 'perfect'. One interviewee commented on how the Centre is much more conveniently placed than other mental health groups that they considered as 'super far away, at really terrible times, or non-existent'. Another interviewee pointed out that it was considerably more accessible than the previous location of the Wellbeing Centre:

> *"The area's perfect, it's better than where it was … it's much more central as well with plenty of buses and stuff going by and train station is local as well."*
>
> Interviewee, Member

However, whilst recognising that public transport is 'not something that can be controlled' by MOI, other participants described the difficulties when travelling to the Wellbeing Centre and the burden this may place on the member's wider support group:

> *"I sometimes struggle to get out the house and use the public transport. I have another support worker from another place that brings me in and that helps. It would be good if Man On! done things like pick you up at home."*
>
> Response to Members' Survey

> *"I do think it is very hard for people to get here, unless they have the support of people round about them."*
>
> Interviewee, Relative of a Member

The option to conduct meetings remotely via Zoom, originally implemented in response to the physical distancing measures required during the pandemic, was appreciated by many Members and particularly those with physical impairments. However, one interviewee felt somewhat restricted in participating remotely due to a lack of privacy in the home environment:

- *"It was OK but because I've got kids about I couldn't really say too much … I didn't really want them hearing how I was feeling."*

  Interviewee, Member

The timing of the remote sessions was also a problem for one interviewee, who found that it clashed with their children's bedtime, but they recognised the difficulty in trying to find a time that 'suited the majority' of attendees. The timing of the various in-person sessions were also frequently commented upon, with many Members wishing for a greater number and variation of session timings. An external partner also recommended that, with greater resources, MOI should consider offering more services at weekends or extended hours. However, it was widely acknowledged that the MOI team is working at full capacity and is providing the best possible service despite being 'strained and spread thinly':

- *"I come on a Tuesday, I come on a Thursday … there's other days of the week I could really be doing with something … it'd be lovely to have something else."*

  Focus group attendee, Member

- *"If the funding isn't there, and the staffing isn't there, there's only so much they can do … they are doing a fantastic job with what they've got."*

  Focus group attendee, Member

The provision of Crisis Support was cited as a priority among Members for expansion beyond its current availability, limited to Monday each week. One Member provided an example of how they were left 'kind of upset' at being 'turned … away at the door because it wasn't a day for Crisis Support'; the Member recognised that this was due to the limited resources available to MOI and opined that 'a service like this shouldn't be short of staff'. However, a common theme that emerged throughout the evaluation was the willingness of MOI Staff and Volunteers to be as flexible as possible, often working far beyond the services stated opening times:

- *"They've got … set times for Crisis Support but really if you need it you come down and you get help because they know how vital it is."*

  Focus group attendee, Member

- *"We were here on Christmas Day … through Christmas and beyond, there was two weeks I think [the Member] was here ten, twelve days out of the fourteen."*

  Interviewee, Relative of a Member

- *"No matter how swamped they are with work, no matter how overrun they are, no matter how difficult their own personal lives may be, they always have time for you."*

  Interviewee, Member

The inclusive nature of the services was viewed positively and reflects MOI's intent to provide support to all sectors of society (only perpetrators of domestic or sexual abuse are currently deemed ineligible for support). The lack of waiting lists was seen as a particular strength of MOI by all groups when compared to statutory services. The MOI service data shows that there is a broad appeal across age groups (see Figure 5).

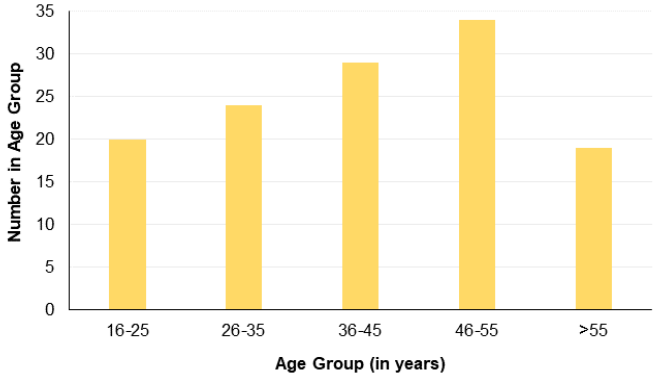

Figure 5. Age distribution of signatories of Adult Member Agreements, November 2022 to January 2024.

The financial inclusivity was viewed as a strength of the Football Therapy session, as was the lower intensity of the focus on mental health:

> 🗣 *"You don't need to pay, you don't need to have boots, like, you can just go and play football … in the centre itself if they're short staffed or … the volume's really high … I can go to the football anyway … if I know that I'm gonna hit a low, I know that they're gonna be a safety net for me … I know they're gonna be there."*
>
> Focus group attendee, Member

However, the membership lacks gender diversity, perhaps owing to the origin of MOI as a service for men at risk of suicide and that it continues to offer fewer sessions aimed specifically at women. Figure 6 demonstrates that the vast majority (84%) of Adult Member Agreements have been completed by those using the pronouns 'He/him'.

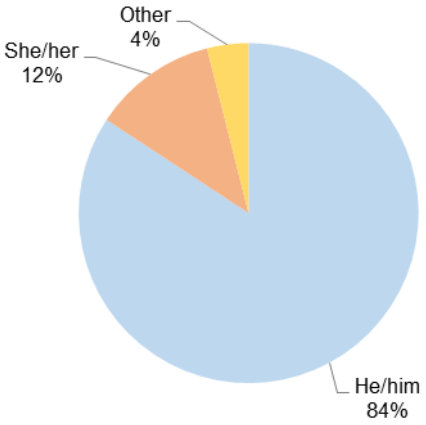

Figure 6. Pronouns of signatories of Adult Member Agreements, November 2022 to January 2024.

Whilst MOI now hosts a weekly Women's Social Drop-in and weekly Women's Online Zoom Call under the banner of 'Talk On', the name 'Man On!' was recognised by one interviewee as a potential barrier to the inclusion of women:

> 🗣 *"Because it does say 'Man On!' it can be a bit intimidating for some women that are maybe scared of men or afraid that they might be intimidated."*
>
> Focus group attendee, Member

This view was also held by a staff member from a partner organisation, who noted that uptake of the service among women was 'good' but suggested updating the signage which 'may not be inviting for women' and that Talk On is 'not as well-known as other services'. However, the MOI Member quoted above held a different view and advised against re-branding the service and suggested that the success of MOI in the community was, in part, due to a strong brand recognition in the local community:

> 🗣 *"I don't think it would be the same if it was called something else … I call our group Man On! as well … I think it would just be weird if it was called something else."*
>
> Focus group attendee, Member

One external partner thought MOI could have an alternative structure or 'vision' for women's services, perhaps targeting 'vulnerable moments' such as maternity, the menopause, or victims of domestic abuse.

There were other potential barriers to inclusion identified throughout the evaluation. One recurrent issue, linked to the scheduling of sessions, was the availability of childcare:

> 🗣 *"It has stopped me doing my CBT therapy because it's only at night time."*
>
> Focus group attendee, Member

> *"If you were working and you had children, other children, you couldn't manage it … we spent our life just that year … every single day … up and down that road."*
>
> Interviewee, Relative of a Member

Both Members and Staff noted that, with greater resources, more could be done to include those groups in society that have additional or specific needs, or those who experience structural barriers to receiving care. This included people who are neurodiverse, people in the LGBTQIA+ community, older people, and people from black and minority ethnic backgrounds.

Staff Attributes

Staff attributes refer to the characteristics and qualities of the salaried and voluntary workforce at MOI, as a function of the recruitment and development process, rather than the ways in which the support activities at MOI are conducted (which is covered under Process Measures).

The Members were unanimous in their views that the salaried workforce is a key asset to the service and central to its success in improving mental wellbeing. 'Lived experience' was seen as a distinguishing factor, differentiating the atmosphere at MOI from that in clinical or other services, and giving the impression that it is 'the most genuine place you can go, with the most genuine people' who have 'been there and they've experienced'.

> *"They also have had this deep trauma themselves, in very unique ways in their pasts, but you can feel that they're using that to benefit you."*
>
> Interviewee, Member

> *"I think it does come back to the fact that they all have experience of how it feels, they know exactly how you're feeling and you don't get that in other services."*
>
> Focus Group attendee, Member

> *"They tell you their problems … they don't act as if they're better than you … they tell you their failures and how it made them feel. … I can talk to them because they know how I feel, they're not judging me … judgement is left at the front door."*
>
> Focus Group attendee, Member

External partners also recognised the Staff as having a number of positive attributes, they are 'warm, supportive, fun, funny, light, but supporting serious issues', 'really wanting to make a difference', 'treat everyone as equals', and take a vocational approach to their role and treat it as 'not just a job' but 'a passion'.

The Volunteers were similarly highly-regarded, with one interviewee particularly impressed by the professionalism of the Volunteers:

> *"Really the way [the volunteers] conducted and presented themselves was with the same courtesy, standards and etiquette and passion as all the other staff members, and you felt that they also really cared … they still had the same dedication."*
>
> Interviewee, Member

The workforce as a whole was viewed as a cohesive and consistent unit, described as 'very much like a family' by numerous Members and as 'open, honest, responsive, and helpful' by one external partner. Embedded professionals, such as the Cognitive Behavioural Therapy (CBT) therapist, were also viewed as part of the 'wider family'.

> *"I think that's what Man On! have got, they have lots of different people … they seem to get people with such strengths."*
>
> Interviewee, Member

Embedding such professionals within the service was considered to have specific strengths; it provides a safe, comfortable and familiar environment for the Member and enables them to 'open up more quickly'.

Facilities

Facilities refers to the buildings and equipment that MOI use, or have access to, in order to deliver the service. In general, Members were content with the facilities at the Wellbeing Centre and that the MOI workforce 'make it work', but many recognised that MOI has 'outgrown' the space available and that the service is 'compromised by the size of this building':

> *"This a great place, we're all comfortable for what it is, but it is small and I think the more you grow you need a bigger premises."*
>
> Focus group attendee, Member

> *"At the moment in here there's only the one … group room ... so if it was a bigger building, maybe they could run a couple groups."*
>
> Focus group attendee, Member

Staff, Volunteers and Trustees shared the opinion that 'the Wellbeing Centre is good' but 'a bigger premises would be better' as 'the main room can sometimes be tight for space' and that 'more space will be needed if it continues to grow'. However, it was also recognised that being busy is 'a good thing' and that being 'tight for space' 'highlights how well the services are being used'. One Staff survey response detailed what the ideal facilities would include:

> *"A reception area, at least two large areas for group sessions, quiet breakout rooms, single consulting rooms, a small space for a gymnasium, 2/3 shared offices, a larger meeting room for staff, kitchen and bathroom."*
>
> Response to Staff, Volunteers and Trustees Survey

One current issue with the facilities, raised on several occasion by both Members and Staff, concerned access to bathroom facilities at the Wellbeing Centre which are located on the first floor and are not wheelchair accessible, presenting a barrier to those with physical impairments.

Reach

Reach refers to the extent or range of the service's influence in terms of both geographical coverage and the settings in which it operates.

Members were of the opinion that there is a greater need for mental health support across the region than MOI is able to meet, given its current resource levels. They suggested that people in areas further afield who 'can't travel that far' or 'can't get transport' could experience the same positive change in wellbeing as themselves if MOI had the resources to 'expand it into a different area' or do 'the exact same as what they're doing but on a bigger scale'.

> *"It's all about helping as many people as you can isn't it? So to do that they need more staff or a bigger premises … or even another premises, so maybe one [in Port Glasgow or Gourock] just as a wee bit more accessible … for a wider population … employing more staff and having more of their own facilities."*
>
> Interviewee, Relative of a Member

Expanding within Inverclyde, having a physical presence in either Port Glasgow or Gourock, was suggested a number of times and was variously referred to as 'satellite centres', 'outreach sessions', or 'another couple of buildings':

> *"I'd like to see … outreach sessions where they take the support … somewhere else … We're not the only people in Inverclyde who are struggling, there are people sitting in their*

houses right now who think they're the only person in the world that needs support, it would be nice to get to them as well."

Focus group attendee, Member

MOI's schools programme was viewed positively by younger participating Members and regarded as an effective prevention strategy:

- *"I think one of the things that they do that is good just now, is they are in the schools, and I think to know about a service before you need it is really important … then it's not a scary place to come to."*

  Interviewee, Member

- *"I'm so glad that they are [in schools now] … I'm so glad that the next person … the year below me gets to experience that … because it catches it at an early age."*

  Focus group attendee, Member

This led to suggestions that MOI could expand the range of settings in which it currently operates, including primary schools, colleges and universities, as well as under-served sectors:

- *"Old folk who have had trauma in their life and may obviously be nearing the end of their life … they suffer immensely … they are completely isolated … and don't receive any of that support."*

  Interviewee, Member

Responses in the Staff, Volunteers and Trustees survey contained suggestions of how MOI's reach could be expanded by using a 'whole community approach', 'going to places where people feel comfortable', and taking the service into a variety of different settings such as 'community halls, work places, local hospital, GP practices, chemists, shopping mall'.

- *"Having our own hub is essential but going into the smaller communities, including rural areas is key."*

  Survey respondent, Staff, Volunteer or Trustee

However, one focus group attendee cautioned against growing in scale too quickly, suggesting that this approach may risk losing the personal connections and supportive relationships that underpin the success of the service:

- *"The thing about with more of it though … sometimes when it's bigger and bigger … it starts to change … it's fine to grow but it has to stay the same, it has to have the same touch because that's what works."*

  Focus group attendee, Member

This was echoed by an interviewed relative of a Member, who suggested a pragmatic approach of service providers or commissioners in other areas replicating the success of MOI, to 'take this model, and use this model', rather than MOI expanding beyond its means.

Findings – Process Measures

Process measures relate to the way the service works and operates to deliver the desired outcomes. Analysis of the findings under this component identified four key themes: service entry, relationship-focussed support, peer support, and future opportunities.

Service Entry

Service entry concerns how people access MOI services, in practical terms, and the associated waiting times before a first attendance. Whilst most of the core weekly services are open to community to attend without prior warning, some of the one-to-one services require referral forms. Referrals can be made by the person seeking support themselves or by a third party.

Analysis of the MOI service data shows that there is a relatively even split between self-referrals and referrals made by a third party. Of the 430 referrals made between March 2022 and February 2024, 208 (48.4%) were made by a third party whilst 222 (51.6%) were self-referrals.

The third parties making referrals can be grouped into the five categories, as shown in Figure 7. Over two-thirds (65.8%) of all third party referrals were received from either a community link worker (CLW) or an existing support worker, whilst a quarter (23.9%) were from either a friend or relative.

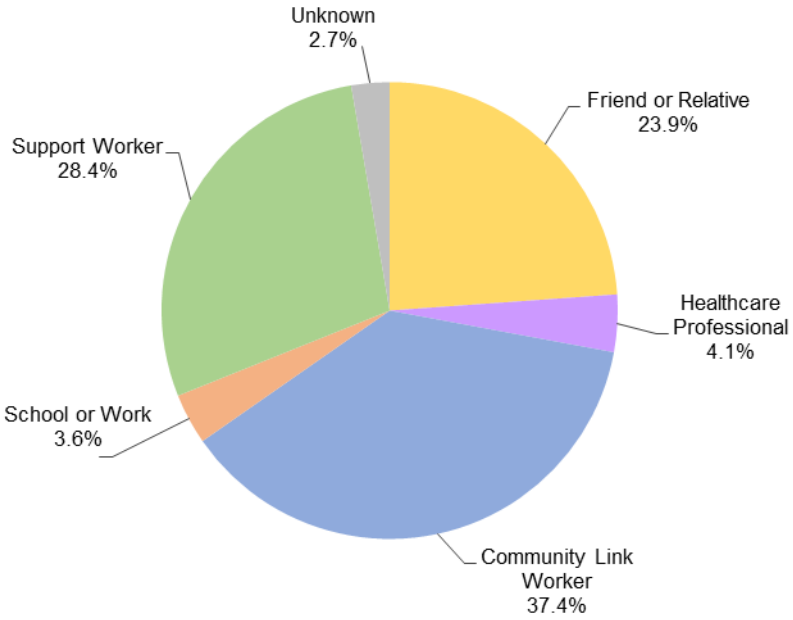

Figure 7. Sources of third party referrals to MOI between March 2022 and February 2024.

This indicates that MOI is well-connected and trusted by other professionals in the community and is perceived by members of the public to be a potential source of effective mental health support for the people around them. Indeed, data provided by the CLW team indicated that MOI received the highest number of onward referrals (81 of 229) by a CLW of any service within the 'Community Hub' category. Whilst this may be in part due to the relative dearth of similar support services in Inverclyde, it also reflects the CLW team's view of MOI's unique strengths: the lived experience of its Staff, the speed of response ('crisis now, help now'), and the consistency that can be offered to people who may have been passed around by other services. The latter is supported by MOI's own service data, which shows that over half (55%) of the completed self-referral forms contained reference to a previous source of mental health support.

The lower contribution to referrals by health care professionals shown in Figure 7 may be partially explained by the location of CLWs in General Practices who refer people to the service on behalf of the healthcare professionals. Similarly, the low number of referrals from schools may be due to MOI's own schools programme removing the need for third party referrals by teachers or other school staff.

Both referral forms ask referees to select one or more types of support required: emotional, social, and/or crisis. Figure 8 displays these selections and how they differ between the self-referred and those referred by a third party. Across all referrals, demand was highest for emotional support (84.2%), followed by social support (55.8%), and then crisis support (30.4%). The most notable difference between the two referral groups was in the greater demand for social support for those referred by a third party (62.2%) compared to the self-referred (49.0%). This may be due to a greater difficulty in self-identifying the need for social support as much as it may indicate a true difference in the nature of support required between the groups.

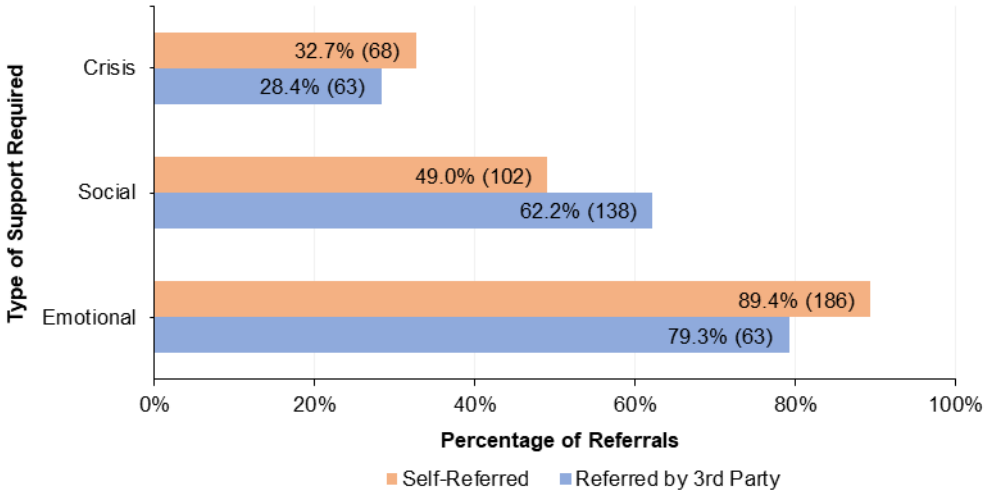

Figure 8. Types of support requested on referrals between March 2022 and February 2024.

The third party referral form also includes 'health', interpreted as physical rather than mental health, and a free text option for the types of support required. Health was selected by 68 (30.6%) of the 222 referrers whilst 15 (6.8%) selected other with the majority of free text responses referring to some form of addiction or unresolved trauma. Overall, this data indicates that the mental health and wellbeing needs of the MOI membership are overlapping, multifactorial, and complex.

Many of the Members who participated in the evaluation activities described their experiences of the referral processes. As another indication of the positive reputation of MOI in Inverclyde, many of these Members had self-referred following a recommendation or direct referral by a relative or friend:

> *"It was my wife, I'm from [another local authority] and there's absolutely [nothing] … out there at all."*
>
> Focus group attendee, Member

> *"It was just through word of mouth from standing at the school picking the kids up."*
>
> Focus group attendee, Member

> *"I had heard about it through social media, my friends had actually said 'Go to Man On!' because I was posting a lot of really dark things on social media … and one of my friends said 'Man On! will help you, I promise you!'"*
>
> Focus group attendee, Member

Others had been referred by a range of third parties, demonstrating that MOI has built relationships with, and earnt the trust of, a broad professional network:

> *"I heard about it through the nurse at my school…who was aware of my struggles with my mental health…she said this is an organisation that deals with both suicide and general mental health that is in a very bad state."*
>
> Interviewee, Member

> *"For me it was SAMH … this woman phoned me for two weeks to talk to me … during the two weeks she talked me out of suicide twice … she suggested Man On! She contacted Man On! [and] organised crisis support."*
>
> Focus group attendee, Member

One focus group attendee described how the Football Therapy service had provided a fun and low intensity environment through which they were able to enter the more overtly support-focussed sessions:

> *"I also saw, like, they had a Football Therapy and … that's not gonna cost me anything and that's one thing that I'm really good at is football so I'm gonna go and see what that's about. … There was two people … from Man On! that was there … and they connected me with someone that was actually at [the Wellbeing Centre]."*
>
> Focus group attendee, Member

The participants also acknowledged the speed at which MOI responded to their referrals:

> *"I just went in through the website … and then [Man On!] phoned me immediately."*
>
> Focus group attendee, Member

> *"[A member of staff] phoned me back within about an hour and a half."*
>
> Interviewee, Relative of a Member

> *"I didn't want to be here anymore … I managed to get a crisis support 1-on-1 and they put a [safe plan] in place, and that was like the very next day."*
>
> Focus group attendee, Member

This absence of prolonged waiting times was seen as a particular strength of MOI by its Members, particularly when compared to statutory services. Likewise, the CLW team saw MOI playing a crucial role in by providing crisis support whilst people wait for appointments at other services. The lack of an 'end date' to the support provided to each Member was seen as a key element of the service by both Staff and Members alike.

> *"Our person-centred approach is vital and each member is treated to their own preferences and expectations … That there is no end date to their support is key which has seen Members using our group service for a number of years now and plays a huge part in there weekly diary for their well-being."*
>
> Survey respondent, Staff, Volunteer or Trustee

Relationship-focussed Support

Relationship-focussed support refers to the attitudes and approaches taken by the MOI team in conducting its services and the atmosphere and environment it creates for its Members.

MOI aims to provide a safe, inclusive, relationship focussed and trauma informed environment. The Staff, Volunteers and Trustees believe they are achieving this person-centred approach, as demonstrated in the Staff survey responses displayed in Figure 9.

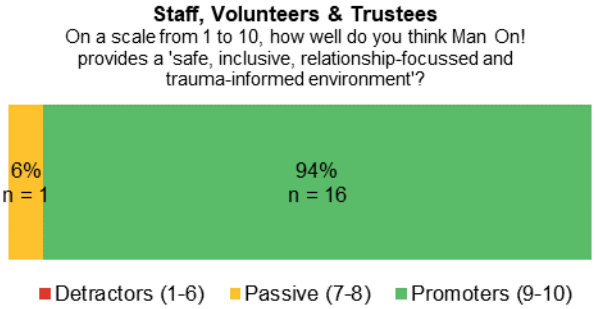

Figure 9. Staff survey responses regarding the environment at MOI.

Staff views on the 'most effective thing that Man On! does to support its Members' focussed on its person-centred approach where 'we care about our Members', 'each member is treated to their own preferences and expectations', helping 'people feel equal, valued and listened to', and responding to Members' concerns in a 'non-judgemental and compassionate manner'. The trauma-informed practice and Crisis Support were both regarded by the Staff as 'highly effective' and the 'open-door approach' where the 'people can simply turn up, ring the bell and be supported' was seen as a crucial element of the service.

The Members also had positive views of the environment at MOI, scoring with an average of 9.5 out of 10 in response to the survey question, 'How comfortable do you feel when attending Man On!'? Many Members commented on how this comfortable environment and welcoming atmosphere begins right at the front door:

> *"I think the best thing about Man On!, in terms of ethos and atmosphere, is the warmth you feel walking in that door, even before you walk in the door, you ring the bell … big smiling person, wee smiling person, anyone 'Hello! Its yersel', how you doing?'"*
>
> Interviewee, Member

> *"I didn't know what to expect on the other side, I really didn't, I just came with no idea, and the first guy that I saw … he shook my hand, gave me hug, and said, 'Right, come on, we'll talk' … that was it, I knew I'd found somebody that could actually support me."*
>
> Focus group attendee, Member

> *"[I was] nervous, not really knowing what to expect … but actually it was as if I had never not been there … everybody was dead friendly and welcoming, not just the volunteers and the staff, the actual people that were there in the group."*
>
> Focus group attendee, Member

According to Members, MOI has achieved this by creating a sense of 'community' or 'one big family' by providing a non-clinical setting in which 'there doesn't feel like there's any hostility between people', where there is no 'judgement' or 'competitiveness', and Members can 'feel accepted', 'be yourself', and build 'a good connection with [each other] because we're all here for the same thing'. Several Members commented on the sensitive approach taken during group sessions 'to make you feel at ease':

> *"Man On! didn't force you into any situation and they took it very carefully, very delicately, and they got my input every step of the way."*
>
> Interviewee, Member

> *"The first thing that was said to me was, 'You can share as little or as much as you like, and you don't need to put your camera or your microphone on … if you need to leave you can get up and leave you don't need to explain why.'"*
>
> Focus group attendee, Member

One Member who attends the Talk On service appreciated the efforts made to ensure the Wellbeing Centre is a safe space for women, particularly during the women's only sessions:

> *"Once you're here you don't see any men unless they're walking up and down the stairs or answering the door or you're going to the toilet … unless there's no workers available … but we're always given plenty of notice beforehand in case you didn't want to go … and we usually get to pick what man we get as well!"*
>
> Focus group attendee, Member

The transparency and simplicity of the approach taken by MOI was seen as a positive attribute of the service making it 'easier to understand' and therefore 'easier to … get better'. This is in contrast to the more formal and clinical environment of some statutory services:

> *"They keep it plain and simple … they're not sitting with a sheet a paper and, you know, tick boxes, they are there and they are focussed on you."*
>
> Focus group attendee, Member

> *"They are just so transparent, it's all so clear … when I'm here, they want me to be here."*
>
> Focus group attendee, Member

This person-centred and relationship-focussed approach was viewed by the Members as a key asset of the MOI approach, distinguishing it from other mental health services. In contrast to 'walking into a doctor's surgery where you see a doctor, like, once a year', or in other statutory

services where they 'sit with a checklist, tick, tick, tick' and 'see you for two seconds, tablets, see you next week', MOI was valued for its focus on the individual, ensuring 'it's never just about a box of people', 'they get to know us personally' and 'they build up a relationship'.

> *"The main difference is they listen here, they listen and they support you."*
>
> Focus group attendee, Member

> *"There's no easy fix for anybody at all really but in here … you have a cup of coffee and a conversation, and that conversation is all about you … it's from somebody that actually you feel as if they care … and then they follow it up … you never feel 100% alone"*
>
> Focus group attendee, Member

Many Members also valued the adaptability of the approach taken by the MOI Staff to 'accommodate different personalities', ensuring the person's individual needs were taken into account whilst affording 'the same respect and dignity that any humans demands and requires'. Where necessary, different activities or 'extra bits, all the add-ons' are used to facilitate a less formal and more open environment in which some Members find it easier to talk:

> *"It is so individual-based. They adapt to the needs and, although I have autism, they didn't view me as autistic or struggling with mental illness. They view me as [me] with [my] needs … that needed to be addressed, and they addressed it."*
>
> Interviewee, Member

> *"I just lose interest pure fast … but [Man On!] understood that … we would go to the gym … [so that] I'm doing something that doesn't leave me bored but I'm still talking."*
>
> Interviewee, Member

> *"It's not just the fact that we were sitting in a room talking … It was, 'Do you want to go for a walk today? Do you want to go for a coffee? Do you want to go down to the sports centre and do a workout? Do you want to go and see this guy that does mixed martial arts?"*
>
> Interviewee, Relative of a Member

Continuity was another element of this relationship-focussed support that was emphasised during the evaluation. The 'familiar face' that MOI provides to its Members, the frequency of communication, and the near constant availability of informal support were all cited as unique characteristics of the service which were, again, contrasted against those of statutory services:

> *"He sent me [a text] … 'I'm always here even if we've not got a session, just come down."*
>
> Interviewee, Member

> *"Man On! had said, no matter what happens at [the inpatient mental health service] … we will have an appointment with you."*
>
> Interviewee, Member

The Members' relatives that took part in the evaluation also expressed how this wraparound support extended to the family unit. Building trust with the wider support unit in this way had practical benefits for one family, in which they 'had this system where they could contact us immediately and let us know if there was an immediate danger' of suicide and 'every single day … they text us in the morning to see if were OK' whereas 'the CAMHS thing was very sporadic and also very clinical'.

> *"Man On! wasn't just there for [the Member] they were there for [us] … I did have one or two [1-on-1 appointments] myself … he was there for as long as we needed."*
>
> Interviewee, Relative of a Member

> *"It wasn't just [the Member] that was supported at Man On!, it was the [family] unit … we never ever got that from the NHS … they were analysing him, they didn't get our input .. at the Man On! side of things, we were an integral part."*
>
> Interviewee, Relative of a Member

Peer Support

Many of the adult services provided by MOI are centred on a facilitated group peer support model, where Members support each other with their mental health and wellbeing with the guidance of an MOI member of Staff and a Volunteer. This includes the dedicated Men's Peer Support Group and Women's Online Zoom Call (Talk On), and the relatively more relaxed Men's Social Drop In, Women's Social Drop In (Talk On), Men's Coffee & Chat, and Football Therapy. This model of support was also viewed very positively, not only in the help that Members received but in the opportunities to 'contribute to making somebody [else] feel better' and 'bounce ideas and … coping strategies and stuff like that off each other.'

> *"Everybody, all fifteen or twenty or however many is in the room, they've all been in some form of the same as you … they've found one way of coping, maybe somebody else found a different way, but when it all boils down to it, the basic thing is they found the tools to survive and it's been because of the people in this place."*
>
> Focus group attendee, Member

Providing a means to meet 'a whole bundle of new people' 'that had been in the same position' and sharing ideas and concerns with them in 'a place that you come and feel safe' was cited as a key benefit of the peer support approach for many Members:

> *"Say there's fifteen people, they might not be counsellors … but all fifteen of them will have some sort of life story that will tie in with my situation and I think that's what helped me."*
>
> Focus group attendee, Member

> *"Guys from all walks of life … guys wi' maybe a cocaine addiction, maybe a guy that's got a drink problem, another guy that's struggling with depression, or a guy in the same circumstances as me, but we all have something to give."*
>
> Focus group attendee, Member

> *"Talking to the other guys that were there, you could understand, you could empathise with them, they could empathise with you, you could see how they have coped and maybe how they've not coped."*
>
> Focus group attendee, Member

For male Members in particular, MOI provides a space free of the perceived stigma of mental ill-health for 'men fae the West o' Scotland who don't talk' and who might think 'they are just gonna be laughed at … and get told to man up':

> *"I'd never done anything like [peer support] in my life, you see, speak in a room full of strangers and getting upset and crying, but it just felt as though you were accepted while you were there and the minute you came in the door, and it felt right."*
>
> Focus group attendee, Member

> *"Every time I have dropped in there I've never felt more comfortable to cry in front of other men … everybody was always telling me you can feel a certain way, you can cry about it, you're accepted … it's so welcoming."*
>
> Focus group attendee, Member

Several participants described how bonds and friendships had formed between Members as a result of the peer support groups and how 'all of a sudden you've got all these friends' that 'worry about each other if somebody's not here', how 'you care about them as well as they care about you', and have 'got each other's back'.

> *"If there's somebody that comes kind of regularly and they're on the [WhatsApp] chat and they not there, there's always somebody that puts in, 'Noticed you weren't at the group today, are you ok?' and even that in itself is like there is actually somebody out there that cares enough."*
>
> Focus group attendee, Member

> 🗣 *"This is the only place that I socialise with people … [but] I don't feel like, lonely at all … you've got a connection with people in here."*
>
> Focus group attendee, Member

Other Members described how the peer support model 'it isn't all doom and gloom' and creates opportunities for social interaction and 'some laughs', where 'it's funny but there's a serious edge to it' and 'it's hilarious at times but … we're picking each other up and it's great'.

Future Opportunities

Future opportunities refers to the service developments that Staff and Members would like to see, building on the success already achieved at MOI. Topics that were specifically explored in the evaluation activities included the Staff's views on MOI's integration with other services, opportunities for workforce development, and the Members' ideas on how MOI might grow to offer additional activities or forms of support.

Overall, the Staff, Volunteers and Trustees viewed MOI as well-connected with other services in the area, scoring the service an average of 8.2 out of 10 for its connectivity, as demonstrated in Figure 10. The data on referrals (presented above) supports this view.

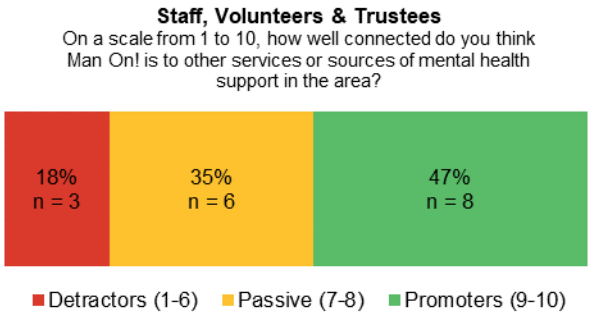

Figure 10. Staff survey responses regarding MOI's connections with other services.

There were several examples provided in the survey responses of how MOI is connecting with other local, national and international organisations including: sending and receiving referrals from other voluntary and statutory services; working in partnership with schools, local businesses, social care and the Police; participating in suicide prevention conferences within the UK and Europe; delivering workshops at Scottish Government events; and working with the Scottish Recovery Network in delivering peer support training. Despite these successes, some Staff had the view that 'we could always improve', that partnerships and networking are 'vital for us to grow and establish a professional, high standard', and 'the more we work with others, the better support for the community'. One survey response articulated that there is sometimes 'tension within the local 3rd sector around funding and competition' and they felt MOI could have a 'more of a say in strategic matters locally'.

Respondents to the Staff survey felt relatively confident when providing mental health support to the Members, as demonstrated in Figure 11, with a self-assessment average score of 7.7 out of 10. Participating in the various training opportunities already provided by MOI, gaining 'more experience' or 'wider exposure', and ongoing workplace supervision were cited as factors that could develop the Staff members' confidence. Overall, the survey responses gave the impression of a workforce that is eager to learn and that MOI provides a supportive and nurturing culture of continuous workforce development. Ideas for future opportunities were few but included improved 'knowledge around psychology' and undertaking mentorship training with partner organisations.

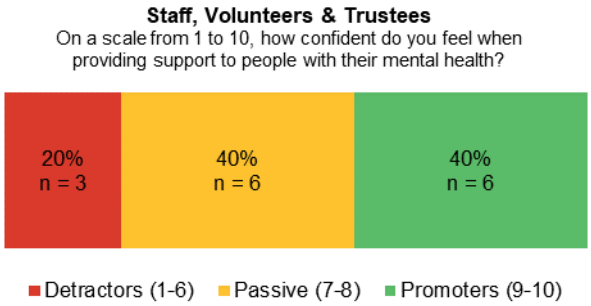

Figure 11. Staff self-assessment of their confidence when supporting Members with their mental health.

Members had a number of ideas and opinions on additional activities that they would like to see at MOI. Often these were activities that had previously taken place, such as 'walks on a Sunday' which 'were really quite popular', and in some cases had left a lasting impression:

> 🗣 *"[We] climbed Ben A'an … it was one of the best days of my life, I'm not exaggerating ... When we came back down we done cold water therapy and it was amazing … it was so good but we've not done anything since then."*
>
> Focus group attendee, Member

Other ideas included a pool tournaments, quiz nights, and camping weekends, not only as a means to socialise but because 'just by having that game of pool … you end up opening up' and 'it'd basically be a session … because you'd be getting all this stuff out'. This is similar to the use of a game of football in the regular Football Therapy sessions, which 'gets a lot of young men who wouldn't be associated with each other to come together and have a good laugh and get to know each other', with the ultimate aim of boosting mental health and wellbeing. Members from the 'Talk On' group report having taken part in activity-based support sessions on a more regular basis, such as aromatherapy, yoga, and nail treatments, but it was recognised that such activities are heavily reliant on having available funding.

One respondent to the Staff survey viewed the 'physical activity and creativity side of things' as 'hugely important', helping to foster 'positive mental health' or to provide 'distraction techniques from thoughts of suicide'. However, one Member cautioned against the idea of regular 'weekend stuff', instead preferring that the MOI Staff are able to maintain the high standard of support delivered in the regular schedule because 'the [weekend] break for them enhances the session the next week because they're not burnt out'.

Other ideas for growth of the MOI services included facilitating a specific group for people with autistic spectrum disorders or other forms of neurodiversity:

> 🗣 *"Sometimes I can be very overwhelmed in here … maybe some training [for staff to support] people that are on the spectrum. There was supposed to be [a group session for people with neurodiversity] but it never came to anything."*
>
> Focus group attendee, Member

It was suggested that such a group would take place in a 'quieter environment away from traffic' and with a greater 'awareness of noise', perhaps with 'some analysis on what colour schemes/objects (such as plants and fidget toys), and lighting make the most comfortable sessions for specific groups.'

Additional funding was the clearest theme to emerged when Staff were asked, "If you could change one thing about the way Man On! supports its Members, what would it be?"

> 🗣 *"I would change funding policies to make sure that Man On! grows with bigger facilities and staffing."*
>
> Survey respondent, Staff, Volunteer or Trustee

- *"More funding that is secured long-term to do this work properly, without worrying about the next cut that could limit service delivery."*
  Survey respondent, Staff, Volunteer or Trustee

- *"More access to funding to grow and support people who are really struggling to access services."*
  Survey respondent, Staff, Volunteer or Trustee

- *"More funding to enable delivery of a better resourced service which is badly needed in the Inverclyde area."*
  Survey respondent, Staff, Volunteer or Trustee

Findings – Outcome Measures

Outcome measures describe the impact that MOI has on its Members and whether it has ultimately achieved its aims. Analysis of the findings under this component revealed two key themes: suicide prevention and sense of wellbeing.

Suicide Prevention

Whilst it is difficult to quantify the number of suicides prevented as a direct result of MOI, just as it is difficult to count any event that has not occurred, many of the Members taking part in the evaluation activities were adamant that they would have died by suicide without MOI:

- *"I can 110% guarantee you, if this place wasnae here I wouldnae be here."*
  Focus group attendee, Member

- *"This service has saved my life by showing me I have a reason to live."*
  Survey respondent, Staff, Volunteer or Trustee

- *"I'd be dead, I would've taken my life."*
  Focus group attendee, Member

- *"Without their help over the past few months I may have gone under."*
  Survey respondent, Staff, Volunteer or Trustee

- *"I'd be dead."*
  Interviewee, Member

- *"Man On! saved my life, there's no other way of putting it."*
  Focus group attendee, Member

- *"I was actually saving up my prescriptions … that was my plan … but because of this place I've chucked the pills in the bin and I'm still here* … *they gave me the tools … to stay alive."*
  Focus group attendee, Member

Service data provided by MOI also suggests that it is having an impact on the risk of suicide for its Members. In 2023, 24 (85.7%) of 28 suicide safety plans initiated for Members had been successfully closed, indicating that the work of MOI had contributed to reduction in the Members' risk of suicide.

Sense of Wellbeing

The impact of a service or intervention on a person's sense of mental health and wellbeing can be measured in many ways. MOI uses the Well-being Star™ to support and track the progress of some of its Members across a number of self-reported wellbeing outcome areas (scored from 1 to 5) over time. Data from 58 Members who have completed two or more Well-being Stars are summarised in Figure 12. It shows that, on average, progress (a higher score) had been made in every outcome area reported, apart from 'Where I live' which showed no change. The most

positive change had been made in the 'How I feel' outcome area: 75% of Members had made progress whilst none had dropped back (a lower score), with an average change in score of +1.83 out of 5. The least amount of progress had made in 'Where I live' (no change), 'Social connection' (+0.82), and 'My health' (+1.00). These were the only outcome areas where any Member(s) had reported dropping back.

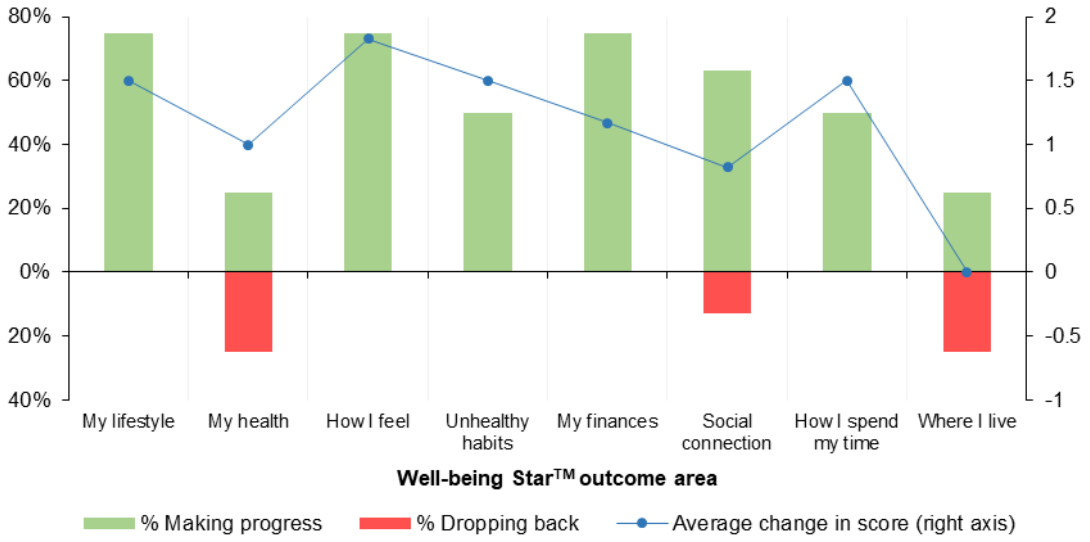

Figure 11. Percentage of 58 Members making progress or dropping back in the eight Well-being Star™ outcome areas and average change in self-reported score (from 1 to 5).

Similarly, responses to the Members' survey demonstrate an overall improvement in the Members' overall sense of mental health and wellbeing, as displayed in Figure 12.

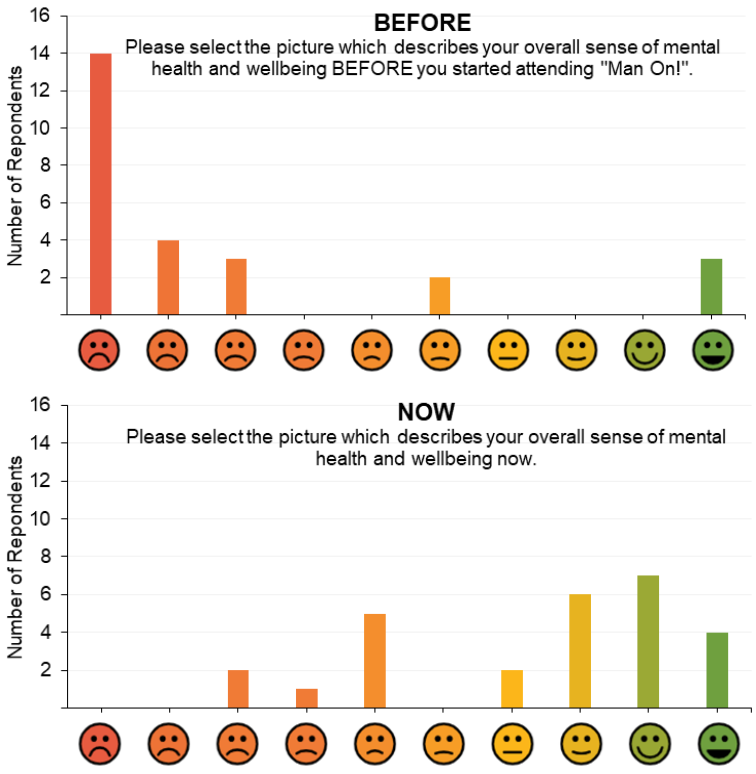

Figure 12. Members' survey responses on their sense of wellbeing before first attendance at MOI and now.

To support these quantitative measures, many Members articulated how MOI had positively impacted their mood and overall sense of wellbeing during the evaluation activities:

> *"If I hadn't started attending Talk On I don't know where I would be now. If it wasn't for the amazing staff and volunteers I would be in a very different and dark place."*
>
> Focus group attendee, Member

> *"I don't think I'd be dead but I'd be in a worse place, I feel like coming so early has prevented being that dark, I think I caught it a good time to prevent myself gettin' terrible."*
>
> Focus group attendee, Member

> *"I'm happy and I've met somebody and my life's completely turned around ... and it's down to Man On!"*
>
> Focus group attendee, Member

Others were more specific and cited improvements in self-worth such as newfound 'importance and value as a person' and 'that I do deserve to live'. Many Members described how attending MOI equipped them with certain 'tools to manage my mental health', increased their self-awareness and ability to understand their emotions, such as 'learning my triggers', feeling 'much clearer on how to handle situations', and how to 'self-regulate':

> *"Every single day I came and saw [the CBT therapist] was a total revelation that I discovered about my mental health."*
>
> Interviewee, Member

The results of the surveys showed that both Members and Staff believe MOI is achieving its aim of preventing suicides and enhancing wellbeing, on average scoring the service 9.7 and 9.5 out of 10 respectively in this regard (see Figure 13).

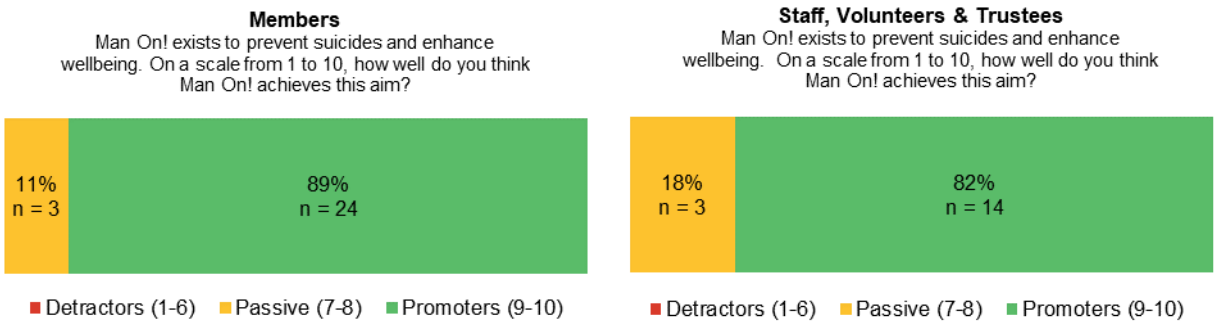

Figure 13. Member and Staff assessment of whether MOI prevents suicides and enhances wellbeing.

Several Members described how MOI has helped to relieve feelings of loneliness and social isolation, how attending the services 'made you feel comforted that you weren't alone', that 'you're not the only person in the world', and how others 'all have the same emotions' and have 'been through the same as you, you know, you're not alone'.

> *"It gets me socialising with people, even if it is sometimes talking about things sometimes that are really dark … there's always a lighter side and … it's a cure for my loneliness."*
>
> Focus group attendee, Member

> *"They have brought me in with other people who I can now meet up for a wee coffee with. Being alone at my age isn't good."*
>
> Survey respondent, Staff, Volunteer or Trustee

> *"I'm a single mother with four kids and [lockdown] was just horrible ... and I think initially it was just for that, well I actually need another adult to speak to here."*
>
> Focus group attendee, Member

The results of the surveys showed that both Members and Staff believe MOI is achieving another of its aims in reducing feelings of loneliness and social isolation, on average scoring the service 9.5 and 9.2 out of 10 respectively in this regard (see Figure 14).

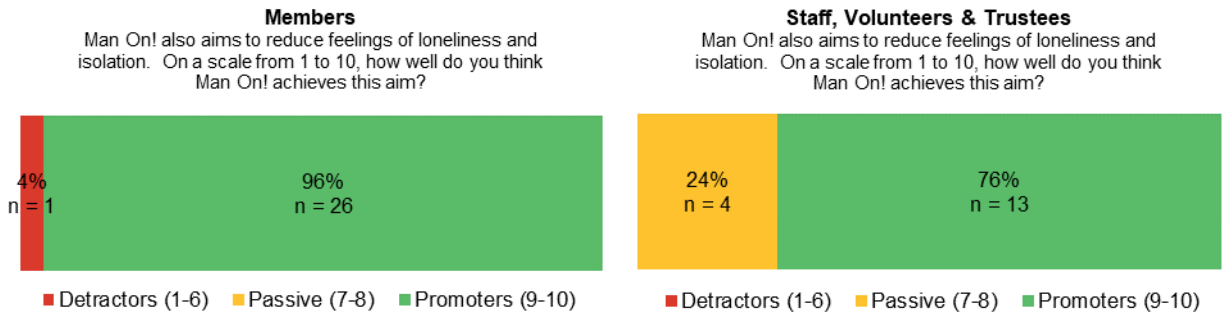

Figure 14. Member and Staff assessment of whether MOI reduces loneliness and social isolation.

Findings – Balancing Measures

Balancing measures describe the wider consequences of the service which may be unintended or unrelated to the service's specified aims and can be either positive or negative. Analysis of the findings under this component identified three key themes: bridging the gap, wider impacts, and recommendations.

Bridging the Gap

'Bridging the gap' refers to the role that voluntary or third sector mental health services occupy that lies between self-care or informal community care (e.g. social support) and formal statutory or specialist healthcare (e.g. NHS mental health services).

Whilst the findings presented here are subject to selection bias (i.e. the participants of the evaluation activities have been 'selected' due to their engagement with MOI), the views expressed by Members regarding their experiences of statutory services were largely negative. These views describe a sense of how statutory services were unavailable, inconsistent or ineffectual for these Members:

> *"[The statutory services view was:] 'We know why you're here and we know you want help but we can't provide you with any of this help, so there's no real point for you to be here.'"*
>
> Interviewee, Member

> *"I've never come away from here feeling bad, whereas at [the statutory services] I've gone in feeling bad and come out feeling worse."*
>
> Focus Group Attendee, Member

> *"The [CAMHS nurse] that [the Member] did get on well with, we'd only seen him three or four times … and then it was a case of 'Oh, you're too old for us.'"*
>
> Interviewee, Relative of a Member

This was in contrast to the views of MOI as an open, available and coherent service, often seen as the only viable option for mental health support:

> *"I would do away with the service that the NHS provide, it's non-existent … if I had my way, I would have Man On! in every village and town in Scotland ... people in crisis need to come that day."*
>
> Interviewee, Relative of a Member

> *"If we hadn't found this, then there is nothing. That is the bottom line. It's invaluable."*
>
> Focus Group Attendee, Member

> *"I feel like Man On! is seamless between what they do, it's seamless … I feel the NHS … they are so disjointed … it should be joined up … this is seamless."*
>
> Interviewee, Relative of a Member

These views indicate that for those people who feel their mental health needs are not able to be met by NHS or other statutory services, MOI helps to 'bridge the gap' between informal and formal care.

Wider Impacts

Wider impacts are those changes or effects that occur beyond the realm of suicide prevention and mental health improvement. This was not a common theme that emerged from the evaluation; described here is the experience of a single interviewee. However, this experience is included in to highlight the transformational potential of MOI at an individual level.

For this person, MOI had not only served to improve their sense of mental wellbeing, but had a significant effect on their physical fitness and risk factors for ill-health both now and in later life. This included a healthy reduction in body weight and a substantial reduction in the use of alcohol and other substances. There were also rapid improvements in their close relationships, as judged by the Member themselves and a close relative:

> *"Before [Man On!] … I was just out drinking basically every day. As soon as COVID restrictions got fully lifted, I was out like drinking everyday … I got addicted to vaping and I got addicted to cannabis … Now … the last time I drunk was [2 months ago] but that was for my birthday and I literally had like one can … Now I am just pure focussed on … getting my fitness up … just so much better now, better relationship with everyone."*
>
> Interviewee, Member

> *"In … as little as a fortnight, he stopped drinking, he wasn't going out as much, he was much more respectful to me, he was taking things that I said to him into consideration, him and his dad were getting on a lot better … it was unbelievable."*
>
> Interviewee, Relative of a Member

The Member assesses MOI as having profoundly altered the course of their life, believing that without it they would 'probably be selling drugs or homeless … or in jail or dead', and that there are wider societal benefits too:

> *"Seeing how much it changed me I was like, Jeez-O! You could do this for so many other people … it would stop prisons getting so full of people making bad mistakes."*
>
> Interviewee, Member

> *"I think [another relative has sought mental health support] probably based on what he had seen … because he saw you turning your life around [with Man On!] and he was still really miserable."*
>
> Interviewee, Relative of a Member

The Member's relative considers MOI as a 'Godsend to the community', that it has 'been really needed I feel, given where we live' because of the 'kind of societal things that go on in Inverclyde'. So profound has the positive impact been for this Member that another of their relatives has sought mental health support 'probably based on what he had seen … because he saw you turning your life around'. The Member has now decided they want 'to help other people' by 'doing a bit of volunteering in the community', a decision in which MOI 'has been so influential.'

Recommendations

Recommendations provide a useful insight into the overall effectiveness of the service, as judged by those most familiar with it, and have the wider consequence of drawing a greater number of people into the service. The Members and relatives that took part in the evaluation activities were

unanimous in their unreserved recommendation of MOI to anyone in need of support with their mental wellbeing. This is summarised by the survey responses displayed in Figure 15 and the average score of 9.8 out of 10 for how likely Members are to recommend MOI to somebody else.

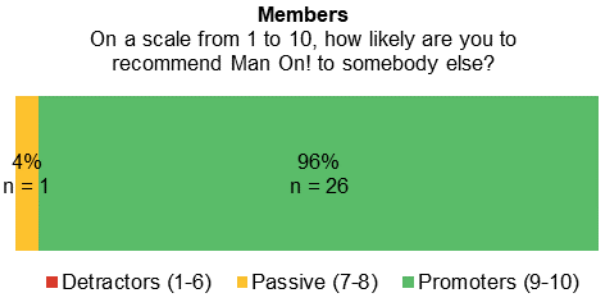

Figure 15. Members views on recommending MOI to others.

The interviewees and focus group attendees were also eager to recommend MOI to others, citing it as 'the best thing for support in the town' and how contacting MOI was 'probably up there in the top three decisions I've ever made':

> *"I would recommend it to anybody, whether it's an adult or a child that's got mental health issues. Try and get yourself a referral to Man On! whatever way you can."*
>
> Interviewee, Member

> *"I'm recommending them to anyone … I tell everyone … Go to Man On!"*
>
> Focus Group Attendee, Member

The free text survey responses from Members also contained similar sentiments:

> *"Come along and see what it's all about. As soon as you've stepped through that door the first time you will never want to leave again they are all fantastic."*
>
> Survey respondent, Member

> *"Don't be afraid to approach Man On! Their support is invaluable and it is all non-judgmental. Walking through the door is the hardest part and you won't regret it when you do. Have faith."*
>
> Survey respondent, Member

One Member summarised the message to people considering contacting MOI as:

> *"I would say, 'It'll save your life, if you need it to' because it had done that for me. I can't emphasise enough. I just, I just wouldn't be here … I am here purely because they gave me the tools to keep going."*
>
> Focus Group Attendee, Member

Findings – Summary

The findings of all four evaluation components – structure, process, outcomes, and balancing measures – are summarised below and grouped into strengths, weaknesses, opportunities, and threats (SWOT analysis). The findings are presented under the identified themes for ease of reference to the findings above.

STRENGTHS

Accessibility
- Convenient location of Wellbeing Centre accessible by public transport
- Inclusive: no-cost and very few eligibility criteria, flexible and adaptable contact times
- No waiting lists for group sessions, very short waiting time for 1-2-1 appointments
- Option for remote sessions for some i.e. Women's online Zoom call

Staff Attributes
- Lived experience a key asset, distinguishing it from other/statutory services
- Vocational approach: cohesive, consistent and diverse team, including external partners

Facilities
- Comfortable, welcoming and functional environment at the Wellbeing Centre
- Use of local community assets e.g. school football pitches, external activity providers

Reach
- Schools outreach programme seen as effective by all involved parties

Service Entry
- Proven third party referral pathways, including via GP-based CLWs
- No time limit to support and good continuity between different elements of the service
- Football Therapy works well as a 'hook activity' for young men in particular

Relationship-focussed Support
- Person-centred and trauma-informed approach viewed as the central asset of the service
- Transparent and uncomplicated support, in contrast to Member experiences of statutory services

Peer Support
- Acts as both a source of mental health support and as a 'cure for loneliness'
- Stigma-free and non-judgmental atmosphere, valued by male Members in particular

Suicide Prevention / Sense of Wellbeing
- Numerous Members state that the service has prevented their death by suicide
- High rate of successful closure of safety plans indicating effective reduction in suicide risk
- Members' self-reported wellbeing shows widespread improvement in many outcome areas

Bridging the Gap
- Meets gap in mental health services for those with needs between self-care and statutory services

Wider Impacts
- Transformational potential beyond mental health and wellbeing at an individual level
- Possible wider societal impacts e.g. improved physical health, reduction in crime etc.

Recommendations
- Unanimously recommended to others by all evaluation participants

WEAKNESSES

Accessibility
- Crisis Support only (formally) available on Mondays 1000-2000hrs
- Women's online Zoom call at a difficult time for some e.g. children's bedtime
- 'Man On!' branding may be intimidating for some, 'Talk On' branding less visible

Facilities
- Demand has 'outgrown' the Wellbeing Centre's capacity (or will soon)
- Bathrooms are not wheelchair accessible

Reach
- People living in remote and rural areas of Inverclyde may be relatively underserved

Service Entry
- Confusion regarding referral forms, many self-referrers using third party referral form

Suicide Prevention / Sense of Wellbeing
- No formal system to explore reasons for non- or dis-engagement with the service

OPPORTUNITIES

Accessibility
- Expansion of Crisis Support to more days of the week
- Expansion of core services to additional sessions and at the weekend
- Provision of childcare to support attendance by parents of young children
- Target women at 'vulnerable moments' (maternity/menopause/domestic abuse)
- Target 'inclusion groups': neurodiversity, LGBTQIA+, older people, BME, rural areas

Staff Attributes
- Recruit external partners from different backgrounds: childcare, personal trainer etc.

Facilities
- Expand to larger or additional premises in order to meet growing demand
- Ideal facility includes: waiting area or reception, two or more group rooms, breakout or single consultation rooms, shared offices, staff room, kitchen, bathrooms, multi-activity space
- Ensure full accessibility of all spaces, especially bathrooms

Reach
- Scale up service to have a 'satellite centres' in Gourock, Port Glasgow, rural areas
- Pick-up / drop-off service, home visiting, 'hybrid' group sessions to reach remote and rural areas
- 'Whole community approach': work places, GPs, chemists, shopping malls etc.
- Share experience across the third sector to replicate the Man On! model in other areas of Scotland

Service Entry
- Expand awareness of third-party referrals to other healthcare professionals
- Implement quarterly review of referral data, including 'Did Not Attend' numbers

Future Opportunities
- Build on good local connections to increase efficiency and reduce costs e.g. joint funding bids
- Consider an internal project to assess future workforce development and training needs
- Build partnerships to meet demand for further physical and creative activity-based support

Wider Impacts
- Perform local asset mapping in order to collaborate with other local services to act on other areas of public health interest: smoking cessation, physical activity, healthy diet, financial inclusion

THREATS

Accessibility
- Vulnerable to changes/cancellations to public transport links
- Risk of disclosure of sensitive information during online sessions may be a barrier for some

Facilities
- Risk of unmet demand for mental health support due to size limitations of Wellbeing Centre

Reach / Relationship-focussed Support
- Rapid expansion of service risks diluting the core ethos of relationship-focussed support

Service Entry
- Risk of overlooking gaps in service coverage without regular data review / analysis

Future Opportunities
- Competition for funding with other TSOs; funding applications too time-consuming
- Lack of a voice in 'strategic matters' may risk duplication of effort and gaps in services
- Growth and expansion (and maintenance) of the service reliant on successful funding bids

Suicide Prevention
- Difficult to measure the number of deaths by suicide prevented

Bridging the Gap
- Risk of Members becoming dependent on the service due to strain on statutory services

Conclusions

This evaluation provides evidence that MOI is operating an effective and popular, no-cost service for those people in Inverclyde who are willing and able to engage with a relationship-focussed and/or peer support model of mental health and wellbeing support. A number of key assets of the service were identified, namely: the lived experience and vocational approach of the MOI Staff and Volunteers; the uncomplicated, person-centred and trauma-informed nature of support; the stigma-free, non-judgmental and 'family' atmosphere at the Wellbeing Centre; and the absence of any waiting lists for attendance at the regular weekly group sessions. These key assets are supported by MOI's reputation and action in the wider community: MOI is the most referred-to service in the 'Community Hub' category by Inverclyde Community Link Workers; the schools outreach programme is considered to be highly effective by all parties involved; and the use of wider community assets, such as school football pitches for the weekly Football Therapy sessions, helps to break down barriers to accessing support for high-risk groups such as young adult men.

A few limitations were also identified, all rooted in a relative a lack of resources i.e. funding and workforce capacity. These include a crisis support service that operates formally on only a single day of the week, a relative difficulty in reaching remote and rural areas of Inverclyde, and limitations on the space within the Wellbeing Centre, the latter being a sign that MOI is somewhat a victim of its own success. Other limitations that were less prominent in the findings, but no less important, concern the male-oriented branding of the service, the absence of a wheelchair-accessible bathroom at the Wellbeing Centre, and the lack of a formal process to follow-up and record reasons for non- and dis-engagement with the service as a means of quality improvement.

Despite these limitations, service data made available for this evaluation demonstrated that MOI Members experience widespread improvement in many self-reported measures of mental health. This is corroborated by the overwhelmingly positive views and experiences described by participants in the evaluation activities. Additionally, there is powerful qualitative evidence that MOI is improving mental wellbeing, reducing social isolation, and saving lives through the prevention of deaths by suicide. Positioning itself between self-care and the statutory services, MOI appears to play an important role in bridging the gap between informal and formal mental health support. This is particularly important for those at-risk populations in Inverclyde that live in some of the most deprived areas of Scotland who may not meet the threshold for NHS mental health services but may be financially excluded from private counselling or talking therapies.

Consequently, this evaluation provides both quantitative and qualitative evidence that the Communities Mental Health and Wellbeing Fund for Adults is having a positive impact on public mental health through the financial support awarded to third sector organisations such as MOI. It has also demonstrated that an even greater impact may be possible through additional funding by allowing successful organisations such as MOI to expand or enhance their service. Supported by the findings of the evaluation, some considerations of how MOI might prioritise the use any additional funding to develop their service are presented below.

Considerations for future service developments

Areas for Growth

There are several opportunities for MOI to grow its service. These include expanding the existing services to additional or multiple days of the week, particularly Crisis Support, in order to meet the growing demand for the MOI model of mental health support. This would require a corresponding expansion in the size of the workforce, both employed and voluntary, as well as larger or additional premises to replace or support the 'outgrown' Wellbeing Centre. The ability to host concurrent group sessions alongside one-to-one appointments is a key consideration for any future premises.

Operating ‘satellite centres’ in community hubs in, for example, Gourock and Port Glasgow would expand the reach of MOI across a greater geographical area of Inverclyde and reduce any existing barriers as a result of incomplete or infrequent public transport availability. Reaching remote and rural areas is more difficult; options for consideration include a pick-up and drop-off service, home visiting, and the procurement of teleconferencing facilities to convert some or all of the group sessions to a hybrid format (i.e. both in-person and online attendees at the same session).

Providing additional group sessions designed specifically for underserved groups, such as people living with neurodiversity and the LGBTQIA+ community, as well as a bespoke service for women at ‘vulnerable moments’ such as maternity and the menopause, may be further areas for growth but should be informed by an assessment of need among the Inverclyde community.

Prioritisation and Collaboration

However, expansion of the service carries risks, chief among which are two concerns raised by MOI Members themselves. Firstly, too rapid a growth in size and scale may dilute one of the key assets of the service, the relationship-focussed support, by spreading the workforce too thinly across a greater caseload and geographical area. Secondly, and related to the first, a greater caseload, a more complex service offer, and weekend or out-of-hours work risks Staff and Volunteer burnout, ultimately reducing the quality and quantity of support that can be offered to Members. Therefore, any areas for growth should be considered alongside ways of mitigating these risks, such as prioritisation and collaboration.

Prioritising those elements of the MOI service that are both highly valued and highly attended by Members, such as the holistic person-centred approach and the low-intensity ‘simple’ and ‘transparent’ peer support sessions, may help to maximise the benefit that can be gained from limited resources. One strategy may be to perform a local asset mapping exercise in order to determine what alternative mental health support services exist in Inverclyde and what key gaps in service provision MOI aims to fill. In short, MOI cannot be everything to everyone, and any options taken to expand the service should be in consideration of available resources and unmet needs.

Alternatively, or additionally, MOI may achieve more by collaborating with current or new partners. By working strategically with other services and providers in Inverclyde, MOI can avoid duplicating efforts, focus resources on the greatest and unmet needs, and reduce or eliminate the sense of competition for funding with other third sector organisations. For example, the demand for more physical and creative activity-based support expressed by Members in this evaluation could be met through partnerships with local providers rather than through additional recruitment or upskilling of the MOI workforce. Similarly, where mental health needs intersect with other needs, such as financial inclusion or support for victims of domestic abuse, collaborating with other voluntary services and submitting joint funding applications may have a greater impact than isolated bids.

Self-Evaluation

Any growth or expansion of the service should be informed by a process of continual self-evaluation, centred on a robust data collection plan. Through referral forms, Member Agreements, session registrations, Wellbeing Stars, and ‘Your Views Matter’ surveys, MOI is already collecting a rich dataset from which valuable quality improvement insights can be obtained. MOI should consider implementing a quarterly data review exercise in order to monitor service performance. Additional data collection on reasons for non- and dis-engagement with the service would bring further insights on how the service might reach those with needs not currently met by MOI.

Lastly, the present evaluation has shown that MOI Staff and Volunteers feel supported in developing their skills with regular workplace and external training events. Yet there remains some room for improvement in their self-reported confidence in supporting people with their mental health needs. An internal workforce review and training needs assessment could highlight any areas for additional skills development activity to capitalise on the eagerness of MOI Staff to learn and grow.

Acknowledgements

I would like to thank Rebecca Campbell, Consultant in Public Mental Health at NHS Greater Glasgow & Clyde for inviting me to undertake this evaluation and for your ongoing guidance and support.

I also thank Chris Paul, Sam Magee, Stacey Caldwell and the rest of the Man On! Inverclyde team for your warmth, openness, patience, and enthusiasm to receive independent assessment and critical review of a service you hold very dearly in your hearts. I hope the analysis I have been able to provide helps to facilitate meaningful reflection on your journey so far and informs any future developments of a much-needed and life-saving service.

Lastly, and most importantly, I thank those Members of Man On! Inverclyde that participated in the various evaluation activities. Your willingness to sacrifice your time and energy to share your opinions, views, and experiences has been central to this project. Your stories were both challenging and inspiring to hear, and I am hopeful that in sharing them with me you will have contributed to the mental health improvement of your community.

I wish you all the very best mental health and wellbeing.

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References

1. Constitution of Man On! Inverclyde SCIO, 2023.
2. Scottish Government. Communities Mental Health and Wellbeing Fund for adults: projects awarded funding in Year 2 - 2022/2023, 2023.
3. Scottish Government. Mental Health - Scotland's Transition and Recovery. 2020
4. TSI Scotland Network. Communities Mental Health & Wellbeing Fund for Adults [cited 2024 Apr 8]. Available from: https://tsi.scot/communities-mental-health-wellbeing-fund/ accessed Apr 8 2023.
5. CVS Inverclyde. Inverclyde Communities Mental Health and Wellbeing Fund for Adults 2023/24 [cited 2024 Apr 8]. Available from: https://www.cvsinverclyde.org.uk/our-support/inverclyde-communities-mental-health-and-wellbeing-fund-for-adults-2023-24/ accessed Apr 8 2024.
6. National Records of Scotland. Mid-2022 Population Estimates Scotland, 2024.
7. Inverclyde Council. Inverclyde Heritage Strategy 2019-2029, 2019.
8. Scottish Government. Scottish Index of Multiple Deprivation 2020 [Available from: https://www.gov.scot/collections/scottish-index-of-multiple-deprivation-2020/ accessed Sep 22 2022.
9. Marmot M, Bell R. Fair society, healthy lives. *Public Health* 2012;126 Suppl 1:S4-s10. doi: 10.1016/j.puhe.2012.05.014 [published Online First: 2012/07/13]
10. Delgadillo J, Asaria M, Ali S, et al. On poverty, politics and psychology: the socioeconomic gradient of mental healthcare utilisation and outcomes. *British Journal of Psychiatry* 2016;209(5):429-30. doi: 10.1192/bjp.bp.115.171017 [published Online First: 2018/01/02]
11. Pickett KE, James OW, Wilkinson RG. Income inequality and the prevalence of mental illness: a preliminary international analysis. *Journal of Epidemiology and Community Health* 2006;60(7):646-47. doi: 10.1136/jech.2006.046631
12. Riches E, Pulford A, Whitehead R, et al. Rapid evidence review of the determinants of mental wellbeing: Public Health Scotland, 2021.
13. NHS Greater Glasgow and Clyde, Inverclyde HSCP. NHS Greater Glasgow and Clyde 2022/23 Adult Health and Wellbeing Survey: Inverclyde Report, 2024.
14. Taylor-Powell E, Henert E. Developing a logic model: Teaching and training guide. Madison, WI: University of Wisconsin-Extension, Cooperative Extension, Program Development and Evaluation 2008.
15. Evaluation Support Scotland. ESS Support Guide 1c – Developing a Logic Model, 2022.
16. Donabedian A. Evaluating the quality of medical care. *The Milbank memorial fund quarterly* 1966;44(3):166-206.
17. NHS Improvement. Online library of Quality, Service Improvement and Redesign tools: A model for measuring quality care.
18. Catalogue of Bias Collaboration, Brassey J, Mahtani KR, et al. Volunteer Bias 2017 [cited 2024 Apr 8]. Available from: http://www.catalogofbias.org/biases/volunteer-bias accessed Apr 8 2024.
19. Czeisler M, Wiley JF, Czeisler CA, et al. Uncovering survivorship bias in longitudinal mental health surveys during the COVID-19 pandemic. *Epidemiol Psychiatr Sci* 2021;30:e45. doi: 10.1017/s204579602100038x [published Online First: 2021/05/27]
20. Catalogue of Bias Collaboration, Nunan D, Bankhead C, et al. Selection Bias 2017 [cited 2024 Apr 8]. Available from: http://www.catalogofbias.org/biases/selection-bias/ accessed Apr 8 2024.
21. van de Mortel TF. Faking It: Social Desirability Response Bias in Self-report Research. *The Australian Journal of Advanced Nursing* 2008;25(4):40-48.
22. Colombo D, Suso-Ribera C, Fernández-Álvarez J, et al. Affect Recall Bias: Being Resilient by Distorting Reality. *Cognitive Therapy and Research* 2020;44(5):906-18. doi: 10.1007/s10608-020-10122-3
23. Batchelor JH, Miao C. Extreme response style: A meta-analysis. *Journal of Organizational Psychology* 2016;16(2)
24. Klayman J. Varieties of Confirmation Bias. In: Busemeyer J, Hastie R, Medin DL, eds. Psychology of Learning and Motivation: Academic Press 1995:385-418.
25. Olmos-Vega FM, Stalmeijer RE, Varpio L, et al. A practical guide to reflexivity in qualitative research: AMEE Guide No. 149. *Medical Teacher* 2023;45(3):241-51. doi: 10.1080/0142159X.2022.2057287

Appendices

Appendix 1 - Deaths due to probable suicides in Inverclyde

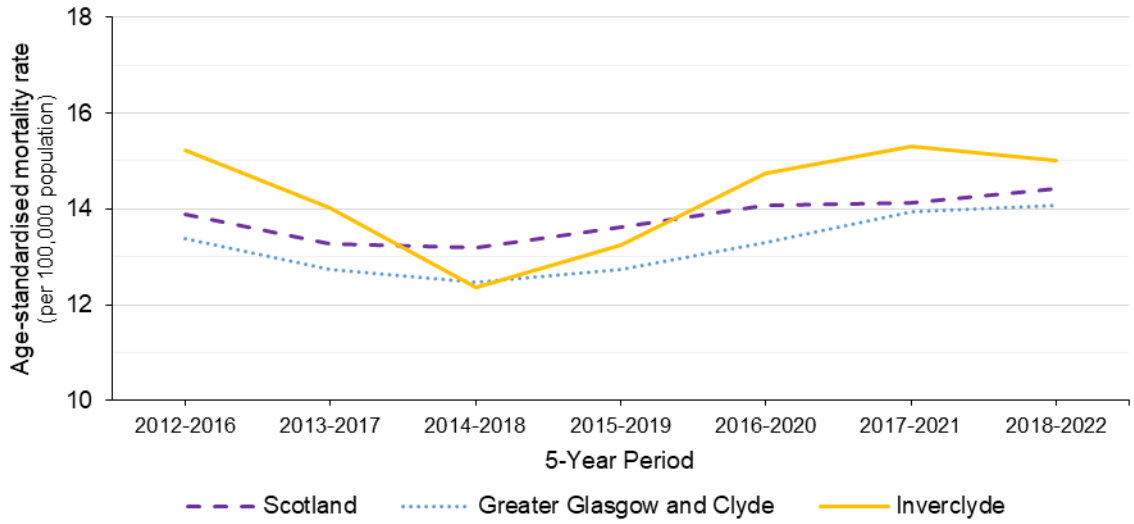


Figure A1. Trends in the 5-year moving average age-standardised mortality rate (per 100,000 population) of deaths due probable suicides. (Source: National Records of Scotland)

Table A1. 5-year moving average age-standardised mortality rates (per 100,000 population) for deaths due probable suicides in Scotland, NHS Greater Glasgow and Clyde, and Inverclyde

5-Year Period	Scotland		Greater Glasgow & Clyde		Inverclyde	
	ASMR	Registered deaths	ASMR	Registered deaths	ASMR	Registered deaths
2012-2016	13.9	3721	13.4	773	15.2	62
2013-2017	13.3	3571	12.7	738	14.0	57
2014-2018	13.2	3560	12.5	723	12.4	50
2015-2019	13.5	3697	12.7	744	13.3	53
2016-2020	14.1	3830	13.3	786	14.7	56
2017-2021	14.1	3855	13.9	823	15.3	57
2018-2022	14.4	3937	14.1	832	15.0	55

ASMR = Age Standardised Mortality Ratio

Appendix 2 – Co-produced Logic Model

Inputs	Outputs		Outcomes		
	Activities	*Participation*	*Short*	*Medium*	*Long*
Staff Volunteers Equipment Technology Finances Buildings / Spaces	**Core Activities:** - Crisis support - Peer support group - 1-to-1 support sessions - Social drop-in - Football Therapy - Talk on - Coffee morning **Supporting Activities:** - Recruitment of staff and volunteers - Training of staff and volunteers - Raising awareness and advertising the service - Engagement with partners and other services and agencies	**Members of the Inverclyde community aged 16 years and above at risk of poor mental health outcomes** A particular focus is placed on vulnerable groups, people experiencing social isolation, and people with past or current psychological trauma Groups not currently eligible for support include perpetrators of domestic or sexual abuse	**A greater number of people are able to access support for their mental health** **People wait less time to access support for their mental health** **There are more opportunities for social interaction available in the community** **People have access to a psychologically safer and more comfortable space to build relationships and discuss their mental health** **Staff and volunteers are better equipped to provide peer support to people expressing mental health needs** **Man On! Inverclyde is better connected with other local and national services and agencies**	**People have better access to trauma-informed mental health support, including at times of crisis** **People have an improved sense of social connectedness and people feel less socially isolated** **People feel empowered and better able to manage their own mental health**	**There are fewer attempted and completed suicides among the Inverclyde community** **There is an improved sense of good mental health and wellbeing among the Inverclyde community** Supporting local and national outcomes: Inverclyde HSCP Strategic Plan 2019-2024. *Big Action 1: Reducing Inequalities by Building Stronger Communities and Improving Physical and Mental Health* Scotland's Suicide Prevention Action Plan 2022-2025. *Outcome 3: Everyone affected by suicide is able to access high quality, compassionate, appropriate and timely support – which promotes wellbeing and recovery.* Mental Health – Scotland's Transition and Recovery. *Sections 11 (Distress interventions), 12 (Suicide Prevention), and 14 (A Long-Term, Trauma-Informed Approach to Recovery)*

Assumptions

There is an enduring need for greater access to effective mental health interventions and suicide prevention in Inverclyde
The core activities of Man On! Inverclyde are effective mental health and suicide prevention interventions

External Factors

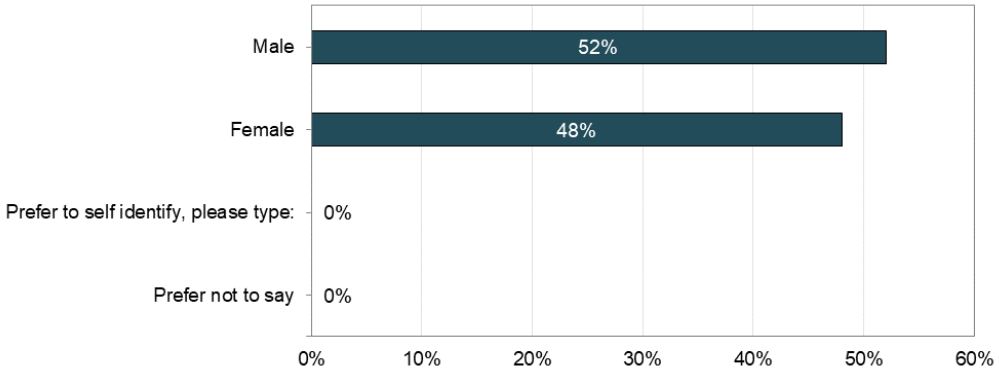
Other organisations with similar aims meeting the same needs in the population
Waiting times for statutory mental health services
Economic trends and rising cost-of-living affecting people's mental health resilience
Political support for grassroots action to improve mental health

Appendix 3 – Topic Guide for Semi-structured Interviews and Focus Groups

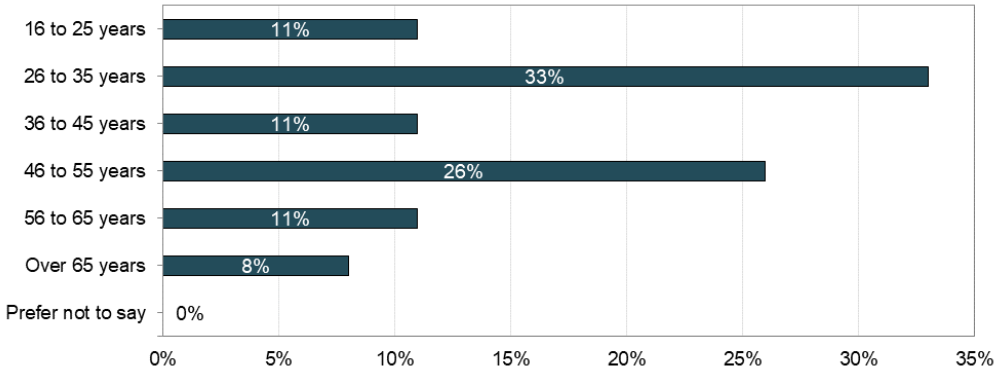
TOPIC	MAIN QUESTIONS	FOLLOW-UP / RE-FRAMED QUESTIONS	PROBES
ACCESSIBILITY	▪ How did you hear about Man On!? ▪ How easy is it for you to attend the sessions or appointments?	▪ How does this compare with any appointments you have had at other mental health services? (e.g. GP, NHS, counselling) ▪ Did you have to wait long for a 1-2-1 appointment? ▪ Are there any services that you are unable to attend for any reason? Why?	▪ How long did you wait? ▪ What stops you?
SENSE OF WELLBEING	▪ How has Man On! affected your sense of wellbeing? ▪ If you could make one change to the way Man On! supports you, what would it be?	▪ Is there anything specific about Man On! that affects your wellbeing? ▪ How would you describe the effect Man On! has had on your ability to look after your own mental health? ▪ How would you feel if Man On! services were no longer available to you?	▪ Which service or session? ▪ Why would you feel like that?
SUICIDE PREVENTION	▪ How do you feel about the sentence: “Man On! exists to prevent suicides”? ▪ Can you always get help from Man On! when you want or need it?	▪ Where do you think you would be without Man On!? ▪ Have you ever not been able to attend or get help from Man On! when you needed it? Why?	▪ Why is that? ▪ What stopped you attending?
SOCIAL INTERACTION	▪ How has being a member of Man On! affected your sense of loneliness or isolation?	▪ How would you describe your relationships with the people at Man On!? ▪ How do you feel about your opportunities for social interaction?	▪ Is there a specific group or person? ▪ Why do you like/dislike that?
TRAUMA-INFORMED AND SAFE ENVIRONMENT	▪ How do you feel about the facilities at the Wellbeing Centre? ▪ How do you feel about the other places where Man On! services are delivered?	▪ If you could change one thing about the Wellbeing Centre, what would it be? ▪ How comfortable or safe do you feel when accessing the Wellbeing Centre (or other settings)?	▪ What else? ▪ Why is that? ▪ How could it be better?
LINKS TO OTHER SERVICES	▪ How connected do you feel Man On! is to other mental health and wellbeing services?	▪ If you were referred to Man On! from another service, can you describe that process and how could it be improved? ▪ If Man On! has referred you to another service, can you describe that process and how could it be improved?	▪ Which service? ▪ Why was it like that? ▪ What difference would that have made?
CLOSING QUESTION	▪ If there was one thing you could tell other people about Man On!, what would it be and why?	▪ Imagine you have 30 seconds to convince someone to become a member at Man On! What would you say?	▪ Why that one thing? ▪ How has that affected you? ▪ Can you say more?

Appendix 4 – Members' Survey Engagement Summary

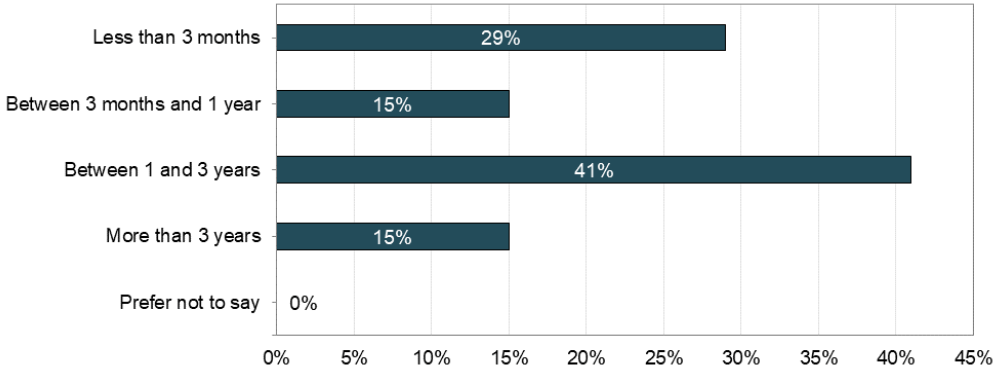
Q1. Please select the option that best describes you? (select one):



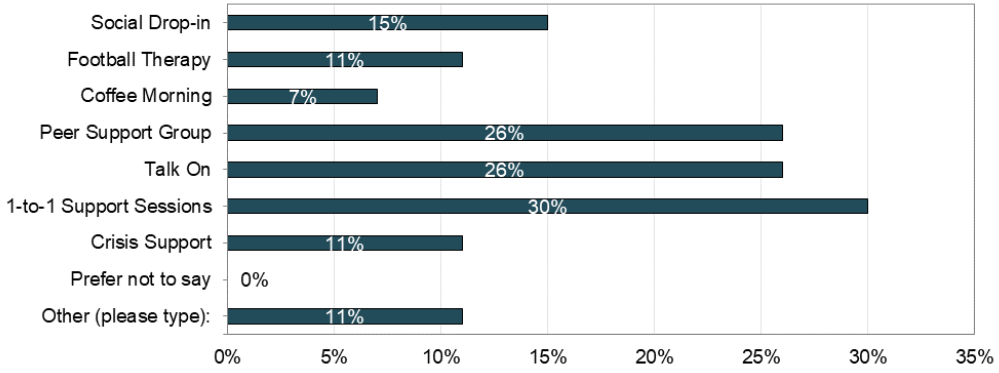
Q2. What age group do you belong to? (select one):



Q3. How long have you been a member of Man On! Inverclyde? (select one):

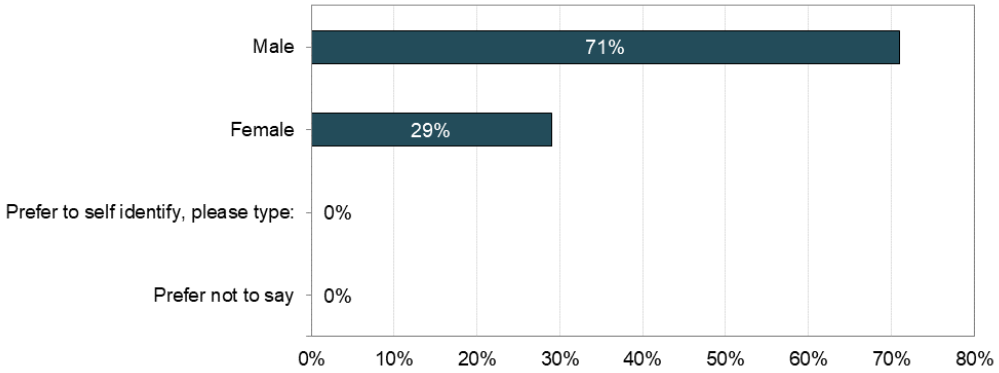


Q4. Which Man On! services do you use regularly? (select all that apply):

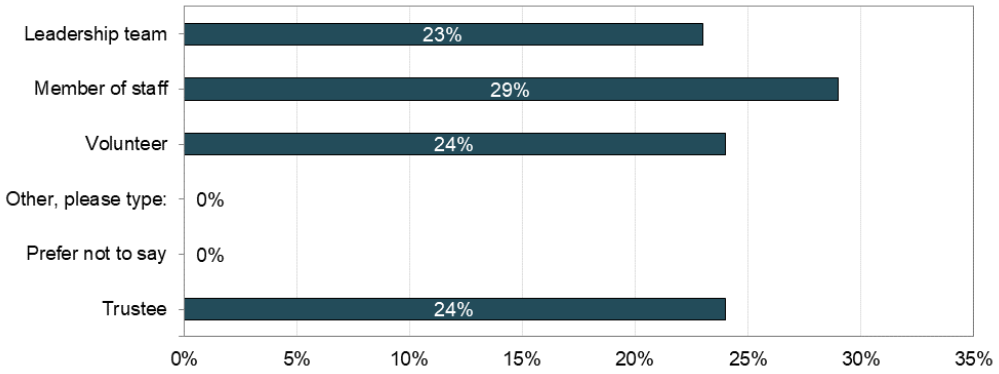


Appendix 5 – Staff Survey Engagement Summary

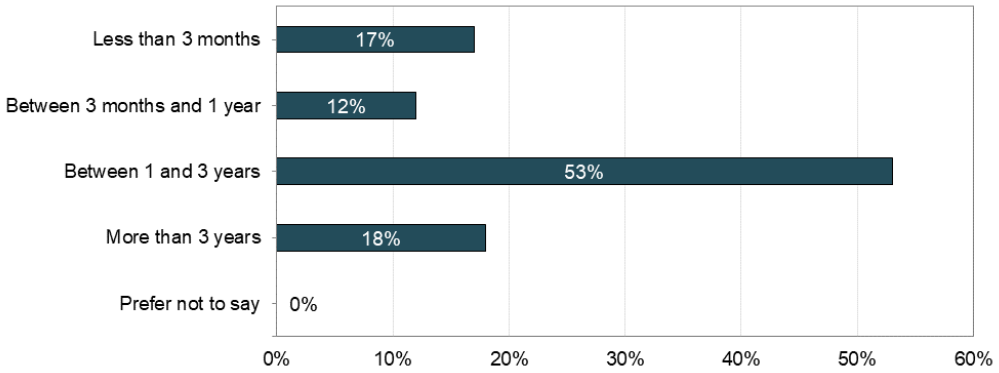
Q1. Please select the option that best describes you? (select one):



Q2. What staff group do you belong to? (select one):



Q3. How long have you been working and/or volunteering at Man On!? (select one):



Q4. Which Man On! services do you normally work in or support as part of your normal duties? (select all that apply):