NHS
National Institute for Mental Health in England

NIMHE MENTAL HEALTH PROMOTION

update

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EDITORIAL

Jenny Bywaters
Director of Public Health at NIMHE

Welcome to the new edition of Mental Health Promotion Update. Three years ago, the Department of Health published a series of four newsletters under this title. Each issue focused on a particular theme; employment, primary care, children and young people; and neighbourhoods and communities. This newsletter, and those being planned for the coming year, are intended to build on the interest generated by these earlier editions.

In April of last year, the National Institute for Mental Health in England, as part of its mental health promotion programme, brought together experts from both the statutory and voluntary sectors to form a National Advisory Group on Mental Health Promotion. Some of the main aims of this group are to:

- raise the national profile of the commitment in Standard One of the National Service Framework for Mental Health;
- assemble and disseminate evidence of effective interventions in promoting mental health and mental well being;
- provide advice and direction to support the work of NSF Standard One leads at regional and local level, and to receive input from them.

One of the early priorities identified by the group was to re-establish this newsletter to open up a dialogue with the field with a view to supporting mental health promotion activity around the country. This is an exciting time for those of us working in mental health promotion. There can be no doubt that the recent White Paper, Choosing Health, gives fresh impetus to the promotion of mental health. Indeed, it reinforces the commitment to implement fully Standard One of the mental health NSF and presents a number of opportunities to help this process along.

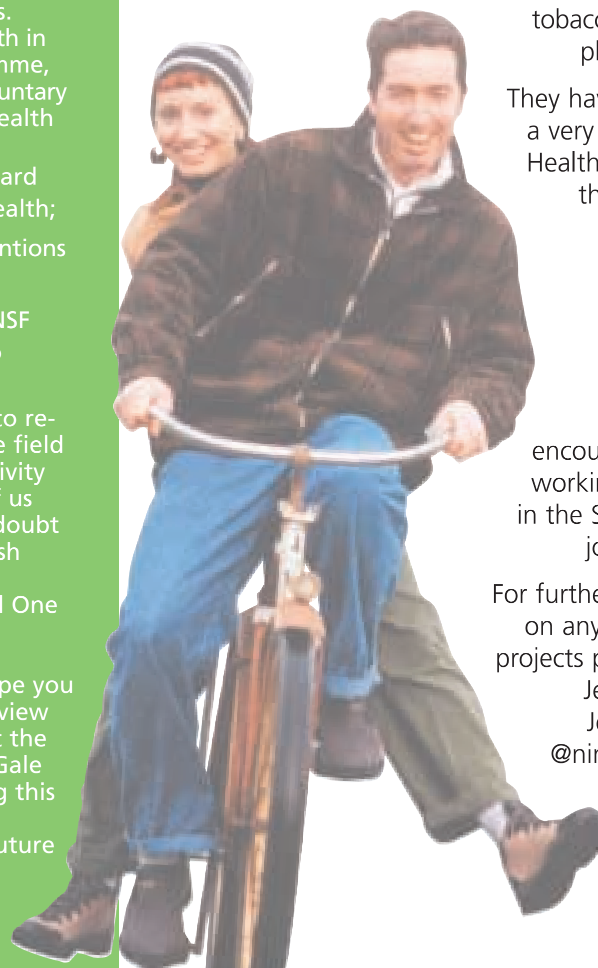
In this issue, you will find a number of items which I hope you will find interesting and informative, including an interview with Dr Fiona Adshead, Deputy Chief Medical Officer at the Department of Health. I would like to thank Elizabeth Gale and her team at mentality, for their efforts in producing this issue at short notice.

Your feedback on this issue, and ideas for inclusion in future issues, would be very welcome.

PUBLIC HEALTH

Public Mental Health in the South West

NIMHE South-West is developing programmes looking at the physical health needs of people who use mental health services. This is a collaboration with the Regional Public Health Team at the Government Office and includes projects on tobacco control and physical activity.



They have established a very active Mental Health Promotion in the South West group on the NIMHE Knowledge Community (http://kc.nimhe.org.uk) and would encourage all those working in the field in the South-West to join the group.

For further information on any of the above projects please contact Jeremy Voaden Jeremy.Voaden@nimhesw.nhs.uk or **tel:** 07747 562437

In this issue . . .

- Profile of Dr Fiona Adshead
- Sharing best practice
- Physical Activity and Mental Health
- Public health in Mental Health and metal health promotion

INQUIRIES

National Inquiry into Self-harm Among Young People

This 18-month Inquiry launched at the end of 2004 and will involve an expert panel, consultation with young self-harmers in five sites around the UK, a review of literature and practice and a call for evidence.

The Inquiry will make recommendations for changes in policy and delivery of services. These will be well grounded in research and in the express views of young self-harmers.

If you would like to share your knowledge with the Inquiry or contribute to the call for evidence, visit *www.selfharmuk.org*

Equal Treatment: Closing the Gap

Formal Investigation into Health Inequalities.

The Disability Rights Commission (DRC) launched a formal investigation in December 2004 into health inequalities experienced by people with long- term mental health problems and people with learning disabilities.

The catalyst for the Inquiry is the overwhelming evidence of disparities in health outcomes amongst these groups of people as compared to the general population.

mentality in collaboration with the Sainsbury Centre for Mental Health, Lancaster University and Rethink will be conducting four local area studies exploring local experience of access to primary care services.

Further information available from *www.drc-gb.org*

Inquiry into Mental Health and Well Being in Later Life

Age Concern and the Mental Health Foundation's joint three-year, UK-wide inquiry into mental health and well being in later life is at the mid-point. Its first stage was focused on mental health promotion for older people and was informed by a literature and policy review completed by mentality. Full text of the review is available at *www.mhilli.org*

There has been a subsequent call for evidence from organisations, professionals and older individuals which has generated over 1000 responses, more than 85% of which are from older individuals. A report of these results will be available in May 2005.

For more information, please visit www.mhilli.org or contact Michele Lee, Project Manager, on 020 8765 7434 or *michele.lee@ace.org.uk*.

See also information about Ageing Well UK (*aau@ace.org.uk*) which is a health promotion initiative enabling older people to take power in relation to their own health. They have recruited and trained volunteers (aged 50 and over), to become Senior Health Mentors. There are a range of projects that focus on, e.g. providing 'stepping stones' to good mental health, facilitating older people to improve their own mental health and outlook on life through support and encouragement from Mentors.

BLACK AND MINORITY ETHNIC HEALTH

The Agenda

The Agenda is a new quarterly newsletter from the Breaking the Circles of Fear programme at the Sainsbury Centre for Mental Health. The programme aims to improve mental health services for African and Caribbean communities.

The Agenda offers opportunities to share ideas and inspiration for workers and for Black service users in all fields of mental health. If you would like to receive a copy, make comments, or if you have any ideas for articles to feature in future editions please contact *Polly.Tidyman@scmh.org.uk*

Mental Health Service Users and Disability Rights

The Disability Rights Commission Mental Health Action Group (MHAG) is determined that users and survivors of mental health services should benefit from the disability rights agenda. A report entitled Coming Together has been published by MHAG and lays out, for feedback and discussion, some of the disability rights issues that are particular to users and survivors of mental health services; and those that are shared with other disabled people.

MHAG welcomes your comments and has made the report freely downloadable from the DRC website www.drc-org/whatwedo/MHAG1.asp You can email your comments to *mhag@drc-gb.org* or write to DRC, 222 Grays Inn Road, London, WC1X 8LH

MENTAL HEALTH SERVICE USERS

People With Mental Health Problems in the Countryside

ETHNOS Research and Consultancy, specialists in research amongst marginalised groups, has been commissioned by the Countryside Agency and the Forestry Commission England to explore barriers and facilitators to countryside usage amongst a range of groups, such as people with mental health problems, wheelchair users, blind or visually-impaired people, ethnic minority people from Black Caribbean, Indian and Pakistani backgrounds, and young people.

For further information about the study, please contact ETHNOS Research and Consultancy on 020 7433 0333 or visit their website at *www.ethnos.co.uk*. Information can also be obtained from the website of the Countryside Agency at *www.countryside.gov.uk*.

See also:

Information from the Countryside Recreation Network on the benefits of 'Green Exercise'. (Countryside Recreation Network, Sheffield Hallam University, Unit 7, Sheffield Science Park, Howard Street, Sheffield S1 2LX Tel: 0114 225 4494)

mentality report on nature and psychological well being (download a copy from *www.english-nature.org.uk/pubs/publication/PDF/533.pdf*)

RESEARCH NEWS

Mental Wealth of Nations

New research, conducted by the New Economic Foundation, concludes that economic growth is no longer a reliable indicator of national prosperity and should be replaced by measures that address well- being and quality of life. The NEF has published a Well being Manifesto for a Flourishing Society. Access it on *www.neweconomics.org*

Public Health News

Public Health News is the foremost weekly magazine of the public health sector. Each week we update our readers with the latest health sector news, as well as providing in depth features on some of today's more pressing public health issues, such as obesity and mental health. This year PHN will be increasing its coverage of mental health promotion. The first Public Health Focus – a new series of quarterly supplements – will highlight public mental health. Find out more via *phn@chgl.com*

JOURNALS NEWS

Journal of Public Mental Health

The Journal of Mental Health Promotion is re-branding and in March 2005 became the Journal of Public Mental Health. The journal has been developed to bring together material from a wide range of disciplines and sectors and to provide a forum for dissemination and debate on all aspects of public mental health and mental health promotion. Find out more at *www.pavpub.com*

PROFILE

Dr Fiona Adshead

Deputy Chief Medical Officer, Department of Health

Fiona Adshead is one of two Deputy Chief Medical Officers in the Department of Health's health and social standards quality group, headed by Sir Liam Donaldson, Chief Medical Officer. Her role is to help develop policies and implement programmes in key public health areas and she has played a major role with the CMO in developing 'Choosing Health', the Public Health White Paper, published in November 2004.

Q. *Do you feel mental health is important to the current public health agenda?*

A. Yes, it's key. Good mental health is associated with high self-esteem, happiness, interest in life, work satisfaction, mastery and a sense of coherence. It is essential for individuals to realise their full potential and contribute in a meaningful way to our society. In one sense – there is no health without emotional well being.

Furthermore, mental health problems are widespread – they may affect as many as one in six of the population at any one time. I know that many people with mental health problems feel that they are often excluded from general health policies – but I want to reassure you that all the Choosing Health proposals are relevant.

This means that action on diet and exercise, smoking, and other areas highlighted in the White Paper, and action to reduce inequalities, is just as relevant for people with mental health problems as for those without.

Action in these areas will also help to promote mental health for all, as well as physical health for all. Many older people will remember the phrase "a sound mind in a sound body", and there is a great deal of truth in that: keeping ourselves well physically can contribute to our mental well being too.

Then again, unless people feel positive about things and have a sense that life is worth living, they are unlikely to care about making healthy choices with regard to diet, smoking, sexual health and so on.

This is why mental health is woven through the White Paper, and why specific proposals are set out for action on mental health in relation to Sure Start, schools, workplaces, the NHS, and our communities, alongside new investment for PCTs and others to take work forward.

Q. *Many people say that mental health and the promotion of mental health are integral and implicit in Choosing Health. Was that the intention? Should it be explicit as well?*

A. We have said in the White Paper: "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." (Para.6.37) That is explicit.

We have said in the White Paper: "We will ensure that standard one of the NSF which deals with mental health promotion is fully implemented." (Para. 6.39) That is explicit too.

Mental health is integral and although inclusion of people with mental health problems is (or should be viewed as) implicit, there are explicit proposals in the White Paper as well.

- We intend to use the lessons learned from a new approach being piloted in eight centres in England (by Lilly Pharmaceuticals) to extend new models of physical health care for people with severe mental illness – beginning in spearhead PCTs.
- We will develop new approaches to helping people manage their own care and make available information for them on all aspects of physical and mental health.
- We will publish guidance next Spring to help carers engage looked-after children in creative activity to improve their self-esteem, social skills and emotional well being.
- We will develop guidance on the management of mild to moderate mental ill health in the workplace to be published in 2005.

In addition to this, commitments to a stronger focus on emotional well being in both Sure Start and Healthy Schools programmes will be important in ensuring that mental health promotion is given a stronger focus early in life.

Q. *In your opinion, how will the implementation plan support the promotion of public mental health?*

A. It will help by setting out very clearly the ways in which proposals in the White Paper for action at local level should dovetail with existing Public Service Agreement targets and be integrated with Local Delivery Plans. It sets out clearly how to spread best practice, and the support that will be available nationally. Of course, it also sets out the financial commitment – revenue allocations were announced on 9th February to PCTs. The Delivery Plan will help people to understand the connections that need to be made between existing programmes of work, and

the new work that now needs to be done.

Q. *In an ideal world how might the implementation plan support the promotion of public mental health?*

A. I would like the Delivery Plan to provide a blueprint for the way that mental health promotion can be integrated into all aspects of our work to strengthen the health of the population. At best, this would mean a sharper focus on mental health and well being for all – not just those who are already experiencing problems, but those who may be at risk, perhaps because of harmful stress in the workplace, or for social and domestic reasons. For example, you will see reference in the White Paper to work we are doing on the health and mental health implications of child sexual abuse, domestic violence and sexual assault.

Q. *Choosing Health focuses on making healthy choices easier. However many of the determinants for mental health do not relate to individuals making healthy choices, but to more structural issues such as employment opportunities, education, housing, exclusion and access. How do you think the White Paper will address these issues?*

A. The White Paper makes it very clear that choice depends fundamentally on opportunity and upon information and practical support and advice. But so often people don't get the information they need. That's why we intend to develop better access to evidence-based information on well being, mental and physical health problems. This will support self-help, access to services and choice.

Choice also depends fundamentally on fairness and equality of access; yet we know that there are inequalities in the way people experience care, and differences in how information and services can best be presented. This is one reason we are targeting action to improve the quality of experience of people from black and minority ethnic communities with mental health problems, and why we will support means to improve access to healthier living for people with severe mental illness who we know are more vulnerable. We are also taking forward work across government to tackle inequalities as one of the key priorities within the White Paper Delivery Plan.

Q. *What do you see as the big opportunities for promoting public mental health in the next five years?*

A. We have said in the White Paper that a coherent approach to promoting mental health needs to work at three levels: strengthening individuals, strengthening communities, and reducing structural barriers.

The foundations for individual resilience are ideally laid in childhood, and I see major opportunities ahead as we implement the National Service Framework for Children and Every Child Matters and Choosing Health. Promoting emotional well being through Sure Start and Healthy Schools programs will be key.

Another opportunity is provided by the Mental Health Declaration for Europe and the associated Mental Health Action Plan for Europe which the Minister of Health Rosie Winterton signed at the recent WHO European Ministerial Conference held in Helsinki from 12 to15 January 2005.

A further opportunity to be grasped is the recent WHO Report on Promoting Mental Health (World Health Organization 2004). The report states baldly that "the social and economic costs of poor mental health are high and the evidence suggests that they will continue to grow without community and government action."

At its heart is the message: "Mental health is a community responsibility, not just an individual concern."

In recognising the importance of public mental health, the UK is in line with an increasing trend in European and world opinion.

Q. *What are the barriers, from a public health perspective, that might hinder progress?*

A. There is a huge agenda facing us across a range of public health issues. I know that public health resources at local level are stretched, and Directors of Public Health may have to make difficult choices about how to prioritise their work. We need to expand public health capacity to tackle the issues ahead and the Delivery Plan has commitments to address this.

Concepts such as mental health or well being are not always clearly defined. They are more difficult to measure than, for example, the number of people quitting smoking. It is harder to set quantifiable targets, either at national or local level. We therefore need to make better use of the data that is already collected, and develop some reliable indicators that can be used to measure progress.

There is a pervasive belief that we lack evidence about what interventions are effective in improving mental health, and that nothing can be done until we have more research. We need to disseminate more widely the extensive evidence already available to overcome this barrier.

As with physical health, many of the factors that impact on mental health are outside the remit of the NHS. We need to engage fully with other government departments and local authorities, as well as the voluntary and independent sector, and private industry if real progress is to be made. This a complex challenge but one we must address.

Q. *What support do you think public health professionals need to ensure that they are promoting mental health as well as physical health in their localities?*

A. As you know, Standard One of the National Service Framework for Mental Health is concerned with mental health promotion as well as physical health. It identifies the groups at highest risk of mental ill health – for example, people who are unemployed, children in the poorest households, people who have been abused, or are victims of domestic violence, people with physical ill health, and so on. It sets out some of the action for individuals as well as for communities, and provides examples of good practice.

Of course, I think there is always more we can do and I know that some public health practitioners have told us they would value more 'best practice' guidance to help them take action in their own localities. Our NIMH(E) programme is a source of further information about what is going on, and I would urge anyone with a special interest to get in touch with them (www.nimhe.org.uk). I also think that public health professionals value regular newsletters like this one, which help to raise the profile of mental health promotion, disseminate relevant news, and support sharing of good practice.

Q. *Do you think that we need to identify 'public messages' for mental health promotion, such as the 'Five fruit and veg' for your mind?*

A. I think there would be some value in this. It's a nice idea. And it's certainly true that there are some generally applicable messages about mental health that it would be helpful for people to know. They might include tackling problems early; sharing them instead of bottling them up; understanding risks; finding ways to promote self-esteem and feeling good about ourselves.

But mental health is a very individually determined construct – what feels right for many of us won't work for everyone and this is perhaps where the difference lies. It's why we focused so much on choice and opportunity, why we have tried to acknowledge difference and reduce inequality whilst taking action where we know the evidence base is strong.

Q. *Why did you begin working in public health?*

A. For a number of reasons. During my time as a hospital doctor I'd seen the lack of value placed on prevention, the great variation in the quality of clinical care, and the impact of policy on delivery in the NHS. Public health gives a great opportunity to influence all of these and work within a social model of health.

Q. *What do you do to promote your own mental health?*

A. Ensure that I enjoy what I do, have fun and continue to develop my sense of humour! Swimming, escaping to art galleries and gardening all help.

Evaluating and Benchmarking Mental Health Promotion Strategies

Jude Stansfield, *Programme Co-ordinator – Public Mental Health, NIMHE North West*

Performance monitoring for Standard One of the National Service Framework for Mental Health (DH 1999) states that localities should have 'good systems in place for measuring the impact and effectiveness of mental health promotion strategies'. NIMHE North West has risen to the challenge by working with local Standard One leads to develop local and regional systems and guidance.

A Mental Health Promotion Strategy Evaluation Framework has been developed with a group of Standard One leads. The framework can be used to evaluate the impact of strategies at a local and regional level. Professor Jane Springett at John Moores University Liverpool has facilitated the process and produced the framework proforma and explanatory glossary. This Framework focusses on monitoring the strategic and fundamental processes and activities needed to implement whole strategies. It is not intended as a framework to evaluate the impact of individual mental health promotion projects.

The idea of the framework was to identify the strategic processes involved in developing and implementing a strategy, rather than specific projects within a strategy. Whilst measuring outcomes of projects is important, the focus was on measuring the impact of having a strategy – what difference has it made to a locality? What are the crucial partnerships that will translate strategies into effective local and regional action?

A list of ten common activities and processes were extracted to produce a regional evaluation framework. These were grouped as follows:

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

For each of these, the short and long term outcomes and indicators are identified as well as descriptions of terms.

For example, the first theme – CAPACITY – is a straightforward and common process in many Local Implementation Teams (LIT) that can lead to obvious results.

	Process/ Activities	Short term		Long Term	
		Outputs	Indicators	Outputs	Indicators
Capacity	1. Appoint LIT Standard One lead.	Coordinated implementa-tion and monitoring of strategy.	Standard one lead in post with adequate dedicated time for strategic & operational capacity.	Sustained mental health promotion	Standard One co-ordination is a main-stream priority of PCT, SS & LIT.

Base Line Survey

Standard One leads were very keen to integrate the emerging framework into performance management and to monitor their progress against the ten areas. We have been conducting a base line survey as part of the development work in order to add value to reviewing local progress and changes over time, as well as providing an opportunity for immediate assessment of strengths and weaknesses to support local development.

An online survey has been sent to the Standard One leads and to their respective Local Implementation Officers, often commissioners, for the Local Implementation Teams. The results will be returned by the end of March 2005 and once analysed will, we trust, provide a detailed analysis of the region and show correlations between each question and area profile.

Benchmarking Action Plans

The evaluation framework supports the evaluation of mental health promotion strategies. We have also developed a set of best practice standards to benchmark action plans. The standards draw on best practice identified through various sources such as:

- National guidelines and reports e.g. NIMHE expert briefings, DH Making it Happen guidance, Social Exclusion Unit report
- Reviews of best practice e.g. Health Development Agency
- Performance monitoring e.g. Autumn Assessment criteria
- Expert experience e.g. the Standard One leads network

The standards have been broken down into six sections – five key settings and combating stigma. The settings include standards relating to Mental Health Promotion, Combating Stigma and Social Inclusion.

The section on combating stigma includes standards across all settings, of evidence- based practice as identified in the NIMHE Five Year Anti-stigma Plan.

Sections:	Themes: Mental Health Promotion	Combating Stigma	Social Inclusion
1. Workplace			
2. Education			
3. Health & social care			
4. Neighbourhood/ Community			
5. Prison			
6. Combating stigma			

We plan to review the standards regularly as practice develops, the evidence base builds and policy is formulated.

Using the standards

Intermediate standards allow for benchmarking progress in working towards the standard. The document is seen as a gold standard of an ideal action plan. In reality, limited resources predict that meeting all the standards will be challenging.

The standards are designed to inform the development of action plans for local strategies. Local leads have used them to review existing action plans or formulate new plans within local multi-agency steering groups and partnerships. Standards relate not only to evidence based interventions but also to the policy and partner links necessary within each setting.

This document can be used to:

- Review progress against each standard and intermediate standard
- Agree exceptions – why a locality is not meeting or working towards a particular standard
- Identify the lead person responsible for that standard

Peer Review

The next stage is to develop a peer review process, utilising the evaluation framework and best practice standards, within which the Local Implementation Officers and Standard One leads can reflect on process and progress with colleagues from other Local Implementation Teams. The next six months will be a busy time in the Northwest.

You can download:

- the evaluation template at: *http://www.nimhenorthwest.org.uk/docs/MHP_strateval_proforma.doc*
- the glossary at: *http://www.nimhenorthwest.org.uk/docs/MHP_strateval_glossary.doc*
- the full framework at: *http://www.nimhenorthwest.org.uk/docs/MHPromotion/strategies/Regional_Evaluation_Framework.doc*
- the Benchmarking tool at: *http://www.nimhenorthwest.org.uk/docs/MHPromotion/strategies/Standards.doc*

If any other area has done any similar work, then Jude Stansfield would be interested in hearing from you. *Jude.stansfield@nimhenorthwest.org.uk*

MODEL OF GOOD PRACTICE

Mental Health Promotion in Cambridge City and South Cambridgeshire and events for World Mental Health Day 2004

Setting: Community

Level of Action: Individual, Community

Target Group: The local population, including people experiencing mental health problems.

Aims

A Mental Health Promotion Facilitator post was established in March 2004 to develop mental health promotion (MHP) initiatives across Cambridge City and South Cambridgeshire. The aim of this post is to bring together key local partners and agencies involved in mental health in order to join up local work, identify gaps, and develop mental health promotion initiatives to response to local need.

Programme

The Southern Cambridgeshire Mental Health Promotion Group was re-established in June 2004, and is key to implementing work in this area though developing a local strategy and action plan. This steering group is a multi-agency group including: Cambridge City and South Pct's, Cambridgeshire and Peterborough Mental Health Partnership NHS Trust, Cambridge Child and Adolescent Mental Health Services, Older peoples services, Primary care, Homerton School of Health Sciences, Cambridge City Council, South Cambridgeshire District Council, Lifecraft, the Cambridge Ethnic Community forum, CAM Mind, Alzheimer's and a service user trainer. Through consultation with key partners, including statutory and voluntary organisations, local service users and the Southern Cambridgeshire Mental Health Promotion Group, a number of key MHP priorities have been identified that will form the basis of the action plan. Work is already underway in a number of areas focusing on stages of the life cycle, ethnicity and social inclusion.

A key method for addressing areas of priority and delivering local work involves events that are held for World Mental Health Day (WMHD). In 2004 the Working Together Initiative (a local initiative bringing together people who work in the mental health service, use services or support people within them) planned and delivered two weeks of events. This included a balloon launch and 'Health Body, Healthy Mind' events involving sports taster sessions and information stands. The objectives were to:

- Raise awareness of mental health and well being.
- Raise awareness of the links between mental and physical health and the benefits of physical activity.
- Raise awareness of the voluntary and statutory services that support mental health and well being including leisure facilities.
- An opportunity for Service User involvement.
- To promote social inclusion and combat discrimination and stigma through all of the above.

Proven Outcomes

The main 'Health Body, Health Mind' events were evaluated in terms of demographic details of those attending and qualitative feedback. Participants attending the City based event ranged across the age bands and 70% were female. 86% identified themselves as White British. The majority of people attending were members of the public, service users and from professional groups. Mental health service providers, voluntary and statutory sector services and carers also attended. Approximately 40 service users attended the hospital-based event.

The information stands from multi agency groups provided information on local support and resources and helped raise awareness of mental health, issues of stigma and discrimination and the links between physical and mental health. Work with the local media to promote the events helped raise the profile of mental health. A piece in the local paper presented an objective view of the myths surrounding mental illness.

Qualitative feedback highlighted that the events helped raise awareness of the local support that is available and about issues relating to physical health. Feedback emphasised the need to reach the wider community and publicise the existence of these resources.

The 2005 WMHD theme will be 'Mental and physical health across the lifespan', in order to reach the wider population as well as mental health service users. We will develop links established with local media, develop local partnership working and generate support and interest among local networks.

Local work set out in the action plan will continue to be developed and implemented. We will monitor various aspects of this work to contribute to the evidence base for mental health promotion and to provide examples of good practice. The Working Together Initiative is organising a healthy walk event for Mental Health Action Week in March. This event will promote the benefits of exercise on preventing and treating mental health problems. It is open to all and it is hoped this event will reach and be attended by our target population.

Contact

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No Health without Mental Health

Dr David Woodhead, *Deputy Director of Public Health, Head of Health Improvement, Salford Primary Care Trust and Salford City Council*

There are two fundamental issues we have had to grapple with when developing local programmes of work to improve mental health and well being. Do we develop programmes that have direct impact on well- being, and measure their outcomes in terms of positive mental health? That is to say, do we see positive well- being as an end in itself?

Or do we recognise that securing good mental health and well- being are prerequisites for making the progress we need to improve physical health, by raising confidence to reduce obesity, to help people quit smoking, and to have safer sex. Do we see positive mental health as a means to an end?

The answer is complex. To make real progress, we have to do both. This is not easy to implement in a climate of limited capacity, and whole load of clinical 'must dos'. And we still face challenges in demonstrating the impact of our work.

Few long- term outcomes are achieved if we focus only on one part of the problem. For example, working just with individuals, through counselling, or through one-to-one support to build esteem are effective. But their impact is limited because where a person lives and the opportunities they have remain the same. Effective approaches cover all bases.

In Salford, we approach health improvement by taking co-ordinated actions. They aim to simultaneously improve the environment, reduce poverty, and operate in workplaces and schools, in communities, and with families and individuals. The need to involve a wide range of partners is obvious. The task in co-ordinating such action is immense. And the rewards are enormous.

For example, in Eccles bullying is a problem in local schools. Of course, what happens within a school has a direct impact on young people's performance and well being while they are there as well as in other parts of their lives. However, we seldom make the connections beyond the school ground and out into the young person's communities and homes.

Colleagues sought solutions. Development days facilitated by Child Line brought all concerned parties together to explore the issues surrounding bullying, its causes and potential solutions. There was whole- hearted agreement that families have a key role to play in stopping bullying and picking up the pieces for bullied kids. However, it was not enough to lay the responsibility at families' doors without putting in place effective support and preventative actions in the schools.

Partnerships of local teachers, school nurses, parents, young people (including bullies and their victims) and others have devised action plans. The work is a central plank through which the well being of young people is being safeguarded.

Another example – in Ordsall, one of the poorest areas in Salford, local people have identified that the relentless bad feeling they have about debt affects their lives. 'It's always there, at the back of my mind', a local woman told me. It threatens relationships and diminishes aspirations. Managing their debt and countering the effects of sky-high credit rates are fundamental to improving the mental health of people in this community. Colleagues are working with Salford Money Line, a not-for-profit credit organisation that makes affordable credit available to local people. Central to local people's efforts to improve their health are the skills to understand credit and to budget their financial resources. When individuals are feeling more confident about managing their debt, attention shifts to the financial benefits of quitting smoking. The possibilities are limitless.

And yet a third example – in Lower Kersal and Charlestown, our New Deal for Communities area, we are evaluating the impact of complementary therapies on well being. Patients with long- term conditions, including rheumatism, report how the effects of the conditions are not only physical but also psychological. A woman in her early 60s told me how she was 'sick to back teeth' of waking up in pain and not being able to play with her grandchild.

Her GP referred her to see the healthy living therapist in the local health centre. He has developed a plan for her to improve her physical movement, and increase her confidence. The last time I saw her she looked better and was keen to show me how much she had benefited. Stretching her arms upward, she smiled broadly. 'I couldn't do that six weeks ago'. A glint appeared in her eye: 'I feel twenty years younger'. 'I'm saying nothing', commented her husband, with an expression of mock fear. They both roared with laughter.

In the midst of few direct influences to push mental health promotion right up the agenda, we have to seize every opportunity. We have to take a long- term view – and to some extent, be supremely devious! We have to measure our successes and pinpoint the effects of programmes of work. Otherwise, mental health promotion will continue to be seen as nebulous and of secondary importance. Truth is, it is absolutely fundamental if we are to make any headway at all in improving health and reducing inequalities. We ignore it at our peril.

The Role of Public Health in Mental Health and Mental Health Promotion

Paul De Ponte, *Senior Public Health Information Analyst, London Health Observatory, London Development Centre for Mental Health.* **Gemma Hughes,** *Programme Director, London Development Centre for Mental Health.*

Public health mental health – or public mental health – and mental health promotion are closely related areas of work. This article, whilst not able to do justice to the full breadth of skills held by those working in these areas, attempts to describe how public health methods and expertise, especially in identifying appropriate indicators of mental health and mental illness, can support mental health promotion activities; influence mental health service development work and encourage a collective approach to mental health.

Public health practitioners are trained in a range of skills; including identifying health needs of a specified population, developing an understanding of the determinants of these needs, designing interventions to improve the health status of a population, and reducing inequalities. More information on the core competencies for public health is available from the Faculty of Public Health (www.fph.org.uk). There is some overlap with the skills and areas of work of mental health promotion specialists, who apply their skills across a variety of settings and organisations to promote well being and health. Close working between mental health promotion and public health practitioners can help target and prioritise promotion activities, and measure the outcomes of these activities. Developing indicators for mental health gives us an example of how public health expertise around data analysis can support mental health promotion aims.

A core tool in public health is the use of data and indicators to provide proxy measures of the public's health, for example prevalence rates of certain disorders, and the determinants of health and ill-health, such as deprivation. In mental health, indicators need to cover both mental well being (good mental health) and mental ill-health; the availability, accessibility and appropriateness of services; stigma and discrimination; and factors that are known to increase risk of, and protect against mental health problems.

The role of indicators in public health mental health can be summarised as being:

- understanding the mental health status of the population and monitoring changes;
- identifying inequalities;
- supporting decision-making and identifying priority areas for action and key objectives;
- facilitating partnership working by identifying joint local targets and measures of success;
- monitoring and evaluating the progress and impact of public mental health initiatives;
- comparing, contrasting and validating other various data and information sources (e.g. local and qualitative information); and
- supporting comparisons with other areas.

Given the many applications of indicators, choosing the most appropriate indicator is crucial. However a key challenge facing the development of indicators for mental health is the difficulty in measuring good mental health and unrecognised mental health problems. Therefore most commonly used mental health indicators focus on mental ill health, such as mortality rates from suicide and use of inpatient mental health services. It could be argued that these indicators have, in the past, led to mental health being seen as a low priority within public health compared with other areas of ill health which are linked to higher mortality rates.

To overcome this, measures of determinants of good and poor mental health (risk and protective factors) need to be used, and there is considerable activity across the UK in this area. A model developed in the field of general health is the London Health Observatory's (LHO) Local Basket of inequalities indicators which provides numerous indicators on health and its determinants to support local agencies in monitoring progress towards reducing health inequalities. Further, the Scottish Executive is currently undertaking a project to identify a core set of mental health indicators for Scotland.

A key to all of this work is the use of currently available data. Whilst data on mental health is commonly considered limited, mapping exercises have shown that there is a huge volume of data available on a regional and national level that potentially could be refined and improved to provide measures that are locally useful. Therefore a national project for developing mental health indicators, similar to the LHO basket of indicators, would be extremely valuable to the field of public mental health.

(See London Development Centre for Mental Health *www.london developmentcentre.org* and North East Public Health Observatory *www.nepho.org.uk*)

This would not remove the need to define and collect indicators on a local basis. Local and bespoke information will continue to be paramount in identifying the needs of the population (including specific groups such as minority groups or people within a certain age range) and developing and monitoring local initiatives. Projects undertaken in London are testing a public health technique called Health Impact Assessment for developing locally relevant indicators for measuring the impact of initiatives and programmes of work on mental well being. This methodology may prove to be a useful addition to the methods

currently used in public mental health.

Public health expertise can also assist in understanding mental health service activity. Much of the funding available for mental health is allocated to the provision of mental health services, for people experiencing mental ill-health, rather than on the promotion of mental health. Although we might not be able to reverse this allocation, we can develop an understanding of how services might be provided in future that respond more to local need than following historical funding patterns. In London we are exploring models of benchmarking for mental health provider trusts which we hope will elucidate the relationship between service provision and need for services, and that will add to our understanding of how services are performing, not just in comparison with each other, but in relation to local need.

Finally, taking a public health approach to mental health encourages us to see mental health problems as shared throughout a population, and allows us to emphasise that we all, as members of our local communities, have a shared interest in improving mental health. If we take every opportunity to talk about mental health problems as affecting and involving us all, we have a chance to reduce the stigma of mental ill-health. We can also demonstrate that mental health does not just affect individuals with mental health problems or those providing mental health services, but that it affects the whole population and, as such collective responsibility for improving mental health needs to be taken.

The London Development Centre for Mental Health and the London Health Observatory have established a joint mental health intelligence programme to provide information and analysis on mental health in the capital.

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Sharing Best practice: Call for examples of local mental health promotion strategies

The National Institute for Mental Health in England (NIMHE) has commissioned a National Framework for improving mental health and well-being. This will inform the development and delivery of mental health promotion, in line with 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 reinforced by the commitment 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."

The Framework is intended as a resource for those responsible for developing and delivering mental health promotion strategies and for colleagues across all sectors with a role or potential role in promoting mental health and well-being.

The Framework will provide an overview of what has been achieved in the 5 years since the NSF was published. We therefore very much welcome examples of local or regional mental health promotion strategies for possible inclusion.

As you are aware, for a green rating in the Self Assessment Framework, local mental health promotion strategies should satisfy the following criteria, with demonstrable progress on these issues:

- based on an assessment of local needs to identify key settings and target groups
- demonstrate a clear rationale for selected interventions which are based on the evidence or which, through their implementation, can add to the evidence base
- include action to reduce discrimination against people with mental health problems
- show evidence of links to mainstream community development initiatives to promote social inclusion, such as neighbourhood renewal, education action zones

Many local strategies have also met additional standards, for example high levels of cross sector partnership and a robust system for measuring impact.

If you would like your strategy to be considered for inclusion, please forward (by 20th May 2005):

- your contact details
- copy of strategy – one hard copy and one electronic version (if available) to:

Lynne Friedli, 22 Mayton Street, London N7 6QR

lynne.friedli@btopenworld.com

Please do not hesitate to email *lynne.friedli@btopenworld.com* if you have any queries.

MODEL OF GOOD PRACTICE

Signposting to Better Well Being in Primary Care

Setting: Primary care

Level of Action: Individual, Community

Target Group: Patients in Primary Care

Aims

Signposting aims to promote mental well being through primary care, by addressing the broader health needs of patients. A basic model of social prescribing, signposting seeks to link patients up with the non-medical facilities and services available in the wider community that they can access to address the factors that influence their well being. This outward looking approach is particularly relevant as many patients in primary care have health-related issues that fall outside the traditional primary care remit. Signposting and social prescribing approaches have therefore been advocated for primary care and are becoming increasingly popular.

The two key aims of signposting are

- To enable primary care staff to respond to the broader health needs of patients, and in the long-term reduce workload by promoting access to other more appropriate services.
- To enable patients to draw on the resources available in their locality, to address the issues affecting their well being and to take greater control in improving their own mental health.

Programme

Signposting involves identifying the well being needs of patients and signposting them on to appropriate organisations. The process begins with a patient prompt, which explains that the practice is not only interested in the patient's physical health, but also those broader issues that may be influencing their well being. These broader issues may include housing, education, employment, money, relationships or needs for leisure and recreation, self-help and social support. If a patient chooses to raise these issues during a consultation, they will receive contact details for appropriate local services. This does not constitute a formal referral to, or a recommendation of the service by the primary care professional, a point which is emphasised in the disclaimer which features on the contact details slip the patient receives.

Signposting was piloted in North Staffordshire during summer 2004, as part of the work under the area's Mental Health Promotion Strategy. The exercise was supported by the National Institute for Mental Health in England (NIMHE) West Midlands, who commissioned an independent evaluation of the pilot. This was conducted by SUresearch, a network of mental health service users and allied academic colleagues based at the University of Birmingham. Two general practices participated in the pilot, trialling the approach over a three-month period.

Proven Outcomes

Feedback was received from patients who were offered and received signposting, and from the range of practice staff involved in implementing the approach.

Patients saw signposting as a beneficial addition to the general practice service, recognising the links between the non-medical issues the approach aims to address and mental well being. Due to the small numbers involved, none of those participating in the evaluation had received signposting and accessed a service as a result, and so the ultimate benefits of signposting to mental well being could not be identified.

Practice staff also felt that signposting was a valuable addition to the service they were able to provide. They noted the positive response from patients and the benefit of having a means of dealing with issues to which they had previously found it difficult to respond. Staff recognised that signposting requires some investment of time, perhaps in the form of increased consultation time, however also saw its potential for reducing workload in the longer-term. This perception is borne out by evaluation studies of schemes that have investigated the impact of social prescribing on practice workload.

A number of best practice recommendations arose from the pilot evaluation. With regard to future implementation, it was recommended that signposting be used by staff that are enthusiastic and already engaged in therapeutic relationships with patients, the latter being important if people are to feel comfortable discussing non-medical issues. Practice nurses were identified as particularly well-placed. However, it was also recommended that the whole practice team is aware of signposting and able to use the approach in order for all members of staff to support and contribute to implementation as appropriate to their role.

Contact

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'Through the Other Side' – Postnatal Depression Initiative Programme

Setting: Community

Level of Action: Individual

Target Group

Women diagnosed with mild to moderate postnatal depression and their family.

Description of Initiative and Aims

This initiative named by the mothers, 'Through the Other Side', provides an intervention for women experiencing postnatal depression (PND), using a community development / psycho- social health care approach.

Mothers had identified a gap in service provision and approached professionals to help and support them. In partnership with service users, the type of support they believed would help were piloted with the support of Berwick Borough Sure Start and the Newcastle, North Tyneside and Northumberland Mental Health NHS Trust (3 N's).

At present this service is part of the current Care Pathway for Postnatal Depression for North Northumberland. The initiative is a partnership facilitated by a CPN from the 3N's, Health Visitor Sure Start Berwick Borough, Northumberland Raising Aspirations in Society, an organisation that is an integral part of the initiative and North Northumberland Voluntary Action organisation that lend their support.

One of the main aims is to promote an evidence-based service that is informed and led by the user experience. There is strong evidence for this approach as indicated in the recent National Institute for Clinical Excellence Guidelines (Dec 2004), who state that, to improve the treatment and care of people with depression and anxiety they recommend that for mild to moderate depression, psychological treatments that specifically focus on depression can be as effective as drug treatments. Those treatments that involve individuals in an effective partnership with healthcare professionals, with all the decision making being shared, also improves outcomes.

Another aim is to provide an additional service for postnatal depression whilst focussing on the promotion of positive mental well being in mothers and their children and on the mother/ child relationship, this offers an improved choice for users. The service supports recovery by diminishing and shortening the intensity and duration of symptoms of PND.

Programme

This rural initiative began as a pilot and has been on going since January 2003.

There are three strands to this initiative:

- A 10 week programme, known as the 'Rolling Programme', of educational and activity based interventions led by health care professionals fostering an atmosphere of learning, personal development, sharing and empathy.
- A Drop-In peer support and 'buddy' facility aiming to develop as an autonomous community resource to support women with the experience of PND
- A provision for children up to five years of age of a crèche where the aim for each child is to develop and promote play strategies in a safe environment which promotes positive behaviour, self esteem and social development.

Referral to the Rolling Programme is effected predominately by Health Visitors, GP's, Mental Health Services and Sure Start. Outcomes are measured using validated rating tools.

Proven Outcomes

The initiative has been fully reported and documented in a Pilot Study (2003) and Reflection document (2004). Research has predominately been by focus groups, and a continuous evaluation of the sessions. Mental well being of the mothers is measured pre and post rolling programme. Child development is also monitored.

For individual participants in the initiative, the reported impact for self and children is very positive. Many women have gone on to develop a career, for example, undertaking courses in community development and childcare, employment in the local Mental Health Hospital and 'Users Voice'.

All completing participants (attendance rates 70% +) reported a reduction in isolation and all felt that the initiative was non-stigmatising and helped to normalise the experience of PND.

Participants further reported substantial improvement in the development of supportive and helping relationships (friendships) as a consequence of the initiative.

Other important life domains, particularly parenting and relationships were also reported to have improved.

Improvement in self-confidence/ self-esteem and improved understanding of current situation/management of PND

Clinical rating tools used at entry and exit to Rolling Programme demonstrated self-reporting improvements to depression, anxiety and self-esteem.

The development of the peer support Drop-In has fostered the maintenance of helping relationships and activities.

The crèche provision whilst not only enjoyed by the children was regarded by participants as wholly necessary to enable attendance.

Since commencement of the pilot in 2003, approximately 30 women and their children have used the service. Of those only three had the benefit of any type of support beyond GP/HV listening visits meaning that 27 women and

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their children had access to a helping and enabling professional and peer support service in a rural area with a paucity of statutory and non-statutory services.

With further development we are continuing to make this initiative robust and sustainable in the local area. Further qualitative research is to be undertaken on this initiative to assess the impact on the mother/child relationship. Through working with users, statutory, and voluntary agencies we will be focussing on the longer-term aims of capacity building and researching the outcomes for service providers and users so the initiative can then be rolled out throughout the county of Northumberland.

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Everyone's Business: Promoting good mental well being in Northumberland

Janet Bostock, *Community Psychologist Northumberland HAZ/Urban Services Manager, Northumberland Care NHS Trust and Newcastle, North Tyneside and Northumberland Mental Health NHS Trust*

In Northumberland there is an enthusiastic commitment to mental health promotion led by the Director of Public Health as part of his Health Improvement and Public Health remits. We have regularly organised events and training (with great inspiration from mentality), in order to raise awareness and enable people from diverse backgrounds to promote mental health. Northumberland's strategy for Mental Health Promotion, Everyone's Business, emphasises genuine collaboration between service users, communities, carers, volunteers and staff from statutory, voluntary and independent sectors. The aim is to "put mental health promotion at the heart of all their business" and to promote population well being.

Northumberland is a large county with a relatively low overall population, more than half of whom live in the south east, urban settlements. There are urban areas of high social and economic need, but also very deprived areas exist within more affluent places. Rurality is particularly relevant and potentially undermining of people's mental health because of isolation, poverty, and poor access to employment and services.

In 2004 we launched an updated strategy and action plan that addresses important local concerns identified by the multi agency Mental Health Promotion Steering Group:

- Poverty and unemployment
- Children and young people
- Domestic abuse
- Mental health in later life
- People using mental health services
- Carers
- Rural issues
- The well being of prisoners.

Examples of Recent and Current Activities

The strategy has provided the stimulus for a range of relevant activities that focus on key areas:

Well Being for Real workshops include stakeholders from Local Authorities, the independent/voluntary sector, general and mental health and social care. There has been a significant increase in the awareness of local and national activity, productive local partnerships, and a better understanding how local authorities, communities and voluntary groups can contribute to communities' well being. Workshops have focused on promoting mental health in later life; promoting young peoples mental health; spirituality; and enabling people to gain confidence in measuring and evaluating mental health promotion.

Training Two groups of voluntary and statutory sector staff have completed courses in mental health promotion facilitated by mentality. These have been well evaluated and participants particularly welcomed the chance to develop a frame of reference for their mental health promotion work, and to become familiar with up-to-date evidence of effective initiatives.

Learning Sets Many of the people who completed the training days joined a learning set in order to exchange information, support and expertise; and to raise the profile of the promotion

of emotional well being in their work. These have generated ideas for useful training and co-working, and they organised imaginative World Mental Health Day activities.

Newsletter NorMHAN (The Northumberland Mental Health Promotion Newsletter) is a vibrant electronic newsletter that goes out at least monthly with topical news and information.

Victims of Domestic Abuse Qualitative research has recently focused on women who have used voluntary services for help with domestic abuse. The findings have been widely discussed and the representation of local voices has now been used in Child Protection training, to develop self-help literature, and to make policy recommendations.

Schools The Healthy School Programme has spawned many initiatives. For example, it has enabled materials and training to be delivered to many schools across the County; the development of more effective anti-bullying policies; successful learning events for school staff, for example, on workplace well being; the inclusion of a module on emotional well being in the curriculum; and for World Mental Health Day there was a very popular poster competition for children to represent the links between physical activity and well being.

Primary Care 40 trainers from different disciplines in Primary care were trained to deliver a mental health promotion session that was delivered by pairs of people to 70% of practices in Northumberland. We are now piloting the Tyne and Wear Health Action Zone toolkit for mental health promotion in order to facilitate social connections, and training on carer issues has also provided practices with a toolkit for involving and supporting carers.

Workplace and Employment Northumberland's Healthy Business awards have been highly successful in encouraging employers to create emotional well being policies for their staff. The silver award includes such recommendations as: supporting parents with childcare responsibilities, and providing access to information about local facilities for leisure and social support.

Extensive and worthwhile work has also been done with children and young people (for example through SureStart), older people, prison staff, prisoners and their visitors, carers, and with rural communities. Anti stigma workshops have also been important for addressing the social inclusion of people who use mental health services.

The two projects below are examples of good local work, the first in the urban district of Wansbeck and the second in rural north Northumberland.

Community Links Project

This is a social referral scheme which provides an up-to-date sign-posting and information service to public, statutory and voluntary agencies about local resources, and encourages local networking and information sharing. Local facilities are therefore more likely to be used such as SureStart, Parenting Initiatives, and Wansbeck Action Team for Jobs. The adviser offers practical assistance by providing and sourcing relevant information particularly for primary care service users and providers, and she also offers training in mental health promotion.

Contact: Sarah Wells, Wansbeck District Council, Community Services, Front Street West, Bedlington, NE22 5TU

Email: *S.Purvis-Wells@wansbeck.gov.uk*

Berwick Borough Family Centre Adult Courses

The Family Centre offers a range of services to support families in Berwick and surrounding rural areas that includes accessible one-to-one support for adults wishing to take-up training and learning opportunities. They provide this in various settings and with a crèche and target people who are not accessing mainstream education, those who have had less than positive experience at school, and people who want to get back to learning. They also aim to reach people who are isolated and who would benefit from social contact as well as new skills. Courses include crafts, exercise, and parenting skills.

Contact: Angela Elvin, *Project Manager* Berwick Borough Family Centre, 6a Grove Gardens, Tweedmouth, Berwick upon Tweed, TD15 2 EN

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Priorities for 2005-2006

We shall continue to support activities in the priority settings of communities, schools, primary care, workplaces and prisons; and with children and young people, survivors of domestic abuse, people on low incomes, older people, people using mental health services, carers and people living in rural areas.

Examples of plans include:

- Training events and Learning Set : continue to facilitate skills sharing and learning with statutory and voluntary sector colleagues for mental health promotion and evaluation.
- Extend mental health promotion initiatives in the workplace to increase the number of businesses participating in the Healthy Business Awards and establish practical policies for promoting well being.
- Support establishment and evaluation of Social Referral schemes eg. Arts on Referral, and pilot the mental health promotion toolkit in primary care.
- Continue to promote emotional well being through the national Healthy School Standard, support staff, and enable schools' compliance with anti bullying guidance. Facilitate the developing network of interest and co-working for the well being of younger children.
- Promote recommendations from Domestic Abuse action research among health agencies and continue training.
- Strengthen partnership work with Mental Health Services and Local Authorities.
- Circulate NorMHAN (electronic newsletter).

EMOTivatIONS

Setting: Secondary schools

Level of Action: Individual, Community, Organisational

Target Group: School teachers and school nurses, Pupils in schools, Ancillary and all other school staff, Parents, school governors and senior management

Aims

- To encourage young people to look for help early and empower them to look after their mental health.
- To reduce the stigma and discrimination associated with mental health difficulties among staff and students.
- To work with schools to develop sustainable mental/emotional health promoting strategies.
- To work with those personal experience of mental health difficulties in developing this school based project.
- To improve the knowledge and understanding of whole school communities towards mental health issues so that mental health awareness can become an integral part of the school ethos.
- To develop emtional resilience in young people.

Programme

This programme is a partnership between the 5 Primary Care Trusts in West Kent and Medway, Dartford, Gravesham and Swanley MIND, the Institute of Psychiatry in London, Kent Child and Adolescent Mental Health Services, Kent Health Education Partnership, Medway Healthy Schools, Maidstone Mental Health Awareness Group, Sevenoaks and Area Mental Health Awareness Group, Maidstone MIND & Rethink.

The EMOTivatIONS project builds on work already undertaken in West Kent by different organisations both statutory and voluntary. The project directly addresses several government targets relating to young people as well as standard one of the National Service Framework (NSF) Mental Health.

There are five secondary schools in the pilot and these include schools

- with high ethnic monitoring populations
- in a deprived area
- in a rural setting
- identified to have high/low achieving students
- providing single sex education.

All five schools have now signed up and a needs assessment has been carried out among students and staff.

Students have been included from very early in the project and they actually designed the logo being used.

There is a Steering Group, which is currently chaired by Bose Johnson (Mental Health Promotion Specialist at Dartford Gravesham & Swanley PCT). A project co-ordinator Jo Loughran is employed for 26 hours a week for the day-to-day running of the Project

The five PCT's in West Kent fund the project and last year there was a successful bid to Barclays New Futures fund for interventions within the 5 schools.

Outcomes

- As a result of initial needs assessment, a successful training day has been held for school nurses, so expertise is increasing among key staff.
- Student involvement in the delivery of intervention measures is encouraging their sense of self worth.
- This model of good practice is generating enquiries from other areas outside the project.

The project will also develop a parallel research programme in order to evaluate interventions within and across schools and it is hoped that this will form the basis of a successful model of mental and emotional health promotion within school settings.

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Physical Activity and Mental Health

Carol O'Beney, *Physical Activity Officer for Mental Health, London Borough of Camden Sports and Physical Activity Service*

Anyone who exercises regularly will be able to tell you that they not only feel physically better after an exercise session but that they also feel mentally fitter. The contribution that physical activity can make to improved mental well being has been highlighted by the Chief Medical Officer's report (2004) and recent media coverage. Physical activity can be fun, varied and low in cost. The benefits of this understated therapy are three-fold encompassing psychological, psychosocial and physiological factors.

The psychological benefits of exercise are effective for both the prevention and treatment of mental health problems. Research into the benefits of physical activity for mental health have found positive effects for anxiety, stress and panic disorders, drug and alcohol related problems and schizophrenia. However, the strongest research evidence exists for the treatment of depression.

Epidemiological studies have shown that physically active individuals are less likely to suffer from depression (Farmer et al 1988, Paffenbarger et al 1994). In the treatment of depression, physical activity has been found to be as effective as psychotherapy (Mutrie 2000) and anti-depressant drugs (Babyak et al 2000). Some evidence suggests that physical activity can be therapeutic in the treatment of general anxiety, stress and panic disorders and improve the psychological well being in some cases of people with a diagnosis of schizophrenia (Faulkner and Biddle 1999). In the broader context of mental well being, physical activity improves mood, reduces stress, enhances the quality of sleep and can positively change self-perception.

Physical activity also provides the opportunity to improve social inclusion within the community. Programs that bring sport and exercise to community settings promote not only a sense of inclusion within the community, but also a better understanding of mental health within the community. Sport and exercise can therefore break down barriers to social inclusion.

Physical activity may also reduce the health inequalities associated with poor mental health. For example, depression can increase the risk of heart disease fourfold, even when controlling for the effect of smoking (Department of Health, 2001). On the other hand, physical activity can half the risk of developing heart disease (*http://www.bhf.org.uk/hearthealth/index.asp?secondlevel=78&thirdlevel=162&ar*).

Depression is regarded as a risk factor for stroke and can negatively impact on physical illnesses such as asthma, arthritis and diabetes (Department of Health 2001). However, regular physical activity can reduce the risk of stroke, lower blood pressure, reduces the risk of diabetes and improves circulation.

Obesity now effects 21% of the UK population (Department of Health 2003). However, it has been found to be more prevalent amongst people suffering from mental illness (Aqulia 2002). Some research also indicates that clients stop taking antipsychotic medication due to weight gain (Weiden et al 2004). Physical activity is crucial in long-term weight loss and the prevention of unhealthy weight gain.

Clearly physical activity has plenty of benefits to offer in the treatment and prevention of mental illness. There are thought to be approximately 300 schemes nationally offering professionals the chance to refer clients into physical activity services. Some of these take mental health clients whilst others are dedicated service providers.

A joint venture between Camden PCT and Camden Council has recently created a post dedicated to the development of physical activity for mental health clients. Operating within Camden Active Health Team's referral system, clients are offered eight weeks of free, supported exercise designed specially to meet their individual needs. After the eight weeks an exit strategy is put into place to ensure that physical activity becomes a lifelong habit.

The scheme has been running since December 2004 and is still in its infancy. Currently specialist sessions are running in community gyms although clients can access a range of community based programmes. Classes are also planned for carers and early intervention groups. Plans have also been proposed to offer training to mental health clients interested in leading on our walk programs and community sports groups. We aim to encourage an inclusive and healthy community in the London borough of Camden.

Any comments or suggestions would be warmly received. Please contact Carol O'Beney at *carol.obeney@Camden.gov.uk*

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Building Partnerships to Improve Opportunities: National Social Inclusion Programme

Sarah Hill, *Business and Communications Manager, National Social Inclusion Programme, London Development Centre for Mental Health*

In June 2004 the Social Exclusion Unit published its report 'Mental Health and Social Exclusion' (www.socialexclusion.gov.uk). The report's action points are directed at improving the lives of people with mental health problems by reducing or eliminating barriers to employment and wider social participation. It also has great potential to impact significantly across service areas, client populations and on the health, engagement and economic position of wider communities.

NIMHE is co-ordinating the overall delivery and is bringing together individuals and organisations from a range of backgrounds and social inclusion expertise. The national implementation team has cross-government representation as well as voluntary sector, service user, mental health professionals, and cross programme membership. At the heart of this programme is the Affiliate's Network which comprises of over 40 organisations that range from voluntary and community sector groups, professional bodies, health and social care group and mainstream agencies. This network enhances the programme's capacity for real results and brings together necessary, if improbable partnerships as major contributors, adding value through diverse connection.

The implementation process will be led through eight key project areas: Stigma and Discrimination; Employment; Income and Benefits; Education; Housing; Social Networks; Community Participation; Direct Payments. Each project will incorporate structures for user, carer and voluntary sector involvement and will build on current good practice and social inclusion expertise. The building of partnerships in project work aims to deliver a programme that has the organisational capacity to support sustainable change at a local level and develop a future where people with mental health problems have the same opportunities to work and participate in their communities as any other citizen.

Local Inclusion Action: Learning on Prescription

Tracy was depressed following the loss of her baby during childbirth and subsequently was unable to care for her 8-year old son. She struggled to get out of bed and had no confidence and low self-esteem. Tracy had left school with few qualifications; she worked in local factory and bar until she became depressed but dreamt of working in a bank or accountancy but she had no maths qualification. Tracy was referred to Learning on Prescription by her GP and met with an adviser who supported her to access a local FE college. She was signposted to an initial numeracy course and although she felt too unwell to commit to regular tuition times she registered at an ICT centre to access drop-in sessions, as well as undertaking a community education art course. Tracy was initially too nervous to attend college on her own but with the help of her adviser, her confidence grew. She completed the European Computer Driving License and then passed both the foundation and intermediate Accountancy courses. Tracy now works as a trainee accountant with a local company. She has worked full-time since June 2003 with no sickness absence and is in stable relationship, has regular access to her son and is planning to buy her own home.

"I have a job with my own desk and a computer – I've gone from cleaning offices to working in one!"

Contact

sarah.hill@dh.gsi.gov.uk for further details or visit the National Social Inclusion Programme groups on NIMHE's Knowledge Community on *http://kc.nimhe.org.uk*

DIARY DATES

6th June & 28th June

Skills in Neighbourhood Work – Community Development Foundation.
One day course (Fee £160).
Venues: 6th June – Birmingham; 28th June – Rhonnda.
This course is aimed at community development and other practitioners planning their work in communities. This course will provide an opportunity for practitioners – including community health workers, regeneration and outreach workers – to share their experiences of working in and with local communities.
For further information contact: John Stone, Training Administrator
email: john@cdf.org.uk

7th June

Community Mental Health Teams – The Sainsbury Centre for Mental Health
Community Mental Health. Teams are facing major challenges. Their role has changed and blurred, yet they remain the lynchpin of an increasingly diverse range of mental health services and have enormous potential to improve the quality of life of service users. This conference will offer you the chance to discuss the current position of CMHTs and to look at what will be happening in the future. For more details of this and other conferences contact us on 020 7827 8384 or go to our website *www.scmh.org.uk*

9th June

Active Ageing for All – Age Concern England.
This one-day conference has been organised to discuss and review new ideas and developments in the provision of healthy ageing initiatives. It will bring together a diverse audience including practitioners, policy makers and project developers from a wide range of backgrounds including health, education, community development, older people's organisations and local government. The programme has been carefully designed to encourage structured discussion and debate within workshop sessions, as well as allowing plenty of informal networking time to discuss and debate issues with other delegates.
For more information on the conference contact events@ace.org.uk

13th, 20th, 24th & 28th June

Promoting health and wellbeing through participation in adult learning – NIACE.
Venues: 13th June – Newcastle upon Tyne; 20th June – Plymouth; 24th June – Liverpool; 28th June – London.
In 2004 NIACE published 'Winning Hearts and Minds', which is a guide to setting up a 'Prescriptions for Learning' project. This series of one-day events based on this publication will look at how to promote health and wellbeing through participation in adult learning. All participants will be provided with a copy of 'Winning Hearts and Minds'
For further information: *http://www.niace.org.uk/Conferences/hearts.htm*
Contact Gurjit Kaur 0116 2042833
email: gurjit.kaur@niace.org.uk

17th June

Leading by Example Conference – The Sainsbury Centre for Mental Health.
This conference aims to inspire and offer practical support to those interested in widening the NHS and Care Trust workforce to include people with experience of using mental health services. Repeat of the conference that sold out in October 2004.
For more details of this and other conferences contact us on 020 7827 8384 or go to our website *www.scmh.org.uk*

20th – 23rd June

Annual Meeting of the Royal College of Psychiatrists.
Venue: Edinburgh International Conference Centre.
Details of the conference can be downloaded from *http://www.rcpsych.ac.uk/2005/index.htm*
For further information contact: conference@rcpsych.ac.uk

5th July & 8th September

Engaging Black and Minority Ethnic and Refugee Communities – Community Development Foundation.
One day course (Fee £160).
5th July Bristol & 8th September Leeds.
This course aims to provide participants with the understanding and skills to engage with black, minority ethnic and refugee communities. It explores some of the barriers to engagement and illustrates some of the techniques being used to ensure successful engagement. For further information contact: John Stone, Training Administrator
email: john@cdf.org.uk

September – date to be confirmed

Mental health promotion – a changing mentality
This conference will bring together national experts in the fields of mental health promotion, public mental health, suicide prevention, social inclusion, anti-stigma and discrimination. There will be opportunities for debate, discussion and practical workshops that will illustrate effective methods of implementation and evaluation. A must for anyone interested in promoting mental health. For more details of this and other conferences contact us on 020 7827 8384 or go to our website *www.scmh.org.uk*

9th September

NIMHE South-West
Development Forum: Rurality and Mental Health.
Venue: Taunton Racecourse.
The event is Free. All welcome.
For further information please contact Jeremy Voaden
tel: 07747 562437
email: Jeremy.Voaden@nimhesw.nhs.uk

USEFUL WEBSITES

Age Concern England – *www.ace.org.uk*

Department of Health – *www.doh.gov.uk*

Depression Alliance – *www.depressionalliance.org*

Clifford Beers Foundation – *www.charity.demon.co.uk*

Community Action Network – *www.can-online.org.uk*

Community Development Foundation – *www.cdf.org.uk*

Community Matters – *www.communitymatters.org.uk*

Countryside Agency – *www.countryside.gov.uk*

Countryside Recreation Network – *www.countrysiderecreation.org.uk*

Disability Rights Commission – *www.drc-gb.org*

Ethnos – *www.ethnos.co.uk*

Faculty of Public Health – *www.fph.org.uk*

Health First – *www.healthfirst.nhs.uk*

Local Government Association – *www.lga.gov.uk*

London Development Centre for Mental Health – *www.londondevelopmentcentre.org*

London Health Observatory – *www.lho.org.uk*

MACA – *www.maca.org.uk*

Manic Depression Fellowship – *www.mdf.org.uk*

Mental Health Foundation – *www.mentalhealth.org.uk*

Mental Health Media – *www.mhmedia.com*

mentality – *www.mentality.org.uk*

Mind – *www.mind.org.uk*

Neighbourhoods Initiatives Foundation – *www.nifonline.org.uk*

New Economics Foundation – *www.neweconomics.org*

NIMHE Knowledge Community – *http://kc.nimhe.org.uk*

Rethink – *www.rethink.org*

Royal College of Nursing – *www.rcn.org.uk*

Royal College of Psychiatrists – *www.rcpsych.ac.uk*

Sainsbury Centre for Mental Health – *www.scmh.org.uk*

Samaritans – *www.samaritans.org.uk*

Sane – *www.sane.org.uk*

Social Exclusion Unit – *www.socialexclusion.gov.uk*

Shift – *www.shift.org.uk*

UK Public Health Association – *www.ukpha.org.uk*

Young People and Self Harm – *www.selfharmuk.org*

Future editions of Mental Health Promotion Update

NIMHE has recently commissioned the mentality team at the Sainsbury Centre for Mental Health to develop four editions of Mental Health Promotion Update during 2005/2006.

The development of this newsletter will reinforce the White Paper's aims by providing NIMHE nationally and regionally with a vehicle to support local work and to ensure that mental health promotion remains on local agendas.

The newsletter will provide information, articles and opinions for the mental health promotion community and those tasked with effectively implementing Standard One of the National Service Framework. It will also include details of models of good practice, information on upcoming events and conferences and further contacts for organisations supporting the promotion of public mental health.

The four editions will be published in July and October 2005 and January and March 2006. The issues will also be themed:

Issue One *Mental Health Promotion in Early Years*

Issue Two *Mental Health Promotion for Children and Young People*

Issue Three *Mental Health Promotion for Communities (adult focus)*

Issue Four *Mental Health Promotion in Later Life*

mentality would welcome your contribution to the newsletters. If you are interested in contributing to an edition or would like to make suggestions for inclusion please contact Angela on 020 7716 6762 or email angela.fletcher@mentality.org.uk

For further copies of this document, please contact your local development centre or the mental health promotion team at:

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Room 8E46, Quarry House, Quarry Hill, Leeds, LS2 7UE

Tel: 0113 254 5927 **Web:** www.nimhe.org.uk

NIMHE is part of the Modernisation Agency at the Department of Health