

# NIMHE MENTAL HEALTH PROMOTION *update*

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## EDITORIAL

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**Since the national suicide prevention strategy for England was published in 2002, many effective measures have been put in place to reduce the incidents of suicide in our communities. For example, we have improved the care and safety of people who are in contact with specialist mental health services; produced guidance to help local services identify suicide hotspots and take appropriate preventative action; and worked to improve better coverage of suicide and suicidal behaviour in the media.**

It is clear, however, that in order to secure long-term improvements in suicide reduction, more work needs to be done to improve mental well-being in the wider population - goal two of the strategy. That is why we took the decision to focus this edition of Mental Health Promotion Update on mental health promotion activity which supports the national suicide prevention strategy for England.

The National Director for Mental Health, Professor Louis Appleby, led the development of the national strategy and chairs the advisory group which provides advice and leadership to guide its implementation. In his article, he describes the background and rationale for including the mental health promotion goal in the strategy and some of the activity being undertaken.

The new national lead for Public Mental Health and Well-being, Jo Nurse, takes this a stage further by describing the work she is leading on developing a framework for public mental health and bringing public mental health and well-being into the mainstream. Of course, much of the work to promote mental well-being is being done at a local level. Evelyn Krasner's article highlights some of the work being done to reduce suicides in the Hull and East Riding PCT area.

There are other interesting articles on mental health promotion and suicide prevention as well as our usual features. The next edition of Mental Health Promotion Update will look at inequalities, poverty and mental health, including employment and mental health issues. If you would like to contribute something to this edition, please contact John Scott [john.scott@dh.gsi.gov.uk](mailto:john.scott@dh.gsi.gov.uk) or Mary Tidyman [marytidy@hotmail.com](mailto:marytidy@hotmail.com).

## PUBLICATIONS & RESOURCES

### Think Fit! Think Well! Pack

The British Heart Foundation (BHF) has developed a series of resources for employers interested in workplace health programmes. The resources cover physical activity, healthy eating and mental well being and will help employers implement programmes in the workplace.

The Think Fit! Think Well! Pack will help workplaces to implement a mental wellbeing programme in the workplace and provides ideas, tools and signposts for more information. It includes a coordinator guide and employee booklet.

**Contact:** [bhf.org.uk/thinkfit](http://bhf.org.uk/thinkfit)



### In this issue . . .

- Creating a New Vision for Public Mental Health in England
- Providing Meaningful Care: Learning from the experiences of suicidal men to inform mental health care
- Developing a local suicide reduction programme: the Hull and East Riding approach

## PUBLICATIONS & RESOURCES

### Whatever life brings – Guide to young people's mental health for parents

The Mental Health Foundation has published 'Whatever life brings', a new practical guide for parents and carers, telling them what everyone needs to know about children and young people's mental health.

All children get upset sometimes and most teenagers suffer mood swings – these emotions are all part of growing up. But as a parent or carer you don't always know if what your child is going through is normal or actually something to worry about. Research shows that more children and teenagers have problems with their emotional health today than 30 years ago because of changes to the way we live. A poor diet, lack of exercise, family breakdowns and pressure to do well at school are just some of the things that can contribute to youngsters feeling down, worried or angry.

The booklet suggests how to support children to keep them mentally well, gives advice on when to seek outside help and describes the different types of professional support available. According to the Mental Health Foundation, the following things can help keep children mentally well:

- Receiving affection, praise and support
- Being part of a family that gets along well most of the time
- Accepting who they are and recognising what they're good at
- Eating a balanced diet and getting regular exercise
- Having time and the freedom to play, indoors and outdoors.

**When upset or angry, troubled children and teenagers may:**

- Throw temper tantrums
- Cling to you, not wanting to leave your side
- Behave badly, aggressively or be rude
- Withdraw from family life or from other children
- Be unable to settle to an activity or to sleep
- Have bad dreams
- Experience aches and pains
- Cry a lot
- Refuse food.

**Contact:** For a free copy of 'Whatever life brings':  
t: 020 7803 1121  
w: [www.mentalhealth.org.uk/justaphase](http://www.mentalhealth.org.uk/justaphase)



### The Child and Adolescent Mental Health Today guide edited by Catherine Jackson, Kathryn Hill and Paula Lavis

The mental health of children and young people is of increasing concern to us all. This new mental health guide introduces the subject to the wide array of frontline workers in health, education and social services who have regular contact with children and young people, and need some knowledge of the mental health issues that affect them, and the services available.

It covers a range of topics such as positive parenting, mental health in schools, the mental health needs of young offenders, eating disorders, self-harm and attention deficit hyperactivity disorder (ADHD), cultural competence, partnership working, risk and resilience.

Children and young people's mental health is a vast and complex subject, which can be very daunting to people new to this area. The book provides an invaluable resource to students and practitioners, giving them the basic building blocks to knowledge of children and young people's mental health. It considers a wide range of areas from early intervention to specific conditions such as psychosis and examines how people work together to deliver a comprehensive range of services.

**Contact:** Pavillion Publishing  
[www.pavpub.com/pavpub/trainingmaterials](http://www.pavpub.com/pavpub/trainingmaterials)

### Ethnicity & inequalities in health & social care

Published quarterly and supported by the Race Equality Foundation, the Journal explores what is currently known about racism, discrimination and disadvantage and considers interventions that will overcome barriers and promote equality.

The Journal offers a range of contributions, including editorial, peer-reviewed articles, latest policy and debate, case studies and personal perspectives.

**Volume 1, Issue 1, available in June 2008, is a themed issue covering cultural competencies. Articles include:**

- a user's experience of cultural competence – Lloyd Lindsay
- the Count Me In Census: what it tells us and what it does not – Kwame McKenzie
- A historical perspective and ethnic competence Kwame McKenzie
- cultural, racial and ethnic competence and psychiatric diagnosis – Carl Bell, Johnny Williamson and Peter Chien
- training to redress racial disadvantage in mental health care – Rani Srivastava
- Race Equality Foundation briefing paper – effective communication with service users – Ghazala Mir.

Annual subscription rates start from just £195 for institutions and £55 for individuals.

**Contact:** Pavilion t: 0870 890 1080  
e: [paviliononline@pavpub.com](mailto:paviliononline@pavpub.com)

## From the Heart – Voices of Leeds Carers September 2007

Seven years ago the East Leeds Carers Support Group had the idea of putting together their experiences of caring and passing on helpful tips to other carers. Carers from many different backgrounds – young, old, black and minority ethnic carers and carers' groups – all caring for people with mental health needs or dementia – were interviewed with the aim of producing a wide perspective of all aspects of caring. The book is about carers talking to carers, and to the wider public, about how their lives are affected by supporting someone with a mental health problem.

Invaluable support was provided by professionals working in the mental health service, in particular by Together Working for Wellbeing, in conjunction with Leeds City Council Adult Social Care.

There are chapters covering becoming a carer, being a carer, getting help, the system and how to get it to work for you, young carers, black and ethnic minorities, living with dementia, handling crises and difficult situations, and carers' stories. Useful sources of help are given at the end of chapters, with information and phone numbers.

**Contact:** To view the book on pdf: Sylvia Landells, Mental Health Gateway Worker, Adult Social Care, Garforth One Stop Centre, 1-5 Main Street, Garforth, Leeds, LS25 1DU t: 0113-2477033  
e: [sylvia.landells@leeds.gov.uk](mailto:sylvia.landells@leeds.gov.uk)

**For a copy of the book:** Diana Robinson, Together t: 0113 242 7707.

## Working for a healthier tomorrow

Dame Carol Black's review of the health of Britain's working age population recognises that for most people work is good both for their long-term health and for their family's well being. Its proposals focus on keeping people healthy at work, and also on helping them return to work if they get ill.

### Recommendations include:

- New Fit for Work service to be piloted for patients in early stages of sickness – the aim would be to make work-related health support available to all
- If successful, Fit for Work should be extended to those on incapacity and other out of work benefits. Government should also expand provision of Pathways to Work to cover all on incapacity benefit
- Sick notes should be replaced with an electronic 'fit note' stating what people can do, not what they can't
- Occupational health should be brought into the mainstream of healthcare provision.

**Contact:** w: [www.workingforhealth.gov.uk/documents/working-for-a-healthier-tomorrow-tagged.pdf](http://www.workingforhealth.gov.uk/documents/working-for-a-healthier-tomorrow-tagged.pdf)

## Resources on suicide prevention developed in Hull & East Riding

### Helpline card for adults

This reads 'Feel like you've had enough? If you have suicidal thoughts, talking things through in confidence can really help. It's never too late to ask for help'.

It provides contact details of a range of organisations in Hull & East Riding that can help.

### Self Harm Card

This was developed by Hull & East Riding self-harm network and funded through Hull Teaching PCT, in recognition that our generic helpline card did not address issues facing young people. 30,000 have been distributed across Hull secondary schools, local colleges, youth services, and general young people's venues.

### Directory of Mental Health Information & Support for Black & Minority Ethnic Communities

The National Suicide Prevention Strategy for England (2002) identified black and ethnic minority communities as one of a number of priority populations for mental health promotion support. Hull & East Riding suicide prevention programme developed a suicide prevention helpline card and other resources in English for the majority English speaking population. There is a noticeable lack of readily available mental health information and resources for non-English speaking citizens. However, there is a range of existing information and guidance on mental health available in a range of languages on many different websites. It was therefore decided to produce a Directory of existing mental health resources for black and minority ethnic groups that can be accessed via the internet and relevant organisations.

### Advice card for Hull's black and minority ethnic communities

This has been produced in a range of languages that reflect the existing and emerging ethnic communities in Hull and advises people experiencing symptoms of low mood and possible depression to seek help from their GP.

### Notice to GPs and GP practice staff

This has been produced and circulated to surgeries letting them know about the above advice card for black and minority ethnic communities and telling them what it says, so that they are prepared when someone comes to them asking for help.

**Contact:** Evelyn Krasner, Public Health lead, Hull Teaching Primary Care Trust e: [evelyn.krasner@hullpct.nhs.uk](mailto:evelyn.krasner@hullpct.nhs.uk)

## Sane Responses: Good practice guidelines for domestic violence and mental health services

This toolkit aims to promote the understanding and good practice of frontline workers working with these issues – anyone working with women experiencing domestic violence or mental distress, or working with perpetrators. It provides information on domestic violence and mental health, guidelines for good practice and details of existing services across London.

The toolkit aims to:

- Increase safety for women and children experiencing domestic violence
- Support and enable staff in both sectors to work with, and provide information and options, to survivors experiencing domestic violence and mental health issues
- Hold perpetrators accountable for their abuse and empower workers to offer safe responses
- Encourage a holistic approach, partnerships and integrated work
- Provide practical tools to guide agencies towards implementing changes in policy toward inclusive, accessible and appropriate practice.

**Contact:** [www.gldvp.org.uk](http://www.gldvp.org.uk)

## Managing Stress and Violence at Work

Peter Ryan, Ian Dawson and Robert Hill. Developed by The OSCAR project (Occupational Stress with mental health Clients in Acute Response)

This is a comprehensive training programme designed to enable staff to successfully manage and reduce the affects of occupational stress and violence in the workplace. It aims to improve the quality of working life for mental health workers and the materials in this resource can be adapted by a trainer to suit the particular needs of individual teams.

Work-related stress has been consistently identified as one of the major workplace concerns to employees and can ultimately challenge the healthiness and performance of an organisation. The training provided by this resource will empower staff to deal with and reduce workplace stress and violence. It can also be delivered to teams of staff who work together and this approach can be used within organisations to build support and to implement medium-term and long-term strategies to prevent violence and minimise occupational stress.

The resource is relevant to all those working in or managing mental health services where staff may experience stress and violence in the workplace. The training can be delivered to mental health service workers in hospitals and community teams, and is relevant across

disciplines. It is applicable to all frontline staff as well as other members of the workforce such as support, time and recovery (STR) workers.

The training includes the following elements:

- Background information for trainers
- Managing stress at the organisational level
- Managing stress at team and individual levels
- Risk management and risk assessment
- Developing effective strategies for coping with violence.

**Contact:** Pavilion t: 0870 890 1080

## INITIATIVES

### Suicide prevention through music

A rap song and music DVD with a suicide prevention message has been released with the support of BBC Radio One's Chris Moyles' breakfast show. The song was written by pupils at Thornhill school, inspired by a mum who lost her son through suicide. It is part of an 8-song compilation album, with all the songs either written or performed by people who have used mental health services, and is available from the website below, and from ITUNES.

It has also been part of the schools/community process of dealing with losing a 13yr old young boy who hung himself in Feb 2007. You can either buy the DVD, CD, in MP3 format and for mobile tone rings – The children host and administer the website you will also see all the other award winning films (RTS, BAFTA, CANNES) that we have produced. In September we will be the first city in the country (Sunderland) where all the secondary schools will teach and run PSCE through logging on the website where service users stories shape the lesson plans, and able to book in the service users and collaborate the teaching.

**Contact:** [Graeme.Smith@stw.nhs.uk](mailto:Graeme.Smith@stw.nhs.uk)  
w: [www.yourlifeline.org.uk](http://www.yourlifeline.org.uk)

### UK Youth's Health and Wellbeing Challenge

Leading youth work charity UK Youth has been successful in securing £116,000 from the Department of Health for a new youth work programme – the Health and Wellbeing Challenge, which will benefit 20,000 young people taking part.

To achieve this, UK Youth will develop practical resources for young people, youth workers and other professionals working with young people in a non-formal education context. This new challenge will build upon the structure of

the Youth Achievement Awards (YAA), a well established programme of accredited learning, which links to key skills. The Health and Wellbeing Challenge has been developed to increase awareness and understanding of the benefits of adopting a healthy lifestyle. Young people will set themselves personal challenges designed to improve their lifestyles and increase understanding of what it means to be fit and healthy, for example by working out the cost of planning a healthy diet, or by learning how to plan a simple exercise routine. Throughout the programme young people will also develop increased motivation and improve their social skills.

*"This funding will benefit thousands of young people, helping them to improve their physical, emotional and mental wellbeing."* John Bateman OBE, UK Youth.

**Contact:** Emma Walker t: 01425 675106  
e: [emma@ukyouth.org](mailto:emma@ukyouth.org)

## New suicide trauma centre in Dublin

A new national centre for children traumatised by suicide is being established in Dublin and will cater for children from all over Ireland. The purpose-built facility, due to open in July, will offer professional services for youngsters whose family members have taken their own lives.

The Centre for Children Bereaved by Suicide in Cabra will be operated by national support group Console. The centre is urgently needed to provide support to young people who have been traumatised by suicide. Children who lose a family member or someone close to them experience a very different type of loss and bewilderment that can have a huge effect on their lives.

*"The type of specific support that will be provided to these children will not only help them through the agony they have experienced, but will serve to prevent further suicides in the future."*

In Ireland more people die by suicide than as a result of road traffic accidents. Every suicide has a serious impact on whole communities, and with an average of 500 suicides per annum in Ireland, there are very few residents in the country who have not in some way, been touched by the knock-on effects of such a tragic death.

## Grumpy Old Men? – A Mental Health Foundation Service Improvement Project

The project *Grumpy Old Men?* is a two year project in England that started in April 2008 and is funded by a Section 64 grant from the Department of Health. It aims to improve mental health awareness among older men

living in the community who are isolated and at risk of depression and suicide.

Depression is particularly common among older people and older men are a high risk suicide group. The project aims to address some of the causes of depression and suicide in older men by raising awareness of mental health issues of older men, with staff working in social and community venues frequented by older men, and by supporting or developing community activities that encourage their greater social inclusion in some local pilot sites. This will involve identifying innovative ways to get information to older men and will draw upon the positive practice of other organisations, services and groups who are doing similar work.

The project will be evaluated and this will include feedback from the local sites about the experience of participating and the perceived effectiveness of the activities. An important focus in assessing and evaluating the project will be to identify how the findings from the pilot site could be 'scaled up' to provide recommendations and guidance in carrying out similar initiatives elsewhere.

These will be summarised in the project's evaluation report, which will also include examples of positive practice from elsewhere around the country.

The Mental Health Foundation is keen to hear about any services or organisations that are doing innovative work in this area, or are interested in developing work along these lines to meet the needs of this group and we are planning an event in September 2008. If you would like to be involved in the project or to find out more, see contact details below.

**Contact:** Toby Williamson, Associate Head of Service Improvement & Workforce Development, Mental Health Foundation. t: 020 7803 1132 e: [twilliamson@mhf.org.uk](mailto:twilliamson@mhf.org.uk)



## WEBSITES

## Tackling the Last Workplace Taboo

As part of their campaign to raise awareness of mental ill health and help employers support and manage their employees, the Shaw Trust have launched a new free web resource to help manage mental ill health at work.

Shaw Trust believes everyone has a right to work and a valuable contribution to make. It's a common misperception that managing someone with a mental health condition is going to be complicated. It's actually about being a good line manager, looking beyond the stigma and supporting your employee to manage their job, while they manage their condition.

The resource is divided into three main sections:

- How do I support someone with mental ill health?
- How do I know if someone has mental ill health?
- How do I create a healthy workplace?

The resource is packed full of information and easy-to-use solutions to help support staff who are dealing with mental health issues, and links to further sources of help and information.

**Contact:** [www.tacklementalhealth.org.uk](http://www.tacklementalhealth.org.uk)

## Positive Mental Attitudes

This new website highlights a rapidly expanding mental health awareness and anti-stigma project taking place in Glasgow and across Scotland. It has a vibrant new look and straight-forward content, detailing the multi-faceted work of Positive Mental Attitudes (PMA) in their quest to improve awareness of mental health and challenge stigma.

The new site features details on the people and communities PMA work with including: employers and employees, teachers and youth work staff, older people and younger people, asylum seekers and refugees.

From the site you can download resources and reports, for example the successful PMA Education Pack for secondary schools, plus animation and film clips from PMA's art groups.

The arts section of the website also highlights exciting new projects from the drama, creative writing and visual art groups, particularly Headspace, an eclectic multi-arts event produced by PMA and award winning arts venue Platform. Headspace is now an annual event taking place during the Scottish Mental Health Arts and Film Festival in October – which is jointly funded by PMA this year.

PMA are currently developing a comprehensive database of personal stories and the new website will soon host these case studies, detailing real-life experiences of stigma and discrimination due to mental health issues.

PMA – part of the East Glasgow Community Health and Care Partnership – aims to promote a better understanding of mental health problems so that people can seek help early and be treated better within their communities.

**Contact:** [www.positivementalattitudes.org.uk](http://www.positivementalattitudes.org.uk)

## Mental Health Foundation's Boiling Point Website

For Mental Health Action Week 2008, the MHF launched a campaign about anger and mental health, showing that problem anger is left untackled in the UK despite being linked to aggression, family breakdown and physical and mental health problems. To get people thinking about anger in their own lives they have also launched a website, where you can:

- Do the How angry are you? Quiz
- Participate in an online rant
- Watch a video.

This website takes a light hearted look at anger, but unhealthy anger can be a serious problem. It has been linked to a range of mental health problems.

**Contact:** [www.yourboilingpoint.org.uk/v1/Default.aspx](http://www.yourboilingpoint.org.uk/v1/Default.aspx)

## RESEARCH

## Children's Mental Health and Well Being

The Good Childhood Inquiry – the UK's first independent national inquiry into childhood – is managed by The Children's Society. The inquiry's final report and recommendations will be published in early 2009.

As part of its ongoing inquiry, a public opinion poll published by The Children's Society reveals mounting concern about children's mental health and well being. When asked to rate children's happiness today compared to when they were growing up, only one in ten (9%) respondents felt children nowadays are happier.

The Children's Society commissioned the GfK NOP poll to complement the launch of a summary of the evidence submitted to the inquiry on its fifth theme – children's health. Professionals and members of the public submitted evidence on a variety of health concerns but a large number of responses highlighted an issue barely acknowledged by past generations: children's mental health and well being.

Adults' concerns echo what children themselves have told *The Good Childhood Inquiry*. In a survey of 8,000 14-16 year olds, carried out by The Children's Society as part of

the inquiry, 27% of young people agreed with the statement 'I often feel depressed'<sup>1</sup>. In a separate online vote, conducted by CBBC Newsround for the inquiry, 78% of those who voted said they felt fine, good or really good about their health; however a worrying 22% felt bad or really bad<sup>2</sup>. Many also said they felt under pressure to look good, with seven out of ten admitting they dieted some or all of the time<sup>3</sup>.

A number of children submitting evidence commented on the importance of being free from stress, pressure and worry. In some cases they explicitly linked pressure to school, the influence of peers, bullying, family expectations and their looks<sup>4</sup>. Interestingly when asked what has the most negative impact on children's well being generally, adults responding to the GfK NOP poll rated family breakdown and conflict (29%) and peer pressure (23%) highly.

Considering the issue of how to promote better mental health and well being for children, Professor Stephen Scott, Institute of Psychiatry and an inquiry panel member said: "Many respondents to the inquiry shared the belief that well being depends on good relationships, especially within the family; on a sense of purpose and on freedom.

*"To achieve this, child mental health and well being must be everybody's business. Support for parents is crucial; schooling has a key part to play; and providing the effective treatments now available for children with mental health problems takes time, skill and resources."*

Many of the submissions expressed concern about the impact that poverty and social disadvantage has on mental health and well being. Refugee children, children in trouble with the law, children with disabilities and children at risk on the streets are among those most affected by these issues<sup>5</sup>.

Concern about children's mental health and well being comes amidst on-going anxiety about children's health more generally. Two-thirds (66%) of those surveyed in the GfK NOP poll said the increase in indoor activities, such as computer games and television watching, prevents children nowadays from being more active, while 88 % agreed children need more education about healthy diets.

There was an overwhelming consensus among respondents that physical health plays a crucial role in mental health, with 95 % agreeing to some extent that physical activities are an important element in promoting mental health.

The Children's Society has already released evidence summaries on the inquiry's first four themes: friends, family, learning and lifestyle. The inquiry will meet this summer to discuss the remaining theme of values before publishing its final report in early 2009.

**Contact:** The Children's Society's Media Team  
t: 020 7841 4422 m: 07810 796508  
e: [zjm@childsoc.org.uk](mailto:zjm@childsoc.org.uk) w: [www.childrenssociety.org.uk](http://www.childrenssociety.org.uk)

The evidence summaries and GfK NOP poll results for health and the previous themes of family, friends, learning and lifestyle are available at [www.goodchildhood.org.uk](http://www.goodchildhood.org.uk)

#### References:

- 1 *Good Childhood? A question for our times. The Children's Society's National Survey of 8,000 14 to 16 year olds conducted in 2005*
- 2 462 children and young people responded to a question on health on the CBBC Newsround website and my life website
- 3 664 children and young people responded to a question on health on the CBBC Newsround website and my life website
- 4 742 children and young people responded to *The Good Childhood Inquiry's call for evidence*
- 5 BMA Board of Science (2006) *Child and adolescent mental health. A guide for healthcare professionals. London: BMA*

## Study into suicide rates in people from different ethnic groups

A study examining suicide rates and pre-suicide clinical symptoms in people from different ethnic groups, has found that rates of suicide vary between ethnic groups with young black men aged 13 to 24 at highest risk.

The research suggests that symptoms traditionally associated with suicide are less common among some ethnic groups, and cannot be relied upon for predicting suicide.

The study looked at the four largest ethnic groups in England and Wales – black Caribbean; black African; South Asian (Indian, Pakistani and Bangladeshi), and white. A comparison between ethnic groups was made of the symptoms that clinicians consider increase the risk of suicide: suicidal ideas, delusions and hallucinations, depressive symptoms, deliberate self-harm, emotional distress, hopelessness, and hostility.

Researchers examined data from the National Confidential Inquiry (NCI), which receives data on all potential suicides from the United Kingdom's Office of National Statistics, and investigates suicides within 12 months of contact with mental health services in England and Wales.

The black African and black Caribbean people who committed suicide suffered from high levels of delusions and hallucinations and deliberate self-harm, but had low rates of other clinical indicators of suicide at the last contact they had with a mental health services professional. Schizophrenia is the most common diagnosis among black Africans and black Caribbeans who commit suicide, and they are less likely to have suicidal ideas and depression than the other groups.

South Asian people who committed suicide had high levels of hopelessness, psychotic symptoms, and depression, but low levels of suicidal thoughts compared with the white group. Immediate risk of suicide was perceived to be highest among white people.

Suicides within 24 hours of professional contact were most often reported among black Caribbeans, and suicide within one to seven days was most commonly found among black Africans.

The study found high levels of suicide among black African and black Caribbean men aged 13 to 24, living in England and Wales. Clinicians reported that suicide was preventable in 31 per cent of black Caribbeans who committed suicide, and in 18 per cent of South Asians who committed suicide.

Published today (1 April 2008) in the Medical Journal Psychiatric Services, Led by Kam Bhui, Professor of Cultural Psychiatry and Epidemiology at Barts and The London School of Medicine and Dentistry.

### Crossing the Threshold: Leaving looked after children services

This research was carried out through semi-structured interviews with young men aged 15 – 21 years in Bedfordshire, and the report was published in September 2007.

The study aimed to examine local arrangements to promote the particular health and emotional well being needs of looked after young men when leaving care, who are known to be reluctant to seek help from others because this may be interpreted as a sign of weakness (Davidson & Lloyd, 1997). By consulting with local looked-after young men aged 15-21 years, who are currently preparing for their transition into independence, the aim was to identify ways of improving the health and well being of this vulnerable group.

The overall message from both young men and professionals was about the difficulties of providing consistent support when leaving care against the myth of masculinity and not wanting to be seen reaching out for help. The results suggest that for looked after young men the transition into independence is a crucial opportunity for public health intervention.

To be able to work effectively with looked-after young men locally, we need to have an insight in to their particular thoughts and views on what health and emotional well being is and how professionals and services can help these young men achieve optimum health. When looking at improving health opportunities for looked after young men, it is vital that their emotional well being is taken into consideration. These young men will often experience low self-esteem as a result of disruption, poverty and emotional/physical deprivation, highlighting that those leaving care need to be able to access appropriate support services.

### Conclusion

The findings from this study suggest that improved health outcomes for looked-after young men will require health services and local authorities to improve their understanding of male gender roles and seek to deliver services aimed at young men as they are.

Hand-in-hand with this however, must go a commitment to allow and encourage young men leaving care to feel less restricted in their choice of a male gender identity and, within that, to give them the skills to make informed decisions about their transition into independence. Unless there is a dedicated effort to listen to looked-after young men's experiences as service users and to seek their views about the kinds of services they would like to see, we will continue to develop services that are under-utilised and ineffective.

Local authorities and health services must actively ensure that young men are encouraged, enabled and supported to participate. The ability to seek help, and to accept it when it is offered, is a social skill. Service providers should recognise that it is not a skill that all looked-after young men possess and should aim to develop ways of working that minimize the discomfort that many young men leaving care may feel when they engage with health and other support services.

**Contact:** [Debbie.Adger@Luton-pct.nhs.uk](mailto:Debbie.Adger@Luton-pct.nhs.uk)

### Reference:

Davidson, N. & Lloyd, T. (1997). *Young Men's Use of Counselling and Advice Services in Central London. Working with Men.*

### Mental Health Action Week 2008 Boiling Point Report from the Mental Health Foundation

For Mental Health Action Week this year (held in March), The Mental Health Foundation launched a report about problem anger, how it affects individuals, families and communities, and what can be done to minimise the harm it causes.

Mounting evidence links anger with a range of physical, mental and social problems. Chronic and intense anger has been linked with Coronary Heart Disease, stroke, cancer and common physical illnesses including colds and flu, and generally poorer health; as well as increased risk-taking, poor decision-making and substance misuse.

Higher levels of anger are related to lower levels of social support and higher stress levels. High levels of anger expression have also been associated with less frequent use of positive coping strategies such as actively addressing problems. Anger has also been linked with

## Volunteering in the Public Services: Health and Social Care

mental health problems including depression and self-harm. People describe anger as more likely to have a negative effect on interpersonal relationships than any other emotion. There is evidence to suggest that societal changes are contributing to a rise in emotional problems.

### Key findings:

- GPs report that they have few options for helping patients who come to them with problem anger
- There are some good examples of NHS-funded anger management courses and others being run by voluntary organisations, as well as private sector providers
- Where NHS services do not exist GPs can refer people to voluntary sector providers and others, but often aren't confident to do so
- There are approximately 50 published research studies that have tested some kind of intervention for anger problems with adults and another 40 relating to children or adolescents, and researchers have concluded that successful treatments exist for adults, adolescents and children
- Almost a third of people polled (32%) say they have a close friend or family member who has trouble controlling their anger
- More than one in ten (12%) say that they have trouble controlling their own anger
  - More than one in four people (28%) say that they worry about how angry they sometimes feel
- One in five of people (20%) say that they have ended a relationship or friendship with someone because of how they behaved when they were angry
  - 64% either strongly agree or agree that people in general are getting angrier
  - Fewer than one in seven (13%) of those people who say they have trouble controlling their anger have sought help for their anger problems
  - 58% of people wouldn't know where to seek help if they needed help with an anger problem
  - 84% strongly agree or agree that people should be encouraged to seek help if they have problems with anger
  - Those who have sought help were most likely to do so from a health professional (such as a counsellor, therapist, GP or nurse), rather than from friends and family, social workers, employers or voluntary organizations
  - Generational differences are striking. Older people are less likely to report having a close friend or family member with an anger problem or to be worried about how angry they sometimes feel or that they have trouble dealing with their own anger, than younger people
  - There are striking regional differences in responses to our anger polling – especially between Scotland and other parts of the UK.

**Contact:** [www.mentalhealth.org.uk/campaigns/anger-and-mental-health/boiling-point-report/](http://www.mentalhealth.org.uk/campaigns/anger-and-mental-health/boiling-point-report/)

This report is the first in a series examining the role of volunteers and volunteering in public services. Through consultation with over 1000 volunteers and organisations the research found much potential to expand volunteering in health and social care to build more people centred services.

The report identifies a largely untapped source of volunteers in service-users. It argues that they could make an enormous contribution as volunteers in health and social care because no one understands what it is like to have a condition like a person who has it themselves.

*"Volunteering can create a virtuous circle, improving levels of well being for volunteers, professional colleagues and most importantly the people that use the services. In health and social care I found some excellent examples of volunteers being involved in services as well as significant potential to increase levels of volunteering in the sector."* Baroness Julia Neuberger, the Government's independent volunteering champion

Recommendations in the report will be used to inform the Department of Health's Volunteering Strategy for Health and Social Care which will drive forward and promote new and existing volunteering initiatives across the NHS, social care and in the third sector.

### The review's main recommendations are:

- In-house 'volunteering hubs' should be established within government agencies to help mainstream volunteering in health and social care services
- When commissioning services, Government agencies should consider the social benefits and true costs of volunteering
  - Employee volunteering schemes should become commonplace throughout health and social care services
  - A programme board should be set up, with a remit to increase volunteering in health and social care and ensure that volunteers are properly managed
- Both the Government and charities need to make more of the huge, largely untapped, resource of service-users as volunteers
- NHS websites should signpost their users to peer group support websites, and to more general volunteering opportunities.

**Contact:** [www.cabinetoffice.gov.uk](http://www.cabinetoffice.gov.uk)



## Research into childhood mental health problems and adult working life

Mental health problems in childhood blight adult working life, suggests research published in *Occupational and Environmental Medicine*. And problems in working life are associated with mid life depression and anxiety.

Researchers at Barts and The London School of Medicine and Dentistry, examining the effects of early life psychological distress, suggest mental health problems in childhood blight adult working life.

The study, led by Professor Stephen Stansfeld of the Centre for Psychiatry at the Wolfson Institute, also reveals that problems in working life are associated with mid life depression and anxiety. It is published in the latest edition of the journal *Occupational and Environmental Medicine*.

The findings are based on over 8000 participants of the 1958 Birth Cohort, all of whom were born during one week in March 1958, and whose health has subsequently been tracked. Their long term mental health was reviewed during childhood at the ages of 7, 11, and 16, using information from teachers and parents, and into adulthood at the ages of 23 and 33, based on personal interviews. At the age of 45 the participants were then invited to discuss their working lives and mental health.

Living in rented accommodation, having a longstanding illness, no qualifications, and no partner were all linked to depression and anxiety in mid life.

But so too were workplace stressors, including little control over decisions, low levels of social support, and high levels of job insecurity. These stressors doubled to quadrupled the risk of depression and anxiety.

Internalising behaviours in early childhood and adulthood strongly predicted poor quality working life, with many work stressors. Internalising behaviours are usually defined as depression or lack of concentration, as opposed to externalising behaviours, such as bullying and disruption.

Although mental health problems in early childhood and adulthood did not fully explain the mid life depression, these could have a knock-on effect, suggest the authors.

Mental health problems in childhood could affect the ability to pass exams and gain qualifications, so blighting an individual's prospects of getting well paid and satisfying work. And people who have experienced mental illness early in their lives may also opt for less demanding, low status work, because it might be more manageable, but at the same time, less rewarding and more stressful.

**Contact:** [s.a.stansfeld@qmul.ac.uk](mailto:s.a.stansfeld@qmul.ac.uk)

## Internet 'Suicide sites'

A proliferation of internet "suicide sites" has been found by University of Bristol researchers, using four popular search engines – Google, Yahoo, MSN and Ask15 – to search the entire web, not just UK.

The research found that half of these were found to be "encouraging, promoting or facilitating suicide", and that people searching the internet for information on ways to commit suicide are more likely to come across sites encouraging it than sites offering help. One in five hits are for "dedicated suicide sites", while almost half contain details on how to commit suicide. At the same time, contributors to chat rooms may exert peer pressure to commit suicide, idolise those who have completed suicide, and facilitate suicide pacts.

But they noted that some of the sites advised people on ways to seek help; and some forums enabled people to share their distress and learn new coping strategies.

Media reporting of suicide and its portrayal on television are known to influence suicidal behaviour, particularly the choice of method used.

**Contact:** David Gunnell e: [d.j.gunnell@bristol.ac.uk](mailto:d.j.gunnell@bristol.ac.uk)

*Suicide and the internet Biddle, L; Donovan, J; Hawton, K; Kapur, N and Gunnell, D, British Medical Journal 2008; 336: 800-802*

## Research into prescribing by GPs of exercise for depression

The last three years have seen a significant rise in the number of GPs prescribing exercise to people with mild to moderate depression, according to new research from the Mental Health Foundation. Depression is a complex illness – it is important that GPs have a range of treatments to offer and that people with depression have a choice.

The research found that 22% of GPs now prescribe exercise therapy as one of their three most common treatments for depression compared with only 5% three years ago.

The new figures also show a change in GPs' beliefs about exercise therapy. Almost two-thirds of GPs (61%) now believe a supervised programme of exercise to be 'very effective' or 'quite effective' in treating mild to moderate depression, in comparison to 41% three years ago. And two thirds of GPs (66%) who currently do not have access to an exercise referral scheme say they would use one if it were available. 1 in 6 GPs (16%) have noticed an increase in the number of people asking whether exercise would be a suitable treatment for their depression.

The Mental Health Foundation has been campaigning for

the last three years to increase the use of exercise referral for mild to moderate depression. The charity warns that despite growing interest among patients and changes to GP attitudes, exercise on prescription is still not widely available – with less than half of GPs (49%) able to access an exercise therapy referral scheme for people with depression.

The Mental Health Foundation is now working to expose the barriers that prevent exercise therapy from being offered universally. The research programme, partly funded by the Department of Health, involves the charity working with six sites across England that run exercise referral schemes, in Bedfordshire, Cambridgeshire, London, Northamptonshire, Redcar and Cleveland, and the Wirral.

The research findings will be published in early 2009, in addition to a toolkit that will include practical advice on setting up and delivering an exercise referral scheme, as well as training packages for referrers in primary care and industry staff involved in exercise therapy delivery.

Two information booklets about exercise and depression are available from the Mental Health Foundation – *'How exercise can help beat depression'* for patients and *'Exercise referral and the treatment of mild or moderate depression'* for GPs and healthcare practitioners.

**Contact: Mental Health Foundation:**  
t: 020 7803 1100 w: [www.mentalhealth.org.uk](http://www.mentalhealth.org.uk)

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## Mental health promotion and the need for a broader agenda

Louis Appleby, National Director for Mental Health in England



The inclusion of Standard One in the National Service Framework for Mental Health (NSFMH) in 1999 emphasised the importance of mental health promotion and the need for a broader agenda which is fundamental to improving the quality of life of people with mental health problems, as well as improving the mental health and well being of the wider population. In many ways, mental health promotion underpins the successful delivery of the whole of the NSFMH. It provides a framework for building hospitable communities (within which supportive services will be delivered) where people with mental health problems can live, socialise, study, work, participate and enjoy the same opportunities and access to resources as everyone else. Promoting mental health for all, however, presents an even greater challenge.

The Suicide Prevention Strategy for England identified a number of groups at high risk of suicide, including those in contact with mental health services. However, most suicides (around 75%) are by people who are not in contact with mental health services. It is therefore essential to have policies and programmes in place that improve the mental health and well being of the whole population in order to reduce the risk of suicide. That is why the suicide prevention strategy made it a key goal to promote mental well being in the wider population. *Choosing Health* published by the Department of Health in 2004 reinforced the commitment to implement fully Standard One of the NSFMH. In 2005 NIMHE published *Making it Possible – a good practice guide to improving people's mental health and well being*. Commitment and better support for mental health and

emotional well being was also included in the White Paper *Our health, our care, our say* published in 2006.

The likelihood of a person taking their own life depends on several factors. These include physically disabling or painful illnesses and mental illness; alcohol and drug misuse; and level of support. Stressful life events such as a loss of a job, imprisonment, a death or divorce can also play a part. For many people, it is the combination of factors which is important rather than one single factor. That is why it is so important in reducing suicides and those at risk of suicide by ensuring that community health and well being is supported. If people are mentally healthy then they are more likely to cope with the stresses or challenges they face in their lives, including relationship problems, unemployment, bereavement, social isolation etc. Mental well being, like physical health, is a resource we need to promote and protect.

Mental health promotion strategies need to address those aspects of quality of life which impact most on how people feel, about themselves and others: bullying in schools and prisons, low educational achievement, community safety, racial discrimination, family conflict, isolation, violence and abuse. Mental health promotion policies which recognise the importance of emotional well being, in schools and in the workplace, will benefit the whole community. Measures to protect the psychological well being of children and to support people at work should contribute to the prevention of many mental health problems, notably depression, anxiety, addictions and behavioural disorders, as well as responses to deep levels of mental distress like self harm and eating disorders.

Wider recognition of the benefits of improving mental health and well being in policy and practice will also

increase people's willingness to seek help early, greatly improving their chances of recovery. An increase in mental health literacy, in other words understanding our own mental health needs, as parents, teachers, colleagues, managers, neighbours and friends, is a pre-condition for recognising and supporting the mental health needs of others, including those with severe and enduring mental health problems. Mental health promotion does have a role in preventing mental health problems, notably anxiety, depression, drug and alcohol dependence and behavioural disorders and thus reducing the factors that may make someone at risk of suicide or self harm. Mental health promotion can also contribute significantly to health improvement for people living with mental health problems and has a key role to play in challenging discrimination and increasing understanding of mental health issues. But mental health promotion also has a wider range of health and social benefits. These include improved physical health, increased emotional resilience, greater social inclusion and participation and higher productivity.

Interventions to reduce stress in the workplace, to tackle bullying in schools, to increase access to green, open spaces and to reduce fear of crime all contribute to health gain through improving mental well being, in addition to any impact they may have on preventing mental disorders.

As I mentioned earlier suicide is the end point of a lot of other process and we are committed to ensuring an effective way of reducing suicide through this broader public health approach. 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 and young men. We hope that this approach has contributed to the effectiveness of the strategy and the reduction in those taking their own life. More recently following a systematic review of the risk of suicide amongst lesbian, gay and bisexuals we have included this group as a specific group who have special needs under goal two of the strategy.

Although there continues to be an encouraging and sustained fall in the rate of suicide amongst young men under the age of 35 it is still high in comparison with the general population. That is why we commissioned the development of three mental health promotion pilots during 2005 and 2006. We already knew that young men found it difficult to talk about their feelings and were reluctant to seek help or support when in distress. We needed to find ways of reaching young men when they were feeling low and before their problems became critical. The key findings of the evaluation of these pilot projects included:

- working in partnership with agencies was key to promoting young men's mental health
- community based locations such as job centres and youth

orientated services offered a more successful means of engaging with young men than more formal settings such as GP surgeries

- front line staff feel able to engage more effectively with young men when skilled through training
- pro-active and community-based outreach programmes should be established as these approaches were perceived by young men as more acceptable and less threatening since staff were perceived to be less likely share information with other agencies, such as the police.

This broadly based approach has, we believe, led to a better recognition of risk by front-line agencies and contributed to the sustained reduction in suicides amongst this group. However, we must continue to build on the knowledge and experience gained through these pilot projects to help services and other partner agencies develop effective approaches to engage with young men.

The Department of Health is working with the Department for Children, Schools and Families (DCSF) to improve the psychological and emotional well being of children and young people and to ensure that those with mental health problems are identified and receive appropriate support at an early stage. DCSF has created the Social and Emotional Aspects of Learning (SEAL) programme to promote the social and emotional skills that underpin effective learning, positive behaviour, regular attendance, staff effectiveness and the emotional health and well being of all who work and learn in schools.

Another key programme that supports mental health promotion is Delivering Race Equality (DRE). One of the key 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. DRE was one way of trying to address this and making mental health promotion practical in its application. NIMHE recently published the findings of a research study it commissioned which looked at the risk factors for suicide in different ethnic groups. We now need to consider the findings of this study as part of the DRE programme.

Suicide is a major public health issue and suicide rates reflect the mental health and well being of the community as a whole. As well as the important preventative measures such as reducing access to the means of suicide and targeting high risk groups, the strategy will also continue to focus on general measures to improve mental health and to address aspects of people's life experiences that may damage their self esteem and their social relationships. The promotion of mental health and well being is part of a wider Government agenda to reduce inequalities and improve the quality of life of the whole population. We must continue to promote and support the delivery of improvements in people's emotional well being and mental health and therefore to reduce the risk of suicide or suicidal thoughts and behaviour through actions at national, regional and local level.

# Creating a New Vision for Public Mental Health in England

Jo Nurse, National Lead for Public Mental Health and Well Being, Department for Health, England



## A New Lead for Public Mental Health and Well Being for England

Earlier this year I took on the new role of National Lead for Public Mental

Health and Well Being for the Department of Health (England). This work will build upon the important contribution that Jenny Bywaters made to this field prior to her retirement. The remit of this post is to provide leadership in developing a clear understanding of what we mean by public mental health, outlining the significance of good mental health to overall health and wider well being, and translating implications into key areas for policy and action.

This work will help to shape future government policy, including the development of the new Mental Health National Service Framework, under the 'New Horizons' banner. For example, the recently launched DH report 'Health Inequalities, Progress and Next Steps'<sup>1</sup> includes throughout the document aspects that will specifically benefit mental well being and states that a new public mental health approach will be developed to promote well being. Aside from influencing policy in DH and Other Government Departments, there are formal working arrangements with NIMHE/CSIP and the Faculty of Public Health (as Chair of the Mental Health Working Group), and close links have been developed with the UK Public Health Association, Chartered Institute of Environmental Health and the Royal College of Psychiatrists.

I bring a wide range of experience to this role, with an original background in psychiatry and as a GP with an interest in sexual health, I then specialised in Public Health. I completed MSc's in both public health and health promotion, following which I worked on offender health and then in Honduras on a Health

Promotion project for young people. Since 2002, I have developed an academic interest in violence prevention where I still maintain an honorary position at the London School of Hygiene and Tropical Medicine; in 2003, I was seconded to the WHO to work on violence prevention in young people. I qualified as a consultant in public health in 2003 and initially worked in PCTs before taking on a Regional Public Health (DH), post in 2005, where I led on mental health and developed the Dynamic Model for Well Being<sup>2</sup>. Additionally, I am currently responsible for national policy on the Heatwave Plan and on excess winter deaths.

## Developing a Framework for Public Mental Health

In order to provide a more tangible and structured approach to public mental health, a framework for Public Mental Health and Well Being is being developed. This builds upon previous work on public mental health, for example 'Making it Possible'<sup>3</sup>, and from the dynamic model for well being<sup>2</sup>, and is informed by the National Expert Group for Public

Mental Health and Well Being (formally the National Advisory Group for Mental Health Promotion).

The outline for the Framework for Public Mental Health and Well Being, is based upon a life course approach and emphasises the influence of wider determinants on mental health and well being. Aside from epidemiological evidence on risk and protective factors, the development of the framework has also been informed by theoretical models (eg Maslow's Hierarchy of Need), and recent evidence from psychology and neuroscience. The key areas being developed in the framework include the following, (see Figure 1):

- Ensure a Positive Start in Life
- Build Resilience and a Safe, Secure Base
- Integrate Physical and Mental Health and Well Being
- Develop Sustainable Connected Communities
- Promote Meaning and Purpose.

Figure 1 A Public Mental Health Framework for Developing Well Being



In order to ensure future work following on from this framework has a solid evidence base, details of the relative risk and prevalence of risk factors, and the effectiveness of interventions and protective factors, are being collated for each of these key areas. This framework and supportive evidence, along with implications for different audiences who are able to influence this agenda, will then be summarised later this year in a report on public mental health and well being. Additionally, it is anticipated that this framework will inform the New Horizons work and the development of Public Mental Health Champions.

### Bringing Public Mental Health and Well Being into the Mainstream

This work is about transforming the way we understand mental health and well being. Psychology and neuroscience reveal that the perception of being disconnected from within our own selves, between each other and from our environments, has contributed to poor mental and physical health. Being dis-connected from each other has allowed socio-economic inequalities, discrimination, stigma, violence and abuse, and environmental exploitation and degradation to occur. A key part of a public mental health approach is about addressing underlying factors, for example, by promoting greater individual, community and environmental connectedness.

A public mental health approach to promoting well being provides a strategic structure to inform priority

areas and evidence-based interventions. This approach focuses on understanding underlying risk factors in order to develop common upstream solutions, rather than reacting to presenting problems or symptoms. By highlighting the links between poor mental health with poor physical, societal and environmental health, places a greater emphasis on the need for mainstream work to play an active role in promoting well being.

To increase our understanding of what we mean by Public Mental Health, the National Expert Group on Public Mental Health and Well Being has developed the following definition:

### Public Mental Health – A Definition:

“Public Mental Health is the art, science and politics of preventing mental ill health and inequalities through the organised efforts of society:

- By reducing risk factors and promoting evidence-based approaches,
- In order to improve physical and mental well being, to
- Create flourishing, connected individuals, families and communities”.

We know that poor mental health contributes significantly to the overall burden of disease (both physical and mental illness),<sup>4</sup> places a huge economic cost on our society<sup>5</sup>; and reduces overall life chances with increased risks of poor educational outcomes, unemployment, teen parenthood and crime<sup>2</sup>. Actively promoting well being therefore, has

the potential to have a profound and positive effect upon our society and be part of the solution to addressing the global crisis of climate change. Ultimately, this work is about creating a vision and a reality of a healthier world.

### Vision of Public Mental Health:

**To create flourishing, connected individuals, families and communities in order to promote mental, physical, economic and environmental health and well being.**

I welcome contact with anyone with an interest in Public Mental Health and Well Being who is keen to be involved in developing and taking this work forward.

#### Contact

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#### References

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## Mental health promotion and suicide prevention

Joe Ferns, Director of Service Support, The Samaritans



The link between mental health promotion and suicide prevention seems obvious but the implications of joining these agendas up are at once complex and exciting.

As a relatively new concept mental health promotion has attracted interest from a wide range of disciplines and made rapid progress in terms of being an accepted route to reducing stigma, improving well being and attempting to reduce the incidence of distress.

Suicide prevention has a greater historical body of work and literature to draw on but, it can be argued, has not galvanised such a multi-disciplinary audience in the same way.

Perhaps one reason for this is the way in which much of the work around suicide prevention has focused on those already in crisis rather than, as in the case of mental health promotion, focussing on the attitudes, skills and behaviours of the whole population. By focussing on crisis, suicide prevention has largely remained dominated by quite a medical or risk-based approach. In the same way that mental health services are more about 'mental illness' than mental health, it can be argued that suicide prevention has been more about dealing with people who are suicidal than about preventing people reaching that stage in the first place.

The recognition that an individual's mental/emotional health is determined by a wide range of psycho-social and economic factors as well as intra-personal factors has resulted in it becoming more common for suicide prevention to be framed in the context of public health. This 'recognition' may seem rather obvious to those in contemporary services but it can be argued that it is a relatively recent one in the long term evolution of the field of mental health.

This 'repositioning' of suicide prevention has had an impact on policy development as well as affecting the way in which attempts are made to measure successes.

It can be argued that partially as a result of the rise of mental health promotion and partially because of the changing approach to mental health in general, suicide prevention is becoming more holistic in its approach. But what can mental health promotion as a body of work take from the field of suicide prevention?

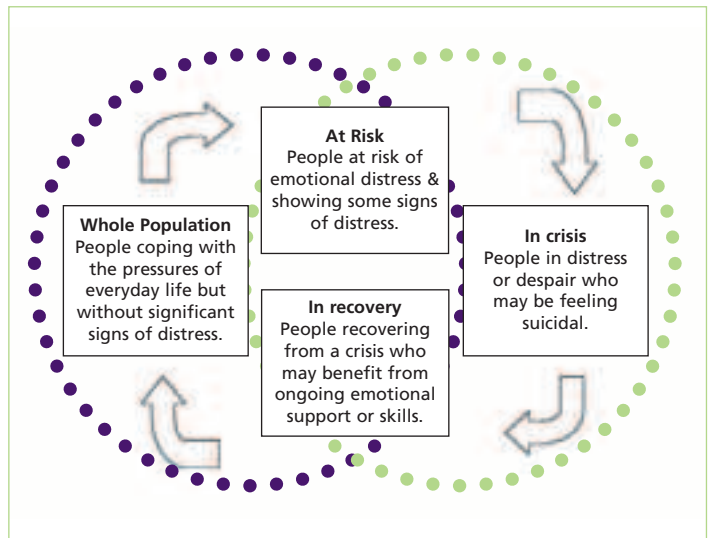
Mental health promotion is sometimes criticised as being too nebulous a concept to result in tangible and measurable change. Indeed, it seems at times that the sheer scale and scope of the action required to promote mental health can itself be a barrier to action. The result is that mental health promotion action is often about influencing the policy, services and strategies of agencies from a diverse range of disciplines. Unfortunately, this can in turn result in progress being made only in areas which are either most receptive or where the individuals driving the mental health promotion action have the most experience.

It is possible that more effective joint strategy between suicide prevention and mental health promotion may actually result in both 'agendas' being able to focus more effectively on activity and outcomes.

Samaritans is developing a new organisational strategy which places suicide prevention in the context of what we call 'the cycle of distress' (figure 1). Whilst recognising that work across this cycle is necessary to reduce suicide, we see ourselves as best placed to work in the area of risk, crisis

and recovery rather than at the 'whole population' end. It follows that we find those working in mental health promotion to be natural allies who have shared aims and outcomes for their work. Whilst there is some overlap (especially around the 'risk groups' and 'recovery' areas) it could be suggested that mental health promotion is better placed to focus more at the whole population end of this cycle.

Figure 1 The Cycle of Distress



The challenge then is to find ways of suicide prevention and mental health promotion working more effectively together, to avoid unnecessary duplication and to ensure that agencies play to their strengths. Indeed, in many cases this appears to be happening but would benefit from being more formally recognised and expanded across the UK and Ireland.

Ultimately, there can be little doubt that the ambition of suicide prevention and mental health promotion agendas are very strongly linked. If we can achieve a more open, tolerant and supportive society we will see important outcomes both in terms of well being and suicide reduction. However, we must not allow ourselves to simply hope that such work is complementary; it must be driven and it must be supported. The stakes are simply too high to do otherwise.

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# Developing a local suicide reduction programme: the Hull and East Riding approach

Evelyn Krasner, Public Health Lead, Public Health Directorate, Hull Teaching Primary Care Trust



The National Suicide Prevention Strategy of 2002 has provided both a broad framework and a sharp focus for

suicide reduction and mental health promotion activity across Hull and the East Riding. Originally we structured our local programme around the national strategy goals but over the past four years we have gradually refined our focus around five key themes: audit, training, hotspots, partnerships and the development of resources.

Our multi-agency Suicide Prevention Task Group was formed in 2003 with representation from PCTs, mental health services, 3 local prisons, police, the Coroner's service and the voluntary sector. We have had strong input from liaison psychiatry around self harm issues. We have been very fortunate to have had representation from Papyrus, preventing young suicide.

In addition to our Task Group meetings, we hold an ad hoc audit group to evaluate in detail ongoing audit findings; we have also held meetings to review our training focus and co-ordinate with allied training. We meet with partners outside our formal meetings to identify opportunities that can support the programme. We produce annual action plans that we monitor and report on as the year progresses. In March of this year we held a half day review of our local strategy, which many of our partners attended and this has helped us shape our priorities for the next 2 – 3 years.

The city of Hull and the rural county of East Riding have a long tradition of working together with only the most recent PCT reconfiguration separating out our once mutual health improvement programmes. We have many service providers in common and in particular we are jointly coterminous

with the Coroner's area of responsibility. It has made sense to work together, recognising the diverse influences across the patch, reflected in our audit findings. The rate of deaths (per 100,000 population) by suicide and undetermined injury in East Riding of Yorkshire, currently 8.6, has long mirrored that of England (8.3) while as might be expected the rate in Hull is much higher, currently 12.2, being the highest rate in the Yorkshire and Humber region. The latest ONS rates reported for 2006 do show a substantial improvement in Hull and if this continues will help to bring the 3 year rolling average down next year.

Locally our suicide audit has formed the lynchpin of our programme. We have now gathered 5 years of audit data, 2003 – 2007. Ongoing analysis based on a database similar to the national toolkit, has helped to identify key target groups, hotspots, and risk factors and has underpinned the formation of our annual plans. We have discovered a number of key issues that influence our programme, some of which reflect the national picture:

- few people are in touch with or make contact with helping agencies prior to their death
- while far more men than women take their own lives a much greater proportion of the women who die by their own hand are users of mental health services
- alcohol problems are strongly evident
- in over a third of our audited deaths a previous suicide or self-harm episode is identified.

In our audit of East Riding, older people with physical health problems form the predominant group, whereas in Hull young to middle aged men in crisis for a variety of reasons predominate.

Early on, three issues clearly emerged and have continued to take priority: development of

resources, training and reducing suicide at the Humber Bridge.

## Resources

We needed to make it more acceptable to seek help in crisis coupled with knowing how to find appropriate help. Our local helpline card was our first resource and was very well received. It hopefully acknowledges the reality of despair but also indicates the range of issues that can drive people to that despair. The card is linked to a website where help-seeking encouragement and more detailed information about services are available. Over 50,000 cards have been distributed to specialist services and general public locations and an update and reprint is currently in hand.

In the past couple of years Hull has seen an increase in minority ethnic populations, particularly asylum seekers and refugees. A supporting initiative has been developed targeting some of these communities with a card in key ethnic languages, encouraging contact with a GP for signs of depression. All GPs have been circulated with a poster alerting them to this card should someone attend their surgery using it to explain their need.

As a complementary resource we developed an electronic website directory of mental health information available in other languages and have made this available on line, as a support to our overall mental health promotion programme.

We continue in 2008 to develop resources: a short dvd aimed at men aged roughly 35 – 50, raising awareness of and encouraging openness about mental health issues and a suicide alert poster for GPs and primary care practitioners, the first of a number we may develop for specific service providers.

## Training

We needed to ensure that when people did seek help that the response they received was based on a sound model of intervention and engagement. As a result we have adopted the ASIST training programme, investing in the training of 3 local instructors and to date having trained over 200 local practitioners. We have been fortunate to find sufficient funding to make this training available free of charge and have targeted those services that reflect the key at-risk groups identified through our audit; drug and alcohol services, criminal justice system, long term conditions teams, pastoral and faith groups, voluntary sector services as well as mainstream health and social care providers.

In 2007, through an allied work stream in Hull, Mental Health First Aid training has been developed locally, with 4 local instructors trained and delivering local courses. In 2008 we

hope to bring the 'SafeTalk' training programme to our area. This is a half day version of ASIST aimed more at non-specialist services and the general public, to give people the confidence to engage with someone expressing suicidal thoughts and guide them to appropriate help.

### Humber Bridge partnership.

For the past 4 years we have worked in partnership with the Humber Bridge Board and Humberside Police to monitor and review suicides from the Humber Bridge, not just a local issue as people have been drawn to this bridge from across the country as their location of choice for taking their life.

Gradually through the provision of evidence related to action at hotspots, particularly bridges elsewhere, and with the support of the Bridge Master who has undertaken his own research including that of possible engineering redesigns, the Bridge Board has

agreed to double the height of the parapet and this will be achieved over the next two years. This initiative encapsulates how wide the suicide prevention agenda is and how significant partnerships can positively impact on achieving our mutual goals.

We are not sure if all these initiatives will finally result in a 20% reduction in deaths by suicide and undetermined injury by 2010. But we are clear that the strategy is helping us to drive a coherent and co-ordinated programme of initiatives that will improve the help that we must provide to people lost in despair.

### Contact

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# CALM's award-winning work expands!

Jane Powell, CALM Chief Executive & Simon Howes: Merseyside CALMzone Coordinator

Trying to reach young men with messages about suicide prevention and positive mental health promotion is seen by many as, at best difficult, at worst impossible. How do you engage this audience and could it be possible to generate enough momentum to even get buy-in from celebs, businesses and the music industry? That's just what CALM, the Campaign Against Living Miserably, does...

When UK hip-hop star Dizzee Rascal agreed to donate a track entitled "Dean" to support a small charity dedicated to tackling suicide among young British men, the events of Bridgend in Wales had not yet unfolded. Now, as the tragic subject of suicide in young people has been brought into the national conscience, the single and CALM's work has had even more resonance.

The campaign is targeted at young men aged between 15 and 35 years because suicide is the biggest single killer of this group. We offer help, information and advice via a phone and web service. Anyone, regardless of age, gender or geographic location can call the line.

### Award winning

CALM's programme in Merseyside and East Lancashire recently won the prestigious North West Self Care Challenge

2008 in the mental health category. The awards, the latest initiative by Mike Farrar the Chief Executive of the NHS North West, are designed to recognise the ongoing self-care work carried out across the region.

Dr Janet Atherton, Sefton PCT and Local Authority, Director of Public Health, said: "We're thrilled to have CALM's work recognised by the Strategic Health Authority. Sefton PCT supports CALM as it offers specifically designed services around the needs of young men and gives practical help and emotional support, confidentiality, anonymity and convenience."

Our caller statistics show that nearly 70% of calls to our helpline are from men; with 60% of callers under the age of 35. Statistics which merely reinforce our own experience, that young men love the campaign.

### Creativity and Credibility

The CALM campaign is cool because our promotion is innovative and it is matched by an immensely practical, accredited, helpline service. It's national – we'll take calls from across England and Wales, and yet our national message can be locally focused and directed by local PCTs. CALM is creating a space where we can bring together mental health specialists, practitioners and commissioners on a mental

health project, which also brings in DJs and musicians, comedians and the coolest of companies like Topman, XL records, Cream and Metro.

Young men are at the heart of everything we do, designing the website, the materials, the ideas, making our ads, featuring in our ads. Our latest campaign – to secure £50,000 to match a Comic Relief Grant, is par for the course. The money raised will be used to launch new SMS texting and online one-to-one chat services.

We're asking 500 companies to donate £100 each and get their logo on a t-shirt used in an attempt to set a new world record on the number of T-shirts worn. With the backing of comedy legends Steven Merchant and David Baddiel and Metro newspapers the appeal has already secured £10,000, creating win-wins for people like Oli:

*"I watched the Merchant/Baddiel video, laughed and thought, for £100, it's for a great cause and a bit of nice publicity for Inbox. So everyone's a winner! Hope it does well, cos it deserves to. Simple idea, good use of the celebs and a brilliantly stupid world record attempt."* Oli Christie, Creative Director, Inbox Ltd

Our service is rooted in research showing that young men want to be able to identify with the help that's offered; are looking for practical help and information in addition to emotional support; and want a service open at a time which suits them, which is confidential, professional and anonymous.

### Local Work

Our newest CALMzone is E Lancs, where we are working within Accrington, Burnley and Pendle to encourage young men locally to seek help when they're down or depressed. This is developing differently again, embracing the local needs and infrastructures of each of the regions.

Our flagship CALMzone is Merseyside, funded by 5 PCT areas. This funding is used to employ the Merseyside CALMzone Co-ordinator, Simon Howes, and cover the costs of promoting CALM i.e. printing costs, advertising, distribution etc within the CALMzone.

Less than 12% of the regional funding is given to CALM the national Charity. This money is put towards interactive service provision i.e. helpline, online help; and national overheads. A snip when you consider the costs of running a helpline, plus Merseyside receives massive added value with the national coverage the charity regularly secures!

Local work is guided by The Merseyside CALMzone Steering Group, made up of representatives from each of the funding PCTs plus individuals from the worlds of music and sport and meets quarterly. Set out below are some snippets from recent reports to the Steering Group:

- CALM info pages on local radio station website have attracted over 2000 viewings with the average viewing time still around the 90 seconds mark, easily long enough to read everything.
- Liaison with Lead Health Intelligence Managers to discuss collation of suicide data from across Merseyside. This will provide an opportunity to develop a new model of good

practice in this area.

- First installation of vinyl figures and information has been completed in the upstairs Live Lounge at the Fluid Bar in St Helens. Our plan is to roll out this project to venues across the region. Bringing together CALM's local designer Michael Snowdon, and local venues such as sports centres, record and clothing shops, this project will involve the installation of large and subtle vinyl graphics around the venues, in windows and on floors. We will be able to distribute booklets and are looking at options of making key rings etc from Michael's designs to bring each of the topics to life.
- We have just finished hosting "Chill Out Zones" in Liverpool John Moores University and Liverpool University Student Unions as part of their wellbeing and stress busting weeks. The Feedback has been excellent with hundreds of materials being distributed.
- We are working with Liverpool Hope University to have a Positive Mental Health day as part of their Freshers Week, involving lots of CALM materials and a CALM comedy lunch hour in the Student Union.
- SoundCity event – Liverpool is hosting a 4 day music industry event and we have been successful in our request to be the events official charity partner.
- HUB fest – CALM will be hosting it's chill out zone at this years event (17th-18th May) and plans to get coverage at Aintree's Rampworx skate park too.
- Sonica recordings – this new music service recently launched and promoted CALM as part of its launch gig. They have also offered to host online ads for CALM.

Mark Swift is the Health Improvement Specialist – Mental Health & Wellbeing for Halton & St Helens PCT. He says: *"CALM have played a pivotal role in supporting the implementation of the Mental Health Promotion Strategy for Halton and St Helens as 'Mental Health Champions' in tackling the stigma and discrimination associated with mental ill health."*

*CALM have also been supporters of the Electica music festival in St Helens and have forged good links with businesses and organisations relevant to young people in the area. The spin offs from this have included having CALM installations in local bars and clubs and music venues to raise awareness of CALMs work on Merseyside and to educate young people about mental health issues."*

CALM believes that if we're going to tackle suicide amongst young men we must think up-stream and challenge both society to stop expecting men to bottle up emotions and engage young men in a "lifestyle credible" campaign, encouraging them to open up.

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See what you think, have a peek at:  
[www.thecalmzone.net](http://www.thecalmzone.net) or [www.calm500100.co.uk](http://www.calm500100.co.uk)

# Providing Meaningful Care: Learning from the experiences of suicidal men to inform mental health care

Dr. Joanne Jordan, Lecturer & Principal Investigator, Queens University, Belfast. Dr. Sinead Keeney, Senior Lecturer, Institute of Nursing Research, University of Ulster. Professor Hugh McKenna, Dean of Faculty of Life and Health Science, University of Ulster. Dr Maria O’Kane, Consultant Psychiatrist, Belfast Health and Social Care Trust

## Suicide among young men

A substantial rise in suicide amongst young men throughout the developed world in the latter half of the 20th century has been well documented (Biddle et al., 2008; Stark et al., 2008; Morrell et al., 2007). In England and Wales, rates of suicide in men aged 45 and under doubled throughout the period 1950-1998; during the 1990s, rates for young men aged 15-24 reached an all time high, with suicide accounting for a fifth of all deaths in this age group (Biddle et al., 2008). However, the beginning of the 21st century has seen a widespread downturn in these rates so that, for example, by 2005, they were at their lowest level in England and Wales for approximately 30 years (Biddle et al., 2008). Significantly, rates of suicide amongst young men in Northern Ireland (NI) are an almost mirror image of those identified above. Thus, whilst they remained relatively static until the late 1990s, they then began a sustained increase as exemplified by a 104% increase in the suicide rate amongst young men aged 25-34 years during the period 1995-2005 (DHSSPS, 2005). Recent statistics suggest a continuation of this trend. Throughout 2004-2006, almost 77% of the totals deaths by suicide were male and almost 40% of these were aged 15-34 (NISRA, 2008).

This unprecedented rise in the suicide rate in Northern Ireland has prompted a number of government and other initiatives, all of which acknowledge the need for research to inform the development of policy as well as local-level service provision (DHSSPS, 2006). Such calls are particularly welcome given the nature of research which has dominated contemporary efforts to understand suicide. This has been rooted firmly in the scientific paradigm, with a concomitant emphasis on

quantitative methods and concern with prediction and control (McIntosh, 2002; Silverman, 1997). Although this research has been valuable in exploring the epidemiology of suicide, the body of knowledge that has resulted is far from unequivocal, with variation in, for example, identified risk factors, causal links and suggested methods of prevention (Althaus & Hegerl, 2003; Crowley et al., 2004). Indeed, Crowley et al. (2004) recently concluded that there is little evidence for a range of interventions in relation to youth suicide.

In terms of how this ‘evidence deficit’ might be addressed, a growing consensus has acknowledged suicide as a multidimensional, complex phenomenon and argued that such complexity needs to be reflected in interventions/strategies and associated research activity (CIHR/Health Canada, 2003; Maris, 1997; Shneidman 1997; Silverman, 1997). Thus, Maris (1997) has advocated increased methodological pluralism and inter-disciplinary working. Shneidman’s (1997) concern has been with the precise nature/focus of research activity, arguing that *“our best route to understanding suicide is not through the study of the structure of the brain, or the study of social statistics, or the study of mental diseases, but directly through the study of human emotions described in plain English, in the words of the suicidal person”* (Shneidman, 1997, p.24).

## Researching suicide among young men in Northern Ireland

The research currently ongoing in Northern Ireland is heavily informed by the thinking and concomitant research recommendations identified above. It thus aims to obtain a comprehensive theoretical understanding of the experiences of suicidal men aged 16-34 to underpin the provision of accessible, acceptable and appropriate mental health services.



The objectives of the study focus on eliciting the experiences of men (aged 16-34) of being suicidal and their understandings of what constitute meaningful care and; uncovering a theory-base that explicates the caring processes and other mechanisms of support that can help make 'a difference' to the care of the suicidal person.

The study is being undertaken in two areas in Northern Ireland in which the suicide rate among young men is at its highest. These areas are North and West Belfast, an inner city area experiencing relatively high levels of socio-economic deprivation and the Banbridge area, a market town and encompassing rural hinterland. The sample for the study is being drawn under four strands:

- (a) men aged 16-34 currently registered with statutory mental health services in North and West Belfast and in the Banbridge area and assessed as having high suicidal intent; access will be through the Belfast and Southern area Trusts which provide care to patients across a range of services including, for example, A&E departments and community mental health teams;
- (b) men aged 16-34 who have engaged with statutory mental health services in North and West Belfast and in the Banbridge area, been assessed as highly suicidal at some point during their care, and who have subsequently disengaged from these services; access will be through the Belfast and Southern area Trusts as well as local GP practices;
- (c) men aged 16-34 who are currently using a range of non-statutory / community organisations (e.g. local counselling groups); access will be through these organisations and through targeting the general population (see d), and;
- (d) men aged 16-34 who have not had contact with any statutory or non-statutory mental health and/or suicide care organisations; in the first instance, access will be through a range of media e.g. local/regional radio and newspapers. Depending on what the initial sample reveals (it may be the case that no-one comes forward through such calls) we will

begin to sample for (d) in other ways, including e.g. through local churches or further education colleges.

Data collection is currently ongoing and is due to be completed in September 2009. As a grounded theory approach (Glaser & Strauss, 1967) informs data collection and analysis, participants take part in an unstructured interview with highly trained researchers. These researchers are not only conversant in research interviewing but are also highly trained mental health nurses; their involvement helps protect both the participants and the research team. Becks Scale of Suicidal Ideation and Becks Hopelessness Scales are being used to define the sample and assess for high suicidal intention within the sample. Counselling is offered to each participant and information on a range of support organisations and networks is also provided.

**Contact**

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**If you are a young man aged 16-34 years and would like to participate in the study please contact:**  
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*The research is being funded by the Research and Development Office for Northern Ireland and is being undertaken jointly by Queens University, Belfast and the University of Ulster. Dr. Joanne Jordan is the Principal Investigator on the study and is based at Queens University. Professor Hugh McKenna, Dean of Faculty of Life and Health Sciences and Dr. Sinead Keeney are the key members of the team at the University of Ulster and Dr. Maria O'Kane is the clinical lead on the study and is based at Belfast Health and Social Care Trust.*

*A sister study is also being undertaken in the Republic of Ireland, led by Professor Chris Stevenson at Dublin City University.*

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# Promoting Emotional Health and Well being in Children and Young People

Dr. Sallie Bacon, Consultant in Public Health, Berkshire West PCT



New resources for commissioners and all professionals who work with children and young people have been produced by the Regional Public Health Group at the Government Office of the South East and published with support of the Children and Learners team.

While the resources were developed to promote an integrated well being approach to mental health services for children and young people across the South East, they have been widely peer reviewed nationally and are likely to be relevant to anyone interested in the emotional health and well being of children and young people.

The aim is to promote an integrated approach to service provision with an increased focus on prevention and early intervention to mitigate the effects of mental health disorders in children and young people.

## Introduction

One in ten children in the UK will develop a mental health problem before they reach sixteen. Conduct and emotional disorders are the commonest disorders and can have significant negative outcomes on mental and physical well being which may reach far into adulthood.

Vulnerable groups, such as children in care, victims of abuse and children with learning disabilities are more at risk and at least 25% of young offenders have a mental health disorder.

There are high costs to society associated with mental health problems in childhood- an individual with a conduct disorder is ten times the cost to society by the age of 28 compared to those with no disorder.

## Why the material was needed

There is strong inter-relationship between mental health and physical health and well being.

Poor mental health is often the underlying factor behind risky behaviour including smoking, substance and alcohol abuse and unsafe sexual activity. It can lead to a wide spectrum of adverse outcomes on an individual's future physical health, including an increased risk of early death in adulthood; educational and employment attainment; social functioning with an increase in bullying and anti-social and violent behaviour and it is associated with an increase in offending behaviour.

A regional needs assessment showed that conduct and emotional disorders are not well addressed by existing services and that there are relative gaps in preventive services.

We identified a need for a range of resources to assist

commissioners and those working with children and young people to develop integrated services, particularly including CAMHS (Children's and Adolescent Mental Health Services) I and II to deliver effective interventions to promote mental well being in vulnerable groups.

## What we did

We set up a multi-agency group who produced three resources:

- 1) **Fact sheet** – a background booklet 'Promoting Emotional Health and Well Being in Children and Young People', which is part of the SE Regional Public Health Group Information Series. It summarises the important public health issues and the national and local context in order to facilitate good practice at regional and local level.
- 2) **Guide** – a four page summary guide which focuses on effective interventions and commissioning in this complex area. The guide summarises the prevalence, risk factors, protective factors and the impact of conduct and emotional disorders. It presents the evidence of what works in prevention and early detection and describes a care pathway. The format is highly visual.
- 3) **Care pathway** – a one page stand alone laminated care pathway which shows how to identify children who may be at risk, what behaviours and signs suggest an underlying mental health problem and how to support these children and young people and when to refer.

The materials were widely peer reviewed by professionals from many disciplines working in CAMHS at a national, regional and local level, children's leads and commissioners, school nurses, teachers and colleagues in the youth justice system and the voluntary sector.

## How the resources can be used

The resources are aimed at a wide audience including Head Teachers, Healthy Schools leads, Community Paediatric Teams, Public Health and Health Visitor Leads, Children's Service Leads and Commissioners in Local Authorities and PCTs, CAMHS service leads, Youth Offending Team leads, the voluntary sector and all professionals working with Children and Young People.

The factsheet provides background information relevant to anyone with an interest in mental health and well being in children and young people. (The guide and care pathway are contained within the fact sheet as well as being produced separately).

The 4 page guide is primarily aimed at children's commissioners, service leads and practitioners to encourage

an evidence-based approach to the provision of Tier I and II CAMHS services with an emphasis on prevention and early intervention.

The care pathway is targeted at people working with children and young people who are not specialists in mental health, for example teachers, youth workers and health workers, to help them better identify and address problem behaviours and mental health problems in children and young people.

### Impact

The developed guide is informing national commissioning guidance on reducing sexual abuse in children and young people and has received interest from the CAMHS team and Youth Justice Board and the mental health programme within the Department of Health.

We hope that these resources will promote wider adoption of a preventive and early intervention approach to emotional wellbeing and mental health in children and young people. The evidence suggests that this will have an impact on reducing the long term sequelae of mental health disorders in individuals and the negative impacts on families and society by contributing to a reduction in antisocial and offending behaviour and the prevention of abuse.

### Contact

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## MODEL OF GOOD PRACTICE

# Mental Health Promotion Project – South East Region

**Setting:** Community

**Level of Action:** Individual, community, organisational

**Target Group:** Members of the mental health promotion/ suicide prevention network and clients/ groups they work with.

### Aims

- To commission, develop and evaluate 8 Mental Health Promotion Projects via the MHP/SP network in the southeast region
- To select projects according to the principles of Choosing Health, Making it Possible and the mental health and wellbeing model
- To select projects which demonstrate the principles of equality and diversity

### Background

- To develop a mental health promotion/suicide prevention network in order to cross fertilize knowledge and maximize the impact of these agendas across the region
- To offer opportunity for 8 projects to demonstrate change/impact of mental health promotion with very

limited financial resources in order to energise and motivate the wider network

- Minimum 7 MHP projects worth up to 3k each
- Increased motivation of the network
- Inspiration and cross-fertilisation of knowledge obtained from the experience of these projects
- Projects to be showcased at a regional wellbeing conference in 2008
- Development of web page.

### Programme

The Mental Health Promotion Project was an initiative designed by Care Services Improvement Partnership (CSIP) to stimulate new ideas, motivate and encourage new ways of working within the South East Mental Health Promotion/Suicide Prevention Network.

The three issues that were to be tackled through this project were:

- Reduction of stigma and discrimination
- Promotion of socially inclusive outcomes
- Links between national policies and local mental health promotion

/suicide prevention delivery

Members of the mental health promotion/suicide prevention network, working on the Mental Health Promotion agenda, were a group with excellent ideas about possible ways of working. They were invited to put forward their ideas for projects that would contribute to tackling any of the three issues above. A simple application form was provided and applicants were asked to describe:

- What is the problem you want to tackle?
- What is your idea?
- How will it make a difference?
- What do you need to make it happen (money, materials, support etc.)?

Projects needed to cost no more than £3000 and be deliverable over a five month period (by January 2008). Those projects which could demonstrate local support or match funding would be favoured.

The ideas that were received were assessed and the most interesting and innovative invited to present at the next network meeting, for peer review and initiation! The projects that were approved were given funding very quickly and with a

minimum of bureaucracy.

#### List of projects funded:

- Head Space: Help for young People With Psychosis
- Experience In Mind Project
- No Limits, Safe House
- Secondhand Bicycles
- Stigma – Psychosis
- The Friendship Zone
- Phoenix Transgender Support Group
- Williams Group.

#### Dissemination

A Wellbeing conference in April 2008 was used to showcase the outcomes and learning from both the Mental Health Promotion Projects and the SMILE Projects (see last issue of the Update). The Big A-Fayre provided a market place 'Bazaar' of stalls where people displayed their wares and chatted to people about their

projects. Throughout the day, people could attend a variety of workshops (or 'Innovation Illustrations') to whet their appetite and gain more information on innovative approaches to Well Being.

The knowledge shared on the day and contacts made were a way of hopefully continuing to improve Health and Well Being in the future and inspiring more innovative work.

#### Outcomes

Outcomes from each individual project have not been fully gathered yet, but will be in due course.

One of the outcomes from the overall exercise is the setting up of the Market Place – an exciting new initiative taking place in the South East. The South East development Centre are in the process of creating a virtual 'Market Place' to help endorse

and support groups, projects and companies in the region. As the site develops it will become a key resource for groups in the South East helping to facilitate networking and the sharing of good practice amongst the people at the forefront of health and social care.

#### Contact

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**To visit the Market Place go to:**  
[www.southeast.csip.org.uk/resource/s/publications--resources/the-market-place.html?keywords=market%20place](http://www.southeast.csip.org.uk/resource/s/publications--resources/the-market-place.html?keywords=market%20place)

## MODEL OF GOOD PRACTICE

# Suicide Awareness Training Programme

**Setting:** The project took place in village halls, hotels, hospitals, community buildings, PCT properties, a mixture of deeply rural venues and larger market towns.

**Level of Action:** The level of action involved all of below:

#### Individual

We attempted to access those in rural communities that could act as a knowledge hub, passing on the training to others: WI members, community nurses, youth club workers, anyone of any age who lived or worked in a rural setting. The initial aim was to target vets and farmers and those with an immediate connection to agriculture, but it proved particularly difficult to get hold of farmers, who were too busy to give up a day for training, so we widened the net to include the people that have access to farmers, and others living and working in rural areas. Our aim was to have as many

grass roots people there as possible.

#### Community

We spaced our training throughout Leicestershire and Rutland and Leicester City. Although our aim was the rural community, we held three sessions within Leicester City for voluntary and statutory people, and those working in some capacity in mental health. The reasoning behind that was that many people work in the city but live in rural areas, and people that are trained in mental health in the city will work eventually in rural areas.

So, by covering the city with a small amount of the training, we were still "covering" rural areas. The rest of the areas were chosen for either their remoteness, or the fact that they were a rural hub, for example market towns, and we tried to distribute the training equally throughout the regions.

We also targeted other occupational groups, by giving training to RAF

Cottesmore, Faith Groups and Park Rangers. We also did two shortened workshops to BME groups in Leicester City, as a suicide hotspot had been identified there.

#### Organisational

Organisations were also targeted in each area. In areas that were slightly bigger, the biggest employees, such as a local council, or independent business, supermarkets etc, would be targeted and within them, we targeted the areas that were dealing with vulnerable people, such as housing, benefits, community officers, youth workers etc. In smaller places we ensured we had as many voluntary support groups represented as possible, so we had a mixture of carers groups, youth organisations, rural befriending organisations, farming crisis volunteers, citizens advice bureau etc. We also had a fair number of mental health workers from different areas, and community development workers.

**Target Group:** Our target groups were owners, occupiers and workers on the land, people who run small businesses and their employees and farmers and agricultural workers.

The counties of Leicestershire and Rutland are traditionally agriculturally focused, and the decline of various sectors within agriculture are leading to enduring hardships, so there was a need to make training accessible on mental health and suicide awareness to farmers as a high risk group.

However, given that around 20,000 people leave farming each year, that also means that there is an increasing number of people living in rural communities but having nothing to do with farming, but still being of a higher risk just because they are living in rural areas and more isolated.

#### Aims

- To promote participants' awareness of suicide and suicide behaviour at a local level
- To lower the stigma attached in seeking help on mental health issues
- To highlight why someone may want to take their own life (risk factors)
- To get participants to consider their own beliefs and attitudes towards suicide and suicidal behaviour
- To examine how they might be able to help another person who may be at risk.

#### Programme

In consultation with Dr Martin Anderson from the University of Nottingham/NIMHE (EM) and Dr Keith Waters from Derby NHS/NIMHE and backed by CSIP, a training programme and package was developed covering:

- 1) Suicide and suicidal behaviour – risk factors
- 2) Myths about Suicide
- 3) Recognising Risk factors
- 4) Helping (interpersonal)
- 5) Helping (Advice)

In six sections over one day we thus covered:

- Attitudes – own and others
- Myths
- Facts – what we know
- Self harm
- Risk factors
- What protects/helps

Our facilitators were drawn from those working within mental health and working for PCTs or other similar bodies, and those that had a particular interest in suicide, such as mental health workers, lead consultant clinical psychologists, regional fellow in suicide prevention etc. They largely volunteered their time, doing an average of three sessions in a year, and their contribution to the level of the training and thus the understanding achieved by those that attended was invaluable.

We held 20 training sessions over 2 years, and trained approximately 20 people at each session. It was capped at this figure because we felt 20 people per session kept it at a more intimate level, where people could feel comfortable sharing their experiences; and because initially we had a service user addressing each training event and we did not want to overwhelm her. We also provided resource packs for each person attending containing copies of the training slides, useful telephone numbers, articles on depression, anxiety, hearing voices, bullying, mental health leaflets and local leaflets from voluntary organisations that might be of help (around 10 in each pack).

#### Proven Outcomes

Each training session was covered by feedback forms which were later analysed by an independent researcher. Also, a selection of course participants was subsequently telephoned and answered a questionnaire about the training.

Findings from the evaluation forms handed out after the training were overwhelmingly positive. 283 forms were completed over 19 sessions. Over

90% of participants agreed the course had met all its key objectives. There were far more positive responses than suggestions for how the training could be improved. 118 participants mentioned that they had found the content of the training inspiring, thought provoking and useful.

When asked how the training could be improved, most of the people who commented (42) said that the training could not be improved and that this question was not applicable.

Most participants valued the teachings of the course, knew where their information pack was, and were prepared to use it when needed. Around three of the participants said the Suicide Awareness Training was one of the best courses they had ever been on.

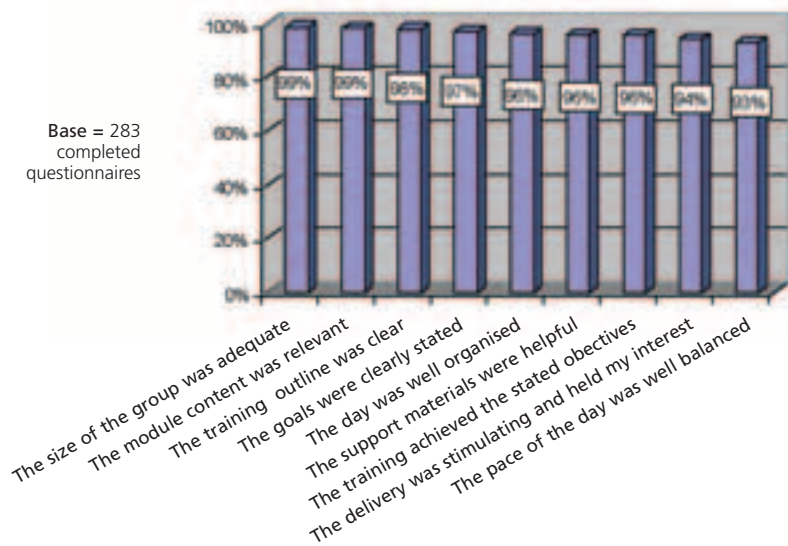
Following this fantastically successful training, we have been asked to put forward a proposal to provide training for Leicester City, and are currently redesigning the training to include the risk groups and triggers of the urban environment. We are also shortening it so it is more accessible to those that cannot give up a whole day.

We will be looking at ways of rolling out training over the whole of the East Midlands, as we seem to be providing something that is very much needed and appreciated and that is not being covered elsewhere. As each authority has to have local arrangements to lower the suicide rate by 20% by 2010 we would hope that the authorities/PCTs in the region would team up with us to continue what is now a proven successful training.

We hope PCTs will continue their support, as in Leicester, by providing volunteer clinicians once a month from within the mental health sector to be facilitators on training in their area. Rural Community Action Network RCAN (previously called ACRE – Action for Community Rural England) represents all of the Rural Community Councils within the East Midlands and has voted to back our plan and help to bring the training to rural areas of the East Midlands.

## Suicide awareness trainee evaluation scores

Base = 283  
completed  
questionnaires



### Contact

This training was developed by the Rural Stress Support Team at the Rural Community Council (Leicestershire & Rutland) and the Suicide Prevention Steering Group for Leicester City, Leicestershire & Rutland

If you are interested in having this training in your area, please contact:

**Nickie Philbin**, Social Inclusion Officer for Leicestershire and Rutland, Rural Stress Support Team, Rural Community Council, 133 Loughborough Road, Leicester LE4 5LQ

t: 0116 268 9712

e: [nphilbin@ruralcc.org.uk](mailto:nphilbin@ruralcc.org.uk)

## MODEL OF GOOD PRACTICE

# Bacup Road Resource/ Recovery Centre – Under 35's Group

**Setting:** Community

**Level of Action:** Community, Organisational

**Target Group:** Individual, organisational

### Aims

- To provide a service in the community which meets peoples needs, challenges negative perceptions and provides people with the skills and confidence to lead independent lives
- To deliver a 'person centred approach' which is pro-active in aiding people to realise and reach their potential and goals.

### Programme

Bacup Road Resource/ Recovery Centre is situated in the centre of Rawtenstall in the heart of Rossendale, uniquely the only one of its kind. For the past 18 years it has hosted support to adults with

enduring mental health issues, working in unison with the Community Mental Health Team and the National Health Service Trust. We offer daily support, essential to wellbeing and recovery.

In 2006, the service undertook an extensive review of its current service provision and surveyed our achievements. Realising we were receiving more referrals for younger Service Users we then examined our approaches; coming to the conclusion that if we were to have any effect on preventing their long term involvement within Mental Health Services it was essential that we find a method of attainment that gave them and us a successful outcome.

In September 2006 we established the 'Under 35's' Group, to provide a service in the community which meets peoples needs, challenges negative perceptions and provides people with the skills and confidence to lead independent lives. In researching this service we found that common aspirations within the

targeted group were:

- Age appropriate fun provision
- Peer support
- Social activities and opportunities
- Educational development
- Coping strategies
- Steps to employment
- Information gathering skills.

In order to achieve this, staff and Service Users have been involved with developing partnerships and networks within the borough to break down barriers and expand opportunities. Service Users are encouraged to direct the development and implementation of activities and day-to-day and long term goals. With the help of the Service Users we hosted a seminar to promote the provision within the Rossendale area and build links with local organisations.

The service is accessible every Tuesday from 9-3pm. The programme of activities is decided with Service User consultation on a monthly basis and reviewed appropriately. Currently, the

structure of the day consists of fun social inclusion opportunities in the morning session and an educational session in the afternoon, which is facilitated by Accrington and Rossendale College. After completing community courses, we are in discussion with Accrington and Rossendale College to deliver courses in a mainstream setting with initial support from staff.

#### Outcomes

All members of the 'Under 35's' undergo a review of participation every 6 months to ensure that goals are met and dependency is discouraged.

A number of service users are now socialising in their own time and environment with peers that they

have met through this service provision. A service user who attended 'Under 35's' for approximately 12 months before turning 35 now attends mainstream college courses independently.

*"Attending the under 35's college courses gave me the confidence to attend college by myself, before this I used to sit at home on my own, not knowing what to do with my time."*  
Ex Under- 35's member.

Through mainstream social inclusion activities, participants have become more motivated to embark on healthier lifestyles. Education opportunities supplied within the service have provided the knowledge and skills to promote healthier lifestyle changes with success.

*"Attending these courses has been helpful and I have learnt a lot about the value of living a healthy lifestyle. I now attend a gym and have a more balanced diet which has aided my weight loss. I feel that the information I have gained from this course will help me in the future."*

#### Contact

**Bella Taylor and Jodie Kimmance**  
Under 35's, C/O Bacup Road  
Resource/ Recovery Centre, 166  
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Rossendale BB4 7PA  
t 01706 225833  
e: [Bella.taylor@ssd.lancscc.gov.uk](mailto:Bella.taylor@ssd.lancscc.gov.uk)  
e: [Jodie.kimmance@ssd.lancscc.gov.uk](mailto:Jodie.kimmance@ssd.lancscc.gov.uk)

## NEW AND EVENTS

### Capita's 4th Annual Child Poverty Conference

**When:** Wednesday 16th July 2008

**Where:** Central London

As we near the 2010 target to reduce child poverty in the UK by 50%, it is clear that there are many challenges to overcome in order to reach this milestone, and the ultimate goal to eradicate child poverty by 2020. Capita's Child Poverty conference addresses the key issues in meeting these challenges through a series of expert sessions focusing on:

- Latest Government policy on ending child poverty including funding commitments, delivering pilot projects and a commitment to meeting the 2020 targets through the cross-Governmental Child Poverty Unit
- Ensuring access to quality affordable childcare to help families out of poverty
- Engaging employers and providing employment opportunities

to parents and the underemployed

- Identifying local approaches that tackle key indicators and causes of poverty
- Identifying and meeting the needs of lone parents and families in vulnerable circumstances including families with disabled children
- Successful local partnership approaches to tackling child poverty – building a robust strategy to address multiple areas including worklessness, childcare and engaging employers.

This conference is supported by the Child Poverty Action Group, One Parent Families/Gingerbread and End Child Poverty.

#### Contact

**David Moffat**, Capita Conferences  
e: [david.moffat2@capita.co.uk](mailto:david.moffat2@capita.co.uk) t: 0207 808 5293

## NEW AND EVENTS

### Capita's 6th National Children's Centres Conference

**When:** Thursday 17th July 2008

**Where:** Central London. Plus Two Half-Day Workshops.  
Financially Sustainable Children's Centres. Tuesday 15th July 2008 – Manchester. Wednesday 16th July – Central London

Independent research has recently highlighted the benefits that effective Children's Centres can bring to the lives of children and their families. Capita's 6th National Children's Centre Conference will look at best practice and examine successful strategies to ensure continued improvement and development.

Expert speakers, panel discussions and interactive stream sessions will address key issues and challenges such as:

- Child Poverty and health inequalities
- Governance models
- Partnership and multi-agency working
- Engaging hard to reach groups
- Developing sustainable centres
- Intensive family support

- Impact of the extended and flexible entitlement.

Take the opportunity to exchange ideas with key speakers and peers. Learn from those who share your commitment to placing Children's Centres at the forefront of policies and practices that provide every child with the best start in life.

**Benefits of Attending include:**

- Understand the role of Children's Centre in fighting child poverty
- Hear from a Beacon Status Authority on strategies for making health services available to all
- Benefit from service user advice on engagement, service delivery and participation of hard to reach groups
- Consider the effects of different governance models on Children's Centres
- Learn about best practice from successful local partnership and

multi-agency working examples

- Exchange idea on early intervention and family breakdown in an interactive session.

**The Sustainable Children's Centre Workshop**, being run in both Manchester and London, will examine a range of funding opportunities and partnerships to help sustain quality services, learn how to assess and manage risks in a changing economic climate, and allow you to take away good practice advice to aid your strategic sustainability planning.

**Contact**

**David Moffat**, Capita Conferences  
e: [david.moffat2@capita.co.uk](mailto:david.moffat2@capita.co.uk) t: 0207 808 5293

**NEW AND EVENTS**

## 12th European Symposium on Suicide and Suicidal Behaviour (ESSSB12)

**When:** 27 – 30 August 2008

**Where:** Glasgow

The conference aim is to promote cutting edge research, to stimulate new thinking, to share insights and expertise, and to enhance mutual learning between science, policy and practice. ESSSB12 will appeal to anyone with an interest in understanding

the suicidal process, from prevention to postvention and from policy to crisis intervention.

**Contact**

[www.esssb12.org/index.htm](http://www.esssb12.org/index.htm)

**NEW AND EVENTS**

## By Employers, For Employers MINDFUL EMPLOYER Conference

**When:** Thursday 25 September 2008

**Where:** Thistle Hotel, Exeter

For business directors and owners, HR and Occupational Health professionals, CEOs and line managers, the MINDFUL EMPLOYER conference provides an opportunity to explore, learn about and discuss issues affecting the mental wellbeing of all employees.

Speakers include Dame Carol Black, Susan Scott-Parker (Employers Forum on Disability), John Hamilton (Bradford & Bingley plc) and there will a wide range of workshops together with some drama.

Cost: £105 per person (£15 discount for employees of Charter signatories)

**Contact**

**Richard Frost and Lynn Aggett**, WorkWAYS, King Street Business Centre, 7-9 King Street, Exeter EX1 1BQ t: 01392 208839 (direct) or 01392 208833 [www.mindfulemployer.net](http://www.mindfulemployer.net)  
[www.mindfulemployer.net/Conference.html](http://www.mindfulemployer.net/Conference.html)

**NEW AND EVENTS**

## First World Social Marketing Conference

**When:** 29 – 30 September 2008

**Where:** Brighton

The National Social Marketing Centre, in partnership with the University of Lethbridge and the Chinese University of Hong Kong, are pleased to announce the first World Social Marketing Conference, where delegates, exhibitors and speakers from around the world will meet to discuss the application of social marketing. The conference will be opened by Philip Kotler, who has led the way in defining and applying social marketing since

he first used the term in 1971.

The Conference offers the opportunity for policy makers, practitioners, and academics from across the world in different sectors to share their work, learn from each other and debate the ongoing development and application of social marketing.

**Contact**

<http://tcp-events.co.uk/wsmc/>

## USEFUL WEBSITES

Age Concern England – [www.ageconcern.org.uk](http://www.ageconcern.org.uk)  
Care Services Improvement Partnership (CSIP) – [www.csip.org.uk](http://www.csip.org.uk)  
Clifford Beers Foundation – [www.cliffordbeersfoundation.co.uk](http://www.cliffordbeersfoundation.co.uk)  
Department for Children, Schools and Families – [www.dfes.gov.uk](http://www.dfes.gov.uk)  
Department of Health – [www.dh.gov.uk](http://www.dh.gov.uk)  
Depression Alliance – [www.depressionalliance.org](http://www.depressionalliance.org)  
Disability Rights Commission – [www.drc-gb.org](http://www.drc-gb.org)  
Every Child Matters – [www.everychildmatters.gov.uk](http://www.everychildmatters.gov.uk)  
Faculty of Public Health – [www.fph.org.uk](http://www.fph.org.uk)  
Health First – [www.healthfirst.nhs.uk](http://www.healthfirst.nhs.uk)  
The Kings Fund – [www.kingsfund.org.uk](http://www.kingsfund.org.uk)  
Local Government Association – [www.lga.gov.uk](http://www.lga.gov.uk)  
Manic Depression Fellowship – [www.mdf.org.uk](http://www.mdf.org.uk)  
Mental Health Care (IOP, SLAM and Rethink) – [www.mentalhealthcare.org.uk](http://www.mentalhealthcare.org.uk)  
Mental Health Foundation – [www.mentalhealth.org.uk](http://www.mentalhealth.org.uk)  
Mental Health in Later Life (MHF) – [www.mhilli.org](http://www.mhilli.org)  
Mental Health Media – [www.mhmedia.com](http://www.mhmedia.com)  
Mind – [www.mind.org.uk](http://www.mind.org.uk)  
MINDFUL EMPLOYER – [www.mindfulemployer.net](http://www.mindfulemployer.net)  
National Social Inclusion Programme – [www.socialinclusion.org.uk](http://www.socialinclusion.org.uk)  
New Economics Foundation – [www.neweconomics.org](http://www.neweconomics.org)  
NIMHE – [www.nimhe.csip.org.uk](http://www.nimhe.csip.org.uk)  
NIMHE Knowledge Community – <http://kc.nimhe.org.uk>  
Rethink – [www.rethink.org](http://www.rethink.org)  
Royal College of Nursing – [www.rcn.org.uk](http://www.rcn.org.uk)  
Royal College of Psychiatrists – [www.rcpsych.ac.uk](http://www.rcpsych.ac.uk)  
Sainsbury Centre for Mental Health – [www.scmh.org.uk](http://www.scmh.org.uk)  
Samaritans – [www.samaritans.org.uk](http://www.samaritans.org.uk)  
Sane – [www.sane.org.uk](http://www.sane.org.uk)  
Shift – [www.shift.org.uk](http://www.shift.org.uk)  
Social Care Institute for Excellence – [www.scie.org.uk](http://www.scie.org.uk)  
Together – [www.together-uk.org](http://www.together-uk.org)  
UK Public Health Association – [www.ukpha.org.uk](http://www.ukpha.org.uk)

## Mental Health Promotion Update

This newsletter is produced to reinforce the aims of the White Paper Choosing Health 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. Each issue also includes details of models of good practice, information on upcoming events and conferences and further contacts for organisations supporting the promotion of public mental health.

The next issue will look at inequalities, poverty and mental health, including employment and mental health issues. If you are interested in including something in this or future editions of Mental Health Promotion Update please contact John Scott on email: [john.scott@dh.gsi.gov.uk](mailto:john.scott@dh.gsi.gov.uk) or Mary Tidyman on email: [marytidy@hotmail.com](mailto:marytidy@hotmail.com)

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

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

