

USEFUL WEBSITES

Changes – www.changes.org.uk
 Clifford Beers Foundation – www.charity.demon.co.uk
 Community Matters – www.communitymatters.org.uk
 Department for Education and Skills – www.dfes.gov.uk
 Department of Health – www.dh.gov.uk
 Department of Work and Pensions – www.dwp.gov.uk
 Depression Alliance – www.depressionalliance.org
 Disability Rights Commission – www.drc-gb.org
 Every Child Matters – www.everychildmatters.gov.uk
 Faculty of Public Health – www.fph.org.uk
 Health First – www.healthfirst.nhs.uk
 Local Government Association – www.lga.gov.uk
 London Mental Health Research & Development Virtual Institute – www.lomhradvirtualinstitute.co.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
 Mindful Employer – www.mindfulemployer.net
 NIACE – www.niace.org.uk
 NIMHE – www.nimhe.org.uk
 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
 Shift – www.shift.org.uk
 Start in Manchester – www.startmc.org.uk
 Together – www.together-uk.org/
 UK Public Health Association – www.ukpha.org.uk
 World Health Organization Regional Office for Europe – www.euro.who.int

Future editions of Mental Health Promotion Update

This newsletter is produced to reinforce the White Paper Choosing Health 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.

It provides 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.

Each of the five newsletters are themed – the first edition featured many of the issues around the promotion of public mental health, the second focussed on mental health promotion in early years, the third on mental health promotion with children and young people and the final one will concentrate on mental health promotion in later life. It is planned for release in May 2006.

mentality at the Sainsbury Centre for Mental Health welcome contributions to the newsletter. If you are interesting in including something or making suggestions for inclusion in the final edition 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:

The National Institute for Mental Health in England
 Room 8E46, Quarry House, Quarry Hill, Leeds, LS2 7UE
 Tel: 0113 254 5927 Web: www.nimhe.org.uk

The Care Services Improvement Partnership (CSIP)
 Working with and funded by the



NIMHE MENTAL HEALTH PROMOTION update

February 2006
 Gateway Reference
 Number 6024

**EDITORIAL**

Jenny Bywaters
 Director of Public Health at NIMHE

A very Happy New Year to all our readers. I hope you all enjoyed the festive period and feel suitably refreshed and enthused to continue to promote mental health and well-being in the coming year.

Having covered Parenting and Early Years and Children and Young People in previous editions of this newsletter, we now move on to the next stage of the life cycle – adulthood.

I am delighted that in this edition we feature a profile of Professor Louis Appleby OBE, the National Director for Mental Health. Professor Appleby has played a huge part in driving forward the Government's agenda to modernise mental health services in this country and has championed the role mental health promotion plays as part of that agenda. In his article, he sets out his vision of the future for mental health promotion and his role in contributing to that vision.

We also feature a range of articles and examples of good practice which cover a broad range of mental health promotion interventions; from work-related stress and physical interventions such as cycling, walking and football to learning and the arts.

It is clear that, to be effective, promoting mental health and well-being needs to involve a wide range of stakeholders. With this theme in mind, I would like to take this opportunity to alert you to a conference on 17/18 May being organised by the Clifford Beers Foundation on behalf of the five nations in the UK and Ireland. Entitled "Promoting Mental Health and Well-being: Progress through Partnerships". The conference will focus on how effective partnerships can assist in disseminating and implementing effective mental health promotion and prevention strategies. This event will build on the highly successful conference held in Dublin last year ("Going from Strength to Strength").

Finally, as usual I would like to remind you all that we welcome your input to this newsletter. The next edition will focus on mental health promotion in later life. If you wish to contribute, please contact Angela Fletcher on 020 7716 6762 or email angela.fletcher@mentality.org.uk

PUBLICATIONS NEWS**Developing Practice in Community Mental Health Care**

(Teaching and learning materials to support the revised level 3 certificate in community mental health care)

The Mental Health Foundation and Pavilion have developed a new tutor manual and student workbook to accompany the revised Certificate and to support the new N/SVQs in Health and Social Care. Like the original publications, these provide a learning process, plus resources and materials to support delivery of the Certificate, providing underpinning knowledge for the relevant N/SVQs. Drawing on a wide range of print and web-based resources, these publications take a holistic

approach to mental well-being and mental health problems, reflecting the diversity of approaches and perspectives in the mental health field.

To order copies contact: Pavilion Publishing, Richmond House, Richmond Road, Brighton, BN2 3RL.
 Tel: 0870 890 1080. Fax: 0870 890 1081.

**In this issue . . .**

- Profile of Prof. Louis Appleby – National Director of Mental Health
- Norwich Mind Well Business and Staff Stress Support Service
- The European IMHPA Network for Mental Health Promotion and Mental Disorder Prevention

Children's Health Services: An Introductory Guide for People Working with Children

TEN (The Education Network) is producing a series of booklets offering an introductory guide to different elements of children's services. These will be of great benefit to a wide range of people working with children, or responsible for children's services.

Two titles are already published, covering social care and health services, and the remainder (on education, youth justice and the role of the community/voluntary sector) are due to be published by the end of the year. They are intended to support the development of a shared understanding of the range of work carried out on behalf of children, young people and their findings.

For hard copies please contact: Central Books, 99 Wallis Road, London E9 5LN. Tel: 0845 458 9910. Fax: 0845 458 9912. Email: mo@centralbooks.com

RESEARCH NEWS

Update from the UK Inquiry into Mental Health and Well-Being in Later Life

The Inquiry is a joint project of Age Concern and the Mental Health Foundation. It is working in two stages and will run until early 2007. The first part of the Inquiry's work has focused on mental health promotion in later life. The second part of its work will look at prevention of mental health problems for at-risk and vulnerable groups, and the provision of support and services for older people experiencing mental health problems and for carers.

Stage 1: Promotion

A report of the Inquiry's findings and recommendations on mental health promotion in later life is expected in early Spring 2006. More information will be included in the next issue of this newsletter.

Stage 2: Prevention and Provision of Support and Services

A comprehensive literature and policy review has been completed by a joint research team from the Universities of Leeds and Bradford. It analyses the existing evidence for prevention and service provision relating to a range of mental health problems in later life, including dementia, depression, schizophrenia and other conditions. The review may be downloaded at www.mhilli.org.

Over the next 6-8 months the Inquiry will be gathering evidence from organisations, professionals, older people with experience of mental health problems and carers. The aim is to find out what would really make a difference in this much neglected area. We welcome your involvement.

If you would like to be contacted to submit evidence to the Inquiry, or would like further information, please contact: Michele Lee. Tel: 020 8765 7434.

Email: michele.lee@ace.org.uk www.mhilli.org

PUBLICATIONS NEWS

Mindful Employer Pack

MINDFUL EMPLOYER is an initiative led by employers aimed at increasing awareness of mental health at work and providing ongoing support for employers in the recruitment and retention of staff. The initiative would not be possible without those who have given freely of their time and provided invaluable support, advice, sponsorship and practical assistance in its development.

A full list of those who have been involved is shown on the website at www.mindfulemployer.net. MINDFUL EMPLOYER is facilitated by WorkWays, a service of Devon Partnership NHS Trust, which provides information, advice and practical support for people whose mental health affects their ability to find or retain employment, training, education or voluntary work.

- MINDFUL EMPLOYER is led by employers and is for employers. It is about increasing awareness of mental health, helping you deliver your business, providing support networks and information, and making it healthier to talk about mental health.
- MINDFUL EMPLOYER is concerned with helping you in recruiting and retaining valued and talented members of staff. It is completely voluntary and will support you as an employer to work towards putting its principles in to practice in ways which are sensible, achievable and realistic.
- MINDFUL EMPLOYER will support you in adapting its principles within your own policies, structure and culture, adopting them for the longer-term benefit of your staff.

For more information contact: Workways, King Street Business Centre, 7-9 King Street, Exeter, EX1 1BQ. Email: info@mindfulemployer.net

VOLUNTEERING NEWS

Changes Well-Being Workshops

Changes is currently developing a series of Well-being workshops, designed to promote individual mental fitness. Changes is a user-led mental health charity providing a unique recovery service to those in mental distress, based on users attending weekly mutual help groups and following Changes 12 step recovery programme (which has been developed from users' own experience in recovering from mental distress).

The workshops consist of a series of 8 x 3 hours sessions and cover a range of topics: What is mental well-being? Personal Evaluation; Healthy thinking and behaviour; Emotional literacy and intelligence; Sensations and perception; Determinants of mental well-being; and The way forward – developing a personal action plan.

Delivery will be in a friendly and informal style, catering for a range of learning styles, (providing a simple and straightforward introduction to the principles of mental well-being). Supporting materials will include a comprehensive Well-being Manual and DVD (offering further potential for guided self-help).

Participants will also have access to Well-being Forums via a link on the Changes website www.changes.org.uk

The workshops are being piloted and as of April 2006 they will be available to organisations in a self-contained training package.

For further information contact: Tel: 01782 206422. Email: dwwwchanges@bulldog-office.com

Voyage of Discovery: Mental Health Care Through The Arts

Can art possibly change lives? Can understanding and creating art carry over to understanding and maintaining good health? Manchester Mental Health and Social Care Trust think so. The latest result of their innovative arts for health programme is this fascinating exhibition, 'Now, Voyager', opening at Manchester's Whitworth Art Gallery on Saturday 14th January and running until the 21st May 2006.

'Now, Voyager' documents a project run jointly by the Gallery and Start in Manchester, the Trust's specialist arts and mental health service. Drawing inspiration from the words of Walt Whitman's famous poem, thirteen mental health service users were challenged to '...sail forth to seek and find'. What they found was that art could give them an outlet for creativity and self-expression through which they could take control of their mental health and rebuild their lives.

Featuring lively drawings, striking photography and sculpture, a specially commissioned video installation and lots of personal stories, this show shines a light on the health benefits gained from creative pursuits and from making learning a part of everyday life.

"This was a great experience for our service users," said project artist Annie Tortora-Cailey, "They were challenged to study at an intense level as artists, and the impact on everyone's mental well-being was obvious from the first. People opened up, they felt a strong sense of achievement, they learned to express themselves and they rediscovered their self-confidence."

"I amazed myself", said one of the participants. "The course helped me 'come out from under'. I have had more confidence to speak to people than I have had for years."

Start in Manchester has been at the forefront of the arts and mental health profession for many years and has created this exhibition as part of their 20th anniversary celebrations.

Wendy Teall, Start Lead Artist says: "In our everyday work at Start we see people regaining life skills, and learning to manage illness successfully and we're delighted that our specialist service brings these results for the NHS. This project was about adding to our knowledge so that we can keep improving our service and continue helping the public to understand mental health issues better. Our service users have responded to 'Now, Voyager' with a huge thumbs-up."

Finally, Trust Medical Director, Dr Frank Margison, adds:

"This is a wonderful example of how arts can aid recovery from mental health problems. Start has contributed a huge amount over the last 20 years to a holistic approach to mental health in Manchester".

For further information contact: Yvonne Davies or Wendy Teall Email: Wendy.Teall@mhsc.nhs.uk www.startmc.org.uk



REGISTER NOW!

National Men's Health Week 2006

Register now to receive information and a free resource pack.

National Men's Health Week (NMHW) 2006 will follow broadly the same model as previous Weeks, and will run from the 12th to the 18th of June. The key objective is to increase men's awareness of mental well-being in the broadest sense and to encourage services to work more effectively with men, to improve their mental well-being. We expect the 2006 week to be the most successful yet, with a major national conference at the beginning of the week (to be held at Wembley Stadium) and the launch of the Haynes Brain Manual planned for the week. The Brain Manual is being written in conjunction with the key organisations in the area, and will be the definitive guide to men and mental well-being – not only will the content be comprehensive but the design will also be well-suited to a male readership.

Completing the registration form will ensure that you receive regular updates about the week as well as details about our free resource pack. Registering will take no more than 5 minutes, and can be done by simply following the Men's Health Week link at www.menshealthforum.org.uk



SAMHAG - 13 years on and still going strong

Sevenoaks and Area Mental Health Awareness Group (SAMHAG) have been working in South West Kent for over thirteen years. The group aims to reduce the stigma and discrimination which surrounds people with mental health problems, and to break down barriers and challenge misconceptions about mental health held by the general public.

They do this by providing workshops in mental health awareness which emphasise the importance of mental health for all. Those attending the workshops include staff from: housing associations, Citizens Advice Bureaux, volunteer groups, Police, adult education, elderly care homes, and primary care trusts. Part of their workshop programme includes using personal stories which have proved to have a profound impact on their audiences and it is, SAMHAG believe, one of the best ways to get their messages across.

They also hold events especially around World Mental Health Day such as those used to celebrate last year – free taster sessions in various sports and activities including badminton, table tennis, 5-a-side football and T'ai Chi. The 5-a-side football was particularly popular, with professional help on offer from their local professional side, the Tonbridge Angels. People from two local mental health drop in centres and a local school were among those who took part. As well as the sport and activities, a range of information and advice was available, including healthy eating advice, help for giving up smoking, drugs information, and anti-stigma and discrimination activities.

In 2003, SAMHAG were the subject of a research project carried out by the Institute of Psychiatry in partnership with Rethink, the results of which are published in the report *How Can We Make Mental Health Education Work? Example of a successful local mental health programme challenging stigma and discrimination* (a copy of the report can be downloaded at www.rethink.org/research/pdfs/Stigma-Booklet.pdf)

SAMHAG employ a part time coordinator for 12 hours a week, all other group members are volunteers. They are also 80% self funding through nothing but earnings from mental health promotion work.

SAMHAG are very proud of their achievements none more so than "we are still in business" says Chris Morgan, SAMHAG Coordinator. If you would like to find out more from Chris, he would love to hear from you.

Contact: Chris Morgan.
Email: chris.morgan@sedc.org.uk Men's Health Week link at www.menshealthforum.org.uk



PROFILE

Professor Louis Appleby CBE
National Director for Mental Health, Department of Health

Professor Louis Appleby, National Director for Mental Health, otherwise known as the Mental Health Czar (to the constant amusement of his children) has been at the Department of Health for over five years.

He is also the Professor of Psychiatry at the University of Manchester. He leads two research units at the University, the Centre for Suicide Prevention and the Centre for Perinatal Mental Health Research. The largest research project is the National Confidential Inquiry into Suicide and Homicide by People with Mental Illness, of which he has been Director since 1996. He has been an honorary consultant psychiatrist in Manchester since 1991.

Q. How do you feel the National Service Framework has contributed to mental health promotion in England?

A. In my five year review of the National Service Framework (NSF), released last year, I was critical of what has been achieved through Standard One, but I didn't find the situation surprising. Five years ago when the NSF and the NHS Plan were released, there was a great deal wrong with specialist mental health

services and they needed to be the focus and starting point for most change. Having largely concentrated on reshaping specialist care and redesigning services, there has been improvement in many areas or work is in progress. The NSF is a ten year strategy and we can now look more broadly at mental health improvement as the way forward.

However, a lot has been achieved through Standard One even though relatively little funding has gone directly into this area to date. I think when you consider broader agendas and how they contribute to mental health promotion, budgets can be seen as larger. Services which concentrate on supporting and empowering people with mental health problems to regain their normal lives, gain employment, sustain relationships and feel valued, promote mental health. I am pleased that mental health promotion was included in the NSF and I hope we continue to invest in this area.

Q. What are the key national strategies which you believe support mental health promotion in England?

A. There are two that come to mind particularly. Firstly the National Suicide Prevention Strategy because we took a public mental health promotion approach to reducing suicide and made it a key goal to promote mental health. Suicide is the end point of a lot of other processes and the Government is committed to an effective way of reducing suicide through ensuring that community health and well-being are supported. We took advice from those responsible for drafting the Finnish Suicide Prevention Strategy for this broad approach, but also identified target groups for mental health promotion of those considered to be at high or unacceptable risk – including young people, those recently bereaved by suicide, people from ethnic minorities, the socially excluded, young men in particular. We hope that this approach has contributed to the

effectiveness of the strategy.

The second strategy which I believe supports mental health promotion is Delivering Race Equality. One of the messages of Standard One is that there are certain groups on the margins of society whose mental health needs can be greater or not as well addressed. Those of us responsible for promoting mental health for all should be particularly mindful of such groups. Delivering Race Equality was one way of trying to address this and making mental health promotion practical in its application.

Q. How do you consider the role of the Department of Health and NIMHE contributes to the promotion of mental health?

A. The role of the Department of Health is primarily to set out the strategic priorities and policies so that the field knows what is important. The role of NIMHE (the National Institute for Mental Health in England, part of the Care Services Improvement Partnership) is to help services locally to implement policies and changes. The strategic lead from the Department enables us to have some 'must dos' and mental health promotion has not lent itself well to that.

The Government is less powerful than you might think. In my experience, people working in the health service always believe that power lies elsewhere and the trouble is they are probably all right. When I was a clinician working in services I thought power lay with management; and within the Department there is often the belief that power lies with the front-line clinicians. Now the Government is moving towards the new world where power will lie with the patient, the service user, and there is a strong commitment at all levels to listening to those who use services.

I believe there is often a great deal more synergy between what the Government and service users believe should happen within the system than between the Government and any

other group - managers, clinicians, commissioners. When I first started in this job I was very struck by how my perception as a clinician was skewed. I thought service users would be most worried about treatment, out of hours services and support, the rationing of drugs. I was struck by the fact that although they were concerned about those things, overwhelmingly the stigma and discrimination they experienced as service users had a bigger impact on their lives.

Q. How do you feel your role contributes to mental health promotion?

A. Part of my role is to link different parts of the mental health world, representing the views of service users, carers, clinicians, people who don't often have an easy route in to Government thinking and making sure they are heard, even when I don't necessarily agree with their views. It is also my role to represent Government policy in the field, be an advocate for policy change, and to contribute to shaping that policy.

Another part of my role is to talk to the public about mental health and mental illness to try and improve public understanding, breaking down some of the myths that exist about the sector and increasing public confidence in mental health care and mental health services. One of the worst things for stigma and discrimination is when the public feel mental health services cannot be trusted and it is important that they are reassured.

Finally I have cross-Government responsibility, arguing for the importance of mental health, and there has never been a better time to do this. I compare it, maybe optimistically, to the 'education, education, education' mantra of 1997 where the importance of education was recognised not only as being important in itself but also in relation to a range of broader outcomes that society would benefit from. I think there is an equivalent argument about mental health – if people are mentally healthy then they are more likely to give up smoking, to eat wisely, to form stable relationships, to fulfil their educational potential, to keep out of the criminal justice system and contribute to

the economy. Mental health and mental well-being is the root to so many other things about a successful society.

Today there is much greater interest in and open discussion about mental health. If something goes wrong for an individual or there is a traumatic situation, discussion in the press and from commentators is around mental health and the mental health impacts. I am sure this 'psychological talk' is new and I feel that mental health has become the common currency of discourse. You haven't had a full conversation if you have not considered the impact on the mind.

Q. How important do you feel Professor Richard Layard's work has been on benefit reduction and improved access to psychological therapies in terms of promoting mental health?

A. We are indebted to Richard Layard for raising the issue wisely, being consultative and supportive of the sector rather than critical and antagonistic. His work prompted a Cabinet Office Strategy meeting which has enabled us to increase interest in the area. His work however is supported by the inclusion of access to psychological therapies in the Government manifesto. Rosie Winterton also wrote a pamphlet about psychological therapies which I believe was influential in getting these included in the manifesto; and it is important that the Government has a commitment to mental health which does not relate to public safety or the availability of treatment.

Q. What do you see as the big opportunities for mental health to make a sustainable difference?

A. I think the word sustainable is enormously important. I don't think we can rely on the fact that mental health is a self-evident priority. The NSF and the NHS plan together are probably the two most important documents in the professional lifetime of everyone working in mental health at the moment; and I think in ten years time that may still be the case. We have to sustain change and the NHS is in a constant state of structural

change, philosophical change, financial change itself. All these changes are an opportunity but could also be a threat to the status of mental health. I think we have to be one step ahead and reinforce and refresh the status of mental health. For example, what will payment by results mean for mental health? How will practice-based commissioning change mental health? How is the new public health agenda related to mental health?

Q. Why did you start working in mental health?

A. I had some experience of mental health long stay units when I was a student in medical school and I worked on a ward between school and university. I started my medical training with no real idea of what type of doctor I wanted to be but, because of this experience, an absolute certainty I didn't want to be a psychiatrist. It was obviously intellectually fascinating trying to understand psychosis for example from a social as well as neuro-chemical level. I was very socially committed, as most new students are, well were in the 1970s. I wanted to champion social disadvantage and so mental health could contribute to that, although that was different from having a career! Over time I felt that taking an interest in people's mental health, their broader lives, social circumstances and family relationships was much more interesting, rewarding and relevant to their health problems and could make a greater difference for them.

Q. How do you promote your own mental health?

A. I make a lot of effort to get my work-life balance right. Although I try, I am not always successful but I have a young-ish family who are a very powerful distraction. So I go from commenting on policy to my son telling me he has just built a shop on our landing and asking if I want to see it. It was a turning point in family relations when my son read in a newspaper that I am called the mental health czar and my children find this hilarious. Basically my family promote my mental health and we try and do things together, like exercise. I genuinely believe this is critical to promoting health and mental health.

Norwich Mind Well Business and Staff Stress Support Service

Peter Gianfrancesco, Chief Executive, Norwich Mind



Norwich Mind established the Well Business Service in 2003 with the aim of encouraging employers to take a positive and preventative approach to work related stress. The service operates on a subscription basis where companies receive a combination of stress management training, staff relaxation days and one-to-one employee support in return for a monthly fee.

We currently work with 6 businesses with in excess of 900 employees.

By working with the business sector we have been able to challenge existing stereotypes related to mental ill health and help employers develop a workplace culture that is sensitive and responsive to employees with mental health problems. The businesses that we work with have developed a better understanding of workplace stress and depression, and report reduced stress related absence. This type of engagement with business has also enabled us to demonstrate that mental health is a universal issue and not just something that affects a small number of people. Many of the staff of the businesses we work with have gone on to use our other services, particularly around treatment for depression and support for carers.

Businesses are offered guidance and support to develop employee policies that promote mental well-being and protect against problematic stress. We can also undertake a stress audit where we assess current and predicted workplace stress levels and use the results to inform the development of a workplace Stress Reduction Plan which is then monitored and evaluated. Additionally, a Workplace Well-being Audit can be undertaken which measures performance against current HSE good practice guidelines.

The employee support which we offer includes individual psychological support and positive mental health planning for employees with, or at risk of, mental ill health. Mental health awareness training includes an overview of mental distress, symptoms, assessment, managing behaviour and information about available treatments and services. Stress management training offers information about stress and problematic stress, implications for work, and how to maximize mental well-being and reduce stress.

We regularly review our service with our business subscribers and have modified elements of our service to respond to changing workplace dynamics. This is very much a customer focused and customer led approach to

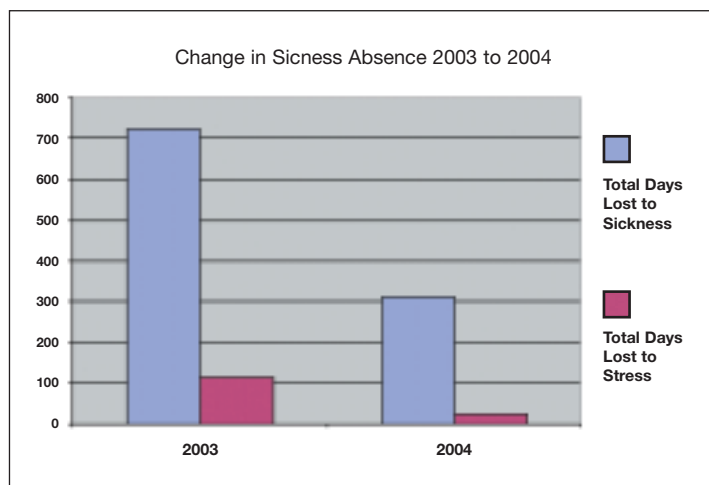
promoting mental health and addressing workplace stress. The best evidence of satisfaction is a willingness to pay the monthly fee, and sustained commitment over a long period. More than half of our business subscribers have been engaged with the project for more than 12 months. Our goal is to further develop the profitability of the service so that it can be extended to non-paying employers - perhaps in the small business/voluntary sector.

The revenue generated by the Well Business Service helps pay for a Staff Stress Support Service for Norwich Mind staff, started in 2001 to help staff manage their mental well-being and change within the organisation. The service was initially provided on a limited scale using an external provider. In 2004 the service was expanded to include 'in house' provision of individual and group supervision and a gateway to the external provider. It offers stress management training, massage and other complementary therapies, individual and group supervision, employee counselling and external psychological support. We have a workplace where it is OK to say that you are stressed or depressed and a range of supports that promote staff mental well-being. We are now considering the introduction of counter-stress and health promoting leave as opposed to just sick leave.

An evaluation of the Staff Stress Support Service provided during 2004-2005 was undertaken in April 2005 to assess the value of the service in terms of utilisation, satisfaction, impact on sick leave and cost. The evaluation also demonstrated that the service was cost neutral to Norwich Mind.

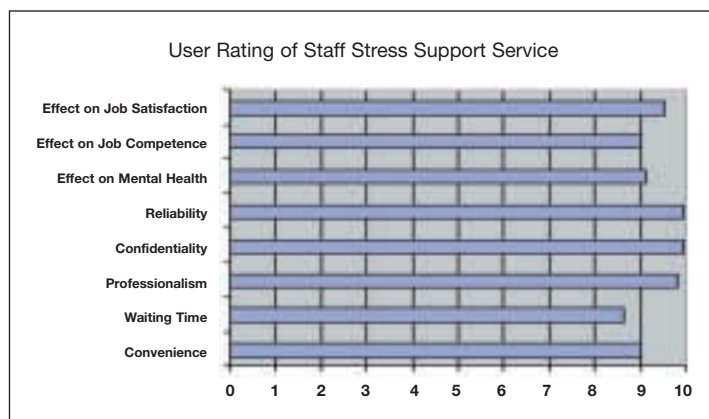
The service is heavily utilised by staff (88%) of all levels and from all programmes across the organisation. A total of 138 one-to-one sessions were provided and, of the people who used the service, 70% were primarily for work-related issues, 25% for personal health issues and 5% for specific practice issues. Of the 10 employees who used the service for personal health issues, 4 had their needs met fully by the service and 6 were referred to the external counsellor. Around twenty training sessions covering stress management, hearing voices, bereavement and mental health awareness were run.

During the year in which the Staff Stress Support Service was fully operational, sickness absence fell by 56% and stress related sickness absence fell by 77%. This is a significant reduction and should be considered in the context of efforts made to make it easier for staff to identify and report stress – the expectation was that stress related sick leave would increase because it had become more acceptable. These results build on the results of the Staff Well-being Audit conducted in 2002 and the Work Life Balance Audit conducted in 2003 in which we were able to demonstrate performance above expected standards (HSE Code of Practice) and National Benchmarks.



The Staff Stress Support Service is highly regarded and highly valued by staff.

All staff had the opportunity to comment on the service, and responses were received from 22 staff. They were asked to evaluate their experience of using (or not using) the service in terms of service accessibility (convenience, waiting time), service quality (professionalism, confidentiality, reliability) and service usefulness (effect on mental health, effect on job competence and effect on job satisfaction). Results for these satisfaction measures are presented on the chart below, and indicate a very high level of satisfaction. A 10 point Likert Scale was used: 1 being least positive, 10 being most positive.



Staff were asked to rate the importance of the continued availability of the service and whether they would recommend the service to a colleague. 100% of respondents said it was very important (highest rating), that the service continues to be available, and that they would recommend the service to a colleague.

'Great reassurance knowing that this service is confidential and flexible to fit in with work.'

'Without the service I would have struggled much more with a situation at work.'

'It has helped so much with my personal health and to keep at work.'

Following evaluation of the service, recommendations were made to develop Well-business activity further, and predicted growth in the Well-Business Service during 2005 ensured continued cost effectiveness of the service. It was also recommended that further investment in the service should be made to allow additional external input for those staff who would prefer to see someone other than a Mind employee.

Norwich Mind have been very successful in promoting positive mental health promotion in the workplace, both for their own staff and for a range of local employers. In 2004 we were runners up in the EDP East of England Business Awards for Staff Care, and in 2005 we won a NIMHE Positive Practice Award for Mental Health Promotion in the Workplace. Our experience shows that it is possible to engage the business community in positive mental health promotion provided that the service is business-like and adds value to their activity; and it is possible to provide extensive support for your own staff without the need for public funding by developing an effective and sustainable supply of services to other payers. We have demonstrated that it is possible to promote mental health positively in the workplace but that we have to start in our own backyard and commit to it for our own staff and that the best approach to addressing workplace stress is a positive and preventative approach rather than the more common risk-driven approach.

effort to go along when I'm feeling down. I have always been made very welcome, and even my bike has been given a name and has a character of its own! "
– participant, F, aged 45.

Public Health policy is encouraging the spread of programmes to increase physical activity (PA). There is a strong and growing evidence of positive mental health benefits from PA. Some of this evidence comes from evaluation of recent, current PA programmes.

Choosing Health highlights six priorities for delivery, three of which directly tackle health inequalities, obesity, and improving mental health and well-being. The positive benefits of mental health have been increasingly recognised across Government and work is progressing not only in the Department of Health (DH) but also in Work and Pensions, Education and Skills, the Office of the Deputy Prime Minister and the Home Office. The positive impact of physical activity on mental health and a range of health issues such as osteoporosis, stroke, hypertension, and colon cancer are increasingly recognised, featuring in the DH's Local Exercise Action Pilots and a number of National Service Frameworks.

There is a growing body of evidence to support the mental health benefits of physical activity in four areas: as a treatment or therapy for existing mental health problems, to improve the quality of life for people with mental health problems, to prevent the onset of mental health problems and to improve the mental well-being of the general public (Fox 2000a). Exercise is an effective adjunct for some of the negative symptoms of schizophrenia, as well as for depression and anxiety. Exercise can also be a helpful coping strategy for symptoms like hallucinations (Faulkner and Biddle 1999).

National Consensus Statements on physical activity and mental health (Grant 2000) show that exercise prevents clinical depression and is as effective a treatment as psychotherapeutic interventions. Exercise has also been shown to reduce anxiety, enhance mood and

improve self-esteem (Fox 2000b, Mutrie 2000).

Pedal Back the Years (PBTY) in Cornwall was established over 3 years ago, and around 2,600 person-rides have been delivered by the scheme that continues to grow in reputation and popularity. From an original idea of Jackie Hansford and Derek O'Connor, of Moors Valley Country Park, the scheme has successfully established itself across the length and breadth of Cornwall. Credit is due to them for realising while their country park cycle hire was doing a roaring week-end trade with families, during the week the rather older visitors tended to look wistfully at the bikes as they walked past. They were feeling a combination of yearning after youthful pleasures (the heyday of cycling being in the 1920s and 30s,) and regret at declining physical strength and ability. PBTY is a way of enabling people to re-engage in physical activity and possibly even to re-visit and recapture feelings of youth. The equipment is lightweight, multi-geared and comfortable. Participants ride in groups where the pace is easy, the stops are frequent, and the accent is on sociability and connection.

PBTY is designed to get more people, more active, more often. It aims to appeal to hard to reach groups and communities and to increase social participation and inclusion, strengthening communities and enhancing the physical and mental health of all who participate. The programme is specifically focused on people who are unemployed, disadvantaged or socially excluded, people with low risk health needs and those living within pockets of deprivation.

Backed in Cornwall by Sport England, the Countryside Agency, Job Centre plus, Sustrans, the NHS and six local councils, PBTY links up with cycle hirers and takes its own bikes to venues such as Penzance, the Camel Trail, Jamaica Inn on Bodmin Moor, and the new Clay Trails to the Eden Project. Rides take place seven days a week, throughout the year, whatever the weather, and are led by trained volunteer leaders. A programme is

published up to 6 months in advance, and sent to registered participants, health premises, libraries and tourist information centres. Cycling at an easy pace is an ideal exercise for many including people with mild to moderate anxiety or depression. Paces can be varied and individuals gain much from the social aspect of the programme, while the aerobic exercise benefits overall mood. Ride numbers vary according to season, weather and location, but the trend is rising, and 20 participants is now quite common.

PBTY has been formally evaluated by National Institute of Adult and Continuing Education (NIACE) (James 2004), and Cornwall Business School (Burgess 2006) which found that the project successfully increased the physical activity levels of participants (46% had not undertaken sufficient levels of exercise in the four weeks previous to enrolment). From the participants attracted the majority were female (57%) and aged either between 0-9 years (47 under 16 years) or 30-59 years. 29% disclosed health needs and disabilities. The latest evaluation report (Burgess 2006) states; *Pedal Back The Years has been an outstanding success in terms of engaging a range of groups and individuals in regular activity. It has gained much publicity locally as well as across the South West and continues to go from strength to strength. Its progress has been typical of many of the Sport Action Zone projects in that it was very slow to get off the ground, but soon gained momentum and spread throughout the region engaging more and more people in its activities and building new partnerships with providers on the way.*

PBTY is run at county level by a part-time manager, Dave Readman, whose other career as an alternative health practitioner brings invaluable insight to health and well-being. The running and popularity of rides depends on indefatigable input from a small team of ride leaders, especially Dave Cuffwright, who has been with the project from the outset, and is beloved of the less confident participants for his help, understanding and nurturing.

continue over page . . .

Pedal Back the Years in Cornwall

Lindley Owen, Director of the Mobile Project, Central Cornwall PCT

"Thank you very much for the wonderful Pedal Back the Years scheme. It has been an absolute godsend for me, as I bought a folding bike about 3yrs ago with the idea of taking it in my car and using the cycle tracks in Cornwall as an enjoyable way of taking

exercise and enjoying the open air and beautiful countryside. However, I hadn't used it at all as I was lacking in confidence and couldn't find any friends who wanted to go with me. I have been suffering from depression for a long time and I need a lot of support in everything I do.

On this scheme I have been given all the support and advice I need to maintain the bike, as well as a lot of friendly company on the most enjoyable cycle rides. I find that the exercise, fresh air, company and change of scenery are always helpful with my depression, and I'm always glad I've made the

continued . . .

The concept of PBTY is spreading, in a variety of ways. Locally, the format has been adopted and a walking version (Stroll Back the Years (SBTY)) began in January 2005. These were immediately popular, with between 10 and 40 walkers attending, and total number of participants is heading towards 1,500 in the first year.

PBTY is also spreading to other areas and countries, (12 showing keen interest at last count) with schemes starting in a range of localities including Swansea in South Wales and Milton Keynes. Programmes will be based on the original Cornish model.

PBTY and SBTY form part of the Mobilise! Project, backed by Active England (Big Lottery Fund and Sport England), Imerys Minerals Ltd, Sustrans, the Eden Project, the NHS and local authorities in Cornwall. The Mobilise! Project promotes physical activity and opportunities for exercise within local communities. To find out more about Mobilise! contact the Project Manager, Sharon Potter, (sharonp@sustrans.org.uk).

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such poly-pharmacy, then the results can be potentially dangerous. GPs need to be more proactive about addressing any potential conflict brought about by multiple-medication. Is this a further contributory factor in the levels of morbidity and mortality experienced by mental health service users?

'Joined-up thinking' and 'seamless services' are supposed to be essential features of our mental health care, but unfortunately they are often missing from the services we receive. And so it goes that if 'joined-up thinking' and 'seamless services' are not happening for our mental health, then what guarantees do we have about the interface between the mental health professionals involved in our

care and other health care professionals? The important message here is that we are whole people; our complete health and well-being, be that physical, emotional, mental or spiritual, needs to be considered in sum, not in parts.

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How's Your Mental Health?

Beverley Mills, Deputy Director – Service User Empowerment



As mental health service users, we often find our physical health needs are overshadowed and dismissed because we have a mental health diagnosis (mentality 2003).

A question such as 'How's your mental health?' from a GP can make service users feel that the physical health problem they are presenting with is not being taken seriously, just because they have a mental health label. During some recent focus groups with service users to explore people's experiences of their GP services, a common complaint was that GPs focused attention on the mental health label rather than the whole person. We can feel patronised by the attempts of an insensitive GP to understand our mental health needs. 'How's your mental health?' would be an appropriate question if a GP not only knew and respected the patient but also took their overall health needs seriously.

Recent research shows that people with severe and enduring mental health problems fare less well than the general population when it comes to their physical health. We are more likely to live with long-term chronic physical health problems such as coronary heart disease, diabetes, various infections and respiratory diseases and to die younger. For example, a person with Schizophrenia can expect to live ten years less than someone without a mental health problem (Brown et al 2000). Why is this? We cannot

escape the fact that attention to our physical health needs is often compromised because of preconceived ideas about our mental health.

Having good communication skills, being respectful and listening attentively are characteristics that people value in those involved in health care provision, be they GPs, reception staff, practice managers and nurses. The experience of attending a GP appointment can be marred even before a patient steps through the door of the surgery. There are a number of obstacles to be encountered, ranging from difficulty in obtaining an appointment at a suitable time, unhelpful receptionists who want to know 'what's wrong', poor accessibility of the GP practice for those who do not have their own transport, to the inadequate 10 minutes allocated for a GP appointment. Could some of these barriers to primary care services be responsible in part for the poor health and premature mortality of mental health service users?

The GP consultation is an opportunity to discuss physical health issues, but many people feel that the standard appointment length is not long enough for a full exchange of all the relevant information and consideration by both the GP and the patient of relevant facts. Mental health service users are less likely to be offered blood pressure, cholesterol, urine or weight checks, or to receive advice on smoking cessation, alcohol, exercise or diet (Cohen and Hove 2001). Inadequate time for consultation is also of particular importance when it comes to contra-indications of medication. People often have to manage complex medication regimes for their mental health. If they are also required to take additional medication for a physical health problem and the GP is dismissive of their role in monitoring

Adult learning: Promoting mental health and well-being at all ages and stages of life

Kathryn James, Development Officer – Learning and Health, National Institute of Adult Continuing Education (NIACE)



they are talking about their return to adult learning. The following quotes might be more what we expect to hear.

"And when she said I could get a qualification, I was too scared to say anything but inside I thought 'I'd like one of those', because you see I've never been able to get one of those."

"It gives me a reason to get up, put on my lipstick and get out of the house"

"I sleep better at night. I have more confidence."

"Before.....the first thought I had each day when I woke up was of my son who died. I still do but at least I now have other thoughts, things to look forward to."

Reading these quotes from adults (James 2001) it would not immediately spring to mind that

"For going back to work – most jobs need I.T" (James 2005)

These quotes illustrate the many reasons for people returning to learning and the range of positive benefits that people experience from adult learning opportunities, which can include anything from salsa dancing, creative writing, learning a language, how to access the web, to vocational qualifications and academic study, how to decorate cakes or mend your car. There is an increasing body of evidence that shows that participation in adult learning, when it is a positive experience, impacts on health and well-being in a number of ways. It can be a

place where we make new friends and widen social networks and it can provide structured activity. It can present us with new challenges, new ideas and something to think about; and can increase our levels of mental and physical activity. It can provide us with pleasure and interest in life. It can also lead to qualifications and increased skills, helping to build or maintain confidence and a sense of 'can do', and of course contributing to improved employment prospects, thereby helping to maintain a sense of optimism and hope for the future (James 2004).

Evaluation of projects like 'Prescriptions for Learning' and supported learning opportunities for people with mental health problems has provided much of the qualitative evidence of the positive impact that participation in learning has on health and well-being. This is backed up by the research conducted by the Centre for Research on the Wider Benefits of Learning, which used data from the National Child Development Study (NCDS) analysis of 10,000 adults born in 1958 who may or may not have participated in learning between the ages of 33 and 42. They have concluded that:

"Probably the most powerful manifestation of our case that education plays a sustaining role was in relation to health, and especially to mental health and

psychological well-being. This introduces again the pervasive theme of self-esteem, so central to well-being and competence. Learning keeps at bay resignation from an active life and dependency.

It may do this by pre-empting a decline into ill-health, or by enabling or supporting recovery.” (Schuller et al 2002)

The links between learning and health are complex however, and dependent on motivations for learning, expectations and outcomes, and of course the quality of the learning experience. Greater benefits are accrued from learning when what is being learnt meets the learning needs and expectations of the learner and they have an enjoyable time in the process. The other relationship between learning and health which needs highlighting is that basically the more you got the more you get – meaning that the more positive the experience of initial schooling and the more you felt you achieved, the more likely you are to take up and be offered learning as an adult (Sargant 2000).

The more education you had, the greater the likelihood of positive health outcomes for you as an adult because of the effect education has on socio-economic status, life chances, resilience to stress and sense of self-efficacy and access to services (Hammond 2002). So the more schooling you had, the more chance you have of accruing health benefits and to go on accruing health benefits because you are more likely to be accessing adult learning when you need it. Sadly the converse is true: if school was not a positive experience and you left with no, or low level qualifications, then this will have an impact on your future health and well-being, but you will also be less likely to take up learning as an adult.

Of course people with poor health, including mental health problems, do not necessarily fall into the category of people with negative educational experiences or low levels of qualifications, but learning can have particular relevance at times of transition in our lives. Becoming a parent, experiencing divorce, bereavement, redundancy, retirement or ill-health can all be stages in our lives when adult learning can have a positive impact. At these times, what you learn and the quality of the experience is extremely important (Schuller et al 2002).

NIACE is currently undertaking two pieces of work that promote access to learning for people experiencing mental health difficulties and aim to ensure that when adults with mental health difficulties access learning they have a positive experience.

In partnership with NIMHE, NIACE has established nine regional networks to promote access to learning and skills for people with mental health problems. There are currently 900+ members within the networks with representation from adult education, health and social care, learners/service users, voluntary and community organisations and the Learning and Skills Councils. The networks have four broad aims:

- To boost demand for learning among adults with mental health difficulties;

- To build capacity of the sectors (adult education and mental health services) to respond;
- To ensure quality of the learning experience; and
- To raise the achievement of adults with mental health difficulties.

These aims will be met through the learning events for each region, through project work and through the leadership of Regional Project Officers. A national Task Group facilitated by the national office of the Learning and Skills Council will oversee the work and ensure that the regions implement the national action plan to improve services for learners with mental health difficulties. The networks are also a supportive space to share good practice and discuss challenges and difficulties in this area of work (NIACE/NIMHE Partnership visit www.niace.org.uk)

The other piece of work developed by NIACE aims to widen participation in adult learning by working in partnership with primary care services. This project, called ‘Prescriptions for Learning’, was initially piloted in Nottingham and based a learning adviser in GP surgeries. Health care staff referred individuals to the learning adviser who then worked with the person to see whether learning was an option for them and if so, supported them to access learning and to remain in learning. This led to many other projects being developed nationally and there has been on-going research and development to look at how to set up ‘Prescription for Learning’ projects, attract funding and sustain projects, and what enables project participants to succeed in learning. Current work is underway to see how ‘Prescriptions for Learning’ type initiatives can be integrated into work that supports people with mental health difficulties into employment.

Both these projects are about ensuring that people have equal access to learning opportunities and that when they participate in learning they have a positive experience and are enabled to achieve their potential. In this way, adult learning can have the greatest impact on health and well-being.

You can contact Kathryn at kathryn.james@niace.org.uk if you would like more information about anything you read in this article

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Information on the NIACE/NIMHE Partnership project can be downloaded from www.niace.org.uk

Museums of the Mind

Chris Wood, Director, The Campaign for Learning Through Museums and Galleries



In 2002, Dr Richard Smith, the editor of the British Medical Journal (BMJ), wrote: “The British Government spends about £50 billion a year on healthcare...My contention is that diverting 0.5% (£250m) of the healthcare budget to the arts would improve the health of people in Britain.”

Why? Because: “Indeed, the physical aspects of health may be the least important.

We will all be sick, suffer loss and hurt, and die. Health is not to do with avoiding these givens but with accepting them, even making sense of them. If health is about adaptation, understanding and acceptance then the arts may be more potent than anything medicine has to offer.”

Smith was talking about our emotional well-being in an increasingly mentally-toxic world, and getting specific about prevention being better than cure in the face of the alarmingly familiar figures:

- Every year, 1 in 4 people will suffer mental health problems (Goldberg and Huxley 1992)
- Depression is now the leading cause of disability globally (WHO 2001).
- In the US the annual total costs related to mental disorders have reached 147 billion US dollars – more than the costs attributed to cancer, respiratory disease or AIDS (Institute of Medicine 1989)
- Mental health costs an estimated £77bn per year in England (Sainsbury Centre for Mental Health 2004). That’s the same amount as the Government collects in National Insurance; or equivalent to a tax-cut

of 11%; or a doubling of national spending on education.

So how come the editor of the British Medical Journal thinks arts and culture can help? Well, it’s to do with the meaning in life, not the mechanics of it (which is what you could say is the difference between the cultural world and the NHS) and it’s crucial if we stand a chance of closing the gap on this graph from the New Economics Foundation (Shah and Marks 2004):

participation in cultural activity and life expectancy over a period of 10 years. Even when other factors such as age, sex, education level, income, smoking and physical exercise were accounted for, people that took part in cultural activities reduced their risks of an early death compared to everyone else (Bygren et al 1996).

The Health Education Authority (2000) surveyed 90 cultural organisations in 1998, which produced significant

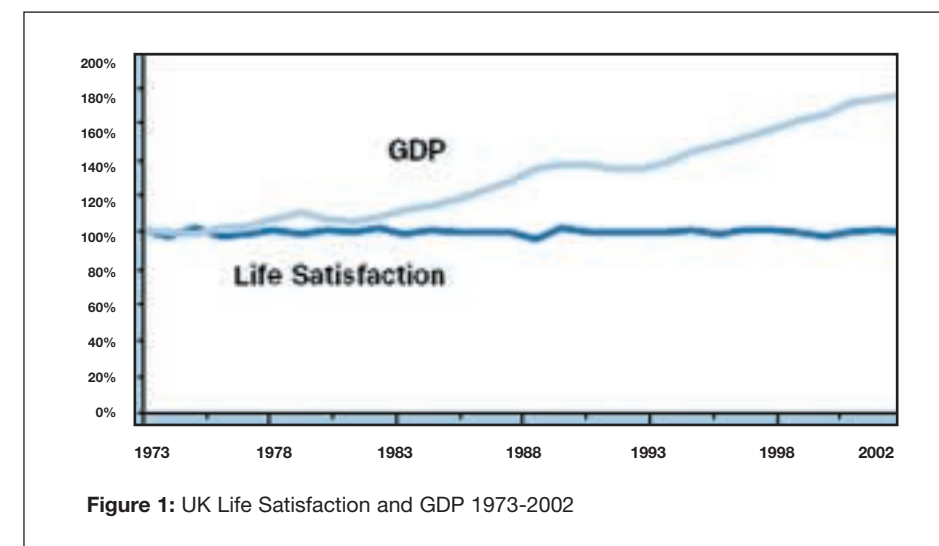


Figure 1: UK Life Satisfaction and GDP 1973-2002

According to this graph, despite material wealth roughly doubling each generation, we are not getting any happier. Our emotional health is not improving because we’ve got more dishwashers, cars, clothes and mobile phones.

Thankfully, museums and culture aren’t about selling us more of the stuff that doesn’t make us any happier. And they’re not about being a pretty distraction to cheer us up from the mentally unhealthy lifestyles we lead either. It’s about culture opening and liberating the mind rather than temporarily distracting it. We see this every day in the best museum programmes of the world.

A Swedish study in the mid 1990s looked at the link between

evidence of stress reduction (53% of projects); improved sociability (59%); skills development (70%); and therapeutic benefit (57%).

As Dr Malcolm Rigler sharply observed of his GP practice recently: “I believed we could sow the seed of total enchantment with the human condition...help us all to find a meaning in life and so to value ourselves, our neighbours and the community in which we live.” Rigler realised that creativity and culture could provide the necessary communication and education with impact, inspiration and insight.

On the other side of the medical/cultural fence, BRAIN is a travelling exhibition in the US that makes the most of the uniqueness of

museums – using real artefacts (real brains in this case) and personal stories (like Ronald Reagan's Alzheimer's, Winston Churchill's depression, and Agatha Christie's epilepsy) to make generalisations poignant, real, and memorable for the people that see the exhibition. It's doing what culture does best – approaching a contemporary debate with inspiration, imagination, and an impassioned plea for common sense, as an antidote to the venomous reporting of mental health issues: museums taking their central role as public debating spaces, on neutral ground, with nothing to sell except understanding and enjoyment.

Combining these kinds of results with the reach of museums and galleries in the UK (100 million visits a year by nearly 40% of the population, more sites than the big four supermarkets put together, and one billion artefacts to engage people with) seems to be an opportunity waiting to happen. So what could we do with such an opportunity? Here are some random thoughts:

- Personal museums, created by individuals, facilitated by museums – as a way of emotionally engaging people (with or without diagnosed mental ill-health) and strengthening their self-esteem and life/coping skills such as communication. Museums would offer both institutional blessing and support for people who wanted to take this up, plus of course, an outlet for the results in the form of exhibitions and publications. It's a virtuous circle of involvement producing well-being, producing involvement - without the labelling of people as a set of symptoms to be controlled or corrected...mental health *in disguise*.
- Loans of exhibitions and learning materials would extend the messages beyond the museum walls and, effectively, take museums to the people rather than compelling them to come through the turnstiles. Why is that important? Because we can reach more people and because we stand a better chance of transforming mental health if we can keep it in people's minds...airport lounges, homes, waiting rooms and

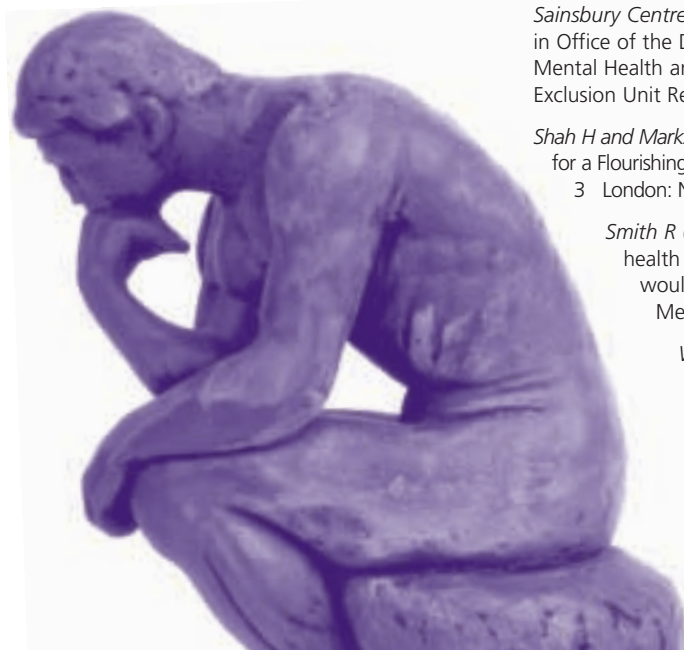
other places where people have time to pause - some cultural decompression chambers for people to slow down and avoid the mental equivalent of the bends. How about a mobile exhibition service for GP waiting rooms and hospitals, where people have some space to think (usually about health issues), bookable by phone?

- We could create windows on emotional health in shop windows in the high street. For example, why not transplant exhibitions about well-being into chemist's shop windows around the country? An everyone-wins scenario: chemist shops get lively, engaging shop window displays about health issues, shoppers and window-shoppers learn something vital, mental health agencies get their messages into every high street.
- What about a programme to actively spread emotional stability and perspective through ubiquitous technology, for example poems read by famous people sent to people's mobile phones, just for the emotional beauty of it?

If it's not stating the obvious, a country whose future lies in the industries of the mind – innovation, creativity, and invention – should be taking care of those minds a damn sight better than it has thus far.

Museums, arts and culture want to be part of the solution.

It is, almost literally, a no-brainer.



It's Emotional Health Mr President

John F Kennedy once said: "When power leads a man towards arrogance, poetry reminds him of his limitations. When power narrows the areas of man's concern, poetry reminds him of the richness and diversity of his experience. When power corrupts, poetry cleanses. For art establishes the basic human truths which must serve as the touchstones of our judgement. The artist...faithful to his personal vision of reality, becomes the last champion of the individual mind and sensibility against an intrusive society and an offensive state." That's the heart and soul of what museums can do – champion the creative, emotional, individual mind.

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MODEL OF GOOD PRACTICE

Start – Crowning Glories Exhibition

Setting: Community

Level of Action: Individuals

Aims

The aim of Start in Manchester (Start) is to use art to promote recovery of mental well-being and confidence, and to open up life opportunities for our users.

The aims of Crowning Glories:

- to use artwork made by our service users to create an exhibition that would reach as many members of the public as possible, promoting a positive image of recovery and a better understanding of mental health issues
- to enable service users to experience the sense of achievement in making and displaying exhibition quality artworks
- to enable service users to use the project as a formative experience that would help them to move on from formal mental health services.

Programme

Start is part of Manchester Mental Health and Social Care Trust and was created in 1986 as an arts and mental health service working with individuals with severe and enduring mental health needs.

Crowning Glories was a project set up especially for service users and

involved not only making the hats/headwear but forming a touring exhibition.

The Artist team enabled Start service users to make a series of Hats and Headwear. The artworks took inspiration from the forms of cacti. We saw the cactus as a metaphor for how people with mental illness may be perceived. Its prickly exterior represents the factors leading to exclusion and stigma, whilst its soft interior represents our basic, shared vulnerability.

The designs, techniques and materials of the artworks challenged the boundaries of traditional hat design in the same way that their concepts challenged other assumptions.

To complete the project, the hats were professionally modelled, and photographed by Start service users in the genre of fashion photography.

The whole set of work formed a touring exhibition called Crowning Glories.

Outcomes

- Raised public awareness – evaluated by feedback from exhibition visitors and gallery staff. We have toured Crowning Glories to 8 venues across the North West of England, reaching well over 100,000 people. Feedback is very positive and the exhibition encouraged open debate about mental health

- Building skills for service users – evaluated by feedback from service users, carers and staff involved in their care,
 - Service users helped to tour the show and interpret it to the public, some publicly acknowledging their mental health condition for the first time.
 - In meeting the challenge of making art to public exhibition standards, many of the Start users have reassessed their abilities as valued members of society, and moved on from our service.
 - Of those involved in the project, around 90% have made major changes to their lives, including enrolling for college courses, and undertaking voluntary work and training placements
- Promoting Start and its work – in 2004 this project won the international UCL Arts and Health award from University College London and the Slade School of Art.

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MODEL OF GOOD PRACTICE

MADE (Moving Ahead – Diversity in Employment)

Setting: Community

Level of Action: Organisational and community

Target Group: Managers, trustees and those involved in recruitment/supervision of staff or volunteers in voluntary and community sector organisations.

Aims of the project

To assist voluntary sector organisations in auditing their policies and practices relating to recruitment and retention of staff and volunteers, with the emphasis on becoming more inclusive, accessible, diverse and flexible. To achieve this, as a starting point

organisations were encouraged to ask themselves the following questions:

- Are there barriers to certain groups of people to applying for jobs with us?
- Do they encourage diversity?
- Are policies and practices unnecessarily rigid?

- Do they take into account the physical and mental well-being of our staff and volunteers?

Programme of work

In 2004 The North Bank Forum and Hull and East Yorkshire Mind, working closely with the Specialist Health Promotion Service and Hull and East Riding Community NHS Trust ran a series of workshops on mental health and employment for voluntary sector employers in Hull and the East Riding of Yorkshire.

Participants considered barriers to applying for and retaining employment for people with mental health problems and what they as employers could do to help remove those barriers. Participants also considered strategies for managing mental health problems in the workplace.

From these workshops a network of voluntary sector organisations were formed to work together to promote inclusion and equity in the employment practice of the sector.

The end result was the production of

a booklet of good practice guidelines in December 2004 which was distributed to over 150 organisations along with a request that they pilot its use for 6 months.

Proven Outcomes

In July 2005 a working group contacted 40 organisations to ask for feedback on the draft guidelines. The sample included a range in terms of size, staffing, volunteers, client group and location. Structured telephone interviews addressed the following:

- Had the guidelines been referred to?
- Had any policies or practices been modified as a result?
- Would they have liked to change something but were unable to?
- Were there any omissions or mistakes in the guidelines?
- Does their organisation have training needs relating to diversity and employment?

Generally, organisations had referred to the guidelines, found them useful

and had made some changes. However, some had either not seen or had not referred to them, highlighting the need for ongoing awareness raising within the voluntary sector relating to employment and inclusion.

Some additions were suggested and incorporated into the final version. The expected long term outcome is that diversity will be more apparent within the staff and volunteer make up of organisations. This aspect will be evaluated over a longer period of time through periodic reviews of the guidelines in partnership with the organisations involved.

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their fitness and general health.

The programme consists of two main elements:

Community Football Teams: created in 2004. These allowed clients, once discharged from hospital, to engage in something they were interested in whilst maintaining and developing health benefits. In this way, the programme engaged the individuals in a meaningful and purposeful activity, by focusing on the team effort and on specific communication skills, thus developing social competence.

Training Days: two mental health awareness training days have been held (over 50 individuals have taken part) bringing together pro-club community coaches and representatives of the county FA and NHS professionals, (OTs, nurses, CPNs and sports technicians). The day aimed to help participants gain a better understanding of each other's service and to aid possible partnerships for service provision within their communities.

As a result of the training there has been an increase in the number of NHS service teams taking part in organised

monthly competitions and tournaments. There are now 11 newly established NHS football teams – 2 from each of East London and City MHT, Oxleas MHT, South London and Maudsley and South West London MHT and 1 from each of North East London MHT, Bristol PCT and Barnsley PCT.

Proven Outcomes

We conducted a one year pilot study aiming to assess whether the NHS and professional football clubs can work together successfully to achieve our programme aims.

The study was conducted with Tottenham Hotspur Football Club (Spurs) and Queens Park Rangers Football Club (QPR). It involved the Disability department at Spurs working with City and Hackney NHS Trust to coach their clients on a weekly basis. The coaching from Spurs continued for over six months and at this point a regular monthly fixture was set up with a team coached by QPRs' community coach. However, due to no funding from the NHS services, the pro community clubs were unable to continue to provide the service for free. Therefore, all the teams are now running without the support from pro clubs within their community and we are

hoping that funding can be found to support the mental health teams and develop the service provided.

We evaluated the effectiveness of this group in light of benefits to clients. Both players and staff who attended the sessions completed evaluation forms.

Individual outcomes were:

- a growth in confidence for players
- physical health improvements for players

players more able to travel to on public transport to get to games

- players more able to react positively when matches were lost
- an increase in the levels of engagement by players
- an improvement in the players behaviour during the games
- a significant impact on the players overall well-being

Programme outcomes:

- more service users being responsible for team development
- a significant rise in the number of registered regular players from 5 to 25
- an increase in the regularity of training sessions from fortnightly to weekly
- an increase in the duration of training sessions from 1 to 2 hours
- more group decision making – including the recognition that everyone would benefit greatly if the team could take part in competitive football matches.
- provision of training opportunities for team players and health professionals to gain their football coaching qualifications
- evidence to support the establishment of a mental health football 9v9 league in partnership with the Football Association
- evidence to support funding applications for teams affiliated to the league, to the football foundation funds and for lottery money.

Contact

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MODEL OF GOOD PRACTICE

Mental Health Community Adult Football Teams

Setting: Community

Level of Action: Community

Target Group: People with enduring mental health issues encompassing individuals living in supported hostels; living independently within the community; from black and minority ethnic groups; male and female adults – 18+; individuals who are in transition from hospital to community (rehab services) and who attend day services.

Aims

- To improve the health benefits for people with mental health problems by:
 - enabling individuals to develop their skills in a game they are interested in
 - giving individuals access to the social benefits of belonging to a

community group:

Social Integration: enhancing the individual's self-esteem and confidence in a normalised environment

Sense of Belonging: being in a group gives rise to intra-cooperation and group identification.

Channel Aggressive Feelings: facilitating opportunities for the client to explore and experience self-control in a naturalistic setting.
Improve Motivation: by achieving goals, increasing specific skills and participation.

- To encourage individuals to attend coaching courses - this may, in turn, generate paid employment/voluntary work
- To kick out stigma by encouraging partnerships for service provision within the individuals community,

through the power of football. It is important to enable them to be socially accepted within their own community, and this in turn will give the individual a sense of belonging and feel respected.

- To aid the prevention of mental health relapse.

Programme

The programme was set up in light of the fact that football has been recognised as one of the main sports of interest during hospital admission. Additionally it has been identified that a majority of service users are seeking to improve their fitness and general health. However, when clients left hospital there were limited community groups available to facilitate their interest in football and meet their needs through football to improve



MODEL OF GOOD PRACTICE

Get Into Reading



Project Director Jane Davis and Coronation Street star Pauline Fleming present 'Reading Volunteer of the Year' award to Carol Munns, a member of the Ridgeway Library reading group, at the GIR 1st birthday party in September.

Setting: Community – from Hospitals to Church halls to the YMCA hostel.

Level of Action:

Individual – offering one-to-one sessions

Community – working with groups such as the residents at the YMCA or elderly clients at an Age Concern Day Centre

Organisational – offering Read To Lead training for those wishing to develop the idea within their own organisation

Target Group: Excluded and disaffected groups, single parents, carers, those with health problems including a range of mental health conditions, the elderly, people who want to improve or extend their literacy.

Aims

- To build working links between agencies so that a full-scale project can be delivered subsequently.

- To develop skills of front-line library staff working in the most deprived areas of Wirral.
- To build community through reading.
- To promote mental well-being through books.
- To extend literacy by building reading motivation and confidence.
- To remove barriers to library use.
- To train community volunteers as reading mentors and find placements for them.

Programme

Get Into Reading (GIR) workers set up informal weekly reading groups, recruiting through agencies, GP referrals, and word-of-mouth. The Mental Health team at the PCT were introduced to the project through invitations to visit existing groups. Once

a group has been recruited the emphasis is on enjoyment – lots of tea, coffee and biscuits or fruit, and some groups also meet early to share breakfast. The project worker reads aloud from a book, short story or poem. Clients help to choose books and sometimes help out with the reading – but no one has to read, or even speak at all. Each group is different, and each group directs its own course of reading. Anyone can interrupt to ask a question or start a discussion on any point whenever they want. After the first few weeks there is usually a lot of talk and laughter!

Proven Outcomes

We set up 17 groups as well as delivering two long-term one-to-one sessions with people who did not feel ready to join a group. Outcomes were evaluated in a number of ways; by

recording informal comments made by beneficiaries; by ongoing structured but informal conversations with beneficiaries, which were written down by project workers; by group discussion at a Consultation Day event at the end of the project; by observation and in-depth interview with one group by 3rd year Sociology student on placement from University of Liverpool and by statistic analysis via the PCT.

Outcomes include:

- increased self-confidence
- reduced anxiety
- increased social contact.

Group members report finding the

reading group to be:

- supportive
- comforting
- reassuring.

Beneficiaries report increased ability to concentrate and recommend that GIR be prescribed for:

- depression
- loneliness
- anxiety
- low self-esteem
- lack of assertiveness
- and as a distraction from chronic pain.

A key strategic outcome was the establishment of an excellent relationship between GIR, Birkenhead

and Wallasey PCT and Wirral Libraries.

We offer flexible training packages to groups, agencies and PCTs interested in developing their own Reading Group projects.

Contact

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European Update

The European IMHPA Network for Mental Health Promotion and Mental Disorder Prevention

Dr Eva Jané-Llopis, IMHPA Network, Project leader, Coordinator Mental Health Promotion and Mental Disorder Prevention, WHO Regional Office for Europe



The IMHPA network

The European IMHPA Network (www.imhpa.net) aims to develop a comprehensive strategy to tackle mental health promotion and mental disorder prevention, developing an integrated approach to information, intervention, training, policy, advocacy and implementation. It combines the support for policy priority-setting with the dissemination of tools and evidence-based knowledge. Since 2003, the Network has been engaged in developing and disseminating evidence-based mental health promotion and mental disorder prevention, developing training and analysing infrastructures and capacity to improve availability and practice of prevention and promotion in Europe.

IMHPA has partners across 28 European countries, including Austria, Belgium, Croatia, Cyprus, Czech Republic, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, the Netherlands, Turkey and the United Kingdom (England and Scotland). It involves the participation of different European non-governmental organisations (NGOs) like Mental Health Europe (MHE), the International Union for Health Promotion and Education (IUHPE), several of the networks that are involved in public

and mental health, like the Mental Health European Economics Network (MHEEN), the European Network of Health Promotion in the Workplace (ENWHP) and the Network of Health Promoting Hospitals (HPH). It also has the support of the World Health Organization (WHO). Network representatives include health professionals with a variety of backgrounds such as governmental and non-governmental officials, researchers, practitioners and other health care providers.

In addition to the co-finance provided by the European Commission and the contributions of all participating countries and organisations, during 2003-2005 the Network was financially supported by the Ministry of Health, Welfare and Sports of the Netherlands (VWS) and the Ministry of Social Affairs and Health of Finland. Currently it is co-financed and managed by the Ministry of Health of Catalonia (Generalitat de Catalunya) in Spain.

The IMHPA Network is engaged in developing different strands of work and deliverables, some of which are described in the following sections.

An internet database of effective programmes

The standardised Internet database collects mental health promotion and mental disorder prevention interventions across European countries and presents them in a systematic and user-friendly format describing their evidence base, providing programme descriptions, an account of the achieved outcomes and the essentials for their



implementation. The database includes different problem areas (e.g. mental health promotion in schools or at home, primary prevention of depression, anxiety, etc.) and different groups (children, adults, the community, etc.). In the long term the database aims to recommend what is ready to disseminate, what are strategies for programme improvement and what might predict effect of prevention and promotion programmes in mental health.

Recently HeadsUpScotland, in partnership with IMHPA, has launched a pilot project to collect systematically all available programmes for children and young people that have been developed or are being implemented across Scotland. After adapting the IMHPA programme template into a tool that can be distributed across all implementation sites, the pilot project is testing whether such a systematic approach to information collection directly from those involved in implementation could be adopted across other European countries.

The database can be accessed at:
<http://www.imhpa.net/programmes-database>

A training manual for primary health care

With the aim of addressing depression and anxiety in populations at risk, and based on problem solving principles, a training manual for primary health care professionals has also been developed under the IMHPA project (Van Weel-Baumgarten et al 2005). The training provides general practitioners with increased awareness of mental health problems, and skills to integrate prevention and promotion in primary care daily practice. Once implemented it will ultimately support patients by providing them with skills to tackle mental health problems and early signs of depression and anxiety. The training is composed of a two day training with a module on Brief Problem Solving and a module on Symptom Management of Anxiety and Insomnia, and it has been pilot tested with success in the Netherlands and Slovenia.

Ultimately it is expected that including prevention and promotion practice in primary health care will have a large reach in the population and lead to improved mental health. Currently IMHPA, in collaboration with the WHO, is

exploring the implementation of the training and the study of its effectiveness across European countries.

A Framework for a Policy on Prevention and Promotion in Mental Health

Based on the available evidence, the publication "Mental Health Promotion and Mental Disorder Prevention: A policy for Europe", presents a policy framework of actions that can improve a population's mental health and reduce the risks of mental disorders (Jane-Llopis and Anderson 2005). This policy proposal provides recommendations for implementation and aims to support the development of policy strategies or action plans for promotion and prevention in mental health within a country. The document presents a list of evidence-based actions over 10 key areas and 5 principles to take into account the success of implementation, which can support prioritisation and decision making at a country or regional level.

The electronic version is available at:
<http://www.imhpa.net/actionplan>

Please note the inclusion of this framework is for information only.

An overview of the situation of prevention and promotion across Europe

To facilitate priority setting and to develop infrastructures that support implementation, it is also important to have a starting point that describes what is available, and that provides a base line with information on existing initiatives and policies at the country level. Encouraged by the European Commission, IMHPA has started the process of assessing the situation across the European Union Member States and accession countries by collecting information on policies, programmes, workforces and infrastructures for prevention and promotion in mental health.

For this purpose, a questionnaire was developed in collaboration with HP-Source (www.hp-source.net) and consecutively country groups or coalitions were created (at country or regional levels) involving public health and

mental health actors, government officials, researchers and programme implementers. Coalitions got together to provide the information required in the questionnaire, and to document and discuss the available infrastructures and policies for prevention and promotion in mental health.

The results of this initiative were translated into country stories and are presented in the publication: "Mental health promotion and mental disorder prevention across European Member States: a collection of country stories" (European Community 2005). All the information collected was also entered into an internet database (www.imhpa.net/infrastructures-database), which enables access to the documents referred to in the country stories and presents further information on each of the topics described. This collection is not exhaustive but rather only a first step in a long term process and exercise to monitor what is available.

A European Conference on Implementation

During the 14th to the 16th of September 2006, the IMHPA Network, with the support of the European Commission, the Ministry of Health in Catalonia and several other key European Organizations, is hosting a European Conference on Mental Health Promotion and Mental Disorder Prevention in Barcelona. The main goal of the conference is to discuss implementation and the transfer from evidence to practice; the "how to make it happen". The aim of the event is to stimulate discussion and focus on issues such as implementation.

In the future

The set of tools described here and the other deliverables that the network continues to develop are intended to contribute to the already existing tools in the field, and to support health professionals, practitioners and policy makers in the development and implementation of mental health promotion and mental disorder prevention.

The network encourages any interested parties to send further information or comments to: IMHPA@gencat.net

References

European Community (2005) Mental health promotion and mental disorder prevention across European Member States: a collection of country stories. Luxembourg: European Communities

Jané-Llopis E and Anderson P. (2005) Mental Health Promotion and Mental Disorder Prevention: A policy for Europe. Nijmegen: Radboud University of Nijmegen

Van Weel-Baumgarten E, Mynors-Wallis L, Jané-Llopis E and Anderson P (2005) A training manual for prevention of mental illness: managing emotional symptoms and problems in primary care. Nijmegen: Radboud University of Nijmegen

All references can be found at <http://www.imhpa.net>

DIARY DATES

16th February Welfare Reform and its Impact on Adult Learners

Venue: Abbey Community Centre, 34 Great Smith Street, London SW1P 3BU. A central goal of the Department for Work and Pensions is to raise the employment rate and to help people move from welfare into paid employment. The receiving of Incapacity Benefits are a prime focus of the forthcoming Green Paper on Welfare reform which seeks to change a systems that too often has incentivised claimants to remove themselves permanently from the workforce.

Any new approach will represent a significant educational challenge – to motivate people to re-engage with the labour market and to enhance their skills so as to improve employability.

This conference is an opportunity to assess what is already in place to help meet the needs of those at some distance from the labour market - and what more needs to be one to meet the challenges of reform. Margaret Hodge, Minister of State, Department for Work and Pensions will deliver the keynote address.

The event will be of interest to people working in colleges, job centres and job centre plus, information, advice and guidance services, local government and the voluntary sector who are concerned to help people find ways of realising more of their potential in the labour force and overcome welfare dependency.

For more information please quote Reference C13-04 and contact:

Gurjit Kaur
tel: 0116 2042833
email: gurjit.kaur@niace.org.uk

21st February Future Role of Colleges and the Effects Of Funding Priorities.

Venue: Abbey Community Centre, 34 Great Smith Street, London SW1P 3BU. This conference will examine the future of adult learning, the effects of funding priorities and the future role of colleges of further education.

This "Saving Adult Learning" conference, which follows the publication of *Eight in Ten*, the NIACE-sponsored Committee of Enquiry into Adult Learning in Colleges and of Sir Andrew Foster's *Realising The Potential* will examine:

- the role of colleges
- the effects of current funding priorities
- the 'Safeguard'
- the key recommendations of the Committee's report.

It seeks to look at some key questions:

- What is the role of the colleges and local authorities in the skill-driven, post-Foster future?
- Is the Government's strategy right, or do we need to return to more holistic, more inclusive lifelong-learning approaches?
- Do we need new typologies for adult learning?

This is an important opportunity to contribute to a vital debate. You know the directions of funding for the next three years and perhaps longer. You know that it has been estimated that there may be one million fewer adult learners at the end of that period. The infrastructure of adult education may be permanently damaged.

What should be the response of those who are committed to adult learning?

For more information quote Reference C13-01 and contact:
Gurjit Kaur
tel: 0116 2042833
email: gurjit.kaur@niace.org.uk

DIARY DATES continued

14th – 15th March

14th UKPHA Annual Public Health Forum
Creating Healthy Sustainable Communities: bridging the gap between democracy, design and delivery

Venue: The International Centre – Telford.
This is the UK's largest annual multi-disciplinary conference on public health – the 14th Annual Public Health Forum. The forum now attracts up to 1000 delegates from the NHS, Local Authorities and the voluntary sector.

The emerging public health agenda poses challenges for us all. The 2006 conference will focus on:

- Working together across all sectors to promote the public's health
- The priority objectives of the UKPHA: combating health inequalities, promoting sustainable communities; challenging anti-health forces
- Leadership, excellence, effectiveness and evidence in public health
- Developing the public health workforce across all sectors
- Themes developed through work with our members including; The Great Olympic Debate; the natural and built environment and health; arts and health – music and dance
- Issues highlighted by UKPHA members from the host region and those actively involved in UKPHA Special Interest Groups, including Public Health Economics, Health Protection and public mental health.

For more information or copy of the conference programme:

web: www.ukphaconference.org.uk/programme.html

tel: 0191 241 4523

15th – 16th March

Mind Annual Conference and Exhibition
Feeling Used?

Making service user involvement real.

Venue: Harrogate International Centre.
Lectures and workshops focus on user/survivor involvement in

- research
- service development
- service delivery
- service evaluation
- education and training

drawing on expertise developed in a range of specialisms including self-harm and eating disorders.

Got something to add?

Registered delegates can apply to run a session in the Conference Fringe.

Confirmed exhibitors for 2006 include:

Community Links
Creative Support
Disability Rights Commission
Independent Police Complaints Commission
Finchale Training College
Mind Advocacy Standards Commission
Mind Publications
Social Care Institute for Excellence
SureSearch

For more information contact:

Pru Sly

email: conferences@mind.org.uk

tel: 020 8215 2311 or visit

<http://www.mind.org.uk/NR/rdonlyres/764AC480-521F-4B55-9B51-B2D62BE35E0B/3571/exhibflyer06finalversion.pdf>

16th March

Mental Health Showcase Conference

The Treatment Debate in Community Mental Health.

Venue: The Insurance Halls, 20 Aldermanbury, London EC2V 7HY.

Presented by LoMHR&D – London Mental Health Research and Development Virtual Institute – this major one-day event is an opportunity to consider key research projects, experience and outcomes with specific relevance to treatments. During the day research studies and information will be presented to promote and inform on the treatment debate in community mental health in the capital.

There will be nine topics showcased and delegates will be able to choose two in the morning and one in the afternoon. Presentations will be followed by open forum discussions.

There will be nine sessions in total and delegates will be able to choose two in the morning and one in the afternoon.

The topics are:

- Cultural Competency for Mental Health Practice
- Continuing care therapy
- Work as therapy
- Psychological treatments for psychosis
- NICE guidelines
- Improving Practice of Community Mental Health Care
- PTSD
- Treatment in Primary Care
- Law and mental health

Delegates are likely to be actively involved in, interested in or use mental health research – including non-clinical professions with a specific career interest in mental health. Mental health service commissioners and research funders and anyone interested in working collaboratively to produce information through research relevant to policy and practice are also very welcome to attend.

For more information:

email: admin@LOMHRADvirtualinstitute.co.uk

www.lomhradvirtualinstitute.co.uk/Page%20for%20web.pdf for a copy of the conference programme.

28th March

Mental Health Advocacy: Facing the Future Conference.

Venue: Regents College, London

Independent advocacy gives people who use services a voice in their care when they cannot make their own views known. In the new Mental Health Bill, people subject to compulsion will be given access to Independent Mental Health Act Advocacy (IMHAA). For the first time they will have a statutory right to an advocate while they receive treatment under compulsory powers.

This conference will provide an opportunity for key groups, including people who use mental health services, mental health professionals,

managers, advocates, lawyers and policy-makers to debate and discuss the future of mental health advocacy.

For more information:

www.scmh.org.uk

tel: 0207 827 8300

fax: 0207 403 9482

17th-18th May

Promoting Mental health and Wellbeing – Progress through Partnerships.

Venue: Royal Horticultural Halls Conference Centre, London

Following the successful mental health promotion conference in Dublin last year organised by the Clifford Beers Foundation on behalf of the five nations (UK and Ireland)

this second in the series will explore the increasing consensus that mental health promotion and well-being can only be improved through the collective action of society. Themes will include:

- partnerships for advocacy and policy development
- partnerships for establishing principles and developing programmes
- partnerships for building capacity
- partnerships for effective implementation.

For more information:

www.charity.demon.co.uk/lon/don06

tel: 01785 246668

fax: 01785 246668

