

# Making it possible: Improving Mental Health and Well-being in England

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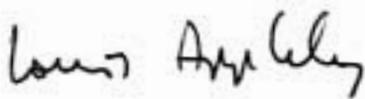
## Foreword

It is often argued that Standard One is the most neglected of all the standards in the National Service Framework for Mental Health (NSF). In the face of pressing priorities to improve the delivery of mental health services, promoting mental health can sometimes be seen as an optional extra.

In many ways though, mental health promotion underpins the successful delivery of the whole of the NSF. It provides a framework for building hospitable communities where people with mental health problems can live, socialise, study, work, participate and enjoy the same opportunities and access to resources as everyone else. In the report *The National Service Framework for Mental Health: five years on* I stated that we need to broaden our focus from specialist mental health services to the mental health needs of the community as a whole.

This document supports the requirement to implement Standard One of the NSF, which is reinforced by the commitment made in the White Paper *Choosing Health* to implement it in full. It also contributes to the UK commitment to developing a country wide action plan on mental health in line with the WHO Declaration signed by Minister of State for Health, Rosie Winterton, in Helsinki in January 2005.

I am encouraged by the many examples of good practice highlighted in this document and I hope it will provide support to those currently working across all sectors to promote the mental health and well-being of the whole population.



Professor Louis Appleby  
*National Director for Mental Health*

*This document was produced by Dr Lynne Friedli in association with the Mental Health Foundation. We would like to thank them and all of those who contributed to its development.*

## Summary

This document provides good practice to support the development and delivery of action to improve mental health and well-being. It sets a framework for action to:

- raise public awareness of how to look after our own mental health and other people's
- involve all communities and organisations, across all sectors, in taking positive steps to promote and protect mental well-being

This document supports the requirement of standard one of the National Service Framework for Mental Health (NSF):

***“to promote mental health for all, working with individuals, organisations and communities”***

and the commitments made in the White Paper Choosing Health:

***“we will ensure that standard one of the NSF for Mental Health, which deals with mental health promotion, is fully implemented”***

***“we will have delivered if we improve the mental health and well-being of the general population”***

Improving the mental health of the population contributes to achieving a wide range of cross government priorities for children and adults. Improving mental health will contribute to meeting Public Service Agreement (PSA) targets, in health, education, neighbourhood renewal, crime, community cohesion, sustainable development, employment, culture and sport.

The skills and attributes associated with positive mental health lead to improved physical health, better quality of life, reduced crime, higher educational attainment, economic well-being and personal dignity. Mental well-being also contributes fundamentally to the extent to which people feel able and motivated to exercise choice and control and to adopt healthy lifestyles. It is essential to enabling individuals, families and communities to realise their full potential and to make a positive contribution. The Government is committed to a greater understanding of and focus on well-being and work is underway to explore how policies might change with an explicit well-being focus.

There is sufficient good quality research to demonstrate both the benefits and effectiveness of promoting mental health. While local priorities for action to improve mental health and well-being will be determined by local needs assessment, informed by evidence of effectiveness, there is a strong case for action in the following areas:

## **Public mental health: key areas and measures of success**

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### **ACTION: MARKETING MENTAL HEALTH**

People are well informed and motivated to look after their own and others' mental health  
People have positive and accepting attitudes to people with mental health problems

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### **ACTION: EQUALITY AND INCLUSION**

People have access to a wide range of sources of support for emotional and psychological difficulties  
Reduction in inequalities in access to non-pharmacological sources of support, notably for Black and Minority Ethnic Communities and older people

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### **ACTION: TACKLING VIOLENCE AND ABUSE**

Reduction in prevalence of mental health problems  
Reduction in self harming behaviour

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### **ACTION: PARENTS AND EARLY YEARS**

Parents and caregivers have the knowledge, skills and capacity to meet the emotional and social needs of infants and young children  
Parents and carers have access to support for themselves and their parenting roles, delivered in a way that is evidence based and meets their needs

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### **ACTION: SCHOOLS**

Schools achieving National Healthy Schools Status targets and delivering SEAL

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### **ACTION: EMPLOYMENT**

Reduction in mental health related unemployment

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### **ACTION: WORKPLACE**

Workplaces adopt HSE stress management standards  
Support in place to enable people off work with mental health problems to return to work

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### **ACTION: COMMUNITIES**

Improved quality of life and life satisfaction  
Increase in the proportion of local areas with a high 'liveability' score

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### **ACTION: LATER LIFE**

Improved life satisfaction among older people  
Increased opportunities for older people to participate

The many examples of effective local strategies included in this document demonstrate how much has already been achieved. To achieve sustained improvements will involve:

- working with those with the potential to influence mental health across all sectors
- embedding mental health promotion within existing structures for improving health and social outcomes e.g. community strategies and local area agreements

Mental health promotion is a shared responsibility. Localities now have an opportunity to build on existing mental health promotion strategies. Good practice in local arrangements for delivery includes the following elements:

- local needs assessment
- clear statement of what success would look like and how it will be measured
- cross sector ownership, governance and resourcing
- links to wider initiatives to improve health and social outcomes
- evidence based interventions
- building public mental health capacity
- developing public mental health intelligence

Choosing Health states:

***“We will have delivered if we improve the mental health and well-being of the general population”***

The Government’s programme to improve mental health services and to tackle stigma, discrimination and social exclusion experienced by people with mental health problems is set out in the National Service Framework for Mental Health and the Social Exclusion Unit report Social Exclusion and Mental Health. These efforts need to be complemented by further action across all sectors to promote the mental health and well-being of the whole population. In his report The National Service Framework for Mental health: five years on, Louis Appleby, National Director for Mental Health noted:

***“we need to broaden our focus from specialist mental health services to the mental health needs of the community as a whole”***

There are many opportunities to improve the mental health of individuals and communities, through work with parents and families, in schools, in the workplace and in local neighbourhoods, where safety, access to the natural world, valued ‘escape’ facilities e.g. parks, public spaces, leisure and recreation protect mental health. Many existing programmes within community strategies, crime and disorder reduction partnerships or local area agreements will be directly relevant to mental health. Action on housing, noise, traffic congestion, fear of crime and cleaning and greening the environment all contribute to promoting mental health. Even small improvements in mental well-being will achieve significant cost benefits through improvements in physical health, productivity and quality of life. It is hoped that this document will support those currently working to achieve improved public mental health and also encourage wider awareness of this crucial issue.

# Improving Mental Health and Well-being in England

***“There is no health without mental health. Mental health is central to the human, social and economic capital of nations and should therefore be considered as an integral and essential part of other public policy areas such as human rights, social care, education and employment.”***

***“Mental health and mental well being are fundamental to the quality of life and productivity of individuals, families, communities and nations, enabling people to experience life as meaningful and to be creative and active citizens.”***

(WHO European Declaration on Mental Health, 2005)

***“Transforming the NHS from a sickness service to a health service is not just a matter of promoting physical health. Understanding how everyone in the NHS can promote mental well-being is equally important.”***

(Choosing Health, 2005)

## 1 Introduction

This document provides good practice to support the development and delivery of action to improve mental health and well-being. It sets a framework for action to:

- raise public awareness of how to look after our own mental health and other people’s
- involve all communities and organisations, across all sectors, in taking positive steps to promote and protect mental well-being

This document supports the requirement of standard one of the National Service Framework for Mental Health (NSF):

***“to promote mental health for all, working with individuals, organisations and communities”***

goal 2 of the National Suicide Prevention Strategy for England:

***“to promote mental well being in the wider population”***

and the commitments made in the White Paper Choosing Health:

***“we will ensure that standard one of the NSF for Mental Health, which deals with mental health promotion, is fully implemented”***

***“we will have delivered if we improve the mental health and well-being of the general population”***

Improving the mental health of the population contributes to achieving a wide range of cross government priorities for children and adults. The skills and attributes associated with positive mental health lead to improved physical health, better quality of life, reduced crime, higher educational attainment, economic well-being and personal

dignity. Mental well-being also contributes fundamentally to the extent to which people feel able and motivated to exercise choice and control and to adopt healthy lifestyles. It is essential to enabling individuals, families and communities to realise their full potential and to make a positive contribution.

### Cross government priorities for children and adults

Children	Adults
Be healthy	Improved health
Stay safe	Improved quality of life
Enjoy and achieve	Making a positive contribution
Make a positive contribution	Exercise of choice and control
Achieve economic well-being	Freedom from discrimination or harassment
	Economic well-being
	Personal dignity

The document sets out priorities for action and how these relate to and support other policy priorities, for example in education, regeneration and employment, as well as those covered by the National Service Frameworks for Children and Older People. It identifies key mechanisms for the delivery of mental health promotion and how success might be measured.

This document also contributes to the UK commitment to developing a country wide action plan on mental health, in line with the WHO Declaration signed by the English Minister Rosie Winterton, (along with 52 other European countries), in Helsinki in January 2005 and the themes of the forthcoming EU green paper on mental health (European Commission 2005).<sup>1</sup>

<sup>1</sup>This is being followed up by work led by 7 hubs, including Stigma (led by Scotland); Mental Health Promotion (led by Finland) and User Empowerment (led by the Mental Health Foundation). Copies of the declaration and action plan can be found on: <http://www.euro.who.int/document/mnh/edoc07.pdf>  
<http://www.euro.who.int/document/mnh/edoc06.pdf>

## 2 Making the case

While the strength of evidence varies, there is sufficient good quality research to demonstrate both the benefits and effectiveness of promoting mental health.

The rationale for action to improve public mental health includes a combination of:

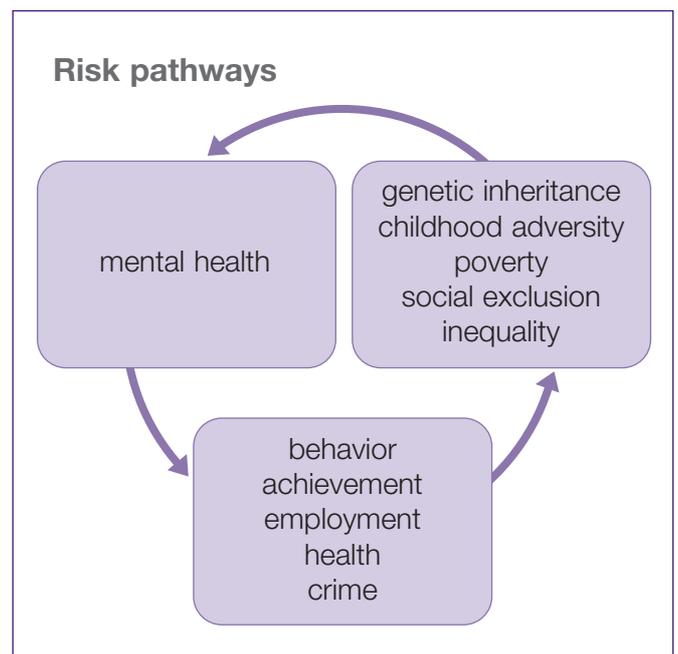
- evidence for the influence and impact of mental health
- existence of effective interventions
- the social and economic cost of mental illness

### Influence and impact of mental health

The case for action is based on the relationship between good mental health (which is a worthwhile end in itself), and improved outcomes for:

- physical health
- education
- employment
- parenting
- relationships
- crime
- health behaviours.

The emotional and cognitive skills and attributes associated with positive mental well-being include feeling satisfied, optimistic, hopeful, confident, understood, relaxed, enthusiastic, interested in other people and in control (Kammann & Flett, 1983; Mauthner & Platt, 1998; Stewart-Brown, 2005). These attributes are influenced by genes, parenting, life experiences, socio-economic and environmental conditions.



from: Westminster Mental Health Promotion Strategy and Action Plan 2005

Mental well-being protects physical health and improves health outcomes and recovery rates, notably for coronary heart disease, stroke and diabetes. Poor mental health significantly increases the risk of poor physical health (mentality 2003) and is associated with poor self management of chronic illness and a range of health damaging behaviours, including smoking, drug and alcohol abuse, unwanted pregnancy and poor diet. Stress epidemiology demonstrates the link between

feelings of despair, anger, frustration, hopelessness, low self worth and higher cholesterol levels, blood pressure and susceptibility to infection (Brunner and Marmot 1999). For heart disease, psychosocial factors are on a par with smoking, high blood pressure, obesity, and cholesterol problems.

Many people have symptoms of mental distress that do not reach clinical levels but would benefit from mental health promotion information and support. For both clinical and non clinical populations, even small improvements in mental well-being contribute to improved physical health, productivity and quality of life. Self reported health status correlates more closely with life satisfaction than objective health status, suggesting that mental health is an important mediator of overall health. Addressing mental health difficulties will therefore make a significant contribution to achieving Choosing Health targets in all areas.

### **Existence of effective interventions**

There is increasingly robust evidence for the effectiveness of interventions to improve mental well-being, ameliorate symptoms and reduce prevalence. In a major systematic review, published by the WHO, the authors concluded:

***“There is a wide range of evidence-based preventive programmes and policies available for implementation. These have been found to reduce risk factors, strengthen protective factors and decrease psychiatric symptoms and disability and the onset of some mental disorders. They also improve positive mental health, contribute to better physical health and generate social and economic benefits. These multi-outcome interventions illustrate that prevention can be cost-effective. Research is beginning to show significant long-term outcomes.”*** (WHO 2004)

Key areas include education, nutrition, housing, economic security, parenting, relationships, schools, workplace, unemployment, physical activity and substance abuse.

### **Social and Economic argument**

The Sainsbury Centre for Mental Health has estimated that mental health problems cost over £77bn a year through care costs, economic losses and premature death (SCMH 2003). About 900,000 people are claiming incapacity benefit for a mental health problem – more than the number of unemployed people claiming Jobseekers Allowance. These are important studies, but mental illness prevalence is not a sufficient indicator of the mental health of the nation. Wanless has calculated that the cost benefit of better mental health care would be a net saving across government as a whole of some £3.1 billion a year (Wanless 2002; 2004). This does not take into account the savings from promoting mental health and preventing problems in the first place. So the total potential for savings is likely to be much greater than the Wanless estimate (see for example, Mental Health Foundation 2005b).

### 3 Current Policy Context: opportunities for improving public mental health

Mental health is a priority issue in the public health White Paper *Choosing Health*, with specific reference to ‘new services to improve mental and emotional well-being’ in the Delivery Plan and a commitment to improving the mental health and well-being of the population. The Department of Health’s Health Improvement Directorate and *Delivering Choosing Health* will be central to implementing, monitoring and sustaining action to improve public mental health.

There is also considerable public and media interest in issues related to mental health, for example happiness, life satisfaction, the economics of well-being, work /life balance and quality of life (Marks and Shah 2005; Donovan et al 2002) <sup>2</sup>. Communities consistently raise issues of ‘liveability’, placing a strong emphasis on feeling safe, the quality of the built and natural environment and friendly neighbourhoods where people want to live, can actively participate and feel able to influence what goes on (Cameron et al 2003) <sup>3</sup>. The Government is committed to a greater understanding of and focus on well-being and work is underway to explore how policies might change with an explicit well-being focus (*Securing the future*, p 23).

The importance of mental health, emotional well-being and quality of life is both explicit and implicit in a very wide range of policy on health, education, culture, employment, crime, regeneration and social inclusion.

The Public Service Agreement (PSA) targets of many government departments provide an opportunity to demonstrate how:

- action to improve mental health and well-being contributes to meeting specific PSA targets
- specific PSA targets will contribute to improved mental health

(See Table One)

<sup>2</sup> See for example the new economics foundation *Wellbeing Manifesto for a Flourishing Society* ([www.neweconomics.org](http://www.neweconomics.org)) and Richard Layard’s research on happiness (Layard 2005)

<sup>3</sup> Liveability is an important theme in local area agreements; see for example *The city for living: a local area agreement for Brighton and Hove* (Brighton and Hove City Council 2005)

**Table One: Policy, targets, delivery and support**

**European Policy: WHO Mental Health Declaration and Action Plan**

**Mental health improvement will contribute to meeting PSA targets**

<p><b>DH</b> PSA: improve health and social care outcomes for everyone Reduce suicide and undetermined injury</p>	<p><b>DfES</b> PSA: improve - primary, secondary education and adult skills life chances for children</p>	<p><b>ODPM</b> PSA: Social inclusion, neighbourhood renewal, quality of life</p>	
<p><b>Home Office</b> PSA: reduce crime, fear, re-offending and drugs Community participation, cohesion and race equality</p>	<p><b>DEFRA</b> PSA: sustainable development, access to countryside Enhance opportunity in rural areas Increase access to mh services in rural areas</p>	<p><b>DWP</b> PSA: best start for children, increase employment, independence in retirement, health and safety</p>	<p><b>DCMS</b> PSA: increase participation in culture and sport</p>

**Who needs to be engaged and involved**

<p>Regional Assembly Improving quality of life and wellbeing</p>	<p>Regional Development Agency Sustainable economic development</p>	<p>Government Office Enabling communities in the regions to become better places to live</p>
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**Delivery mechanisms**

<p>Local Strategic Partnerships Community Strategy</p>	<p>Local Area Agreements</p>	<p>PCT: Local Delivery Plans NHS Trusts: HCC Standards for better health</p>
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**Sources of support**

<p><b>NIMHE</b> National Advisory Group on Mental Health Promotion (cross government direction)</p>	
<p>CSIP Regional Development Centres (local implementation)</p>	<p>Public Health Observatories (public mental health intelligence)  Public Mental Health Observatory: NEPHO (mental health promotion service mapping; public mental health indicators)</p>

**Relevant policies include the following:**  
(further details can be found in Appendix One)

## **Suicide Prevention**

### **National Suicide prevention Strategy for England** (DH 2002)

<http://www.dh.gov.uk/assetRoot/04/01/95/48/04019548.pdf>

- goal two is 'to promote mental well-being in the wider population' and suicide prevention is part of the wider public health and mental health promotion agenda
- within the general population, young men are identified as a key high risk group

## **Race Equality**

### **Delivering Race Equality in mental health care**

- to reduce and eliminate ethnic inequalities in mental health service access, experience and outcome

This should include access to mental health promotion services, and a wider range of effective therapies such as peer support, social prescribing, psychotherapeutic and counselling services.

## **Learning disability**

### **Valuing people: a new strategy for learning disability for the 21st century**

- rights, independence, choice and inclusion

## **Gender**

### **Women's mental health into the mainstream** (DH 2002)

### **Mainstreaming Gender and Women's Mental Health Implementation Guidance** (DH 2003)

### **Domestic violence: a national report** (Home Office 2005)

- reducing the prevalence of domestic violence and ensuring victims of domestic violence are adequately protected and supported nationwide

## **Early years and childhood**

### **Every Child Matters: inspection, assessment and review of services for children and young people** (Ofsted 2004)

- Cross government strategy for ensuring that all children are healthy, safe, enjoy and achieve, make a positive contribution and achieve economic well-being.

### **NSF for Children, Young People and Maternity Services** (DH 2004)

- structured programme of interventions to support parents and meet the needs of all children from birth to adulthood. Standard 9 covers the mental health and psychological wellbeing of children and young people and Standard 2 covers supporting parents and parenting.

## **Schools and further education**

### **National Healthy Schools Programme**

### **Primary National Strategy Social and emotional aspects of learning** (SEAL) curriculum resource launched June 2005 to develop children's social, emotional and behavioural skills

Following successful piloting, this is now available to all primary schools to help build children's social and emotional skills, to promote positive behaviour, learning and emotional health and wellbeing. (materials can be viewed, downloaded and schools can order them at [www.teachernet.gov.uk/seal](http://www.teachernet.gov.uk/seal))

### **Promoting Emotional Health and Well-Being through the National Healthy School Programme** (HDA/DFES/DH 2004)

- Schools must now achieve criteria in emotional health and well being to gain national healthy school status.

### **Youth Matters** (DfES 2005)

- Green paper on a strategy for providing opportunities, challenge and support to young people, helping all teenagers to achieve the five Every Child Matters outcomes. The strong focus on making volunteering the norm, in line with the recommendations of the Russell Report, is of special relevance to mental health.

### **Learning and skills development agency**

<http://www.lsda.org.uk/home.asp>

### **Workplace**

#### **Health and Safety Executive Management Standards for Work-related stress**

- These standards are currently recommended, rather than mandatory, although a strong business case is made for adopting them.

### **Work life balance**

#### **Balancing work and family life: enhancing choice and support for parents** (DTI 2003)

#### **Work and families – choice and flexibility consultation paper** (DTI 2005)

- Setting out the legal requirement to enable people to balance work and family life, with new proposals to extend the right to request flexible working hours to carers of adults and parents of older children

### **Employment**

#### **Pathways to work: helping people into employment** (DWP 2002)

Targeted assistance to support people on incapacity benefit back into work

#### **Mental health and employment in the NHS** (DH 2002)

- Framework for ensuring that the NHS adopts a positive approach to employing people with mental health problems

### **Neighbourhood Renewal/community development**

#### **A New Commitment to Neighbourhood Renewal: A National Strategy Action Plan**

(Social Exclusion Unit 2001)

#### **Making it happen in neighbourhoods**

(ODPM) NRU 2004

#### **Securing the Future - UK Government sustainable development strategy** (DEFRA 2005)

#### **Firm Foundations: The Government's Framework for Community Capacity Building**

(Home Office: Civil Renewal Unit 2004)

### **Culture, media and sport**

#### **Living Life to the Full: Department for culture, Media and Sport Five year plan** (DCMS 2005)

- the enrichment of lives through culture and sport

## Older People

### **National Service Framework for Older People and Better Health in Old Age** (DH 2004)

- aims to extend the healthy life expectancy of older people. Standard 7 focuses on the promotion of mental health and Standard 8 on the promotion of health and active life in older age.

### **Excluded older people: social exclusion unit interim report** (Social Exclusion Unit 2005)

### **Independence, Well-being and Choice: Our Vision for the Future of Social Care for Adults in England Social Care Green Paper**

(Department of Health 2005)

- greater focus on preventative services to allow for early targeted interventions, and the use of the local authority well-being agenda to ensure greater social inclusion and improved quality of life;

### **Inquiry into Mental Health and Well-Being in Later Life** (Age Concern and The Mental Health Foundation)

The first half of this inquiry is concerned with the promotion of mental health and well-being  
<http://www.mhilli.org/inquiry/index.html>

## Alcohol

### **Alcohol harm reduction strategy for England** (Cabinet Office 2004)

### **Pharmacy Choosing health through pharmacy: a programme for pharmaceutical public health 2005-2015** (DH 2005)

- strategy for an expanded public health role through pharmacy, in the context of the new contract for community pharmacy. Includes a vision for the health promoting pharmacy, which includes the promotion of mental health and support for self care.

## Primary Care

### **National Service Framework for Mental Health** (DH 1999)

- standards two and three require primary care to identify and effectively meet the needs of people with common mental health problems

### **National Primary Care Mental Health Collaborative**

- programme of work to support the improvement of primary care services for adult common mental health disorders.

## 4 Priorities for Action

Local priorities for action to improve mental health and well-being will be determined by local needs assessment, informed by evidence of effectiveness<sup>4</sup>. The following section highlights areas where there is a strong case for action.

<ul style="list-style-type: none"> <li>● Marketing mental health</li> <li>● Equality and inclusion</li> <li>● Violence and abuse</li> </ul>	<ul style="list-style-type: none"> <li>● Early years</li> <li>● Schools</li> <li>● Employment</li> <li>● Workplace</li> <li>● Communities</li> <li>● Older people</li> </ul>
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## Marketing mental health and well-being

### Indicators:

- **People are well informed and motivated to look after their own mental health and that of others**
- **People have positive and accepting attitudes to people with mental health problems**

There is abundant evidence that lifestyle choices can affect mental health and that mental health affects lifestyle choices. Physical activity, diet, alcohol consumption and the use of cannabis and other psychotropic substances all have an established influence on mental well-being. The skills and attributes associated with positive mental well-being include problem solving, communication, relaxation, self efficacy, optimism, hopefulness and confidence. The foundations for these are a combination of genetic inheritance and experiences in very early infancy and childhood, but therapies, self help and other activities to promote them can be effective at any age (NICE 2004).

Marketing mental well-being involves strengthening people's knowledge, skills and capacity to achieve positive mental health, working with the media, families, schools, further education, employers, the voluntary and public sectors. It also means creating an environment in which individuals and communities, particularly those that are isolated, deprived or vulnerable, are more able to take action to look after their own mental health. Strong social relationships and opportunities to get involved and influence things are fundamental to well-being (Wilkinson 2005; Morgan and Swann 2004). Greater access to sporting and cultural activities, volunteering, workplaces that support work/life balance and action to reduce isolation and exclusion all play a part.

<sup>4</sup> Sources on evidence of effectiveness include National Electronic Library for Health, Friedli 2003; Hosman et al 2005; Jane-Llopis et al 2005; WHO 2004.

Marketing mental well-being will include ongoing action to tackle stigma and discrimination, which have been identified as the greatest barrier to social inclusion, quality of life and recovery for people with mental health problems (Social Exclusion Unit 2004)<sup>5</sup>. A number of studies suggest that many Black and Minority Ethnic communities, particularly refugee, asylum seeker and newly arrived communities attach a great deal of stigma to mental health problems. Culturally appropriate action is needed to raise awareness and understanding about mental health problems and treatment options, to increase availability of material/resources in community languages and to develop mental health advocacy.

Efforts to achieve a society in which people with mental health problems are supported, valued, accepted and included are more likely to be effective if they form part of a population based strategy to promote mental well-being (Gale et al 2004; Mental Health Foundation 2005a).

Marketing health is an important theme in *Choosing Health*, with plans for a range of national and regional campaigns using social marketing and new technology. These should reflect evidence for the central contribution of mental well-being to overall health. This will help to narrow the gap between public knowledge on physical health and public knowledge on mental health.

In situations of sustained social, economic and psychological stress, most people experience symptoms of mental illness. What might be called the 'five fruit and vegetables' of mental health help

to protect mental wellbeing for everyone, whether or not they have symptoms. They include:

- keeping physically active,
- eating well
- drinking in moderation
- valuing yourself and others
- talking about your feelings
- keeping in touch with friends and loved ones
- caring for others
- getting involved and making a contribution
- learning new skills
- doing something creative
- taking a break
- asking for help

These 'positive steps' for mental health are familiar themes in a wide range of research on what people who experience mental health problems find helpful. They provide a foundation for everyone's mental health and now need to be much more widely disseminated to the general public. Progress will be measured through data on mental health literacy i.e. levels of public knowledge on what harms and protects mental well-being, in addition to existing data on public attitudes to mental illness.

<sup>5</sup> The government's action plan is set out in the Social Exclusion Unit Report *Mental Health and Social Exclusion* and in the NIMHE Strategy *From here to equality*. The National Social Inclusion Implementation team is based at the London Development Centre. The NIMHE campaign shift supports local initiatives to address stigma, including action in schools, rights under the Disability Discrimination Act and best practice in the public sector <http://www.shift.org.uk/index.cfm?fuseaction=main.viewSection&intSectionID=935>

## Equality and inclusion

### Indicators:

- **People have access to a wide range of sources of support for emotional and psychological difficulties**
- **Reduction in inequalities in access to non-pharmacological sources of support, notably for Black and Minority Ethnic Communities and older people**

A greater focus on mental health can contribute both to reducing inequalities and to understanding the psychological and emotional pathways through which inequalities impact on health, social relationships and life chances (Wilkinson 2005; Kawachi et al 1997). Inequality and exclusion are both a cause and a consequence of mental health problems (Rogers and Pilgrim 2003; SEU 2004). Reducing inequalities and exclusion are a key commitment across all government departments and a shared priority with local government. Existing programmes to narrow inequalities in health, education, regeneration, sustainable development and employment will contribute significantly to improved public mental health.

Mental health problems are more common in areas of deprivation and poor mental health is consistently associated with unemployment, less education, low income or material standard of living, in addition to poor physical health and adverse life events. Lone parents, those with physical illnesses and the unemployed make up 20% of the population, but these three groups contribute 36% of all those with neurotic disorders, 39% of those with limiting disorder and 51% of those with disabling mental disorders (Melzer et al 2004).

In many urban areas, Black and Minority Ethnic communities are significantly over represented in

the poorest wards, notably people of African-Caribbean, Bangladeshi and Arab origin. Recent research suggests that both the experience of racial harassment and perceptions of racial discrimination contribute independently to health outcomes (Chakraborty and McKenzie 2002; Aspinall and Jacobson 2004; McKenzie and Chakraborty 2003).

Health-damaging behaviours may be survival strategies in the face of multiple problems and despair related to occupational insecurity, poverty and exclusion. These problems impact on intimate relationships, the care of children and care of the self. The 20% – 25% of people who are obese and continue to smoke are concentrated among the 26% of the population living in poverty, measured in terms of low income and multiple deprivation of necessities (Gordon et al 2000). This is also the population with the highest prevalence of anxiety and depression (Melzer et al 2004). Capacity, capability and motivation to choose health are strongly influenced by mental health and well-being

Within the arrangements that localities put in place, a specific goal will be to improve access to a wider range of sources of support for emotional and psychological difficulties, notably for Black and Minority Ethnic groups, older people and those who are vulnerable or at risk, for example people with learning disabilities, homeless people, prisoners, carers and looked after children. There is considerable evidence of inequalities in access to effective psychological therapies, for example cognitive behavioural therapy (Lawson and Guite 2005)<sup>6</sup>. Some groups and communities may also have limited or no access to a wider range of activities known to assist in ameliorating symptoms. These include supported self-help, computer assisted therapies, peer support, exercise referral, arts, bibliotherapy and learning prescription schemes (Friedli and Watson 2004; NICE 2004).

<sup>6</sup> The Department of Health has published guidelines on ensuring that mental health promotion provision meets the needs of Black and Minority Ethnic communities <http://kc.nimhe.org.uk/upload/78872-MHP-Black%20Minority.pdf>

Marketing mental well-being will only be effective if it is matched by greater opportunities for support, for families, in schools, in the workplace and in the community. This will also involve working with primary care and the voluntary and community sector (VCS) to expand the range of therapeutic options for the promotion of mental health and the prevention of mental health problems.

## Violence and abuse

### Indicators:

- **Reduction in the prevalence of mental health problems;**
- **Reduction in self-harming behaviour**

Living with violence or the fear of violence is a significant risk factor for poor mental health. This includes domestic violence, child abuse and community violence. Poor, socially disorganised neighbourhoods have higher rates of violence and strong norms of violence. The social variables which predict suicide, which is more strongly associated with social fragmentation than with deprivation, also predict violence to others. Some research suggests clear links between economic deprivation, social disorganisation, ethnic inequities and violence (Krueger et al 2004). Socially disorganised areas provide a dangerous mix: large numbers of potential offenders who have few opportunities other than crime, many potential victims, and few social organisations or individuals who are capable of protecting others from violence.

Public mental health action to enhance and strengthen local initiatives to support victims of domestic violence, to reduce levels of alcohol related violence and to empower communities to

reduce the acceptability of violent behaviour will contribute significantly to reducing depression and self-harming behaviour and improving overall mental well-being.

Women are at much greater risk of intimate partner violence and abuse than men. Child sexual abuse, domestic violence and sexual violence are common, often undisclosed and have a significant impact on mental and physical health (DH 2002; 2003). An Australian study estimating the disease burden resulting from intimate partner violence, found that such violence is responsible for more ill health and premature death in women under the age of 45 than any other well-known risk factors including high blood pressure, obesity and smoking (Victorian Health Promotion Foundation 2004).

Twenty five percent of all violent crime is domestic crime, with significant cost implications for the NHS and local authorities. Of all violence, domestic violence has the highest rate of repeat victimisation, with 44 per cent of victims being victimised more than once, and almost one in five (18%) being victimised three or more times (Dodd et al 2005). 30% of domestic violence either starts or will intensify during pregnancy and women are at twice the risk of experiencing such violence when they are pregnant (Richardson et al 2002; NICE 2001). Women's experience of partner violence is a significant factor for subsequent mental health problems and mental ill health also makes a substantial contribution to offending behaviour in women, creating a cycle of extreme distress and deprivation (Department of Health 2002; 2003). Children who live with domestic violence are at increased risk of behavioural problems and emotional trauma, and mental health difficulties in adult life.

Overall violent crime reported to the British Crime Survey (considered the most accurate data on crime prevalence) fell by 36 per cent from the peak in 1995 to the current level and by 26 per cent

since 1997. Comparison between 2002/03 and 2003/04 interviews shows BCS violent crime to be stable. Young men, aged 16 to 24, were most at risk of being a victim of violent crime in 2003/04; 15.5 per cent experienced a violent crime of some sort in the year prior to their BCS interview (Clegg et al 2005; Dodd et al 2005). There is limited research on the impact of the experience and fear of violence on the mental health of young men and further work is needed in this area.

Public mental health will have a key role in shaping action on and responses to domestic violence, including support and services for pregnant women and contributing to the Best Value Indicator (BVPI) to assess the overall effectiveness of local authority services designed to help victims of domestic violence. Examples of effective approaches to reducing violence against women have been published by the Home Office in a series of literature reviews.<sup>7</sup> Work to reduce alcohol related harm will also be significant: there is a strong link between drinking, and victimisation – particularly domestic violence, sexual assault and child abuse (Strategy Unit 2003).

This should be complemented by work in schools, notably to tackle bullying, and initiatives to support the Home Office target of reducing the number of young people who believe that violence is acceptable in some circumstances. More broadly, efforts to reduce the acceptability of violence will complement early years work to support parents in adopting non physical approaches to disciplining children.

## Early years

### Indicators:

- **Parents and caregivers have the knowledge, skills and capacity to meet the emotional and social needs of infants and young children**
- **Parents and carers have access to support for themselves and for their parenting roles, delivered in a way that is evidence based and meets their needs**

The importance of children's emotional and social development is well established and the mental health benefits of an environment that supports parents and families through pregnancy, childbirth and the first years of life are widely recognised. There are reasons to be concerned that the emotional health and behaviour of children has declined in the past two decades (Collishaw et al 2004) and a growing body of evidence that the foundations for good mental health lie in the perinatal period and early childhood.

Poor emotional health in children (mood, behaviour or development problems) predicts poor mental health and social functioning in later life. The National Child Development Study (NCDS) showed a strong correlation between childhood conduct disorder and:

- qualifications and employment
- relationships and family formation and
- health and disability by age 33

(Bynner et al 2000)

By age 28, costs (crime, poor employment prospects, poor health, being on benefits, needing social services) for individuals with troubled behaviour as children are ten times higher than for those with no problems (Scott et al 2001; Mental Health Foundation 2005b).

<sup>7</sup> <http://www.homeoffice.gov.uk/docs/brief.html>; the Home Office Violence Against Women Initiative is ongoing <http://www.homeoffice.gov.uk/rds/violencewomen.html>

While there is a clear need to improve child and adolescent mental health services and to strengthen mechanisms for the early identification of emotional problems in childhood, all children have mental health needs and will benefit from a greater focus on emotional well-being in families, schools and the wider community. Mental health promotion has a role in strengthening support and training for those who deliver services for very young children and developing local interventions for parents and children e.g. through Children's Centres.

Interventions in the following areas have the most significant impact on improving the mental health of children and preventing or ameliorating early symptoms of mental health difficulties:

- Improving parenting skills
- Strengthening child/carer relationship
- Addressing behavioural problems in infants and children
- Promotion of family mental health

Opportunities for action in all these areas are provided within the existing policy framework for children and for many local mental health promotion strategies, a key early years objective will be to support the implementation of the *NSF for Children and Every Child Matters: Change for Children*, in addition to action on family friendly policies and work life balance. The need for employment and the demands of working life may conflict with the emotional needs of infants and young children. More good quality, affordable childcare is needed in many areas and children also need quality time with their parents.

Greater action on communication with children is of particular importance in view of emerging evidence of a decline in children's linguistic skills and a reduction in oral communication between parents

and small children, which has important implications for emotional development. (Hart and Risley 1995; Basic Skills Agency Wales [www.basic-skills-wales.org](http://www.basic-skills-wales.org))

Mental health promotion can also play a role in reducing the stigma that is often attached to seeking help with parenting difficulties, as well as ensuring that services are accessible and appropriate for those with particular needs e.g. parents with mental health problems, families of offenders and parents with learning disabilities. Prisons, for example, are an important setting for parenting programmes, working with both mothers and fathers.

## Schools

### Indicators:

- **Schools achieving National Healthy Schools Status targets and delivering SEAL**
- **The number of secondary schools actively facilitating pupil participation in volunteering opportunities**

The promotion of emotional health and well-being has now become one of the essential criteria for National Healthy School status, and specific guidance on this element is available.<sup>8</sup> By 2009, every school should be working towards achieving national healthy school status.<sup>9</sup>

***“A healthy school actively seeks to promote positive emotional health and well-being and helps pupils to understand and express their feelings, and build their confidence and emotional resilience and therefore their capacity to learn”*** (DFES 2005)

<sup>8</sup> Promoting Emotional Health and Well-Being through the National Healthy School Standard [www.wiredforhealth.gov.uk](http://www.wiredforhealth.gov.uk)

<sup>9</sup> This is a Choosing Health target and from September 2005, schools' contribution to these outcomes will be a feature of Ofsted inspections

The Primary National Strategy launch of a curriculum resource on the Social and Emotional Aspects of Learning (SEAL) is a major development in supporting schools to develop children's social, emotional and behavioural skills. It provides a whole-curriculum framework for taking forward this work right across the school and the curriculum, helping to embed it in all areas of school life. The resource focuses on the key areas of self-awareness, managing feelings, motivation, empathy and social skills.

Disaffection with or exclusion from school are risk factors for children from an early age, and school is a key setting for meeting emotional needs and early identification of problems (DFES 2001). Low literacy is a risk factor for depression and educational opportunities throughout life are associated with improved health outcomes (Feinstein et al 2003).

Over the last 30 years the life satisfaction of young people has risen in most European countries but not in the UK (Donovan and Halpern 2002). A WHO trust and attitude survey of 11-15 year olds found that UK students had significantly poorer relationships with each other than those in continental Europe. Young people often feel that they do not get 'a good press' and work to support self esteem and making a positive contribution might include fostering greater public awareness of and sensitivity to the emotional needs of children and young people.

There are many opportunities for creative partnerships between voluntary sector youth and community groups, the NHS, local authorities and schools. Children's centres and extended schools offer further opportunities for mental health promotion, as well as child friendly, non stigmatizing settings for parenting support and

other interventions. Areas which merit particular action from mental health include:

- support for schools in developing and implementing anti bullying strategies, based on approaches known to be effective i.e. which involve the whole school, parents and the community.
- early interventions to identify and address emotional problems and challenging behaviour
- opportunities for children to develop appropriate levels of independence and opportunities to succeed, for example through creative play and access to the natural world, as these promote mental health, notably through strengthening imagination, problem solving and internal locus of control.
- meeting the needs of the most vulnerable young people who may not be in school, or not on a regular basis e.g. looked after children and young offenders

Strengthening opportunities for young people to be actively involved and make a positive contribution to community life is a key theme of the *Russell Report* and the green paper *Youth Matters*.<sup>10</sup> Action to make volunteering the norm for young people and to increase the number and diversity of volunteers, including within the public sector, will contribute to emotional and social development. It can also act as an important buffer by increasing access to trusted adults: social support from at least one warm, caring adult is protective in relation to a wide range of adversities, including living in high crime neighbourhoods, parental substance abuse, family conflict, child abuse and early parental loss.

<sup>10</sup> <http://www.dfes.gov.uk/consultations/downloadableDocs/Youth%20pdf.pdf>  
[http://www.russellcommission.org/docs/Final\\_report.pdf](http://www.russellcommission.org/docs/Final_report.pdf)

## Employment

### Indicator:

- **Reduction in mental health related unemployment**

Unemployment is both a cause and a consequence of mental health problems. Both unemployment and insecure employment are risk factors for poor mental health, including increased risk of suicide (Melzer et al 2004). People with mental health problems have the lowest employment rates of any group of disabled people and are more vulnerable to the negative effects of unemployment.

Tackling unemployment and worklessness is a major public health issue and the focus of a wide range of policies and programmes, many of which specifically address mental health related unemployment and/or the mental health impact of being unemployed or on incapacity benefit. Pathways to work pilots provide a model which includes personal support for the person off work, partnership with primary care and employers to support return to work and tackling financial barriers.

Key issues for local mental health promotion strategies to address are:

- what support is in place to address the emotional and psychological impact of unemployment?
- what support is in place to ensure that people with mental health problems are able to gain paid employment?
- what support is available for people immediately following absence from work due to mental health difficulties?

## Workplace

### Indicators:

- **Workplaces adopt HSE stress management standards**
- **Support in place to enable people off work with mental health problems to return to work as quickly as possible**

Employment protects mental health but the workplace also has a significant influence on mental health and well-being. In addition to financial benefits, work is an important source of support, providing social and information networks, a sense of purpose and personal identity.

Not surprisingly, there is a positive relationship between job satisfaction and life satisfaction, with a range of factors influencing work satisfaction, including: personal control, variety, income, job security, skill use, physical security and job demands. Job satisfaction decreased and reported stress levels increased during the 1990s, particularly in the public sector. 13.5 million days are lost to stress related sickness annually and the Health and Safety Executive report that 5m workers describe their jobs as extremely stressful, with 1 in 5 workers feeling very or extremely stressed. Many employers across all sectors are concerned about stress and its impact on productivity, morale and sickness absence. The Health and Safety Executive has issued a series of stress management standards which address job demand, job control, support, relationships, role clarity and organisational change.<sup>11</sup> Mental health promotion strategies should play a key role in encouraging the widespread adoption of HSE standards and ensuring that employers have access to support and guidance on promoting mental health and well-being in the workplace.

<sup>11</sup> <http://www.hse.gov.uk/stress/standards/>

This should include highlighting the benefits of work-life balance<sup>12, 13</sup> and raising awareness of the legislative context e.g. the Disability Discrimination Act. These developments provide considerable opportunities to strengthen action to promote mental health in the workplace and to make the case for the adoption of evidence based approaches. These should include:

- promoting the mental health and well-being of all staff e.g. raising awareness and addressing organisational factors that impact on mental health
- support for staff who are experiencing mental health problems as well as support for those returning to work following a mental health problem
- a positive approach to employing people with a history of mental health problems (Hughes 2002)

For example, employers who adopt HSE Stress Management Standards might be encouraged to review their procedures for managing return to work and to assess their practice in relation to the employment of people with mental health problems in the light of the Disability Discrimination Act.

## Communities

### Indicators:

- **Improved quality of life and life satisfaction**
- **The number of localities described by residents as a ‘good place to live and work’**

Community well-being, including communities of place, identity, culture, ethnicity and faith, is an important theme in government policy, notably on health, regeneration, crime, social exclusion, sustainable development and race equality.

Communities with high levels of social capital, for example trust, reciprocity, participation and cohesion have important benefits for mental health (Campbell and McLean 2002; Morgan and Swann 2004). Strong social networks, social support and social inclusion play a significant role both in preventing mental health problems and improving outcomes (SEU 2004).

Social participation and social support in particular, are associated with reduced risk of common mental health problems and poor self reported health and social isolation is an important risk factor for both deteriorating mental health and suicide (Pevalin and Rose 2003). Similarly for recovery, social participation increases the likelihood, while low contact with friends and low social support decreases the likelihood of a recovery by up to 25% (Pevalin and Rose). Lack of control and lack of influence are independent risk factors for stress (Rainsford et al 2000). Social relationships and social engagement, in the broadest sense, are very significant factors in explaining differences in life satisfaction, both for individuals and communities.

<sup>12</sup> <http://www.employersforwork-lifebalance.org.uk/>

<sup>13</sup> [http://www.dti.gov.uk/er/choice\\_flexibility\\_consultation.pdf](http://www.dti.gov.uk/er/choice_flexibility_consultation.pdf)

Efforts to increase social capital are not a substitute for tackling structural barriers to mental well-being. Social support and social participation do not mediate the effects of material deprivation (Mohan et al 2004; Morgan and Swann 2004). At the same time, initiatives that aim to tackle inequalities and regenerate deprived communities do need to take the psychological well-being of communities into account (SEU 2000). In particular, there is a strong case for addressing social fragmentation and obstacles that stand in the way of community participation by excluded groups (Campbell and McLean 2002).

Environmental, physical and ecological effects are also significant (Chu et al 2004). Mistrust and powerlessness amplify the effect of neighbourhood disorder: hopelessness and a difficulty in imagining solutions, which are also risk factors for suicidal behaviour, are influenced by neighbourhood culture and the physical environment. Good quality housing, access to the natural world, valued 'escape' facilities e.g. parks, public spaces, leisure and recreation and freedom from noise, pollution and litter protect mental health and are of particular importance to those who are vulnerable or at risk.

The major role for public mental health and mental health promotion strategies will be to support broader initiatives to improve the local environment, to strengthen communities and to advocate for the importance of social networks and opportunities to participate and influence both decision making and the design of local services. There is both an ethical and a public mental health case for enabling communities to be fully involved in the decisions that affect their lives.

In addition, there are a number of other areas where mental health promotion can make a strategic contribution to strengthening the mental health and well-being of communities. These include:

- the role of creativity and participation in the arts in improving mental health at a community level (Reeves 2002; Evans and Shaw 2004;).

- strengthening work on alcohol harm reduction, tackling binge drinking, under age drinking and aiming to reduce the number of people drinking above weekly recommended levels (Cabinet Office 2004; Strategy Unit 2003)
- community safety and fear of crime
- access to green open spaces, 'escape facilities' and a greater focus on the value of public spaces as a community asset (ODPM 2003; English Nature 2003)
- transport, housing and the built environment
- physical activity: walking, cycling and exercise referral (Mental Health Foundation 2005c)

## Later life

### Indicators:

- Improved life satisfaction among older people
- Increased opportunities for older people to participate

Across the life cycle, the rich get richer in terms of mental health, while classes four and five get poorer (Rogers and Pilgrim 2003). It is widely acknowledged that the mental health and well-being of older people has been neglected across the spectrum of promotion, prevention and treatment services. Although there is a considerable way to go, this trend is beginning to be addressed, most noticeably in the acknowledgement of the need for strategies and approaches that promote the overall quality of life of older people and their engagement in the community.<sup>14</sup>

<sup>14</sup> SEU (2005) Excluded older people: social exclusion unit interim report <http://www.socialexclusion.gov.uk/downloaddoc.asp?id=710>

***“There is a worry that social care reforms that target people at crisis points may have made it harder for older people to get the little bits of help that might improve their quality of life and help prevent a crisis later”.***

***Older people generally know what they need and want, and they should be involved in the design and – where practicable – the delivery of services”.***

(SEU 2005)

Strategic action aimed at all older people is necessary to promote well-being more effectively (ADSS/LGA 2003).

More than one million older people experience depression, in addition to the larger issue of undiagnosed depression (SEU 2005). Although there is a need to improve access to effective treatment, mental health promotion can play a significant role in addressing key risk factors, which include isolation and chronic physical illness.<sup>15</sup> Tackling isolation is fundamental and may be the most significant area in which mental health promotion strategies can support the mental health of older people. After income and poverty, lack of social participation was the key issue highlighted by those consulted for the recent SEU report on older people. Although factors influencing levels of isolation will vary by locality, certain themes emerge very strongly:

- fear of crime - a third of older people say fear of crime affects their quality of life, making them lonely and isolated.
- transport
- age discrimination and public attitudes
- daily hassles – these may be more strongly related to psychological distress than major life

events. Maintaining morale and reducing stress is as much about minimising the daily hassles as it is about responding to major events (Godfrey and Denby 2004)

- social activity and inclusion
- recognising diversity

An important role for public mental health will be the development of joined up action to support opportunities for social involvement and to tackle social, economic and physical barriers to social activity. These might include befriending, intergenerational projects, approved trader schemes, work with providers to promote greater uptake of education, sports and leisure, targeted outreach with those who are most isolated and vulnerable and reviewing day care and sheltered accommodation provision. The VCS already plays a leading role in supporting improved quality of life for older people and will be key partners.

<sup>15</sup> see for example *Inquiry into Mental Health and Well-Being in Later Life* supported by Age Concern and The Mental Health Foundation <http://www.mhilli.org/inquiry/index.html>

## 5 Mainstreaming public mental health – delivery mechanisms

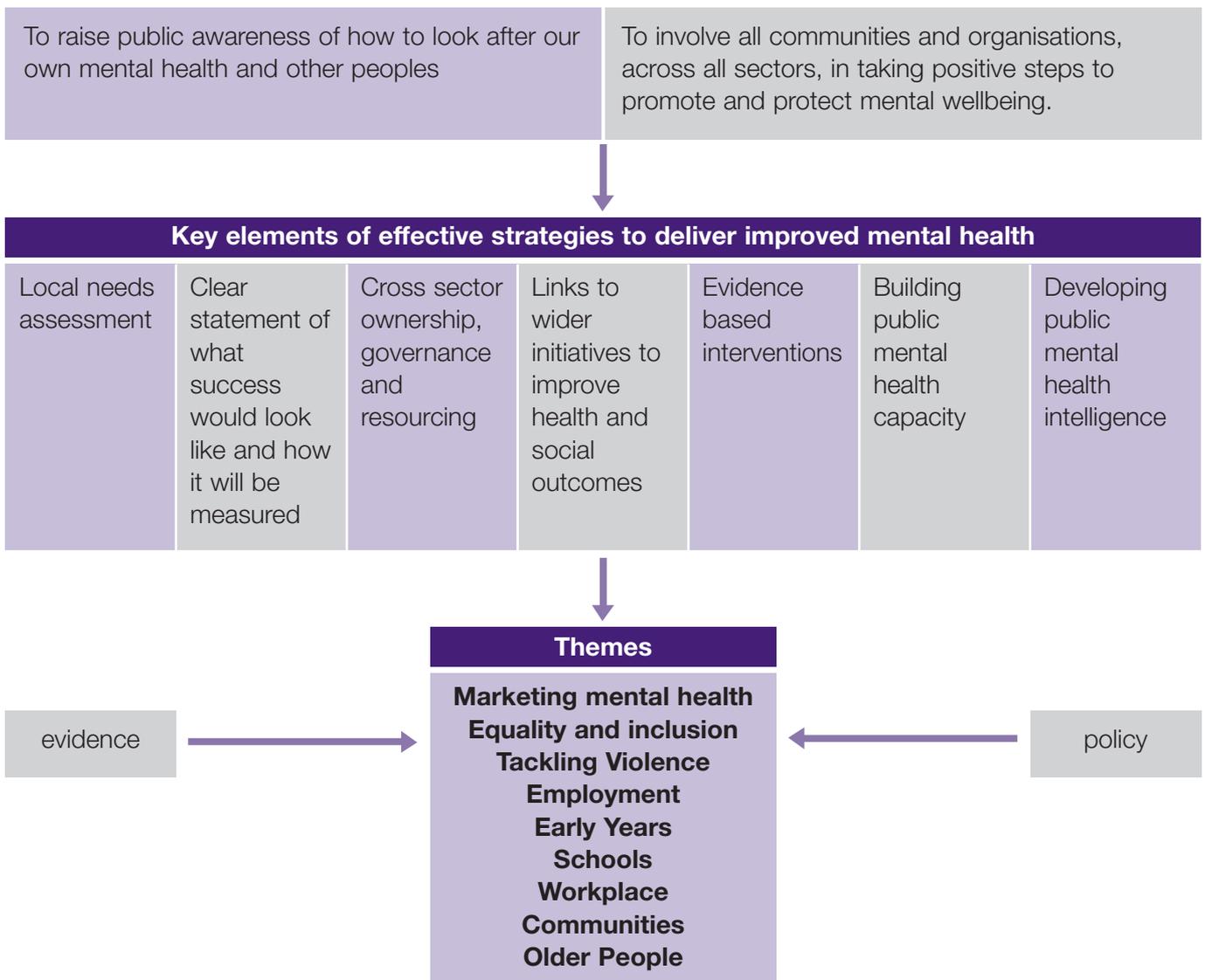
Choosing Health states that a coherent approach to promoting mental health needs to work at three levels:

- strengthening individuals
- strengthening communities
- reducing structural barriers

There is no single blueprint for ensuring that action is taken at all levels. In practice, many local strategies combine:

- settings (e.g. schools and the workplace)
- life stages (e.g. early years, older people)
- population groups (e.g. asylum seekers and refugees)
- key issues (e.g. social inclusion, stigma and discrimination)

**Table Two: Improving mental health and well-being**



## Making the links

(see table two)

It is difficult to achieve improved mental health if local mental health promotion strategies are seen as stand alone documents, solely monitored through NSF for Mental health local implementation teams. Local and regional frameworks for action on mental health and well-being should therefore demonstrate:

- mechanisms for engaging and establishing formal links with stakeholders across all sectors
- a system of governance linked to wider local targets, for example within community strategies and local area agreements
- resources drawn from the wide range of areas, (over and above mental health), to which mental health promotion contributes, for example education, regeneration and health

In most localities, there is a wide range of activity that supports or has the potential to support, improved mental health. Effective local frameworks will be those that also:

- **demonstrate the links** between key themes, (for example within community strategies), and improved mental health, such as the mental health benefits of participation, physical activity, access to green open spaces
- **provide added value** by supporting policies with complementary goals e.g. crime reduction, national healthy schools status
- **identify gaps in provision** e.g. social prescribing, exercise referral, cognitive behavioural therapy
- include **action to build public mental health capacity** and skills
- develop **public mental health intelligence** e.g. research, data, evidence base, indicators
- contribute to the public mental health evidence base through the evaluation

Work is currently underway to find an effective way of including mental health promotion activity in the Durham Service Mapping.<sup>16</sup> The intention is to develop a question structure for mapping mental health promotion and prevention activity, which will provide a sound basis for assessing progress in the future.

Many existing programmes within a community strategy, crime and disorder reduction partnership or local delivery plan will be directly relevant to mental health. Action on noise, traffic congestion, crime, fear of crime, greening and cleaning the environment and anti social behaviour all contribute to promoting mental health. Equally, improving mental health and emotional well-being will contribute to improved quality of life, health behaviours, physical health, recovery rates e.g. following myocardial infarction and health outcomes for chronic physical illness, for example diabetes.

The establishment of multi-agency partnerships has become an increasingly important policy target with a wide range of partnerships at local levels. Partnership, Performance (through national and local PSAs and now Local Area Agreements) and Participation are the key drivers. Local Area Agreements (21 pilot areas have now been agreed) are structured around three themes: children and young people; safer and stronger communities; healthier communities and older people.<sup>17</sup>

<sup>16</sup> The National Institute for Mental Health in England (NIMHE) has for several years commissioned the University of Durham to establish and maintain a web-based resource which maps the availability of adult mental health services in England. This is updated annually by Local Implementation Teams as part of the Autumn Assessment process [www.durham.ac/service-mapping](http://www.durham.ac/service-mapping)

<sup>17</sup> In Greenwich, for example, the focus is on quality of life objectives in five areas: public health/reducing health inequalities; education and skills development; childcare; support for the vulnerable and disadvantaged; crime and liveability

## Local and central government shared priorities

- **creating safer and stronger communities;**
- **improving quality of life of older people and children, young people and families at risk;**
- **promoting healthier communities and narrowing health inequalities;**
- **promoting the economic viability of localities and getting people back into work;**
- **transforming the local environment**

Most areas have a local strategic partnership, which is the recommended structure for planning and delivery of Community Strategies. There is no definitive approach to the way in which LSPs should be structured but they should be a 'single coalition of public, private, voluntary and community sector organisations'. LSPs are a crucial forum for public mental health: local mental health promotion strategies should not be confined to an occasional agenda item on the health subcommittee, but should be clearly linked to broader objectives and specific local targets.

Local government's mainstream services, such as education and social services, play a major role in supporting public health, including mental health. In addition, local authorities have other powers and responsibilities, which could enable them to play a more active role in public mental health, including:

- the general duty for local authorities to promote population well being;
- flexibility for local authorities to develop local targets and work in partnership to respond to local need through the development of Local Area Agreements;
- more support for local authorities to improve parks, public spaces and 'whole town' approaches to walking, cycling and public transport;

- the national 'Healthy Schools Programme' focusing on food in schools, school travel, physical education and sport in schools;
- expanding the number of school nurses working with each primary care trust (PCT) and its local schools.
- ensuring mental health is addressed when assessing large planning applications for potential section 106 agreements with developers

Consultation with standard one leads and other colleagues involved in implementing mental health promotion at a local level suggests that criteria used to identify good practice in local mental health promotion strategies to deliver standard one of the NSF are as follows:

- local needs assessment
- cross sector ownership, governance and resourcing
- links to wider initiatives to improve health and social outcomes
- clear statement of what success would look like and how it will be measured
- evidence based interventions
- building public mental health/mental health promotion capacity
- developing public mental health intelligence

Appendix Two gives examples<sup>18</sup> which illustrate some of the different approaches and highlight how a range of localities have addressed the challenge of developing mental health promotion strategies since the publication of the NSF in 1999.

<sup>18</sup> These are drawn from a wide range of local mental health promotion strategies submitted in response to a call for examples of good practice

## 6 What would success look like/measuring success

Choosing Health states:

*“We will have delivered if we improve the mental health and well-being of the general population”*

### Public mental health: some measures of success

(see table three)

#### **ACTION: MARKETING MENTAL HEALTH**

People are well informed and motivated to look after their own and others' mental health

People have positive and accepting attitudes to people with mental health problems

#### **ACTION: EQUALITY AND INCLUSION**

Inequalities in access to a wide range of sources of support for emotional and psychological problems are reduced

#### **ACTION: TACKLING VIOLENCE AND ABUSE**

Reduction in prevalence of mental health problems

Reduction in self harming behaviour

#### **ACTION: PARENTS AND EARLY YEARS**

Parents and caregivers have the knowledge, skills and capacity to meet the emotional and social needs of infants and young children

Parents and carers have access to support for themselves and their parenting roles, delivered in a way that is evidence based and meets their needs

#### **ACTION: SCHOOLS**

Schools achieving National Healthy Schools Status targets and delivering SEAL

#### **ACTION: EMPLOYMENT**

Reduction in mental health related unemployment

#### **ACTION: WORKPLACE**

Workplaces adopt HSE stress management standards

Support in place to enable people off work with mental health problems to return to work

#### **ACTION: COMMUNITIES**

Improved quality of life and life satisfaction

Increase in the proportion of local areas with a high 'liveability' score

#### **ACTION: LATER LIFE**

Improved life satisfaction among older people

Increased opportunities for older people to participate

Measuring mental health and well-being presents a number of challenges and several government departments are currently working on the development of well-being indicators. These include:

- DEFRA – sustainable development e.g. satisfaction with quality of life and the environment
- DfES – childhood well-being e.g. what's it like to be a child living in your area?
- DH – health information and intelligence task force: bringing together data on health and well-being
- SEU – a measure of older people's wellbeing which might be used to capture some of the benefits of preventative work.

The Audit Commission has produced a nationally agreed set of indicators, '**Quality of Life Indicators: Supporting local communities to become sustainable**' that can be used to measure the quality of life in local areas and the effectiveness of local sustainable community strategies.<sup>19</sup> These complement national indicators to measure progress against Securing the future. Best Value Performance Indicators (BVPIs) for local government include indicators on crime and the provision of advice and guidance services under '*community safety and well-being*'.

Other work in this area includes a major programme on the development of public mental health indicators, funded by the Scottish Executive and currently in its second year.<sup>20</sup> Formal links have

<sup>19</sup> <http://www.audit-commission.gov.uk/qualityoflife/index.asp?page=index.asp&area=hplink>

<sup>20</sup> <http://www.phis.org.uk/info/mental.asp?p=bg>

been established between NIMHE and the Scottish Executive on this project. The World Health Organisation has also produced extensive documentation on quality of life instruments.<sup>21</sup>

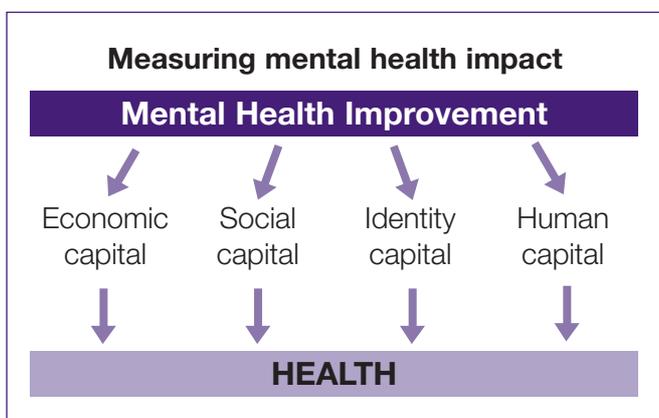
The British Household Panel Survey includes a module on social capital and provides a set of questions which cover the five main elements of social capital:

- civic engagement
- neighbourliness
- social networks
- social support
- perception of the local area.

A user guide is available<sup>22</sup>, outlining the standard sets of questions used (Coulthard et al 2001; Walker and Coulthard 2004).

The model below provides a framework for considering the different pathways through which the impact of programmes designed to improve mental health might be assessed, via increases in four forms of capital:

- economic capital (employment, investment, productivity)
- human capital (knowledge, skills and awareness)
- social capital (trust, reciprocity, networks and interdependency)
- identity capital (positive self image, assertiveness and confidence)



(Adapted from Feinstein et al 2003)

Although this model was developed to explain improved health outcomes associated with adult learning (Feinstein et al 2003), the key elements (economic capital, human capital, social capital and identity capital) are recurring themes in the research literature on the importance of mental health and well-being.

The value of this model for evaluating complex mental health promotion programmes is that it does not depend on specific data on health or health behaviour (e.g. prevalence of depression, smoking, substance abuse). Rather, it is based on a hypothesis for which there is a reasonably robust evidence base: that improved economic, social, identity and human capital are associated with improved health across a range of domains. Mapping the relationship between mental health interventions and health in this way draws on four areas of research:

- the emotional pathways through which material deprivation impacts on health
- social support as a protective factor for both mental and physical health
- health benefits of participation, involvement and reciprocity, drawn from research on social capital
- a return to more holistic definitions of health and the range of factors influencing quality of life

Some local authorities e.g. Lewisham and Lambeth have piloted mental health impact assessments (Cooke and Coggins 2005) and there is scope for including measures for the assessment of positive mental health in the 'tools to assess local health and well-being' proposed in Choosing Health, as well as in health impact assessments.<sup>23</sup>

<sup>21</sup> <http://www.who.int/evidence/assessment-instruments/qol/documents/WHOQOL-100.pdf>  
<http://www.who.int/evidence/assessment-instruments/qol/documents/WHOQOL-BREF.pdf>

<sup>22</sup> <http://www.data-archive.ac.uk/doc/4518%5Cmrdoc%5Cpdf%5Ca4518uab.pdf>

<sup>23</sup> The Lambeth and Lewisham Mental Health and Well-being Impact Assessment toolkit was developed to identify the mental health impact of Neighbourhood Renewal funded projects  
[http://healthfirst.org.uk/publications/project\\_reports.htm](http://healthfirst.org.uk/publications/project_reports.htm)

**Table Three: Measuring Success**

<b>Individual goals:</b>		
<ul style="list-style-type: none"> <li>● keeping physically active,</li> <li>● eating well</li> <li>● drinking in moderation</li> <li>● valuing yourself and others</li> <li>● talking about your feelings</li> </ul>	<ul style="list-style-type: none"> <li>● keeping in touch with friends and loved ones</li> <li>● caring for others</li> <li>● getting involved and making a contribution</li> </ul>	<ul style="list-style-type: none"> <li>● learning new skills</li> <li>● doing something creative</li> <li>● taking a break</li> <li>● asking for help</li> </ul>
<b>Local indicators:</b>		
<ul style="list-style-type: none"> <li>● People are well informed and motivated to look after their own mental health and that of others</li> <li>● People have positive and accepting attitudes to people with mental health problems</li> <li>● People have access to a wide range of sources of support for emotional and psychological difficulties</li> <li>● Reduction in inequalities in access to non-pharmacological sources of support, notably for Black and Minority Ethnic Communities and older people</li> <li>● Reduction in the prevalence of mental health problems;</li> </ul>	<ul style="list-style-type: none"> <li>● Reduction in self-harming behaviour</li> <li>● Parents and caregivers have the knowledge, skills and capacity to meet the emotional and social needs of infants and young children</li> <li>● Parents and carers have access to support for themselves and for their parenting roles, delivered in a way that is evidence based and meets their needs</li> <li>● Schools achieving National Healthy Schools status targets and delivering SEAL</li> <li>● The number of secondary schools actively facilitating pupil participation in volunteering opportunities</li> </ul>	<ul style="list-style-type: none"> <li>● Reduction in mental health related unemployment</li> <li>● Workplaces adopt HSE stress management standards</li> <li>● Support in place to enable people off work with mental health problems to return to work as quickly as possible</li> <li>● Improved quality of life and life satisfaction</li> <li>● The number of localities described by residents as a 'good place to live and work'</li> <li>● Improved life satisfaction among older people</li> <li>● Increased opportunities for older people to participate</li> </ul>
<b>Population Outcomes:</b>		
<ul style="list-style-type: none"> <li>● Be healthy</li> <li>● Stay safe</li> <li>● Enjoy and achieve</li> <li>● Make a positive contribution</li> <li>● Achieve economic wellbeing</li> </ul>	<ul style="list-style-type: none"> <li>● Improved health</li> <li>● Improved quality of life</li> <li>● Making a positive contribution</li> <li>● Exercise of choice and control</li> </ul>	<ul style="list-style-type: none"> <li>● Freedom from discrimination or harassment</li> <li>● Economic well-being</li> <li>● Personal dignity</li> </ul>

## 7 Moving forward

The many examples of effective local strategies included in this document demonstrate how much has already been achieved. To achieve sustained improvements will involve:

- working with those with the potential to influence mental health across all sectors – mental health promotion is a shared responsibility
- embedding mental health promotion within existing structures for improving health and social outcomes e.g. community strategies, local area agreements
- developing public mental health intelligence e.g. indicators, evidence base and evaluation
- building public mental health capacity

The Government's programme to improve mental health services and to tackle stigma, discrimination and social exclusion experienced by people with mental health problems is set out in the National Service Framework for Mental Health and the Social Exclusion Unit report Social Exclusion and Mental Health. These efforts now need to be complemented by further action across all sectors to promote the mental health and well-being of the whole population.

## Appendices

### Appendix One Policy environment

Further details of the policies referred to in Section Three which are relevant to public mental health.

#### Race Equality

**Delivering Race Equality in mental health care: An action plan for reform inside and outside services and the Government's response to the Independent inquiry into the death of David Bennett** (DH 2005)

[http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT\\_ID=4100773&chk=grJd1N](http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4100773&chk=grJd1N)

Delivering Race Equality outlines how mental health services across the spectrum of provision are required to fulfil their obligations under the Race Relations (Amendment) Act 2000 and:

- to reduce and eliminate ethnic inequalities in mental health service access, experience and outcome

It includes information for those planning, delivering and monitoring primary care services. Key objectives of special relevance to mental health promotion include:

- a more balanced range of effective therapies, such as peer support services and psychotherapeutic and counselling treatments, as well as pharmacological interventions that are culturally appropriate and effective;
- more appropriate and responsive services, community engagement, better information

#### Additional resources:

**Celebrating our Cultures: guidelines for mental health promotion with Black and Minority Ethnic communities** (DH 2004)  
<http://kc.nimhe.org.uk/upload/78872-MHP-Black%20Minority.pdf>

#### Learning disability

**Valuing people: a new strategy for learning disability for the 21st century**

rights, independence, choice and inclusion

<http://www.archive.official-documents.co.uk/document/cm50/5086/5086.htm>

*Better life chances, support and control, improving health, housing, fulfilling lives, employment* for improving the lives of people with learning disabilities and their families and carers, based on recognition of their rights as citizens, social inclusion in local communities, choice in their daily lives and real opportunities to be independent.

#### Suicide Prevention

**National Suicide prevention Strategy for England** (DH 2002)

<http://www.dh.gov.uk/assetRoot/04/01/95/48/04019548.pdf>

- goal two is 'to promote mental well-being in the wider population' and suicide prevention is part of the wider public health and mental health promotion agenda
- within the general population, young men are identified as a key high risk group
- PCTs are expected to demonstrate how they will meet the National target at a local level but responsibility for reducing mortalities from suicide is shared across the full range of agencies.

## **National service framework for mental health (DH 1999)**

<http://www.dh.gov.uk/assetRoot/04/07/72/09/04077209.pdf>

- Standard Seven covers suicide prevention, with the OHN target of reducing the suicide rate by at least one fifth by 2010

## **Workplace**

### **Health and Safety Executive Management Standards for Work-related stress (HSE 2004)**

<http://www.hse.gov.uk/stress/standards/>

These standards are currently recommended, rather than mandatory, although a strong business case is made for adopting them. They include targets for addressing six areas:

- Demands – workload, work patterns and the work environment.
- Control – how much say the person has in the way they do their work.
- Support – the encouragement, sponsorship and resources provided by the organisation, line management and colleagues.
- Relationships – promoting positive working to avoid conflict and dealing with unacceptable behaviour.
- Role – whether people understand their role within the organisation and whether the organisation ensures that they do not have conflicting roles.
- Change – how organisational change (large or small) is managed and communicated in the organisation

## **Work life balance**

### **Work and families – choice and flexibility consultation paper (DTI 2005)**

[http://www.dti.gov.uk/er/choice\\_flexibility\\_consultation.pdf](http://www.dti.gov.uk/er/choice_flexibility_consultation.pdf)

- includes proposals to extend the right to request flexible working hours to carers of adults and parents of older children

### **Balancing work and family life: enhancing choice and support for parents (DTI 2003)**

<http://www.dti.gov.uk/er/individual/balancing.pdf>

- legal and policy context for enabling parents to balance work and family life

## **Employment**

### **Pathways to work: helping people into employment (DWP 2002)**

<http://www.dwp.gov.uk/consultations/consult/2002/pathways/pathways.pdf>

Pathways to Work is currently being extended: The first four Jobcentre Plus districts will begin Pathways to Work in October 2005, a further 7 in April 2006 and a final 3 in October 2006.

Pathways to Work pilots include:

- Support from a personal adviser support and contact every month in the first 8 months of the claim
- NHS rehabilitation support with managing health condition
- Return to work credit designed to help returning to work to pay financially
- Work with local GPs and employers to ensure people on incapacity benefit are not discouraged from working again

Pathways pilots will be extended to some people who have been on IB for over a year.

### Additional resources

**Line Managers' resource: a practical guide to managing and supporting mental health in the workplace** (Mindout for mental health 2004)

<http://www.nimhe.org.uk/downloads/LineMngrPack-FINAL.pdf>

**Mental health and employment in the NHS** (DH 2002)

<http://www.dh.gov.uk/assetRoot/04/06/03/81/04060381.pdf>

### Early years and childhood

**Every Child Matters: inspection, assessment and review of services for children and young people** (Ofsted 2004)

[http://www.everychildmatters.gov.uk/\\_files/F9E3F941DC8D4580539EE4C743E9371D.pdf](http://www.everychildmatters.gov.uk/_files/F9E3F941DC8D4580539EE4C743E9371D.pdf)

- Cross government strategy for ensuring that all children are healthy, safe, enjoy and achieve, make a positive contribution and achieve economic well-being.

**NSF for Children, Young People and Maternity Services** (DH 2004)

[http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/ChildrenServices/ChildrenServicesInformation/ChildrenServicesInformationArticle/fs/en?CONTENT\\_ID=4089111&chk=U8Ecln](http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/ChildrenServices/ChildrenServicesInformation/ChildrenServicesInformationArticle/fs/en?CONTENT_ID=4089111&chk=U8Ecln)

- Standard 9 covers the mental health and psychological wellbeing of children and young people and states: "The promotion of Children's mental health is an investment for life. Good mental health is a vital foundation for children's emotional, social and educational development, enabling them to:
  - achieve at school;
  - form supportive relationships; and
  - move successfully into adult and working life

- all staff working directly with children and young people should have sufficient knowledge, training and support to promote psychological well-being and to identify early indicators of difficulty.
- Standard 2 covers support for parents, including parents in difficult circumstances or with specific needs and those caring for looked after children.

Other key features of this NSF, which are also prominent in Choosing Health include:

- the integration of mental and physical health promotion, notably in the Child Health Promotion Programme, a structured programme of interventions which will be provided for all children from birth to adulthood. Health visitors will lead and oversee delivery of the Child Health Promotion programme and a stronger, more developed role is envisaged for school nurses.
- a strong emphasis on support for parents, together with acknowledgement that "everyone in a community has a role to play in ensuring that the environment in which children are growing up promotes their mental health".

### Additional resources

**Promoting children's mental health in early years and school settings** (DfES 2001)

[http://www.teachernet.gov.uk/\\_doc/4619/mentalhealth.pdf](http://www.teachernet.gov.uk/_doc/4619/mentalhealth.pdf)

### Schools

**Promoting Emotional Health and Well-Being through the National Healthy School Standard** (HDA/DFES/DH 2004)

[http://www.wiredforhealth.gov.uk/PDF/NHSS\\_A\\_Guide\\_for\\_Schools.pdf](http://www.wiredforhealth.gov.uk/PDF/NHSS_A_Guide_for_Schools.pdf)

**Primary National Strategy Social and emotional aspects of learning (SEAL) curriculum resource launched June 2005 to develop children's social, emotional and behavioural skills** [www.teachernet.gov.uk/seal](http://www.teachernet.gov.uk/seal)

### **Youth Matters green paper** (DfES 2005)

<http://www.dfes.gov.uk/consultations/downloadableDocs/Youth%20pdf.pdf>

- Green paper on a strategy for providing opportunities, challenge and support to young people, helping all teenagers to achieve the five Every Child Matters outcomes. The strong focus on making volunteering the norm, in line with the recommendations of the Russell Report, is of special relevance to mental health.
- Key themes are reshaping services to meet needs in a more holistic way and the provision of positive activities, with young people themselves having a much stronger say in what's on offer and how it's delivered. Local authorities, through Children's Trusts, will have a lead role and funding streams will be merged to allow integration e.g. Connexions with wider range of services and projects.

### **Healthy minds: promoting emotional health and well-being in schools**

<http://www.ofsted.gov.uk/publications/index.cfm?function=pubs.displayfile&id=3954&type=pdf>

Ofsted report on the role played by schools in promoting the emotional well-being of their pupils. It analyses practice based on evidence gathered from visits by HMI to 72 schools and reports on the low level of awareness of the importance of emotional well-being.

### **A national framework for youth action and engagement – report of the Russell Commission** (2005)

[http://www.russellcommission.org/docs/Final\\_report.pdf](http://www.russellcommission.org/docs/Final_report.pdf)

Aims to make volunteering the norm for young people and radically extend the opportunities available, notably in the following areas:

- **good health** – tackling obesity through sport, promoting good sexual health advice;
- **community safety and city pride** – self-defence groups, raising awareness about drugs, anti-bullying projects;
- **education and literacy** – theatre groups, classroom assistants, extended schools, homework clubs, teaching IT skills;
- **community involvement** – helping the elderly, working in a hospital, organising cultural events, running a local campaign, fundraising for charity;
- **greener environments** – cleaning up public parks and play areas, recycling programmes.

### **Culture, media and sport**

#### **Living Life to the Full: Department for culture, Media and Sport Five year plan** (DCMS 2005)

<http://www.culture.gov.uk/NR/rdonlyres/E4A67940-54A1-4A0C-945691865328C8A4/0/DCMSFIVEYEARPLAN.pdf>

- robust plan for the enrichment of lives through culture and sport

#### **Additional resources**

#### **Arts, Health and Well-being: a strategy for partnership** (Arts Council England 2004a)

*“being involved with the arts can have a lasting and transforming effect on many aspects of people's lives. This is true not just for individuals, but also for neighbourhoods, communities, regions and entire generations, whose sense of identity and purpose can be changed through art.”*

**Your health and the arts: a study of the association between arts engagement and health** (Arts Council for England 2005)

[http://www.artscouncil.org.uk/documents/publications/yourhealth\\_phpUVF18.pdf](http://www.artscouncil.org.uk/documents/publications/yourhealth_phpUVF18.pdf)

**The impact of the arts: some research evidence** (Arts Council 2004b)

<http://www.artscouncil.org.uk/documents/projects/phpOaLZrn.doc>

**Doing the arts justice: a review of research literature, practice and theory** (Hughes 2005)

<http://www.culture.gov.uk/NR/rdonlyres/D4B445EE-4BCC-4F6C-A87A-C55A0D45D205/0/Doingartsjusticefinal.pdf>

## Older People

**National Service Framework for Older People and Better Health in Old Age** (DH 2004)

<http://www.dh.gov.uk/assetRoot/04/09/32/15/04093215.pdf>

- aims to extend the healthy life expectancy of older people. Standard 7 focuses on the promotion of mental health and Standard 8 on the promotion of health and active life in older age.

Priorities relevant to mental health promotion:

- reducing age discrimination
- involving older people
- tackling falls
- promotion of good mental health
- early recognition or diagnosis of mental health problems to ensure patients receive prompt care
- meeting needs of people who care for older people with mental health problems.

**Better health in old age** reports on progress and identifies the detection and treatment of depression and increasing opportunities for physical activity as priorities.

**Excluded older people: social exclusion unit interim report** (Social Exclusion Unit 2005)

<http://www.socialexclusion.gov.uk/downloaddoc.asp?id=710>

- interim report based on extensive consultation outlining approaches to promote the overall quality of life of older people and their engagement in the community
- key findings include: *intervening early is important, and investment in low level prevention can reduce costlier interventions later; older people generally know what they need and want, and they should be involved in the design and – where practicable – the delivery of services.*
- the section on mental health focuses on depression, undiagnosed depression, loneliness, isolation and dementia.

**Independence, Well-being and Choice: Our Vision for the Future of Social Care for Adults in England Social Care Green Paper**

(Department of Health 2005)

[http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/SocialCare/AboutSocialCare/AboutSocialCareArticle/fs/en?CONTENT\\_ID=4106483&chk=QpboYy](http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/SocialCare/AboutSocialCare/AboutSocialCareArticle/fs/en?CONTENT_ID=4106483&chk=QpboYy)

- greater focus on preventative services to allow for early targeted interventions, and the use of the local authority well-being agenda to ensure greater social inclusion and improved quality of life;

**Additional resources:**

**All our tomorrows: inverting the triangle of care** (ADSS/LGA 2003)

<http://www.adss.org.uk/publications/other/allourtomorrows.pdf>

## Gender

### **Women's mental health into the mainstream**

(DH 2002)

<http://www.dh.gov.uk/assetRoot/04/07/54/87/04075487.pdf>

### **Mainstreaming Gender and Women's Mental Health Implementation Guidance** (DH 2003)

<http://www.dh.gov.uk/assetRoot/04/07/20/69/04072069.pdf>

### **The National Domestic Violence Delivery Plan**

(Home Office 2005)

### **Domestic violence: a national report** (Home Office 2005)

<http://www.crimereduction.gov.uk/domesticviolence51.pdf>

- reducing the prevalence of domestic violence
- increasing the rate that domestic violence is reported
- increasing the rate of domestic violence offences that are brought to justice
- ensuring victims of domestic violence are adequately protected and supported nationwide
- reducing the number of domestic violence related homicides.

A further target is to reduce the numbers of a) young people and b) all people who think that violence is acceptable in some circumstances:

Includes a revised Best Value Indicator (BVPI) to assess the overall effectiveness of local authority services designed to help victims of domestic violence. It consists of a "basket" of indicators, seeking information across a range of key local authority services, which are essential in order to tackle domestic violence effectively.

## Additional resources

Series of literature reviews on effective approaches to reducing violence against women

<http://www.homeoffice.gov.uk/docs/brief.html>

Home Office Violence Against Women Initiative

<http://www.homeoffice.gov.uk/rds/violencewomen.html>

### **Violent Britain: People, Prevention and Public Health** (Centre for Public Health, Liverpool John Moores University 2005)

[http://www.cph.org.uk/cph\\_pubs/reports/CH/Violent%20Britain1.pdf](http://www.cph.org.uk/cph_pubs/reports/CH/Violent%20Britain1.pdf)

- This report brings together UK information on youth violence, intimate partner violence, child maltreatment, elder abuse and sexual violence.

## Alcohol

### **Alcohol harm reduction strategy for England**

(Cabinet Office 2004)

<http://www.strategy.gov.uk/downloads/su/alcohol/pdf/CabOffice%20AlcoholHar.pdf>

### **Strategy Unit (2003) Alcohol Harm Reduction project Interim Analytical Report**

## Neighbourhood Renewal/community development

### **A New Commitment to Neighbourhood Renewal: A National Strategy Action Plan**

(Social Exclusion Unit 2001)

<http://www.neighbourhood.gov.uk/publications.asp?did=85>

### **Making it happen in neighbourhoods** (ODPM) NRU 2004

<http://www.neighbourhood.gov.uk/publications.asp?did=1193>

### **Securing the Future – UK Government sustainable development strategy (2005)**

<http://www.sustainable-development.gov.uk/publications/uk-strategy/uk-strategy-2005.htm>

### **Firm Foundations: The Government's Framework for Community Capacity Building (Home Office:Civil Renewal Unit 2004)**

[http://uk.sitestat.com/homeoffice/homeoffice/s?docs3.ho\\_firm\\_foundations0812&ns\\_type=pdf&ns\\_url=%5Bhttp://www.homeoffice.gov.uk/docs3/ho\\_firm\\_foundations0812.pdf%5D](http://uk.sitestat.com/homeoffice/homeoffice/s?docs3.ho_firm_foundations0812&ns_type=pdf&ns_url=%5Bhttp://www.homeoffice.gov.uk/docs3/ho_firm_foundations0812.pdf%5D)

### **Sustainable communities: building for the future (ODPM 2003)**

[http://www.odpm.gov.uk/stellent/groups/odpm\\_communities/documents/page/odpm\\_comm\\_022184.hcsp](http://www.odpm.gov.uk/stellent/groups/odpm_communities/documents/page/odpm_comm_022184.hcsp)

### **Local area agreement guidance (ODPM 2005)**

[http://www.odpm.gov.uk/stellent/groups/odpm\\_localgov/documents/page/odpm\\_locgov\\_038736.pdf](http://www.odpm.gov.uk/stellent/groups/odpm_localgov/documents/page/odpm_locgov_038736.pdf)

## **Pharmacy**

### **Choosing health through pharmacy: a programme for pharmaceutical public health 2005-2015 (DH 2005)**

<http://www.dh.gov.uk/assetRoot/04/10/74/96/04107496.pdf>

- strategy for an expanded public health role through pharmacy, in the context of the new contract for community pharmacy. Includes a vision for the health promoting pharmacy, which includes the promotion of mental health and support for self care, as well as case studies on the role of community pharmacy in reaching marginalised communities: rural, homeless, travellers, refugees and asylum seekers.

## **Primary Care**

### **National Primary Care Mental Health Collaborative**

[http://www.npdt.org/scripts/default.asp?site\\_id=25](http://www.npdt.org/scripts/default.asp?site_id=25)

- Programme to support the improvement of primary care services for adult common mental health disorders and reduce the inequitable distribution of therapies such as counselling, CBT, exercise on prescription.

### **NIMHE North East, Yorkshire and Humber Mental health promotion in primary care: a toolkit**

<http://kc.nimhe.org.uk/index.cfm?fuseaction=Item.viewResource&intItemID=65307>

[Neil.Johnson@nimheneyh.nhs.uk](mailto:Neil.Johnson@nimheneyh.nhs.uk)

- Provides front-line staff in Primary Care, Social Services Departments and the voluntary sector with the evidence-base to promote mental well-being in local communities.

## Appendix Two

# local strategies: examples of good practice

The following local strategies illustrate the seven criteria used to identify good practice highlighted in Section Five.

### Local needs assessment

#### Promoting mental well-being in Greenwich – a strategic approach

Contact: [hilary.guite@nhs.net](mailto:hilary.guite@nhs.net)

Detailed needs assessment reports are available on each of the settings featured in this strategy. The findings of the six reports making up the Greenwich Mental Health Promotion Needs Assessment are available from the Public Health Department of Greenwich PCT<sup>24</sup>.

Each of the six reports followed a similar format to identify markers of need for mental health promotion in Greenwich at the individual level, at the community level and at the policy level

- At the individual level we applied epidemiological findings from the National Psychiatric Morbidity survey (ONS 2001) to our local population and summarised the evidence base for protective and risk factors (drawing on the source document Making it Happen (DoH 2001).
- For the community level we identified local data to attempt to describe baseline levels of trust and tolerance, social networks, participation, sense of control and participation in decision making.

- For the structural level we focused on social and economic deprivation and issues that require a policy approach.

#### Promoting mental health and well-being in Lambeth: Achieving Impact Through Partnership

Contact: [Sarah.Corlett@lambethpct.nhs.uk](mailto:Sarah.Corlett@lambethpct.nhs.uk)

As part of the development of the strategy, local people had an opportunity to participate in story telling workshops. Lambeth Voices Live: Stories about living in Lambeth from local people available from [tracie.douglas@lambethpct.nhs.uk](mailto:tracie.douglas@lambethpct.nhs.uk). In an Open Space event, attended by over 120 people, statutory sector staff, voluntary and community organisations, users, carers, and members of the public spent a day identifying aspects of mental health and wellbeing that were important to them and what they wanted to change in Lambeth. The priority areas and suggested actions formed the basis of the strategy.

#### All of us: a mental health promotion strategy for Leeds 2002-2005

Contact: [ian.cameron@leedsnorthwest-pct.nhs.uk](mailto:ian.cameron@leedsnorthwest-pct.nhs.uk)

Leeds needs assessment and strategy development involved an extensive consultation, two conferences to involve a wide range of local stakeholder in discussing and debating themes and priorities for the strategy and also drew on the findings of a wide range of specific consultations, conferences and events with different target groups in different settings e.g. black and minority ethnic service users, deaf people, older people, primary care organisations, looked after children. Once published, the strategy included a tear off form inviting comment and feedback.

<sup>24</sup> Greenwich Teaching Primary Care Trust Public Health department. 0208 293 6711

### **Mental Health Promotion Strategy for Bury 2005-2008**

**Contact:** [carl.chrystan@burypct.nhs.uk](mailto:carl.chrystan@burypct.nhs.uk) or [Natalie.Moran@burypct.nhs.uk](mailto:Natalie.Moran@burypct.nhs.uk)

The Bury needs assessment involved professionals, service providers, carers and people with mental health problems, through mapping and local health surveys. Key data was drawn from a local health and lifestyle survey by the PCT (response rate of 66%).

### **Everyone's business: an updated strategy and action plan for mental health promotion in Northumberland – 2004**

**Contact:** [Janet.Bostock@nmht.nhs.uk](mailto:Janet.Bostock@nmht.nhs.uk)

Northumberland conducted needs assessment through widespread consultations and conferences. They used qualitative action research methods to represent the needs of young people both across the County, and in a particular locality. Participative methods were used at every stage of the data gathering, analysis, reporting and dissemination. Recently this method was also used to understand the needs of women who have experienced domestic abuse and used services in Northumberland. Recommendations from these studies have been well used in the development of recent initiatives e.g. a task group for domestic abuse. Reports available from Janet Bostock.

### **Cross sector ownership, governance and resourcing**

#### **Manchester Mental Health Promotion Strategy. 2004-2010**

**Contact:** [daniel.madge@jct.manchester.nhs.uk](mailto:daniel.madge@jct.manchester.nhs.uk)

The Manchester strategy provides a starting point for organisations that subscribe to the Manchester Community Strategy to play their part in promoting mental health for the people of Manchester

The strategy also supports the Greater Manchester Strategic Health Authority's "Strategic Framework for Mental Health Services", by identifying that

every service and member of staff has a role to play in promoting mental health and social inclusion

### **Kent Mental Health Promotion Strategy**

**Contact:** [Janet.Elgar@swkentpct.nhs.uk](mailto:Janet.Elgar@swkentpct.nhs.uk)

The Kent strategy involves five PCTs, Tunbridge Wells Borough Council and the voluntary sector. A key focus of the strategy is to demonstrate the links between mental health promotion, well-being and the Community Strategy, highlighting the local authority power to promote economic, social and environmental well-being.

### **Promoting mental well-being in Greenwich – a strategic approach**

**Contact:**

[Carol-Ann.Murray@GreenwichPCT.nhs.uk](mailto:Carol-Ann.Murray@GreenwichPCT.nhs.uk)

The strategy places mental health promotion at the heart of the public health agenda in Greenwich and aims to demonstrate how promoting mental health can contribute centrally to improved outcomes for those who live and work in Greenwich. It provides a framework for understanding the links between mental well-being, public health and the reduction of inequalities.

The strategy recommendations encourage participation by a wide range of local agencies and are based both on local needs assessment and evidence of effectiveness. They form the basis of a local arrangement to be reviewed yearly with a comprehensive review of mental health promotion taking place in 2007.

*“Opportunities for joint working include smoking cessation services within mental health services, social prescribing including GP referrals for physical activity and the Healthy Schools standards. A Health Development Strategic Framework has recently been agreed and describes how the TPCT will strengthen its leadership role for improving health and tackling inequalities and the way it works with partner agencies especially the local authority.”*

### **Hull and East Riding MHP Strategy**

**Contact:** Evelyn.Krasner@whpct.nhs.uk

Hull and East Riding mental health promotion database

<http://www.heros.org.uk/help/default.ihtml?step=4&pid=364>

The Hull and East Riding strategy includes the following objective:

“to engage stakeholders across the many different settings and sectors, including those involved in local strategic partnerships and to ensure that links are made with local health/health related community strategies with supporting goals”

*“The Hull and East Riding mental health promotion programme has benefited from our local Health Action Zone which supported the setting up of a number of innovative projects in 1999. These projects are all now well established and supporting the health and wellbeing of a wide range of target groups: parents, teenage boys, farmers, people with mental health problems, children and young people in schools, pre-retirement age group. Also, as our mental health promotion database illustrates, a very wide range of programmes and activities, being delivered by an equally wide range of organisations, support emotional health and wellbeing. We aim through our newsletter, our local Forum, as well as one off events and training programmes, to demonstrate how far reaching mental health promotion is and to encourage agencies and organisations to consider how their work impacts on mental health.”*

### **Mental Health Promotion Strategy and Action Plan for Slough 2005-2008**

**Contact:** Andrew Kimber

**Andrew.Kimber@berkshire.nhs.uk**

The Slough Strategy is delivered and monitored through the Mental health partnership board. The Local Strategic Partnership Slough Focus agrees the over arching policies and priorities for the delivery of local services. The Slough Health, Housing and Social Care Key Partnership Group is a sub-group of Slough Focus and consists of Chief Executives and Directors of local NHS, Housing, and Social Care agencies. The role of this group is to agree and coordinate local health, housing and social care strategic plans and ensure the delivery of priorities in line with the Slough’s arching policy objectives and national priorities. This includes priorities for mental health.

### **Mental Health Promotion Strategy for Bury 2005-2008**

**Contact:** carl.chrystan@burypct.nhs.uk or  
**Natalie.Moran@burypct.nhs.uk**

In Bury, the mental health promotion strategy is reviewed annually through the Strategic Partnership for Health and Social Care, which aims to develop commitment to the strategy and partnership working across sectors and between organisations to promote mental health.

### **Stoke Mental Health Promotion Strategy**

**Contact:** Kate.Edwards@northstaffs.nhs.uk;  
**Sharon.taaffe@northstaffs.nhs.uk**

Mental health promotion forms part of the wider Mental Health Strategy for Stoke and stresses the relevance of mental health promotion both to the general population and to people living with mental health problems:

A key strategic goal is ‘supportive services’ i.e. all services which contribute to well-being, notably benefits advice and support:

*“mental health promotion is part of the business plans of health and social care providers and is built into systems and contracts for providers. Front line staff have a remit for and can actively contribute to mental health promotion”*

A long term goal is the development of Kite mark type standards for voluntary sector providers and commitment to long term funding of activities which meet the goals of the strategy.

## Links to wider initiatives to improve health and social outcomes

### Manchester Mental Health Promotion Strategy. 2004-2010

Contact: [daniel.madge@jct.manchester.nhs.uk](mailto:daniel.madge@jct.manchester.nhs.uk)

Manchester makes a strong case for the overall importance of mental health and links this to the need to deliver services accessible to people with mental health problems and the business case for workplace mental health:

There are things that people can do to look after their own mental health and that of their friends, family and neighbours. Equally, every individual should have access to high quality information and support in order to be able to look after their own mental health and to help them find support when this is not possible

- Mainstream organisations need to deliver services to everyone in the city including people with mental health needs
- Organisations that are competent and confident in dealing with people's mental health needs are better placed to meet their organisational objectives.

### Everyone's business: an updated strategy and action plan for mental health promotion in Northumberland – 2004

Contact: [Janet.Bostock@nmht.nhs.uk](mailto:Janet.Bostock@nmht.nhs.uk)

Northumberland lists 'influencing Community Plans' among a wide range of achievements. A multi agency Mental Health Promotion Steering Group includes Northumberland Care Trust's Director of Public Health, representatives from Mental Health,

the Local Implementation Team, voluntary groups and Local Authorities and has been active in Northumberland for the last three years. It steers the activities to meet the strategy objectives, which reflect the title 'everyone's business' and are as follows:

- tackle social inequalities and the mental health needs of older people, young people and women experiencing domestic violence.
- develop an understanding of mental health as a key health indicator in order to take it into account in policy development and decision-making
- enhance local practitioner's abilities to implement and evaluate mental health promotion initiatives
- strengthen partnership working between mental health services, primary care services, voluntary and community organisations

### A mental health promotion strategy for Swindon 2004-2007

Contact: [frances.mayes@swindon-pct.nhs.uk](mailto:frances.mayes@swindon-pct.nhs.uk)

Swindon's mental health promotion strategy is linked to the goals of a wide range of other local strategies and initiatives, including: sexual health, obesity, physical activity and healthy eating, smoking, neighbourhood renewal, domestic violence, substance misuse, CAMHS, primary care mental health link workers, healthy schools, suicide prevention and supporting people with learning disabilities. For example:

*"mental health promotion will support the aims of the Domestic Violence Intervention Partnership, to make a positive difference to levels of domestic violence, improve the quality and consistency of services provided to victims of domestic violence, share and develop best practices and act as a central point of reference. The mental health promotion strategy will work alongside the domestic violence strategy."*

## **Hull and East Riding MHP Strategy**

**Contact:** [Evelyn.Krasner@whpct.nhs.uk](mailto:Evelyn.Krasner@whpct.nhs.uk)

The potential for mental health promotion lies within wide ranging health and health-related initiatives and strategies. It is important for our mental health promotion programme to link with these initiatives to ensure that their mental health impact is recognised and enhanced. Currently our programme is represented on:

- Women's Mental Health Strategy Group
- Mother and Baby Strategy Group
- Welfare to Work Partnerships
- Social Inclusion Steering Group (Mental Health)
- Mental Health and Physical Activity Partnership
- Arts in Health Strategy Group
- National Healthy Schools Standard Groups
- East Riding Childrens' Fund
- CAMHS Strategy Group
- Public Health Networks
- Eating Disorders Network
- East Riding LEA Emotional Health Group
- Hull LEA Anti-bullying Group

## **All Derbyshire Mental Health Promotion Strategy**

**Contact:** [Vicki.Price@DerbysDales-PCT.nhs.uk](mailto:Vicki.Price@DerbysDales-PCT.nhs.uk)

Derbyshire has established a cross Derbyshire Employment Working Group, tied into Welfare to Work and Job Centre Plus, to take forward a wide range of mental health promotion initiatives, from supported employment to mental health at work.

The strategy links specifically with community safety strategies and domestic abuse (in line with Derbyshire County Protocol), with interventions that address isolation and fear of crime, especially for older adults.

## **Promoting healthy minds in Bromley 2003-2006**

**Contact:** [tim.sowter@bromleypct.nhs.uk](mailto:tim.sowter@bromleypct.nhs.uk)

The Bromley Strategy identifies a small number of priorities for key target groups and settings and sets specific targets. These include 'quality of life' which addresses the impact of the physical environment, notably noise, housing, lack of heating and anti social behaviour.

## **Defining and measuring success**

### **Hull and East Riding MHP Strategy**

**Contact:** [Evelyn.Krasner@whpct.nhs.uk](mailto:Evelyn.Krasner@whpct.nhs.uk)

Over the past two years, in partnership with the Preston Road New Deal for Communities (NDC) we have developed a community mental health impact toolkit for Preston Road's neighbourhood renewal programme. An article on this work was published in the Journal of Mental Health Promotion in June 2004. The first annual report on 'Mental Health on Preston Road' will be produced later this year.

### **NIMHE North West**

**Contact:**

[jude.stansfield@nimhenorthwest.org.uk](mailto:jude.stansfield@nimhenorthwest.org.uk)

### **Good practice standards for benchmarking mental health promotion and social inclusion action plans**

<http://www.nimhenorthwest.org.uk/index.cfm?fuseaction=main.viewSection&intSectionID=1035> or [www.nimhenorthwest.org.uk](http://www.nimhenorthwest.org.uk)

NIMHE North West has developed a set of standards in collaboration with local NSF Standard One Leads.

The standards include Mental Health Promotion, Combating Stigma and Social Inclusion across the settings of employment, education, health & social care, neighbourhood and criminal justice. The standards are designed to inform the development

of arrangements for local Standard One strategies. Local leads have used them to review existing arrangements or formulate new plans within local multi-agency steering groups and partnerships.

### **NIMHE North West Regional MHP Strategy Evaluation Framework**

The Regional Evaluation Framework sets out ten key processes fundamental to the implementation of a local strategy. For each process/ activity the short and long term outcomes are identified, alongside indicators needed to demonstrate achievement of the outcomes.

#### **Capacity**

1. Strategic and operational leadership and co-ordination
2. Multi-agency steering group
3. Financial resources
4. Training and development

#### **Ownership & Partnership**

5. Local champions
6. Organisational endorsement
7. Policy integration

#### **Knowledge & Effectiveness**

8. Information collection of local activity
9. Dissemination of best practice
10. Project evaluation

<http://www.nimhenorthwest.org.uk/index.cfm?fuseaction=main.viewSection&intSectionID=953>

### **NIMHE West Midlands Project evaluation planner**

**Contact: Kate.O'Hara@nimhe.wmids.nhs.uk**

The planner highlights the issues to be considered in planning and implementing an evaluation

<http://nimhewm.org.uk/upload/Evaluation%20Planner.pdf>

### **West Surrey**

**Contact Nerys.Edmonds@surreypct.nhs.uk**

The Health Promotion Service has lead responsibility for the NSF Mental Health Standard One and reports to the North West and South West Surrey LITs. The Annual Report 2004/5 reviews the progress and achievements on the 10 Year Mental Health Promotion Strategy for West Surrey (2002) for the period 2004–2005 and sets out the planned objectives for 2005–2006, as in the following example:

#### **Area of Action Plan: Mental Health Service Users**

This area concerns promoting the health of people with mental health problems who experience significantly poorer physical health than the general population and higher mortality from natural causes. People with mental health problems also have a high rate of smoking.

#### **Outcomes 2004/5**

- Pilot project to improve access to stop smoking support for people with mental health problems in partnership with West Surrey Stop Smoking Service
- 2 x smoking and mental health introductory workshops delivered in partnership with West Surrey Stop Smoking Service (WSSSS) summer 04
- Level 2 stop smoking training delivered to mental health workers and service users Oct 04
- Poster presentation at SEPHO (South East Region Public Health Observatory) conference on smoking and mental health pilot.
- Promoting Health Promotion Service initiatives e.g. Weight management Scheme and training opportunities to mental health staff through articles and meetings e.g. has enabled uptake of weight management training by OT staff etc.
- 300 colour copies of healthy living guide for people with mental health problems in West Surrey

- Dissemination of material from the Mental Health Foundation for Mental Health Action Week on the benefits of exercise for mental health to LITs and local leisure centres
- Establishing network “*Health promotion special interest group on promoting the physical health of people with mental health problems*” to coordinate and share good practice across West Surrey.
- Presentation to G.P. Education session in NW Surrey on managing physical health of people with mental health problems in primary care Jan 04.

### **Promoting mental health and well-being in Lambeth: Achieving Impact Through Partnership**

**Contact:** Sarah.Corlett@lambethpct.nhs.uk

Senior level sponsors from the local strategic partnership champion a series of Directional Statements in the strategy, taking a personal interest to ensure they form part of mainstream service planning, commissioning and delivery. Directional statements set out strategic intent in a specific area for action:

- Working in partnership to promote mental wellbeing
  - covering the role of Lambeth First, the local strategic partnership
- Reducing stigma and discrimination
  - promoting equality and celebrating diversity as a means to mental wellbeing
- Mental wellbeing in children and young people
  - Promoting mental wellbeing throughout the delivery of the Lambeth Children’s Strategy
- Promoting mental wellbeing in everything we do
  - Developing the capacity of people working in Lambeth to promote mental wellbeing as part of mainstream service delivery
- Promoting mental wellbeing in employment
  - Improving the mental wellbeing of staff and increasing employment opportunities for people with mental health problems

- Promoting mental wellbeing through use of the arts and creativity
  - Promoting access to the arts and celebrating the creativity of Lambeth people
- Spiritual and cultural values and their role in mental wellbeing
  - Recognising and valuing the role of faith and culture in mental wellbeing
- Preventing suicide
  - Action to monitor suicides, support primary care and promote good practice following self harm

### **Hull and East Riding MHP Strategy**

**Contact:** Evelyn.Krasner@whpct.nhs.uk

Four broad principles are used to measure progress on the strategy: reducing anxiety, enhancing control, facilitating participation, promoting social inclusion

Progress was reported two years on in the newsletter Wellbeing, with a local circulation of over 700 and via the mental health promotion section of the service website

<http://www.healthpromotionservice.co.uk/pdf/folder/wellbeing4.pdf>

### **Mental well-being in Greenwich – a strategic approach**

**Contact:**

**Carol-Ann.Murray@GreenwichPCT.nhs.uk;**  
**hilary.guite@nhs.net**

The Public Health department will be involved in evaluating the strategy and an evaluation framework for the strategy based on the Pawson and Tilley (1997) realistic evaluation approach has been developed. The evaluation framework reminds those planning and commissioning interventions of the importance of context and process in measuring success. In a diverse community like Greenwich, it is particularly important to establish what works, for whom, in what context and to recognise that the impact of

different delivery mechanisms will be influenced by age, gender, ethnicity and cultural beliefs.

### Calderdale Mental Health Promotion Strategy 2002-2005

**Contact:**  
Stephanie.gibson@calderdale-pct.nhs.uk

Calderdale includes criteria for measuring progress against each objective. In some cases this may be an appointment or the development of local initiatives, or measures to ensure that strategies and initiatives in other topic areas include mental health promotion. For example:

**Aim:** ensure a coordinated and community wide approach to reducing the level of domestic violence

**Action:** ensure that Calderdale PCT and Calderdale Community Safety Partnership's business plans contain action for achieving NSF Standard One objective

**Measuring progress:** plans to involve appointment of a domestic violence coordinator for Calderdale as an initial step to developing a coordinated approach at a strategic level

**Aim:** increase access to and acceptability of mental health services to black and minority ethnic communities

**Action:** ensure BME MH Strategy Group includes standard one in its activity

**Measuring progress:** plans to involve appointment of mental health service development officer (south Asian community); Implementation of BME Strategy

**Aim:** raise awareness of the impact of discrimination and stigmatising practice

**Action:** ensure that Calderdale Involvement Project includes plans to involve service users in the planning and delivery of mental health training and ensure that future MH Training Plans include plans to involve service users

**Measuring progress:** plans to involve users in planning and delivery of mental health related training

## Evidence based interventions

### Westminster Mental Health Promotion Strategy

**Contact:**  
sarah.rushton@westminster-pct.nhs.uk

The themes for Westminster reflect local needs and evidence of key factors influencing mental health and well-being:

- reduce isolation and increase social support
- strengthen opportunities for physical activity and leisure
- promote education, employment and mental health in the workplace
- tackle stigma and discrimination

Each theme includes a number of planned interventions, for example:

Data from Westminster Mental Health Needs Assessment gives a clear indication of different BME community views on sporting and leisure facilities and demonstrates a strong demand for physical activity, notably swimming and football for men and women only facilities – swimming is a common pastime for women in Bangladesh.

#### Aims:

- To promote the physical, mental and social well being of marginalised communities, in particular older people and BME communities, by further developing and targeting health improvement and community development activities for this client group.

#### Objectives:

- To deliver at least 4 walking schemes across Westminster, one in each locality targeting (older people, mothers of young children and Bangladesh community) by 2008
- To train at least 8, 2 per walk, community representatives in safe walking practices by

2008 to build their capacity to run community led walking schemes.

The Health Support Team will continue to increase and develop their links with mental health services in order to respond to the increase in numbers of these client groups being referred to their services.

**A mental health promotion strategy for Swindon 2004-2007**

**Contact:** frances.mayes@swindon-pct.nhs.uk

Swindon Primary Care Psychology/Counselling Service provides one to one counselling and wide range of courses using approaches known to be effective in the areas of stress management, self esteem, panic, weight, communication, bereavement support. Funding for the delivery of these services is placed in the context of the rising cost of pharmacological treatment locally:

*The cost of anti depressant treatment rose from £96,068 in 2001 to £109,199 in April 2004 (down from peak at end of 2003 of £122,275*

**Promoting healthy minds in Bromley 2003-2006**

**Contact:** tim.sowter@bromleypct.nhs.uk

For adults, the focus is on preventative support e.g. sports, faith communities, arts projects, benefits and welfare advice and for older adults on reducing social isolation and encouraging community engagement. Social prescribing is well established within Bromley, has been positively evaluated and is being extended to make it more widely available

**Promoting mental well-being in Greenwich – a strategic approach**

**Contact:**  
Carol-Ann.Murray@GreenwichPCT.nhs.uk

Key themes for the mental health promotion strategy were selected based on the following criteria:

- available evidence base of effective interventions,
- findings of the needs assessments
- mapping of services exercise
- consultation groups
- Greenwich regeneration and renewal programmes, local priorities and strategies.

The key themes selected are Isolation, Anxiety and Depression, Sleep, and Stigma and Discrimination. These themes affect large numbers of people across the borough and meet the above criteria.

**Building public mental health/mental health promotion capacity**

**West Surrey**

**Contact** Nerys.Edmonds@nsurreypct.nhs.uk

This is a ten-year strategy which will be implemented at two levels: across West Surrey through the Mental Health Promotion Strategy Group and within the three Local Implementation Teams. It includes a range of initiatives to build public mental health capacity, including the following:

Choosing health big wins	planned action
Evidence-based training for providers around well being, especially those working with children, young people, families and carers (including Personal Health Trainers and parenting skills).	Delivery of training on emotional health and well being for Tier One workers including Healthy Schools and voluntary organisations. Working towards a mental health training needs analysis and strategy for Tier One worker in partnership with Surrey CAMHS

### **Mental health Promotion Strategy and Action Plan for Slough 2005-2008**

**Contact: Andrew Kimber**  
**Andrew.Kimber@berkshire.nhs.uk**

The Health Activist Programme is a major community development initiative developed by Slough PCT. 30 members of the public in Slough have been trained in key Public Health Topics (mental health, healthy eating, physical activity etc). The training has been accredited by Thames Valley University.

### **All Derbyshire Mental Health Promotion Strategy**

**Contact: Vicki.Price@DerbysDales-PCT.nhs.uk**

A key objective in Derbyshire is to:  
*Ensure primary care mh workers have knowledge and skills to address the wider determinants of mental health with their patients, linking them to appropriate services in the community*

### **All of us: a mental health promotion strategy for Leeds 2002-2005**

**Contact:**  
**ian.cameron@leedsnorthwest-pct.nhs.uk**

Leeds has delivered a wide range of mental health promotion training to meet their objective to:

*“develop capacity and capability to enable a mental health promotion approach to wider health improvements”*

### **Hull and East Riding MHP Strategy**

**Contact: Evelyn.Krasner@whpct.nhs.uk**

A key objective for Hull and East Riding is:

*to develop the skills and expertise of those involved with or with the potential for delivering the NSF standard one*

This is being achieved through the establishment of mental health promotion networks and a range of training programmes.

### **Developing public mental health intelligence**

#### **Promoting positive mental health in Bristol: a collaborative mental health promotion strategy**

**Contact: Kate.Higney@bristolnorth-pct.nhs.uk**

As part of their needs assessment, Bristol used key documents produced locally to give a wealth of information relevant to public mental health, including the Health Improvement Programme (Avon Health Authority or ‘AHA’, 2000 & 2001), and the Department of Education, Transport and the Regions (DETR, 2001) Deprivation Indices for Bristol. Quality of Life in Indicators for Bristol (2001) contains an overall picture of several different areas of life in Bristol, including crime, housing, poverty, health and well being.

#### **Promoting mental well-being in Greenwich – a strategic approach**

**Contact:**  
**Carol-Ann.Murray@GreenwichPCT.nhs.uk**

Two Master’s students from King’s University of London carried out a detailed review of evidence relating to mental well-being, neighbourhoods and the environment. Their work has enabled us to gain a more thorough insight into the relationship between the physical environment and mental health (Chu et al 2004).

#### **Lewisham Mental Health Promotion Strategy**

**Contact: Tony.Coggins@slam.nhs.uk**

Lewisham and Lambeth have developed a mental well-being impact assessment and indicator toolkit to assess neighbourhood well-being.

### **Everyone's business: an updated strategy and action plan for mental health promotion in Northumberland – 2004**

**Contact:** [Janet.Bostock@nmht.nhs.uk](mailto:Janet.Bostock@nmht.nhs.uk)

Mental health promotion electronic newsletter from: [philip.lindsay@northumberlandcaretrust.nhs.uk](mailto:philip.lindsay@northumberlandcaretrust.nhs.uk).

Produced and published briefings on relationship between poverty, debt and mental health.

### **Mental health Promotion Strategy and Action Plan for Slough 2005-2008**

**Contact:** [Andrew.Kimber@berkshire.nhs.uk](mailto:Andrew.Kimber@berkshire.nhs.uk)

The BME intervention we are working on is a pilot project focussing on only one community (Pakistani Muslims, our majority minority) as there is so little data out there that would enable us to measure levels of increased awareness and reduced stigma. We have conducted a full needs assessment of the client group, have developed specific training and are about to have it translated into Urdu with a view to delivery in the Autumn and publishing findings before Christmas.

### **Cambridge city and South Cambridgeshire MHP Strategy and Action Plan 2005-2007**

**Contact:** [claire.ford@southcambs-pct.nhs.uk](mailto:claire.ford@southcambs-pct.nhs.uk)

Objectives include:

- Produce an evidence briefing on the mental health benefits of exercise including information on cost benefits and cost savings.
- Increase mental health referrals to the two exercise referral schemes.
- Develop a business case for mental health promotion with examples of good practice.

Provides costings for key actions, which will be of special interest in the areas included under the theme of 'reorient health services' e.g. pilot arts on prescription in primary care; exercise referral schemes and multi-sports in primary care; pilot of lunch time t'ai chi classes for NHS staff; CAMH training on mental health promotion; mental health promotion on curriculum for Primary Mental Health workers course; training in primary care on stigma and discrimination; a mental health resource for schools to be incorporated within the PSHE (personal social and health education) curriculum.

### **Hull and East Riding MHP Strategy**

**Contact:** [Evelyn.Krasner@whpct.nhs.uk](mailto:Evelyn.Krasner@whpct.nhs.uk)

[www.healthpromotionservice.co.uk/pdf/folder/wellbeing4.pdf](http://www.healthpromotionservice.co.uk/pdf/folder/wellbeing4.pdf)

Includes a copy of the commissioning criteria established for commissioning of mental health promotion.

## Appendix Three

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