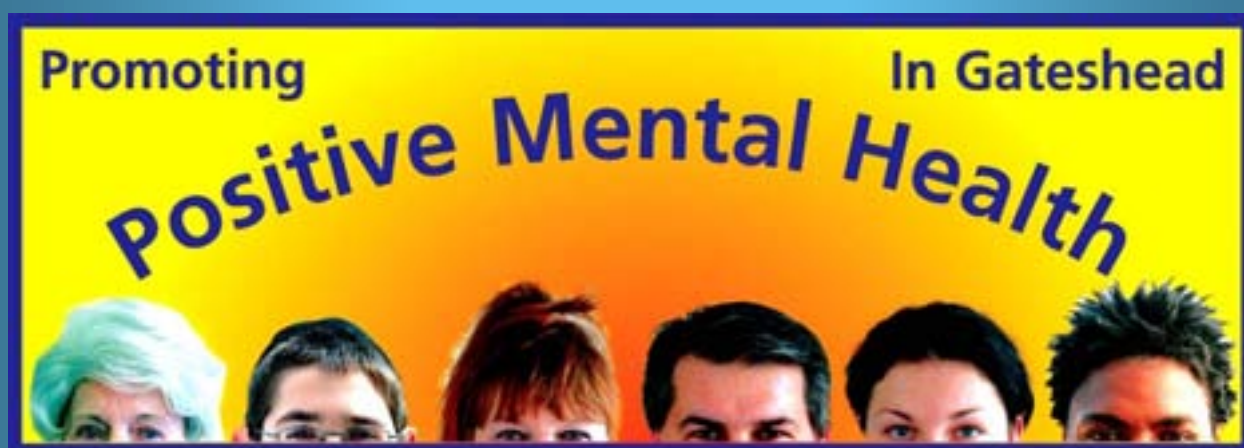


Gateshead

Mental Health Promotion Strategy

2003-2010



Gateshead Primary Care Trust,
South of Tyne and Wearside Mental Health
Trust and Gateshead Health Trust



Welcome to Gateshead's Mental Health Promotion Strategy

We hope that you find your visit interesting and useful.

Here is a map to help you find your way around the document:





How did we get here ?

This strategy has been written with the help of many people living and working in Gateshead. Gateshead NHS Primary Care Trust have been leading the work, asking individuals, groups and organisations what they think should be included. The Department of Health Guidance 'Making it Happen'¹ has also been followed.

This seven year strategy spanning 2003-2010 reflects the enthusiasm and commitment in Gateshead to promoting mental well-being in our schools, communities, workplaces and within health and social care. It provides a foundation, on which developments can be evaluated and evolved over time.

We are not alone in doing this. Nationally many other districts have drawn up their own strategies in response to the National Service Framework for Mental Health² and other relevant plans (see *Appendix 2* for list).

Local organisations and groups have signed up to the aims of this strategy and have agreed to give their support, time and money to bring the action plan to life.

There is a role for you too – if you want to play a part: see *page 19 and 27*.

A big "THANK YOU!" to all the individuals and organisations who have helped to develop this strategy by way of support, advice and consultation. Special thanks to Joyce Sterry (Mental Health Promotion Specialist for Gateshead in 2001/2), the focus groups, consultants, steering group and Mental Health Promotion Forum for their contributions and support in writing this strategy.



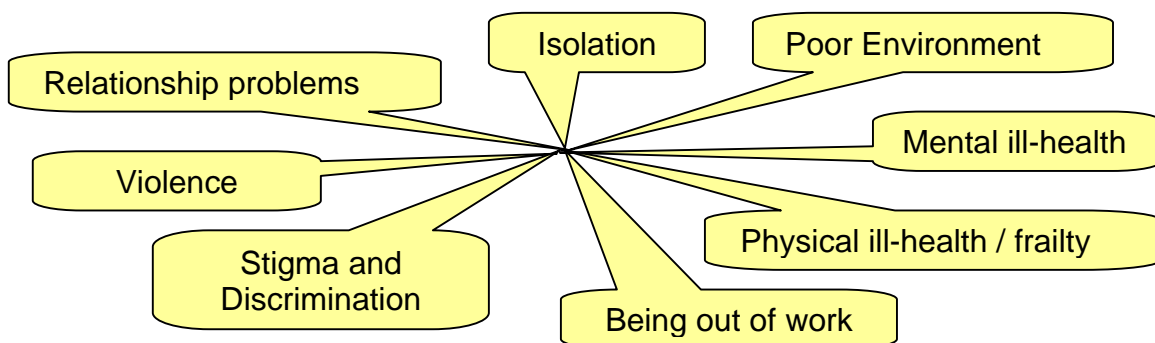


What's it for ?

The aim is both to raise public awareness of what positive mental health is (often called mental well-being) and also to join forces in making it easier to achieve. In a sentence, **positive mental health** is about being more **confident to cope** with life's ups and downs, it's about believing in our own and others **self worth and dignity** and being able to **enjoy life and relationships**.

Gateshead people are (like anywhere) sometimes faced with situations that make it difficult to build or maintain mental well-being and emotional resilience:

Situations that make this difficult include:



Some factors pose a higher risk for Gateshead as reflected in socio-economic ratings e.g. a low percentage of people own their own home, a high percentage of people are unemployed or on long term sick benefit.

Why Does it Matter ?

Mental health affects how we learn to communicate, how we manage relationships and how we make sense of what life brings our way. It affects how well we cope with change and with major life events like having a baby, disability, going to prison, or bereavement. It also has a strong impact on physical health and well-being. Mental health is not just about individuals either. Schools, neighbourhoods, organisations or specific groups of people may have poor mental health as a result of poverty, deprivation, exclusion, isolation or low status. In the course of a year **25% of people** will experience mental ill-health³ a figure that continues to rise and costs the UK over 77 billion pounds a year including lost employment and support costs⁴.

Meeting Government Targets:

The inclusion of Standard One in the National Service Framework for Mental Health 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 ill-health. Standards Two to Seven cover Primary Care and access to services, effective services for people with severe mental illness, caring for carers, and suicide prevention, each of which also contain strands of mental health promotion. This core Mental Health Promotion strategy will be supplemented with more detailed annual action plans up until 2010 to respond to future national targets and a dynamic, developing Gateshead.

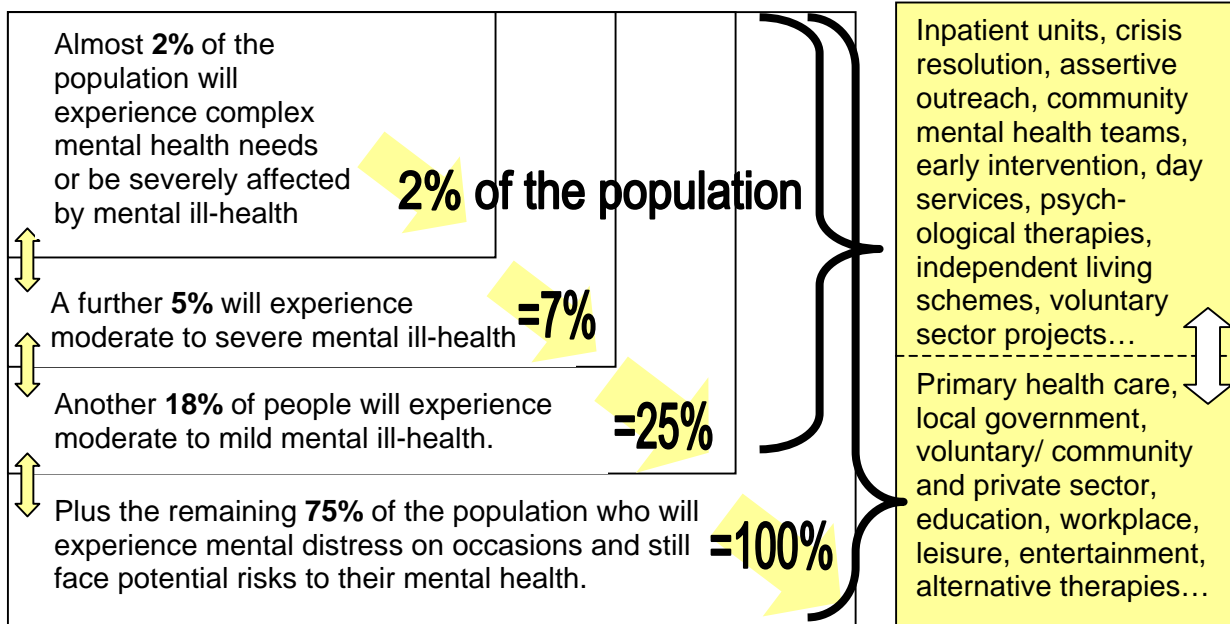


How can it help ?

We hope you find this strategy written and presented in a clear style, offering both inspiration and direction, and of use to people from different backgrounds and in different settings. **Everyone can be involved** in promoting positive mental health at some level, this strategy sketches out the bigger picture so that we can see where we fit in and be 'mindful' of what and who else plays a role.

Personal and social factors clearly have a role, but often overlooked are the contributions made by the workplace, environment or local facilities such as leisure centres. Based on evidence of what works, this strategy offers a framework for promoting mental well-being together; for the whole population; for individuals at risk and vulnerable groups; and for people experiencing mental ill-health.

To the right of the diagram below is a list of services that should be involved in promoting mental health. The top half lists those concerned mostly with promoting the mental well-being of people experiencing mental ill-health (25% of us) and ideally of carers / family and staff too. The lower part suggests others that are well placed to take responsibility for promoting mental health in the wider population including people experiencing mental ill-health.



* Figures are based on national statistics⁵

Here is a quick reference guide to pages featuring the following key words:

Children / Young people : **10, 13, 14, 18**
 Criminal Justice: **10, 12, 14**
 Disability : **3, 6, 15, 16**
 Minority Groups (inc. black and minority ethnic groups and gay, lesbian, bisexual and transgender people): **6, 12, 14**
 NSF for Mental Health : **3, 20, 24**

Older people : **5, 15, 18**
 Resources : **19, 21, 22, 25**
 Strategies : **10, 12, 14, 16, 23, 24**
 Suicide : **12, 14, 20**
 User involvement : **8, 13, 16, 21, 26**
 Voluntary Sector: **5, 10, 12, 14, 15, 17**
 Information/advice : **21, 22, 23**

The Champions



Peter Jefford makes positive mental health a priority in his life and tells us how...

" I am learning to be still, to be quiet and to be centred. Mental confusion dissolves when I experience silence. In silence greater clarity arises and I perceive the uniqueness of living."

What Age Concern's 'Ageing-Well' groups (music, drama, exercise and reminiscence) have done for positive mental well-being...

...'I was very lonely so decided to get involved in things like music' ...'It brings back happy memories'

'It's a good cheerer upper!'... 'I feel a lot fitter, and less tense and stressed'.



What the Government says



'Mental health is as important to an individual as good physical health'⁶

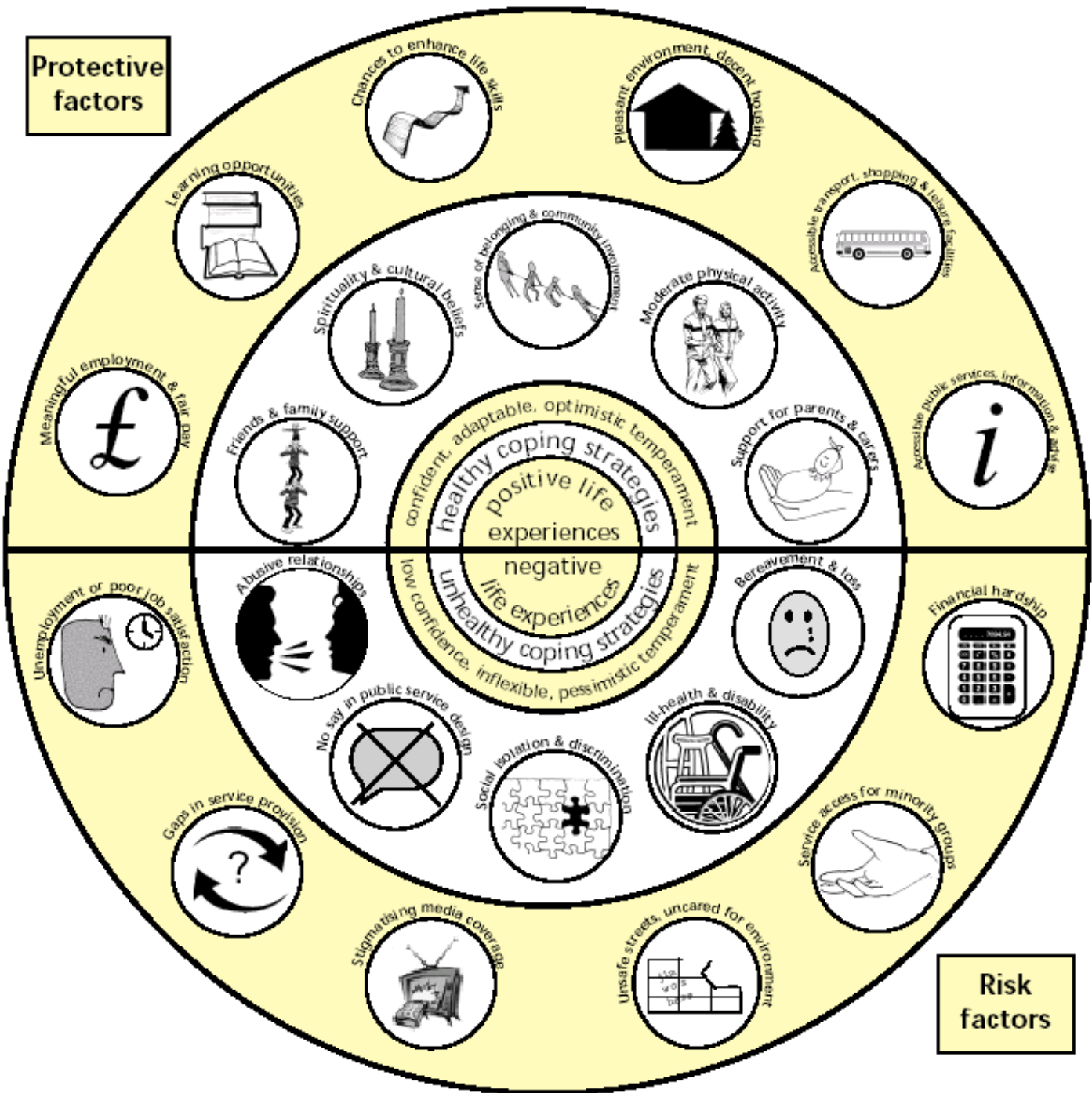
'Standard One of the NSF for MH aims to: 1) Promote mental health for all; 2) Reduce discrimination and increase social inclusion of people with mental health problems.'²

'Effective mental health promotion strategies...engage with a whole range of broader community development initiatives to strengthen social networks and structures to support local communities.'⁷

See References (p22) 2, 6 and 7 for government documents

What does mental health look like?

Well, mental health isn't something we can see for a start! But it is useful to think about what makes up positive mental health and what puts our mental health at risk. This diagram maps out some of these factors on three levels. Personal factors at the centre, surrounded by community and lifestyle factors, and on the outer circle social, economic and environmental factors. The top half shows protective factors, whilst the lower half shows risk factors.



How to promote mental health

Mental health promotion aims to improve public understanding of what positive mental health is and how to nurture protective factors.

It involves enabling people to become more resilient, and more able to cope with stressful experiences and negative thoughts and feelings. Reducing factors such as isolation, abuse, problems accessing services, and financial strain is equally important as they are known to increase the risk of mental ill-health. Other inequalities such as those arising from traditional gender roles and the gap between rich and poor also need to be addressed .

Challenging myths and stigma about mental ill-health is an important part of developing this understanding too (see Appendix 1).

This strategy gives us an opportunity to :

- Increase awareness of how to promote positive mental health
- Empower ourselves and each other to cope with difficult situations
- Challenge attitudes and develop understanding about mental ill-health
- Increase the enjoyment of living, learning and working in Gateshead
- Develop policies to support positive mental health

When It Works Best...

Evidence from several reviews shows it is best to work at both reducing the risk of mental ill-health as well as enhancing coping skills and improving social support. It is also more effective to intervene at a range of different times in the life cycle and within different settings e.g. GP practice, school, work, library. The Department of Health suggest using a public health approach¹ and working at the following levels:

Strengthening Individuals (I) – e.g. promote self-esteem, emotional resilience, life skills (communicating, negotiating, coping, relationship and parenting skills).

Strengthening Communities (C) – e.g. improving neighbourhood environments, sense of belonging and participation; developing services to support mental health, anti-bullying strategies in schools, guidance on stress at work; improving community safety, childcare opportunities and self-help networks.

Strengthening Structures (S) = Removing barriers to positive mental health – e.g. challenging discrimination and inequalities; promoting access to education, meaningful employment, quality housing, services and support for those who are vulnerable.

Benefits Claimed from Promoting Positive Mental Health:

Increased physical health	Prevention or reduction of behavioural disorders, depression and anxiety, and substance misuse	Improved quality of life
Assisting recovery from mental ill-health	Improved Mental Health Services	Stronger community to support tolerance and participation, and to reduce isolation
Increased understanding about mental health in individuals, organisations and communities		Improved mental health at work, increasing productivity and reducing sickness absence



Guidance for Building Positive Mental Health: Notes on Planning, Preparation and Partners

- Sustained efforts and gradual improvements** are needed for a 7 year plan. The strategy will need to reflect changes to Government requirements and local circumstances over time.
- This is not the sole responsibility of 'mental health' settings.** A key issue given the lack of dedicated funding, is to foster in all agencies an awareness of their role in promoting mental health and a commitment to doing it as part of their remit.
- Support for promoting mental health** can be found in strategies relevant to many agencies and groups of people, as mapped out in *Appendix 2*.
- Choosing an effective method** requires identifying the main factors impacting on mental health in a specific setting or for particular people. There is much research available on risk factors for vulnerable groups and settings to guide this choice. The 'Factfile' sections under each 'Setting' indicate key protective factors that research has found effective in that setting.
- Foundations for any intervention** should take account of:
 - Needs of population / target group
 - Existing evidence base and how to add to it
 - Cultural and social factors
 - Partnerships available to support work
 - Involvement of target group members, service users and carers
 - Promotion of positive images of people experiencing mental ill-health
 - Ensuring appropriateness and equality in access to services
 - Honesty, openness and respect for people as valuable at all levels
- Key areas** of work were identified in discussion with professionals and local people and have been included in the 'Setting' sections as recommendations. General development themes are also suggested for continuous strengthening of resources and awareness. Evaluation guidelines are provided on *page 20*, it is important to bear these in mind from the very start of a project.

Introduction to Settings

The Setting sections give a brief outline of relevant information for each of the four settings pictured below and a fifth which features Cross Cutting Themes;

Education



Health and Social Care



Community



Workpace



The Factfiles contain some basic information current at time of writing (2003). Also included is brief information on **National Guidance**, **MHP** (mental health promotion) **needs**, and **key protective factors**.

Examples are given of effective initiatives in Gateshead with the level of action being indicated with one or more of the following letters; **I**=Individual, **C**=Community, **S**=Structural, as defined by the Department of Health.

Key recommendations are also provided as a result of focus groups, workshops and wider consultations. They are broad recommendations, covering issues for both the wider population and for vulnerable people including those experiencing mental ill-health. See also General and Lifespan themes in Setting 5.

An action plan will be produced as an annual supplement to this core strategy document, it will propose action points for each setting and show commitments made from key agencies and partners to deliver on them. Copies of the action plan will be circulated on request or it can be downloaded from the internet (details on page 28).

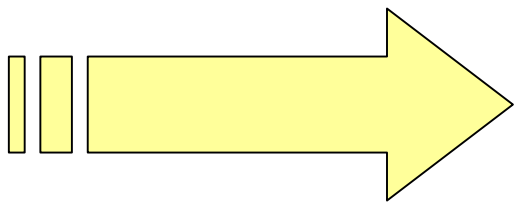
Some myths and facts will accompany you in your journey through the settings. The facts in bold may help you to combat stigmatising attitudes that you might encounter, Appendix 1 provides more myths and facts for use in quizzes etc.

It could never happen to me...

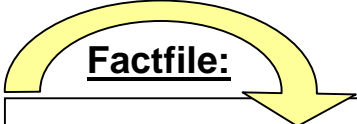
MYTH or FACT ?

At any one time, one in four people will experience some kind of mental health problem in the course of a year

Setting 1:

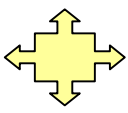


Education



Factfile:

- In Gateshead there are 41 nursery schools, 95 primary and secondary schools, 3 colleges (Gateshead College, Jewish Talmudic College and Jewish Teacher Training College), and 72 community based education centres.
- Pastoral services are supported by personal tutors / mentors, Education staff, Health staff running drop-ins, Connexions advisers and Occupational Health.
- **National guidance:** Sure Start Programmes, Social Inclusion Programmes, National Healthy School Standard, Citizenship and PSHE Curriculum 2000, Education Act, Lifelong Learning, Connexions guidance.
- **MHP Needs:** Awareness raising, Challenging stigma, Support for people experiencing mental distress including bereavement, Teacher support, Building confidence and self esteem.
- **Key protective factors:** Emotional literacy, Whole-systems approach, Opportunities to develop life skills, Diversity embraced.

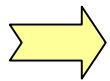


Recommendations for Mental Health Promotion in Education Settings:

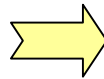
1. Develop a 'whole systems' approach to mental health issues in schools.
Relevant for education settings and their key partners eg Council and Health

2. Develop community education classes for enhancing life/coping skills.
Relevant to Health, Council, Voluntary, Faith organisations, Private Sector, Criminal Justice System

3. Develop the range and number of opportunities available in education for adults experiencing mental ill-health.
Relevant to Education and Mental Health Services, Adults experiencing mental ill-health, and Carers.



Some Local Examples so far:



- **Gateshead Healthy Schools Award, Established 1991 (S,C,I)**

More than 90 schools have achieved the award since the scheme began. The award includes a section on whole-school culture and emotional well-being for children and staff. Most primary schools now have a 'Circle Time' and secondary schools use Citizenship classes for discussing emotional well-being issues. Many schools also offer 'buddy' systems via pupils who are trained to help their peers.

- **Community Listening Skills 1994-2001 (C,I)**

An innovative, well evaluated project, increasing the capacity of adults from the Teams community to support each other and establish support networks. The grass roots training included listening, communication, conflict and change management skills, and developing appropriate responses to arising needs.

- **Partners in Learning (Gateshead College), Established 1995 (I)**

Partners in Learning offers academic, life skills and hobby classes to people experiencing mental ill-health or learning difficulties. Developing confidence and skills has led to some people studying further, becoming mentors (Partners) within the scheme or seeking employment.

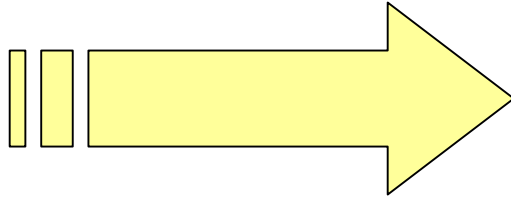
(I=individual, C=community and S=structural action)

Kids don't get depressed, they are too young to have mental health problems

MYTH or FACT ?

Around one in ten children experience mental health problems serious enough to require professional help

Setting 2:

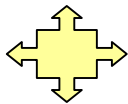


Health & Social Services



Factfile:

- Providing treatment for mental ill-health costs £6.5 billion nationally⁴, 10% of NHS spending. Less than 1% of that is allocated for mental health promotion
- Statutory and voluntary organisations provide Mental Health Services. The Gateshead Mental Health Directory sign-posts a range of these
- **National guidance:** Saving Lives; Our Healthier Nation, The NHS Plan, National Suicide Prevention Strategy, Modernising Mental Health Services, NSF's (Mental Health, CHD, Cancer, Diabetes, Older People's, Children's)
- **MHP Needs:** Adolescent mental health services, Bereavement services, One stop shop approach for outreach services, Better links between mental health services and housing, employment and voluntary services, Specialist services for vulnerable and minority groups as well as more inclusive services
- **Key protective factors:** Links to community networks and resources, Physical activity, Access to appropriate information, Healthy coping skills, Respectful staff attitudes, Having someone *really* listen, Choices offered where possible



Recommendations for Mental Health Promotion in Health and Social Services settings

1. **Develop existing work on positive mental health and physical activity, for a whole population approach and for people experiencing stress, anxiety and depression.**

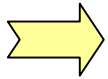
Relevant to GP practice staff, Mental health service staff, Health promotion service, Community health team, Day services, Education staff, Leisure services.

2. **Support and training for all front-line staff to understand and recognise mental health issues and if appropriate to develop skills to offer effective support for the 25% of clients likely to be experiencing mental ill-health.**

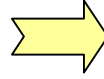
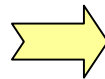
Relevant to front-line staff and staff working with at risk groups e.g. offenders, minority groups, people misusing drugs / alcohol, people who have been abused.

3. **Improve links to agencies able to influence the broader determinants of health e.g. benefits, leisure, housing, education, environment, transport.**

Relevant to Health and Social Care staff and a host of community services.



Some Local Examples so far:



- **Music in Health (Common Knowledge Project). Established 1999 (I, C)**

A blues singer, cellist, GP and nurse formed an ensemble offering performances to groups and individual patients, often at hospital bedsides. The sessions included taking requests and inviting participation. Reported to be a sensitive and powerful initiative with a positive impact on patients, staff and environments.

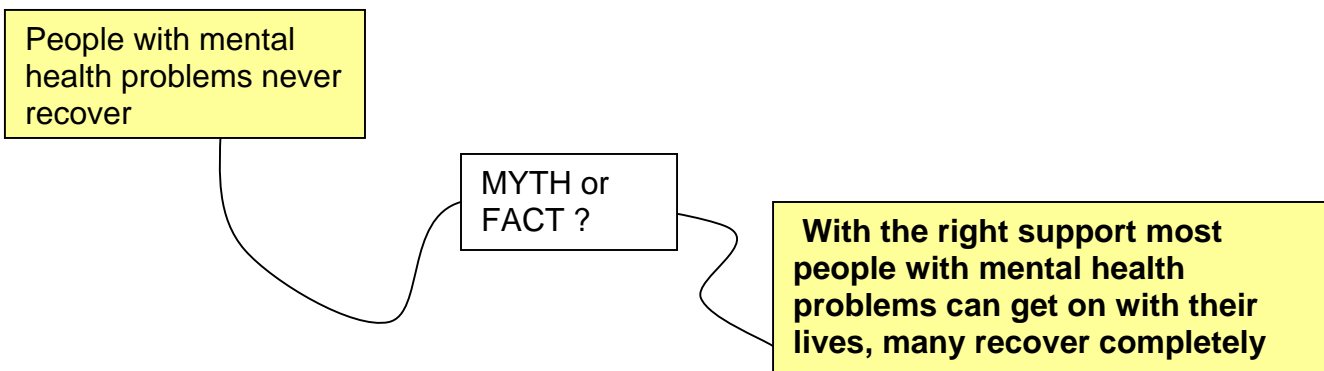
- **Emotional Well-being Team (Children's Fund and Gateshead PCT), Established 2002 (I)**

Offering support to 4-14 yr olds experiencing mental distress. Exploring emotions and fears and developing healthy coping strategies and positive self image are a key part of this support. By building resilience at this crucial time it is hoped that long term emotional health problems can be prevented.

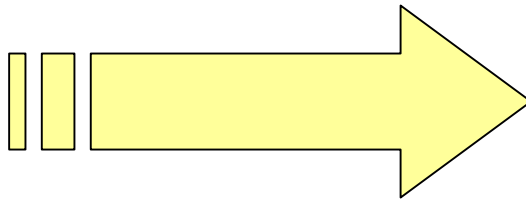
- **Modernisation of Day Opportunities in Mental Health Services (I, C, S)**

Aspirations for the improved service include forming closer links to community resources such as education, employment and leisure opportunities. An equally important element will be providing social support networks and safe environments that are inclusive and non-discriminatory. People using and staffing the service are being encouraged to take part in the process of designing and shaping its future.

(I=individual, C=community and S=structural action)



Setting 3:

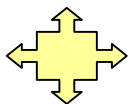


Communities



Factfile:

- Gateshead is the largest district in Tyne and Wear. There are 191 151 residents (according to Census data 2001). There is a small black and ethnic minority population including a Jewish community and a refugee and asylum seeker population.
- 21% of Gateshead falls within the highest ranks for deprivation across Northern England. Fear of crime is a big issue despite falling crime rates.
- **National guidance:** Community Strategy, Agenda 21, Human Rights Act, Neighbourhood Renewal, New Deal for Communities, Cultural strategy
- **MHP Needs:** Greater public understanding of mental health, Multi-agency mental health awareness training, Positive media coverage, Improved housing stocks / environment / amenities, Recognition of diversity (cultural, sexuality, disability), Increased uptake of benefits, Support for carers, Relationship and Bereavement counselling
- **Key protective factors:** Social support, Use of arts, leisure and parks, Faith / Community group involvement, Quality housing and shops, Safe environment



Recommendations for Mental Health Promotion in Community Settings

1. Facilitate the development of inclusive community support networks.

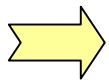
Relevant to: Faith groups, Community groups, Voluntary organisations, Community development services, Healthy living centres, Leisure and entertainment venues.

2. Develop and implement public mental health campaigns and media work especially around suicide.

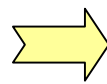
Relevant to: Health promotion staff, Communications departments, Local media, Art and Leisure services, Champions for mental health, Local Councillors.

3. Provide counselling and support services for young people, linking to projects and activities that promote a sense of positive well-being.

Relevant to: Community based Health and Social Services, Voluntary and Faith organisations, Connexions PA's, Community Education Workers, Youth workers.



Some Local Examples so far:



• **Citizens Advice Bureau, Northern Rock Project. Established 2000 (I)**

This project provides an extended advice service for clients identified as needing additional support due to mental ill-health, learning disabilities or communication difficulties. Assistance is offered in overcoming anxieties and the practical or bureaucratic barriers to claiming benefits and exercising rights. The help is greatly valued by clients and case workers. The year 2001-2002 saw £233,558 of benefit money recovered for clients.

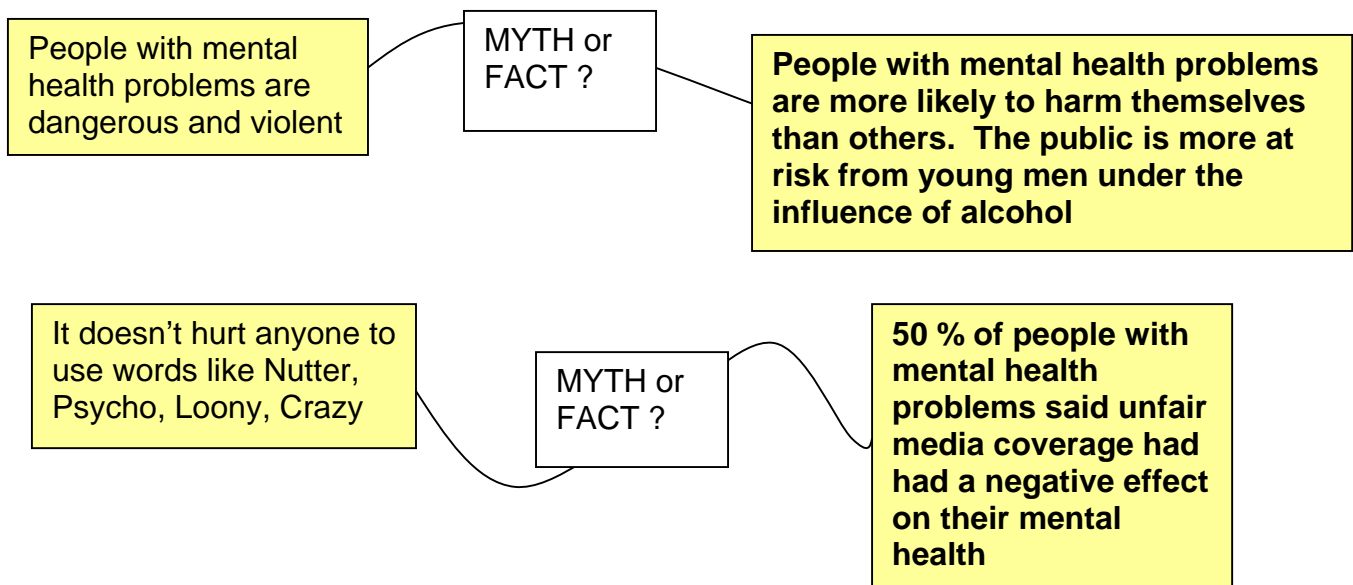
• **Social and Co-operative Enterprise Network (I, C, S)**

SCENE is an electronic networking service for anyone involved with, or interested in, co-operative and social enterprise development in North East England, it includes information on many projects including local Credit Unions (Felling Area CU and Gateshead's First CU). Credit unions are particularly good examples of investing in the well-being of local people by putting the interests of local people first rather than profit, and reducing the risk to mental well-being posed by spiralling financial threats.

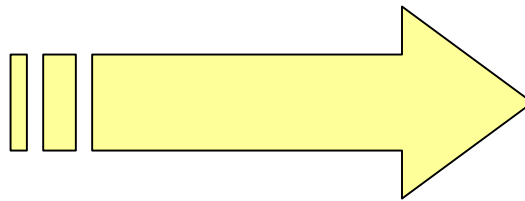
• **Health Walks Gateshead. Established 2001 (I, C, S)**

Known for their positive effects to both physical and mental health, short walking routes across Gateshead are being promoted widely. They also offer opportunities for socialising and developing interests further i.e. becoming a volunteer walk leader. In addition to general promotion, specific groups of people are encouraged to start walking, including workers during lunch breaks, older people and people with disabilities.

(I=individual, C=community and S=structural action)



Setting 4:

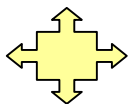


Workplace



Factfile:

- Unemployment rates are improving but still higher than the national average, particularly high rates exist in Bede, Bensham and the Teams. A high proportion is due to long term sickness and disability. A significant reduction in self-esteem and self worth is associated with lack / loss of employment.
- Government figures indicate that 3 in 10 employees will have a mental health problem in any one-year, mainly depressive and anxiety disorders, resulting in over 91 million lost working days each year.
- **National guidance:** Health and Safety at Work, New Deal for Disabled People, Improving Working Lives, Mental Health and Employment, NSF Workforce strategy, National Occupational Health Strategy.
- **MHP Needs:** Mental health awareness for frontline staff, Work experience and employment opportunities for people with mental ill-health, Supportive policies for all employees regarding individual needs and fair treatment.
- **Key Protective Factors:** Organisation wide approach to mental health and stress management, Job satisfaction, Opportunities for regular exercise.



Recommendations

1. Support / develop healthy workplace programmes to promote positive mental health e.g. work-life balance, buddy systems, health walks etc.

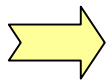
Relevant to: Employers and employees, Occupational health, Health and safety staff, Union representatives, Human resources, Health promotion staff.

2. Develop/improve supported employment and work experience opportunities for people with mental health problems.

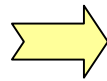
Relevant to: Health and Social Services, Employment services, Human resources, Representatives from people using mental health services, Carers.

3. Develop and review workplace policies on mental health including: Return to work, Anti-bullying, Anti-discrimination and Alcohol/substance misuse

Relevant to: Employers, Human resources, Occupational health, Health and safety staff, Union representatives, Staff representatives.



Some Local Examples so far:



- **Well-being at Work training, Gateshead Health Trust and PCT (I,C,S)**

Raises awareness about the impact of the working environment on staff well-being. Offers guidance on how to identify, manage and reduce stress in the workplace. Supplementary courses available for more intensive training on skills to manage stress in oneself and others. Part of a well designed range of courses including assertiveness and negotiating skills training.

- **Connect Café, (Mental Health Matters). Established 1994 (I, C)**

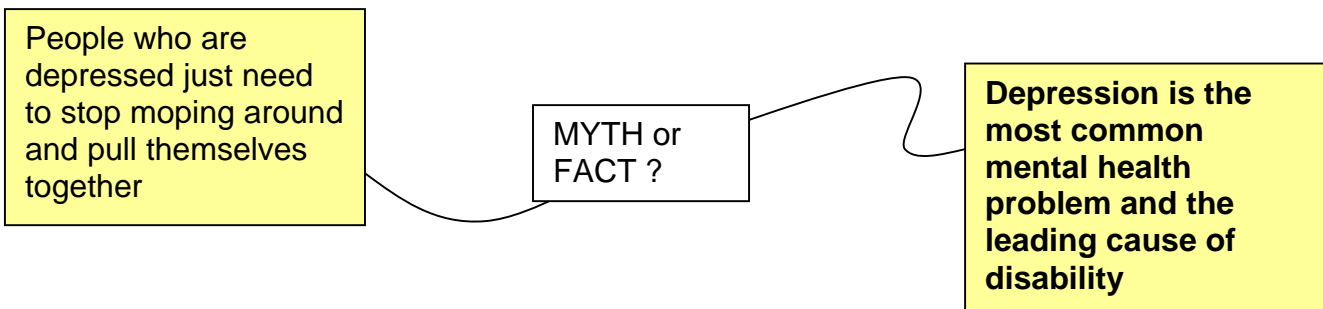
A project run by people who have experience of mental ill-health, offering a selection of healthy meals as well as internet facilities. There is capacity for 8 part-time 2 year placements at any one time, referrals taken from GP's and other care providers. Based on Felling High Street the project provides a successful example of a business that simultaneously meets the training, development and support needs of their staff. Many of the staff trained have since found employment in various local businesses and organisations.

- **Health at Work in Tyne and Wear programme, 1998-2003 (I,C,S)**

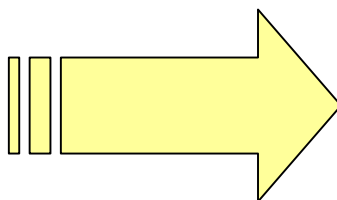
A three-stage award scheme offering a developmental approach to improving workplace culture and employee health. Recognition of factors supporting mental health included:

- policies and practices
- health and safety issues
- pleasant environment
- development opportunities
- working relationships
- absence management
- communication and information sharing
- involvement of staff in organisational change
- training opportunities
- role clarity
- openness and honesty at all levels of organisation

(I=individual, C=community and S=structural action)



Setting 5:



Cross Cutting Themes

General themes give a framework to focus on strengthening particular aspects of mental health promotion work as it develops and grows. Most will be continuous throughout the life of the strategy whilst some may not be possible until a foundation of awareness and evaluation has been laid.

- 1) Engaging public in mental health awareness campaigns across settings and working with the media to promote positive images of mental health.
- 2) Making resources available to help deliver mental well-being initiatives
- 3) Appropriate training for a wide range of staff on mental health issues
- 4) A mental health component in all social inclusion programmes and appropriate resources for specific vulnerable groups.
- 5) Developing the evidence base for effective mental health promotion
- 6) Guidance for identifying vulnerability and for development of support services
- 7) Celebrating achievements of those promoting mental health and people who experience mental ill-health.

Lifespan themes are also suggested as it can help focus work on key factors affecting mental health for people in specific age groups. It should be noted that at all stages, new learning experiences can impact on mental health. Factors suggested are based on the time of life that they are *likely to first become an issue* but they may well feature at other times of life too:

Children

0-4 Positive early experiences, Warm and affectionate relationships, Sense of Belonging, Freedom to explore, Understanding boundaries

4-11 Identifying and expressing feelings, Listening to and valuing others, Forming friendships, Developing skills and achievements

Young People

11-16 Adapting to change and transition, Physical / sexual / emotional development, Identity, Peer pressure, Bullying, Exam stress, Decision making, Risk taking, Career / study options, Leaving home, Relationships, Money management, Accessing local services

Adults

18-65 Entering into partnerships and family / caring roles, Relationship difficulties e.g. separation and divorce, Housing arrangements, Debt, Work-Life balance, Redundancy, Bereavement (often a parent), Ageing process, Retirement planning

Older Adults

65+ Grandchildren, More leisure time, Wisdom / experience, Unfamiliar systems technology, Senior concessions, Reduced mobility /access, Pensions and wills, Moving home, Bereavement, Increased dependence, Isolation, Deteriorating health.

What Can You Do ?

See also Appendix 4

Level : Individual Action

- A) FIND OUT MORE.** Register interest and request to be on campaign mailing list (page 27), talk to one of the forum members, get involved, read up and visit recommended web-sites (page 22).
- B) SET A GOOD EXAMPLE.** Do more for your own mental health: audit your protective and risk factors and address the balance, tell it like it is - break the cycle of stigma surrounding mental health, support mental health campaigns.

Level : Community Action

- C) FORM LINKS** to existing projects/groups in the Mental Health Promotion Directory (to be made available on-line) and trade ideas and skills to promote mental health.
- D) MONITORING THE MEDIA** and responding to portrayals of mental ill-health.
- E) LOBBYING** for acknowledgement and policy support from those in positions of power (media, politicians, large organisations).
- F) HOSTING** groups, events or displays in the community to promote positive mental health and / or challenge stigma around mental ill-health.
- G) SIGN UP** to the annual Action Plan with an objective that challenges your community or builds on existing work.

Level : Structural / Organisation Action

- G) SIGN UP** to the annual Action Plan with an objective that challenges your organisation or builds on existing work.
- H) FEEDBACK** on successes and struggles, share with the forum or write an article.
- I) MAKE RESOURCES AVAILABLE** to members of your organisation / clients / public that promote positive mental health (multi-media information, classes or courses on life skills, mental health awareness training, space / time to exercise or meditate etc.)
- J) TOOLKITS** are available that can be adapted to your organisations needs to support employees experiencing mental ill-health.
- K) ESTABLISH A COMMISSIONING FRAMEWORK** for mental health promotion activity within your organisation or community.
- L) REVIEW POLICIES** relating to mental health, mental ill-health, inclusion and discrimination.

Measuring success

The success of the mental health promotion framework will be determined through the achievement of agreed aims and objectives. Level of achievement will be measured by indicators very similar to those used in evaluation of health promotion. Four types of indicators have been identified:

Input: resources and action (e.g. identified goals, funds and research).

Process: action planning (e.g. multi-disciplinary, consultation, number of events).

Output: measuring impact (e.g. event attendance, attracting resources).

Outcome: objectives achieved (e.g. raised self-esteem, impact on sickness absence, increased social networks / support, reduced rates of anxiety, depression or substance misuse).

NSF Performance targets that the Government will be interested in:

- A long-term improvement in the psychological health of the population as measured by the National Psychiatric Morbidity Survey.
- A reduction in suicide rates (*at least 20% reduction by 2010*).
- Local health improvement programmes demonstrating action within and between NHS organisations and partners to promote mental health: *in schools, workplaces and neighbourhoods, for individuals at risk and for groups who are most vulnerable.*

What to include in evaluations:

- Keep records as you go of information useful for the different indicator types (listed at top of page), e.g. *who was involved, methods of working, risk and protective factors identified, baseline data, aims, objectives, resources used for intervention/action, timescales, partnerships created, results, feedback.*
- Measure change on different levels; *qualitative* e.g. self report, interviews and *quantitative* e.g. counting participants, frequency of behaviour etc. Here are some examples of change at different levels:

INDIVIDUAL change: Changed attitudes, Feeling happier, Feeling more prepared for life, Taking new opportunities, Dealing with problems differently, Questionnaire scores indicating levels of depression, anxiety or quality of life.

COMMUNITY change: Social networks increased, Better 'culture' (attitudes, atmosphere, expectations) at work / school / community, More understanding / tolerance / acceptance experienced, New opportunities for involvement created.

STRUCTURAL change: Better links between organisations, More accessible information about services, Clear policies and procedures for supporting people with mental health problems at work / school / with customers and clients of services .



Gateshead Mental Health Promotion Forum currently exists as a network of about 50 people from various statutory and non-statutory organisations and other individuals with an interest in mental health promotion. The terms of reference (2003) are as follows:

Purpose

- To establish a network of people that can offer one another support and encouragement in their commitment to promoting positive mental health.
- To promote partnership working and to identify and develop resources, skills and experience in Gateshead for promoting mental health.
- To help shape the Gateshead Mental Health Promotion strategy. The strategy will in turn provide direction for the forum and other agencies and initiatives in Gateshead. The NSF for Mental Health Local Implementation Team will oversee this process.
- To discuss local and national evidence based practice and how it can influence implementation and monitoring of mental health promotion in Gateshead.
- To offer representation from a range of agencies, groups and professions who as a group can be consulted about relevant plans, ideas and campaign events like World Mental Health Day.

Membership

- Membership is open to anyone who has an interest in promoting positive mental health in Gateshead. This includes representatives (lay or professional) from all sectors; voluntary, private, health, local authority, community.
- Membership does not commit people to attend all forum meetings, only those which interest them. Steering groups will form when necessary to lead of specific pieces of work.
- A directory is available for sharing contact details and reasons for interest.
- Members are encouraged to inform their organisation / group of developments and to bring any feedback to the forum.

Practicalities

- Meetings currently alternate monthly between general and specific interest themes to offer relevance to different groups. Minutes are circulated wider than the forum members, to people requesting to keep informed by mail.
- The venue varies and agencies or groups are welcomed in hosting the forum.

For further details contact the PCT : 0191 4915713 (ask for health promotion team)

References

1. **Department of Health (2001)** Making it Happen; A Guide to Delivering Mental Health Promotion. Order Ref 24509.
2. **Department of Health (1999)** The National Service Framework for Mental Health. Stationary Office LM46/01 1657.
3. **Mental Health Foundation (1999)** Fundamental Facts: All The Latest Facts and Figures on Mental Illness.
4. **Sainsbury Centre for Mental Health (2003)** The Economic and Social Costs of Mental Illness
5. **Goldberg and Huxley (1980)** Mental Illness in the Community; The pathway to Psychiatric Care. IN Jenkins and Griffiths Eds.(1991) Indicators for Mental Health in the Population
6. **Department of Health (1999)** Saving Lives: Our Healthier Nation Stationary Office CM4386
7. **Department of Health (2002)** Health and Neighbourhood Renewal: Guidance from the Department of Health and the Neighbourhood Renewal Unit Crown Copyright, Smart Number 29664.
8. **Department of Health (2002)** mindOUT campaign Z card “How open is your mind” (www.mindout.net).
9. **Department of Health (1995)** ABC of Health Promotion in the Workplace.

Recommended Websites:

www.doh.gov.uk/mentalhealth/makingithappen.htm
 www.mentality.org.uk
 www.nelh.nhs.uk/nsf/mentalhealth/whatworks/
 www.mhpconnect.com
 www.charity.demon.co.uk

} Mental health promotion sites

www.who.int.en
 www.depressionalliance.org
 www.mind.org.uk
 www.mindbodysoul.gov.uk

} Sites for info on mental ill-health

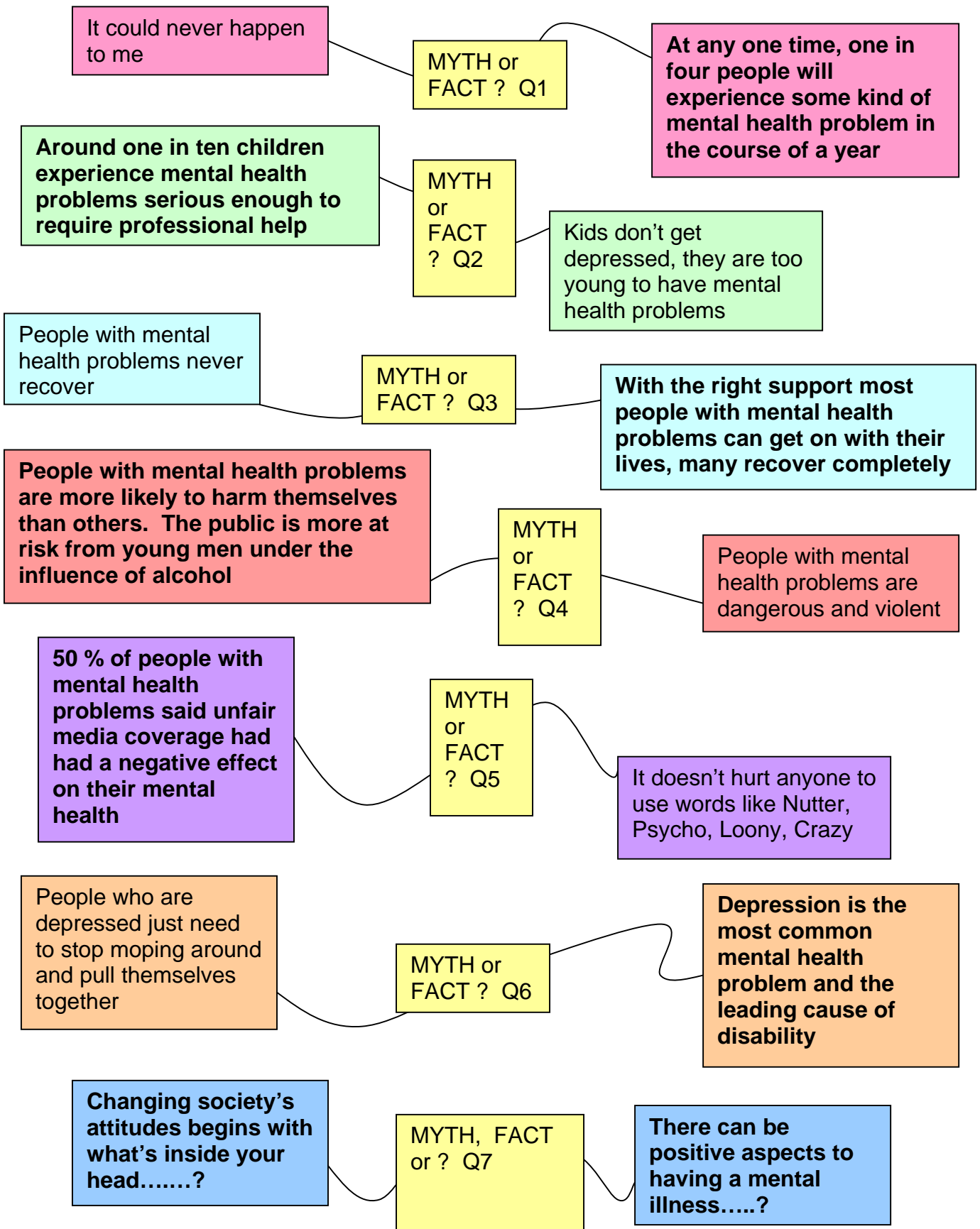
Numbers for more information about mental ill-health and local services:

Pathways (support and advice).....0191 490 0579
 Gateshead Mental Health User Forum (GMHUF)..... 0191 490 0568
 (GMHUF and Pathways have produced a directory of mental health services)
 MIND in Gateshead.....0191 414 0325

Helplines:

Mental Health Matters Helpline.....0800 085 1718
 Samaritans of Tyneside.....0191 232 7272
 Relate (relationships).....0191 232 9109
 NHS Direct (general health advice).....0845 4647

Appendix 1. Mental Ill-health; FACTS and MYTHS ⁸. Trace the flipside !



Appendix 2 – Strategy Map
Plans, Strategies and Reports Relevant to Mental Health Promotion

This is not an exhaustive list but indicates some of the main documents that make a significant contribution in defining issues and areas of mental health promotion work. The four **titles in bold** are key documents that have helped pave the way for mental health promotion and further detail is provided on the next page. Most of these documents can be found through government websites, internet search engines or libraries.

Inequalities and Wider Health Strategies

- Acheson Report; Independent Inquiry into Inequalities in Health
- Building a Better Britain: A Ten Year Strategy for Tackling Drugs Misuse
- Disability Discrimination Act
- Health Action Zones
- Health Improvement Programmes
- Human Rights Act
- National Strategy for Sexual Health
- NSF for Children
- NSF for Coronary Heart Disease
- NSF for Diabetes
- NSF for Older People
- Quality Protects
- **Saving Lives; Our Healthier Nation**
- Smoking Kills
- Social Inclusion Programmes
- Teenage Pregnancy Strategy
- **The NHS Plan**

Mental Health Services

- Caring About Carers; National Carers Strategy
- Care Programme Approach (CPA)
- Fair Access to Care Services
- **Modernising Mental Health Services; Safe, Sound and Supportive**
- National Suicide Prevention Strategy
- **NSF for Mental Health**
- Mental Health Act
- Supporting People

Education

- Citizenship and PSHE Curriculum 2000
- Education Act
- Education Development Plan
- Lifelong Learning Strategies
- National Healthy School Standard
- Sure Start Programmes

Workplace

- Health and Safety at Work 1974
- Improving Working Lives
- Investors in People
- Mental Health and Employment in the NHS
- New Deal for Disabled People Extended
- Securing Health Together; National Occupational Health Strategy

Community / Neighbourhood

- Community Safety Strategies
- Crime and Disorder Act
- Cultural Strategy
- Healthy Living Centre Programme
- Housing Strategy
- Local Agenda 21
- Local Government Act 2000
- Media Reporting Guidelines -suicide
- Health and Neighbourhood Renewal

The NSF for Mental Health (2001) sets national standards and defines service models for promoting mental health and treating mental illness covering health promotion, assessment and diagnosis, treatment, rehabilitation and care, and encompasses primary and specialist care and the roles of partner agencies.

Standard One – Mental Health Promotion aims to:

- Promote mental health for all
- Reduce discrimination and increase social inclusion of people with mental ill-health

Standards Two to Seven cover: Primary Care and access to services, Effective services for people with severe mental illnesses, Caring about carers and Preventing suicide.

The white paper **Saving Lives: Our Healthier Nation (1999)** specifies mental health as a priority area and recognises that ‘mental health is as important to an individual as good physical health’ and is a risk factor for many physical health problems. The paper highlights particularly:

- The enormous burden of mental health problems.
- An increase in poor mental health in children and young people.
- Inequalities in those suffering from mental health problems, particularly the socially or economically disadvantaged and members of ethnic groups.
- Social exclusion - mental health problems can be both a cause and an effect of social exclusion.

The **NHS Plan** places a strong emphasis upon the NHS in developing partnerships with a range of agencies in order to support prevention and tackle causes of ill health so as to reduce health inequalities. Specific measures in which mental health promotion has a role include:

- The creation of national health inequalities targets.
- New partnerships to tackle inequality
- A new way of distributing resources to address inequalities in primary care.
- Expansion of initiatives designed to improve the health of children and young people.

‘Modernising Mental Health Services: Safe, Sound and Supportive’ acknowledges the importance of good mental health, and the fear and stigma that is attached to mental illness. Clear commitment is given to ‘tackling causes as well as consequences’ :

- Combating negative **media** coverage of mental health issues, through mental health campaigns and general awareness raising activities.
- Employers’ role in protecting the mental health of **the workforce**, on the basis of evidence that tackling the root causes of mental illness safeguards the well-being of employees and is a cost effective measure.
- The National Healthy Schools Standard advocates the promotion of emotional well-being in the whole **school community**.
- **Primary Care Organisations**, who are seen as having a key role in the promotion of mental health and prevention of mental ill health.
- Other relevant cross Government initiatives including the work of the Social Exclusion Unit, the Sure Start Programme, and Youth Offending Teams.

Appendix 3 – Brief History

In the beginning

The framework used for developing the Mental Health Promotion Strategy was taken from national guidance Making it Happen: a guide to delivering mental health promotion (2001) ¹. A Mental Health Promotion Forum Group was established in 2001, and the vision, aims and objectives were agreed as the first stage.

Mapping Existing Initiatives

An audit of mental health promotion was carried out to identify existing good practice and identify gaps and duplication. We identified many examples of which appear in settings 1-4 under 'needs' and 'local examples'.

Needs Assessment

A needs assessment was undertaken in conjunction with voluntary organisations to illustrate the realities and context of stigma and discrimination faced by mental health service users, their carers and families. 48 people participated in 7 focus groups.

Consultation

The draft framework was widely circulated for comment in October 2001. A further 'stakeholder day' was held in November to agree local priorities. The intended result was to present to the Local Implementation Team for Mental Health a full strategy by March 2002. Due to changes in Health Authority structure and staffing, this was delayed. The strategy development was picked up again in March 2003 and reviewed with a new steering group led by Rosie Dalton-Lucas. This revised document reflects some updating of information and changes to format and presentation.

Action Plan Agreement

Key recommendations featuring in this main strategy document will be supplemented annually by an action plan with specific objectives volunteered by lead agencies in each setting that address general development themes. This 'supplement' will include detail on time scales, targets and measures and will pass through relevant committees for approval.

Future

The annual action plan is hoped to fuel the momentum of the strategy and provide added value to the implementation of other strategies. The evaluation of processes as well as outcomes will also be crucial. Strengthening the evidence base is hoped to encourage and enable partnership working at all levels and increase effective involvement of people experiencing mental ill-health and their carers.

Appendix 4 – Feedback

(MASTER copy to be photocopied ONLY)

The best way of finding out what is working well and where the gaps might be is to get feedback from YOU ! Fill out and send a copy of this form with brief details of your interest or current activity and we will add you to the Gateshead Mental Health Promotion Database. Each October we will send you an update of Gateshead progress and World Mental Health Day news. To remain on the mailing list will simply require confirmation of interest after each update received.

Register your interest

Name:..... Telephone :.....

Group/ Organisation: E-mail:.....
(if applicable)

Mailing address:.....
.....
.....

I would like to receive information about the **forum / campaigns / signing up to the action plan** (please circle appropriate choice).

Current activity or interest in Mental Health Promotion:
.....
.....
.....
.....

Tell us what you think of the Mental Health Promotion Strategy

Load of rubbish Not relevant Interesting Useful Top banana

(tick appropriate boxes or write a different comment below on the overall strategy or particular sections)

.....
.....
.....

Please let us know which of the suggestions you are likely to develop from the “**What can you do?**” section on page 19

A B C D E F G H I J K L

This is the first local Mental Health Promotion Strategy for Gateshead. It will be supplemented with annual action plans and updates between 2003 – 2010.

If you have any comments on the strategy or future supplements please contact:
Rosie Dalton-Lucas,
Gateshead PCT : 0191 491 5713
or email : rosie.dalton-lucas@ghpct.nhs.uk

This strategy is also available online at the following :
www.gatesheadpct.nhs.uk/contents/whats_new/whatsnew
www.gateshead.gov.uk
www.gvoc.org.uk

First printed for launch on **World Mental Health Day**, 10th October 2003
using environmentally friendly paper.

If you would like more information in large print, on tape or in your own language please contact us at the address shown in the box below:

Albanian

Nese deshironi me shume informacion ne gjuhen tuaj, ju lutemi te na kontaktoni ne adresen e dhene ne kutine me poshte.

Arabic

إذا أردت معلومات إضافية بلغتك الأصلية الرجاء الاتصال بنا في العنوان المدون ضمن الإطار أدناه.

Bengali

যদি আপনার নিজের ভাষায় লেখা আরও তথ্য চান তাহলে দয়া করে আমাদের সঙ্গে যোগাযোগ করুন, তথ্য বক্সে আমাদের ঠিকানা রয়েছে।

Chinese

如果你需要用中文印成的資料，請按低端方格內提供的地址與我們聯系。

French

Pour tout renseignement complémentaire dans votre propre langue, veuillez nous contacter à l'adresse figurant dans l'encadré du bas.

Gujarati

જો તમને તમારી પોતાની ભાષામાં વધારે માહિતી જોઈતી હોય, તો કૃપા કરીને નીચે અંતમાં આપેલા ખાનામાં દર્શાવેલા સરનામે અમારો સંપર્ક કરો.

Panjabi

ਜੇਕਰ ਤੁਸੀਂ ਪੰਜਾਬੀ ਵਿਚ ਹੋਰ ਜਾਣਕਾਰੀ ਲੈਣੀ ਚਾਹੁੰਦੇ ਹੋ ਤਾਂ ਹਿੱਥਾ ਕਰਕੇ ਹੇਠ ਲਿਖੇ ਖਾਨੇ ਵਿਚ ਦਿੱਤੇ ਪਤੇ 'ਤੇ ਸਾਡੇ ਨਾਲ ਸੰਪਰਕ ਕਰੋ।

Serb-Croat

Ako želite više informacija na svom jeziku, obratite nam se na adresu koja se nalazi u kvadratu na dnu strane.

Somali

Hadii aad u baahan tahay faahfaahin intaa kabadan oo ku soobsan afkaaka hooyo ama Af Somali fadlan lana soo xiira cinwaanka hoos ku qoran.

Spanish

Si usted desea mas informacion en su propia lengua, por favor contactenos en la direccion al pie del formato.

Tamil

உங்கள் மொழியில் மேலதிக தகவலைப் பெற விரும்பினால், அடியிலுள்ள பெட்டிக்குள் தரப்பட்டுள்ள விலாசத்தில் எம்முடன் தொடர்பு கொள்ளுங்கள்.

Urdu

اگر آپ اپنی زبان میں مزید معلومات حاصل کرنا چاہتے ہیں تو براہ کرم ہم سے اس پتے پر رابطہ قائم کریں جو کہ نیچے کے بکس میں درج ہے۔

Health Promotion Team, Gateshead Primary Care Trust, Team View,
5th Avenue Business Park, Team Valley Trading Estate, Gateshead, NE11 ONB.

0191 491 5713