



# EVALUATION OF MOJO KILDARE

**A PROGRAMME FOR UNEMPLOYED MEN  
EXPERIENCING DISTRESS**



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## Glossary

AIRO	All-Island Research Observatory
AUDIT-C	Alcohol Use Disorders Identification Test
CORE-OM	Clinical Outcomes in Routine Evaluation – Outcome Measure -
DOH	Department of Health
HSE	Health Services Executive
ISP	Integrated Services Programme
KCDB	Kildare County Development Board
LCDC	Local Community Development Committee
LECP	Local Economic and Community Plan
NOSP	National Office Suicide Prevention
SDC	South Dublin County
SICAP	Social Inclusion and Community Activation Programme

## Executive Summary

*“...a life-saving experience and a life-giving experience because I can look forward – I know what I want to do, I have a plan going forward and I’m looking forward to the rest of my life.”*

### Key Points

1. Mojo Kildare met all and exceeded some of its’ objectives as the second pilot programme funded by the HSE’s National Office for Suicide Prevention (NOSP).
2. Mojo Kildare has yielded significant positive outcomes for men and their families.
3. Mojo Kildare has reduced levels of risk of harm to self or others among participants.
4. The Mojo Programme is an efficient and effective initiative in both urban and rural settings. Mojo enables the implementation of national and local policy particularly in relation to suicide prevention.
5. Mojo requires ongoing sustained funding in order to continue to deliver and respond to demands for this programme across the county.

### Background

Mojo Kildare has developed in response to the particular needs of Kildare in relation to men’s mental health and in the context of a changing demography and low levels of service provision. Mojo Kildare is a well planned and researched pilot initiative building on the experience of previous Mojo pilots and contributing to the development of Mojo nationally as a successful programme aimed at men in distress, motivated to make changes to improve their lives. Following successful evaluations of Mojo in South Dublin, NOSP funded the development of the Mojo Kildare Pilot to run two cycles of the Programme between January 2015 and May 2016. The pilot programme in Kildare was effective in maximising local resources to support the development of the Programme and contributing to interagency working in the county.

### Evaluation

The goal of the evaluation was to assess the effectiveness and impact of the Mojo Kildare pilot programme. Data was gathered between September 2015 and May 2016. A mixed methods approach included:

- Documentary analysis and literature review.
- Pre- and post-measures of distress on two cycles of the programme.
- Interviews, focus groups and online survey with range of stakeholders including participants, families, agencies and staff.

### Mojo Kildare

- Mojo Kildare received a very high referral rate over a very short period of time and in response to the high level of demand, added to the provision of the pilot by offering Mini Mojoes and developing a programme in Celbridge.
- Since September 2015 87 men have engaged with Mojo Kildare (original target was 28).

- Retention rates were excellent (86%), as were progression rates to Employment/Training (76%). The other 24% progressed to other services including volunteering and counselling.
- The quality of the Programme Manager and the Programme Facilitators has contributed to the effective running of the programme and a deepening of Mojo's work practices.
- The Interagency Advisory Group was well planned and developed over the course of the Programme.
- Mojo Kildare, through careful planning and effective interagency collaboration, succeeded in excellent targeting of men vulnerable to suicidal behaviour.
- The effective implementation of Mojo's structures and processes by the Kildare team allowed for excellent engagement and development of local agencies, Mojo staff and Mojo men.
- The profile of participants combined with their experience of risk factors indicates that the programme is reaching a cohort of the population who *Connecting for Life* identify as priority targets – in particular rural, middle-aged, socially isolated unemployed men in distress.
- The level of demand for the Programme and the demography of the county raise challenges for Mojo Kildare to develop as a countywide Programme. Funding is the key challenge in this regard.

### **Impact of Mojo Kildare on the men and their families**

- Level of distress was reduced for most men with a significant shift from being in moderate/severe distress to a healthy/mild level.
- Almost all men reported a decrease in, or elimination of risk (risk of harm to self or others).
- This data gives a very strong indication that Mojo is well placed to have an impact at a population level on men's experience of life function, wellbeing, problems and risk.
- Positive impacts were identified at a number of levels:
  - Personal: strengthened sense of self, self-worth and self-esteem, and confidence. Improvements in help-seeking and psychological self-care.
  - Occupational: progression rates - 96% continuing on to either further training, employment, volunteering or other services.
  - Physical: improved physical wellbeing through use of the gym and the swimming pool, attention to self-care including sleep hygiene, better diet and keeping health appointments.
  - Relational: better social connectedness, belonging, talking more; enjoying relationships and family life more.
- Families are also feeling the benefits including feelings of relief, reduction in stress and an improved relationship.
- Mojo Male Space is a powerful follow up, peer-led initiative that has been created by participants.
- The evidence of the sustainability of these effects is promising.

### **Interagency Impact of Mojo Kildare**

- Mojo Kildare's approach to interagency working is an example of the best practice called for in *Connecting for Life*.

- Already in Kildare's Local Economic and Community Plan and the opportunity to include it in Kildare's Local Suicide Action Plan, Mojo is well placed to further enhance its impact on interagency working in Kildare in relation to unemployed men in distress.
- Interagency Advisory Group members (IAG) have provided expert knowledge, referral mechanisms and investment of resources in money and in-kind.
- Given Mojo Kildare's early stage of development the level of positive impacts on other agencies' knowledge and work practices in relation to men's mental health is impressive.
- The IAG has become a cohesive force for influence and change in relation to mental health and suicide prevention in Co. Kildare.
- Mojo Kildare's funders are impressed with the design and the impact of the programme and are well disposed to bringing it to a wider audience in the context of a governance structure for Mojo at national level.

### **Mojo Kildare and Best Practice**

- Mojo Kildare is to the forefront of best practice in men's wellbeing and suicide prevention in Ireland and internationally it offers much to ensure that the vision of *Connecting for Life* is realised.
- Mojo Kildare is an excellent community-based vehicle for the implementation of key national policies and strategies relating to mental health; men's health, education and employment; and family support.
- Mojo has a specific way of working that maximises collaboration and supports systemic change. It enables a community to respond to its members' needs and support them in difficulty.

### **Conclusion and Recommendations**

This evaluation set out to assess the development and implementation of Mojo Kildare, to identify impacts, to reflect the views of stakeholders and identify success factors. In relation to the evaluation objectives the evaluation found evidence of:

- an effective organisational structure including the programme coordination, the Advisory Group and the working groups.
- improved personal, occupational, physical and relational and outcomes for men in distress and their families.
- reduced levels of risk among participants following participation in Mojo.
- growing impact of the programme on participating organisations and other services.

This evaluation is conclusive in its findings of the effectiveness of Mojo Kildare. The following recommendations are proposed.

1. Extend NOSP funding of Mojo.
2. Embed Mojo Kildare in County Kildare Suicide Prevention Action Plan.
3. Build Mojo in-house monitoring and evaluation capacity.
4. Develop a 3-year strategic plan for Mojo Kildare.

## Mojo Kildare Evaluation at a Glance

### Inputs and Activities

- Core Programme staff (46.5 hours) and Host Organisation (Teach Dara)
- Guest facilitators: 20 hours
- Interagency Advisory Group
- Mojo Guidance and Resources
- Funding: HSE NOSP and local agencies
- Pilot Evaluation Period: 2 x 12 week cycles; 2 x Mini Mojo and Peer-led Male Space

### Outputs

- 87 men engaged with Mojo Kildare (original target 28)
- Pilot extended to include Mini-Mojo, Mojo Male Space, Mojo in Celbridge
- Over 22 agencies from Kildare involved
- 2 Mojo Programmes delivered Aug 2015-Jan 2016. 25 men completed. 86% Retention Rate
- 2 Mini-Mojos delivered to 20 men
- Presentations to other Agencies
- Mojo in Kildare Local Economic and Community Plan
- My Mojo Journey Video produced by participants
- 2 Graduation Events
- Kildare Male Space meeting weekly. Representative on Interagency Advisory Group
- Evaluation Report

### Outcomes and Impact

- Connecting for Life priority group reached with excellent level of engagement, retention and participation
- Clinically significant positive impacts
  - Reduced level of distress
  - Increased sense of wellbeing
- Powerful positive changes in personal, occupational, physical and relational wellbeing
- Improved family relationships and improved resilience
- Men's future focus and sense of hope demonstrated in ability to set goals and take action
- Effective interagency implementation structure for Mojo Kildare
- Contribution to evidence base in mental health promotion and suicide prevention
- Learning in relation to impact measurement of community strengths based programmes
- Increased interagency activity in Kildare contributing to coherent and sustainable service planning and delivery for men and families
- Increased understanding of men's needs and appropriate and effective service responses

### Recommendations

1. Extend HSE NOSP funding of Mojo.
2. Embed Mojo Kildare in County Kildare Suicide Prevention Action Plan.
3. Build Mojo in-house monitoring and evaluation capacity.
4. Develop a 3-year strategic plan for Mojo Kildare.

## 1. Introduction

### Key Points:

- Mojo is an evidence-based programme addressing the needs of unemployed men in distress.
- Mojo Kildare has developed in response to the particular needs of Kildare in relation to men's mental health and in the context of low levels of service provision.
- Mojo Kildare is part of a wider programme of development of Mojo nationally.
- HSE NOSP funded the development of the Mojo Pilot to run two cycles of the Programme between January 2015 and May 2016.
- The pilot programme in Kildare was effective in maximising local resources to support the development of the Programme and contributing to interagency working in the county.

### 1.1 Mojo Programme Development

Mojo's primary function is to provide a coordinated response to men experiencing distress caused by the recession and unemployment. Psychological distress can include having negative views of one's self, others and the environment often involves feeling anxious, worried, worthless and irritable. Men suffering increased distress are potentially at higher risk to suicide and suicidal tendencies are more pronounced within particular socio-economic and cultural contexts (CSO, 2014; Richardson, 2013; Walsh & Walsh, 2011; Health Research Board, 2008).

#### The Mojo Programme

The Mojo Programme was initially developed by South Dublin County Partnership in Tallaght in 2011 and funded by the National Office of Suicide Prevention (NOSP). Since then Mojo has evolved into an eclectic and dynamic evidenced based training programme that combines a unique mix of mental health, adult guidance, physical fitness and social networking methodologies. The mixed methodologies afford men the opportunity to build their mental and physical fitness while developing their ability to make connections, set goals and develop a life plan. It has chartered new approaches to interagency working in suicide prevention, and its development has been informed by research and rigorous evaluation. The Mojo programme is run over 12 weeks, two mornings per week and has four interconnected and equally important components that helps the men to develop:

- Wellbeing and resilience.
- Life planning.
- Physical fitness.
- A male space that supports their social connectedness.

### **Governance**

A Mojo national office is being established to connect the Mojo Projects to each other and oversee the quality of the training programmes. The national Mojo office is an affiliate organisation of Mental Health Ireland and is strategically guided by an Interagency Steering Committee made up of, statutory, non-statutory and private sector, representatives from mental health, social inclusion, primary care, men's health, business and legal. A Programme Director who will be supported by a Business Administrator manages the operations of nationally. Central to the Mojo process of development is that each new Mojo has the freedom to develop in a way that is suitable for their region. However, each Mojo must adhere to the core principles and work practices as outlined in the Mojo Toolkit (Big Picture Consultancy, 2014). By the end of July 2016, a Mojo quality assurance and accreditation framework will be in place, which is intended to encourage continued innovation and development, while supporting the national Mojo office to oversee the quality of the training programmes.

A key driver behind Mojo is to reduce the high levels of male suicide in Ireland. Mojo's approach fits under the universal approach to suicide prevention *Connecting for Life* Ireland's National Strategy to Reduce Suicide 2010-2020 (HSE NOSP, 2015) with its strengths based model of building resilience and fitness, promoting social inclusion, health and mental health promotion. Mojo Kildare can also be identified as a *selective intervention*, i.e. one that addresses: "specific individuals and groups that are vulnerable to suicide ..." (HSE NOSP, 2015:9).

### **Growing Evidence of Programme Effectiveness**

Previous evaluations of Mojo in its pilot stages in South Dublin found it to be 'an exceptionally successful preventative/early intervention programme'. Mojo has demonstrated value for money in the Social Return on Investment evaluation with a return of €5 (4.96) for every €1 invested. Its high retention (89%) and progression rates (70% to another service or employment) are of particular note particularly given the programme's voluntary nature and requirement for significant commitment from participants experiencing personal and health challenges. Participant experience and satisfaction has been high particularly in relation to managing and taking control of their health and reduction in harmful behaviours. The success is attributed to programme content and approach, the nature of planning, interagency involvement and the quality of management and staff. Replication of the Mojo Programme beyond the South Dublin area has been recommended.

## 1.2 Demographic Context for Mojo Kildare

- Kildare is one of the most populated counties in the State. Kildare has the highest rate of young people (aged 0-24) in the country and an increasingly high birth rate with the second highest birth rate nationally.
- Kildare is the 10th most densely populated county in the State with a density figure of 124.6 persons per square km. However, over 72% of the county's population live on 5% of the county's total land area.
- An interesting context for Mojo Kildare is the presence of two male dominated professions in the County, i.e. horse racing industry and The Defence Forces.
- The 2015 suicide statistics from the CSO show Kildare at 10.6 per 100,000 population, higher than the State average (9.7) and higher than Leinster (7.9). The rates for males in Kildare (19.6) is significantly higher than the national average (16.4).
- The particular demographic and socio-economic profile is not reflected in the level of service provision in the area. The LECP (LCDC Kildare, 2016:12) highlights that some Kildare communities experience 'limited access to appropriate healthcare services, educational disadvantage, unemployment, and difficulties in accessing services to gain the skills they need to re-enter the workforce'. There are significant challenges in accessing public transport within Kildare, with limited services and limited pick-up points in many areas (AIRO/LECP 2015:69). Figure 1 highlights the particularly low level of funding for mental health services.
- It has been identified as a cause of concern that high growth areas such as Kilcock and Kildare Town have low levels of GP availability (AIRO, 2015).

Figure 1 - Analysis of Spending on Mental Health Services by Community Health Organisation

HSE Community Health Organisation Area	Population	2014 Actual Net Spend	€ Per Head of Population
Donegal/Sligo/Leitrim/West Cavan/Cavan/Monaghan Galway/Roscommon/Mayo	389,048	64,860,222	166.7
Clare/Limerick/North Tipperary/East Limerick	445,356	88,718,014	199.2
Kerry/North Cork/North Lee/South Lee/West Cork	379,327	56,146,569	148.0
South Tipperary/Carlow/Kilkenny/Waterford/ Wexford	664,533	102,148,138	153.7
Wicklow/Dún Laoghaire/Dublin South East	497,578	87,393,865	175.6
Kildare/West Wicklow/Dublin West/Dublin South City/ Dublin South West <i>(of which Kildare/ W Wicklow)</i>	364,464	51,016,008	140.0
	674,071	68,557,786	101.7
	<b>(228,410)</b>	<b>(14,563,105)</b>	<b>(63.8)</b>
Laois/Offaly/Longford/Westmeath/Louth/Meath	592,388	76,911,053	129.8
Dublin North/Dublin North Central/Dublin NW	581,486	101,310,080	174.2
<b>Ireland</b>	<b>4,588,251</b>	<b>697,061,735</b>	<b>151.9</b>

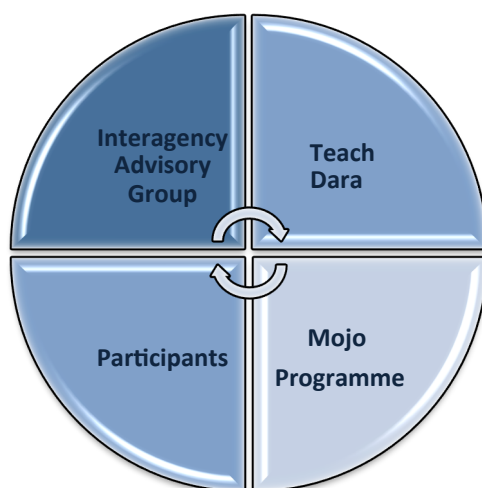


### 1.3 Mojo Kildare

Based on the successful outcomes for the men and the organisations involved in Mojo South Dublin, the NOSP agreed to fund a second pilot to test the developmental model in mixed rural and urban setting. Kildare was selected due to a request from the Chief Officer of Kildare Local County Development Committee (LCDC) Kildare County Council to establish a Mojo Project in their region. The Mojo Programme Director with the support of the Kildare Integrated Services Committee conducted an initial needs analysis to explore the viability of a Mojo Project in the county. The analysis included a review of the local agencies capacity and willingness to sustain the project beyond the pilot.

Mojo Kildare, like Mojo South Dublin, is a community led organisation that is managed by Teach Dara and is guided by an Interagency Advisory Group (Appendix 1) comprising multiple organisations working across health, education, employment, welfare and social inclusion. It has been running since December 2014 with the first two cycles of the pilot phase running September – December 2015 and January – April 2016. In response to unprecedented demand, Mojo worked during the pilot phase to develop a programme in Celbridge which started in May 2016.

*Figure 2 – Mojo Kildare Structure*



*Figure 3 – Core Mojo Kildare Staffing*

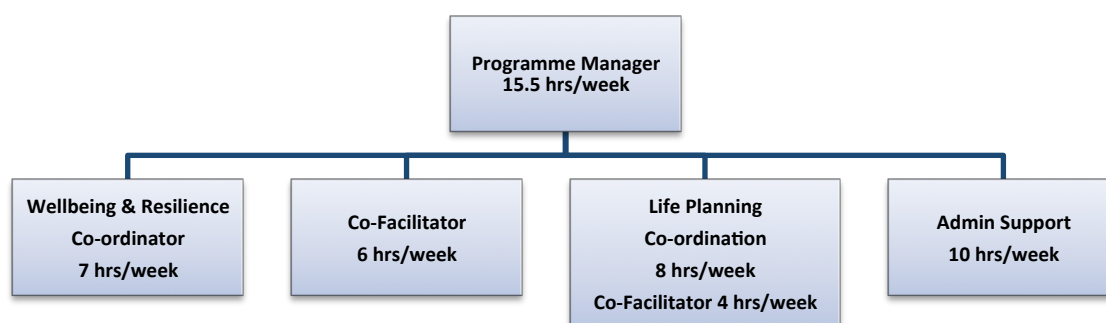


Figure 4 - Investment in Mojo Kildare\*

Agency	Investment	Purpose
HSE NOSP	€89,638	Pilot two cycles of Mojo Kildare
Kildare West Wicklow ETB	€1700	Run two Mini Mojos
Kildare County Council	€1,000	Video Production
Kildare County Council	€1,000	Pre-development Celbridge
Teach Dara	Training Room x 4 ½ days 32 Counselling Sessions (via Tusla)	Hosting of Mini Mojo and Mojo Male Space Support to 4 men to access counselling
Youth Cafe Celbridge	Training Room x 4 ½ days	Hosting of Mini Mojo Celbridge
Department of Social Protection	1.5 hours	Guest Speaker
EmployAbility Service Kildare	3 hours	Guest Speaker
HSE Mental Health Services:	11 hours	Guest Speaker
Occupational Therapy and Social Work		
Irish Advocacy Network	3 hours	Guest Speaker
Irish Association for the Social Integration of Offenders	1.5 hours	Guest Speaker
Kildare Library Services – Arts & Wellbeing	1 hour	Guest Speaker
Kildare Sports Partnership	€900 Tutor 36 Hours	Men's Gym Fees Gym Tutor
Mojo Gym Space – post Mojo	€500	Physical activity and social connection
Kildare Psychotherapy & Counselling Centre	3 hours	Guest Speaker
Kildare and Wicklow Education and Training Board	3 hours	Guest Speaker
Kildare Volunteer Centre	3 hours	Guest Speaker
Mojo South Dublin,	4.5 hours	Guest Speaker
Mojo Director	6	Guest Speaker
Nutritionist	1.5 hours	Guest Speaker
County Kildare LEADER Partnership	Mini bus x 24 weeks	
County Kildare LEADER Partnership		2,400 in kind
Guest input	2 hours	
Tus	1.5	Guest Speaker
Mc Verry Trust	Mini bus x 12 weeks x 2 days	Transport 2 participants

\* This investment is **additional to involvement of individuals as members of the Interagency Advisory Group** which included attending meetings, liaising with colleagues, engaging in the referral process and providing advice and support to the Mojo Kildare staff.

Core funding for the Mojo Kildare pilot came from NOSP. The Programme receives on-going support, input and mentorship from the Programme Director and staff in Mojo South Dublin. Investment has been given in finance and in-kind in a variety of ways as detailed in Figure 4. The breadth and nature of this investment is evidence of the effectiveness of the Programme in garnering interagency commitment and support over a short time period.

As required by the Mojo Toolkit, the seven stages of development (developmental model) were used to design a Mojo Programme responsive to the needs of men and engagement of agencies in Kildare. The Mojo Kildare pilot worked with two groups of men in Kildare town, each on a 12-week basis (see Sample Programme Appendix 2) with Mini Mojos run after the first group was recruited.

#### **Mini Mojo**

The Mini Mojo Programme is a four week taster programme, two hours per week, developed as a response to the needs of men who are on waiting lists for the Mojo Programme or who are interested in Mojo but may not want to or be able to commit to the full programme. Participants are introduced to the four elements of Mojo – wellbeing and resilience, life planning, physical fitness and creating a supportive male space. There is no selection process for Mini Mojo. Men are referred by agencies or self-refer.

### **1.4 Conclusion**

Kildare is a county that has experienced rapid growth and change over the past two decades with considerable needs particularly in relation to men's mental health and service levels well below national averages across a number of sectors. Mojo Kildare is a well planned and researched pilot initiative building on the experience of previous Mojo pilots and contributing to the development of Mojo nationally as a successful programme aimed at men in distress, motivated to make changes to improve their lives. In under a year Mojo has become embedded in and a key contributor to interagency working in Kildare.

## 2. Evaluation Methodology

### Key Points:

- Evaluation goal: to assess the effectiveness and impact of Mojo Kildare pilot.
- Mixed methods:
  - Documentary analysis and literature review.
  - Pre- and post-measures of distress on two cycles of the programme.
  - Interviews, focus groups and online survey with range of stakeholders including participants, families, agencies and staff.
- Data gathered between September 2015 and May 2016

### 2.1 Starting Point

The first evaluation of Mojo (Burtenshaw & Bookle, 2013) was carried out in its pilot phase over a period of 18 months and 3 programme cycles. It focused on Mojo's effectiveness, strategic learning and making relevant changes. The second evaluation of Mojo (Quality Matters, HSE & SDCP, 2014) reviewed the outcomes from the previous evaluation against the costs associated with running the programme over thirteen months. It provided a Social Return on Investment assessment of the value of Mojo to its stakeholders.

This evaluation focuses on the development of Mojo as an innovative programme. An emergent and adaptive evaluation design was taken to ensure that the evaluation had purpose and could respond to emerging issues and questions. The evaluation used a systems lens to ensure the learning from the specific Mojo Kildare programme experience is embedded in the wider Mojo and the wider Kildare interagency context.

### 2.2 Mojo Kildare Evaluation Framework

The overall goals of the evaluation were:

- To explore the relevance, effectiveness, efficiency and sustainability of the Programme.
- To assess Programme development and implementation and to identify impacts and success factors.
- To reflect the views of stakeholders.

The Objectives were:

1. To assess the impact of the Programme on the participants and their families.
2. To review the establishment and development of the interagency network.
3. To assess the effectiveness of the programme's organisational structure including the programme coordination, the Advisory Group and the ad-hoc working groups.
4. To explore the impact of the programme on participating organisations.
5. To measure the levels of suicide risk of participants prior to taking part and on completion of the programme.

6. To explore the impact of Mojo Kildare on frontline services and whether they lead to improved outcomes for men 'in distress.'
7. To examine where Mojo is placed in relation to best practice – nationally and internationally – in working with men in distress.

## 2.3 Methods

A mixed method systemic approach was taken using the following approaches:

### **Development and monitoring of the Mojo Programme operational documents**

Mojo Kildare project documents reviewed (see Appendix 3 for details) included Mojo Kildare protocols, policies and forms, minutes of meetings, promotional materials and contact databases. A tracking tool was developed to build in a system for on-going monitoring of programme activity and impact. However, limited administrative resources meant the tool was not trialled.

### **Literature review on best practice in working with men in distress**

A literature review was carried out to assess where Mojo is placed in relation to best practice – nationally and internationally – in working with men in distress. The review covered policy context; issues in men's mental health; Ireland's suicide rates and risk factors; and strategies to improve men's mental health.

### **Pre- and Post Measures**

In choosing measures for the Mojo evaluation, the Interagency Advisory Evaluation Sub-group, together with the evaluation team took into consideration the measures deemed most suited to the intended outcomes of the programme and the potential impact of the assessment process on the men. With this in mind a balance was struck by selecting the following measures (see Appendix 3 for details):

- Clinical Outcomes in Routine Evaluation – Outcome Measure - CORE-OM ©.
- Kessler Psychological Distress Scale - K10.
- The Alcohol Use Disorders Identification Test - AUDIT-C.

For Group 1 these assessments were carried out in Week 1 and Week 12. However, based on feedback from Group 1 relating to the intrusive nature of the questionnaires, the questionnaires were held off until Week 2 for the second group. Some men of Group 2 felt that this delay would have had an impact on their scores as they had started to feel better after joining the programme (for some this was positive change began with the Mini-Mojo). The ideal in terms of measurement is that the pre-test take place before the men participate in any aspect of the Mojo programme. However given the importance in the programme of relationship building with and between the men a balance was struck with the ideal and the feasible.

### **Qualitative Research with Participants, Family/Friends, Advisory Group, and Staff**

Qualitative fieldwork was carried out to explore the implementation of Mojo Kildare and its impact on men, their families and the agencies involved. In-depth interviews were carried out with a sample of 10 IAG members and there was on going contact and interviews with the Programme Manager throughout the pilot. Two focus groups were held with staff, one near the beginning of the pilot and one near the end. One focus group was carried out with Interagency Advisory Group at the start of the Programme and one meeting to discuss feedback on the draft report and to review the project findings. Two focus groups were carried out with the participating men mid-way through their programmes. As families were not directly involved in the programme they were invited through the participating men (if the men chose to do so). Family members/friends of six participants took part in an interview.

### **Online survey of members of the Interagency Advisory Group**

All the IAG were sent an online survey addressing questions on the degree and nature of involvement in Mojo Kildare, the quality of the programme, their organisational commitment and their perception of the impact and outcomes of Mojo Kildare. There was a 57% response rate (Appendix 3).

## **2.4 Data Analysis**

All interviews and focus groups were recorded and transcribed and a thematic analysis of data was carried out. Common themes across the stakeholders interviewed were identified and are presented in this report across the major themes of Programme Implementation, Impacts on Men and their Families and Interagency Working.

Appendix 3 provides further detail on analysis of quantitative data and on ethical considerations and limitations.

## **2.5 Conclusion**

The Evaluation goal, to assess the effectiveness and impact of Mojo Kildare pilot programme, was reached through the use of a systemic multi-method approach. This resulted in a depth of qualitative and quantitative data gathered from a range of stakeholders.

### 3. Mojo Programme Implementation

#### Key Points:

- Mojo Kildare received a very high referral rate over a very short period of time and added to the provision of the pilot by offering Mini Mojos and developing a programme in Celbridge.
- Since September 2015 87 men have engaged with Mojo Kildare. The original target was 27.
- Retention rates were excellent (86%), as were progression rates to Employment/Training (76%). The other 24% progressed to other services.
- The quality of the Programme Manager and the Programme Facilitators has contributed to the effective running of the programme and a deepening of Mojo's work practices.
- The Interagency Advisory Group was well planned and developed over the course of the Programme.
- Mojo Kildare succeeded in excellent targeting of men vulnerable to suicidal behaviour.
- The effective implementation of Mojo's structures and processes by the Kildare team allowed for excellent engagement and development of local agencies, Mojo staff and Mojo men.
- The profile of participants combined with their experience of risk factors indicates that the programme is reaching a cohort of the population who *Connecting for Life* identify as priority targets – in particular rural, middle-aged, socially isolated unemployed men in distress.

#### 3.1 Referral, Recruitment and Selection

There were 64 referrals to Mojo Kildare between September 2015 and January 2016. In total, 87 men have engaged with the programme since September 2015. This is a very high number for a new programme (the original target was 28) and as well as confirming the need and demand, reflects the effectiveness of the Programme Manager's promotion of the Programme. In addition to the substantial networking with local services, the programme was advertised by a Mojo flier and poster in doctor's surgeries, libraries, sports facilities, on local radio and in public lifts for example within services which men are likely to use - council offices, mental health services etc. As the programme developed, services became more aware of Mojo and its impact. Advisory group members also played an important role in promoting the programme and facilitating referrals. Early in its development Mojo Kildare had a waiting list, indicating the level of unmet need among men in the county.

Mojo Kildare developed a detailed Selection Process Protocol which reflects the guidance from the Mojo Toolkit as well as the learning from Mojo South Dublin. Interviewing was carried out in two stages, stage one comprised individual interviews and stage two a group interview by members of the team. At the first stage information about the programme was given and a verbal commitment to attending for at least four weeks sought. The second

stage assessed where each man might be in relation to the three categories of need<sup>1</sup>. The learning taken from Mojo South Dublin was to try and have a balance between categories. This was successfully achieved. This was noticed and appreciated by the men:

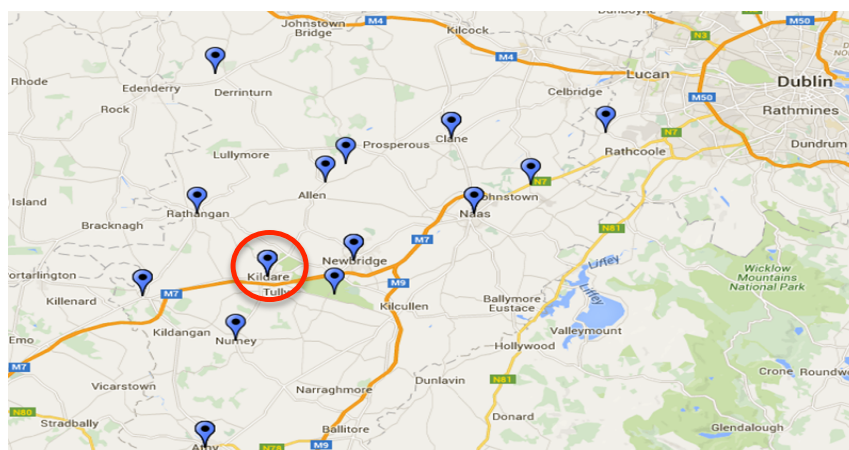
*“Credit to all those who picked us out – our ‘family unit’ came about very, very quick – so all credit to the coordinator and team who put us all together in the first place.”*

Participants who were deemed suitable and who were willing to commit were subsequently either offered a place or told they could attend the next programme. In the meantime the IAG supported the development of a Mini Mojo programme. Mini Mojo was provided to ensure that men in need had some level of service offered to them. It is a four week, two hours per week, taster of the full programme. Nine men attended the first Mini Mojo which was held in Kildare, six of whom went on to the next full programme. Sixteen men attended the Mini Mojo in Celbridge seven of whom went on to the next full programme. All men who came in contact with Mojo Kildare were contacted by Mojo staff to discuss the programme and answer any queries or concerns. In this way Mojo Kildare quickly became an important stakeholder in the Kildare community connecting hard to reach men to appropriate service providers.

### 3.2 Participants Profile

Of the 64 men referred to the programme, 29 of these were offered a place - 14 for Group 1 and 15 for Group 2. Group numbers reflect those recommended by the Mojo Toolkit. The geographical spread of participants on Mojo Kildare was quite wide with a mixture of rural and urban. While Mojo Group 1 consisted predominately of men from urban areas, participants in Group 2 had more rural isolated men. The McVerry Trust provided transport that supported two men’s attendance at the Programme.

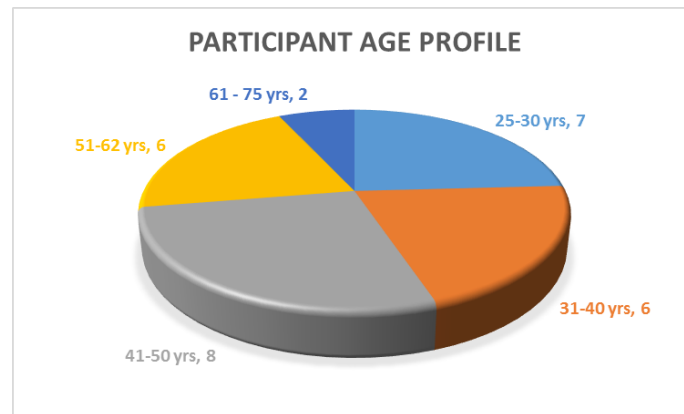
Figure 5 - Geographic Spread of Participants on Mojo Kildare



<sup>1</sup> Low - men who could possibly progress onto work or formal education after the programme; Moderate - men who may need an additional programme, educational, vocational or otherwise before entering employment or further education; High - men who would need considerable assistance prior to entering the workplace or a more formal educational setting



Figure 6 – Age Profiles of Men Mojo Kildare



The age and geographical profile indicates that the programme is reaching a cohort of rural and middle-aged men who *Connecting for Life* identifies as a priority target (DOH 2015: 20, 31).

Over 60% (8) of Group 1 and 13% (2) of Group 2 were self-referrals. The remainder of referrals for both groups coming mainly from HSE mental health services, Tús Community employment scheme, Employability Jobs Coach, Rehab Care, Teach Dara, Family Resource Centres and through a meeting of local community and voluntary groups in Kildare. This indicates that by Group 2 there were a lot more referrals from other agencies demonstrating a greater awareness of Mojo and willingness to refer. This was confirmed by feedback from the agencies. However, the role of self-referral is an important part of the programme as evidenced by this staff members comment:

*“Particularly for the guys who come who are self-referrals, many aren’t involved with Services this is important to give the Agencies an understanding of what type of people are out there, the people they aren’t capturing but who could potentially benefit from their services.”*

Chapter 4 presents detailed analysis of findings on men’s wellbeing and levels of distress pre- and post-Mojo. However, it is worth noting here that at the beginning of the programme there was a high level of distress and also a high level of alcohol use among the participants suggesting very effective targeting of the Programme.

### 3.3 Attendance and Retention

Attendance and retention were very high (86%) with only four participants having left the programme. When a participant does not attend a Mojo session (without giving prior notice) the protocol is for the Manager to make contact with him. If the man cannot be contacted after a reasonable period the Manager follows up with the referrer or emergency contact. If

a man decides to leave programme the referrer is contacted immediately and asked to link in with man to determine needs. This was the action taken in relation to the four men who were unable to continue with the Programme.

Feedback from participants suggests that the selection process as well as programme methodologies contributes to this high engagement rate. This retention rate is notable given that Mojo is a voluntary programme, there is no payment for participation, the profile of men, levels of distress and practical barriers such as transport that impact on participation on programmes in general. One advisory group member stated that:

*“Some more isolated men find it really hard to take that first step. What has been striking about Mojo is the men’s engagement, it’s really solid and that is striking. They are not being paid to attend, they don’t have to attend.”*

In talking about their circumstances men named experiences that are identified in *Connecting for Life* (p95-100) as risk factors for suicide. These include the following:

- Barriers to accessing health care, particularly stigma associated with seeking help behaviour.
- Sense of isolation and lack of social support.
- Relationship conflict, discord or loss.
- Previous suicide attempt.
- Mental health problems.
- Harmful use of alcohol and other substances.
- Job or financial loss.
- Hopelessness.
- Chronic pain and illness.
- Genetic and biological factors.

This combined with the age and geographical profile suggests that Mojo Kildare has been highly effective in targeting men at risk.

### **3.4 Programme Content and Process**

#### **Content**

In terms of content (Appendix 2), Mojo Kildare comprehensively covered all Mojo programme elements. The mix of Mojo facilitators with invited guest speakers (Figure 4, Chapter 1) worked well. Where participants expressed an interest in a particular relevant topic, every effort was made to have that topic addressed. In the Focus Groups, the men were able to recall all the content in detail and spoke of the practical and experiential nature of the learning that lent itself to straightforward application outside of the programme itself.

The men identified the strengths-based approach of the programme as a particularly powerful aspect, differentiating it from other group experiences they had been involved in. While the men valued the current programme structure, many also wanted longer sessions, a longer day and the programme to run over more weeks. However, for some men, the length of the day fitted with their level of energy and commitment. Overall and building on

the experience of Mojo South Dublin it appears that the length of the programme is working well.

There is substantial evidence of Mojo Kildare adopting a systemic approach to the men's needs. For example, the men enjoyed having visiting speakers on topics that were of interest to them but also really enjoyed addressing wellbeing in a practical way by going to the gym. This not only addressed their physical fitness but also their sense of wellbeing, it became part of their goal setting in life planning and it became a very important male space that supports their social connectedness. As one staff member noted:

*"The vast majority of the men were people who don't use gyms and they are now using the gym once a week and have introduced another day as well. I think that feeds into the whole idea that we are checking out, asking the guys if there are any changes they'd make to the sessions– all this comes out of feedback that they'd like to do the gym more, they'd like to spend more on a certain part of the programme – it's not just that they are being heard, it's that its being actioned by us."*

### **Facilitators**

All stakeholders viewed the quality and in particular the authenticity of the programme facilitators to be a vital part of the Mojo experience.

*"... They actually genuinely care about you and genuinely want to know how are you – they can nearly sense when something might be wrong and they're asking is everything OK?"*

*"The facilitators are wide open – if you want to leave the room – they will come with you and sit and listen. This to me is every bit as powerful as the medication probably more so."*

Men stressed that they felt 'involved', that their opinions were respected and that they were contributing to the further development of the programme which was important to them. This is in keeping with the ethos of Mojo being participant-led where the men are equals working in partnership with the facilitators.

*"It's all based on us and our opinions – It's almost as if they're learning from us too "*

### **Environment**

The structure of the programme together with its environment was valued by participants as a space and time to learn, reflect, socialise and have fun:

*"I've had more laughs in the last 6 weeks than the last 6 months"*

They reported it being different to any previous group experience in the way they felt respected within a non-stigmatising environment. Simple things made a difference, for example:

*"If you're early you have somewhere comfortable to come in to and have a chat even beforehand. Sometimes I'm here an hour before and it's open – it's a godsend and that's the chance to talk to people one on one or as a group."*

The role of the staff of the host organisation was highlighted by both participants and Mojo staff as being important to making the men feel welcome while respecting their boundaries:

*“Very simple things like making eye contact with people coming in, being friendly, help to orientate people coming into a space that they haven’t been in before – toilets are around there, here’s the fridge, the kettle... Making people feel welcome, but also knowing ... that boundaries are respected.”*

### **Peer Support**

Both the men and the staff displayed a very strong sense of connection which seems to be at the heart of the Mojo experience, and from which safety, trust, exploration and change happens – the essence of a resilience-promoting environment.

The men found their experience of being part of a group had a significant impact on their ability to relate to one another “helping each other to take that first step on to the ladder”. Peer support generated an ability to relax, reflect, feel less isolated and feel the power of mutual support in ‘realising you are not the only one’. As well as experiencing this within the group sessions, men found that Teach Dara played a key role in creating an environment conducive to peer support.

Embedding the programme within a community and family centre promotes the social inclusion of participants which is one of the four core elements of the Mojo approach. The men valued that they were welcome to come a little early and informally socialize. Sharing responsibility for preparing the group lunch and eating together enhanced this experience. The men also appreciated that the host venue staff were friendly but not intrusive – that they were given ‘their own space’. Mojo staff highlighted the importance of consistent training of all staff in the host organisation to ensure respect of boundaries.

### **Mojo Male Space**

The success of peer support built through the Programme is evident in the Male Space that the men from Group 1 created as a space for peer support after their programme was finished.

One of the members of the first Mojo Kildare group has taken on a voluntary leadership role, Teach Dara provides the space and the Programme Manager provides ‘light touch’ support. Kildare Sports Partnership has provided support for the men to engage in regular physical activity together. Staying connected to Mojo means the group also has access to the resources of the IAG. This has been strengthened by a member of the group becoming a member of the IAG.

### **What could be improved**

Overall participants and staff were very happy with the structure, content and delivery of the programme. Some men suggested, that more time to discuss guest inputs would be useful and the first group expressed a particular interest in hearing more from the speakers on government supports, entitlements etc. Suggestions from Group 1 contributed to some amendments to Group 2’s programme. The second group were happy with the information they were provided with in this regard but also spoke about the need for time to ‘digest and discuss’ the information. All participants were also eager for the programme to be made

available to their friends and other men in Kildare. Otherwise, there was very little that the men felt needed to be improved upon.

*“I know at least 7 of my friends who could benefit from this as there’s not much for them. So if you could roll it out for more people so many other men could benefit from it.”*

### 3.5 Programme Structure

#### **Mojo Kildare Structures: Interagency Advisory Group**

*“Positive interagency alliances and partnerships at local level are the vehicle to ensure that this duty is discharged across agency boundaries.”* NOSP 2012 Annual report.

The Interagency Advisory Group (Appendix 1) consists of an excellent representation of non-statutory and statutory organisations in the Kildare area and models how a systemic response by these organisations can provide effective support to men in distress. With each organisation exchanging their unique professional perspectives and strengths, the IAG met regularly to fulfil its remit as outlined in its Terms of Reference document. That document helped give clarity and focus to the group, formulating its objectives, responsibilities and eligibility.

This IAG consists of smaller working groups: the Evaluation working group and the Practice working group and the Sustainability working group. As the programme got up and running and IAG members became more familiar with Mojo, involvement in the working groups increased. Chapter 5 provides greater detail on the experience of interagency working. Detailed below is the IAG perspective as reported by 12 members in an on-line survey on the quality of the programme.

The data in Figure 7 confirms findings on the quality of the Programme Manager and her team, the Programme itself and the engagement of local agencies. The key area for improvement relates to financial support and this was backed up with concerns relating to the sustainability of the programme. The nature and level of interagency investment in Mojo Kildare (outlined in Chapter 1) confirms the findings here relating to support from local champions, collaboration among agencies. The investment of in-kind and financial support that has been made available highlights the goodwill towards the programme and the value placed upon it by participating agencies.

NOSP pilot funding committed to two Mojo Programmes in Kildare town. As a result of the unprecedented demand for the Programme, Mojo Kildare IAG raised funding to also run two Mini Mojo Programmes during the pilot phase. The IAG has successfully raised €45,000 to deliver two Mojo Programmes and three Mini Mojo Programmes post pilot phase (June to December). NOSP has committed €20,000 to part fund Mojo Kildare to December 2016.

Figure 7 – IAG Rating of Programme Quality

Answer Options	Excellent/ Very Good	Good	Fair/Poor
Consistent and qualified staff	100%	0%	0%
Consistent and qualified leadership	100%	0%	0%
Support from local community champions	67%	33%	0%
Financial support	42%	25%	33%
In-kind support	67%	25%	8%
Collaboration among agencies or partners	67%	25%	8%
Policies and procedures	67%	25%	8%
Programme materials	91%	9%	0%
Formal sustainability planning	73%	18%	9%

### Mojo Kildare Team

As confirmed by Figure 7 above and by feedback from the men the quality of Mojo Kildare Programme Manager and Facilitators was excellent. In particular it was felt that the Programme Manager had an ideal skill-set needed to manage the interagency working, fundraising and working directly with men at one to one and group levels. However, there was significant pressure on her to manage and deliver the programme and co-ordinate the interagency aspects in a short time frame. This pressure and the limited administrative support that was available meant that the Programme Manager was spending more than her allocated time on the Programme. This is not sustainable.

All relevant documents for example, the Referral form, the Wellbeing and Life Planning handover reports, Recovery Star are being maintained and policies and procedures have been further developed and are being implemented. Limits on management and administration time meant that the tracking tool (Appendix 4) developed for the programme was not used.

### Partnership and Staff Team

Staff indicated the necessity of getting a balance between programme fidelity and being responsive to the specific needs identified by the participants thereby promoting the experience of equality for the men in shaping the programme. For example, having the Occupational Therapist input tailored to focus on the high levels of anxiety which most participants reported. This 'bespoke' and collaborative practice embodies the participant-led nature of the programme.

Another significant element was the synergy between staff cohesion and staff motivation, i.e. a sense of team promoted 'going the extra mile'. It is evident, that strong leadership, a successful programme model and local stakeholder buy-in all contribute to this dynamic.

This team impact was reinforced through the authenticity of staff. Both the men and the staff themselves felt strongly that staff worked in an authentic way. This, it was felt, promoted mutual honesty, built trust and a sense of partnership from the very beginning of the programme ...‘the connectedness that happens between the men and ourselves’.

*“The best practice for me is that we have to bring ourselves to the programme. We had a job to do and we had the materials to cover but we were very much part of the group as well. It was important that we shared our own personal examples of the material that we were covering and the group got to know us over the weeks, just as much as we got to know them. We shared our difficult days as well so I think that very much made us - on the equality of the group - different from other programmes.”*

### **Team Communication**

Strengthening this authenticity was the coherence provided by the Handover Report which is completed after each session. This report has been further refined by Mojo Kildare Manager and is structured to include learning outcomes as well as using a SOAP (Subjective, Objective, Assessment, Plan) format. Appendix 5 demonstrates how facilitators meticulously implement Mojo’s principle of authentic care and needs based planning. These daily handovers and the follow up processes which stemmed from them, helped staff connect in a relevant way to the men on a day-to-day basis. The men also reflected this, being impressed that staff were always made aware of the challenges or progress each participant had.

This, together with the team meetings, is a vital element to the programme which enables all staff to be aware of and respond meaningfully to each individual as well as the group’s needs. This level of staff cohesion and understanding has been reflected in the comments of the men as they experienced it as authentic and consistent care.

### **Reflective Practice**

There is clear evidence that Mojo staff embraces the process of reflective practice as a key mechanism for keeping the programme ‘fluid’ and ‘adaptable’ while grounded in its principles. It is enabled through team meetings, supervision and the Handover Reports which, as well as reflecting on the group processes, also allows for the self-care of staff which is necessary given that some of the work can be ‘quite challenging emotionally’ at times.

*“My biggest learning was in relation to a Session that didn’t go as well as I would have hoped. I think myself and [co-facilitator] had a real honesty about that. When you feel comfortable with the person you are working with and are able to do that, to look at our role and what happened and where we move from with that- I think that’s really really important.”*

## **3.6 Conclusion**

Mojo Kildare has effectively built on the experience of Mojo South Dublin to become a well-established Mojo programme. The reflective practice and continuous learning approach used by the Mojo Kildare Programme Manager enhanced the application of the Mojo Toolkit Work Practices, contributing significantly to the engagement and participation of the men and the approach and impact of staff.

The high level of referral, from a variety of local services and through self-referral confirms the anticipated high level of need. A high number of referrals and an excellent retention rate (86%) show overwhelming demand. The men attributed this level of engagement to a variety of factors including the design and approach of the programme, facilitator skills and authenticity, relevance of topics, space to safely talk about being men and a setting which was flexible to their needs. Participants also validated the selection process, reflecting that it got the 'balance right'.

The Interagency Advisory Group structure supported the sound management of the programme and ensured that Mojo Kildare both contributed to and enhanced interagency working in Kildare.

The level of demand for the Programme and the demography of the county raise challenges for Mojo Kildare to develop as a countywide Programme. Funding is the key challenge in this regard.



#### 4. Impact of Mojo Kildare on the Men and their Families

##### Key Points:

- Level of distress was reduced for most men with a significant shift from being in moderate/severe distress to a healthy/mild level.
- Almost all men reported a decrease in, or elimination of risk (risk of harm to self or others).
- This data gives a very strong indication that Mojo is well placed to have an impact at a population level on men's experience of life function, wellbeing, problems and risk.
- Positive impacts were identified at a number of levels:
  - **Personal:** strengthened sense of self, self-worth, self-esteem, and confidence. Improvements in help-seeking and psychological self-care.
  - **Occupational:** progression rates - 96% continuing on to either further training, employment, volunteering or other services.
  - **Physical:** improved physical wellbeing through use of the gym and the swimming pool, attention to self-care including sleep hygiene, better diet and keeping health appointments.
  - **Relational:** better social connectedness, belonging, talking more; enjoying relationships and family life more.
- Families are also experiencing the benefits including feelings of relief, reduction in stress and an improved relationship.
- Mojo Male Space is a powerful follow up, peer-led initiative that has been created by participants.
- The evidence of the sustainability of these effects is promising.

#### 4.1 General Impacts of Mojo on Participants

Figure 8 - Words used by the men to describe their experience of Mojo

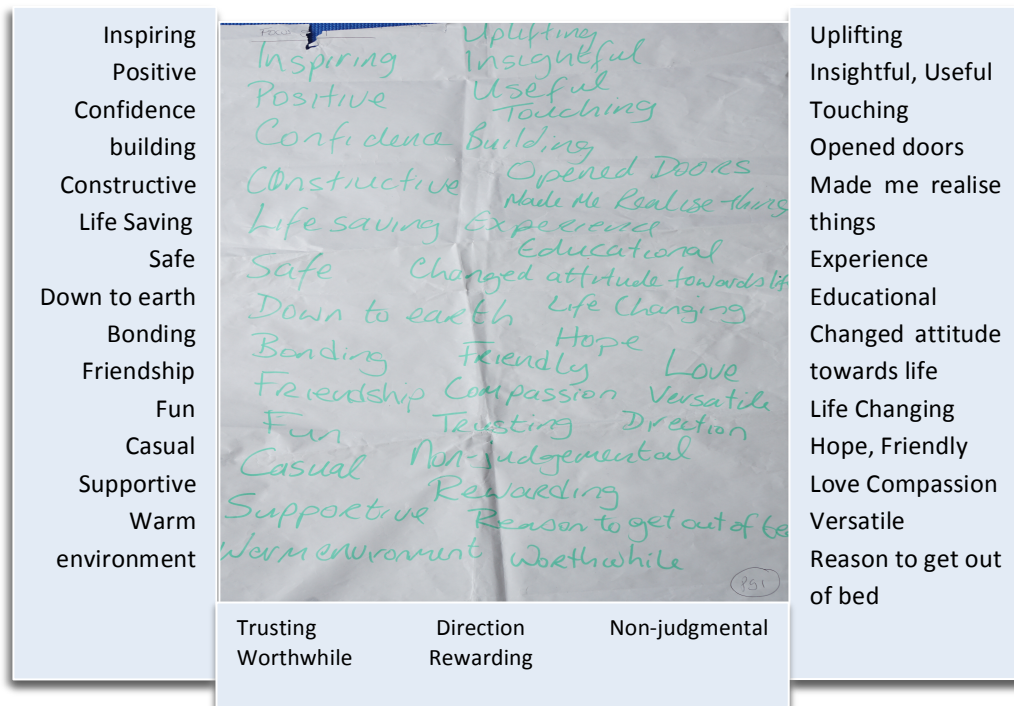


Figure 8 illustrates the undeniably positive impact the men felt from their participation in Mojo. The words used and their subsequent discussions clearly demonstrate some of the significant changes that the men have experienced. For instance changes in:

- How they see themselves: *Identity*
- How they feel about themselves: *Self-worth and self-esteem*
- How they take care of themselves: *Mentally and physically*
- Their relationships: *Social connectedness and belonging*
- Their approach to their futures: *Goal oriented and hopeful*

These impacts were confirmed by other people in the men's lives including staff in the psychiatric services:

*"My Nurse who saw me through the worst couldn't believe the transformation... She thought I looked so well, speaking so clearly and she was very impressed. She said I'm a lot easier to get on with and I've a lot more change in my attitude towards people and life."*

Mojo staff and IAG referrers echo these changes within the men reporting improved self-confidence, less anxiety, better mood, stronger sense of themselves as men and greater awareness of their own role in managing their health and directing their future.

*"I've really noticed that their body language has changed – earlier on they were holding themselves small in their area which I'd see connected to self-esteem. Now they're taking their space – the smiles, the laughs, carrying themselves differently – more confident."*

The extract below is an account given by one man in 'Our Mojo Journey', the video created by the first group of Mojo Kildare participants. Each man's journey was different but the range of powerful impacts; personal, occupational, physical and relational were felt by all as illustrated by this one story:

*"I ended up coming to Mojo because I suffer from depression like most of the group. Before I came to Mojo for years I'd suffered with serious drug addiction to heroin. For nearly ten years I was afflicted with it. I managed to get clean nearly two years now but I still suffer from depression. Before Mojo I tended to stay in bed pull the cover over my head not wanting to see the outside world. Now, I have friends, I now socialise a lot – I didn't want to socialise - I could not face people, didn't know how to talk, what to talk about and then I was told about Mojo.*

*I seen everyone sitting down I felt like turning around and walking straight back out but I didn't - I made cup of tea, I sat down and had bit of a chat with the rest of the guys in the group and slowly but surely as the weeks went by, I became more comfortable around them and I was gradually able to talk about things I never thought I would - it was all about feelings and emotions – things I didn't even know I had before and I found the more one person opened up - it had kind of a domino effect in the group and helped other people open up. We got to hear everyone's story ...we might have different roads to Mojo but it was depression and lack of self-belief and self-worth that got us here.*

*I get so depressed that at times suicide seemed like the only realistic way out, but Mojo has given me a glimpse of what the future can be like – I have a plan in place to do an access course in college, hopefully go on to do the degree course if everything goes well. Mojo has given me self-worth, confidence, built my self-esteem, I have made friends which I hadn't got before – I had associates but now I have got friends I can actually call friends. I don't think the people here really understand how much they have helped everyone one of us that is on this programme – it probably saved a few lives I would say."*

Mojo gave this man and the other men, the opportunity and skills to move on with their lives from a place of feeling stuck and hopeless to a supported life affirming space. It enabled the men to draw on their own strengths and resources to make changes in their lives. These changes reflected the very personal contexts, needs and goals of each man. The following sections explore the nature of these changes.

## 4.2 Changes in Levels of Distress and Risk<sup>2</sup>

### Levels of Distress

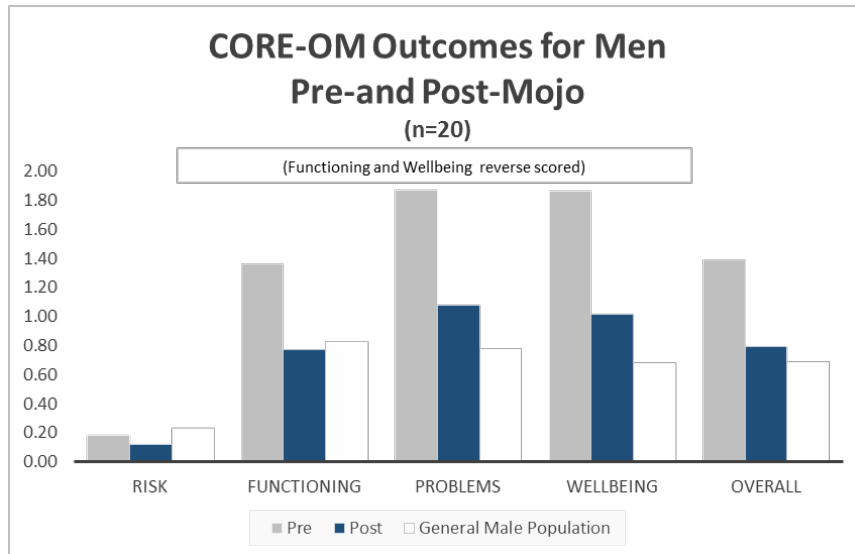
Before Mojo participants showed much higher levels of distress than the average person and over half experienced levels of distress that would be expected from a clinical population<sup>3</sup>. Post Mojo only 15% were at this level. This means that most participants had reduced their overall distress levels over the 12 weeks of the Mojo Programme. Figure 9 shows significant improvements in Life Functioning (e.g. feeling able to cope, having help, support, feeling criticised/shamed/irritable). Improvements can also be seen in relation to Wellbeing (e.g.

<sup>2</sup> This section draws on data gathered from pre and post measurement. Further details are available in Appendix 3 and 6 and a more comprehensive analysis is available upon request.

<sup>3</sup> The *clinical* population relates to people waiting for or receiving a wide variety of psychological services. The non-clinical population relates to people from the general population.

feelings about self, problems and future) and Problems (e.g. anxiety, depression, sleep, pain, trauma).

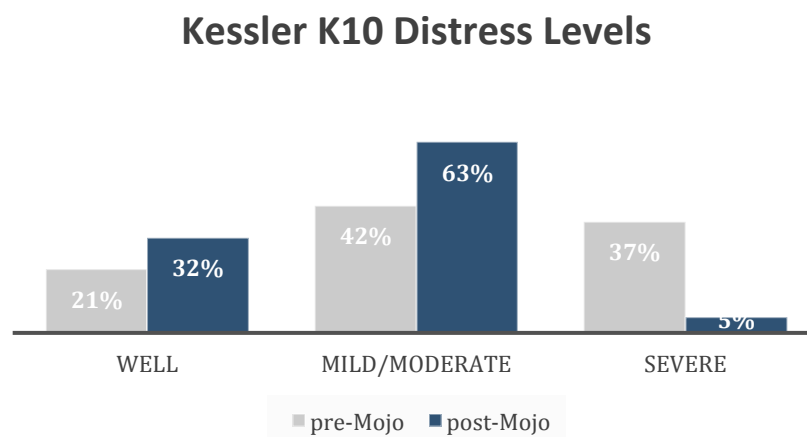
Figure 9 - Outcomes for men relating to risk, functioning, problems and wellbeing.



Almost half of participants (45%) having indicated a good degree of reliable change with a total of 95% showing improvement. The number of men in the healthy/mild/low categories increased from 50% pre-Mojo to 85% post-mojo and those in the moderate/severe categories reduced from 50% to 15%.

Reduced levels of distress as found using CORE-OM was confirmed using a second measure Kessler K10. Overall pre-Mojo 63% of the men (n=19) scored in the Well-Mild/Moderate range of Kessler and 37% in the Moderate to Severe range. Post-Mojo this showed positive change in that 95% were then in the Well-Mild/Moderate range.

Figure 10 - Levels of Distress Pre and Post Mojo



### Levels of Risk

Most men reported a **decrease in, or elimination of risk** (risk of harm to self or others) except for two participants both of whom experienced a significant life event which would explain this higher level of distress. Where participants scored positively for risk, they were further assessed in relation to protective factors and overall suicidal ideation. Relevant safety contracts were put in place as per Mojo policy.

While some individuals showed higher levels of risk overall, results show scores both pre- (0.18) and post-Mojo (0.12) below that expected within the general population. Level of risks between the groups<sup>4</sup> shows group 1 pre-Mojo had a higher mean risk score of 0.20 but group 2 scored significantly lower at 0.15.

### Alcohol Use

17 men completed the pre and post AUDIT-C alcohol consumption measure. Of these, over half reported hazardous drinking levels both before and after Mojo. Reduction in alcohol use was not a specific goal of the Programme; however, gathering information on consumption was useful in terms of gathering a profile of the participants and raising awareness among men.

## 4.3 Changes in Attitudes and Behaviours

### Responding to stress and stressful situations

Most men were able to give powerful examples of change when managing situations which were previously overwhelming:

*"My home used to be like my own prison, but now I'm getting out more – going to the pool and that. Like before when I'd be walking the dog, I'd meet someone and my head would explode worrying about all the things that could happen, and now I'd just go 'how are you doing – isn't it a great day' ... whatever - not panic. It's great that I've the confidence now to keep the head up"*

There were many examples of men feeling they were less confrontational with people and 'better equipped to deal with' situations which may have stressed them in the past. There was a good degree of practical implementation of the tools they learned on the programme. For example:

*"As someone who lives with schizophrenia ... I have taken part in groups within the Mental Health Service for years but this just seemed to have grabbed me and taken me on board and got me going. My confidence is so good. Loads of aspects about schizophrenia that I have to deal with are easier to deal with now for some reason. ... I had a bit of a moment last night when I was seeing things and hearing things and I was a bad way, and I kept saying the thoughts I'm having now are the bad way, I want the good way and it's the good way that came to me and the better way is what I aim for now that I have the tools."*

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<sup>4</sup> Unlike the first group which saw pre-Mojo CORE-OM implemented in the first week and without the benefit of the Mini Mojo, the second group pre-Mojo assessment was carried out in week two. This change was made based on feedback made by the first group which experienced this assessment difficult in the first week. It is possible that both of these factors have contributed to the lower risk scores for Group 2 prior to commencing the full Mojo programme. Group 2 confirmed this indicating that they would have scored higher on risk questions if they had been asked prior to completing the Mini Mojo experience the previous November and prior to the first week of the full Mojo programme. This suggests that the timing of administration of the questionnaire may have had an impact on the results for Group 2

Improved understanding of beliefs, thoughts, feelings and actions; understanding triggers, 'early warning signs' and 'when things are breaking down' combined with having wellness tools and strategies like sleep hygiene greatly impacted on the men's ability to respond to stress and stressful situations.

It was not just their attitude to their own distress that changed - there was also evidence of a change in how they relate to others in distress:

*"I found myself correcting people when they are judgmental with people –classing someone as a junkie on the street, no one knows what they were like before or what got them there – whereas before it wouldn't have bothered me, I am sympathetic now."*

### **Life Planning - setting personal goals and taking action:**

The specific focus on life planning was life changing for many men. There was a common theme of loss of confidence without much hope for the future that was really changed by the Mojo experience and participants spoke about "realising they weren't on the scrapheap".

*"It's amazing how 12 weeks can change your life."*

*"I've something to aim for – whereas before I was aimless going around from one day to the next."*

The future focus, combined with wellbeing resources and tailored individual level planning had a huge effect in moving towards changes that were realistic and potentially sustainable:

*"It's short and long-term planning – not just a few weeks – it helps to get you to take steps A-Z and that gives you the confidence to keep going."*

Each man worked out his own Mojo Life Plan with the support of the team, documenting a description of what life looks like 'when I have my Mojo' and what they would need to do to further develop and maintain their Mojo. The men drew on the skills and tools that they had learned in Mojo to make these plans. Appendix 6 gives examples of the specific actions to which men committed in their plan.

### **Physical Fitness**

The programme offered the men an experience of 'taster' physical activities for example, going to the gym or swimming. These activities proved extremely popular. The support of the other men in the group played a key role in men's participation as did the Sports Partnership Tutor.

Where previously many would have reported being hesitant about trying something like this, impacts have been positive across the board. For example, one participant who described having a panic attack even at the thought of going to the pool spoke about how the facilitator took their time to talk it through with him. He said:

*".... I'm delighted that I finally got into the pool and the gym now and I'm working away –no way in God's earth would I have been able to before."*

Another man spoke of having previously always been fit because of his career but due to injury his career ended and so did his attention to his physical wellbeing. He is now going regularly to the gym and has taken a renewed interest in his wellbeing:

*"... the last thing on my mind was that I'd be attending a gym session once a week – I was not expecting that I can say this that I'm loving it and the boys are loving it as well."*

Again, the combination of programme elements - physical activity with setting personal targets and social connections appears to have enabled these powerful changes.

### **Help seeking, knowledge of and accessing of services and supports**

Participants indicated improved help-seeking skills and knowledge about what services and supports were available to them in relation to employment, education, health and wellbeing. They also spoke of changes in relation to their help-seeking due to their increased confidence based on having received initial information through Mojo.

*"I have more confidence to ask and find out directly – I wasn't afraid or embarrassed about using the wrong words. That was the bit about self-advocacy and having the confidence to ask."*

This confidence in turn enabled the men to be more successful in relation to achieving their personal goals. For example, one participant who had for many years an interest in going to college, spoke of how he executed his plan to find out more information on his options and the difference Mojo made to his approach:

*"I spoke to the guy in library for half an hour about an access course in Maynooth - normally I'd grab the info and run."*

He subsequently succeeded in taking a college place.

### **Improved sense of identity**

Men reported valuing being in the company of men in an environment which was outside of the pub. The space was not all male, as there were female staff and guest speakers, but a safe space was created for the men to explore their own, and society's understandings of male roles and masculinity, questioning whether these are realistic or useful expectations. They were unanimous in wanting to continue this journey of exploration.

*"It was good to talk about male roles in society and realise they are not always what we think they are - how we see ourselves and how others see us - what's realistic and what's not."*

They talked about how they realised that there is more to their identity than they thought and the positive effect this has on how they feel about themselves. This was particularly the case for men who were unable or who felt unable to return to a previous job because of illness or injury.

They also see and value themselves as being more confident in supporting their friends indicating the confidence they had developed and the potential impact of the programme on the wider community.

*"I can give mates advice now. Before I started on this I thought there's no point you talking to me – sure I wouldn't be able to help you".*

Some of the men are seeing themselves as more 'able', particularly those who felt that because they were on disability or invalidity benefit that they were 'unable' to participate in life in ways that made them feel good about themselves. They found avenues through, for example, volunteering where they had a lot to contribute and could get satisfaction from their participation.

### Transfer of new skills

The examples above demonstrate not only a growth in confidence and self-esteem, but also the learning of new skills and that for many of the men these new skills were being transferred to their daily living. Men spoke about having a toolbox now from which they can pick and choose tools that support them when or before things get difficult. For example:

*“Even the meditation stuff, I’ve started to do it - although god knows I mightn’t be doing it right - but I’m taking it out of here and doing it in the evening times.”*

The men were seeing real change as a result of applying their learning at home and in other situations “I’ve had a reduction in anxiety attacks cos I understand it more now”. They report that they are able to open up more and talk about what is on their mind and that this relieves some of their frustration and isolation and helps “keep us on an even keel”.

Staff have observed that the men are taking ownership of their wellbeing and their planning for the future and using new strategies to make a real difference to their attitudes and behaviours. This was echoed by the men who were bringing not just the learning with them as they left the programme but a new sense of themselves and a confidence to move on:

*“I couldn’t see anyway forward. I was suicidal – I was psychotic – alcoholic – I went and I got some help and I was directed into Mojo and I was very blessed when I got in. I thought I was a one trick pony but Mojo has opened doors for me that I would never ever have comprehended.”*

## 4.4 Impact of Mojo on Men’s Families

Six family members/friends chose to participate in the evaluation through a phone interview. They spoke both in relation to the changes they saw in the men since they joined the Mojo programme and how these changes in turn have impacted on their relationships. The men themselves also reflected on the impact on their families.

### Changes in men’s attitude, mood and behaviour

Families appreciated the men’s growing interest in exploring goals, pursuing activities, being in a better mood and being less frustrated, more willing to talk about how they are and how they are taking better care of themselves.

All family members interviewed, noted an improvement in men’s confidence and that they were participating more in family life since joining Mojo. This was linked to a change they noticed in how men were seeing themselves and experiencing their identity and self-esteem. For example:

*“After years of just going to appointments, Mojo has helped him to see himself as ‘normal’”.*

Another key reflection, which all family members commented on, was that the men described the Mojo staff as being caring and authentic, something that contributed greatly to how the men felt about themselves and their participation in the programme:

*“He has been on programmes before, but this was the first one that he felt they really cared about him as a person”.*

This gave the family members confidence in the quality of the programme and the sustainability of the impact. They also felt that the sense of belonging the men experienced



being in the company of other men who they could relate to was important and it also helped their commitment to their wellbeing, as *“they didn’t want to let the other lads down”*. Families enjoyed seeing the impact of the positive feedback men were receiving from other friends and family and the men themselves confirmed this:

*“My brother and his girlfriend told Ma they noticed a change in me just talking to me on Skype - Even my boss was round selling tickets to my ma and he said ‘that thing he’s doing down there is benefitting him!’”*

### **Families experiencing change**

Families reported they themselves were feeling happier and were experiencing less stress themselves due to these changes in the men. Families expressed relief that the men had found a realistic way out of their distress:

*“I’m no longer the only one that can support him. Mojo understood him in a way other services weren’t able to.”*

In addition, families felt they were more connected to their loved one because of talking together about the experience of the group, the learning and about the planning which was coming from that. These changes in the men and subsequent impacts on their families in turn further strengthened how the men saw themselves which again demonstrates this systemic, reciprocal change. This generated significant discussion amongst the men themselves. They were eager to report their experiences and the positive changes that they, and their family members experienced. This included how they felt that they have ‘opened up more about emotions’ and were now ‘more able to talk’ and being comfortable and confident in talking at home and in social settings. Their narratives were clear and powerful:

*“My family have really noticed – my niece, a toddler, wouldn’t come near me – I was too snappy. Now we have great fun.”*

*“Even walking down the town – people used to cross the road but people now are not afraid to come and talk to me- my sister in law stopped me in the street the other day – gave me a big hug - I feel good about myself.”*

### **Family and Friend Relationships**

As with the quote above, other men reported that relationships with friends and family had improved since they had joined the programme. Family members who were interviewed confirmed these improvements in relationships with partners, children, parents, friends and extended family:

*“My mum would never really say anything to me usually, but she gave me a hug and said ‘fair dues to you for doing it - I get to see such a change in you.’”*

There was evidence of families having renewed connection with and pride in their men. For example:

*“My youngest son comes at weekends- he is saying how well I look, how clean the house is and myself. My eldest two are in college and my youngest son does say ‘I can’t wait for them to see you – the changed you’.”*

The following letter from a participant’s wife sums up many of the points made by and about families. It shows a trust and confidence in Mojo as well as surprise that unlike with previous courses, the positive impact was sustained over a period of time. It points to impact on confidence, relationships and wellbeing and a reality that issues of distress may remain but a

confidence that their partner now has access to tools to deal with it. That this woman took the time to write the letter and was happy for it to be shared publicly attests to the powerful impact of the programme on men and their families.

*To whom it may concern:*

*My husband recently took part in the Mojo programme at Teach Dara Community and Family Centre in Kildare town.*

*During his 12 week participation, I found he enjoyed the structure and had focus every week, and he thoroughly enjoyed the programme.*

*I was worried that when the programme was complete that he might fall back to his old ways, of lying in bed all day, no motivation to do anything. I don't have those worries now. He has told me his plans for the future and I know that he is very determined to carry them out. He has regained his self worth.*

*He gained great confidence, built new friendships, has set up an exercise regime for when he's home. Due to his time in the gym he has become fitter and loves the interaction with the other participants.*

*I would highly recommend any man who is in "distress" to seek out a programme of this nature in their local area.*

*I would like to thank most sincerely Niamh (Mojo Project Manager) and the facilitators for their support to him, for giving him the opportunity to participate in something which allowed him to once again realise his self-worth and potential.*

*He has taken tools with him that I see him using to help him through difficult times, for this I thank you.*

*The kind, gentle, caring husband I always knew I had now realises the person he is, he has such respect for Niamh and the facilitators and wish them well and continued success with Mojo.*

*Yours faithfully,*

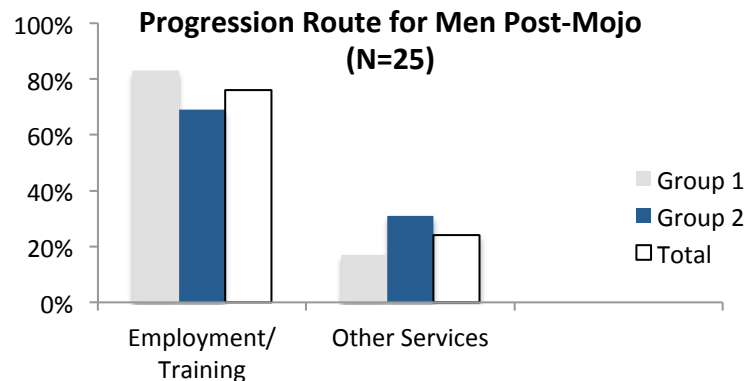
*(Wife of a Mojo Man)*

## 4.5 Moving on

### Progression Routes

At programme commencement, most men were unemployed with one semi-retired and one on a Community Employment Scheme. All men have identified a route for moving forward, a substantial number with routes into employment or further education:

Figure 11 - Progression of Men Post-Mojo



Through the Mojo work practices, participants were helped to outline their goals and ways of meeting them through using the Mojo Life Plan Appendix 6. As well as having committed to specific actions in their life plans men's attitude to the future has shown dramatic change: *"I have come a long way from looking down the barrel of a gun – I'm ashamed to say in one way, but I'm not in another".*

Many men spoke about Mojo giving them the opportunity to 'turn things around' both in terms of how they feel about themselves and about possibilities for the future. Participants see the huge need for the programme and are able to identify individuals and groups of people that would benefit from the experience.

*'I am going to set up my own Mojo for the industry that I was in because it's rampant with depression, alcohol, drug addiction, suicide.'*

The statement above refers to a specific life plan that one man had in place combining his previous experience, knowledge and connections with this newly acquired skills and attitude. With specific actions identified that he was already progressing before completing the programme. There was a real sense that not only have the men committed to realistic goals both short and long-term but the change in their self-belief that has come from the Mojo experience will make sustained commitment to the goals more likely. This is illustrated in one man's experience who had discovered ways that he could re-engage with his life beyond the limits he had experienced due to his illness:

*"I'm going to do horticultural course and a computer course from Mojo which gave me the confidence to go and do that. Nothing could have done that for me with the way I was feeling after spending a year in hospital."*

The level of positivity expressed by all the men was grounded in a sense of realism that suggests the men are acutely aware of their own individual situations including the limitations of pain and illness:

*"Every one of us have had or still have to a degree our own demons and issues – more so when we came in but we were given the tools to deal with them going out."*

*"... It gives you tools going forward – I became very exhausted with life and living and whatever else – I don't feel as exhausted anymore."*

The sustained benefits of the Mojo programme look promising as captured by this staff member's quote:

*"Over the last few weeks we have heard them during check-in talking about meeting up to watch a rugby match or to have a phone call or in some cases to go for a drink or to do an activity together, so they are all making social connections now which they didn't have previously. It's something that can be sustained when we finish."*

### **Partnership and participation**

The creation of **the video 'Our Mojo Journey'** referred to earlier, is an example of the ownership the men felt of the programme and how they became key stakeholders in Mojo:

*"I was talking to the men about how I'm find it really challenging at the moment trying to upscale the Mojo programme, getting funding etc. and they said 'what can we do'? So I said, 'you're my partner on this – try and figure out a way of promoting the Programme' and I believe that's why they did the video. It was a way of showing the impact for them – what they said to me was missing was that this should be available to every man in Ireland that needs it. I thought that was a really strong statement coming from them and the video followed up on it."*

The content of the video leaves no doubt as to the life-changing experience the men had as a result of their participation in the Programme and many stakeholders interviewed attested to its profound impact on people who viewed it at Group 1's end of programme celebration. The video-making process represented a very tangible outcome of the programme for the men as something they had created together and as a way of sharing the responsibility for the future development of Mojo.

Another example of the ethos of partnership and participation in the Mojo programme is the development of the **Mojo Male Space**.

Upon completion of the Mojo programme, the men in Tallaght set up a Men's Shed as a way of meeting their need to meet as men. Mojo Kildare Group 1 varied this, by creating a Mojo Male Space which provided informal social support and connection with each other. They use this space to further explore topics introduced by the programme for example, anger management, mindfulness and day trips. The Mojo Male Space has the added value of connecting men across programmes so now when a group of men are completing a programme, they know they have somewhere to continue to connect and build on their experience.

There is no specific funding for the Mojo Male Space and leadership is from the men themselves on a voluntary basis with support from the Mojo Kildare Project Manager and space provided by Teach Dara. The IAG has also been very supportive for example the

Kildare Sports Partnership has provided support for the men to engage in on-going physical activity. This demonstrates the continuous building of the men's capacity for peer support and the strengthening of their social connections to friends and to their community. Leadership training specifically to lead this male space, together with men from Mojo South Dublin is being investigated.

## 4.6 Conclusion

Both qualitative and quantitative data clearly demonstrate the effectiveness of the Mojo Programme in Kildare for men's wellbeing and the subsequent positive impacts on their families.

Powerful positive changes in the personal, relational, occupational and physical wellbeing of the men have all been evidenced not only through the narratives of the men and their families, but also through the validated psychometric measures (CORE-OM, Kessler K10 and AUDIT-C). These measures demonstrate the clinically significant positive impacts the Mojo Programme has had on these men. Mojo outcomes compare favourably to other recent studies (Gardner et al 2015; Lovell et al 2014) which have utilised CORE-OM as a measure of impact showing reduction in risk and levels of distress.

After Mojo the men and their families were experiencing reduced levels of distress, greater hope and had useful knowledge and strategies for the management of their wellbeing into the future. They have expressed their gratitude for the design and provision of the Mojo Programme, for the opportunity to participate and for the staff who cared about them.

*"...a life-saving experience and a life-giving experience because I can look forward – I know what I want to do, I have a plan going forward and I'm looking forward to the rest of my life."*

## 5. Interagency Impact of Mojo Kildare

### Key Points:

- Mojo Kildare approach to interagency working is an example of the best practice called for in *Connecting for Life*.
- Interagency Advisory Group members (IAG) have provided expert knowledge, referral mechanisms and investment of resources in money and in-kind.
- Given Mojo Kildare's early stage of development the level of positive impacts on other agencies' knowledge and work practices in relation to men's mental health is impressive.
- The IAG has become a cohesive force for influence and change in relation to mental health and suicide prevention in Co. Kildare.
- Mojo Kildare's funders are impressed with the design and the impact of the programme and are well disposed to bringing it to a wider audience in the context of a governance structure for Mojo at national level.

### 5.1 Networking and Information Sharing

The Interagency Advisory Group was set up to create an interagency model of effective support to men in distress affected by unemployment, recession and isolation. In the main, the level of engagement by agencies has been high and the experience positive. Out of nine IAG meetings held between March 2015 and January 2016, 14 members attended five or more meetings, five attended between two and four and a further five attended one meeting only. Sub-groups also meet as follows:

- Practice Sub-Group
- Evaluation Sub-Group
- Sustainability Sub-Group

As outlined in previous chapters, a lot of careful planning and organisation went into the setting up of the IAG. Mojo engaged with a local champion who had a key role in Kildare Integrated Services Programme (ISP) and Local Economic and Community Planning (LECP). This helped with access to relevant agencies and their openness to potential benefit of Mojo. Mojo aligned with the priorities of the agencies who became involved. Many of the agencies interviewed had previous experience of working with others on the IAG but all members were learning more about agencies and services offered in the area. All were clear on the need for a focused response to men's mental health in the region.

*"When Mojo was proposed, I was more than happy to be involved. I'm passionate about mental health. The bread and butter of my work is interagency. My experience of Mojo IAG compares really well to other initiatives I've been involved in."*

Members of the IAG reported a high level of satisfaction with the representation of organisations on the group overall. One exception to this related to the absence of a senior level clinician from the group. A consultant psychiatrist had been a member of the group initially but was on leave and was not replaced for the duration of the pilot. It was suggested

that representation from the Department of Social Protection would be beneficial. Participants on the IAG included people in management and in front line service. It was felt that there was a very good mix of relevant expertise with a good balance between the levels from which participants were coming from.

Whilst there is a lot of representation from people at senior levels of their organisations, the levels of decision-making ability vary. This is reflected in people's experience and expectations from their representation on the group. One member spoke about the need for the IAG to be a group of senior level decision makers in Kildare whilst others focused more on the value of agencies coming together and learning from each other, sharing information, networking etc. The following quote illustrates the reflection of many:

*"Perhaps there could be more members who can directly influence funding/decision makers for funding. However, I think a mix of skill level and employee levels are important because at the end of the day the decision makers aren't always the ones working on the ground and it is important to get that perspective too."*

## 5.2 Investment

### Funding and in-kind investment

Chapter 1 outlines the level and nature of interagency investment in Mojo Kildare. While actual financial investment was low (€5,100), investment-in-kind was high. The nature of investment included promoting the programme among the community and within organisations; making referrals to and taking referrals from Mojo; supporting participants whilst on the programme and afterwards; provision of venues; provision of information; provision of professional skills; provision of transport and programme advice and guidance. Some of the IAG delivered some of the content of the programme on topics of employment, education, social welfare, management of mental health, sleep hygiene, counselling, nutrition, physical activity and counselling.

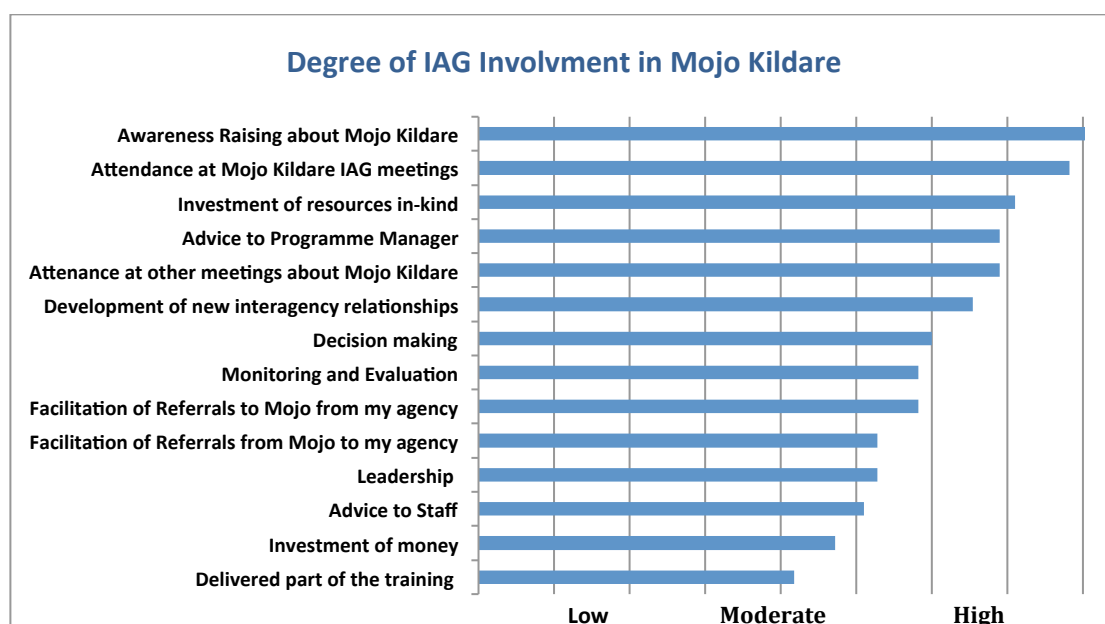
Figure 12 - External agencies inputs to the Mojo Training Programme

Agency	Topic
Department of Social Protection	Social welfare entitlements
EmployAbility Service Kildare	Employment opportunities
HSE Mental Health Services: Occupational Therapy and Social Work	Mental health management
Irish Advocacy Network	Self Advocacy
Kildare and Wicklow Education and Training Board	Education opportunities
Kildare Psychotherapy & Counselling Centre	Counselling
Kildare Sports Partnership	Physical Activity
Kildare Volunteer Centre	Volunteering
Mojo South Dublin, Mojo Men and Mojo Programme Director	Mental Health and the Mojo experience
Nutritionist	Nutrition

Figure 12 further indicates the level of involvement of IAG members in the programme. While there was lower numbers of those involved in delivering the training, those that did made a significant contribution. At this stage in the programme's development this type of investment is particularly significant as it connects agencies to the programme in a way that gives them first hand experience of the programme impact. Accessing actual funding is something the group can and are working on collectively and set goals for their own agencies over time. The following quote illustrates the ownership that this type of engagement has built up:

*"I just felt that it had been a really different experience to what I would usually have in terms of the interagency piece. We are meeting the agencies we would never really have met - you really see that Mojo has been working and it's really nice to be involved with that. It's been really rewarding to see that something like this can work. Sometimes we tend to shy away from that kind of working model – you are always thinking will all of the work be shoved on me but it has worked really well with the Mojo Group."*

Figure 13 Degree of IAG Involvement in Mojo Kildare



## Referrals

Developing an interagency referral system into Mojo and between agencies is an intended outcome of the IAG as set out in their Terms of Reference. Referrals into the programme started slow but developed over time with 18 of the participants who took part in the programme coming from nine agencies in Kildare. There was a change between Group 1 referral patterns and Group 2s that indicates increased interagency referrals:



Figure 14 - Referral Source for Mojo Participants

Referral Source	% Group 1	% Group 2	% Total
Self	61	13	36
IAG member agency	39	60	50
Other agency	0	27	14

Data was not gathered on referrals between agencies, however IAG members indicated an increased understanding of men's mental health (Figure 15) and each other's services that they felt would lead to increased and appropriate referral in the future. Those interviewed also indicated improved understanding of the targeting of 'hard to reach' men. Increased interagency activity can be seen in other practical ways, for example, Tusla have started using the facilities at Teach Dara more. Another member commented on changes in her own practice:

*"It really opens up your scope as well as your knowledge of what's around the place. I would never have thought to send Posters down to Teach Dara. Your eyes are open to different avenues that you wouldn't have thought of before."*

It also enhanced member's own practice as the following quote demonstrates:

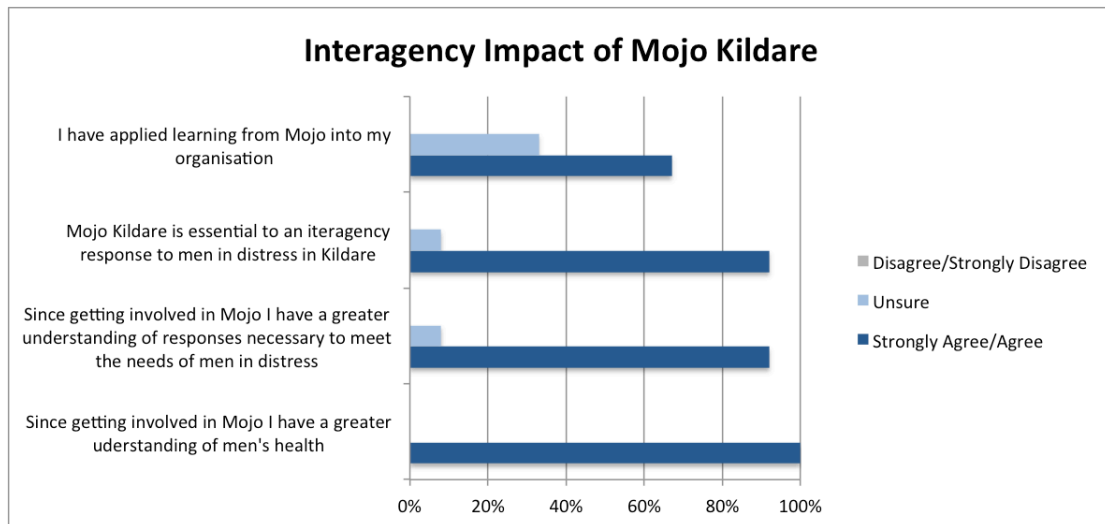
*"I now feel there is a bit more of a glimmer of hope in people who maybe seem quite hopeless when they come to you (in the mental health service) that you have something that you know is a really good Programme to offer them and that seems to have worked really well for the people who have been referred in – it has been really positive and definitely we have seen an increase in motivation and just better able to cope with life and all that comes with it. It's definitely allowed me to give people more of a choice of other services that are out there as well."*

### 5.3 Responding to Men in Distress

It is encouraging that there is evidence of the application of learning from Mojo within organisations. Some of this relates to knowledge and awareness and some relates to specific skills, for example having been trained in WRAP.<sup>5</sup> There was no doubt among the IAG about the impact that Mojo Kildare is having and the impacts identified by staff, the men and their families were echoed by IAG members.

<sup>5</sup> The wellness and resilience element is implemented in Mojo Kildare as the *WRAP*<sup>®</sup> programme (Wellness, Recovery Action Plan). This recovery-based approach is based on the concepts of hope, personal responsibility, education, self-advocacy and support. It focuses on creating an individualised plan for each participant's recovery and is strengths based. In addition to the WRAP programme, this element included inputs tailored to the participants needs on mindfulness, anxiety management and sleep hygiene

Figure 15 - Impact of Mojo on Agencies' Response to Men in Distress



Among the outcomes of Mojo Kildare for participants that IAG members identified were increased confidence and self esteem, access to strategies for maintaining wellness and goal setting. Equally important were increased links to the community; friendships and peer support; a sense of progression and the opportunity and confidence to try new things and a realisation that they have something to contribute to their own wellbeing, their family, their community and their society.

The impact of the *Our Mojo Journey* video on agencies was profound and enabled and motivated IAG members to raise awareness and harness support for the programme. Seeing the change in the men either through the video or through direct contact with the men was identified as the most rewarding aspect of Mojo Kildare for most IAG respondents. Members commented not just on the impact for the men but on a better use of resources for men who could be prevented from coming into acute services if they had supports such as Mojo at a community level:

*"I think Mojo can really serve and keep out of our Services men who don't necessarily have acute mental health issues who often do end up in our Service, needing a Nurse calling out to them every month or coming in to see a Psychiatrist. ... But then I think that even some of the men that we have that would be seen as more severe could benefit too seeing that life isn't all about me having a Mental Health issue and maybe I can do a little bit more for myself."*

However, concern has been expressed about future sustainability of the Mojo programme and this is a priority for the next phase of the IAG's work. There needs to be further exploration of the issue of referrals and interagency care planning. Mojo is a training programme and not a clinical or wrap-around service. Direct access to supports for men is still challenging. Despite IAG members working hard, sometimes they need to go through two other people to get a resource which causes delays for example, the need for timely counselling support. An example of this was one man's experience who needed to access statutory counselling services but had to wait three weeks for a GP appointment to obtain a

referral and then be placed on the waiting list for a counsellor. Transport may have been provided from mental health day care services to Mojo for day care patients but other men travelling the same route cannot avail of it. Partner agencies need to build on their ownership of the programme to ensure that Mojo is supported by mainstream service provision.

## 5.4 Sustainability of Mojo Kildare

Mojo Kildare is well established as a key stakeholder in addressing the needs of unemployed men in distress in Kildare. There is no doubt about the need and the demand for more Mojo programmes in Kildare:

*“I get a lot of calls from different agencies, ‘when are ye coming here, when are ye going there’ – we can’t possibly do that unless the resources are more long term. The HOW of that is what needs a bit of time and that’s what the IAG sustainability sub-group are working on.”*

The data suggests that this needs to be worked on nationally parallel to the efforts of the IAG at local level. In relation to Mojo Kildare, the intention was always that it would be a countywide programme. As mentioned earlier poor transport infrastructure and the limitations imposed by some services on how their transport are provided has impacted on that. Mojo has progressed this agenda by setting up its next group in Celbridge but there is diversity of opinion among the group about how Mojo Kildare should grow.

Participating organisations were very positive in terms of their hopes for the programme. They identified that they could bring a lot to the programme including resources for sustainability, collective ownership, local knowledge, specific skills and that they could be ‘champions’. They recognised that Mojo was addressing a major gap in terms of attention to men in Kildare and were keen to be part of that. There is a sense from the data that the systemic impact on services in Kildare is beginning to be felt now that the IAG has formed well and delivered a successful programme together. While the numbers answering the following questions were small they do indicate systemic impact in services in Kildare as a result of their involvement in Mojo and are supported by data from interviews. They certainly indicate the possibilities that Mojo opens to create more of this type of impact:

*“Men’s Mental Health is now talked about a lot in the County Council. Mojo gets a lot of airtime at LCDC meetings. There is awareness from senior managers to Councillors to Council staff who see the posters in the lift.”*

Figure 16 – Systemic Impact

Systemic Impact	% (N=9)
Did your organisation brief staff to appropriately identify and refer men to the programme?	55.6%
Did your organisation create or expand the Mojo referral network?	66.7%
Did your organisation increase collaboration with other services to provide enhanced services for men in Kildare?	66.7%

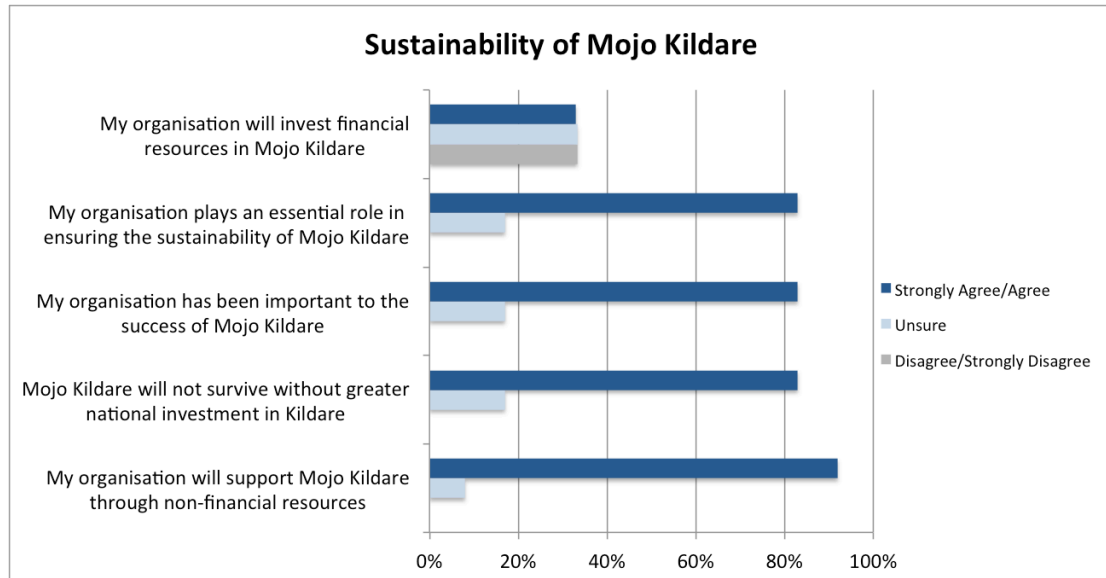
All respondents were able to identify outcomes of Mojo Kildare for their own organisation. These included engagement of a target group who to date had been difficult to engage in services, having a credible option to offer to men who's needs are not being met within their own service and the experience of being involved in a positive evidence based community based pilot project. There was also evidence of a positive impact on individual professional practice by having received exposure to a different way of working and in particular having received the WRAP training.

The only area to show negative results across all the data gathered related to sustainability of the programme. In and of itself it was a considerable achievement to set up a new service, bringing together a wide range of agencies all with different work practices and priorities while delivering a new programme to a high quality. For the Programme Manager and for the IAG, planning for sustainability was an added challenge. There is definitely commitment from many IAG members to support the project through their organisations at the level of in-kind support (Figure 17). There is also definitely an emerging sense of ownership of the Mojo programme. However, the issue of actual financing of Mojo was clearly felt to need national level funding that could then be supported locally by the agencies. In essence, there is no indication that services are ready to redirect funding from existing services to Mojo. This is not surprising given that most service budgets are already stretched and Mojo is still in its early days to have that level of structural change.

Another key issue in relation to sustainability is the relationship between Mojo Kildare and Mojo as a national organisation and IAG members and funding agencies indicated a need for clarity in that regard:

*“One of the most significant challenges is how you scale things up once it's been proven to have benefit and works and have value over time. In terms of bringing it to a wider audience the issue is around structure and around governance. One of our primary responsibilities is to ensure that services that we provide particularly to very vulnerable people, that they are safe and that they are properly governed. I just need to be sure that there is one national structure that has responsibility and that can manage the funding side and then the local projects are freed up to run the programmes within a safe governance framework.”* (National Funder).

Figure 17 – Sustainability of Mojo Kildare



The national governance structure has been outlined by Mojo in its Governance Overview 2015. Nationally, Mojo's main funder has been impressed with the design and the impact of the programme and is well disposed to bringing it to a wider audience but is keen that there is a national level governance structure:

*"... Now is the time to fix the Structure or we will lose focus, we lose momentum and we'll end up with a very federal sort of a Structure without any glue. In that case it risks becoming different things to different places very quickly and will lose its core principle and its core value. There needs to be a very clear line of sight in terms of who we are entering into Service Level or Grant Aid Agreements with. I don't particularly want or will I enter into multiple Agreements around the Country. I think we need to find a common line of Governance in terms of the Organisational Structure."* (National Funder)

There is recognition by everyone that any national level involvement needs to be balanced with the holding of ownership of Mojo at a local level. The current primary funder highlights that:

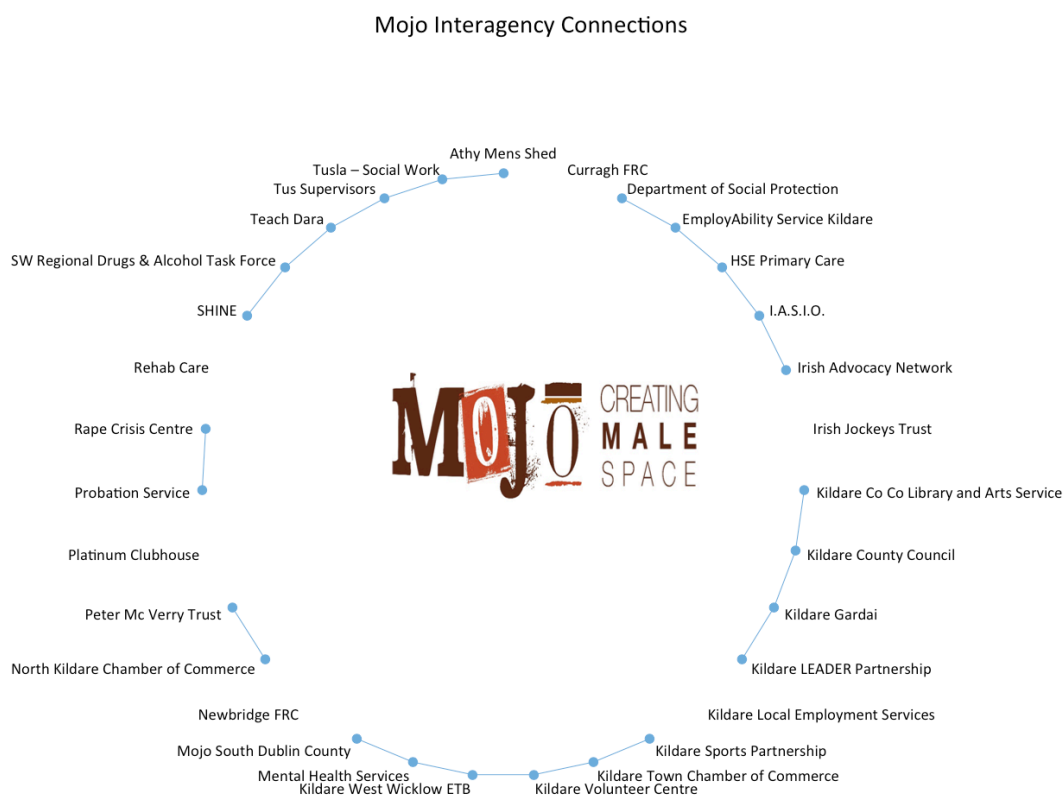
*"From now on really, responsibility for the delivery of that service and for the funding etc. to develop that service (this won't happen overnight) but it should happen over the next couple of years – transfer way back and be reflected in the local plan, funded and resourced out of the local plan."*

The fact that Mojo Kildare is now a part of the Local Economic & Community Plan is a solid basis for building this ownership. The person with responsibility for developing the Kildare Suicide Action Plan has noted how Mojo has become part of the service landscape in Kildare: *"I go to a lot of meetings around the county about mental health and about suicide and more and more every meeting I go to I'm hearing about Mojo so it has credibility and it has a profile and acceptance in the community... The plan is currently in consultation phase and so it is important Mojo is involved in that and that Mojo's partner organisations highlight its importance in this county plan."*

## 5.5 Conclusion

Mojo Kildare has had significant interagency impacts in a relatively short period of time. These impacts mirror the expected outcomes of the IAG. However, Mojo has also been working with agencies outside of the IAG and the Figure below give a snapshot of Mojo's interagency engagement.

Figure 18 – Mojo Interagency Connections



With Mojo already in the LECP and the opportunity to include it in Kildare's Local Suicide Action Plan Mojo is well placed to further enhance its impact on interagency working in Kildare in relation to unemployed men in distress. Partner agencies need to build on their ownership of Mojo Kildare to ensure that its impacts are enhanced by mainstream provision.

## 6. Mojo Kildare and Best Practice Approaches<sup>6</sup>

### Key Points:

- Mojo Kildare is an excellent community-based vehicle for the implementation of key national policies and strategies relating to mental health, men's health and family support.
- Mojo Kildare is to the forefront of best practice in men's wellbeing and suicide prevention in Ireland and internationally.
- Mojo has a specific way of working which maximises collaboration and supports systemic change.

### 6.1 Overview of Policy Areas to which Mojo is Particularly Well Aligned

#### Healthy Ireland - Framework for improved health and wellbeing 2013-2025

Mojo plays a key role in the implementation of Healthy Ireland particularly in the following areas:

- Partnerships and Cross-Sectoral Work

Mojo participation and retention rates highlight its effectiveness as a community-based programme targeting men at risk. Mojo combines interventions that address broader determinants and social problems as part of a multi-agency approach.

- Empowering People and Communities

Mojo has been highly successful in addressing social connectedness and connecting unemployed men in distress to resources, services, education and healthcare.

- Health and Health Reform

Mojo has succeeded in promoting healthy behaviours among men through its systemic approach that addresses key social determinants of health.

#### Connecting for Life – Ireland's National Strategy to Reduce Suicide 2015 -2020

Under *Connecting for Life's* categorisation, Mojo fits under the *universal approach* to suicide prevention with its strengths based model of building resilience, promoting social inclusion, physical fitness and mental health. Mojo Kildare can also be identified as a *selective*

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<sup>6</sup> This chapter is drawn from a literature review (Keenaghan Collaborative 2016 available upon request), which explores where Mojo is placed in relation to best practice, nationally and internationally, in working with men in distress. See full References on page 55.

*intervention*, i.e. one that addresses: “specific individuals and groups that are vulnerable to suicide ...” (HSE NOSP, 2015:9).

Like Vision for Change (DOHC, 2006), *Connecting for Life* emphasises a recovery approach to mental health interventions at every level of service provision. It sets out the Mental Health Reform’s key building blocks of a recovery-orientated service: Hope, Listening, Partnership, Choice and Social inclusion. Mojo’s approach encompasses these elements and further is a vehicle for implementation of *Connection for Life* goals in the following ways:

- Mojo contributes to **improved understanding and reducing stigmatizing attitudes** to suicidal behaviour, mental health and wellbeing, and associated risk and protective factors by addressing these issues directly with participants and also through increasing awareness of issues and available services through interagency working.
- It **enhances local communities’ capacity** and the **targeting of approaches to priority groups**.
- Mojo has evolved as evidence based innovative leader in **planned, multi-agency approaches** to effectively targeting men at risk of suicidal behaviour at a community level.
- Mojo offers a valuable element to the jigsaw of **services for people vulnerable to suicidal behaviour**. It follows best practice in relation to suicide prevention and has been highly effective in impacting its target group.

Mojo has evolved with a focus on *research and evaluation* and thereby contributes to **national efforts to support innovation** aimed at early identification of suicide risk, assessment, intervention and prevention. Mojo Kildare has become well connected into relevant mental health services in the community. It is positioned to be an excellent resource for the development and future implementation of Kildare’s Area Suicide Prevention Plan.

#### **Get Ireland Active – National Physical Activity Plan for Ireland**

By providing programme content on physical aspects of wellbeing and facilitating supported access to sports and recreation facilities, Mojo has successfully helped men to **overcome barriers to physical activity** addressing the main goals of the plan. It is a good example of **cross-sectoral cooperation** to encourage physical activity at every level. In particular, in the area of **sport and physical activity in the community** Mojo is integrated into the Local Economic and Community Plan and has benefited from local support as a participation programme with a focus on unemployed men. The engagement of the Local Sports Partnership with Mojo Kildare highlights its effectiveness as a community partner in this regard.

#### **The National Men’s Health Policy and Action Plan 2008 - 2013**

The Mojo Programme is evidence of the development of initiatives that **support men to adopt positive health behaviours and to increase control over their lives**. The opportunity within the programme for individuals to plan according to their specific circumstances allows



men to more fully engage **multiple roles of men as husbands/ partners, fathers and carers**. In particular Mojo has been effective in **building social capital within communities for men**. Men's health advocates and government strategists recognise that men's health should be addressed within the *Healthy Ireland* policy framework. Mojo is an excellent case study of effective community based responses to men's health to inform future action planning in relation to Men's Health.

#### **National Substance Misuse Strategy 2009- 2016**

Mojo is a good example of the community-wide, inclusive and coordinated approach to **social responsibility and awareness-raising** called for in this strategy. It is appropriate that the programme does not have an addiction-specific input as this could compromise the strengths and solutions focus that is working so well. However, Mojo is succeeding in building up **protective factors** in a key target group and the monitoring of alcohol use combined with the focus on healthy living is a major strength. Mojo is also integrated into regional strategic work in this regard through the involvement of the Regional Drugs and Alcohol Taskforce on the IAG.

#### **Social Inclusion and Community Activation Programme (SICAP)**

This programme aims to tackle poverty, social exclusion and long-term unemployment through local engagement and partnership between disadvantaged individuals, community organisations and public sector agencies. Mojo is well placed to support this vision 'to **improve the life chances and opportunities** of those who are marginalised in society, living in poverty or in unemployment through community development approaches, **targeted supports and interagency collaboration**, where the values of **equality and inclusion** are promoted and **human rights** are respected'.

Mojo has been successful in engaging and retaining unemployed males many of whom had previously experienced social exclusion and **connecting them to life-long learning opportunities**, moving them **closer to the labour market** and improving **work readiness**. The significant integration of Mojo with the work of Kildare County Council and its inclusion in the Local Economic and Community Plan has been a key part of Mojo's success and has positioned Mojo to be a highly effective means of SICAP progressing its aims.

#### **Tusla's Parenting Support Strategy 2013**

This strategy outlines Tusla's responsibility to contribute to the State's endeavours to respect, protect and fulfil the rights of children by **supporting parents in their essential role as children's primary care-givers**. Participants in Mojo have been able to reflect on their **role as fathers** both those living with their children full-time and those not. Mojo has enabled fathers to become more **involved in their parenting role**. Improved social connection to peers and to the community is evidence of the social capital that is at the core of strong **family support**. Mojo is well placed to partner Tusla in its work with children and families in Kildare.

## 6.2 Contribution of Mojo to Men's Mental Health and Suicide Prevention

It is widely agreed that social, economic, environmental and cultural factors are key determinants of the health status of men and the burden of ill-health and mortality is specifically borne by men from lower socio-economic groupings.

Mojo, through its primary function of providing a coordinated response to men experiencing distress, shows capacity to address the social determinants of health that impact maleness including, for instance: socio-economic status, labour force participation, education, family status, and/or membership of minority groups/communities. Richardson (2004, 2011) advises promoting men's health through inter-sectoral approaches including education, employment, environment and social affairs. This is a key element of suicide prevention.

### **Suicide Prevention**

The CSO (2016) report that in 2015, over 83% of all those who died by suicide were men. Over the past 10 years, the rate of deaths from suicide has been five times higher in males and while that rate is relatively low within the overall European Union (EU) context, in young males it is amongst the highest in the EU. Provisional data from 2013 and 2014 suggest a decreasing trend.

Unemployment has been well established as a risk factor in psychological distress and suicide behaviour. The particularly heightened risk of suicide to disadvantaged men in mid-life requires male targeted initiatives.

### **A Recovery Approach**

A recovery approach moves from a psychopathology model of focusing mainly on overcoming illness or managing symptoms, to a recovery model which emphasises the whole person – their overall strengths and difficulties and social connectedness. This approach calls for reflective practice to get the balance between what we think, know, feel and do. Both the recovery approach and reflective practice invite the consideration of needs and resources in order to effect systemic change. Systemic change is seen as that which impacts not just the individual, but also systems in which they are embedded i.e. the family, the community, services and policy-makers. The Mojo programme invites this systemic change. It networks the complex interconnections between the multiple systems within which the men are located. Mojo creates a common language and way of working which other systems can maximize, thereby multiplying the benefits of the programme. It is through this networking and collaborative interagency working that a new system emerges.

### **Men's Wellbeing Interventions - What works?**

Social innovation offers 'a novel solution to a social problem that is more effective, efficient, sustainable, or just than present solutions and for which the value created accrues primarily to society as a whole rather than private individuals' (Preskill & Beer, 2012:3). Both Ireland and the United Kingdom have contributed significantly to research on innovations in men's wellbeing and mental health promotion. Robertson et al. (2015) in particular present a useful review of current international best practice. They chose Mojo as one of their project

case studies which were selected “on the basis that, taken together, they embody excellent aspects of mental health promotion, early intervention, and anti- stigma work”.

Mojo aligns with the principles of best practice that they identified in a number of ways. Wellbeing and recovery is seen as a social process. The programme is embedded within communities and carried out in partnership with men. It is male-specific, wellbeing- and solution-focused. There is a respect for group wisdom and a valuing of authenticity in staff. The programme is activity-based, building in elements of social- and peer-support. Peer-support generates ownership by users and helps create trusting relationships, allowing men the freedom to discuss the relationship between mental health and their own experiences. Mojo also values good leadership, something that has found to be particularly important in the design and delivery of interventions.

In terms of programme content, a number of areas of intervention have been found to work in relation to men’s mental health and wellbeing. These include stress management; good self-concept; effective problem solving-skills, including the ability to seek help for mental health problems when needed; healthy diet; sleep hygiene; regular physical exercise; alcohol and drugs misuse awareness and building capacity to talk about difficulties and solutions.

As well as the elements identified above Mojo clearly demonstrates the following hallmarks of successful interventions in men’s wellbeing:

- Utilise local knowledge and resources including local expertise.
- Have a social change focus.
- Are responsive to men’s expressed needs.
- Are evidence based/informed.

### 6.3 Conclusion

Men’s health is an area gaining significant interest over the past decade with Ireland leading the way with a specific men’s health policy. Suicide statistics demonstrate a clear need for the support of men’s mental health in particular. Research has also shown that engaging men in mental health initiatives using traditional approaches has proven difficult. This challenge is increasingly being addressed nationally and internationally through a systemic approach with a focus on innovative approaches to suicide prevention, recovery oriented service and reflective practice.

Mojo clearly aligns with international best practice in this regard and offers much to ensure that the vision of *Connecting for Life* is realised. Mojo’s services promote an ambition for recovery, restoring the individual’s independence built on self-concept, self-esteem and self-belief. Moreover, it provides opportunities to expand the evidence-base for suicide prevention specifically with men. By working with people and organisations within a community, Mojo promotes a greater understanding of suicide risk and protective factors that improve mental health and practices which reduce stigma. It therefore enables a community to respond to its members’ needs and support them in difficulty.

## 7. Conclusion and Recommendations

### Key Points:

#### Conclusions:

- Mojo Kildare met all and exceeded some of its' objectives as the second pilot programme funded by the HSE's National Office for Suicide Prevention (NOSP).
- Mojo Kildare has yielded significant positive outcomes for men and their families.
- Mojo Kildare has reduced levels of risk of harm to self or others among participants.
- The Mojo Programme is an efficient and effective initiative in both urban and rural settings. Mojo enables the implementation of national and local policy particularly in relation to suicide prevention.
- Mojo requires ongoing sustained funding in order to continue to deliver and respond to demands for this programme across the county

#### Recommendations

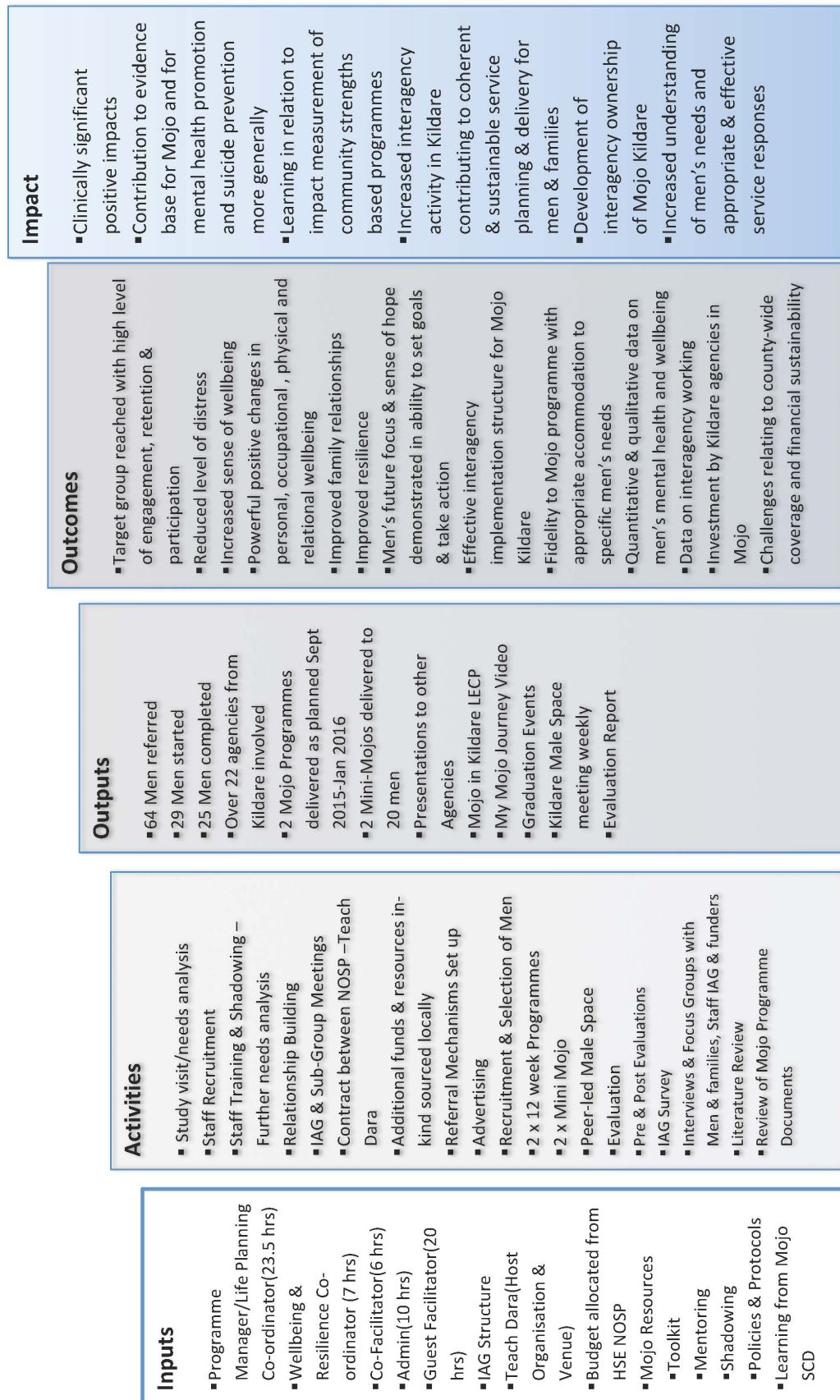
1. Extend HSE NOSP funding of Mojo.
2. Embed Mojo Kildare in County Kildare Suicide Prevention Action Plan.
3. Build Mojo in-house monitoring and evaluation capacity.
4. Develop a 3 year strategic plan for Mojo Kildare.

### 7.1 Conclusion

This evaluation set out to assess the development and implementation of Mojo Kildare, to identify impacts, to reflect the views of stakeholders and identify success factors. In relation to the evaluation objectives the evaluation found evidence of:

1. An effective organisational structure including the programme coordination, the Advisory Group and the working groups.
2. Improved personal, occupational, physical and relational and outcomes for men in distress and their families.
3. Reduced levels of risk among participants following participation in Mojo.
4. Growing impact of the programme on participating organisations and other services.

Figure 19 - Overview of Context, Implementation and Impact of Mojo Kildare



A systemic approach was taken to the evaluation informed by the logic modelling used in theory of change approaches. Figure 19 summarises the findings of the evaluation accordingly.

The findings of this evaluation support those of previous evaluations of the Mojo Programme and offer strong evidence that Mojo Kildare is a highly effective programme for supporting distressed unemployed men and their families. In particular it has demonstrated Mojo's effectiveness as a suicide prevention programme for men. It also contributes significantly to men's social inclusion, education and employment opportunities. This evidence alongside previous evidence on Mojo's value for money approach (return of €5 for every €1 invested) positions Mojo as a programme that needs to continue to be a core element of service provision in Kildare.

Some key influences that shaped Mojo Kildare's ability to achieve such powerful impacts can be attributed to a well-designed programme combined with readiness and a fertile environment evidenced by:

- A pre-existing concern with men's wellbeing among a number of agencies in Kildare.
- Knowledge of service gaps in Kildare.
- A local champion in Kildare Integrated Services Programme.
- Groundwork and guidance from the Programme Director, Mojo.
- Teach Dara set up under ISP.
- Guidance from Mojo South Dublin.
- The extent and quality of collaboration between agencies.

Once the programme was established progress was enhanced by:

- An active supportive IAG and host organisation.
- Staff expertise, skill mix and commitment.
- Core funding from NOSP.
- A systemic and developmental approach to the Evaluation.

Mojo Kildare is an excellent vehicle for progressing the key national and local policies in Kildare including local area suicide prevention planning; local economic and community development; regional drugs and alcohol strategic planning and children and young people's services development. A key challenge facing Mojo is the development of a sustainable funding model.

The following recommendations offer a way forward for Mojo Kildare to build on the excellent progress made to date.

## 7.2 Recommendations

This evaluation is conclusive in its findings of the effectiveness of Mojo Kildare. It is therefore recommended that the programme continue to grow and develop in Kildare. One of the key impacts of the programme is the sense of hope that it has given the participants and their families. There is now an ethical responsibility on the agencies and funders involved to ensure that they continue to do their best to build on the experience to date and to ensure that participants who have taken part and those who take part in the future are enabled to continue their progress. The following recommendations detail how best to progress Mojo Kildare.

### **Recommendation 1: Extend NOSP Funding of Mojo**

NOSP should continue to support the development of Mojo Kildare through the Mojo national office.

#### **Urgent Interim Funding**

The HSE through NOSP has invested already in the Mojo Programme and it has proven to be a sound investment. This investment should continue with HSE as a lead agency. NOSP should continue to support the development of Mojo Kildare through the Mojo national office. An immediate interim funding arrangement needs to be put in place to support the development of the strategic plan and safeguard service delivery until the local suicide prevention action plan has been developed and implemented.

Mojo is an innovative and responsive programme with strong evidence now available on its effectiveness in addressing the multiple needs of unemployed men in distress in a multi-agency way. There is an imminent risk of Mojo Kildare not continuing without core funding being secured.

#### **Long Term Funding Plan**

Feedback from IAG members is that funding at local or county level is restricted and limits direct financial input despite agencies' belief in the Programme's value. There is evidence of a lot of 'in-kind' support that local agencies are prepared to give. The IAG needs to develop a funding plan based on a realistic assessment of available resources in the short term and potential sources in the long term.

#### **National Mojo Programme**

The national Mojo programme requires adequate resources to be an umbrella office for Mojo projects as they continue to roll out. It is recommended that meetings with key agencies - HSE and Government Departments in Health, Education, Children and Youth Affairs, Justice and Rural Affairs - be initiated urgently to lay the foundations for negotiating funding agreements at national level. The national office should then provide an agreed percentage of funding for the running of a core Mojo programme in Kildare. This can then be met with in-kind support from Kildare agencies and topped up for additional service delivery from local funding. It could be agreed that the % funding committed at a county level increases over time.



## **Recommendation 2: Embed Mojo Kildare in County Kildare Suicide Prevention Action Plan**

Mojo Kildare should be embedded in cross-sectoral implementation structures for suicide prevention.

### **Build on Existing Progress in Kildare**

Mojo offers an excellent vehicle to enhance delivery of existing services for families and communities in County Kildare. Mojo should therefore continue to ensure integration into service planning in particular: Kildare Suicide Prevention Action Plan; Local Economic and Community Plan, Regional Drugs and Alcohol Strategy Planning and the Children and Young People's Services Plan. IAG members need to commit to building Mojo into service and agency level planning and delivery processes.

### **County Plans**

The Mojo IAG is now a cohesive force with best practice experience in interagency suicide prevention. This expertise should be drawn on in the development of Kildare Area Suicide Prevention Plan.

It is an opportune time for Mojo Kildare to further feed into the Kildare County Development Plan 2017-2023. In this plan the Council has committed to facilitate the delivery of social, community and cultural infrastructure to meet the needs of the existing and future population. Mojo Kildare fits well with the social and community policies and objectives of the Council particularly in relation to Integrated Services Planning and the support and promotion of volunteering. Planning to participate in a multi-agency approach to health service provision is an important strand of the County Development Plan. Objectives relating to the promotion of social inclusion in health services and the provision of accessible and equitable primary care and mental health service, the support of healthy communities and healthy lifestyles are objectives that have particular pertinence to Mojo.

Another timely initiative for the sustainability of Mojo is the new Social Inclusion and Community Activation Programme which aims to tackle poverty, social exclusion and long-term unemployment through local engagement and partnership between disadvantaged individuals, community organisations and public sector agencies. It is a national programme, implementation of which has been awarded to County Kildare LEADER Partnership by Kildare Local Community Development Committee (LCDC).

IAG members through their own agencies and as an interagency collective, should support Mojo nationally in advocacy and lobbying with agencies and government departments.

### **Maintain and Develop Supports**

The IAG of Mojo Kildare needs to consolidate Mojo's positive impact by articulating how their agency can offer coherent support to participants after as well as during their



participation in the programme. In particular responsibility should be allocated within the IAG to ensure the continuation of the post-Mojo male space that the men have developed. While the independence and self-direction of that space is essential it is important that services respond as best they can to the needs that men identify either through the male space or as individuals. As well as ensuring that the progress that individual men make is supported and enhanced, it will also ensure that future service development for men and for families in Kildare will be directly informed by men's experience, something that has been absent in the past. Gender sensitivity training for services in Kildare is also recommended to further enhance the impact of the Mojo programme in Kildare.

### **Recommendation 3: Build Mojo In-House Monitoring And Evaluation Capacity**

Previous evaluations of Mojo highlighted the importance of tracking and of measurement. This has informed the methods used in this evaluation. While the level of measurement that took place for this evaluation is not expected at an in-house level, the following is recommended to ensure a build-up of evidence to continue to support the programme and also to ensure continuous learning and development as the programme develops.

#### **Mojo Tracking Tool**

A tracking tool was developed as part of the evaluation process (Appendix 4) to enable Mojo to gather data on men that will support the on-going development of the programme and enable an internal evaluation system that can provide evidence of impact over time. Adequate administrative support is essential to implement the tracking tool to ensure data on participant's profiles and progress is being captured and used effectively.

#### **Men's Stories**

The video, which the men in Group 1 produced, captures the impact of Mojo in a way that quantitative measures never can. Men should be supported creatively to tell and share their stories (if they so wish). Mojo nationally should develop a resource of men's words and images.

#### **Distress Measure**

To strengthen the evidence base of the Mojo Programme the use of the CORE-OM is recommended as follows:

- Follow up of participants with CORE-OM three months after their completion date.
- Train Mojo Facilitators in the administration of CORE-OM
- Have a national staff member trained and tasked with data analysis. This can be supported by the purchase of software from CORE System Trust.

#### **Alcohol Monitoring**

It is recommended that monitoring of alcohol use be continued through the implementation

of Audit C. While it might be useful to MONITOR alcohol use, we would advise against adding any 'addiction' inputs to the programme content as this could risk adopting a problem focussed intervention instead of the strengths and solution focus that has worked so well for Mojo. It would be useful to examine alcohol use for both groups again three months after participation to evaluate whether over time, increased wellbeing is impacting on alcohol intake. Mojo Facilitators should continue in the administration of Audit-C and data analysis should be carried out locally and nationally.

### **Mojo Quality Standards**

Mojo Quality Standards should be used in strategic planning and measures in place to insure inclusion in quarterly and annual reporting.

Use of the evaluation measures above are dependent on the resources and time available within Mojo, the level of national support available and the willingness of the men to engage in the data collection process after they have left the programme. The Evaluation Sub-Group of the IAG should develop an internal monitoring and evaluation plan based on what is deemed achievable. Partnerships with third level institutions with relevant expertise should be considered.

## **Recommendation 4: Develop a 3 Year Strategic Plan for Mojo Kildare**

Mojo Kildare needs to continue to provide a service in Kildare and the IAG should develop and oversee the implementation of a three-year strategic plan.

### **Programme Planning**

Mojo Kildare should continue as a project of the Mojo Programme, managed and hosted by Teach Dara and guided by the Kildare IAG. Mojo Kildare is already applying and developing Mojo work practices and the principles outlined in Mojo's Quality Standards (see below) and time should now be given to developing a 3 Year Strategic Plan for Mojo Kildare. This plan should be developed by the IAG with support from the Programme Manager, Mojo Staff and Mojo men.

The Strategic Plan should map out activity alongside the forthcoming Mojo Quality Standards alongside the quality indicators in the following areas:

- Governance
- Partnership and Planning
- Recruitment and Promotion
- Service User Engagement and Partnership
- Programme Delivery
- Supporting Mojo's Staff
- Innovation and Continuous Quality Improvement

This plan should also include a review of the IAG membership to ensure maximum representation and engagement of key agencies in particular the Department of Social Protection.

### Mojo Staffing

Immediate priority needs to be given to reviewing the number of staff hours allocated particularly an increase in hours for the programme manager and the administrative function. An additional day a week for the programme manager and a half-time paid administrator<sup>7</sup> role is recommended. As a result of its pilot experience, Mojo Kildare has a lot of expertise to now share with Mojo nationally and the processes of providing peer support, job shadowing and contribution to overall Mojo development needs to be factored in to Mojo Kildare's on-going work. This will ensure that the commitment to innovation and continuous quality improvement operates as a two way process between Mojo Kildare and Mojo nationally.

### County Wide Delivery

Mojo Kildare should consolidate the learning from the Mojo Kildare Pilot and the current programme operating in Celbridge to make a decision on a strategy for countywide delivery before any future programmes are delivered. Responsibility for this decision should be owned by the IAG. Two main options are possible both of which require services in Kildare to provide relevant supports. Mojo is a training programme, not a wrap-around service but it works well because of its integration with supporting agencies.

*Option 1 Mojo Kildare operates a countywide service based in Teach Dara.*

What would need to be in place for this to work:

- A network of Mojo support agencies around the county.
- A support structure for the network.
- A transport plan for bringing men to Kildare.
- Links in local communities to support men's programme of social connectedness and peer support.

*Option 2 Mojo Kildare operates a countywide service moving around the county.*

What would need to be in place for this to work:

- Clear lines of accountability and responsibility between Teach Dara and the host venues.
- Local transport provision.
- Time and resource implications clearly estimated.

In planning for countywide delivery of Mojo, consideration should be given to the high level of demand for the programme in specific communities.

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<sup>7</sup> for secretarial, office management and data management support

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## Appendices

### Appendix 1: Membership of Mojo Kildare Interagency Advisory Group

<u>Agency</u>	<u>Name</u>
County Kildare LEADER Partnership	Mary Keane
County Kildare LEADER Partnership	Pat Leogue
Employability	David Walsh
HSE, Community Mental Health	Aisling Stapleton
HSE, Community Mental Health	Michelle Bohan
HSE, Primary Care	Justin Parkes
Irish Association for the Social Integration of Offenders	Orla Reddy
Kildare Chamber of Commerce	Brian Flanagan
Kildare County Council	Marian Higgins
Kildare County Council	Syl Merrins
Kildare County Council Arts Service	Carolann Courtney
Kildare County Council ISP & LCDC	Susan Bookle
Kildare Local Employment Service	Clodagh Judge
Kildare Volunteer Centre	Mick Power
Kildare Wicklow Education & Training Board	Susan Cullinane
Mojo	Derek Mc Donnell
Mojo Kildare	Niamh Keaveney
Mojo Kildare Male Space	Pa Keogh
Peter Mc Verry Trust	Pat Doyle
SHINE	Susan Mc Feely
SWR Drugs Task Force	Lisa Baggott
Teach Dara	Carmel Terry
Teach Dara	Sarah Shakespeare
Tusla	Lisa Toner

## Appendix 2: Mojo Kildare Sample Programme

Wellbeing and Resilience Building			
	<b>Part 1 10 - 11:15</b>	<b>Break 11:15 - 11:45</b>	<b>Part 2 11:45 - 1:00</b>
<b>Week 1</b>	Introduction, Intro to Mindfulness Icebreaker Group Agreement	Social Space	Background to WRAP Key concepts & Wellness Tools
<b>Week 2</b>	Evaluation K10 & CAGE	Social Space	CORE-OM Evaluation Reflection space on questionnaires feedback
<b>Week 3</b>	Danny and his story	Social Space	Recovery Star Wellness Tools Mental Health and the Health Continuum
<b>Week 4</b>	Wellness Toolbox & Daily Maintenance	Social Space	Anxiety Management
<b>Week 5</b>	Triggers and action planning	Social Space	Sleep Hygiene
<b>Week 6</b>	Early Warning Signs & When Things are breaking down	Social Space	Action planning for EWS and WTABD
<b>Week 7</b>	Family and role of the family	Social Space	Identity and Masculinity
<b>Week 8</b>	Free space to address and themes as they arise.	Social Space	Advocating for yourself with healthcare professionals
<b>Week 9</b>	Review WRAP to date	Social Space	Decider Skills
<b>Week 10</b>	Crisis planning	Social Space	Post Crisis planning
<b>Week 11</b>	Mojo/WRAP Plans update	Social Space	Recovery Star repeated Next Steps (Post Mojo)
<b>Week 12</b>	Finalise remaining Mojo Plans- Evaluation	Social Space	Evaluation and Reflection

## Appendix 2 continued

Life Planning			
	Part 1 10 - 11:15	Break 11:15 - 11:45	Part 2 11:45 - 1:00
<b>Week 1</b>	Introductions Achievements	Social Space	Supports
<b>Week 2</b>	Beliefs – Thoughts, Feelings and actions	Social Space	Reframing
<b>Week 3</b>	Working Styles Beliefs about work	Social Space	Interests & Abilities
<b>Week 4</b>	Goal Setting	Social Space	SMART Goals Resources
<b>Week 5</b>	Change Motivation	Social Space	Change and self esteem Counselling/ Psychotherapy
<b>Week 6</b>	Research focus group	Social Space	Kildare Volunteer Centre
<b>Week 7</b>	Career Paths Learning Styles	Social Space	Employability
<b>Week 8</b>	Multiple Intelligences	Social Space	Kildare Adult Education Service
<b>Week 9</b>	Values	Social Space	Dept. Social Protection
<b>Week 10</b>	Action Planning Personal Mission Statements	Social Space	*TUS Community Employment
<b>Week 11</b>	Key tools SMART goals Learning buddies / Supports	Social Space	Future Plans Motivators / Challenges
<b>Week 12</b>	Finalising Action Plan	Social Space	Evaluation Celebration

## Appendix 3: Methodology Details

### A3.1 Mojo Kildare Project Documents

#### Protocols & Policies

Mojo Toolkit 2014  
 Mojo Programme Document 2013  
 IAG Terms of Reference  
 Interagency Working Protocol  
 Information Sharing Guidelines  
 Self-Harm Disclosure Policy  
 Data Protection Consent  
 Selection Process & Recovery Star Mojo  
 Selection Process & Recovery Star Mojo Kildare

#### Forms

Attendance sheets  
 Wellness Resilience Handovers  
 Life Planning Handovers  
 Life Planning Forms  
 Referral form  
 Life Planning schedule  
 Wellbeing schedule  
 Participant Intake Interview schedule  
 Referral checklist

#### Minutes

9 Interagency Advisory Group Minutes  
 Working Group Minutes

#### Advertising/Promotion

GP Letter  
 Mojo Flyers  
 Programme Manager power-point presentations

#### Other

Kildare Mapping of Services  
 IAG Database and Participant Database  
 Tracking Tool developed

### A3.2 Evaluation Participants

Stakeholder Interviews	
IAG	
Aisling Stapleton	HSE (OT, Mental Health) IAG
Derek Mc Donnell	Mojo, IAG
Justin Parkes	HSE (Primary Care)
Lisa Baggott	SW Regional Drugs & Alcohol Task Force
Michelle Bohan	HSE (OT, Mental Health)
Sarah Shakespeare	Teach Dara
Susan Bookle	Kildare County Council
Susan Cullinane	Kildare Wicklow Education and Training Board
Gerry Raleigh	HSE NOSP National
Niamh Crudden	HSE NOSP Kildare/West Wicklow.
Mojo Kildare	
Niamh Keaveney	Programme Manager
6 Men's Family/Friends	

#### Responses to Interagency Advisory Group Survey (N=12)

County Kildare Local Employment Services Network  
 HSE, Occupational Therapy, Mental Health x 3 respondents  
 HSE, Primary Care  
 Kildare County Council, Arts and Health  
 Kildare County Council, ISP and LCDC  
 Kildare Sports Partnership/Kildare County Council  
 Kildare Volunteer Centre  
 Kildare Wicklow ETB  
 SHINE  
 Teach Dara Community and Family Centre

Focus Group Participants
Men from Group 1 and Group 2
Mojo Staff
Mojo Interagency Advisory Group

Completion of Outcome Measures
Men from Group 1 and Group 2

### A3.3 Selection and Implementation of Measures

A specific focus of this evaluation was the embedding of a risk measurement into the programme. Many suicide prevention programmes have small sample sizes which do not lend themselves to assessing primary outcomes such as a reduction in suicide or self-harm behaviour rates. Arensman et al (2010) therefore suggest that assessing intermediate outcomes are valid and meaningful in suicide prevention research. Intermediate outcomes are effect indicators which are directly linked to the intervention. Relevant to Mojo this would mean capturing a reduction in distress, risk and harmful behaviours as well as improved wellbeing and functioning.

Arensman argues that in order to build the evidence for the effectiveness of suicide prevention programmes it is important to include intermediate outcome measures. “Intermediate outcome measures are defined as proximal effect indicators of single interventions of multi-level programmes and are directly linked to the objectives and content of each intervention”. In a review of suicide prevention studies she found that intermediate outcome measures included instruments to measure changes including awareness of depression and suicidal behaviour, changes in attitude towards depression and/or suicide and attitudes towards help-seeking. She recommends that researchers in the area of suicide prevention should ensure evidence-based decisions when defining and measuring changes in intermediate outcome measures.

Consideration of the measurement of protective factors is also important. NOSP 2014 Report of the Research Advisory Group for the National Framework for Suicide Prevention Strategy found that “There is a lack of detailed information on the protective factors against suicide and self-harm within the Irish population and further research will need to be undertaken in this area.”

There is a diverse range of psychometric measures used in the area of mental health, with purposes ranging from care planning, screening, assessing and evaluating outcomes. In addition, in choosing measures for the Mojo evaluation, the Interagency Advisory Evaluation Sub-group, together with the evaluation team took into consideration the potential impact of the assessment process on the men. With this in mind a balance was struck by selecting the following measures outlined below. Mindful of the NICE (2014) guidelines and NOSP recommendations (Pillinger, 2014) the Mojo IAG Evaluation Sub-Group ensured that assessments were implemented only as part of overall care. This meant that for any participant where risk or significant distress was indicated, the Programme Manager carried out a follow-up assessment. The implementation of CORE-OM was carried out with the men by the Evaluation team and the Kessler K10 and AUDIT-C carried out with the men by the Mojo Facilitators.

#### Clinical Outcomes in Routine Evaluation – Outcome Measure - CORE-OM

CORE-OM © (CORE Systems Trust UK) is a self-report psychometric outcomes measure with excellent internal reliability (92-94), good test re-test reliability and sensitivity to change and strong convergent validity (Evans, 2012). CORE-OM was selected as it was easily completed by the user and does not focus solely on risk, but also queries protective factors of wellbeing and functioning – CORE-OM. While it was developed initially as an outcomes measure in the field of psychotherapy with normative data from the UK, it has begun to be used recently within community wellbeing and mental health intervention evaluations (Lovell et al, 2014).



**Kessler K10**

The Kessler-K10 is a screening for psychological distress which has been correlated with the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) anxiety and depression disorders (Andersen et al., 2011, Anderson et al., 2013). It is a brief, validated (Kessler et al, 2002) self-report questionnaire consisting of 10 questions and offering strong psychometric properties and is being used in annual general-purpose government health surveys in the US, Canada and in the WHO World Mental Health Surveys.

**AUDIT C**

With direct correlations between alcohol use and mental health and given that Ireland ranks second in Europe for heavy drinking (WHO, 2014), the Alcohol Use Disorders Identification Test (AUDIT-C) was included. This is a validated (Dawson et al, 2005, Bush et al 1998) 3 question screening tool to identify heavy/hazardous drinking and/or Active-DSM alcohol abuse/dependence. It has been recommended both by the Irish College of General Practitioners (ICGP, 2014) and was used in the Irish National Substance Misuse Strategy (DOH, 2012).

**A3.4 Data Analysis**

Due to the small sample size of 23 participants completing both pre- and post-Mojo psychometric measures, statistical significance could not be reached. Therefore analysis was limited to descriptive statistics. However, the CORE-OM measure offers normative data which allows for the calculation of reliable change and clinically significant change. The CORE System Trust describes these two calculations of change as follows:

- Clinically significant change being where participants score moves from within the clinical range to the non-clinical population range.
- Reliable change has been validated for CORE-OM in that has shown reliability (of measuring what it claims to measure) across different population settings.

It is also becoming apparent that there is a demographic lying between non clinical and clinical - the sub-clinical population. The outcomes from this mojo evaluation highlight this, where many of the men are shown to have reduced their scores from below the average clinical score but above the non-clinical cut-off score.

**A3.5 Limitations and Ethical Considerations**

The following research limitations are acknowledged.

- As statistical analysis of Mojo outcomes is new, replication is required to strengthen its quantitative evidence base with a comparison between urban and rural settings.
- With a relatively short time period between pre and post measures it would be important to obtain data with a longer term follow up.
- Given the low participation numbers at this stage of the Mojo programme, no statistical significance is conferred.
- Due to Mojo being an innovative intervention, no directly comparable data was available.

Following the guidance of the NHS National Research Ethics Service (NRES) research ethics committee approval was not deemed necessary for this evaluation as it is defined as a Service Evaluation and not a research project. However, the evaluation team worked within the governance of the Evaluation sub-group of Mojo Kildare's Interagency Advisory Group to ensure ethical best practice was adhered to and followed Keenaghan Collaborative's Statement of Ethics (available upon request).

## **Statistical terms in plain language**

### **Mean**

This means the average score – add up the total scores for all participants and divide by the number of participants.

### **Standard Deviation**

Standard deviation is how dispersed scores are from the average score (mean). The further the data spreads out from the average the greater the standard deviation i.e. a standard deviation of 0.0 means that participants have the same score. A standard deviation of 0.5 means that more scores were nearer the average score than a standard deviation of 0.8.

### **Normative data**

Normative data is data from a reference population that establishes a baseline distribution for a score or measurement, and against which the score or measurement can be compared. The CORE System Trust normative data for the non-clinical population was obtained from a large, randomly selected representative sample from the wider population. CORE also obtained normative data for a clinical population of people who were on waiting lists for mental health services in the UK.

### **Clinical Population**

The clinical population as defined by CORE Systems Trust is a population comprising users waiting for or receiving a wide variety of psychological interventions in a wide variety of settings throughout Britain. The term **non-clinical population** relates to people from the general population.

### **Clinical Cut-off**

As stated above, CORE System Trust has established normative data for both clinical and non-clinical populations. The point at which a score moves from the non-clinical range into the clinical range is the clinical cut-off point.

### **Statistical significance**

Statistical significance measures how likely it is that any apparent differences in outcome between treatment and control groups are real and not due to chance. It is not possible to measure this with a small sample size.

### **Clinically Significant Change**

Clinically significant change is sufficient improvement to have moved the participant to a score more representative of the general population than a clinical population (CORE System Trust).

### **Reliable Change**

Reliable change is that which is unlikely to have arisen just by the unreliability of measurement of the instrument. For this measure, the level has been validated by the CORE Systems Trust.

## Appendix 4: Participant Tracking Tool

**MOJO** CREATING MALE SPACE **Participant Tracking** Participant ID:

Age:  Relationship Status:  Children – Y/N:  Ages:  0-5  6-12  12+ Ethnic Group:

	Pre-2009	Pre-MoJo	End Mojo	6wks post	3mths post	6ths post	12 mths post
<b>Occupation</b>							
Self employed							
Employed							
Unemployed							
Sector							
Student							
Houseperson							
Illness/Disability							
<b>Education / Training</b>							
No formal qualifications							
Junior/Inter Cert.							
Leaving Cert.							
Third Level							
Apprenticeship							
Other:							
<b>Adult/Community Education</b>							

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**MOJO** CREATING MALE SPACE **Participant Tracking** Participant ID:

	Pre-2009	Pre-MoJo	End Mojo	6wks post	3 mths post	6 mths post	12 mths post
<b>Social Connectedness:</b> Social group / club / volunteering etc							
0 = not at all 1 = now and then 2 = once a month 3 = once a week 4 = more than once a week							
<b>Wellbeing</b>							
K10							
CAGE							
CORE:							
Wellbeing							
Problems							
Life Functioning							
Risk							
Recovery Star							
<b>Mental Health Supports:</b>							
GP							
Private / Voluntary service							
HSE Mental Health Service							
None							
<b>Physical Activity</b>							

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## Appendix 5: Sample Handover Notes from Life Planning Session

This appendix contains elements that have been redacted for confidentiality purposes.

**Aim: To explore the concept of Change and the various stages that people can go through when facing change. To introduce the concept of choice in terms of how we respond to change.**

### Learning Outcomes:

- Growing self-awareness around personal beliefs.
- Look at Change and what it means to people.
- Discuss the various ways that people respond or react to change.
- Get the men to identify their individual approach to coping with change and whether this works for them.
- Present the Phases of Change.

### How the session went:

■ and ■ checked in at a 2 so quite low and ■ was at a 3 due to poor sleep. ■ said group had lifted his spirits to a 6/7. ■, ■ were at 8's while ■ was at a 7/8. The rest were all around 5/6 though ■ was tired having just started a course with ETB the night before. ■ said Wednesday session had been significant for him and outlined to the group later in the session how he had reflected on his behaviour to triggers last night. ■ was a 4/5 but felt very stressed after his meeting yesterday. A number of the guys questioned the time issue for the Wednesday sessions. It often ran a little over time and they would prefer to have more time in the gym. It was also very distressing for those responsible for break time as they were waiting for men to come out and got distressed with delay. They felt they have stuck to their commitment to be on time at the Mojo sessions. This needs to be addressed by facilitators on Wednesdays. The gym had been a very positive experience for all who attended so particular support will have to given to ■ and ■ who have not yet participated. We brainstormed change and what that meant for people. Change was positive and negative and often outside our control but agreement that what we can control is our response to change. We moved onto exploring our responses to change and many identified with self-doubt. Questioning their own ability to manage change and very much connected to low self-esteem. ■, ■ and ■ believed they accepted change and got on with it

We changed around the session after break and got them to reflect on a change they had gone through successfully in pairs. This was a very powerful piece for each of the men. It enabled them to identify their rock bottom, feeling powerless but then moving through the phases of change. Key supports for all of the men were identified from partners and family, to education and services. The men recognised their own self determination and inner strength were fundamental in handling change successfully and had a positive impact on their own self esteem.

### Learning from the session:

Time keeping is important to the group so facilitators we must respect this too. There have been a number of "light bulb" moments for some of the men as the information and discussions start hitting nerves/throw up new opportunities for the men

### Any changes to create a more effective process?

### Group feedback:

This was hugely positive for all and emphasised how much they had in common with each other

*The rest of the document details key issues for each man under the SOAP (Subjective, Objective, Assessment, Plan) structure.*

## Appendix 6: Mojo Life Plan

Mojo Life Plans		Themes			
Building capacity for:		Orienting to future	Identifying solutions	Implementing solutions	Monitoring
Questions:		A description of my life looks like (or would look like) when I have my Mojo	What things do I need to do to maintain my Mojo? Once a day, Once a week, Once a month	What are my goals in life and what actions will I take to achieve them? Goals 1-4	My Mojo Checklist
Incorporating Mojo learning		Example	Example	Example	Example
PERSONAL	Physical Health	be on starting sheet for local team	Go to the gym with my granddaughter. go hiking or trip to Connemara	To run a 5k by May using phone app. Check all health appointments. Get off Marijuana completely - link in with ARAS.	Am I looking after myself?
	Occupational	Have a job. I'd be more engaged. I'd be studying or doing a course. I'd be using my creativity.	I'd make time to read. I'd get out of the house. I'd be checking for courses and jobs regularly	Go to employability meeting. Become a Eucharistic minister by attending their course. Co-facilitate a WRAP course. Do Sports Partnership Course Train to be a driving instructor: Register with RSA Meet with adult guidance	Can I see my Mojo?
	Mental health	Better able to regulate my moods. I'd be better able to cope	Complete and maintain my Mojo manual	Apply and do CBT awareness course by May	Am I staying clean? Am I making time for my Mojo?
	Reframing	Less fearful of failure	I'd be reframing my negative thoughts		Do I value what I have? Am I listening to the logic within?
	Positive approach (mindset)	I have peace of mind Able to deal with set backs	I'd be checking in with my WRAP. Not dwell on the past but look to the future	Put WRAP widget on home screen of phone. Grieve and set a date to go to my mother's grave with my partner. Update my Mojo Plan every 4-6 weeks. I'd let go some of my baggage by making an appointment with a counsellor	Am I optimistic? Am I in a good place right now? Are my emotions everywhere? Am I putting things off?
	Strengthening identity	Others enjoy my company I'd be accepting where I am now - not where I was	Being more creative: writing & photography. Look after myself so I can look after my family	Complete 3 non-published blog entries and get feedback from friends. Enjoy achievements on-going from time spent on Mojo	Am I a good role model for my family?
	Mindfulness	I'd be content	Do a full mindful session	Take a mindfulness minute	
	Self-care	Fitter and healthier I'd be able to sleep at night	I'd be completing important tasks	Showering, shaving and dressing well	
	Help-seeking	I'd be trusting my doctors advice	Ask volunteer organisations do they need any of my skills	Alcohol and smoking free: Make plans with Aras. Advocate for myself - make the relevant calls.	Am I asking for help when I need it?
RELATIONAL	Connections to family	I'd be easy to get on with	do something nice for someone else. Set time aside for us as a couple. I'd talk more with my wife.	Do an overnighter with grandchildren. Bring my son out to do something together	Am I being kind to others?
	Connected to other men	I'd have more friends. I'd be socialising through activities.	Meet with mates, check how they are. I'd contact my buddy. I'd get used to being in groups by inviting more friends out at once	Attend events with friends on own terms (leaving early if necessary)	Am I still keeping in touch with my friends? Can I engage with people?
	Connected to community	I'd be volunteering		Contact Kildare volunteering Centre	

## Appendix 7: CORE OM Mean and Standard Deviation scores

CORE - Mean scores							
Group 1 N=11			Group 2 N=9		Normative data for Males		CORE male
	Pre	Post	Pre	Post	Clinical	Non-Clinical	Mean Clinical Cut-off
Risk	0.21	0.12	0.15	0.11	0.69	0.23	0.43
Functioning	1.46	0.70	1.23	0.86	1.92	0.83	1.29
Problems	2.02	1.08	1.69	1.07	2.32	0.78	1.44
Wellbeing	2.07	0.91	1.61	1.14	2.22	0.68	1.37
Total	1.51	0.75	1.25	0.84	1.88	0.69	1.19

The table below shows the combined total mean scores of both groups compared to the normative data.

CORE - Mean scores					
n = 20		Normative data for Males		CORE male	
	Pre	Post	Clinical	Non-Clinical	Mean Clinical Cut-off
Risk	0.18	0.12	0.69	0.23	0.43
Functioning	1.36	0.77	1.92	0.83	1.29
Problems	1.87	1.08	2.32	0.78	1.44
Wellbeing	1.86	1.01	2.22	0.68	1.37
Total	1.39	0.79	1.88	0.69	1.19

The table below presents the standard deviation by domain for Groups 1 and 2 compared to normative data. It shows that pre-Mojo participant scores are on the whole dispersed between the clinical cut-off and non-clinical ranges, suggesting a 'sub-clinical' category.

It also demonstrates that post-Mojo each man scored more similar to each other at the end of the programme. In addition, this data also suggests that participation in the Mojo programme has contributed to the each of the men scoring more similar to the non-clinical male population.

CORE Standard Deviation	Group 1 N=11		Group 2 N=9		Normative Data for males	
	Pre	Post	Pre	Post	Clinical	Non-Clinical
Risk	0.30	0.22	0.28	0.24	0.75	0.47
Functioning	0.73	0.57	0.69	0.63	0.87	0.62
Problems	0.84	0.72	0.98	0.82	0.92	0.64
Wellbeing	0.88	0.73	1.01	0.82	0.98	0.71
Total	0.66	0.55	0.70	0.61	0.75	0.53

More detailed data analysis of all the quantitative data is available upon request.

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