

NIMHE MENTAL HEALTH PROMOTION *update*

November 2005

Gateway Reference
Number 5654

EDITORIAL

Jenny Bywaters
Director of Public Health at NIMHE

Welcome to the latest edition of **Mental Health Promotion Update**. We continue our themed approach with an edition that focuses on mental health promotion in children and young people.

Last time we focused on parenting and the early years: now we move on to the next stage in the life cycle. Education is compulsory in this country, and schools therefore provide a setting which affects every child. I am pleased that in this edition we feature an article by Christine McInnes and Gill Taylor on the promotion of emotional health and well-being in schools through the National Healthy Schools Programme and the Primary and Secondary National Strategies. We also feature a profile of Professor Al Aynsley-Green, recently appointed as Children's Commissioner for England, plus a number of other interesting articles which focus on children and young people.

Five year's on from the National Service Framework (NSF) for Mental Health, we have seen great strides in the development of mental health promotion strategies. The recent public health White Paper *Choosing Health* makes it clear that the government remains committed to ensuring that standard one of the mental health NSF is fully implemented, and Chapter 3 on Children and Young People-starting on the right path makes explicit its aim to "support all children and young people to attain good physical and mental health".

On 19 October, NIMHE published "Making It Possible: Improving mental health and well-being in England". This guidance is designed to provide support to those currently working across all sectors to promote the mental health and well-being of the whole population, and identifies nine key areas in which there is a strong case for action based on evidence of effectiveness. Two of these are parents and early years, which we considered in the last edition of *Mental Health Promotion Update*, and schools, which feature prominently in this edition. Other key areas impacting on adults and older people will be addressed in future editions

Finally, a reminder that your input to this newsletter is very welcome. If you wish to contribute, please contact Angela Fletcher on 020 7716 6762 or email angela.fletcher@mentality.org.uk

PROMOTING PUBLIC MENTAL HEALTH

Making it Possible: improving mental health and well-being in England

19 October saw the launch of *Making it possible: improving mental health and well-being in England* at a conference in Manchester, organised jointly by NIMHE's North West Development Centre and Pavilion Publishing. *Making it possible* was commissioned by NIMHE, with advice from the National Advisory Group on Mental Health Promotion, and developed by Dr Lynne Friedli in association with the Mental Health Foundation. The document is designed to assist people who work in local communities to raise the profile of public mental health and to help focus their efforts on the activities which are most likely to make the most impact.

Copies of the document can be ordered on NIMHE's website www.nimhe.org.uk or contact: John.Scott@dh.gsi.gov.uk



In this issue . . .

- Profile of Professor Al Aynsley-Green; Children's Commissioner for England
- Embracing all children – Promoting emotional health and well-being in schools
- The Difficulties and Needs of Children of Parents with Mental Illness; by Alan Cooklin.

CALLS FOR HELP

Examples of good practice?

The Mental Health Foundation is starting a new programme of work on mental health promotion, with a particular emphasis on evaluation. The initial areas of attention include mental health impact assessment, economic evaluation of promotion initiatives, and evaluating long term impacts of school and parenting based interventions. The Programme Director, Jonathan Nicholls, would welcome examples of good practice in these areas – please contact him on jnicholls@mhf.org.uk

CAMPAIGNS

'Access All Ages' launched on World Mental Health Day

Mind launched 'Access all Ages', its new major campaign, on 10th October 2005. This campaign aims to address what Mind perceives as the worrying neglect of older people's mental health needs, with particular focus on the cut-off of services available when people reach the age of 65, the lack of treatment choice for older people, age discrimination by GPs including lack of information given about medication, the lack of any specific suicide prevention policy for older people despite the high suicide rates for over 55s. Mind hopes 'Access All Ages' will address these issues and increase the profile of the experiences of older service users.

For further information, contact Ruth Goldsmith at r.goldsmith@mind.org.uk

Questionnaire on children's mental health promotion initiatives in London

The King's Fund would like you to complete their online questionnaire if you are involved in a project or initiative (school or community-based) that specifically includes in its stated aims, actively promoting or improving the mental health and/or emotional well-being of children aged 5 to 11 years.

Examples of projects might be:

- projects within the 'Healthy Schools' scheme
- befriending or mentoring schemes
- 'circle of friends' or 'circle time' approaches
- anti-bullying initiatives
- parenting skills workshops
- sports, drama or arts clubs or activities where the promotion of mental health/emotional well-being is a stated aim.

This is NOT an exhaustive list. The King's Fund wish to capture information about the broad range of work with 5 to 11 year olds in the area of mental health promotion. If in doubt about which projects and initiatives to include, please tell us anyway!

For more information please visit www.kingsfund.org.uk



PUBLICATIONS NEWS

Youth Voices and Emotional Health – A DVD and CD Training Resource

This resource was developed as a way of bringing young people more directly into the training environment. The DVD, produced by The Rural Media Company, contains short film clips of sensitively conducted interviews in which young people talk openly about the experiences that have contributed to their positive and negative emotional health. They bring a wealth of information into the training room to engage and stimulate learners. Trainers will be able to photocopy and adapt the materials to use in a wide range of courses.

Topics include: childhood experiences; isolation; anger and lashing out; self-harm; and relationships with adults, teachers, counsellors and psychiatrists.

The CD contains a choice of training exercises for each of the eight sections of the film.

It includes:

- Training exercises with tutor notes
- Students handouts and
- Transcripts of the 8 sections of the film.

The author, Dorothy Eddi Piper, is a trainer, supervisor and counsellor with many years experience of training and of direct work with young people. She is Principal Coordinator; Mental Health and Youth Participation, at TSA and manages the Youth Voice projects which created this resource.

Available, cost £42 + VAT, from TSA Publications, 23 New Road, Brighton BN1 1WZ

Tel: 01273 693 311, or www.tsa.uk.com

Feeling Good: Promoting children's mental health

mentality have developed a new resource aimed at enabling parents to promote and develop the mental health of their child(ren) aged 4 to 7 years. The activity sheets will encourage and give parents the means to introduce subjects that are often difficult to raise such as the death of a grandparent, bullying, feeling left out and alone, as well as starting discussions about positive issues – how their children feel and how they think other people feel and how their child(ren) might deal with challenges and new situations. They will also help parents to help their child(ren) positively explore friendships, build individual resilience and develop coping strategies. This resource was supported by the Calouste Gulbenkian Foundation and the Shift Campaign.

For more information, please contact Angela Fletcher at angela.fletcher@mentality.org.uk or for a free downloadable version visit www.scmh.org.uk or www.shift.org.uk

New Guidelines about Dementia

The Mental Health Foundation has produced three new guides about dementia. Two of the guides are written for people with a diagnosis of dementia and those who care for them and are specifically about the early stages of the condition. The third is for children and young people. The guides aim to de-mystify what it means to live with dementia and sensitively address key issues. They cover all the basic facts a person needs to know and give advice on practical and emotional support, planning for the future and tips for coping.

For further information or hardcopy leaflets call the publications order line on 0207 803 1101 or to download .pdf version visit www.mentalhealth.org

Putting Participation into Practice

Putting participation into practice, a guide for practitioners working in services to promote the mental health and well-being of children and young people, is now available to read, in full, online at www.youngminds.org.uk





PROFILE

Professor Al Aynsley-Green
Children's Commissioner,
Department of Health

Professor Al Aynsley-Green was appointed as the Children's Commissioner for England in March 2005 and worked part-time in the role until formally taking up the post on 1 July 2005. Before that he was National Clinical Director for Children at the Department of Health, and also Nuffield Professor of Child Health at the Institute of Child Health, University College London, and at the Great Ormond Street Hospital for Children NHS Trust.

He has been a champion for children throughout his professional life. His leadership of the Children's National Service Framework (NSF), 'Getting the right start', shows how determined he is that the health sector should work closely with others for the benefit of children and young people. He is deeply committed to improving the lives of the most vulnerable children in our society, such as disabled children.

Emotional well-being and mental health are key priorities within children's overall health, as expressed in Standard 9 of the Children's NSF. There exists a huge burden of mental health issues for children and young people in society, and mental health has a high profile and clear priority for work over the next ten years. Having got an excellent policy in place, the imperative now is how to make it happen and this will be a key role for the Children's Commissioner.

Q. What are the key national strategies that can promote the positive mental health of children and young people and what is your role in supporting them?

A. Key strategies are the Children's NSF and the wider 'Every Child Matters: Change for Children Programme', of which the NSF is an integral part, which is a new approach to the well-being of children and young people from birth to 19 years. Five key outcomes form the foundation of this programme: Be healthy; Stay safe; Enjoy and achieve; Make a positive contribution; Achieve economic well-being.

The Commissioner can add value to the debate by general awareness raising and flying the flag for the importance of children and young people's resilience, emotional well-being and mental health. It also has a role in raising important issues about children and young people in society, and ways to engage with parents and families as well as children and young people themselves.

Q. What determinants affecting the mental health of children and young people do you feel you will be able to have most influence over?

A. The roots of emotional well-being and mental health lie in the earliest phases of life, in the newborn and early infant period. The importance of love in wiring the brain for subsequent stability should not be underestimated. Prevention of mental health difficulties can be achieved through early bonding, early love, secure attachments to caring adults, and promoting ways of recognising the feelings of others.

Families and schools need support so they can help young people to

develop feelings for others, which is at the heart of prevention of antisocial behaviour and bullying. For example, the Canadian national Roots of Empathy Programme led by Mary Gordon, is reducing childhood aggression by teaching emotional literacy to young children and fostering in them feelings of empathy. The classroom-based programme encourages young victims of childhood violence to recognise and manage their own emotions and correctly interpret and respond to others. The programme teaches 3-14 year olds the affective side of parenting. Each class 'adopts' a baby for the year and learns to interpret and verbalise the baby's emotions and needs from its sounds and movements. (www.rootsofempathy.org/Home.html).

We need to recognise the range of work taking place in many schools in England through circle time and other programmes to promote empathy. Most primary schools are developing their children's social, emotional and behavioural skills through subjects such as PSE/PSHE and Citizenship. The DfES is developing the SEAL Programme (Social and Emotional Aspects of Learning) which emphasises the importance of emotional literacy and offers a whole-curriculum framework for teaching these skills. There are seven themes: New beginnings, Getting on and Falling out, Bullying, Going for goals, Good to be me, Relationships, and Changes.

One of the determinants of mental health that is top of the Commissioner's post bag from young people is bullying. Children want bullying stopped, and the Children's Commissioner is working on this and can make a contribution. Schools need to listen to children's experiences of their journey through bullying – as either the bully or the bullied. Also we all need to look at ourselves as adults and consider the role models we provide for children with regard to bullying. Society currently views bullying by adults as perfectly acceptable so long as they are successful in their professional lives.

Q. Do you believe that the role of Children's Commissioner will make sustainable differences to the public mental health of children and young people and the communities they live in? And if so, how?

A. One way to achieve sustainable changes is through a fight for resources – by acknowledging hard facts about what is happening to services and arguing a political case locally and nationally for resources for children and young people. Those who commission services need to be challenged to consider what it is like to be a young person with a mental health problem. This could lead to an end to such inappropriate practices as young people in inpatient facilities being nursed in adult wards. We need to be much more effective in our political advocacy for the needs of children and young people.

Q. How do you see your role in empowering children and young people to promote their own mental health and emotional well-being?

A. The Children's Commissioner can give a voice to children and young people, and enable the views, interests, needs and rights of children and young people to be expressed. We need to be inclusive of all communities, including children from ethnic minorities and disenfranchised groups such as deaf children, young people from traveller or asylum seeking families, young people in prison, homeless young people – all these groups have important mental health issues which are, by and large, not being addressed. The key is participation – actively engaging young people in decisions, for example about their care, and listening to their views. The challenge to society is to ensure that we recognise the needs of all young people, especially the disadvantaged and vulnerable.

The process of being appointed as the Children's Commissioner involved the active participation of children. Of the

six stages involved, three were conducted exclusively by young people and included a written test set and marked by young people. Children and young people have participated extensively in the design of offices for the Children's Commissioner, and have been listened to about the issues they want to be tackled – these will be publicised shortly.

Q. How will the work of you and your Commission support those people on the ground to promote positive mental health?

A. We will need to support local partners to work together to make sure the aspirations of the Children's NSF and "Every Child Matters" happen, and ensure the right incentives are put in place to enable delivery of the standards. Resources are an important issue. Schools are in a good position to recognise when young people develop early stages of mental health difficulties and they need to have links with specialist CAMH services; these in turn need to be fully in the loop of Children's Trusts. We need to find ways to train people to work effectively with disabled children.

Q. What do you see as the big opportunities for promoting the mental health of children and young people in the next five years?

A. The Children's NSF offers an outstanding opportunity to improve the lives and health of children and young people. It is vital that we now get local services to speak with one voice and encourage frontline staff to have the courage to put children and young people at the centre of all they do.

Q. What are the barriers that might hinder progress for those working with children and young people?

A. A number of barriers may get in the way of progress – targets,

structural changes and reorganisation. We need a cultural shift in the way services are structured and delivered both within individual agencies and in the way key partners such as health, social services and education work together. A breakdown in professional boundaries will require strong effective leadership both locally and nationally. There needs to be someone in charge within PCTs for ensuring that children's needs, including mental health needs, are taken seriously and addressed. We also need to identify who is speaking for children and young people at board level.

Q. Why did you begin working in this area?

A. My work as a paediatrician for thirty two years enabled me to develop great insight into the mental health and emotional needs of the children I worked with, especially those with disability. I have an unswerving commitment to ensuring that children in society get the very best possible deal.

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

A. I have a wonderful family, extremely supportive wife, holiday and relaxation time and I meditate regularly.

Feeding back your views to the Children's Commissioner

It is important to gather evidence about the current situation around mental health for children and young people and I invite you to get in touch to let me know:

- Your reactions to the views and perspectives set out in this article
- Experiences of good practice exemplars
- Examples of things that are going less well

Email comments to: support@childrenscommissioner.org

Embracing all children – Promoting emotional health and well-being in schools through the National Healthy Schools Programme and the Primary and Secondary National Strategies

Christine McInnes, (pictured) National Coordinator, Healthy Schools Programme Delivery Unit, Children and Young People's Public Health Gill Taylor, Senior Primary Regional Advisor in the Primary National Strategy, Capita



Ofsted (2005) recently found that schools which are best at promoting emotional health and well-being "... embodied a value system that embraced all children... These schools promoted many and varied opportunities for pupils to share their thoughts and

feelings. They used the curriculum to develop pupils' listening skills and understanding of other people's point of view. This culture permeated school life." Achieving this culture, together with the underpinning policies and practice, is quite a challenge for schools. This article identifies some of the issues for schools and describes Departmental programmes currently available.

Supporting emotional health and well-being in schools is seen by some as optional, perhaps even conflicting with the academic curriculum. In reality, this work can form part of the school strategy to raise standards. Good mental health and emotional well-being are vital to children's lives. Without good mental health and effective support when problems arise, children cannot easily thrive, engage successfully in education, avoid risks and lead active, healthy and fulfilling lives. This is particularly true for more vulnerable children, including those with Special Educational Needs, disabilities and those from disadvantaged backgrounds who suffer disproportionately from mental health problems. Currently some 1 in 10 children up to sixteen suffer from clinically defined mental health difficulties. Additionally, the National Institute for Health and Clinical Excellence (NICE) Guidance (2005) on depression in children identifies modest, non-diagnosed symptoms, and evidence suggests there is under-identification of pupils experiencing difficulties in schools.

The National Service Framework for Children and Young People has set out a challenging long term vision for children's mental health, expecting all children's services to

play a part in supporting and building emotional well-being, in identifying and dealing with problems early and referring children on where more specialist help is needed. The emphasis is equally on early prevention and high quality specialist interventions once problems have arisen. This theme is echoed in Choosing Health and the Children Act. The challenge now is to ensure the mechanisms are in place to implement policy consistently at the micro-level and support the development of emotionally healthy schools.

The Department for Education and Skills (DfES) has long recognised the importance of supporting children's emotional well-being. Within early years and childcare programmes, extensive work has been undertaken to promote and support early emotional well-being. Emotional development forms a core part of the Foundation Stage Curriculum. The Department has set in train a range of work across schools and in support of particularly vulnerable groups such as Looked after Children. Proposals in the recently published Green Paper, Youth Matters, also include mental health support as a core feature of improving support to young people. For more information see the DfES website (www.teachernet.gov.uk/wholeschool/healthyliving/behaviours/mentalhealth/). Support to address emotional health and well-being is also provided by the **National Healthy Schools Programme (NHSP)** and the Behaviour and Attendance strand of the **National Primary and Secondary Strategies** are supporting schools to develop pupils' social, emotional and behavioural skills.

The National Healthy Schools Programme

The NHSP has a national Programme Delivery Unit, with a regional and local network of healthy schools programmes that all schools can access. The Programme, based on the premise that healthy pupils achieve well at school, is jointly sponsored by the DfES and Department of Health. About 70% of all schools in England have achieved or are working towards achieving national healthy school status, with a projected involvement of all schools by 2009 and a planned expansion into nurseries, Pupil Referral Units and Further Education. A national school database provides data about individual school achievement in health on a local, regional and national basis.

National healthy school status requires schools to meet criteria in four core themes that relate to the taught curriculum and the emotional, physical and learning environment provided by the school. In meeting the required

Schools and local authorities increasingly use the term 'emotional health and well-being' in relation to pupil support and curriculum rather than the terms 'mental health' and 'mental health difficulties'.

criteria in Emotional Health and Well-being, the school will be putting the infrastructure in place to ensure it is.

“Promoting positive emotional health and well-being to help pupils to understand and express their feelings, and build their confidence and emotional resilience and therefore their capacity to learn.”

A Healthy School in relation to emotional health and well-being:

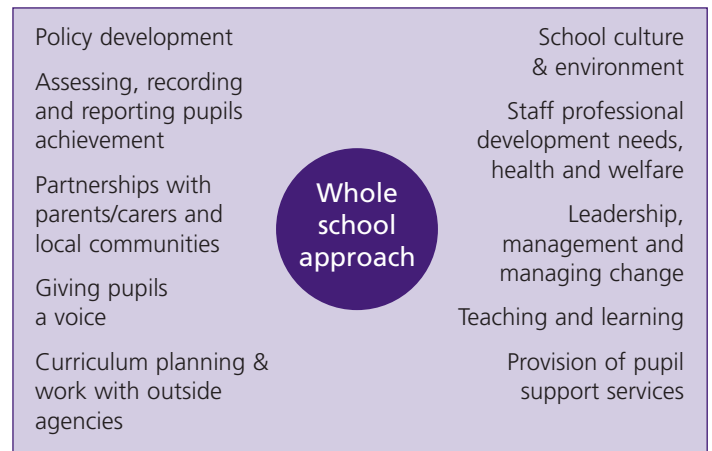
- identifies vulnerable individuals and groups and establishes appropriate strategies to support them and their families
- provides clear leadership to create and manage a positive environment which enhances emotional health and well-being in school – including the management of the behaviour and rewards policies
- has clear, planned curriculum opportunities for pupils to understand and explore feelings using appropriate learning and teaching styles
- has a confidential pastoral support system in place for pupils and staff to access advice – especially at times of bereavement and other major life changes – and that this system actively works to combat stigma and discrimination
- has explicit values underpinning positive emotional health which are reflected in practice and work to combat stigma and discrimination
- has a clear policy on bullying, which is owned, understood and implemented by the whole school community
- provides appropriate professional training for those in a pastoral role
- provides opportunities for pupils to participate in school activities and responsibilities to build their confidence and self-esteem
- has a clear confidentiality policy.

Local healthy schools programmes are supported to develop capacity and capability so schools can achieve these criteria. Three key publications are: Promoting emotional health and well-being through the National Healthy School Standard, Promoting children and young people’s participation and Stand up for us (available from Two Ten Tel 0870 121 4194). Schools also need to meet criteria in Personal, Social and Health Education, Healthy Eating and Physical Activity.

The range of work developed in schools under the emotional health and well-being banner includes Playground Buddies, Peer Mediation, the SEAL programme (see below) and much more. (For examples of case studies see <http://www.wiredforhealth.gov.uk/sitemap.php?catid=870>).

Schools are required to achieve healthy schools criteria through ‘a whole school approach’. This is an effective, evidence-based model for stimulating and managing organisational change. Following the process brings about and embeds cultural change by supporting the participation

of everyone within the school community. The model requires school communities to consider ten aspects of school life in relation to the changes they want to make.



The evidence relating to healthy schools work can be viewed on www.wiredforhealth.gov.uk/evidenceofimpact but key findings show:

- sustained school improvement
- schools being more inclusive
- pupils reporting a range of positive behaviours such as diminished fear of bullying and a reduced likelihood of using illegal drugs
- Personal, Social and Health Education provision being enhanced
- more effective liaison between home and school, and school and external support agencies.

“ think it is fantastic... real changes in behaviours and attitudes not only of children but parents as well.”

National College for School Leadership discussion board
September 2004

Primary National Strategy – developing children and young people’s social, emotional and behavioural skills

The DfES has been working to develop pupils’ social, emotional and behavioural skills through the Behaviour and Attendance strand of the Primary National Strategy. A programme has been created entitled the Social and Emotional Aspects of Learning (SEAL), available to all primary schools, and the National Healthy Schools Programme is a valuable partner in its successful implementation.

The SEAL curriculum resource aims to provide an explicit, structured whole-curriculum framework for developing children’s social, emotional and behavioural skills. Funding is available to local authorities (LAs) to help support the initial roll-out in approximately a third of primary schools.

Underpinning all this work is the construct that learning, behaviour and attendance will be improved by developing all children’s social, emotional and behavioural skills. Where children have good skills in these areas and are educated within a supportive environment, they will be motivated and equipped to:

- be effective and successful learners
- make and sustain friendships
- deal with and resolve conflict effectively and fairly
- solve problems with others or by themselves
- manage strong feelings such as frustration, anger and anxiety
- be able to promote calm and optimistic states that promote achievement of goals
- recover from setbacks and persist in the face of difficulties
- work and play cooperatively
- compete fairly and win and lose with dignity and respect for competitors
- recognise and stand up for their rights and the rights of others
- understand and value the differences and commonalities between people, respecting the right of others to have beliefs and values different from their own.

The evaluation of the Primary National Strategy pilot has shown that it is important that the SEAL resource is part of a whole-school, or setting, approach and is supported by the school ethos, policies and practice. Some of the factors that research has identified as essential to success include:

- senior management commitment to the principles and understanding of the implications
- school or setting systems which make sure that all individuals feel valued and listened to
- positive relationships in the school or setting; adult-child, child-child, adult-adult
- teacher or practitioner insight and knowledge into the emotional factors that affect learning
- clear and consistently implemented policies on behaviour, bullying, race equality and inclusion
- high professional standards
- skilful teaching which arouses pupils and motivates
- proactive work with parents/carers
- the active involvement of children themselves.

The SEAL curriculum materials focus on the social and emotional aspects of learning identified by Daniel Goleman: Self-awareness, Managing feelings, Motivation, Empathy and Social skills. To develop these aspects, the resource provides a whole-curriculum framework and materials for all pupils from the Foundation stage to the end of primary school. A new theme is looked at each half term introduced through an assembly/Foundation stage group time.

Lesson plans to develop knowledge, skills and understanding are provided for each year group on every theme. Also available are supplementary materials for small group work with those who would benefit from more support; and

activities for children to use with their parents/carers at home. All the materials and activities are designed to support all school staff in discussing and reflecting on their own approaches with the children. The evidence is that teachers are finding the materials very flexible and are readily able to integrate them with existing work in this area, and that children are enjoying taking part in the wealth of creative activities in the SEAL resource. The evaluation of the Primary Behaviour and Attendance pilot in which the SEAL resource was trialled is due to be published late autumn.

Highlights from the pilot work with the SEAL materials:

- In Plymouth, three schools saw serious behaviour incidents go down, and a drop in fixed-term and lunchtime exclusions
- In Southend, seven out of nine pilot schools saw improvements in Key Stage 2 maths and English results
- In Cornwall, nine out of ten pilot schools saw improvements in Key Stage 2 maths and English results.

The Primary National Strategy SEAL curriculum resource can be viewed, downloaded and ordered by schools at www.teachernet.gov.uk/seal

Secondary National Strategy – developing children and young people’s social, emotional and behavioural skills

Within the Behaviour and Attendance strand of the Secondary National Strategy, Core Day 4 training materials are available to all secondary schools, with an explicit focus on promoting emotional health and well-being. Local Authority behaviour and attendance consultants are supporting schools to implement this training.

The DfES is also currently in the early stages of a pilot to find out what works best in promoting social, emotional and behavioural skills (SEBS) in secondary schools. This is a small pilot, run in six LAs, involving approximately 50 schools. It builds on the primary SEAL curriculum resource, providing both continuity with learning in primary schools and progression with the learning outcomes based on Goleman's five domains.

The pilot is starting with staff professional development on whole school approaches, and will then introduce learning and teaching materials for use across the curriculum and the school. Supplementary materials for use with groups needing extra support will also be identified. The need to continue to develop SEBS at secondary level is clear: they help promote positive behaviour, learning and emotional well-being in the demanding secondary school years, and equip young people for the various challenges they face when they leave school. The pilot will be the subject of an external evaluation and an Ofsted inspection.

Working together, local challenges

The NHSS work described is being led within local authorities by healthy schools programme coordinators. The primary SEAL programme is embedded within the Primary

National Strategy via Primary Strategy Managers and a variety of partners in LAs will help take the work forward and the Secondary work is led by Local Authority behaviour and attendance consultants. There is strong encouragement for these colleagues to plan together and deliver complementary work in schools, in collaboration with key partners such as school improvement partners, members of inclusion support services, educational psychologists, Child and Adolescent Mental Health Services (CAMHS) staff and voluntary agencies.

When a school focuses on becoming a healthy school, staff become more aware of emotional health and well-being and more able to recognise pupils that are experiencing difficulties. Programmes such as SEAL provide complementary universal work, and associated supplementary small group work, and may also help equip schools to identify pupils who need more specialist help and/or referral to CAMHS.

Local healthy schools programmes are an intrinsic part of an

area's broader work on mental health promotion and some areas are already building on this and are investing in the expansion of their healthy schools programmes.

If we want to help schools to become emotionally healthy, then it is critical for those at a local authority level to clarify roles and responsibilities and agree how the jigsaw of support fits together. This will allow schools to access and make use of the complementary support from a range of agencies, better meet the diverse needs of their pupils and develop a culture that embraces all children.

References

National Institute for Health and Clinical Excellence (2005) Depression in children and young people - identification and management in primary, community and secondary care. NICE Clinical Guideline No. 28. London: National Institute for Health and Clinical Excellence. Available from: www.nice.org.uk.

Ofsted (1996) Healthy Minds: promoting emotional health and well-being in schools. Ofsted.

The Difficulties and Needs of Children of Parents with Mental Illness

Alan Cooklin M.B. Ch.B. F.R.C.Psych, *Consultant in Family Psychiatry, on behalf of the Children's Emotional Well-being Group of the Royal College of Psychiatrists*



Introduction

Most children and young people who have a parent with mental illness will not think of themselves as carers, but rather as surviving, as lonely and isolated, and as experiencing many common situations outlined below. Many parents with mental illness will not acknowledge that their child has become their carer. Thus there is a danger that simply defining these children and young people as young carers may provide a cloak

of acceptability for allowing quite intolerable demands to be made on them. Many may be left vulnerable to sometimes extremely damaging and distressing situations, but without a role which recognises their contribution or commands appropriate respect. Young Carers Assessments – a statutory requirement of health and social care providers, currently carried out in a systematic manner by only a handful of health providers, are an essential requirement if there is to be any chance that the particular needs of individual children and young people can even partially be met.

The extent and nature of the risk

Estimates varying between 6,000 and 60,000 children in England and Wales will be caring for a parent with mental illness or in part playing a caring role at any one time, with up to one million children significantly affected by parental mental illness. Around 65-70% of women and 55-60% of men with mental illness have dependant

children, contrary to the belief of many mental health teams that very few of their patients are parents (Aldridge and Becker 2003).

Children with a parent with a range of mental illnesses are genetically predisposed to that illness, with an increased risk when both parents suffer the same illness. However what is less well understood are the factors which lead to children developing a resilience which protects them from developing the illness. Even the provision of a clear and understandable explanation of a parent's illness has been found to diminish psychological disorders in the child. The Finnish Adoption study (Tienari et al 1985, 1994 and 2004) has demonstrated that when children of mothers with Schizophrenia are given a high quality care environment then their own incidence of Schizophrenia in later life reduces to a level which is close to that of the general population. The presence of an alternative caring adult can reduce the negative effects on a child resulting from living with a parent with mental illness (Quinton and Rutter 1984, Rutter 1990, Quinton et al 1990).

There are now a growing number of 'Young Carers' groups funded either directly by local authorities or voluntary organisations. These are often after-school 'fun' groups where children can have timeout from home worries, do fun activities and sometimes talk either individually or in the group. Most groups do not involve the parents. The team from the 'Family Project' in Camden and Islington, London joined up with a local Young Carers group (run by the Family Service Unit) to develop the '**Kidstime Workshops**'. The importance of this project was that it included parents (both those who were or had been ill and their spouses if they were still together) as well as the children. What evolved over four years was a format where parents and children (from 4 – 16 years) would meet monthly after school. New families would be briefly met individually to explain the goals and format of the workshop, followed by a 20 minute seminar for both the parents and the children, in which some aspect of mental illness would be discussed. After this, the parents would meet in one group for about an hour and discuss topics related to being a parent who is, or was, mentally ill. The children would start with games organised by a children's drama workshop leader, and would then begin to construct stories, culminating in producing one or more short plays which were filmed. The whole group would then break for about 20 minutes for supper, after which parents and children would watch the film of the children's plays. The discussions that followed varied from proud applause by the parents to intense shared discussion of the issues portrayed.

The group participated in the production of the training film and attached training pack '**Being Seen and Heard**' (Cooklin et al, 2004, distributed by the Royal College of Psychiatrists). A group of children and young people describe with painful but moving clarity both the impact of their parent's illness and the failure of the health and social care services. However the young people also demonstrate great courage as well as a remarkable ability to use quite limited interventions aimed at helping them.

The following issues are extrapolated from discussions with children and young people over the past 5 years of the work of the project.

Impact of mental illness on a child

- The loss of close intimate contact with a parent
- Neglect and/or violence, including verbal, physical, and/or sexual violence
- Ambiguous expectations/demands from parents
- Invasion of the child's thinking and feelings by exposure to the parent's delusions and hallucinations
- Fears for the parent's safety, the parent's future as a couple (if there are 2 parents), for the future of the family, and about who will look after him/her
- Contradictory expectations, i.e. that the child be 'grown up' at home and a child at school.
- Rejection, harassment, and/or bullying by other children
- Self-isolation, through stigma and fear of rejection.

Other common effects on a child's life

- Isolation of the family through stigma
- Lower standard of living and financial hardship
- Being separated from parents and usual daily routine
- Different and potentially confusing care patterns if looked after by others
- Separation from other family members e.g. siblings if children cannot be cared for together
- Disruption of education
- Underachievement in education and reduced life chances

Children and young people commonly respond to a parent's mental illness by

- Attempts to fill the care-taking space left by parents by taking care of parents and/or siblings. This may result in a child becoming dictatorial or bullying.

- Self-blame and taking undue responsibility for the problems in the family or for the parent's illness
- Confusion about how to interpret their ill parent's behaviour, particularly in respect of the parent's anger. Confusion about whether it is the illness that causes the anger or if it is a result of something the child has done
- Increased compliance in response to the parent's unpredictability
- Loyalty to the parent, through guilt and fear about the situation
- Withdrawal and isolation
- Depression, low self esteem, and/or a fatalistic acceptance of their situation
- Attempts at disassociation from the problem, particularly if another sibling is 'taking control'
- Violent and/or other self destructive behaviour
- Copying the parent's symptoms and/or behaviour, particularly in eating disorders

The needs and wishes expressed by the children and young people

- To have a frank discussion about their parent's illness and their questions answered honestly and openly
- To know that there is an adult who will act as their advocate
- To know that their situation is not uncommon
- To have access to a place where they can mix with other children and young people who have had similar experiences
- To be helped to develop their understanding of mental health problems, and for any belief that they are responsible for the illness to be identified and challenged
- To discuss whether they could 'catch' the illness now or develop it later
- To be helped to develop an understanding of how mental health services are organised and what treatment the parent is receiving

- To be helped to recognise when their parent is becoming ill, to understand the behavioural signs that show he or she is becoming ill, and to know how to access help
- To understand what is and what is not acceptable behaviour from an adult
- To know that their knowledge and experience of their parent's illness will be listened to and taken into account in terms of care planning
- To know that their contribution to the care of their parents has been recognised and respected
- To have daily life re-established
- To experience all the professionals concerned with both adults and children to be working together
- Help and support with education, training, and employment
- To have recognition and acknowledgment of any positive benefits of their situation

The responsibilities of mental health staff

The problem about this group of children and young people is that their

needs are the responsibility of 'everyone and no-one'. There is good evidence that children can emotionally survive extreme adversity providing they can understand what is happening to them (and as far as possible why), and that they have at least one reliable and non-partisan adult with whom they can affirm a more objective perception of the events affecting them. This is probably why the impact on a child with poorly developed language skills may be more serious and more entrenched. The first need of these children therefore is for a convincing and understandable explanation of what is happening to their parent, what is likely to happen and why, the likely impact on their own lives, and what part they can play in their parent's recovery.

References

Aldridge J and Becker S (2003) Children Caring for Parents with Mental Illness: Perspectives of Young Carers, Parents, and Professionals Bristol: The Policy Press.

Cooklin A, Balmer S, Hart D, Rose G, York A, and Falcov A (2004) Being Seen and Heard: The needs of Children of Parents with Mental Illness (training film VHS or DVD, PAL or NTSC – 1 hour) and pack (on CD Rom) London: Gaskell (available from The Royal College of Psychiatrists)

Quinton D and Rutter M (1984) Parents with children in care: 1. current circumstances and parents; 2. intergenerational continuities Journal of Child Psychology and Psychiatry 25: 211-231

Quinton D, Rutter M and Gulliver L (1990) Continuities in psychiatric disorders from childhood to adulthood in the children of psychiatric patients. In L. Robins and M. Rutter (eds) Straight and Devious Pathways from Childhood to Adulthood. Cambridge University Press: New York.

Rutter M (1990) Psychosocial resilience and protective mechanisms. In: Rolf J,

Masten A S, Cicchetti D, Nuechterlein K H and Weintraub S (eds) Risk and Protective Factors in the Development of Psychopathology pp. 181-214. Cambridge University.

Tienari P, Sorri A, Lahti I, Naarala M, Wahlberg K E, Pohjola J, and Moring J (1985) Interaction of genetic and psychosocial factors in schizophrenia. Acta Psychiatrica Supplement 319:19-30

Tienari P, Wynne L C, Moring J, Lahti I, Naarala M, Sorri A, Wahlberg K E, Saarento O, Seitmaa M, Kaleva M (1994) The Finnish adoptive family study of schizophrenia. Implications for family research. British Journal of Psychiatry Supplement 23:20-6

Tienari P, Wynne L C, Sorri A, Lahti I, Laksy K, Moring J, Naarala M, Nieminen P, and Wahlberg K E (2004) Genotype-environment interaction in schizophrenia-spectrum disorder. Long-term follow-up study of Finnish adoptees British Journal of Psychiatry 184:216-22

Mental and emotional well-being. Empowering young people in schools

Tonja Schmidt, Emotional Health Promotion Officer, Samaritans



and are approximately 7.2 million children of school age in the UK (Department for Education and Skills 2002) and according to the Office for National Statistics, one in ten young people have a clinically diagnosable mental disorder.

Most healthy young people have developed fairly sophisticated techniques for sustaining their mental and emotional well-being at times of stress.

However limited life experience means that they have limited strategies for coping with major life events (Edwards 2003). Over 60% of teenage boys and 40% of girls admit having no idea what to do when someone else becomes emotional and over half find it impossible to express their own feelings – sticking to the facts when they talk about their problems (Samaritans 2004).

A lack of positive coping strategies can lead to problems with health, lifestyle, behaviour, and achievement. Young people who do not mix well socially are between two and three times more likely to experience depressive symptoms, compared with peers who have confiding relationships (Glover et al 1998). 10 per cent of teenagers aged 15 and

16 years old have deliberately self-injured (Samaritans 2003). In 1999 there were 24,000 cases of attempted suicide by adolescents (of 10-19 years) in England and Wales, which is one attempt every 20 minutes (Hawton 1990).

Another barrier to good mental health is the stigma of talking about feelings, and asking for help when it is needed. In a survey of 750 young people aged 14-16, 48% of boys talked to their friend about their feelings less than once a month, compared to 18% of girls (Samaritans unpublished 2004). Among 16-24 year olds with suicidal thoughts, only 1 in 5 would seek help from a GP. Young men are particularly unlikely to do so unless severely distressed and tend not to seek lay support (Biddle et al 2004). 83% of mental health service users say that the stigma and discrimination they face because of their diagnosis has a bigger impact on their lives than the underlying symptoms of mental illness (National Institute for Mental health in England 2004).

Emotional and social competence have been shown to be more influential than cognitive abilities for personal, career and scholastic success. Research shows that developing emotional and social competence can improve educational and life chances as well as improving health (Goleman 1996). Young people themselves see the value of this. When asked how they would like to improve themselves, young people chose self-confidence, assertiveness, and dealing with anger as top of their list.

Samaritans, the emotional support charity, works to promote the emotional well-being of individuals, including that of young people. Our vision is for a society in which fewer people die by suicide, where people are able to explore their feelings and are able to acknowledge and respect the feelings of others. In 2004, Samaritans received around 4.6 million contacts to our confidential 24-hour telephone, email, letter, minicom and face to face emotional support services. Of our 203 branches across the UK and Ireland, 84% were actively doing outreach work with young people.

Following the launch of Samaritans Emotional Health Promotion Strategy in March 2004, a series of programmes went into development. A text messaging service is being piloted, to identify how Samaritans can use this new technology to provide emotional support.

Emotional Health Promotion Schools Programme

The emotional health promotion schools programme, sponsored by Royal & Sun Alliance, aims to promote the emotional health and well-being of 14-16 year olds by:

- increasing pupil emotional health awareness and challenging the stigma associated with emotional health
- encouraging the development of healthy coping skills to build emotional resilience
- increasing pupil awareness of routes to support and promoting a positive attitude to help seeking.

The programme takes a universal whole school approach,

involving all members of the school community to create an emotionally healthy culture. The programme is in line with existing initiatives such as the Every Child Matters Outcomes Framework, National Healthy Schools Scheme, and Standard 1 of the National Service Framework for Mental Health.

"Our aim as a school, is to give students the tools and information in order for them to deal with life situations and for them to understand the benefits of positive emotional health. The Samaritans project will most certainly help schools approach this area with confidence and support."

Personal, Social and Health Education (PSHE) Coordinator,
Newent Community School

500 students aged 14-16 took part in the first pilot, held from December 2004 to May 2005. A further 70 staff in 4 schools were involved in some way, with 7 delivering 21 lessons to years 9, 10 and 11 with support from Samaritans School Project Officers.

"This helped me quite a bit to be more confident to know that when I feel down I will always feel good again."

Student Age 16

Feedback from students has been generally positive. There seemed to be a gender difference, with girls generally enjoying lessons more than boys. The questionnaires done with students before and after the block of lessons indicated an overall improvement in the learning outcomes for both genders.

"Students could identify with characters and information was very relevant. The lessons brought out the students' lack of knowledge about existing in-school support networks."

Year 11 teacher after the
Routes to Support computing lesson.

On the whole, staff felt the materials were effective, appropriate for the age group and fitted with what the school was trying to achieve. Staff felt it was crucial to integrate emotional health into the existing school structures and that it was important to reinforce messages on an ongoing basis in order to have an impact on students' well-being. Staff identified a need for training and support in this area, particularly when dealing with sensitive issues. They suggested a number of training options should be offered, to allow schools to choose the one most appropriate for their needs.

Next steps

The programme continues to grow, and in the next 12 months a DVD will be developed alongside further teaching materials. These will be piloted in 10 schools from September 2005 – May 2006 and we will be doing some work to identify how the programme needs to be positioned and adapted for use in Scotland, Wales, the Republic of Ireland and Northern Ireland. The launch of the completed programme is planned for September 2006. We are interested in hearing from schools who may be interested in getting involved in the programme or organisations who may be interested in partnership work.

To register your interest in the emotional health promotion work please contact: Tonja Schmidt, Emotional Health Promotion Officer (Schools). Tel: 020 8394 8380 Email: t.schmidt@samaritans.org

To find your nearest Samaritans branch visit our website www.samaritans.org

References

Biddle L, Gunnell D, Sharp D, Donovan J L (2004) Factors influencing help seeking in mentally distressed young adults: a cross-sectional survey. *British Journal of General Practice* 54:248-53

Department for Education and Skills (2002) Pupil absence in schools in England 2001/2 (provisional statistics) London: Department for Education and Skills (<http://www.dfes.gov.uk/rsgateway/DB/SFR/s000371/sfr30-2002v2.pdf>)

Edwards L (2003). Promoting young people's well-being: A review of research on emotional health. The SCRE Centre, University of Glasgow (<http://www.scre.ac.uk/resreport/pdf/115.pdf>)

Glover S et al (1998) Social Environments and the Emotional Well-being of Young People. *Family Matters* 49

Goleman, D (1996) Cited in Weare, K and Gray, G (2003) What works in developing children's emotional and social competence and well-being? London: Department for Education and Skills

Hawton K, Simkin S, Harriss L, Bale E and Bond A (unpublished 1999) Deliberate Self-harm in Oxford 1999 Enquiries to Professor Hawton, University Dept of Psychiatry, Warneford Hospital, Oxford OX3 7JX. Cited in Samaritans Information Sheet: Young People and Suicide available from www.samaritans.org

National Institute for Mental Health England (2004) 2004-2009 From Here to Equality: A Strategic Plan to Tackle Stigma and Discrimination on Mental Health Grounds. Leeds: NIMHE (http://www.shift.org.uk/mt/archives/blog_12/FIVE%20YEAR%20STIGMA%20AND%20DISC%20PLAN.pdf)

Samaritans (2003) Youth and Self harm: Perspectives. Available from www.samaritans.org/information/research.

Samaritans (2004) Emotional health in schools fact sheet (unpublished but available on request email admin@samaritans.org).

Youth Start

Paul Boyden, Project Manager, Youth Start, Rotherham



"Why would I tell my doctor or anyone like that how I am feeling, I'm not mad you know"

This recent quote from a 16 year old young man who dropped in to Youth Start to talk about feeling down and depressed, illustrates a stigma that many young people feel around accessing mental health services. One report after another identifies growing concern for the emotional well-being of young people and the need to substantially improve young people's access to the preventative, early intervention and specialist support they need, whilst this common

concern about using mental health services is just one of a number of barriers that exist for young people.

Youth Start is an information, advice, counselling and support project managed by Rotherham Metropolitan Borough Council's Children and Young People's Services Directorate. The project is unique in the local area in that it offers open access for young people aged 11 to 25, enabling them to talk about anything which is on their mind. The fact that Youth Start responds to over 8,000 requests for support annually demonstrates that young people will seek support where they feel it is responsive to their needs.

Just using the term mental health can actually be unhelpful for young people. At Youth Start we would not usually talk in terms of mental health issues because it is a label young people would tend not to use themselves. They are more likely to name specific issues such as depression or hurting themselves or use general terms such as "getting my head sorted" or feeling "things are getting on top of me".

Our work with young people focuses on increasing the resources upon which they can draw, as they tackle the developmental changes of adolescence and the problems life throws up for them. The main aim being to prevent serious problems from developing and to reduce young people's need to use the statutory services.

In addition, we also work with young people in crisis or with long term more complex emotional or psychological difficulties when their mental health and well-being is actually being threatened. Clarity around the boundaries and limitations of the service is extremely important, as is being part of a wider network, which enables Youth Start to refer to statutory mental health services, when appropriate. The referral process works both ways, with health professionals recognising that Youth Start offers a more appropriate option for a number of the young people they assess.

Youth Start is not necessarily seen as a mental health service by young people, neither is it generally given any other specific and potentially unhelpful label. Rather it is widely perceived as a safe

place to go when you want help or have something on your mind. The readily accessible and flexible nature of the service means that young people feel much more in control of when and how they ask for help and are not faced with the prospect of a lengthy wait for an appointment.

The pattern of young people's attendance is agreed with them. Regular appointments, working consistently through issues, may be what feels necessary. However, some may not feel ready for this commitment and prefer to drop in as and when they choose, at least to begin with. For others, a one off intervention is all that is required at that time.

A specific piece of work with a young person may come to a conclusion; but they are made aware that the service remains there for them to use as they feel they need to, throughout their early adult years. Many young people are in regular contact with the service over a long period of time, others return after not using the service for several years, often stating that they "did not know where else to go" when an issue arises.

In addition to young people feeling less inhibited about using a service without a label, a broad based service offers another advantage. It allows for

responses beyond specific requests for support around mental health issues. It is not uncommon for young people to present multiple concerns, covering both emotional and practical issues. Worries about a number of things such as sexual health or welfare rights may be having a significant impact on a young person's emotional well-being, without them necessarily recognising it.

A young person centred approach is the central ethos of Youth Start. Too often young people are marginalised in the commissioning and delivery of services. Their needs frequently go unrecognised as being distinct from children, adult and family services. The characteristics of both children and adult services are inappropriate for most young people and separating from family and creating their own adult identity presents a major challenge for most young people. Sometimes this means it is useful not to turn to family for support even if they are caring and able to help but to seek others who relate to them as separate individuals and can provide a safe and non-judgemental environment within which they can explore their relationship with their world.

By working across a broad age range, Youth Start is able to support young

people's transition from adolescence to adulthood. Without the imposition of often inappropriate chronological barriers to service access, young people are less likely to be "lost" in the gap between children and adult services and are enabled to gravitate towards mainstream adult services with support and at their own pace.

Similar services to Youth Start exist in various parts of the United Kingdom, most of which belong to Youth Access, the national membership organisation for young people's information, advice, counselling and support services (YIACS). However, coverage is by no means national and this together with their general reliance on inadequate and temporary funding, to which Youth Start is no exception, means that frequently young people do not have the option of accessing the young people friendly support they consistently say they need. It is hoped that during the current development of comprehensive Child and Adolescent Mental Health Services, taking place throughout the country, the need to rectify this situation will be recognised.

Reference

Wilson C (2001) Breaking Down The Barriers. Key evaluation findings on young people's mental health needs. London: Youth Access

Emotional Health and Youth Participation Youth Voice Projects: Trust for the Study of Adolescence.

Dorothy Eddi Piper, *Principal Coordinator Mental Health and Youth Participation, Trust for the Study of Adolescence*

"It was a feeling of pure desperation that no-one really cared about me; that, if they didn't care, why should I care about myself, a feeling that there was no way of escaping it, that the situation wouldn't improve and that there really wasn't any hope. I would try and get it out of my system to an extent. I would run, I would just try to find some kind of peace in the quiet and getting away from it all but there's just a



nagging voice in your head that's telling you that it's not going to improve your situation or anything"

Self-harm: Richard in Emotional Health DVD Training pack. TSA 2005

This young man's description of himself echoes the words of many young people who have given their personal accounts of emotional issues to the Youth Voice project over the last 6 years. Each of those young people has taken part because of a strong altruistic desire to help other people.

The first Youth Voice project worked in eight towns across England to gain the views of young people on mental health issues and to help them communicate these to adults in creative ways. Worksheets for youth workers and teachers

were devised to encourage them to consider mental health. Young people turned the messages that they would like adults to hear into presentations, drama, creative arts days, poems, paintings, cartoons and video animations. A DVD of young people talking about emotional health issues has been created for use in training adults, which was a key aim. Topics covered are self-harm, isolation, relationships with adults and anger and lashing out. We were quite shocked at how many of those adults were surprised at the quality of the young people's work and at the depth of their understanding. We learned in a very practical way that participating made a difference to young people's self-esteem.

Self Concept and Youth Empowerment

Youth Voice2 was set up to focus on Self Concept and Youth Empowerment. We began to look at how participating changed self-concept, and gathered views about mental health and services from a range of young people's groups.

Kerry, in a Glasgow consultation for young people who self-harm, wrote poems:

*"There's an ashtray on the table,
If it were a person I'd call it Mabel
Just like me it's filled with doubts
Just like me it mounts and mounts.
It's all dirty just like me,
But we can both be cleaned and emptied.*

(extract Kerry 2002)

Young people began to produce a workbook on mental health for use in schools.

A Core Advisory Team (CAT) of nine young people and three staff communicated online, in regular meetings and at a weekend residential. The focus was on exploring self-concept. The aim was to involve them in producing worksheets for use in schools and training materials for adults. The group of young people were aged 16-21 years and included those who describe themselves as Jewish, Muslim, Christian, no specific faith; African Caribbean, Mixed Heritage, Asian, Chinese and white English. There is experience of being bullied, discrimination, attempting suicide, being in a young offenders institution, being sectioned under the Mental Health Act, being physically and sexually abused, having eating disorders, self-harm, being gay, as well as all the usual life experiences.

In an intensive weekend the group worked together to create an inclusive and safe structure. They worked harder and longer than we had anticipated. Each person completed at least three reflections sheets each day, recording their thoughts, feelings, negative and positive experiences at each point. They recorded the issues that they considered most affected self-concept. They gave us advice on planned training materials and devised exercises and worksheets. We also had a lot of fun.

For some it was a life changing experience, for all it was affirming and left them more confident about their abilities and their value.

After the weekend, CAT members commented:

"Taking part has changed my life."

"I think about myself differently"

"Wow I got through it Ok!"

"My head hurts at the moment but I know that a lot of the things we talked about will come back to me at a later time. I feel better having talked about what I went through myself."

We had kept the agreed boundaries and encouraged each other to participate freely. The ideas flowed and there was a realisation that we had been able to work together and support each other, and produce such good work because of the listening and the safety and the concentration on the task. A fear expressed by some was that nothing would come of the work and when we got home that was our fear; looking at the boxes of paper we needed to work through. Several points stood out as most significant to the success of the meeting. Everyone in the group needed to commit to:

- good non judgemental active listening
- sticking to clearly stated boundaries of confidentiality
- peer discussions and exchanges
- having fun and giving praise where praise was due
- trying out imaginative techniques.

The 'What Works' project

The CAT members decided that young people have very many strategies for surviving difficulties and that if they could pass these on to other young people it would make a positive difference by increasing the range of options for coping with distress. They requested that we find funding for a "What Works" project in which young people could pass on coping strategies to their peers.

Four consultation events were run across England, and an informal survey of a wider age range was sent out by email and on paper. CAT members consulted at a teen disco, a student pub, youth clubs and schools and among friends. They asked questions about how a "What Works" project might be, what were the most important problems to consider, what were the characteristics of people working on the project and what strategies would they recommend. The result is a project in which young people will be central in peer consultation and mentoring and produce creative expressions of strategies for coping with distress. It will operate in four regions of England. The CAT have successfully run a consultation event involving two agencies and are now hoping for the funding to come through.

Youth Voice and Creative Partnerships

With the Arts Council funded 'Creative Partnerships' in Southampton and the Isle of Wight, Youth Voice is working to involve teachers, local artists and young people in schools to identify issues related to emotional well-being and identity as citizens. As in all of the Youth Voice projects the young people will set their own targets and devise their own measures of self-concept change, with guidance from the project evaluator.

Forthcoming work

- In a Middle school, pupils in their final year will look at the topic, 'Onwards and Upwards' to consider what it means to them to be leaving Middle School and going to the High School. They have chosen to use Batik artwork to create banners on this subject.
- Students in a Pupil Referral Unit are planning to create a metal sculpture in the grounds to express their study of anger and anger management.
- Youth Voice will facilitate development of consultations skills in a High school and monitor the progress of a newly created School Council. They will keep video diaries of the process over the school year and hopefully create a film of interest to the others.

*"It took a while to get here
I'll tell you it was hard
But somewhere along the way
I discovered I'm a bard*

*Even when life was shite
I would sit here and write
It didn't get me down
Instead I became a clown
Face the fear
The end is near
Keep the smile big and bright
The end
Is
In sight*

I've made it....

(Kerry's Poems)

Youth Voice projects are managed by Dorothy Eddi Piper, Principal Coordinator Mental Health and Youth Participation at the Trust for the Study of Adolescence. Staff involved have been Saskia Neary, Marilyn McGowan, Paul Campbell, Jenni Miller and Carol Mulinex.

For more information email: epiper.tsa@ntlworld.com

MODEL OF GOOD PRACTICE

Saucepans

Setting: Homes, communities, schools, youth clubs etc

Level of Action: Individual, Community

Target Group: The Saucepans Community Child and Adolescent Mental Health Service (CAMHS), is the first multi-agency primary care service in England working with young people aged 0-18.

Aims

Saucepans aims to:

- act as a single point of contact for all referrals
- signpost specialist or long term needs ensuring young people receive the right service at the right time
- reduce inappropriate referrals to specialist tier 3 services
- offer interventions to all other young people, thus ALL young people receive a service
- work as an early intervention/prevention service with longer term better identification and targeting of developing difficulties that may

later, if not addressed, lead to mental health problems

- reduce substance misuse
- reduce anti-social behaviour
- increase school inclusion.

Programme

The team accept and assess ALL referrals within 3 weeks of receipt and will then:

- assess the needs of the young person
- offer short term interventions based on their assessed needs. Saucepans work is based on the philosophy that, the mental health of young people impacts on all areas of their life such as, education, family, peer groups, social activates etc. equally so that each of these area's impacts on their mental health. Saucepans offer a wider range of holistic interventions than single agencies can
- provide supervision, training or consultation to professionals already involved with the young person
- signpost to the appropriate Service(s) or agency ensuring that

young people receive the right service from the right agency.

Proven Outcomes

Saucepans have undergone an extensive external evaluation using a number of nationally recognised tools, these being: strength and difficulty questionnaires (SDQ); family profile information sheets; child global assessment sheets (CGAS); Health of the Nation outcome scales for child and adolescents (HONOSCA); problem code scoring sheets; weekly activity sheets and user satisfaction questionnaires.

The evaluation shows the evidence of the effectiveness of the service. Some highlights from this evaluation are:

- an improvement in the behaviour, impairment and symptoms of the young people involved in this research
- a reduction in disruptive and antisocial behaviours
- an improvement in family relationships
- a reduction in emotional symptoms

- an improvement in the general physical and mental health of the young people
- an improvement in the conduct of behaviour in the young people
- an improved emotional state of the young people following intervention

- no waiting list
- a reduction in tier 3 CAMHS waiting lists by 40%
- a reduction of inappropriate referrals to tier 3 CAMHS from 40%

Contact

Steve Chandler
60 Warburton Rd
Thornhill
Southampton
Tel: 023 80407028
Email: steve.chandler@scpct.nhs.uk

MODEL OF GOOD PRACTICE

Teenstress

Setting: Comprehensive Schools

Level of Action: Community

Target Group: Young people facing exam stress

Aims

The Teenstress project aims to provide young people with information about stress, how they can identify whether they are stressed and provides them with a range of strategies for coping with stress.

Programme

The Teenstress programme has been delivered in a local comprehensive school in partnership with the local youth initiative and the school itself. Two sessions were delivered to each group - the first session concentrated on identifying personal signs of stress and developing an individual de-stress sack containing ideas for reducing stress. Session two saw students working together in groups to produce posters on the signs/symptoms of stress, who to talk to and ways to relax. There was an arts focus to all the work in the sessions.

Following on from these sessions, Steve Donald (ex-Viz Cartoonist) was employed (in partnership with Easington District Council) to run cartoon workshops with two groups of young people from Seaham School/ Seaham Youth Initiative and Shotton Hall School. The aim of the workshops was to introduce the young people to the basic skills and principles of cartoon design. The young people then generated their

own ideas for a leaflet on coping with exam stress for other young people. The cartoonist is currently designing the leaflet using some of the ideas.

Proven Outcomes

Participatory appraisal and questionnaires were used to gain the young people's opinions on the teen stress sessions.

A follow up questionnaire was distributed to all of the pupils who have participated in the teen stress course, with the aim of evaluating how the sessions helped the pupils cope with the stress of exams and whether they had put the skills learnt into practice. The questionnaires were handed out at the end of the pupil's final exams, and have shown a very positive outcome from the sessions.

All pupils questioned felt that the stress sessions helped them to cope with the stress of exams, commenting that it was 'helping them to get less stressed for all the exams' and 'I was able to be more relaxed'.

The group were also asked to rate how useful they felt the stress sessions were in helping them to cope with stress on a scale of 1 to 10 (1 being not useful at all and 10 being very useful). The group have found the stress sessions useful in helping them with their own stress, this a very positive response from the pupils, with the highest number of pupil rating the usefulness as 9 and 83% pupils six or above.

The pupils commented on what they had found most useful:

"How to keep calm and relax easy"

"To calm down"

"The different techniques to relieve stress"

"How to revise better"

"I learned how to cope with the stress of exams"

"That de-stressing is important and how to de-stress"

"Breathing techniques"

"How to relax during exams and how not to stress out"

Overall the sessions have been extremely successful. The next step is to train key people in youth groups, schools and the Connexions service to deliver the Teen Stress sessions, increasing the capacity within the district.

Contact

Craig Blundred
Project Manager – Health for All
Public Health and Health
Development
Easington Primary Care Trust
Fern Court, Bracken Hill Business
Park
Peterlee
Co Durham
SR8 2RR
Tel: 0191 5545732
Email: Craig.Blundred@easingtonpct.nhs.uk
www.easington-pct.nhs.uk/healthforall/index.asp

MODEL OF GOOD PRACTICE

Total Respect

Setting: In community venues for statutory organisations

Level of Action: Individual, Organisational

Target Group: Young people in care and care leavers; young offenders; young people excluded or on the verge of exclusion; young people otherwise involved with social services.

Aims

The training aims to:

- build confidence and self esteem
- promote the rights and responsibilities of young people
- involve young people in the decisions that affect their lives
- improve communication between young people and adults working with them
- increase young people's participation
- help adults understand the importance of participation for young people
- change the world!

Programme

Total Respect training was developed by Children's Rights Officers and Advocates (CROA) and was aimed specifically at young people living in care. We deliver a shorter, interactive version to mixed groups of young people (14+) and the adults working with this group. They work together as equals over two days using art, drama techniques and other interactive exercises. Young people from the target groups are trained as trainers and then employed by Wooden Hill to jointly deliver this (and other) training. We have also adapted this training to meet the needs of a wider range of young people, such as those who find it hard to engage with the education system.

Proven Outcomes

Evaluation is largely qualitative and includes anonymous evaluation techniques. Feedback from young people and staff has been consistently positive and there are numerous examples of young people taking a more active role in their care planning

after training. Over 50% of young people attending in Bedfordshire have joined a social services participation group and have subsequently been involved in staff interviews, organising events and awards ceremonies, producing magazines and writing young person-friendly literature about social services. Young people attending are able to identify and develop other work they would like to be part of, for example, one group of young men are currently developing training for adults around young men and mental health, which they will be starting to deliver later this year.

Contact

John Handscombe
Wooden Hill UK Ltd
The Place
Bradgate Road
Bedford
Tel: 01234 376670 or
07742 670143
Email: john@woodenhilluk.co.uk

MODEL OF GOOD PRACTICE

The Storytelling Project

Setting: Schools and Pupil Referral Units

Level of Action: Individual

Target Group: Children and Young people in schools across Salford and Trafford who were experiencing severe emotional difficulties leading to behaviour problems.

Aims

Using the Storytelling approach, to build mutual trust and reach out to those young people who have emotional difficulties. To halt the long journey of isolation and segregation inviting further problems, for example, frustration, leading to bad behaviour,

truancy, exclusion, substance abuse and eventually sexual problems and violence. Storytelling has been used for centuries to pass on values, morals and principles and to establish identity. As such it's a natural vehicle for nurturing resiliency in youth. Most of these young people have not had the benefits of this or any nurturing. The aim was to use the Storytelling approach to recreate the protective factors of positive peer group identification and with that, the natural progression to positive cultural identity. A young person with a more positive identity and sense of self worth will be better able to enhance their self-esteem and start to grow in confidence.

Programme

The Storyteller Rona Barbour's lifelong experience of how powerful Storytelling is and how it captivates people, particularly ill or vulnerable people and especially children, prompted her to write and implement a programme of stories to work intensively in schools. The expectation was that this intervention would help to achieve long-term improvements. Stories were told to the children to build up trusting relationships with a view to then telling the children their stories, stories they could identify with (without ever realising it was about them!). They would later discuss aspects of the stories, making suggestions about what

they would do if it was them. The changes were remarkable. Some pupils went on to write their own stories, something many of them would never have attempted. Some wrote poetry expressing their feelings (which were then better managed), relationships improved, pupils learned to build trust and create longer lasting bonds with peers.

Proven Outcomes

Measuring Rubrics were used to evaluate the success of the programme. Every class project was monitored and judged on its merit.

The overwhelming consensus was that Storytelling is a very effective method of improving every aspect of a person's life. Listening skills and creative writing improved, behaviour improved and emotional needs were met. Self-esteem rose along with confidence, encouraging the pupils to do more.

After the Storytelling, referred pupils showed a greater awareness of self-knowledge and of how their own, specific behaviours could escalate a conflict. There was a greater frequency of self-reported pro-social acts and less of a blame culture.

There was more of a "can do" attitude shown. Class work improved with more creative writing skills being displayed and a vast improvement in listening skills shown.

Contact

Rona Barbour
8, Weldon Road
Altrincham
WA14 4EH
T: 0161 929 6580
Mobile 07817 681719
E: barbour2@ntlworld.com

MODEL OF GOOD PRACTICE

HELP: the Health and Education for Life Project

Setting: Schools

Level of Action: Individual, Community, Organisational

Target Group: Young people, teachers, parents, mental health professionals who work with young people. Others who have responsibility for young people.

Aims

The Health and Education for Life Project (HELP) works predominantly in schools as part of the mental health and education programme but involves all who have responsibility for young people. The aims of the project are to:

- promote mental and emotional health in young people
- gain a better understanding of their changing needs.

Programme of work

HELP is a ground breaking action research project run during a three year period in Liverpool. It was designed specifically to include and encourage the participation of young people.

Over the three year cycle of the project, HELP has successfully engaged about 5000 12-15 year olds within 26 secondary schools.

HELP researchers used different

methods to encourage young people to express their feelings about their mental health and what affects it. As part of this process, young people completed a survey which covered all aspects of mental health and also discussed their feelings openly within focus groups.

The creative arts also played a significant role as a medium for young people to express themselves (theatre, story telling, making DVDs and workshops). The young people also used these media to promote positive lifestyles, emotional health and well-being and to challenge some of the stigma and discrimination associated with mental illness.

Depression, self harm, bullying, stress and anxiety were all prevalent emergent issues in both the qualitative and quantitative data produced from the project. Over arching common themes in the first year were identified as identity, communication and relationships. In the second year, respect, responsibility and self esteem were the key issues for young people.

Proven Outcomes

- Increased emotional health and well-being awareness in young people and schools participating in the programme.
- Evidence base demonstrating the

changes in young people's perception of emotional health and well-being health.

- Evidence base outlining where the perceived gaps exist in the promotion of emotional health and well-being.
- Development of both quantitative and qualitative data (triangulated).
- Establishment of home grown (researched) resources (in DVD format) for staff in schools in the use of the delivery of PSHE and Healthy Schools Standard Stage 3 & 4) with a focus on emotional health and well-being.
- Evidence base demonstrating that different and creative approaches to mental health promotion can be effective and sustainable as part of a wider programme of involvement.
- Evidence base that an inclusional approach is far more engaging for young people in terms of mental health promotion than traditional approaches.

Contact

Shaun Naidoo
Viper's Lodge Sherston Road
Luckington Near Chippenham,
Wiltshire SN14 6PH, United Kingdom
T: 07776 264687 or 0166 684 0991
E: mail@naidonet.com

BOOK REVIEWS

Reviewed by Mary Tidyman, *mentality* at Sainsbury Centre for Mental Health

Mental health promotion and young people: concepts and practice

Edited by Louise Rowling, Graham Martin and Lyn Walker

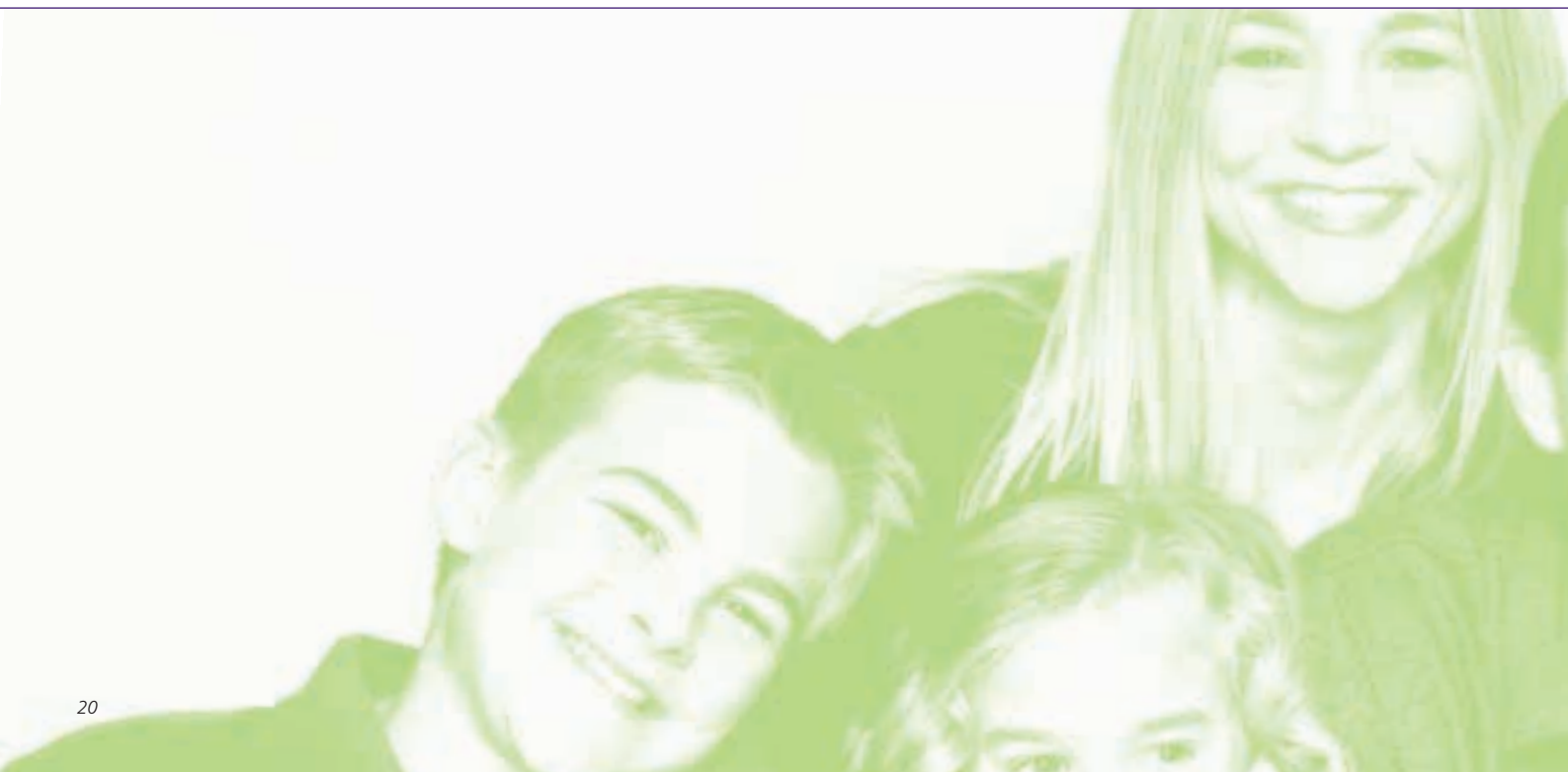
This is a rich and interesting book about opportunities for mental health promotion with young people which will be of value to all people working with adolescents.

The book draws on the knowledge and experience of 35 of Australia's leading professionals and health promotion practitioners in mental health. It explores the concepts of mental health promotion and how these may apply in promoting positive mental health during the critical adolescent years. The real world is complex, involving not only family, school and peer relationships but also the many institutions of society. To respond to the rising level of problems, and their severity, the implications of adolescent psychosocial morbidity and suicide, the lost productivity and burden of disease, we need to understand these many contexts and environments, including the ways in which social and cultural prescriptions impact on young people – and how they themselves would see effective ways forward.

The reviews and conceptual developments reflect studies of individual risk and vulnerability as well as social determinants of well-being that are now recognised as being so important. Social, school and family connectedness and cohesion are strong themes, as is the emphasis on positive mental health and resilience. The work on school environments and programmes for young people themselves, such as the Resourceful Adolescent Program, all contribute to the knowledge base that informs this field.

Initial chapters rehearse the debates, confusion, collaboration and emerging practice around mental health and mental health promotion, and concepts of mental health promotion and prevention research and evidence around family-focused, school-focused and community-focused interventions. There follows an exploration of young people, schools and mental health services and a debate about intervention or prevention including political, economic and service issues. A look at a population health approach around building the infrastructure to promote mental health in young people is followed by an identification of social determinants of health and young people's psychological well-being, and the intersection between resilience and developmental stages. This is followed by a description of a number of mental health promotion projects including universal and targeted school-based interventions, use of the net to reach out to young people, work with same-sex attracted youth around suicide, interventions with young offenders, and the prevention of suicide through lifetime mental health promotion. Finally, the book explores debates around evidence, evaluation and research and looks forward to the next 10 years of mental health promotion with young people.

The challenging long term vision for children and young people's mental health identified in the National Service Framework for Children and Young People, a theme echoed in Choosing Health and the Children Act, means the need for a workable, effective mental health promotion strategy for young people has never been more topical and crucial and this book is a valuable resource for those developing this work.



Mental health promotion and young people: concepts and practice, edited by Louise Rowling, Graham Martin and Lyn Walker. Published by McGraw-Hill Australia 2002 Price £16.99. You can also purchase this at www.amazon.co.uk

So sad, so young, so listen

By Philip Graham and Carol Hughes with a foreword by Philip Pullman

This book is about depression in children and teenagers during their school years from 5 to 16. It has been written for parents and teachers but will also be useful for other adults who deal with children such as social workers, health visitors and family doctors. The book is full of helpful information which young people experiencing depression and their friends will find valuable.

The book starts with four accounts of depression experienced by four different children, described by a mother, a teacher, a psychiatrist and a 14-year-old girl herself, presenting different perspectives about the illness. This is followed by an exploration of attitudes to children with depression and the need to recognise that the problem exists in order that help can be provided. The book describes how depression can be recognised by parents, teachers and young people themselves, and what can be done to help.

Signs of depression, including sad, unhappy mood, lack of pleasure in everyday activities, disturbed sleep, changes in appetite, suicidal thoughts or behaviour, negative thoughts, self blame and other signs such as chronic fatigue and associated problems such as difficult behaviour, eating disorders, heavy

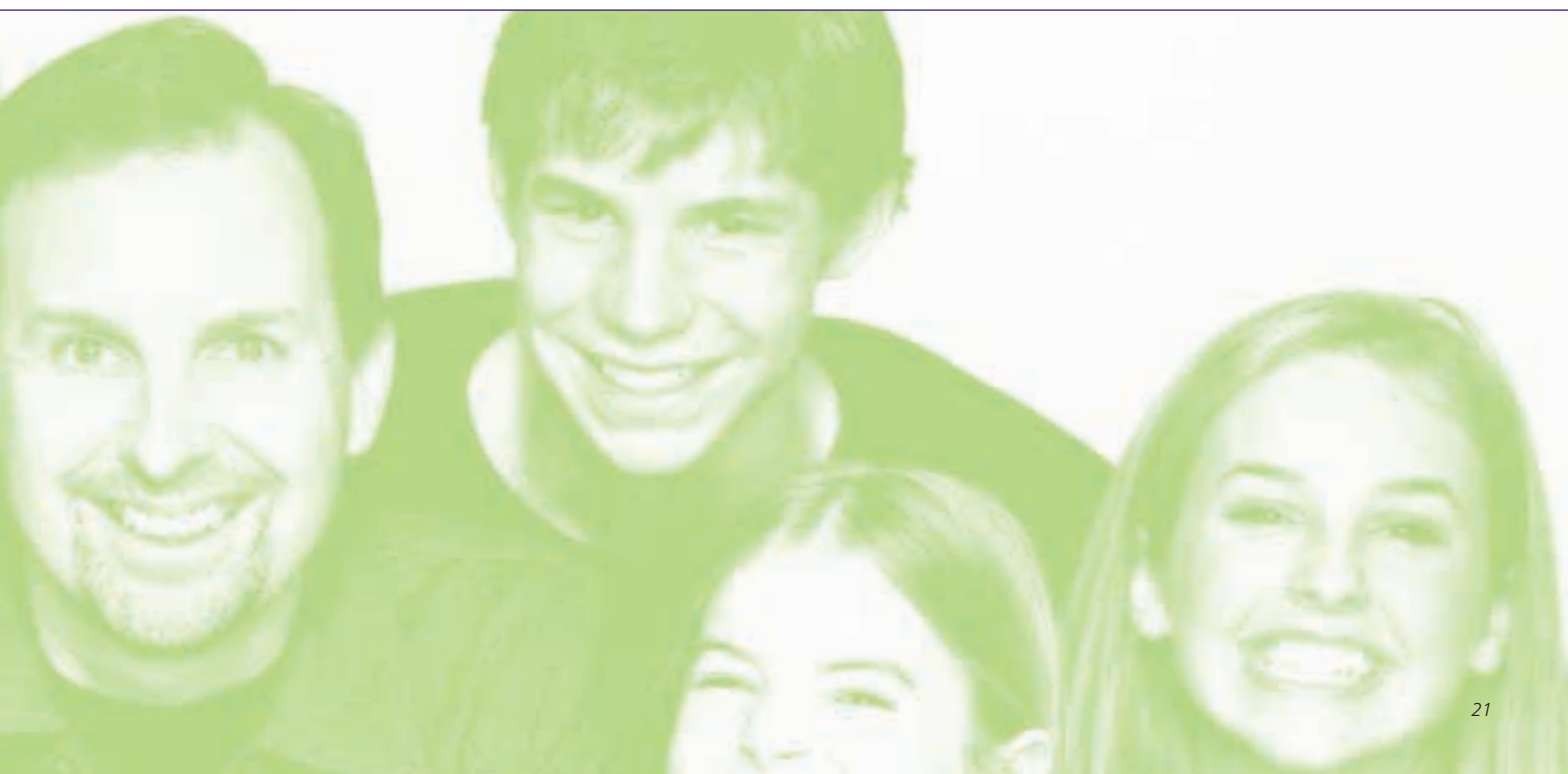
alcohol or drug consumption are described and explored.

The book explores the incidence of depression in children and young people, and looks at differences between boys and girls, ethnic differences, and links to poverty. There is a look at what causes depression, including losses, disappointments and stresses and other possible triggers. There is also consideration of vulnerability factors such as genetic makeup, temperament and personality, earlier experiences and other long-lasting difficulties like physical disabilities; and of coping skills and protective factors that can mitigate the risk of depression.

A great deal can be done by parents, teachers and others to help depressed children, and the book explores positive ways to help through listening, offering hope, helping to challenge negative thought patterns, and offers of practical help and support. This is followed by an action sheet for parents and for teachers highlighting the key steps that can be taken to help a young person with or at risk of depression.

There is also a chapter covering the child and adolescent mental health clinic, who works in these and how the work is undertaken, with illustrations through case studies. There is a description of different types of treatment, including cognitive behavioural therapy, family therapy, psychoanalytic psychotherapy, group therapy and physical treatments such as medication. The book also offers suggestions for further reading and a list of useful organisations.

So sad, so young, so listen by Philip Graham & Carol Hughes with a foreword by Philip Pullman. Published by The Royal College of Psychiatrists 2005. Available at www.rcpsych.ac.uk Price: £7.50



DIARY DATES

17th November

Together we will change: Community Development, mental health and diversity conference

Venue: Bradford.

By 2006, Primary Care Trusts have to appoint Community Development Workers to work with their Black and minority ethnic communities (Delivering Race Equality 2004). How can we help the new workers give local people a real say in service development – or enable local groups to deliver alternative kinds of support?

The aim is to exchange learning, ideas and practical tips. Supported by NIMHE North East, Community Development Foundation, Centre for Citizenship Bradford University this conference will include the launch of the SCMH evaluation of Sharing Voices.

PRICE: £160 + VAT. For more information contact 020 7827 8384 or e-mail conferences@scmh.org.uk.

24th November

Younger People with Dementia: Support in the Community - National Conference.

Venue: Liverpool.

Services for young people with dementia are learning to tackle issues around supporting people in their homes and in the community. This conference will focus on community support services, and the need for ongoing appropriate support for younger people with dementia and their families, at every stage of their condition.

Pleanary talks will concentrate on the needs of younger people as they themselves perceive them, and on how services are managing the support needs of their users from the early stages of their illness through more complex stages.

Seminar sessions will explore current services that are operating as 'alternatives' to traditional models of dementia care.

For more information email ypwd@alzheimers.org.uk or Tel: 0207 306 0834

6th December

The Fourth Cambridge Conference on Teenage Anorexia Nervosa.

Venue: Cambridge.

This is the fourth conference in our annual series which focuses on collaborative working between users, carers and professionals. FOCUS has been established in collaboration with the Gatsby Charitable Foundation and aims to promote effective practice in child and adolescent mental health.

The Phoenix Centre is one of the few specialist adolescent eating disorders services in the UK and is part of Cambridgeshire and Peterborough Mental Health Partnership NHS Trust.

Programme sessions and workshops include:

- An overview of up-to-date research in the field of adolescent anorexia nervosa

- Professor Bryan Lask, Professor of Child and Adolescent Psychiatry, St George's Hospital, London
- Strategies to assist young people and their families
- Dr Tony Jaffa, Consultant Child and Adolescent Psychiatrist, The Phoenix Centre, Cambridge
- The young person's perspective
- Young people from the Phoenix Centre and the Eating Disorders Association
- Getting started - early intervention, risk assessment and confidentiality
- Dr Caroline Lea-Cox, GP, Cambridge and Helen Marsh, Outreach Worker, Cambridge
- The parent's perspective
- Norah Mooney, Mike Kitson
- Motivation issues
- Helen Cowe and Susie Richards, Phoenix Centre, Cambridge

More information from Catherine Ayres e-mail: cayres@cru.rcpsych.ac.uk

10th January 2006

A Practical Guide to Mental Health Law and Legislation.

Venue: Manchester Conference Centre, Manchester

Though the aims of the Mental Health Bill will take time to implement and sustain, they are essential in generating a streamlined system - and this one day conference will bring together eight presentations and an interactive debate focussing on its effective implementation. You will learn about the implications for your day to day practice - and how you can ensure that service delivery in your organisation meets with the standards it sets out.

Confirmed speakers include: Professor Louis Appleby, National Clinical Director for Mental Health; Sandy Taylor,



Chair, Mental Health Implementation Bill Advisory Group & Chief Executive, County Durham & Darlington Priority Care NHS Trust

Richard Brook, Chief Executive, MIND; Ashley Irons, Mental Health Law Partner, Capsticks; William Armstrong, Mental Health Review Tribunal President; Jim Symington, Programme Director, The National Institute for Mental Health, England;

Lisa Rodrigues, Chief Executive, West Sussex Health and Social Care Trust; Ronnie Lopez, Senior Mental Health Act Advisor, South Essex Partnership NHS Trust; Steve Shrubbs, Executive Director,

National Workforce Programme

For more information please call 020 8541 1399.

22nd February
NIMHE National Conference
Delivering Race Equality: Research, Policy and Practice.

Venue: Gallery Suite, NEC, Birmingham
Delivering Race Equality in Mental Health Care is an action plan for achieving equality and tackling discrimination in mental health services in England for all people of Black and minority ethnic status, including those

of Irish or Mediterranean origin and east European migrants.

It draws on three key recent publications in particular:

1. Inside Outside: Improving Mental Health Services for Black and Minority Ethnic Communities in England;
2. Delivering Race Equality: A Framework for Action; and
3. The independent inquiry into the death of David Bennett (although DRE itself is not a direct response to the inquiry's report).

The aims of the day are to share progress and learning from the implementation of Delivering Race Equality (DRE),

provide an overview of the evidence base for DRE, showcase research specific to DRE, look at ways of implementing policy into practice and provide networking opportunities.

This conference is aimed at mental health service providers and commissioners, service users and carers, voluntary organisations providing services and support for service users and carers, researchers with an interest in mental health in black and minority ethnic groups.

For more information visit www.nimhe.org.uk



USEFUL WEBSITES

Chinese Mental Health Association – www.cmha.org.uk
Clifford Beers Foundation – www.charity.demon.co.uk
Community Matters – www.communitymatters.org.uk
Department for Education and Skills – www.dfes.gov.uk
Department of Health – www.dh.gov.uk
Depression Alliance – www.depressionalliance.org
Disability Rights Commission - www.drc-gb.org
Easington PCT – www.easington-pct.nhs.uk
Every Child Matters - www.everychildmatters.gov.uk
Faculty of Public Health - www.fph.org.uk
Health First - www.healthfirst.nhs.uk
Kings Fund – www.kingsfund.org.uk
Local Government Association – www.lga.gov.uk
Manic Depression Fellowship – www.mdf.org.uk
Mental Health Foundation – www.mentalhealth.org.uk
Mental Health Media – www.mhmedia.com
mentality – www.mentality.org.uk
Mind – www.mind.org.uk
Mind out for mental health campaign –
www.mindout.clarity.uk.net
National Institute for Health and Clinical Excellence
(NICE) – www.nice.org.uk
NIMHE – www.nimhe.org.uk
NIMHE Knowledge Community - <http://kc.nimhe.org.uk>
Rethink – www.rethink.org
Roots of Empathy – www.rootsofempathy.org/Home.html
Royal College of Nursing – www.rcn.org.uk
Royal College of Psychiatrists – www.rcpsych.ac.uk
Sainsbury Centre for Mental Health – www.scmh.org.uk
Samaritans – www.samaritans.org.uk
Sane – www.sane.org.uk
Shift – www.shift.org.uk
Teachernet – www.teachernet.gov.uk
Together - www.together-uk.org/
Wired for Health – www.wiredforhealth.gov.uk
Young Minds – www.youngminds.org.uk
Youth Start – www.youthstart.org.uk

Future editions of Mental Health Promotion Update

This newsletter is produced to reinforce the White Paper Choosing Health aims by providing NIMHE nationally and regionally with a vehicle to support local work and to ensure that mental health promotion remains on local agendas.

It provides information, articles and opinions for the mental health promotion community and those tasked with effectively implementing Standard One of the National Service Framework. It 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.

Each of the five newsletters are themed - the first edition featured many of the issues around the promotion of public mental health, the second focussed on mental health promotion in early years and the following two are planned for release in February and April 2006.

Edition Four *Mental Health Promotion for Communities (adult focus)*

Edition Five *Mental Health Promotion in Later Life*

mentality at the Sainsbury Centre for Mental Health welcome contributions to the newsletter.

If you are interesting in including something or making suggestions for inclusion on any of the themes for the upcoming edition please contact Angela on 020 7716 6762 or email angela.fletcher@mentality.org.uk.

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

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

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

