The Reading Agency and Society of Chief Librarians

Reading Well Books on Prescription

Evaluation of Year 4 – 2016/17

October 2017

BOP
Consulting

Contents

Foreword

This evaluation of the fourth year of the Reading Well Books on Prescription programme comes at a time when mental health remains a pressing public and policy concern. The Reading Well Books on Prescription Programme, delivered through a partnership between the Reading Agency, the Society of Chief Librarians and local library services, with funding from Arts Council England and the Wellcome Trust, can help tackle this issue by providing recommended reading as a way to help people understand and manage their health and wellbeing. This evaluation of Year 4 of the programme shows it continues to achieve scale in terms of the numbers of people reached as well as positive impact.

We recognise the importance of continued work to build profile and sustainability at national and local levels and this will be a priority in the coming year building on some of the key achievement of 16/17 including:

Attending conferences

-A presentation to the Royal Society of Public Health on the Reading Well programme

-Attendance at the Royal college of GPs conference Oct 2016 and launch of the GP information booklet

-Attendance at the National Association of Primary Care conference Oct 16

Hosting Events

-A national launch for Reading Well Books for young people at hosted by the Wellcome Trust and attracting over 100 stakeholders as well as a high media profile

-Local launches across the country attracting partnership support and press coverage

-Five Reading Well for young people authors appearing at events in libraries across England as part of the BBC #LoveToRead campaign t

Engaging with national partners

-Lots of new and existing partners have got involved with the Reading Well Books on Prescription programme over the last year (see a full list here: http://reading-well.org.uk/about)

-These national partners have and will continue to play a key role in promoting the schemes through newsletters and mailings and other cross promotional strategies. Mental Health First Aid (MHFA) England have, for instance, agreed to signpost Reading Well in all of their training package materials

We recognise the ongoing challenge of a difficult financial climate but will continue to work together with partners nationally and locally to build this exciting strand of the Universal Health offer in order to deliver value to health sector partners and promote positive health and wellbeing in local communities.

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October 2017

Executive summary

This report covers year four (2016/17) of the Reading Well Books on Prescription programme. It incorporates activity relating to the delivery of the common mental health conditions, dementia as well as young people schemes.

Reading Well Books on Prescription is delivered by The Reading Agency, in partnership with the Society of Chief Librarians, with funding from Arts Council England and the Wellcome Trust. It is a core component of the Public Library Universal Health Offer, a strategy which focuses on the public library contribution to the positive health and wellbeing of communities. It includes a commitment to provide a range of services including public health information and promotion, signposting and referrals as well as creative and social reading activity.

Overall reach

Reading Well is part of the Universal Health Offer of library authorities. Among all the 152 English Library Authorities, 96% have signed up to the common mental health conditions scheme, 93% to the dementia scheme and 95% to the newer young people's scheme. 98% of all Library Authorities are taking part in any of the schemes.

Total book issues from libraries for the programme across all three schemes in 2016/17 was 331,609. This represents an increase of 114,186 (+34%) on last year (217,423 in 2015/16), largely as a result of the new young people's scheme being introduced.

In year four, the loans to borrower ratio has risen considerably, suggesting that each book is being renewed at least once and that users keep the titles for longer. Taking this into account, in its fourth year, Reading Well has had user reach of 142,960. It has reached approximately 778,000 users since it was launched in June 2013.

It is worth mentioning when considering the reach that these numbers only cover public libraries, and do not cover the school libraries and health sector libraries who are using the programme in particular the young people's scheme. For future evaluation, we will explore ways of including loans data from these sources.

Results from the surveys indicated that the majority of users are library members. This also indicates that libraries themselves have a central role in promoting and signposting people to the scheme, along with their health provider partners.

User impact for adult common mental health conditions scheme

Those users returning evaluation postcards[1] indicated very consistent findings from years two and three.

- 90% of users found the scheme helpful or very helpful

- 83% of users felt they were better able to understand their conditions

- 74% felt more confident managing their symptoms

- 68% felt that their symptoms improved as a result of reading the book. This represents a significantly higher proportion than in year three (52%)

- Over the four years of the programme, an average of 25% of those responding to the user survey reported that they were referred by a health professional (rather than self-referring)

User impact for dementia scheme

Of those users of the dementia scheme who returned postcards[2]:

- 96% of people found the book they were reading helpful or very helpful

- 73% agreed it had increased their understanding of the number and range of sources of support available

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[1] Sample: 22 respondents; analysed September '17

[2] Sample: 24 respondents: analysed September '17

- 65% agreed that the book had helped them to understand more about the condition
- 57% felt that the book helped them to care for someone with dementia

User impact for young people scheme

Of those users of the young people scheme who returned postcards[3], the emerging findings indicate a positive impact:

- 96% agreed it offered support in dealing with difficult feelings and experiences
- 87% agreed that the book had offered advice for coping with pressures that could affect mental health and wellbeing
- 77% felt that the book provided useful information and advice
- 59% of users found that the book helped to boost their confidence.

Emerging findings from the survey confirm the positive findings highlighted in the University of Westminster Evaluation of the Reading Well for Young People Scheme (September 2017). One of the main findings of this qualitative research demonstrated that the programme has supported an increase in discussion about mental health among participating organisations (including libraries and schools), as well as the direct positive impact on those reading the books.

Prescriber and health partner impact

Of the health professionals responding to the survey[4]:

- 65% were aware of the common mental health conditions programme and 59% have used it. 41% were aware of the dementia scheme and 19% have used it. Finally, fewer were aware of (38%) or using (14%) the newly launched young person's scheme

- Health professionals use the schemes in different ways and with different regularity: some have integrated it into their service, whereas others prefer to use the scheme in a more informal and unstructured way
- The interviews indicated that more could be done to promote the programme at a local level, and that more innovative promotional strategies could be considered (i.e. beyond leaflets).

Library impact

- The library surveys[5] revealed that GPs are the most frequent prescribing partners as reported by libraries themselves
- Projecting the number of library and health provider partnerships England-wide there are around 2,774 partnerships in place for the common mental health conditions scheme, 2,538 for the dementia scheme, and around 3,024 for the young person's scheme.
- Most libraries (72%) have not sought further funding for the promotion of the Young Person's scheme, this reiterates the findings from health professionals that they identify a lack of promotion of the Reading Well programme at a local level, and further ways of promoting the scheme should continue to be considered.

Conclusions and recommendations

The findings from the year four evaluation indicate that the impact on users appear to be similar to the previous years and overall positive. The adoption of the programme by local public library services is high, and the programme appears to be embedding within core services in many cases.

The interviews informed us on how health professionals, when aware of the programme, integrate it to their service. However, **there is a need to further develop local partnerships with health professionals and refocus on promotion of the scheme at local and national levels**

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[3] Sample: 25 respondents: analysed September '17

[4] Sample: 37 respondents: analysed September '17

[5] Sample: 82 respondents: analysed September '17

In this perspective, a **revised strategy for the programme publicity** could impact the engagement of users as well as the establishment of partnerships with health professionals. In fact, **targeting primarily health professionals** could have a positive benefit on final users, as these could get familiar with the programme through the advice of general practitioners or therapists.

The recommended communication strategy should moreover **differentiate the typology of communication material and channels used** among health partners and users. This point further supports the recommendation from the University of Westminster research (2017), highlighting that "it is important that leaflets are readily available alongside the books and that Champions are aware of them". This is a key consideration as library budgets tighten impacting on the availability of printed material.

As in previous years, the findings show that the majority of users are self-referring to the programme, rather than be referred to it by a health professional. As underlined in the year three evaluation, the current model and strategy for the programme could be reviewed in this regard.

This suggests the need to explore alternative models of promoting the programme, as well as **different systems of funding and distributing the printed and digital material**. Further research in this area, exploring how people with mild-moderate mental health difficulties interact with their local libraries and other sources of information may also be useful here. This would allow for a greater understanding of how those who are self-referring into the scheme are encountering the materials inside and outside of the library environment.

As the literature review underlines, the drive towards 'parity of esteem' between mental and physical health provision is having an impact on the growing awareness of the need to improve mental health provision. There is a consistent need for and appreciation of services supporting those experiencing poor mental health conditions and the programme appears to be meeting these needs for those that discover it.

Reading Well Books on Prescription appears to be an important opportunity for libraries to promote their health and wellbeing role and universal health offer to local communities.

1. Introduction

This evaluation presents findings from the fourth year of the Reading Well Books on Prescription programme with data relating to activities taking place between April 2016 and March 2017

The programme was launched in June 2013 to support people to manage their mental health and wellbeing by providing access to accredited self-help reading through English public libraries. The programme consists of four schemes; for adult mental health (2013), people with dementia and their carers (2015), young people's mental health and wellbeing (2016) and people with long term conditions and their carers (2017). This evaluation focuses on the first three schemes.

The programme is delivered by The Reading Agency, in partnership with the Society of Chief Librarians, with funding from Arts Council England and the Wellcome Trust. It is a core component of the Public Library Universal Health Offer, a strategy which focuses on the public library contribution to the positive health and wellbeing of communities. It includes a commitment to provide a range of services including public health information and promotion, signposting and referrals as well as creative and social reading activity.

The programme operates on both a referral and self-referral model. It seeks to establish local partnerships between health and social care providers and libraries to signpost individuals to library services and recommend books from the three core reading lists (one each for common mental health conditions, dementia, and young person's scheme)[6]. Users and library members can also self-refer to the programme, either signposted by publicity material in the community, media coverage of the programme, or through library promotion of the schemes. The books are made available on the open shelves in participating libraries for anyone to borrow.

This report presents data and findings from a range of sources seeking to establish the ongoing impact of the programme, as well as how it can best be developed to achieve greater impact in the future.

The report is split into four main sections:

— an updated contextual literature review exploring where the Reading Well Books on Prescription model fits within current health and social care policy and research,

— user reach and impact, which explores the overall reach of the programme and self-reported impact from users from each scheme separately;

— prescriber and health partner impact, which explores the main benefits and challenges experienced by those engaging in the programme as 'prescribers' and referrers;

— and library service impact, which explores the perspectives of participating library authorities.

All the prescriber and library data is based on surveys with each stakeholder group conducted between May and August 2017 (requesting data for the previous financial year). The user data was gathered through short surveys for the adult mental health, dementia, and young person's schemes, which were printed on postcards that could be returned to The Reading Agency by freepost. The postcards were distributed in libraries and the survey was also made available online. Survey postcards that were received since the last evaluation took place were considered in this year's evaluation. Data from survey postcards received over the last two years of the programme is also shared in certain sections of the report to explore impact form a larger sample than is typically returned on a yearly basis.

The final section of the report presents conclusions and recommendations to develop the programme in its next phase.

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[6] Full book lists can be accessed on the Reading Well website at http://reading-well.org.uk/books/books-on-prescription

2. Contextual Literature Review

2.1 Setting the Scene: a drive towards localism

Over the past twenty years, the development of new processes for physical and mental health provision has been a significant talking point within the UK Government. Central to this has been a shift of responsibility from the national to the local level. Two key pieces of legislation in the space of a decade - the *Local Government Act 2000* and the *Localism Act 2011* (Parliament of the United Kingdom) – devolved additional powers from the national level to local authorities, empowering local authorities to *"promote the economic, social and environmental wellbeing of their area[s]"*. Further, the Acts provided a *"general power of competence"* to local authorities, meaning that *"a local authority has the power to do anything that individuals generally may do"* – which encouraged many to revise the funding of mental health and wellbeing services for a more local and individualised offer. Indicatively, The King's Fund (2015) analysed Greater Manchester's plan for utilising this *"general power of competence"*, noting the plan's establishment of a programme to transform children and young people's mental health services and creating a pilot programme to support people with mental health-related barriers to work.

Even more pertinent to the health sector, however, in 2012 the government introduced the *Health and Social Care Act 2012* – a fundamental reorganisation of the structure of the NHS in England. This was based on a stated 'case for change' which included the rising demand for and costs of treatment, need for improved outcomes, and the state of public finances (Dept. of Health, 2012). Health and wellbeing boards were established in all upper tier Local Authorities, *"giving local authorities a new role to join up local services"* by bringing together the NHS, public health, adult social care and children's services to jointly assess needs and develop strategies, and *"plan how best to meet the needs of their local population and tackle local inequalities in health"* (The King's Fund, retrieved 2017). The aim of this was to provide a more integrated approach to health and social care, and increase accountability and local democratic legitimacy in commissioning (Dept. of Health, 2012). Alongside these boards, 'Directors of Public Health' were introduced in the Local Authorities, acting as adviser on all health matters to elected members and officers, and accountable for the delivery of the authority's duties (Dept. of Health, 2012 / 2). As an additional key change introduced by the Act, it saw the abolishment of NHS primary care trusts and Strategic Health Authorities, instead transferring a large proportion of health care funds (around two-thirds of the NHS budget) to newly established Clinical Commissioning Groups (CCGs), partly run by General Practitioners. As the *"cornerstones of the new health system"*, these 200+ CCGs, which cover all GP practices in England, now commission the majority of health services – including mental health services – for an average of 226,000 people each (The King's Fund, retrieved 2017). Crucially, commissioning takes place through competitive tendering – meaning that the Act opened previous NHS contracts to voluntary and private sector service providers – with the aim of providing a choice of services for patients, as long as other providers *"meet NHS costs"* (Dept. of Health, 2012). While the CCGs have a legal duty to support quality improvement in general practice (The King's Fund, retrieved 2017), this move has been controversial, with some fearing for the quality of services once open to private sector competition (see El-Gingihy, 2013), or raising concern over potential conflicts of interest, capacity issues, and the appropriateness of CCG's role managing GP performance (The King's Fund, 2015).

2.2 Growing awareness of the need to improve mental health provision & the drive towards 'parity of esteem' between mental and physical health provision

In parallel to these political and governance upheavals, many representatives of the wider health sector have been aiming to raise awareness of and understand the impacts of mental health on specific population groups. This has, firstly, been highlighted by a range of studies that have sought to identify 'at risk' demographics or population groups, and explore programmes and interventions to alleviate the issues caused by poor mental health:

— Public Health England (2016) recently discussed the impacts of mental health disorders on **children and young people (CYPs)**; based on a *"growing recognition of the need to make dramatic improvements to mental health services for children and young people",* which has led to new investment and restructuring in the area. The report highlighted mental ill health as a leading cause of health-related disabilities with long-lasting effects in CYPs and referred to *"serious problems with the commissioning and provision of children's and adolescents' mental health services"*[7], such as long waits for treatment, a lack of focus on early intervention and GPs feeling ill-equipped dealing with issues of mental health in CYPs. The report identified strong inequalities in life satisfaction; and highlighted the benefits of early intervention as key to avoiding costly and long-term interventions in adulthood.

— Benbow and Bhattacharyya (2016) analysed the impacts of poor mental health on **the elderly**. The report highlighted the importance of 'triple integration' – integration of health and social care, primary and specialist care, and physical and mental health care – in supporting older people with mental health conditions, and spoke of the need to increase *"parity of esteem between physical and mental health"* through improving under- and postgraduate teaching. It also referred to the need to better adapt service provision to individuals and *"support them in their own context"* in order to promote independence.

— The King's Centre for Military Health Research (2014) discussed the impacts of poor mental health on **the Armed Forces**, researching issues such as comparative mental health and suicide rates compared to other occupational groups. The report identified relatively stable mental health among Armed Forces between 2004-06 and 2007-09, but persistent barriers to seeking help for mental health problems and an issue of public stigma. However, it found emerging evidence that people are seeking help earlier.

The Prisons and Probation Ombudsman (2016) explored the impact of poor mental health on **incarcerated populations**. It raised the importance of identifying mental health issues and reviewed factors that have caused prisoners' mental health issues to be overlooked (e.g. poor information sharing and lack of coordinated care, inappropriate assessments, inadequate staff training as well as non-compliance with medication). While they found highly positive examples of staff supporting prisoners at risk, *"the identification and treatment of mental health issues remained variable".* The report went on to list a number of lessons in terms of the identification of mental health issues and provision of care, such as the need for more coordinated care. Alongside such studies, prominent organisations in the wider UK health sector are also working to advance mental health support through research, advocacy and training. Advocating a need for increased equality between physical and mental health provision, they are thus highlighting mental health as a recognised core part of health provision more generally:

— The **Royal Society for Public Health (RSPH)** for example works on the vision that 'everyone should have the opportunity to optimise their health and wellbeing'. According to its current position paper on mental health and wellbeing, it believes that policymakers need to ensure *"that policies help address, not increase, inequalities in mental health and wellbeing", in part by "[embedding] mental health promotion throughout wider policy rather than [creating] a new discipline separate […] from other areas".* In 2012 it pledged to develop short training and accreditation provision to increase awareness of mental health and wellbeing in the voluntary, public and private sectors; it currently works to support dementia prevention and support, provides qualifications in understanding mental wellbeing etc., and supports Mental Health First Aid England's 'train the trainer' programmes for those working with adults and young people (RSPH, retrieved 2017).

— Further indicating the position of mental health in overall public health, the **Public Health Profiles**, introduced in 2006 to provide better comparable data on the population's health across local areas for local government and health services, include information on mental health, dementia and neurology (Public Health England, 2016 / 2).

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[7] identified by a 2014 report from the House of Commons Health Committee

The **Royal College of General Practitioners (RCGP)** similarly advocates 'parity of esteem' between mental and physical health and provides a range of resources and courses to support general practitioners in their work with mental health patients[8]. In 2016, then Chair of RCGP, Dr Maureen Baker, highlighted the importance of GPs in the provision of mental health care in response to NHS England's 'Implementing the Five Year Forward View of Mental Health', which pledged to improve mental health care in general practice: *"It's a priority for the College that mental health is given the same parity of esteem as physical health. What is essential is that general practice is recognised. GPs and our teams are often the first port of call for patients with mental health problems, and it is vital we have access to the appropriate resources and services"* (RCGP, 2016; RCGP, retrieved 2017).

Research and advocacy is increasingly shedding light on, and promoting the visibility of the social and economic consequences of mental ill health across society. At the same time, awareness as well as understanding of the critical importance of mental health services is growing. According to the RSPH, *"there is a growing understanding and recognition that mental health is more than the absence of mental illness and that good mental health underpins everything we do, how we think, feel, act and behave."* (RSPH, retrieved 2017) At the same time, however, concern over needs for the government to improve mental health provision persists. In 2015, the Nuffield Trust identified ten health and social care priorities which they suggested need addressing by the current government; including the provision for mental health services. The Trust identified a lack of detail in the Conservative Party's then manifesto regarding the identified priorities, specifically tackling the imbalance of limited mental health resources compared to physical health resources (the 'parity of esteem' referred to by the RCGP), and establishing a credible plan to improve mental health through preventive measures, and has urged the Government to address immediate funding pressures on the NHS and local authorities .Indeed, NHS England in 2016 published a report from the independent Mental Health Taskforce titled 'The Five Year Forward View For Mental Health', setting out a

"ten year journey" for the transformation of NHS mental health care and a shift towards prevention. The report made recommendations for the NHS arms' length bodies to achieve 'parity of esteem' between mental and physical heath, and *"placed a particular focus on tackling inequalities"* (NHS, 2016).Moving forwards, the Conservative/ DUP government's 2017 manifesto again puts considerable focus on mental health, planning a *"first new Mental Health Bill for 30 years to put parity of esteem at the heart of treatment and end the stigma of mental illness once and for all"*. Specific aims mentioned in the manifesto include addressing the overall lack of care for people with mental health problems, ending unnecessary detention of people with mental health problems, providing new rights to employees with mental health issues, and *"making the UK the leading research and technology economy in the world for mental health"* (Conservative Party and Unionist Parties, 2017). The government pledged to increase NHS mental health staff and Health Secretary Jeremy Hunt furthermore announced an additional £1bn for mental health services in January 2017 (BBC, 2017). While welcomed by some, other responses to these statements have been less positive, speaking of 'tokenism' and 'sloganeering' in the wake of a lack of additional pledged funding for mental health services and revealed cuts to mental health services in five English regions (see BBC, 2017 and the Independent, 2017). Given the early point in the government's delivery of the manifesto, it thus remains to be seen if and how new plans will address recognised gaps in mental health provision going forwards.

2.3 Increased capacity strain due to reduced funds and increased demand for services

As this political context already implies, increasing financial strain has been felt throughout the entire physical and mental healthcare system in recent years, due to a combination of budget cuts and increased demand for services – as warned about and evidenced by a range of successive reports over the past five years. A 2012 report on future trends in health and social care by the King's

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[8] E.g. toolkit on the diagnosis and treatment of mental health problems, as well as for specific disorders e.g. eating disorders, autistic spectrum disorders. Also provides courses e.g. on consulting with young people with mental health problems

Fund forecast near-zero growth of the NHS over the next five years, while local authority social care budgets continue to face yearly cuts. It quoted the Office for Budget Responsibility as calculating a drop from 8% to 7% in the proportion of GDP spent on health between 2012 and 2016/17. The report highlighted the 'financial distress' already evident among 'many health and social care providers' at that point, which was likely to become worse (Imison, 2012).

In 2014, Bagwell et al, in their review of public sector commissioning in the arts and cultural sector, highlighted the urgent need for savings throughout the public sphere to avoid local councils facing a severe funding gap, referring to the combined challenges of shrinking funds and rising needs for public service commissioners. The authors referred to the Local Government Association, which predicted that by 2020, Councils will face a funding gap of £16.5bn, with more than 50% of budgets taken up by social care services. At the same time, *"income to the voluntary sector from government fell by £1.3bn between 2010/11 and 2011/12"*, with research in 2012 suggesting that over half of voluntary sector organisations had closed down services or were expecting to do so (Bagwell et al, 2014, p. 10). More recent data from June 2017 shows that while health spending for NHS England is expected to rise by around £9billion between 2015/16 and 2010/21[9], with the current Conservative government following through on previous commitments to increase spending, this is seen by many in the sector as insufficient.

A majority of NHS trusts are working on a deficit, with the net deficit of all NHS bodies amounting to £1.85bn in 2015/16. While funding for NHS England will increase, this is *"at the lowest end of a range of options the NHS set out"*, according to head of NHS England Simon Stevens and will therefore need to see parallel *"continuing access to social care"* and *"enhanced effort on prevention and public health"* for it to be sufficient. However, health funding outside NHS England (e.g. public health) is instead set to fall by £3.1bn until 2020/21 (FullFact, 2017). Recent case studies of the Local Government

Association[10] further highlight the financial strain placed on local authorities in supporting local public health provision: all identified Local Authorities as having to deal with reduced health budgets, while at the same time inheriting more responsibilities from the national government, as well as facing increased need for physical and mental health services. According to the Chair of the Community Wellbeing Board, Cllr Izzi Seccombe, the case studies highlight the *"relentless reduction in the resources available for public health work"*, while showing *"what potential there is for public health, if properly resourced, to make inroads in improving health and wellbeing"* (Local Government Association, 2017).

In its 2016 update of key facts and trends in mental health, the Mental Health Network moreover highlighted the increasing financial pressures for mental health provision specifically. Between 2010 and 2015, NHS funding for mental health fell by 8.25% (£600m); between 2010/11 and 2011/12, mental health funding fell in real terms by 1% for adult mental health and by 3.1% for older people's mental health. Other quoted figures showed a reduction in social care expenditure on adults with mental health needs from £1.2bn to £1.1bn between 2008/09 and 2013/14 (Mental Health Network, 2016). As one result of such funding cuts, the 2016 Mental Health Network report pointed to 77% of NHS Clinical Commissioning Groups freezing or cutting their child and adolescent mental health service budgets since 2010[11]. 60% of Local Authority respondents furthermore had either cut or frozen their CAMHS budgets since 2010/11 (Mental Health Network, 2016).

Crucially, these cuts come at a time where changing demographics and other factors are increasing demand for such services among all age groups, thus causing further stress to the system, and leading to many patients not receiving (sufficient) treatment. A 2007 survey found that the proportion of those aged 16-64 meeting the criteria for one common mental disorder increased from 15.5% to 17.6% between 1993 and 2007; with people from lower income households

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[9] £9bn rise for NHS England, combined with a £3.1bn fall in health spending in other areas

[10] See https://local.gov.uk/lga-annual-public-health-report-four-years. Among the eight case studies included in the report, several explicitly include activities focusing on mental health. For example, Redcar and Celevant are working with Middlesbrough Football Club Foundation to promote mental resilience among men in the context of job losses in the steel industry; Sheffield developed an app to support access to health and wellbeing support for

alcohol misuse which has been promoted by staff in services for children and young people due to the connection between alcohol and domestic violence; Somerset worked with libraries on a range of mental health initiatives including Reading Well Books on Prescription.

[11] based on 2014 a survey conducted by Young Minds

more likely to have been diagnosed with a mental health problem (Mental Health Network, 2016). A 2012 report moreover suggested that by 2018, the number of people with three or more long term illnesses will increase from 1.9 million in 2008 to 2.9 million, with mental health disorders expected to be a key part in this, in turn leading to other severe illnesses (Imison 2012).

According to a more recent review by the Care Quality Commission of the status of the Mental Health Act, detentions (for serious mental disorders) are increasing by 10% annually. The report found that the resulting increase in financial pressure on the mental health system is leading to falling quality of care in many hospitals. The Chief Medical Officer's Annual Report 2014 meanwhile pointed to 75% of people with diagnosable mental illness receiving no treatment at all, as well as a *"need for greater focus on mental health care for children and young people"*. Evidence from a range of sources indeed indicate an increase in mental health problems among children and young people as well as high rates of young people not receiving the care they require; although several sources point to the lack of consistent data. Reports highlight the particular prevalence of such problems in lower-income households, as well as the importance of early treatment, given the long-lasting effects that mental illness at a young age can have and their associated costs – in the fact of contracting service provision for this age group as seen above:

— A 2004 survey found one in ten children and young people aged five to 16 to have a clinically diagnosed mental health disorder (Mental Health Network, 2016). This figure was again highlighted by a government report in 2016, which furthermore reported that only 25% of those needing treatment were currently receiving it (Public Health England, 2016).

— A 2012 government report referred to rising rates of mental health problems in children and young people in the UK between 1974 and 1999, particularly with regard to conduct and emotional disorders, but pointed out that *"in the absence of more recent data, it is unknown whether this trend has continued".* The report pointed to the long-lasting problems that early-age mental health problems result in, leading to a higher likelihood of mental

illness in adult life as well as increased physical health problems; as well as to the increased likelihood of such problems in young people from the poorest households (Murphy and Fonagy, 2012).

— A 2013 report by the Chief Medical Officer referred to *"an alarming rise"* of 91% of pediatric departments reporting increased presentations of young people with self-harm in 2013 compared with 2012, particularly among girls, compounded by the lack of urgent or crisis access. It also found service providers reporting increased complexity and severity of problems since 2011. It highlighted the importance of early intervention which may lead to *"substantial mental health gains as well as cost savings across a number of agencies"*, but found that instead *"child and adolescent psychiatrists report the recent 'wholesale removal of Early Intervention Services across the country'".* The report identified key issues including today's digital culture (leading e.g. to decreased attention, hyperactivity, aggression, social isolation etc); bullying and cyperbullying (reported by 34-46% of English school children) as well as a lack of funding for CAMHS. The report again highlighted the urgent need for *"more up-to-date, comprehensive national statistics".* (Ford, Mitrofan and Wolpert, 2013, pp.99)

— Research in 2014 by NSPCC found an increase in the number of children and young people contacting ChildLine about suicidal feelings, with a 116% increase in counselling sessions about suicide and self-harm[12] over the previous three years; often related to loneliness, abuse or relationship breakdowns in young people's lives (NSPCC, 2013).

— A 2016 survey by the Association of Schools and College Leaders "*revealed a rising tide of mental health issues among young people and a serious gap in specialist care beyond the school gates".* 55% of surveyed school leaders reported a large rise in pupils with anxiety and stress and an increase in self-harm and suicidal thoughts; while 40% reported a significant rise in cyber-bullying. Notably, while around half of the respondents who had referred a

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[12] 116% increase in ChildLine counselling sessions about suicide between 2010/11-2013/14 and a 195% increase in counselling about suicide where self-harm was mentioned over the same period.

pupil rated CAMHS Services as poor or very poor, a majority of 80% wished to see CAMHS expanded in their area (ASCL, 2016).

— A government report from 2015 highlighted the important of adequate treatment for children and young people, given that *"it is widely recognised that a child's emotional health and wellbeing influences their cognitive development and learning as well as their physical and social health and their mental wellbeing in adulthood"* (Public Health England, 2015).

2.4 Service Partnerships: a new approach to meeting the need

The health sector has clearly recognised these multiple strains, and in seeking to find new ways to address service gaps going forwards, cross-sectoral service partnerships have been identified as a key area to progress. In 2011, the Department of Health for example created the *Sector Strategic Partner Programme* to spur partnerships between national-level organisations and organisations in the voluntary sector. These aimed to innovate in the field of social care and provide direction for future partnerships. Recent publications suggest that such ideas are gaining ground. In 2015, the Local Government Association for example identified successful cases of local council partnerships working with local businesses to improve community health. The following year, Thornton (2016) discussed examples of successful collaborations between organisations that provide mental health services, and concluded that investing in collaborative initiatives for mental health services results in savings elsewhere in the public sphere. In the same year, the NHS's report on the implementation its 'Five Year Forward View' identified service partnerships between the local health sector and local government services across housing, education, employment, culture and the voluntary sectors as a necessary to improving mental health and wellbeing provision for all age groups (NHS, 2016 / 2). From 2013 to 2017, meanwhile, the National Council for Voluntary Organisations (NCVO) in partnership with the New Economics Foundation (NEF) and New Philanthropy Capital (NPC), is managing the Cultural Commissioning Programme, funded by Arts Council England. Backed by existing evidence of the contributions that arts and cultural activities can make

to achieving social outcomes, coupled with reduce budgets and increased demand for services, it was felt that *"many commissioners lack the freedom or confidence to innovate and pilot new approaches to meeting local needs"* (Consilium, 2016). The programme therefore aims to help public service commissioners understand how they can improve outcomes by integrating arts and cultural activity into a range of services, including mental health and wellbeing (Slay & Ellis-Petersen, 2016). Following completion of the first phase of the programme (2016), a report identified successful marriages of arts and culture organisations with the NHS and local authorities in the programme pilot areas of Kent County Council and the Gloucestershire Clinical Commissioning Group (Slay & Ellis-Petersen, 2016). Among other findings, Consilium's evaluation of the Cultural Commission Programme in 2016 found the ability to build relationships and share learning to be core to successful delivery and pointed to cabinet members/ portfolio holders with responsibility for cultural services as being able to *"provide leadership to facilitate stronger commissioning practice".* In some areas, the newly founded Health and Wellbeing Boards in some local authorities also provided a potential new way to engage (Consilium, 2016, pp. 59).Libraries too have developed partnerships with other organisations to promote health and wellbeing at local levels. In the United States, Crowther, Crowther, and Trott (2004) identified modes of partnership between libraries and businesses, schools, and non-profit organisations to create productive and mutually beneficial partnerships. Using the Williamsburg Regional Library Partnership Model, they presented a concise strategy for partnerships, including picking the correct partners, effective working with partners, and evaluating the impact of the partnerships on the community and partnering institutions. In the UK, research has found that the benefits of library interventions in communities go far beyond literacy among the population. BOP's review of the health activities and impact of libraries in 2014 showed that activities such as reading groups and community workshops can contribute to positive mental health at a local population level (BOP Consulting 2014). Often, the work of libraries contributes most strongly to a preventative public health agenda, which improves a community's physical activity, diets, and knowledge of illnesses with a greater focus on wellness and a goal of identifying and treating illnesses before they become crises. In this context, the Society of

Chief Librarians together with the Reading Agency and Arts Council England in 2013 launched five 'Universal Offers' in key areas *"which [library customers] and stakeholders see as essential to a 21st century library service"*; including a Universal Health Offer. Each of these offers aims to provide a core package of partnerships, resources, and advocacy messages at a national level, to be delivered locally, shaped to local needs (SCL, retrieved 2017). The Universal health offer outlines the broad range of services that libraries can deliver to support health and well being ranging from information and signposting to reading programmes and other services and volunteering and engagement opportunities

As part of this, the Reading Well Books on Prescription Scheme was launched in 2013, endorsed by sector representatives. The scheme is based on a strong existing evidence base *"that self-help reading can help people with common mental health conditions, such as anxiety and depression, sometimes on its own or with other forms of treatment"*. The cited evidence includes studies which recommend the effectiveness of self-help based on the principles of Cognitive Behavioural Therapy; studies that suggest the effectiveness of guided self-help in particular; studies that refer to the effectiveness of the Reading Well Books on Prescription model of delivering self-help reading more specifically; and studies that evidence the well-being impacts of reading novels and poetry as well as of social reading and the availability of libraries in local communities (Reading Agency, retrieved 2017).Further indicating the value of the scheme, a local evaluation by Public Health Devon and Devon County Council of the scheme in Devon libraries furthermore suggested that *"working in partnership with libraries is an effective delivery model to reach all groups of the population, including those in lower socio-economic groups",* as well as those where the prevalence of mental ill health is higher. The research furthermore found that the programme encouraged non-medical self-care more generally, and was supported by prescribers (Polak, 2015). Similarly, the libraries of Nottinghamshire County and City Councils recently reported finding great success through partnerships related to the *Reading Well Books on Prescription* programme. Data showed a significant increase in loans of books on the scheme's reading lists, from 100 to 500 per quarter in Nottinghamshire (Bhatti, retrieved 2017). Echoing such local findings, national evaluations of the overall scheme identified that it found great success since its inception in 2013. The first year reached around 275,000 people and evaluation findings indicated that 66% of respondents scored the programme as a 4 or 5 (with five being the most helpful), and 79% said the programme helped them better understand their condition. Since then, a new reading list for dementia patients and carers has been successfully introduced. Referrals by health professional have slightly increased from 20% to 27%; and in addition, research has found a high level of self-referrals among patients and carers. The number of users reporting the books to be helpful increased to 96% by year three of the programme (2016); while slightly over 50% reported reduced symptoms as a result of reading the suggested books (BOP Consulting 2015; 2016).

2.5 Improving and increasing partnerships going forwards

Across these success stories, researchers are however also identifying common barriers to partnerships between the health sector and other sectors, which will need to be overcome to improve delivery in the future. Research in 2007 on partnerships with the NHS (Tait and Shah, 2007) for example highlighted advantages and challenges of partnerships between the NHS and the social services, voluntary, and community sectors. Advantages for NHS partners included greater credibility, strengthened identity, dedicated partnership staff, and legal status to clarify accountability and responsibilities for each partner. Identified challenges included difficult legal formalities for small organisations, confused staff loyalties, and trust between partners. Research three years later, looking more specifically at library activity in the areas of health and wellbeing found that motivations within the health sector for partnership development with libraries focused around improved access to communities that medical providers may find hard to reach, supportive staff (as mentioned in the previous study) and provision of a *"neutral, non-stigmatised, non-clinical community space […] [that] delivers the prevention agenda particularly effectively".* Libraries in turn found that their partnership with the health sector, among others, raised their profile, encouraged new users and attracted resources. Key barriers were however identified as *"navigating*

partners' structures" and differing agendas, and a lack of resources to support raising awareness of activities (particularly for libraries) (Hicks et al, 2010).More recently, Slay and Ellis-Petersen (2016), in their report on the Cultural Commissioning Body, identified challenges faced by arts and cultural sector organisations *"when up against traditional service providers"* in bidding for partnership work with the health sector (NHS and local authorities), which included inflexible service specifications, exclusion from market engagement events, and a burden of proof on organisations to prove their relevance to the NHS and local authorities.

In the same year, Consilium's evaluation of the Cultural Commissioning Programme found that cultural sector leaders needed a better overview and understanding of the commissioning landscape; as well as a disparity of capacity between larger and smaller cultural organisations, which may lead to greater challenges for smaller organisations to engage with cultural commissioning (Consilium, 2016, pp. 59). Such recent findings suggest that many of the barriers identified in previous years – most pertinently that of a lack of understanding and/ or trust between partners in different sectors – in effect still hold true. This is perhaps reflected in the Reading Well *Books on Prescription* scheme, where Partnerships with clinical commissioning groups as well as referrals from health professionals so far have remained slightly lower than hoped (33% in 2015) (BOP Consulting, 2016). Given this, partnership development within the *Reading well Books on Prescription* scheme is thus seen as a priority moving forwards, based on national-level strategic work as well as knowledge sharing between partners. In this, various reports have identified key steps to be taken to address existing barriers and challenges to partnership work – both specific to *Reading Well Books on Prescription*, as well as regarding wider partnership work:

— "Effective champions" on both sides (Hicks et al, 2010); similarly, public service commissioners "working to reduce existing barriers" through raising awareness of the value of arts and culture within local government and the NHS (Slay and Ellis-Petersen, 2016),

— Integrated partnership structure, good communication, flexibility, joint planning (Hicks et al, 2010) and "[engagement] at strategic level" (Slay and

Ellis-Petersen, 2016). In the context of Reading Well Books on Prescription specifically, early identification of mutual commitments to marketing the service and an "open mind to [...] who can help with signposting the scheme and prescribing" – e.g. approaching not only CCG commissioners and public health representatives, but also educational institutions, third sector providers, community groups (Bhatti, retrieved 2017)

— Capacity-building among cultural leaders to develop a better understanding of the commissioning landscape and increase their ability to bid for public sector work; thereby leading to an "effective and sustainable approach to cultural commissioning" (Consilium, 2016, pp. 59; Slay and Ellis-Petersen, 2016)

— Improvement of the quality of commissioning and procurement changes, as "affecting a broader change of approach across NHS Commissioners is likely to be necessary to improve the prospects for arts and cultural sector organisations seeking to engage in a meaningful commissioning process" (Consilium, 2016, pp. 59; Slay and Ellis-Petersen, 2016)

Changing monitoring and evaluation approaches to focus more on outcomes (Slay and Ellis-Petersen, 2016); and the development of shared goals and realistic outcomes (Hicks et al, 2010) Alongside this, in moving forward, it is imperative that partners on all sides work with each other and the community to improve understanding and access to mental health services within the target communities. Forster in 2009 described a plan to increase awareness of mental health services and symptoms in black and minority ethnic communities as a 'marketing intervention', and it is in this way that potential users may need to be made aware of and brought into community services. Through the development of a directed campaign of social media, workshops, and relationships-building with key stakeholders, organisations can assist residents across communities to engage with services. This balancing of resources between campaigns and direct service delivery is often fraught, but it is important to remember that the 'if you offer it, they will come' approach is not one likely to reach those most in need.

3. User reach and impact

3.1 User reach

Using loan figures submitted by libraries, we can see that the total book issues for the programme across all three schemes in 2016/17 was 331,609. More specifically, users have borrowed 75,887 books listed in Common mental health condition scheme, 44,612 books in Dementia scheme and 77,427 in the Young people scheme.

Therefore, the total number of book issues has seen an increase of 114,186 on last year, when the combined loans figures were 123,921 (common mental health conditions), and 93,502 (dementia), with a total of 217,423.

This increase in book loans has been influenced by the introduction of the young person's scheme in 2016.

Table 1: Book loans, 2015-16, 2016-17 and % change

	2015-16	2016-17	Percentage increase/decrease
Adult mental health	123,921	127,117	+3%
Dementia	93,502	77,375	-17%
Young people	--	127,117	
Total	217,423	331,609	+53%

Source: The Reading Agency, 2017.

Although the borrower reach figure this year (142,960[13]) is lower than last year, the issue figure is much higher, implying that whilst issues are increasing, we are seeing a gradual shift in usage trends towards people renewing titles and keeping them for longer. This suggests that each book is being renewed at least once. Whilst this brings the total reach figure down it indicates that the scheme may be having greater penetration and delivering more use to individual users.

The Reading Well for young people's data is currently only showing public library usage and not uptake in schools and colleges. This is a gap in the data that we are currently working to fill by setting up an alternative data collection methodology.

Alongside the library data we are also supplied data by Public Lending Right[14] who collect data measuring the extent to which books are loaned through the public library system in order to establish payment terms for authors. The PLR data indicates a decline in the frequency of loans for the common mental health conditions and dementia schemes, but a dramatic increase in loans for the young person's scheme (as may be expected given it was launched at the beginning of the period). These findings replicate those in previous evaluations which has shown a 'tapering off' of loans across schemes as new lists and focus areas are introduced, with associated promotional activity.

Table 2: PLR Loans Data, 2015-16, 2016-17 and % change

	2015-16	2016-17	Percentage increase/decrease
Adult mental health	35,884	29,959	-17%
Dementia	23,356	18,103	-22%
Young people	9,522	24,003	+152%

Source: Courtesy of PLR, 2017.

[13] The reach figure is generated by using the actual borrower to issues ratio from Libraries West across each of the three schemes, which is then projected across all participating library authorities.

[14] We are grateful for them providing the data free of charge

3.2 User impact – Common mental health conditions

There were 22 respondents to the common mental health conditions user survey for the 2016/17 period.

55% of users were female, 45% male and 68% identified their self as White. Fewer responses were received from those aged over 65 (3 respondents) and under 25 (3 respondents). 50% of respondents described themselves as 'someone with experience of a common mental health condition' and 39% as a relative or carer of someone with experience of a common mental health condition. This is relatively lower if compared to the last year's research, where the 87% of the respondents described themselves as 'someone with experience of a common mental health condition'.

18% of respondents accessed the scheme through a recommendation from a health professional, the majority (65%) self-referred. Over the four years of the programme, an average of 25% of those responding to the user survey reported that they were referred by a health professional.

Figure 1 Users who accessed the scheme through a reccomendation from a health professional - common mental health conditions, 2013-2016
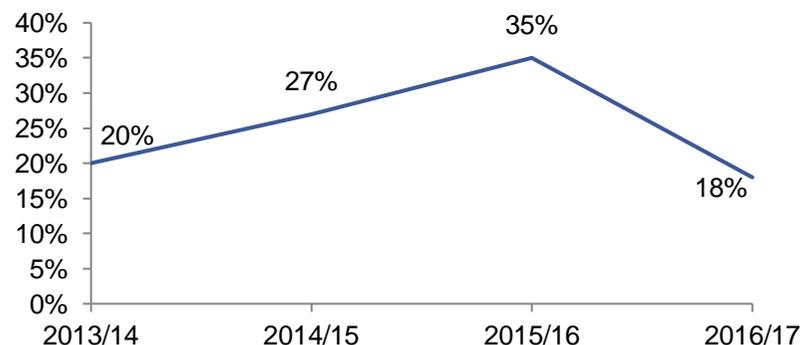
Source: BOP Consulting, 2017.

This year 48% of users read all of the book and 52% read only the sections they found relevant. Almost everybody (95%) of those responding to the survey were already members of the library.

Figure 2 Ways in which the book was helpful - common mental health conditions, 2017 (%, n=21)
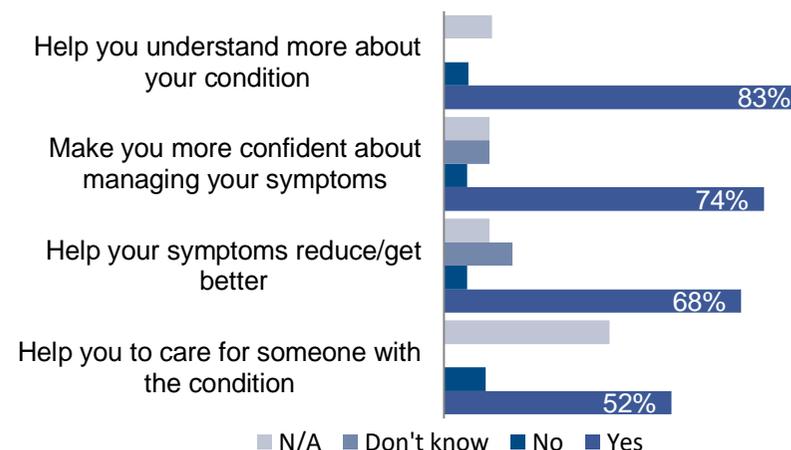
Source: BOP Consulting, 2017.

Overall, 90% of users found the book helpful (45%) or very helpful (45%). The most helpful aspect was in helping people to understand more about their conditions (83%) and feeling more confident about managing their symptoms (74%). A further 68% also reported that it helped their symptoms to reduce.

These findings are entirely consistent with previous years. From all the user data feedback we have received from 2014/15 to 2016/17 (n=183), 80% found the books helpful or very helpful, 84% felt it helped them understand more about their condition, 78% felt it made them more confident about managing their symptoms, and 50% felt it helped their symptoms reduce or improve.

3.3 User impact – Dementia

As with the common mental health conditions scheme, we received a relatively low response rate from users of the dementia scheme (n=24), however we provide the analysis to identify if there are any major changes compared to previous years.

Of those responding to the survey, 73% were relatives or carers of someone who has dementia, and only one respondent was an individual with dementia, the remaining 23% classed themselves as 'other'. Among those in this group figure a professional, people with early symptoms and someone who is aging and wishes to be aware.

The majority of respondents were female (79%). 48% were aged 45-64, 35% were aged over 74, 9% were aged 25-44 and 4% were aged 65-74. This profile reflects the results observed in the previous years of the evaluation.

92% of respondents were already members of their local library authority, which also reflects the findings of previous years.

21% of users (5) were referred to the programme by a health professional, whereas 79% were not. 58% read the entire book and 42% read the relevant sections only.

Overall 96% found the book helpful (46%) or very helpful (50%), which is consistent with previous years' evaluation. Considering all the user data we have received from the past three years, overall 89% of respondents have found the book helpful or very helpful.

Figure 3 Ways in which the book was helpful - dementia, 2017 (%, n=23)
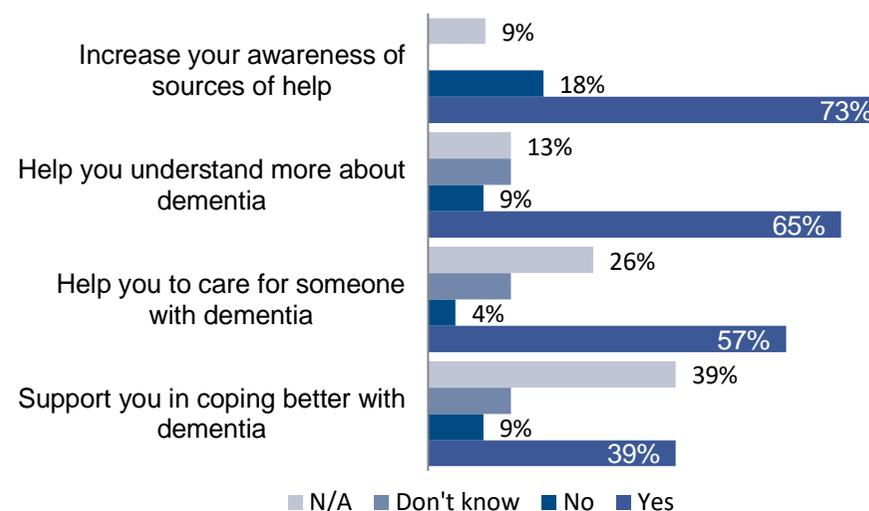
Source: BOP Consulting, 2017.

In 2016/17, 73% of users of the dementia scheme reported that the book had increased their awareness of sources of help, 65% reported that it had helped them to understand more about dementia, 57% reported that it had helped them to care for someone with dementia, and 39% that it had supported them to cope better with the illness

These are broadly in line with all the user data we have received over the past three years (n=138). Overall 63% of respondents reported that it has increased their awareness of sources of help,76% reported that it has helped them to understand more about the condition, 66% that it has helped them to better cope with dementia, and 76% that it has helped them to care for someone with dementia.

3.4 User impact – Young people

As with the other schemes the number of users of the scheme returning postcards was quite low (n=22), although as with the other schemes, we expect this to rise over time as the young person scheme was only launched in April 2016.

Of those returning feedback postcards 73% were Female and 23% Male, one respondent identified as Transgender.

65% of the sample were White and 22% were Asian or British Asian

48% (11 respondents) of the respondents were aged 18+, 26% aged 13-16, 17% under 13, and 9% (2 respondents) were aged 16-18.

Just one respondent reported that they were referred to the programme by a health professional, the rest reported that they were recommended by family (26%), saw the scheme promoted online (17%), or were recommended by librarians (17%). For 22% the decision to read the book was not influenced by anybody.

95% of those responding to the survey were already a member of the library, and 5% (1 respondent) became a member of the library to borrow books.

23% of respondents (5) reported that they visited the Reading Hack website after borrowing the Reading Well for young people book.

As mentioned above, these findings are indicative at the moment, given that the sample is so low, and further research work is taking place to explore how young people are responding to the new scheme.

Figure 4 Ways in which the book was helpful – young people, 2017 (n=22)
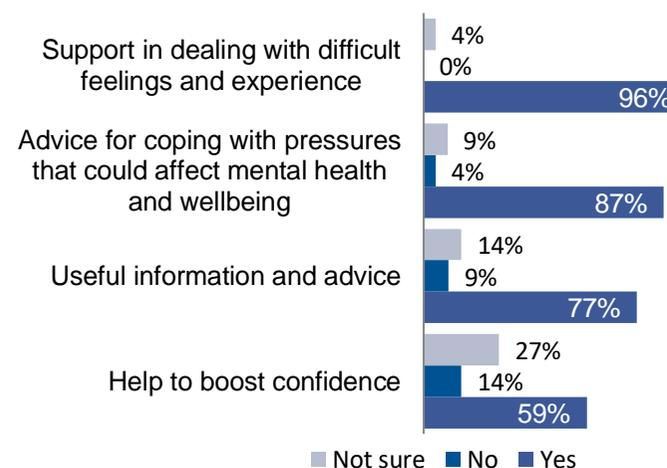
Source: BOP Consulting, 2017.

The findings indicate a positive impact. 96% reported that the book had provided support in dealing with difficult feelings and experiences. 87% reported that it had provided advice for coping with pressures associated with mental health and wellbeing, 77% reported that it had provided useful information and advice and 59% reported that the book had helped to boost their confidence.

These emerging impact findings indicate that the programme is achieving its aims among the younger population, although still indicative at this stage.

The emerging findings from the survey confirm the findings highlighted in the University of Westminster Evaluation of the Reading Well for Young People Scheme (September 2017). The research demonstrated the programme has supported an increase in discussion about mental health among the participant organisations. More specifically, four key themes emerged in the qualitative research analysis:

- Improved awareness, knowledge and understanding of mental health conditions.

- Improved emotional and mental wellbeing, specifically relating to confidence, self-esteem, hope, isolation and emotional intelligence

- Changes in behaviour and improved relationships

- Normalising and destigmatizing mental health discussions.

In the next years, further research should be conducted to further understand the impact of the Reading Well for young people scheme on wellbeing and resilience

4. Prescriber and health partner impact

We received a total of 37 responses to the health professionals' survey, and responses were generally positive. Participants also contributed with comments and suggestions for a more effective approach to the delivery of the programme.

4.1.1 Programme reach

Figure 5 Answers to "Which Reading Well Books on Prescription schemes are you aware of and have you used?", 2017 (n=37)
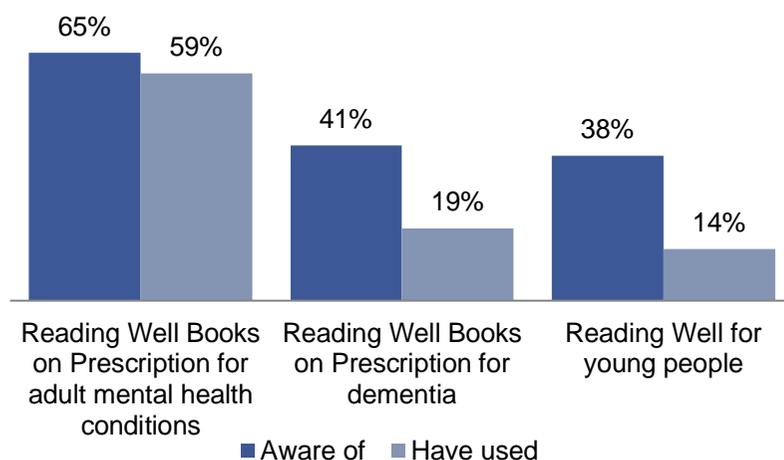
Source: BOP Consulting, 2017.

Generally, the common mental health conditions programme is still the best known, with 65% of respondents aware of it. Fewer were aware of (38%) or using (14%) the newly launched young person's scheme. When asked to the non-users why they did not apply the scheme in their practice, most respondents replied that they do not use it because they were not aware of it,

which suggests that potentially more could be done to promote all schemes among health professionals. One respondent replied that, "The people I see would have too severe problems", which also reminds us that the schemes are not necessarily appropriate across all mental health services.

Some suggestions were made to improve or further extend the programme:

— Accessible audio resources for people with limited visibility and/or learning issues

— Books for parents and children (see the 'little parachutes' website, which provides books for other aspects of life challenges and not just on mental health conditions).

— Books for aging

— Books for carers on how to enhance their own emotional wellbeing or manage other stresses such as: financial, time management, looking after someone on a long-term basis, preparing for loss.

4.1.2 Programme promotion

Health professionals suggested leaflets were the most useful resource to promote the scheme. One participant pointed out this is the only resource they are aware of. 78% of the respondents declared that they have not received any resource from their local library or anyone else relating to the Reading Well schemes, whereas 22% replied that they had. This may indicate a need for different strategies to support libraries to engage with their local health partners to promote the scheme.

Suggestions for additional promotion included email updates, distribution of printed material (leaflets and posters) as well as activities to strengthen the relationships between health professionals and local libraries. Health professionals flagged the possibility for librarians to attend meetings, organise training or circulating relevant academic or grey literature to support the setting up of partnerships. Professionals suggested promoting the scheme in Education Services as well as Children Services and Youth clubs.

4.1.3 Impact of Reading Well for young people scheme only

To keep the health professional survey as short as possible we only asked them to respond to questions relating to the new young person's scheme (what health professionals think of the impact of the common mental health and dementia schemes can be explored in the previous two evaluations of the programme).

However, given the low number of health professionals who reported having used the scheme (just 5 of the 37 respondents) the numbers are too low to effectively evaluate the actual impact as reported by health professionals. Similarly, between 10 and 14 survey respondents answered questions relating to the impact of the scheme, which indicates that they are providing opinions on the anticipated impact, rather than basing their responses on experience of using the programme. These low numbers and potential lack of direct experience of the scheme mean that the following findings can only really indicate what some health professionals think of the concept of the new young person's scheme.

With these caveats in mind, Figure 6 indicates that health professionals think that the scheme is most useful as a source of additional information and advice, rather than as part of a treatment programme, or an on-off self-help intervention.

Figure 6 Answers to "Focusing now on the most recent scheme, *Reading Well for young people,* **please indicate how you have used the scheme",** **2017 (multiple choice response, n=10)**
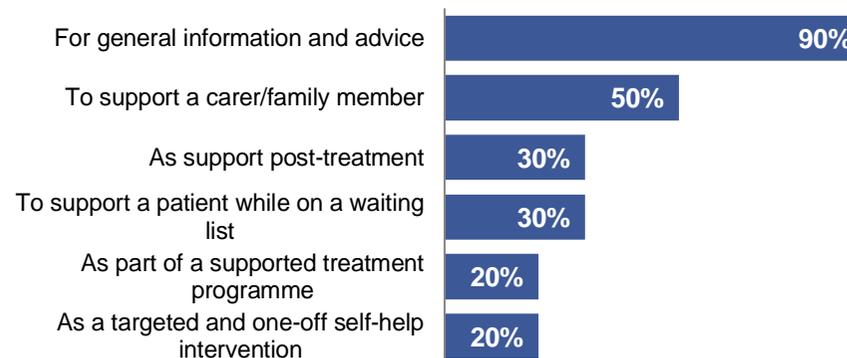

Source: BOP Consulting, 2017.

This slightly cautious interpretation of the programme is repeated across further questions where more health professionals think that the programme could be useful for supporting young people to care for someone with a mental health condition, or to understand more about their own conditions, than to reduce symptoms.

Figure 7 Answers to "Again, focusing on the *Reading Well for young people scheme*, please indicate how far you agree with the following statements:", 2017, % Agree and Strongly Agree (n=13)

- It can help people to care for or support someone else with a mental health condition — Agree 15%, Strongly agree 54%
- It helps young people understand more about their condition — Agree 31%, Strongly agree 46%
- It helps to reduce or resolve presenting symptoms — Agree 31%, Strongly agree 15%
- It helps young people feel more confident about self-managing their symptoms — Agree 46%, Strongly agree 15%

■ Agree ■ Strongly agree

Figure 8 Answers to "And thinking about how the *Reading Well for young people scheme* may affect your professional practice, please indicate how far you agree with the following statements:", 2017 (% Agree and Strongly Agree, n=14)

- It helps to increase my awareness of health and wellbeing services available in libraries — Agree 21%, Strongly agree 43%
- It helps to increase my awareness of relevant books/reading materials — Agree 29%, Strongly agree 43%
- It increases the range of support/resources I can offer — Agree 36%, Strongly agree 43%
- It helps me to support people outside formal consultation time — Agree 43%, Strongly agree 21%
- It has prevented a step-up to further care for some patients — Agree 21%, Strongly agree 7%

■ Agree ■ Strongly agree

Source: BOP Consulting, 2017.

In terms of how the Reading Well Books on Prescription programme might strengthen ties between health services and libraries, from the health professional perspective, the largest potential impact is in increasing the range of support services they can offer, followed by increasing health professionals;' awareness of the range of relevant books available. Health professionals also report that the programme helps to increase their awareness of the health services made available by libraries, although as suggested above there is also a general perception that more could be done to promote the programme at a local level.

4.2 Interviews

We interviewed six health professionals: three cognitive behavioural therapists (CBT), two admiral nurses specialising in dementia and one General Practitioner.

Two of the interviewees out of six were not familiar or not aware of the programme, whereas the rest use Reading Well Book on Prescription on a regular basis. Having among the interviewees two professionals who do not know the programme allowed us to discuss the programme and its benefits with different types of users, including a discussion of how the programme could be

promoted to those unaware of it. The following paragraphs illustrate the main points from the interviews.

4.2.1 Programme reach and professionals' approaches

The series of interviews we conducted with health professionals helped us to understand the programme reach in this group of stakeholders and the use they make of the programme in their practice.

As underlined above, two out of six interviewees were not aware of the programme or were not familiar enough with it to prescribe books to patients. Moreover, none of the interviewees indicated they were regular users of the young person's scheme, since none of them normally work with this population. Books from the common mental health conditions and dementia schemes appear to be most commonly suggested or prescribed to individuals suffering from mental health conditions or to their carers.

Health professionals use the scheme in different ways, and with different regularity. We have divided these approaches into three groups:

1. A first group said that they use Reading Well Books on Prescription as part of a treatment programme, and have integrated it into their service. Within this group, some use leaflets as a prescription, suggesting the title and providing precise instructions on how to loan the books, others use the book as part of the sessions to open up dialogue with patients.

"I normally give people the leaflet with the prescription: I tick the title of the book that I think would be useful for that person"

"One of my patients suffers of social anxiety: we are working together using the book that I prescribed to him. He reads one chapter or paragraph every week, and our conversation starts from that. He finds it very useful"

2. A second group of practitioners prefer to use the scheme in a more informal and unstructured way. They often mention the programme to their patients, or suggest to them where to find the books. Most of the time they do not use leaflets.

"I use the programme in an informal way, trying not to push the patient. I keep a couple of the books on the shelf in my office and sometimes I pick them up. Sometimes I read it aloud in during the session with the patient, sometimes I just point the books out to them, letting them know about the programme"

"One of the facilities we have is a small library. It was originally for training but we've recently opened this library to patients and carers too. Here we've gathered the books listed in the Reading Well Books on Prescription. There is an entire shelf dedicated to the programme, and I often suggest carers to go there to relax and read the books"

3. Finally, two of the interviewees were not aware or not familiar with the programme.

"I've never used the programme. I heard vaguely about it in my previous job, while working within NHS. From what I've seen, no useful information is spread out to the clinicians; I think it is a highly underutilised resource.

"I've worked in three different services in different areas in Yorkshire and Kent: nobody told us about the programme and their schemes. As a practitioner, I've looked by myself for books that clients might consider useful; but having a specific programme like that is useful for me. After your survey, I noted down on my to-do-list about this."

4.2.2 Benefits to patients and professionals

When asking the benefits that the programme has on patients, health professionals suggested that it is often difficult to assess the impact on users, as most of them do not ask for feedback.

I never go back to the people I suggest the books to as I do not apply the programme on a systematic way: I only suggest the patients that the programme exist. I think my role is to let them know that this resource is available and free: it is up to them to pick it up or not.

However, when the health practitioner discusses the book with patients, the feedback is generally positive.

"The feedback in general is quite positive. And this is especially related with the fact that they can borrow the book from the library – these books can be expensive"

"[patients] can keep the books at home and share them with family members. And this is very important, because it allows family members to create a contact - understand the mental health conditions their family members are experiencing. Having a book allows patients to read it at their own pace and choose the section they want to read.

"Something I always underline is that the books are professionally evaluated: they are valid, credible; Sometimes the self-care path includes finding out information on conditions, and most of the time people look online, but they know this sort of information might not be reliable. And when you have anxiety and depression, you need to be assured that there are some things that are reliable."

Furthermore, in some cases the programme seems to be supporting the health professionals to extend their role:

"As a nurse, sometimes I have the feeling that I haven't much to offer, except for a shoulder to cry on. Whereas a book to read is something tangible, something else to suggest and offer."

4.2.3 Programme limitations and suggestions

When interviewed, health practitioners underlined especially the need for greater promotion of the programme. This includes wider distribution of leaflets and posters and a stronger online presence for the programme (website and social media).

To build profile, the interviewees suggested using professional email lists and newsletters to spread information about the programme among practitioners, i.e. through the BABCP network, IAPT meetings or Dementia UK network. Leaflets, although useful and necessary, can be considered "another piece of paper" in the hands of the patients, and can be effectively supported by other marketing options including pdf excerpts that the health professional can print

and use as sample and a limited number of copies of books that patients can glance through during consultation.

"In my view, there is a total lack of information. It is difficult to find the website and difficult to access. (…) Moreover, from the website it is not clear how you can get the books, and that they are available in libraries."

"We have hundreds of leaflets. It is a nightmare of leaflets: there is a form, a piece of paper, a procedure for everything, and we don't have the memory and mental capacity to remember everything. I do appreciate that [giving unstructured suggestions] *is probably not enough, but at the moment, this is the best we can do."*

Secondly, the relationship with local libraries is not always strong, and often interviewees seem not aware of the presence of Reading Well Books on Prescription titles in local libraries. Others highlighted that the books are not equally distributed across the various local authorities.

"These books are not consistently available in every borough: they seem to be less available in the library in the borough I'm working in at the moment. The programme should have greater publicity, more posters or leaflets in libraries and practices"

"I do not liaise with libraries, and I don't follow up with the patients, nor do I give them leaflets: I only point them the website and make them aware about the books. Is then up to them to find the information online and buy or borrow the book."

A third limitation of the programme is related to the nature of the programme. In order to enjoy the benefits of Reading Well Books on Prescription, users have to be motivated, open and willing to know more about their selves and their condition as well as well educated. Users need also to be aware of how a library works and how to access to it. Although these comments emerged often during the interviews, practitioners do not see this as necessarily problematic. In their view each patient is different, might have different needs, and therefore the self-help option is by nature not always applicable.

"I think that it might work if it is a recommendation from the therapist. However, the people that are actually going to the library to get the book by themselves will be a small percentage of the population, I think. These would be the ones that are sufficiently educated and motivated."

"What we are trying to do in our work is encouraging self-care and self-reliance. But one of the limitation is that the programme ticks a box for some people, not for everybody – not for those who cannot read English, or those who don't consider libraries as familiar places."

"Every patient is different. Someone told me that they find the physical copy stigmatising (the title has a large font): they prefer to read it as an eBook. I personally think that the font in some of the books does not help the reading: it is not appealing nor relaxing"

Overall, the interviews indicated that these health professionals do view the programme as a useful complement to the services they provide, but that more could be done to promote it at a local level, and that more innovative ways of promoting the programme (i.e. beyond leaflets) should be considered.

5. Library service impact

As with previous evaluations, we also asked library authorities what they thought about the programme and its local impact. We received 82 responses to the library surveys, which is a representative sample of library services.

5.1 Programme distribution

Among all the 152 English Library Authorities, 96% signed up to the common mental health conditions scheme, 93% to the dementia scheme and 95% to the young people one.

98% of all Library Authorities is taking part to any of the schemes. The above figures have been obtained observing the number of library authorities that purchased materials for the scheme, and therefore counted as 'participating authorities'.

Figure 9 Answers to "To what degree is book stock available across the schemes", 2017 (%, n=78)

Source: BOP Consulting, 2017.
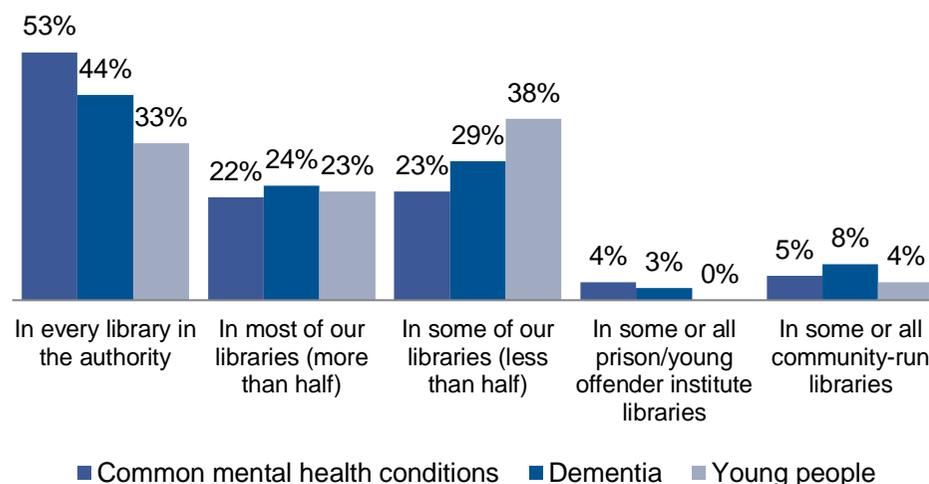
When asked about the books availability and distribution within their local authority, participants underlined that Reading Well titles might not be on the shelves of every library, but in most of the cases they are all accessible via free request. In rare cases, the books seem available also in area managed by external partners, such cafes, schools and community centres.

5.2 Partnerships with health professionals

We can see that across all schemes the most common active partnerships reported are with GPs. For the common mental health conditions scheme a large proportion of libraries report partnerships with IAPT services, and for the dementia scheme the majority of libraries report partnerships with memory clinics and care homes. 44% of libraries report having partnerships with school nurses for the young person scheme, and 35% with IAPT services. Although this indicates a broad range of partners being involved across all schemes, the prominence of GPs as partners across all three schemes indicates that continuing efforts are needed to increase and maintain partnerships with other health providers across communities.

Figure 10 Answers to "Which of the following partners are you working with to deliver and/or promote the Reading Well for young people scheme", 2017 (%, n=53)
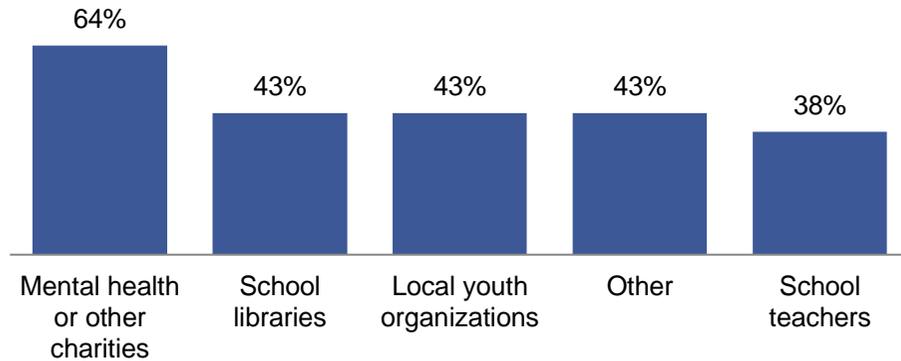
Source: BOP Consulting, 2017.

Figure 11 Top 3 most common active partnerships with the health sector in each Local Authority, by programme scheme, 2017 (%, n=60)

PANEL A: Common mental health conditions scheme (n=58)
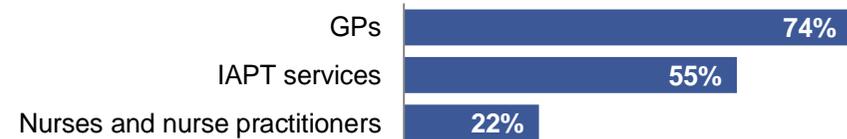
PANEL B: Dementia scheme (n=50)

PANEL C: Young people scheme (n=43)

Source: BOP Consulting, 2017.

Libraries were asked a follow-up question about their partnerships for the new young people's scheme. We can see that the most common response was with local mental health or other charities, and then with schools and youth organisations. In the 'other' category there was mention of CAMHS, healthwatch, school nurses, adult education, GP surgeries, pharmacies, and hospitals. The findings suggest that libraries may wish to focus their partnership building on local health services concerned with young people's mental

wellbeing, as these services (beyond GPs) are not consistently represented across the findings.

When asked to estimate the number of partners they were working with across each of the schemes, libraries reported that they are predominantly working with GPs across all the schemes (an average of 50 GPs for the common mental health conditions, 34 for the dementia scheme, and 61 for the young person's scheme). Although most respondents only listed one or two partnerships, but larger in number, than lower numbers over a broad range. The second most common partnerships across all schemes was with nurses and nurse practitioners. While partnerships were reported with other local mental health services across each of the schemes, these were comparatively low compared to nurses and GPs, again suggesting that greater attention could be paid to embedding the programme further and engaging more fully with local mental health services (e.g. IAPT services, councillors, and CAMHS representatives).

When taking the average number of partners reported across each scheme (i.e. 19 for common mental health conditions, 18 for dementia, and 21 for the young people's scheme) and multiplying across the full number of library authorities who have registered to take part in each scheme we can project that at an England-wide level there are around 2,774 partnerships in place for the common mental health conditions scheme, 2,538 for the dementia scheme, and around 3,024 for the young person's scheme. This gives a total figure of 8,336. However, this should be treated cautiously as it is likely that many of the same GPs and other health providers will be counted in more than one scheme, and there is also likely variance in how library authorities have defined 'partnerships' (i.e. for some it could be sending promotional materials to a surgery, and others work on actively promoting the programme together).

Figure 13 Where possible, please estimate the number of each category of health professionals listed about you are working with for the Reading Well for common mental health conditions scheme? 2017 (Avg)

PANEL A: Common mental health conditions scheme (n=27)
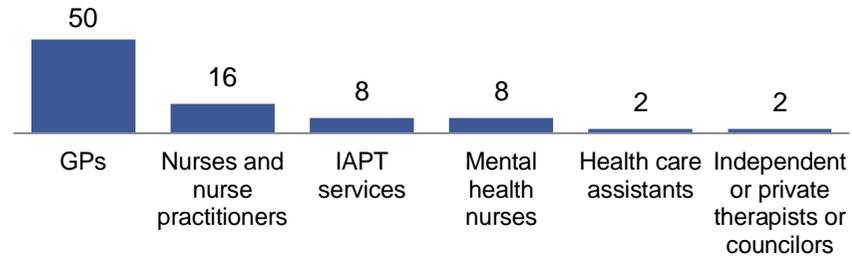

PANEL B: Dementia scheme (n=20)
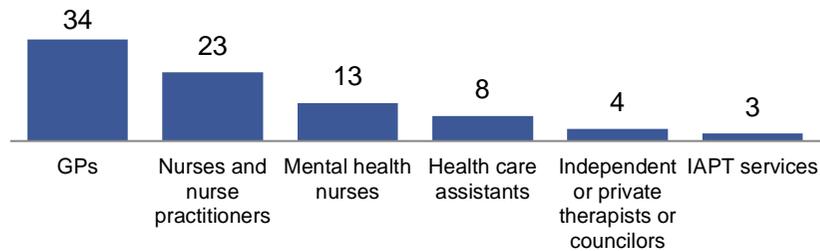
PANEL C: Young people scheme (n=22)
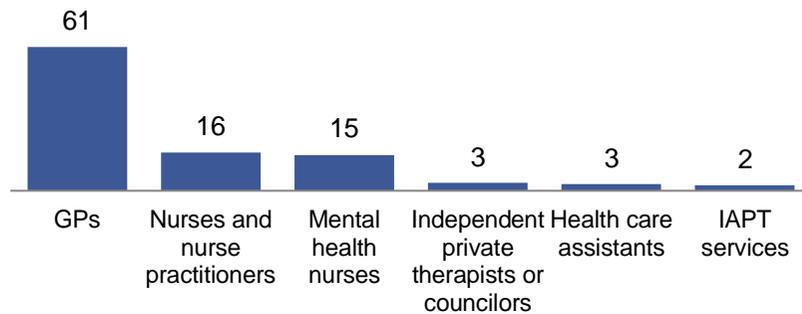
Source: BOP Consulting, 2017.

5.3 Funding

Figure 12 Answers to "Have you received any funding to support the Reading Well for young people scheme?", 2017 (%, n=61)

72%

25%

3%

Have not sought further funding

Yes

Have applied and been declined
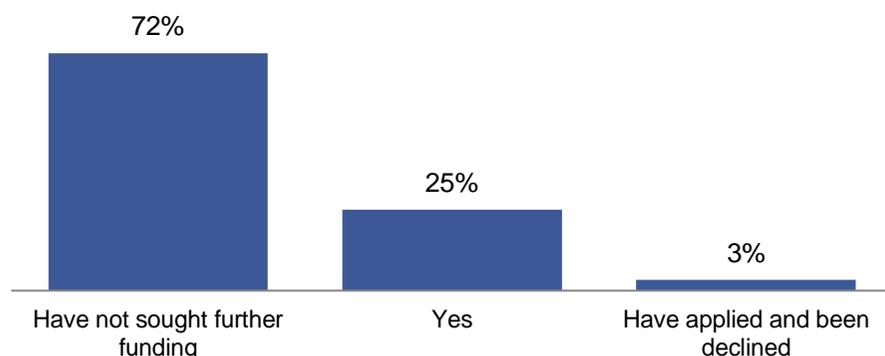
Source: BOP Consulting, 2017.

The clear majority of libraries (72%) have not sought further funding for the promotion of the young people's scheme, which may correspond with the reports from health professionals that they feel the scheme(s) are not being fully promoted at a local level.

Among the libraries who have received a source of funding to support the programme (15) the lowest amount declared is £80, whereas the highest is £3,000, with an average of £2,185. These numbers do not include the data provided by one library, who declares that has received £9,000 by the Local Public Health service used to purchase collections.

Among the 15 libraries that have received funding to support the Reading Well for young people's scheme in their local authority, 53% (9 libraries) of them declared that the funds have mainly been received by local Public Health sources, 29% (5) have been received funding from Clinical Commissioning groups and 6% (1) only from private donors. The remaining 18% (3) acquired funds from other sources, e.g. the healthwatch website.

Most of the funding (9 libraries) has been used to purchase supporting materials such as leaflets, posters, stickers etc. Libraries have also used the funding to purchase collections (5 libraries) and to produce events to promote the list (2 libraries).

Figure 13 If you have purchased leaflets to promote the Reading Well for young people scheme please indicate where you have distributed these", 2017 (%, n=60)

Libraries stocking core list titles	97%
Local GP practices	53%
Local youth organizations	45%
Via Public Health teams and settings	43%
Mental health or other charities	42%
School libraries	37%
School teachers	35%
Other	25%
Local CAMHS services	23%
School nurses	22%
Local IAPT services	22%
Via the Clinical Commissioning…	3%
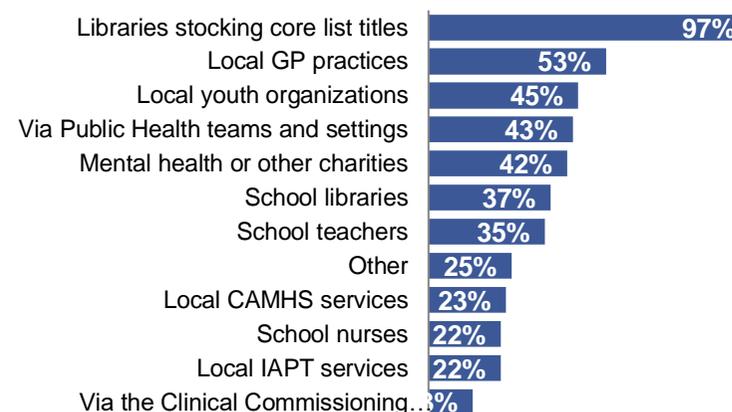
Source: BOP Consulting, 2017

As suggested elsewhere in the report, the locations in which leaflets are being distributed could be further diversified to target a broader range of local health professionals.

Even if the libraries sign up has remained high (87% of authorities) the volume of materials has dropped down by approximately 40%. This might be linked to budget constraints limiting the number of leaflets libraries are able to purchase. This suggests the need to explore alternative models of communicate the programme, as well as different systems of funding and distributing the printed material.

5.4 Programme impact

What do you think are the three main ways the scheme is helpful to young people in the community?

When asked to reflect how the young person's scheme is most helpful the main responses related to various areas. Participants underlined that the programme

- raises awareness on the matter;
- is easy to access and allows anonymity;
- gives the feeling to young people that "they are not alone";
- reduces the stigma around mental health;
- represents a reliable and free source of information that occurs in a neutral and safe environment

How do you think the scheme could be improved to engage more young people who would benefit from it?

Libraries also suggested that the scheme could be further promoted among the wider public, possibly with the use of social media and of a higher focus on digital, creating, for example, digital versions of the leaflets that can be printed or shared by libraries and partners. As this typology of digital material already exist, the comments shows that there is the need to further promote the publicity resources.

Secondly, librarians suggest establishing stronger relationships with health partners and schools. More specifically, respondents suggested that schools would be reached more efficiently with targeted promotion, for example with the distribution of printed material in schools and a greater involvement of school libraries. Librarians have also suggested to provide eBooks

How have you used the resources we have created to support the young persons' scheme (we are particularly interested in how you might be using the digital resources)?

Most respondents did not use the digital resources provided to them, as, many say, they were not aware of their availability. Librarians also underlined that they took part in a number of promotional activities within or outside the library environment.

"The library staff have attended 4 partner sessions in schools where pupils came into the school hall to meet various community partners including libraries. We talked to hundreds of young people about the scheme during these sessions"

In some libraries, digital resources have been used for promotion on social media, projected on plasma screens and added to the library's website. The material has also been used to set internal training sessions to raise awareness among the members of staff. In some libraries, digital resources have been shared with external partners, such schools and health professionals.

The digital leaflet is used on the Health Information Leaflet service website to show what the leaflets look like etc. the digital leaflet can also be downloaded, although I'm not sure how much take up there is for downloading the digital leaflet.

Have you found the support from The Reading Agency adequate to deliver the scheme?

Libraries overwhelmingly reported that they found the support from The Reading Agency adequate and helpful. Some comments suggested that more could be done to promote the programme at a national level, given that they have significant resource limitations at a local level.

When asked about other ways the scheme could be promoted, suggestions mostly focused on national-level advocacy, as well as the suggestion of a 'Reading Well Books on Prescription Roadshow' which could travel nationally to promote the scheme locally and at regional and national events. It was also suggested that a 'tweakable' presentation that summarises the scheme would also be useful for local meetings and presentations.

Do you have any other general comments about the overall Reading Well programme (i.e. all three schemes and how they function separately or together?

These comments mostly focused on the need to update the lists, especially the common mental health conditions list (a process which is now underway). The most common other comments referred to branding of the overall programme, with many suggesting that the 'Books on Prescription' title is less appealing and can create more confusion than the more general 'Reading Well' title and branding. One response suggested that they are hearing more from local health partners about social prescribing, and perhaps messaging could be altered to tie-in more closely to this agenda.

6. Conclusions

The findings from the year four evaluation indicate that the impact on users appear to be similar to the previous years and overall positive. The adoption of the programme in local authorities' libraries is high, as highlighted in the previous years' evaluations, and the programme appears to be embedding within core services in many cases. The decline in availability of leaflets may be an issue considering the need to continually promote the scheme and raise awareness

The interviews informed us on how health professionals, when aware of the programme, integrate it to their service. However, there is a need to further develop local partnerships with health professionals and refocus on promotion of the scheme at local and national levels

In this perspective, a revised strategy for the programme publicity could impact the engagement of users as well as the establishment of partnerships with health professionals. Targeting directly the latter group regularly through e.g. email newsletters will then have an impact on users indirectly.

As in previous years, the findings show that the majority of users are self-referring to the programme, rather than be referred to it by a health professional or librarian. As underlined in the year three evaluation and given that the programme was designed to promote partnerships between libraries and prescribing partners, the current model and strategy for the programme could be reviewed in this regard. There is a need to better understand what leads self-referrers to accessing the library and the books so that future promotion can be tailored to these approaches.

As the literature review underlines, the drive towards 'parity of esteem' between mental and physical health provision is having an impact on the growing awareness of the need to improve mental health provision. There is a consistent need for and appreciation of services supporting those experiencing poor mental health conditions and the programme appears to be meeting these needs for those that discover it. Moreover, Reading Well Books on Prescription is an important opportunity for libraries to link their services to the communities.

Recommendations:

— Further develop local partnerships with health professionals and refocus on promotion of the scheme at local and national levels, particularly considering how the Reading Well umbrella brand can be promoted alongside individual schemes.

— Conduct research that allows you to better understand the different ways that users encounter and engage with Reading Well Books on Prescription. Our evaluation focuses on library and health professional perspectives, but likely many more users of the programme are engaging through other means than referral from these services.

— Differentiate communication material and channels used to ensure breadth of engagement (including those who are referred, those who actively seek out the programme, and those who benefit from it but encounter it more by chance).

— Consider different systems of funding and distribution of the printed and digital material, alongside the above, consider how promotion can be supported without libraries being required to raise substantial additional funds. This could include an updated digital campaign led at the national level.

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