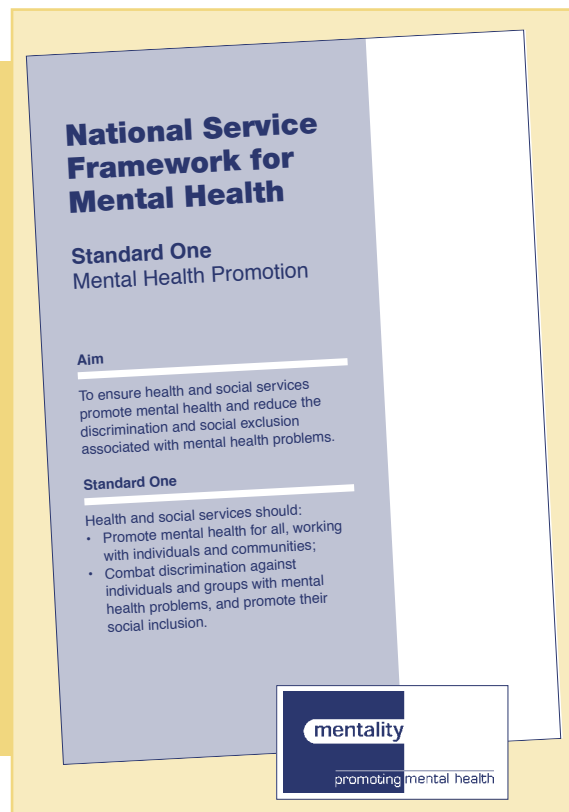




An introduction to a topic of current importance or controversy, giving clear and independent comment and analysis of the issues that lie behind it.



## BRIEFING 24

The Sainsbury Centre for Mental Health (SCMH) is a registered charity, working to improve the quality of life for people with severe mental health problems. It aims to influence national policy and encourage good practice in mental health services. SCMH is affiliated to the Institute of Psychiatry, King's College London.

mentality is the only national charity dedicated solely to the promotion of mental health. It aims to influence policy and practice nationally and to support those working to promote mental health across all sectors and in all disciplines.

# Mental Health Promotion – Implementing Standard One of the National Service Framework for Mental Health

## Introduction

This briefing has been prepared by **mentality** and published by the Sainsbury Centre for Mental Health. It is aimed at everyone working in or with an interest in moving mental health promotion up the agenda. Mental health promotion has a wide range of health and social benefits – improved physical health, increased emotional resilience, greater social inclusion and participation, and higher productivity. It can also contribute to health improvement for people living with mental health problems and to challenging discrimination and increasing understanding of mental health issues.

Standard One in the *National Service Framework for Mental Health* (NSF-MH) (Department of Health, 1999) puts mental health promotion centre-stage. For the first time, health and social services have a clear remit to promote mental health for all and to reduce the discrimination experienced by people with mental health problems. This briefing is particularly relevant for colleagues in all sectors working to implement Standard One.

The inclusion of this mental health promotion standard has been significant in recognising its relevance and importance. It has also provided an important opportunity for those working locally to invest in mental health promotion and to develop evidence-based programmes for delivery. This briefing looks at some of the challenges presented by Standard One and what mental health promotion can contribute to both the improvement of services and to the broader public health agenda.

The NSF-MH sets out seven national standards of care. Standard One is concerned with mental health promotion and aims to ensure that health and social services promote mental health and reduce the discrimination and social exclusion associated with mental health problems.

The first target for Standard One was the development of local, evidence-based mental health promotion strategies. These should already be in place, with the focus now on their delivery.

### National Service Framework: Standard One

Health and social services should:

- ❖ Promote mental health for all, working with individuals and communities
- ❖ Combat discrimination against individuals and groups with mental health problems, and promote their social inclusion

Meeting Standard One will require action across whole populations, as well as programmes for individuals at risk e.g. as a result of unemployment, relationship breakdown and for vulnerable groups e.g. black and minority ethnic groups, people who sleep rough and people in prison.

Performance will be assessed nationally by improvements in the psychological health of the population, as measured by the National Psychiatric Morbidity Survey and by a reduction in suicide rates. At a local level, health improvement programmes (HImPs) should include evidence of action to:

- ❖ Combat discrimination against and social exclusion of people with mental health problems
- ❖ Promote mental health:
  - in schools, workplaces and neighbourhoods
  - for individuals at risk
  - for groups who are most vulnerable

(Department of Health, 1999a)

## What is mental health promotion?

Mental health is more than the absence of mental illness. There are many different definitions of mental health, including:

*“Mental health is the emotional and spiritual resilience which enables us to enjoy life and to survive pain, disappointment and sadness. It is a positive sense of wellbeing and an underlying belief in our own, and other’s dignity and worth.”*

(Health Education Authority, 1997)

**Mental health** is essentially about how we think and feel about ourselves and about others and how we interpret the world around us. It affects our capacity to manage, to communicate and to form and sustain relationships. It also affects our capacity to cope with change and with major life transitions such as having a baby, going to prison, or experiencing bereavement. Mental health may be central to all health and wellbeing because how we think and feel has a strong impact on physical health. There is now an abundance of data demonstrating the importance of mental health and wellbeing to overall health and productivity (Stewart-Brown, 1998; Department of Health, 2001a; WHO, 2002; IUHPE, 1999; Stansfeld, 2002). Mental wellbeing, like physical health, is a resource we need to promote and protect.

**A mental health problem** is any problem that disrupts how we think and feel. It can fall anywhere along a continuum, and has many causes: from something temporary, for example experiencing bereavement or a limited episode of physical illness; to more enduring or permanent problems caused by long-term unemployment or inequalities.

It can also stem from an accumulation of things that happen to a person that make it difficult to function at all.

**Mental health promotion** involves any action to enhance the mental wellbeing of individuals, families, organisations and communities. It is important to recognise that everyone has mental health needs, whether or not they have a diagnosis of mental illness. Mental health promotion programmes that target the whole community will also include and benefit people with mental health problems.

Mental health promotion is essentially concerned with:

- ❖ how individuals, families, organisations and communities think and feel;
- ❖ the factors which influence how we think and feel, individually and collectively;
- ❖ the impact that this has on overall health and wellbeing.

Mental health promotion works at three interconnected and interdependent levels, each of which may be relevant to the whole population, individuals at risk, vulnerable groups or people with mental health problems. Mental health promotion programmes and interventions may do any or all of the following:

### Strengthen individuals

Increase emotional resilience through interventions designed to promote self esteem, and develop life skills such as communicating, negotiating, relationship and parenting skills.

**Example:** Promoting parenting skills

Group-based parenting training programmes improve the mental health of both parents and children (Barlow *et al.*, 1999; Barlow *et al.*, 2001) and may be more acceptable than clinic-based programmes for individual parents. A Primary Care Health Improvement Programme for mental health in Suffolk has established a partnership involving health, education and social services. They have set up a Healthy Schools Programme involving two primary schools and one upper school. The Primary Care Trust is covering the cost of six 90-minute parenting classes for parents of children between five and 15 years of age. A creche is also provided. The classes are facilitated by school nurses and health visitors and promote positive parenting messages in a relaxed atmosphere. The aim of the classes is to increase parents' self esteem and confidence about parenting. For more information contact: [alison.embley@educ.suffolkcc.gov.uk](mailto:alison.embley@educ.suffolkcc.gov.uk).

### Strengthen communities

Increase social support, social inclusion and participation; improve community safety and neighbourhood environments; promote childcare and self-help networks; develop health and social services which support mental health; promote mental health within schools and workplaces e.g. through anti-bullying strategies and mental health strategies.

**Example:** Advocacy

The 331 Young People's Centre in London is funded by Barnet Local Authority, Barnet Primary Care Trust and the local Connexions service. It is a multi-disciplinary service providing advice, information, support and counselling to young people aged 12-21. It is a general service, also providing information on sexual health needs.

Young people were involved in the Centre's development and young volunteers working in the Centre continue to input ideas. The main aim is to provide a high quality service that will inform, empower and respect young people so they are able to access the appropriate specialist local statutory and voluntary services. The project runs part time and has had over 12,000 contacts in its first three years. For more information contact 020 8492 7332.

### Reduce structural barriers to mental health

Develop initiatives to reduce discrimination and inequalities in society as a whole and to promote access to education, meaningful employment, housing, services, and support for those who are vulnerable.

**Example:** Promoting access to employment, training, education and services

The Mental Health Promotion Unit at South London and Maudsley NHS Trust focuses on the issues of the people in the local community. The unit's main function is to promote mental health awareness through training and consultancy by reaching out to key local agencies. These include faith communities and local colleges. This is done in conjunction with mental health service users. The main aim of the programme is to reduce the stigma and discrimination linked with mental health problems and to promote inclusion. The scheme has resulted in a considerable improvement in access to education; the number of students with serious mental health problems attending Lambeth College has more than doubled. For more information contact the Mental Health Promotion Co-ordinators: [caroline.morris@slam.nhs.uk](mailto:caroline.morris@slam.nhs.uk) and [marva.clarke@slam.nhs.uk](mailto:marva.clarke@slam.nhs.uk).

### Mental health indicators

The indicators used to measure mental health are often actually indicators of mental illness such as suicide rates, diagnosis rates, readmission rates, prescription rates, estimates of unmet need or mental health unit costs. There is a need to develop and use indicators of positive mental health in individuals. A recent study of well-validated instruments to measure mental wellbeing identified a number of key elements:

- ❖ agency (being able to influence things in one's life);
- ❖ capacity to learn, grow and develop;

- ❖ feeling loved, trusted, understood, valued;
- ❖ interest in life;
- ❖ autonomy;
- ❖ self acceptance and self esteem;
- ❖ optimism and hopefulness;
- ❖ resilience.

(Stewart-Brown, 2002)

The Audit Commission has developed a series of quality of life indicators, many of which are relevant to mental health because they concern known risk or protective factors for mental wellbeing (Audit Commission, 2002). In localities where these indicators have been tested, the information gathered can be used to contribute to baseline data on mental health and wellbeing at a community, ward or neighbourhood level, thereby helping to demonstrate the mental health impact and outcomes of local strategies. For a complete list of indicators, see [www.audit-commission.gov.uk](http://www.audit-commission.gov.uk). The General Health Questionnaire and data on social support can also give a more detailed picture of overall mental wellbeing and the presence or absence of key protective factors.

The following brings together indicators for individuals and communities, with quality of life indicators of particular relevance to mental health:

#### Indicators for individuals

- ❖ feeling safe
- ❖ feeling in control
- ❖ feeling heard
- ❖ 'can do' attitude
- ❖ confiding relationships
- ❖ trusting unfamiliar others
- ❖ access to social networks

#### Indicators for communities

- ❖ appropriate physical environment
- ❖ community influence
- ❖ community inclusion
- ❖ community participation
- ❖ neighbourliness
- ❖ trust
- ❖ social and civic engagement

#### Quality of life indicators

- ❖ autonomy
- ❖ sense of control
- ❖ sense of worth
- ❖ making a difference
- ❖ sense of belonging
- ❖ equity

The implementation of local mental health promotion strategies should provide more opportunities to ensure that mental health indicators form part of the public health picture for strategic health authorities, local authorities and primary care trusts. Mental health indicators should also inform the priorities of Local Strategic Partnerships in their work to reduce health inequalities.

### The risk and protective factors for mental health

Mental health promotion strategies and interventions need to be based on evidence of effective practice. There is a growing body of evidence which underpins approaches that reduce risk factors and promote protective factors. These factors need to be addressed at an individual, community and policy level.

#### Effective practice that aims to reduce risk factors includes:

- I Reducing the incidence or the impact of negative life events and experiences for individuals e.g. supporting people experiencing domestic violence, abuse, bereavement, long term caring.

#### Example: Supporting people experiencing abuse

Barnsley Sexual Abuse and Rape Crisis Helpline started in 1989 when a group of local women decided there was little support in Barnsley for women survivors, in particular of rape or childhood sexual abuse. The group recognised that the long term emotional, psychological and physical consequences for these women also had an impact on their families and more broadly on their local community. Local women are recruited, trained and then work together as a collective to run the service providing free information, support, advice and counselling through a telephone helpline and face to face sessions with local women. Many women using the service have expressed an improvement in confidence levels, self esteem and general wellbeing and have gone on to seek further personal development, and take educational and vocational courses at the local college. Others have joined the helpline as volunteers. For more information contact: [bsarch.bsarch@virgin.net](mailto:bsarch.bsarch@virgin.net).

Table 1: Risk factors potentially influencing the development of mental health problems and mental disorders in individuals

Individual factors	Family/social factors	School context	Life events and situations	Community and cultural factors
<ul style="list-style-type: none"> <li>❖ prenatal brain damage</li> <li>❖ prematurity</li> <li>❖ birth injury</li> <li>❖ low birth weight, birth complications</li> <li>❖ physical and intellectual disability</li> <li>❖ poor health in infancy</li> <li>❖ insecure attachment in infant/child</li> <li>❖ low intelligence</li> <li>❖ difficult temperament</li> <li>❖ chronic illness</li> <li>❖ poor social skills</li> <li>❖ low self esteem</li> <li>❖ alienation</li> <li>❖ impulsivity</li> </ul>	<ul style="list-style-type: none"> <li>❖ having a teenage mother</li> <li>❖ having a single parent</li> <li>❖ absence of father in childhood</li> <li>❖ large family size</li> <li>❖ antisocial role models (in childhood)</li> <li>❖ family violence and disharmony</li> <li>❖ marital discord in parents</li> <li>❖ poor supervision and monitoring of child</li> <li>❖ low parental involvement in child's activities</li> <li>❖ neglect in childhood</li> <li>❖ long-term parental unemployment</li> <li>❖ criminality in parent</li> <li>❖ parental substance misuse</li> <li>❖ parental mental disorder</li> <li>❖ harsh or inconsistent discipline style</li> <li>❖ social isolation</li> <li>❖ experiencing rejection</li> <li>❖ lack of warmth and affection</li> </ul>	<ul style="list-style-type: none"> <li>❖ bullying</li> <li>❖ peer rejection</li> <li>❖ poor attachment to school</li> <li>❖ inadequate behaviour management</li> <li>❖ deviant peer group</li> <li>❖ school failure</li> </ul>	<ul style="list-style-type: none"> <li>❖ physical, sexual and emotional abuse</li> <li>❖ school transitions</li> <li>❖ divorce and family breakup</li> <li>❖ death of family member</li> <li>❖ physical illness/impairment</li> <li>❖ unemployment, homelessness</li> <li>❖ incarceration</li> <li>❖ poverty/economic insecurity</li> <li>❖ job insecurity</li> <li>❖ unsatisfactory workplace relationships</li> <li>❖ workplace accident/injury</li> <li>❖ caring for someone with an illness/disability</li> <li>❖ living in nursing home or aged care hostel</li> <li>❖ war or natural disasters</li> </ul>	<ul style="list-style-type: none"> <li>❖ socioeconomic disadvantage</li> <li>❖ social or cultural discrimination</li> <li>❖ isolation</li> <li>❖ neighbourhood violence and crime</li> <li>❖ population density and housing conditions</li> <li>❖ lack of support service including transport, shopping, recreational facilities</li> </ul>

Reproduced from: Commonwealth Department of Health and Aged Care 2000, Promotion, Prevention and Early Intervention for Mental Health – A Monograph

**2** Decreasing social isolation and exclusion e.g. tackling discrimination in all forms such as racism or homophobia, investing in appropriate programmes to challenge the stigma that exists around those who experience mental health problems.

**Example:** Positive approach: skills to reduce discrimination

The Institute of Psychiatry and Rethink have been working together since 2000 on a series of educational projects to reduce stigma and discrimination faced by people with mental health problems. At the heart of the programme have been partnerships with local groups involving

service users, carers and others working in mental health who run mental health awareness training courses. The evaluated training programme has worked with secondary school students, police officers, college tutors, housing staff and CAB advisors. All the sessions address 'stigma' – such as stereotypes – and skills to support people in distress as well as one's own mental health. For more information contact: [v.pinfold@iop.kcl.ac.uk](mailto:v.pinfold@iop.kcl.ac.uk).

**3** Reducing the impact of deprivation and structural inequalities in health e.g. supporting programmes such as Sure Start, Urban Regeneration and Community Strategies.

**Example:** Healthy Living Centres

The Healthy Living Centres project in Wansbeck is targeted to the most deprived communities in the District, which ranks 17th most deprived nationally. The project looks to deliver services in the heart of four of the most deprived areas and link a range of support and advice services with more specific health improvement interventions and social capacity building. Employment Action Team, Community Legal Services, Citizens Advice Bureau, Debt Advice within Northumberland (DAWN), Literacy Project and other support agencies are able to work in and out of the four centres to contact clients direct in the areas where they live rather than requiring clients to travel to town centres. A Community Link Worker for mental health has also been employed to map local services and to signpost individuals appropriately. Drop-in sessions on mental health are also being provided. For more information contact: [n.fisher@wansbeck.gov.uk](mailto:n.fisher@wansbeck.gov.uk).

**Effective practice that aims to promote protective factors includes:**

- 1** Strengthening psycho-social, life and coping skills of individuals e.g. cognitive behavioural therapy, opportunities to learn new skills such as stress or anger management and relaxation, interventions to promote self-expression, self-efficacy and self esteem.

**Example:** Arts and creativity

The Plates Project was first put into practice in North Staffordshire. It is an innovative way of challenging negative perceptions of mental health. It consists of inviting the public to express their positive feelings and perceptions about mental health on dinner plates. The project's aim is to make the general public think about mental distress and mental health in a positive way and to challenge their own, often negative, preconceptions through visual media. It is also positive in providing individuals with an opportunity to be creative and to learn new skills in some cases. The results have been exhibited at the local museum and now decorate the walls of many mental health resource centres and other institutions. Feedback from the project has shown that it resulted in the empowerment of those involved, extensive media coverage of mental health issues, and the building of strong networks and partnerships across a diverse range of organisations. For more information contact: [jamesjmcateer@yahoo.co.uk](mailto:jamesjmcateer@yahoo.co.uk).

- 2** Increasing social support as a buffer against adverse life events e.g. initiatives that help

build social contacts through self-help groups, drop-ins, home visits, mentoring, time banks, volunteering.

**Example:** Time banks

The Rushey Green Time Bank began in 1999 when the New Economics Foundation piloted the scheme with a Lewisham GP practice. They had identified that many of the problems the practice were prescribing for were social rather than medical in origin. Community 'time banks' work by measuring and rewarding the time people spend helping each other in local communities. You give one hour of time to help someone and earn an hour's time credit which you can redeem when you need help. A 'time broker' matches up people's needs, keeps track of participation and helps recruit and support members. Initial evaluation showed that participants felt an increase in self-confidence and self esteem. For more information visit: [www.timebanks.co.uk](http://www.timebanks.co.uk).

- 3** Increasing access to resources and services which protect mental wellbeing e.g. initiatives to promote benefit uptake, supported employment, access to mainstream arts, leisure, learning and other services.

**Example:** Access to benefits

Manchester Mental Health Welfare Rights Team provides comprehensive benefits advice and representation to Manchester residents with severe and enduring mental health problems. They work closely with Manchester Health and Social Care Trust, taking referrals and providing them with consultancy and training in order to promote income maximisation. They also collaborate with colleagues in employment projects and education to provide advice and support for individuals, whatever their needs. For more information contact: 0161 234 4029.

**The wider benefits of mental health promotion**

Mental health promotion is arguably the most challenging area of the NSF-MH and delivering Standard One demands a major change in the working practices of most public services, the NHS above all. It requires a shared understanding and vision of what mental health promotion actually is, and what it can deliver, not just for those involved in mental health, but much more broadly.

Those working in mental health services will benefit from applying the principles which underpin mental health promotion to current practice.

Table 2: **Protective factors potentially influencing the development of mental health problems and mental disorders in individuals**

Individual factors	Family factors	School context	Life events and situations	Community and cultural factors
<ul style="list-style-type: none"> <li>❖ easy temperament</li> <li>❖ adequate nutrition</li> <li>❖ attachment to family</li> <li>❖ above-average intelligence</li> <li>❖ school achievement</li> <li>❖ problem-solving skills</li> <li>❖ internal locus of control</li> <li>❖ social competence</li> <li>❖ social skills</li> <li>❖ good coping style</li> <li>❖ optimism</li> <li>❖ moral beliefs</li> <li>❖ values</li> <li>❖ positive self-related cognitions</li> </ul>	<ul style="list-style-type: none"> <li>❖ supportive caring parent</li> <li>❖ family harmony</li> <li>❖ secure and stable family</li> <li>❖ small family size</li> <li>❖ more than two years between siblings</li> <li>❖ responsibility within the family (for child or adult)</li> <li>❖ supportive relationship with other adult (for a child or adult)</li> <li>❖ strong family norms and morality</li> </ul>	<ul style="list-style-type: none"> <li>❖ sense of belonging</li> <li>❖ positive school climate</li> <li>❖ prosocial peer group</li> <li>❖ required responsibility and helpfulness</li> <li>❖ opportunities for some success and recognition of achievement</li> <li>❖ school norms against violence</li> </ul>	<ul style="list-style-type: none"> <li>❖ involvement with significant other person (partner/mentor)</li> <li>❖ availability of opportunities at critical turning points or major life transitions</li> <li>❖ economic security</li> <li>❖ good physical health</li> </ul>	<ul style="list-style-type: none"> <li>❖ sense of connectedness</li> <li>❖ attachment to and networks within the community</li> <li>❖ participation in church or other community group</li> <li>❖ strong cultural identity and ethnic pride</li> <li>❖ access to support services</li> <li>❖ community/cultural norms against violence</li> </ul>

Reproduced from: Commonwealth Department of Health and Aged Care 2000, Promotion, Prevention and Early Intervention for Mental Health – A Monograph

The new agenda for service delivery includes the involvement and empowerment of those who use services, as well as equity, choice and respect, all of which would in themselves promote mental health. Mental health agencies will also need to consider the promotion of the mental health of their workforce.

Mental health promotion can also contribute to the national policy context more broadly through, for example:

- ❖ the cross-governmental agenda to tackle health inequalities;
- ❖ within education through the lifelong learning agenda;
- ❖ within workplaces through the work-life balance and anti-discrimination agendas;
- ❖ within communities through the regeneration and renewal agendas.

Mental health promotion can contribute to the effective delivery of the mental health standard set out in *Saving Lives: Our Healthier Nation* (DoH, 1999b) which focuses on mental health promotion through suicide prevention. Mental health promotion can also contribute to a range of standards within the Department of Health National Service Frameworks on coronary heart disease, older people and children. It has an important role in several of the 12 national indicators for progress in reducing the health gap, as set out earlier this year in *Tackling Health Inequalities – A Programme for Action* (DoH, 2003).

An additional priority for all Government departments is tackling social exclusion. On almost any indicator, people with long term or intermittent mental health problems are among the most excluded members of society and social exclusion is a key risk factor for a range of mental health problems. Mental health promotion has the potential to provide a really useful framework for a holistic approach that considers mental health needs in the context of people’s lives, and enables people with mental health problems to enjoy the same range of services and facilities within the community as everyone else.

Mental health promotion can contribute to various other government initiatives:

- ❖ **Education**  
including the Early Years Development and Childcare Partnerships, Sure Start, the Children’s Fund, Healthy Schools Programmes and Connexions services.
- ❖ **Workplace**  
including Welfare to Work, New Deal schemes, Work-Life Balance initiatives and in the NHS Working Together and Improving Working Lives.
- ❖ **Neighbourhood Renewal**  
supported through Local Strategic Partnerships and the development of mental health promotion in the local Community Strategies.

**Benefits of mental health promotion**

Mental health promotion can:

- ❖ improve physical health and wellbeing;
- ❖ prevent or reduce the risk of some mental health problems;
- ❖ improve health at work, increase productivity and reduce sickness absence;
- ❖ assist recovery from mental health problems;
- ❖ strengthen the capacity of communities to support social inclusion, tolerance and participation, and reduce vulnerability to socio-economic stresses;
- ❖ improve mental health services and the quality of life for people experiencing mental health problems;
- ❖ increase the ‘mental health literacy’ of individuals, organisations and communities.

(Department of Health, 2001b)

**Promoting mental health for all**

Although Standard One of the NSF-MH concentrates on investment for working-age adults, mental health promotion is of relevance to all groups and all ages.

Standard Seven of the National Service Framework for Older People outlines the need to promote good mental health and to treat and support those older people with dementia and depression.

**Example:** Promoting mental health and active ageing

The Ageing Well UK Network, facilitated by Age Concern England, is a national health promotion programme with and for older people. The projects recruit and train volunteers aged 50+, known as Peer Mentors to provide support, encouragement, advice and information to their peers in order to promote positive physical and mental health. One of the projects in the Network, the Positive Mental Health Project in Warrington, is developing some groundbreaking work using trained volunteer Peer Mentors to help older people improve their mental health and outlook on life. They also offer support for people to access social and health activities in their local community. For further information visit: [www.ageconcern.org.uk/stayingactive](http://www.ageconcern.org.uk/stayingactive).

The first part of the Children’s National Service Framework has been published. Although this concentrates on hospital services, the broader Children’s Framework is expected to make mention

of the mental health of children and young people and the relevance of mental health promotion.

**Example:** Promoting mental health through partnership working

Connexions Humber, University of Kingston-Upon-Hull, Hull and East Riding Community Health Trust, and Hull and East Yorkshire Mind are working in partnership to deliver an early identification and intervention service for children and young people with mental health problems in Hull through an Inter-Agency Link Team. The project creates a model for dealing with mental health issues within Connexions, secondary schools and further education; it outlines pathways to appropriate care and equips staff with knowledge and skills. Students are encouraged to seek help early, either for themselves or for their peers or friends. A key focus of the project is the destigmatisation and prevention of mental ill-health, and positive health promotion campaigning which raises awareness on mental health issues in schools and the community. The Inter-Agency Link Team were awarded the Department of Health and Social Care Award for Children’s Services 2002-2003 (Modernisation and Innovation in Primary Care Practice). Contact: [patrick.o’connor@herch-tr.nhs.uk](mailto:patrick.o’connor@herch-tr.nhs.uk).

Often it is assumed that mental health promotion is irrelevant for people with mental health problems. However, there is increasing evidence relating to the recovery model, coping strategies and social support, and the involvement of the user/survivor perspective in service planning, delivery and evaluation; these support the promotion of mental health for all, regardless of psychiatric diagnosis.

**Example:** Promoting mental health among people with mental health problems

The User “Q” project in East Sussex provides tailor made training, consultancy, facilitation and consultation on mental health, the user/survivor perspective, workshops to challenge stigma and discrimination, and monitoring and evaluating services from a service user perspective. It is designed, developed and delivered by service users, for service users, in order to continue to provide ongoing challenges to the negative assumptions that are made in relation to service users’ capacity to contribute to ordinary life and local communities. It promotes the mental health of those working in the organisation through real empowerment and involvement and promotes mental health in the broader community. For more information contact: [info@userq.net](mailto:info@userq.net).

## Promoting the mental health of marginalised groups

It is increasingly clear that the erosion of mental, emotional and spiritual wellbeing is one of the key ways in which being excluded damages health. There is a large and diverse range of marginalised groups – that is, groups of people who are left out and may be on the margins of society – such as refugees and asylum seekers, young offenders, homeless people, people from black and minority ethnic communities or single parents.

People from marginalised groups are more likely than others to live in deprived neighbourhoods, be poor, be unemployed, experience ill health, and live in overcrowded and unpopular housing. People from black and minority ethnic communities experience the added jeopardy of widespread racial harassment and racist crime that may also damage their mental health and wellbeing.

Mental health promotion can play a key role in tackling social exclusion and promoting a wide range of health and social benefits for people from marginalised groups, for example more accessible services and increased employment opportunities.

### Example: Antenna

Antenna in Tottenham, London, provides a culturally sensitive outreach service to young people aged 15–25 years, advice and support to families and carers, and awareness raising within both the black community and service providers. It offers a holistic service to meet a range of different needs, for example help with housing and benefit advice. Around half the clients at any one time are in some sort of active training programme, and Antenna supports them to complete their training. A 24-hour telephone helpline provides information and support around mental health issues to young people and their parents. Work to tackle stigma and mental illness takes place in the wider community through work in schools, churches and mosques and with youth services, including involvement in one school with a health mentoring programme. For more information contact: [info@antennaoutreach.co.uk](mailto:info@antennaoutreach.co.uk).

### Checklist for mental health promotion with marginalised groups

- ❖ Challenge health inequalities and discrimination;
- ❖ Consult effectively with people from marginalised groups;
- ❖ Ensure community involvement and ownership in planning, implementing and evaluating mental health promotion interventions;

- ❖ Raise awareness of mental health issues facing marginalised groups and provide training for a wide range of service providers;
- ❖ Challenge racism and discrimination, both within services and in the wider community;
- ❖ Provide accessible information about local services;
- ❖ Design services that are sensitive to diverse needs;
- ❖ Offer services and support within community venues that marginalised groups will access, including youth centres, schools, leisure facilities, businesses and churches;
- ❖ Promote employment opportunities for people from marginalised groups.

(mentality, 2004)

## Mental wellbeing and physical health

How we think and feel has a strong impact on physical health. There is a growing body of research that demonstrates the impact of mental health on physical health, much of which is concerned with how the social environment acts on biology to cause disease (Marmot and Wilkinson, 1999). This body of research is known as ‘stress biology’.

‘Stress biology’ looks at the relationship between chronic stress and the nervous system, the cardio-vascular and the immune systems, influencing physical health issues such as cholesterol levels, blood pressure, blood clotting and immunity. Chronic anxiety, insecurity, low self esteem, social isolation and lack of control over work appear to undermine mental and physical health (Bosma *et al.*, 1997).

### The impact of mental health on physical health

- ❖ In a cross-sectional study based on data from 39 states in the USA, Kawachi *et al.* (1997) found lower levels of social trust were associated with higher rates of most major causes of death, including coronary heart disease, malignant neoplasms, cerebrovascular disease, unintentional injury and suicide.
- ❖ Depression increases the risk of heart disease fourfold, even when other risk factors like smoking are controlled for (Hippisley-Cox *et al.*, 1998), and is a risk factor for stroke (Jonas and Mussolino, 2000).
- ❖ Depression has a significant impact on health outcomes for a wide range of chronic

physical illnesses, including asthma, arthritis and diabetes (Turner and Kelly, 2000).

- ❖ Lack of control at work is associated with increased risk of cardiovascular disease (Bosma *et al.*, 1997; Marmot *et al.*, 1991).
- ❖ Sustained stress or trauma increases susceptibility to viral infection and physical illness by damaging the immune system (Stewart-Brown, 1998).
- ❖ A person with schizophrenia can expect to live for ten years fewer than someone without a mental health problem and much of this excess mortality is caused by physical health problems (Brown *et al.*, 2000).
- ❖ In a survey of nearly 6000 adults (Rainford *et al.*, 2000) a range of social/environmental factors were associated with increased likelihood of reporting poor health including:
  - lack of control over decisions affecting life;
  - lack of influence over neighbourhood decisions;
  - low neighbourhood social capital;
  - having no personal support (especially for men);
  - having no involvement in community activities.

### Developing evidence-based practice

It is important that mental health promotion strategies and individual interventions are based on the best available evidence, while recognising that what constitutes evidence and how this is measured is part of a complex and ongoing debate.

The NSF-MH identifies five grades of evidence:

- I systematic review, including one randomised control trial (RCT);
- II at least one RCT;
- III at least one well designed intervention;
- IV at least one well designed observational study;
- V expert opinion, including users/carers.

All grades of evidence have their strengths and weaknesses. Using the existing evidence base effectively and building on it will need to be done in a wider context of debates about the meaning, significance and impact of mental health. Definitions of effectiveness need to include broader goals, for example increasing social inclusion, reducing anxiety and enhancing control.

The case for investing in mental health promotion is often made on the basis of whether it can, or cannot, prevent mental health problems. There is an extensive evidence base on interventions which reduce risk for depression or anxiety, for example, and which demonstrate the effectiveness of enhancing coping/life skills and improving social support.

Key principles of effective practice (Department of Health, 2001b) include programmes that aim to:

- ❖ Reduce anxiety
- ❖ Enhance control
- ❖ Facilitate participation
- ❖ Promote social inclusion.

Research indicates (Hosman *et al.*, 1994) that the most effective mental health promotion programmes are those which:

- ❖ address a combination of risk and protective factors;
- ❖ involve social networks e.g. family, community, spiritual leaders;
- ❖ intervene at a range of different times e.g. post natal, pre-school;
- ❖ use a combination of intervention methods e.g. enhancing social support and increasing coping skills;
- ❖ are delivered at different levels e.g. national, regional and local.

Principles that are considered to underpin effective interventions include:

- ❖ non-stigmatising provision – often open access;
- ❖ needs-led programmes – based on mapping, current provision and priorities;
- ❖ effective methods of consultation with local communities and ownership;
- ❖ engagement with users – in the broadest sense i.e. can be the whole community;
- ❖ delivery in partnership – pan sector approach to provision;
- ❖ utilising appropriate approaches – e.g. peer led (age-specific), culturally relevant.

The following table details the kinds of interventions for which there is good evidence. More details of each can be obtained in the **mentality** publication Making it Effective (2003):

Table 3: **Summary of interventions supported by the evidence base**

**Communities and neighbourhoods**

- ❖ Arts and creativity
- ❖ Access to green open spaces
- ❖ Reducing fear of crime
- ❖ Stress workshops for the general public

Key elements:

- ❖ Real consultation
- ❖ Supporting the local community
- ❖ Supporting social networks
- ❖ Rebuilding social capital

**Early years: Children and families**

- ❖ Pre-school development
- ❖ Home visiting programmes
- ❖ Day care
- ❖ Parenting skills
- ❖ Addressing anti-social behaviour

Key elements:

- ❖ Strengthening child/carer relationship
- ❖ Improving language skills and impulse control
- ❖ Social support
- ❖ Improving parenting
- ❖ Opportunities for learning

**Young people: school setting**

- ❖ Health promoting schools approach, involving staff, the community, environment and school culture
- ❖ Anti-bullying: whole school/community approach
- ❖ Coping with transitions
- ❖ Self esteem programmes
- ❖ Peer-led programmes

Key elements:

- ❖ Self management
- ❖ Problem solving
- ❖ Improved communication
- ❖ Cognitive behavioural

**Young people: outside school setting**

- ❖ Youth offending
- ❖ Risk taking behaviour
- ❖ Suicide prevention
- ❖ Social skills training
- ❖ Advocacy and peer support

Key elements:

- ❖ Self management
- ❖ Problem solving
- ❖ Improved communication
- ❖ Cognitive behavioural

**Primary care**

- ❖ Brief interventions (alcohol)
- ❖ Social prescribing e.g. exercise
- ❖ Community mothers
- ❖ Self help/voluntary referrals
- ❖ Managing peri and post-natal depression

Key elements:

- ❖ Improving links within communities
- ❖ Encouraging vulnerable groups
- ❖ Self help/voluntary referrals
- ❖ Education and life training skills

**Older people**

- ❖ Volunteering
- ❖ Peer support/counselling
- ❖ Home visits
- ❖ Telephone support

Key elements:

- ❖ Access to information
- ❖ Personal support
- ❖ Social support
- ❖ Social participation

**People with mental health problems**

- ❖ Supported employment
- ❖ Volunteering
- ❖ Recognition of spirituality
- ❖ Exercise
- ❖ Creativity
- ❖ Social support
- ❖ Physical health care

Key elements:

- ❖ Proactive involvement of mental health service users
- ❖ Appropriate outcomes developed
- ❖ Social contact
- ❖ Social support

**Black and minority ethnic groups**

- ❖ Appropriate mental health services
- ❖ Holistic services
- ❖ Support networks/self help
- ❖ Spirituality
- ❖ Creativity

Key elements:

- ❖ Recognising different religious, linguistic and cultural needs
- ❖ Tackling racism
- ❖ Real consultation
- ❖ Effective partnerships with cultural organisations

**Employment/Workplace**

- ❖ Supported employment in real workplace
- ❖ Effort/reward balance

- ❖ Increased job control
- ❖ Reviewed job demands
- ❖ Enhanced social support
- ❖ Communication and participation
- ❖ De-briefing following workplace trauma

#### Key elements:

- ❖ Systemic and cultural
- ❖ Valuing staff
- ❖ Social support
- ❖ Team working

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