

**Resource Paper for Community Health  
Partnerships**

**Promoting mental health  
Preventing common mental health problems**

**November 2007**



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# Resource Paper for Community Health Partnerships

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Preventing common mental health problems

November 2007

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# Executive summary

## Background

Although poor mental health is a major cause of illness and disability in the UK, there has been little attention paid to the development of capacity for mental health promotion and for the prevention of common mental health problems within health and social care services. This paper is intended as a resource for Community Health Partnerships (CHPs) to enhance understanding of mental health promotion and prevention at primary care level; assist CHPs in developing a local mental health promotion and prevention agenda; and identify practical steps for CHPs to improve the mental health and wellbeing of their local populations. The paper also provides pointers for improving responses and supports for those with identified mental health problems / mental illness and their family members and carers.

The main areas covered are the following:

- Definitions and terms (mental health, promotion, prevention)

- Details of protective and risk factors for mental health and wellbeing to highlight potential areas for promotion and prevention and to provide a focus for CHPs to target services to those at greatest risk

- A summary of the evidence of the links between mental health and physical health

- Physical health promotion and meeting the physical health needs in primary care of those experiencing mental illness

- Identification of models of practice and evidence for mental health promotion, prevention and community health approaches in primary care

- Information about resources for the promotion and development of self-help strategies.

References, further reading and details of websites and other relevant materials are provided in the Appendices for information.

## The benefits of mental health promotion

The case for investing in mental health promotion is often made on the basis of whether it can prevent mental health problems (the evidence for this is explored below). However, mental health promotion can achieve even wider benefits, to contribute to the goals of a broad range of stakeholders. For example, improvements in physical health and wellbeing for individuals, or the strengthening of social relationships and networks, can have benefits for families, communities and society as a whole. In addition, by targeting interventions on factors that influence mental health, it is also possible to influence the outcomes pursued by a range of public sector services, such as education and criminal justice services.

It is now evident that improvement in mental health comes about through many environmental and social interventions that may not refer explicitly to mental health promotion, but which nevertheless result in positive outcomes for mental health and wellbeing. Mental health promotion is a core task for CHPs and a means to address key local health improvement priorities. It is important for CHPs to recognise the potential benefits of their role in leading and coordinating health, environmental and social interventions that will impact on mental health and wellbeing.

### **Enhancing protective factors and reducing risk factors**

Evidence of 'what works' in achieving improved mental health supports actions to strengthen protective factors and to reduce risk factors or their impact. There is a need for primary care and CHP partners to promote understanding of risk and protective factors and of the benefits that can be derived for a wide range of local stakeholders (not only those in the mental health and health care sectors) by developing initiatives or interventions to address these factors and achieve improvements in mental health and wellbeing.

To this end, whole community partnerships are important and CHPs are an ideal opportunity to develop and take forward a coherent mental health promotion and prevention programme. This will require long term planning across the health, social, community and voluntary care sectors and more widely, as many of the changes required will necessitate collaborating with partners beyond the mental health, health and social care sector arenas.

Local strategies for mental health promotion need to be shaped by an understanding of specific risk and protective factors affecting the local population as a whole, and in particular, at risk groups.

### **The impact of mental health on physical health**

There is a strong evidence base to support the input of resources into the promotion of mental health and wellbeing and the prevention of mental health problems as an integral part of efforts to improve physical health. Poor mental health is a risk factor for the development of, and recovery from, a range of longterm physical conditions. This would involve the development of initiatives that take a proactive approach to tackling the mental health needs of those with physical illnesses and the development of social and emotional support at a population level.

### **Community mental health and wellbeing**

Mental health is not only a characteristic of individuals; local communities can feel marginalised and isolated, fearful and insecure, unable to influence and participate. Community regeneration stands to make an important contribution to the improvement of mental health and wellbeing. In addition, community characteristics can themselves impact on the effectiveness of interventions to strengthen protective factors for mental health. There is also the need to promote community participation of the most excluded groups, including people with mental health problems.

## **Mapping community mental health needs**

Understanding community health needs via the development of local profiles is essential. The community profiles developed by NHS Health Scotland provide a valuable baseline for this work ([www.phis.org.uk](http://www.phis.org.uk)). This can be done in partnership with the local authority and in collaboration with other agencies to map out issues relating to mental wellbeing e.g. areas of social deprivation, high crime, unemployment, refugees and asylum seekers, homeless people and rough sleepers, drug and alcohol misuse. A local audit of mental health needs, and organisations available to meet the need, is vital if any coherent strategy is to be developed and implemented.

## **Key sign-posters**

Primary health care practices and family doctors continue to be important points of contact for people experiencing distress and therefore provide a valuable portal to gain access to other resources and supports. At risk or vulnerable patients can be 'referred' via primary care to specific programmes, or primary care staff can act as 'signposters', pointing patients in the right direction for information and support within the community and voluntary sector.

## **Key issues for CHPs**

Promoting the mental health and wellbeing of a local Community Health Partnership population can be informed by a considerable and growing body of evidence that provides an understanding of the factors that influence mental health and well being as well as of the interventions that can be effective.

Research indicates that to make an impact on mental health and wellbeing requires the active engagement and participation of many different agencies and sectors and cannot be achieved by primary health care alone. The roles of local authorities as health improvement organisations, of the local community and voluntary sectors, and of colleges as partners are critical to improve mental health. In developing plans to improve the mental health and wellbeing of their local populations, Community Health Partnerships may wish to consider the following key issues:

What steps should be taken to develop a shared understanding among partner agencies of the nature of the risk and protective factors for mental health and wellbeing which affect the local population?

What development and training is required to build capacity to respond effectively to mental health needs, and to ensure that staff have the appropriate skills, attitudes and values?

Which groups of people/local communities are at particular risk of poor mental health?

What form of action and intervention can be taken forward by CHP partner agencies?

How can an understanding of risk and protective factors and of effective mental health promotion interventions be used to shape local actions?

How can the CHP build partnerships with the range of agencies which have a contribution to make to improving local mental health?

## 1 Introduction

Although there has been increased acknowledgement that mental health problems are now a major cause of illness and disability in the UK, there has been little attention paid to the development of capacity for mental health promotion and for the prevention of common mental health problems within health and social care services. Principles and Guidance for Integrated Mental Health Services (Scottish Executive, 2004) sets out the tasks for Community Health Partnerships (CHPs) in implementing new legislation and achieving the objectives and outcomes of current national mental health programmes. Among other tasks, CHPs will be required to:

- Promote mental health and wellbeing in their resident populations
- Promote good physical health in those with mental illness and their carers.

Delivering for Health (Scottish Executive, 2005) and A National Framework for Service Change in the NHS in Scotland (Scottish Executive, 2005) outline the changes required to improve healthcare in Scotland. These changes include making the most of the skills and expertise of staff in CHPs to offer better services across health and social services with a particular emphasis on:

- Anticipating better the needs of those at most risk and increasing health care services in disadvantaged communities in order to reduce inequalities in health
- Offering sustainable support, (such as self-care) to people with longterm conditions and in turn preventing unnecessary hospital admissions.

This resource paper has several purposes: to enhance understanding of mental health and promotion and prevention at the primary care level; to serve as a resource for CHPs in developing a local mental health promotion and prevention agenda; and to identify practical steps for CHPs to improve the mental health and wellbeing of their local populations. Finally, it provides pointers for improving responses and supports for those with identified mental health problems / mental illness and their family members and carers, in order to promote recovery through opportunities to participate in work, education and training and to develop and maintain social and family networks.

The paper is designed for those working in health, social care and community-based services and projects. To enhance protective factors and reduce risk factors for mental health problems requires initiatives that span health, social and community planning and straddle the statutory, voluntary and community sectors. CHPs will be one of the main mechanisms for these sectors to work together to develop a whole systems approach to mental health promotion and prevention for communities, families and individuals.

The material presented in this resource paper draws on a wide range of sources from research and practice literature, to provide:

- A broad overview of the evidence base for health promotion and prevention
- Illustrative practical examples of interventions that could be implemented at the primary care level
- References and resources that may be of use for CHPs in developing their own agenda for mental health promotion and prevention.

The paper does not claim comprehensive coverage of all aspects of mental health promotion and prevention, or for all high risk or vulnerable groups. There are many recent documents that provide this level of detail such as:

Making it Happen: a guide to delivering mental health promotionMentality (2001)  
([www.dh.gov.uk/PublicationsAndStatistics/Publications/fs/en](http://www.dh.gov.uk/PublicationsAndStatistics/Publications/fs/en))

- Promoting mental health, cultivating social inclusion and managing mental health problems in primary care: a guide to developing integrated services in line with the national service frameworks for mental health (PRIMHE (2003) ([www.primhe.org](http://www.primhe.org)))
- Australian National Mental Health Strategy (Commonwealth Department of Health and Aged Care, 2000, (<http://www.health.gov.au>)).

The main elements from these resources are summarised here for CHPs, in order to indicate the importance of and potential benefits to be gained from developing a mental health promotion and prevention strategy, through partnership with other health, social, community and voluntary organisations.

The main areas covered in the paper are the following:

- Introduction to definitions and terms (mental health, promotion, prevention)
- Details of protective and risk factors for mental health and wellbeing to highlight potential areas for promotion and prevention and to provide a focus for CHPs to target services to those at greatest risk
- A summary of the evidence of the links between mental health and physical health, and links in relation to physical illness and mental illness, and the health benefits that can be achieved by attending to mental health alongside treatment of physical illness
- The importance of physical health promotion and meeting the physical health needs in primary care of those experiencing mental illness (with advice for health checks for those with enduring mental illness)
- Identification of some models of practice, evidence for mental health promotion work in primary care – what works, what the major benefits are and what skills might be required to implement similar initiatives
- Evidence of prevention work / models of practice
- Evidence of good community health approaches
- Resources for the promotion and development of self-help strategies.

References, further reading and details of web sites and other relevant materials are provided in the Appendices for information.

## **2 Definitions and terms**

### **2.1 What is mental health?**

Although there are varying definitions of mental health it is generally acknowledged that mental health is more than the absence of mental illness.

“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 others’ dignity and worth” (Health Education Authority, 1997a)

“Mental health is a state of emotional and social wellbeing in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively or fruitfully, and is able to make a contribution to his or her community.” (World Health Organisation, 1999).

Mental health is essentially how we think and feel about ourselves. It has an impact on how we live our lives and how we cope with life transitions and major life events. It is important for our overall wellbeing as it can also impact on our physical health. It is as important to promote and protect the mental wellbeing of people as it is their physical health (Sainsbury Centre for Mental Health, 2004).

### **2.2 What is a mental health problem?**

A mental health problem detrimentally affects the way we think or feel about ourselves and our lives and can also affect how we function day to day. A mental health problem interferes with a person’s cognitive, emotional or social abilities. Some mental health problems can be more debilitating than others. The causes of mental health problems are multiple and complex, ranging from current life events to more long term life experiences. Mental health problems are often seen as less severe than ‘mental illness’. The distinction between mental health problems and mental illness is not well defined. Common mental health problems can be seriously debilitating and of long duration.

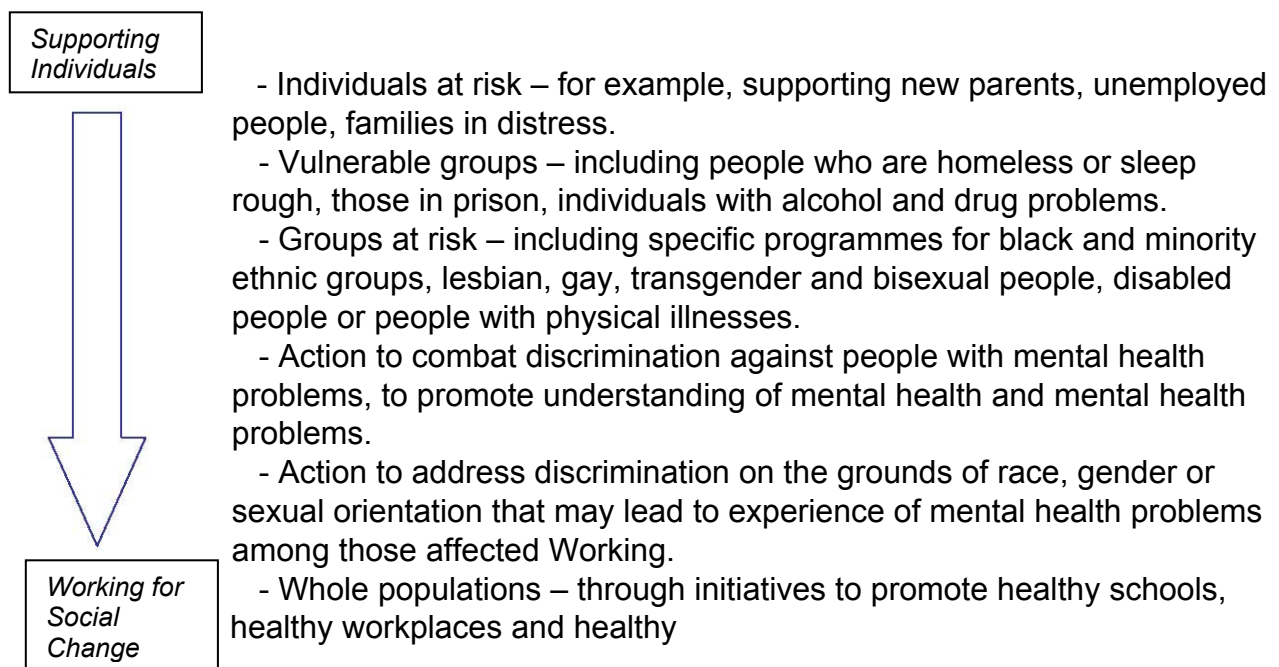
It is also important to recognise that the absence of mental illness does not indicate the presence of good mental health (Keyes, 2007). Using a two continua model, one continuum to denote mental illness and the other to denote mental health, makes it possible to envisage a two pronged strategy that seeks both to prevent mental illness and at the same time to promote good mental health.

### **2.3 What is mental health promotion?**

Mental health promotion has been defined as “any activity undertaken with the goal of improving mental health or modifying its determinants or preventing mental illness or risk factors associated with it” (Tilford, 1997). It has also been defined as “any action to enhance the mental wellbeing of individuals, families, organisations and communities” (Freidli, 2001). The working definition of the Health Education Authority, in their review of effectiveness of mental health promotion interventions, was:

“Mental health promotion seeks to actively facilitate coping skills, self-esteem, social support and wellbeing in individuals, communities and societies, and to work for change in those factors (including stress and discrimination) which threaten mental health.” (HEA, 1997a).<sup>1</sup>

Mental health promotion is now seen as a public health issue. It is primarily concerned with how individuals, families, organisations and communities think and feel. It is guided by an understanding of the factors which impact on how we think and feel, or that impact on our health and wellbeing, both individually and collectively. Mental health promotion therefore operates at different levels:



The features of effective mental health improvement interventions are: reducing anxiety, enhancing control, facilitating participation and promoting social inclusion (Department of Health, 2001). Effective mental health promotion works at three levels:

- Strengthening individuals (through promoting emotional resilience via activities such as enhancing self-esteem, coping, life skills and problem-solving skills)
- Strengthening communities (through increasing social inclusion and participation, improving local environments and improving social support)
- Reducing structural barriers to mental health (through initiatives to reduce discrimination and inequalities and to promote access to education, meaningful employment, housing services and support for those who are vulnerable).

<sup>1</sup> A more detailed guide to mental health and mental health improvement terms and definitions has been prepared as a briefing paper for the National Advisory Group to the Scottish Executive Mental Health Division’s National Programme for Improving Mental Health and Wellbeing by L Freidli. <http://www.wellscotland.info/>

## **Implications for CHPs: The wider benefits of mental health promotion**

The case for investing in mental health promotion is often made on the basis of whether it can prevent mental health problems (the evidence for this is explored below). However, mental health promotion can achieve even wider benefits, to contribute to the goals of a broad range of stakeholders. For example, improvements in physical health and wellbeing for individuals, or the strengthening of social relationships and networks (how we relate to each other), can have benefits for families, communities and society as a whole.

In addition, by targeting interventions on factors that influence mental health it is also possible to influence the outcomes pursued by a range of public sector services, such as education and criminal justice.

From a different perspective, it is now evident that improvement in mental health comes about through many environmental and social interventions that may not refer explicitly to mental health promotion, but which nevertheless result in positive outcomes for mental health and wellbeing. These areas will be explored in more detail in the rest of this document.

Mental health promotion is therefore a core task for CHPs and a means to address some of the key health improvement priorities for a local population. It is important for CHPs to recognise the potential benefits of their role as a key partner in coordinating health, environmental and social interventions that will impact on mental health and wellbeing.

### 3 Protective and risk factors – potential areas for promotion and prevention

Risk factors can increase the likelihood that mental health problems will develop and / or exacerbate the burden of an existing mental health problem. Protective factors give people resilience (or immunity) in the face of adversity and moderate the impact of stress and transient symptoms on social and emotional wellbeing, thereby reducing the likelihood of mental health problems developing. Protective factors can either reduce the exposure to risk or may compensate by reducing the effect of the risk factor (Rutter, 1985). The presence of more protective factors, regardless of the number of risk factors, has been shown to lower the level of risk (Resnick et al, 1997). Mental health can therefore be represented as<sup>2</sup>:

$$\text{Mental health} = \begin{array}{l} \text{Organic factors + stress + exploitation} \\ \text{Coping skills + selfesteem + social support} \end{array}$$

This approach to defining mental health recognises that the promotion of mental health alone may not be effective in preventing mental ill health and therefore it is important to also include 'prevention' when attempting to impact on the mental health and wellbeing of individuals and communities. Prevention refers to interventions to avoid the development or recurrence of mental health problems or mental illness.

Whilst protective factors<sup>3</sup> are associated with positive mental health outcomes, the strength of association and level of evidence for causation varies. Hence, no causal relationship can be assumed for either a single or combination of factors. Generally, the protective factors can be summarised as:

1. Strengthening psychosocial, life and coping skills of individuals e.g. increasing a sense of self-esteem and autonomy
2. Increasing social support as a buffer against adverse life events e.g. self-help groups, someone to talk to
3. Increasing access to resources and services which protect mental wellbeing increasing benefit uptake and increasing opportunities for physical, creative and learning activities.

#### 3.2 Risk factors

These are factors that increase the likelihood that mental health problems will develop. These factors are generally associated with negative mental health outcomes but the strength of the association and level of evidence for causation varies. So again, no causal relationship can be assumed for any individual or combination of factors. Generally, the prevention or reduction of risk factors can be summarised as:

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<sup>2</sup> Albee and Ryan-Finn (1993) also included in the 1993 for the Charter Commission on Mental Health in HEA (1997) Review of Effectiveness of Mental Health Promotion Interventions.

<sup>3</sup> A full list of protective factors can be found in the Appendix.

1. Reducing the incidence or the impact of negative life events and experiences for individuals, for example, supporting people subject to abuse, people experiencing bereavement, people at points of transition such as retirement or relationship breakdown, those in insecure employment or coping with unemployment
2. Decreasing social isolation and exclusion including measures to tackle discrimination
3. Reducing the impact of deprivation and structural inequalities in health through programmes such as Sure Start and community regeneration strategies.

Primary care has long struggled to manage the burden of mental ill health, particularly in relation to how people feel, when the acknowledged contributory factors are seen as lying beyond the control of health professionals (for example, poverty, unemployment, and the social environment). While it can be difficult for primary care agencies to tackle risk factors that are a result of wider socioeconomic conditions, there is nevertheless greater potential to take action to strengthen factors known to promote mental health and protect against risk of mental health problems. Issues such as lack of social capital, lack of social support and lack of a sense of involvement and influence in a community can be addressed through initiatives that increase protective factors for mental health, by promoting empowerment, social inclusion, social contact and participation in the local community.

### **Implications for CHPs: partnership leads in risk and protective factors**

Evidence of 'what works' supports taking actions to promote protective factors and to reduce risk factors or their impact. There is a need for primary care and CHP partners to promote understanding of risk and protective factors and of the benefits that can be derived for a wide range of local stakeholders (not only those in the mental health and health care sectors) by developing initiatives or interventions to address these factors and achieve improvements in mental health and wellbeing.

Whole community partnerships are important for achieving improvement in the mental health and wellbeing of people living in these communities. CHPs are an ideal opportunity to develop and take forward a coherent mental health promotion and prevention programme. This will require long term planning across the health, social, community and voluntary care sectors and more widely, as many of the changes required will necessitate collaborating with partners beyond the mental health, health and social care sector arenas.

Local strategies for mental health promotion need to be shaped by an understanding of specific risk and protective factors affecting the local population as a whole and at risk groups in particular and need to be informed by an understanding of the nature of effective interventions for mental health promotion.

## **4 CHPs and the case for pursuing mental health promotion**

The case for mental health promotion is centred around three key issues:

- The compelling evidence of the strong links between physical health status and mental health and wellbeing
- The clear association between health and wellbeing and social capital
- The need, in tackling health inequalities, to give attention to mental health and wellbeing.

Additionally, the widespread nature and scale of the problem of mental health cannot be addressed by individual practitioners alone. Considering how to address psychological problems through individual therapy alone highlights the massive shortfall in mental health practitioners (Layard, 2004). Complementing individual therapies with promotion and prevention offers the opportunity to reduce the need for such therapies through addressing the causes of mental health problems.

The following sections introduce some of the evidence base supporting these three key issues and offers practical examples that CHPs might implement as part of their strategy for addressing these issues.

### **4.1 The relationship between physical health and mental health**

There is now a substantial and growing body of evidence that demonstrates the impact of mental health on physical health to the extent that it has been suggested that:

“initiatives which aim to promote physical wellbeing to the exclusion of mental and social wellbeing may be doomed to failure” (StewartBrown, 1998)

The determinants of physical and mental health status, at the population level, are influenced by a range of factors including: income, employment, poverty, education, and access to community resources (Yen and Syme, 1999; Kawachi and Marmot, 1998; Baum, 1998) and demographic factors such as gender, age and ethnicity.

Emotional distress creates susceptibility to physical illness. How people feel (stressed, depressed, isolated, scared, excluded) has a direct effect on the immune system and specifically on coronary heart disease. Mental health is also shown to have an impact on recovery rates from physical illness.

#### 4.1.1 The evidence base for the impact of mental health on physical health.

Source	Findings
Marmot et al, 1984	Demonstrates the relationship between exposure to psychosocial factors and subsequent general health status. Factors associated with ill health were: low socioeconomic status, high stress levels, hardship or risk exposure in early life, social exclusion, high stress in the workplace, job insecurity, low social support, addictive behaviours, unhealthy food choices and unhealthy transport practices.
Kawachi et al, 1997	Lower levels of social trust were associated with higher rates of most major causes of death, including coronary heart disease, malignant neoplasm, cerebrovascular disease, unintentional injury and suicide. Social capital is as important for health as income differentials.
Bosma et al, 1999	Perceived low control beliefs (e.g. powerlessness and fatalism) was shown to account for more than half the raised mortality risk for people of low socio-economic status.
Bosma et al, 1997 Marmot et al, 1991 Niedhammer et al, 1998	Lack of control at work is associated with increased risk of cardiovascular disease.
Rosengren et al, 1993	Stress from life events increases susceptibility to cardiovascular disease.
HippisleyCox et al, 1998	Depression increases the risk of heart disease four-fold, even when other risk factors are controlled for.
Cohen et al, 1991; 1997 StewartBrown, 1998 Marucha et al, 1998 Vedhara et al, 1999 Wilkinson RG, 1996 Brunner E, 1997	Stress and trauma increase susceptibility to viral infection and physical illness by damaging the immune system.
Goodwin et al, 2000	Emotional wellbeing is a strong predictor of physical health. Those who scored highest were twice as likely to be alive at the end of the study.
Berkman et al, 1979 House et al, 1988	Social and emotional support can protect against premature mortality, prevent illness and aid recovery.

Jonas and Mussolino, 2000	Depression is a risk factor for stroke.
Turner and Kelly, 2000	Depression has a significant impact on health outcomes for a wide range of chronic physical illnesses, including asthma, arthritis and diabetes.

#### **4.1.2 Physical health promotion and meeting the physical health needs in primary care of those experiencing mental illness**

Mental health and wellbeing can also be influenced by physical health – indeed the two are interdependent (Mrazek and Haggerty, 1994). It is also known that the physical health of those experiencing mental health problems is poor, resulting in increased mortality. For a number of reasons, people with severe and long term mental illness (such as schizophrenia, psychosis and bipolar disorder) have a significantly increased risk of death due to infections and/or respiratory disease (Harris and Barraclough, 1998).

One study (Kendler, 1986) suggests that the consequences of the illness on the lifestyle of people with schizophrenia may make them more likely to die from diseases, rather than as a result of trauma or suicide. There is an urgent need to improve the physical care needs of those with long term mental health problems, and to ensure that this group is offered the full range of health promotion and prevention services (Cohen and Hove, 2001).

It is well understood that, in the general population, cigarette and heavy alcohol use, poor diet and a lack of exercise all contribute to significantly increased mortality rates. One study of people with severe and long term mental health problems living in the community found that out of 101 patients, 26 were obese, 53 were current smokers and 11 were hypertensive. Despite these risk factors being recorded in GP records, very few attempts to intervene were apparent (Kendrick et al, 1995; Kendrick et al 1994).

Brown et al (2000) surveyed the lifestyles of 140 people with schizophrenia, and found that their diet was unhealthy (high in fat and low in fibre), they generally took less exercise, and had significantly higher levels of smoking than the general population. Despite these increased health risk factors and significantly higher than average consultation rates (1314 compared with the national average of 3), there has generally been less health promotion activity conducted within primary care among those with severe and long term mental health problems than among the general population. The following table considers the association between two major mental illnesses and physical health conditions and identifies possible explanatory factors.

<b>Schizophrenia is associated with higher than average rates of:</b>	<b>Bipolar disorder is associated with higher than average rates of:</b>
Cardiovascular disease (Related to lifestyle)	Cardiovascular disease (Related to lifestyle)
Respiratory disease (Related to lifestyle)	Respiratory disease (Related to lifestyle)
Diabetes (Related to lifestyle and medication)	Diabetes (Related to lifestyle and medication)
Rheumatoid arthritis	Movement disorders (Related to medication)
Movement disorders (Related to medication)	Thyroid and renal disorder (Related to medication)

Source: NHS Department of Health

#### **4.1.3 Examples of the evidence base for physical health promotion for those with severe and enduring mental health problems**

Source	Findings
Addington et al, 1998	Group therapy is effective in helping some people with schizophrenia to stop smoking.
Druss et al, 2001	Improved physical health resulted from integrating a primary care service into a mental health clinic.
Phelan et al, 2004	The use of the Physical Health Check tool significantly improves the recording of physical health needs by mental health staff.

The following recommendations were made in the report by Cohen and Cove (2001), *Physical Health of the Severe and Enduring Mentally Ill* for the Sainsbury Centre for Mental Health:

- Local development schemes to address the physical health of those with a severe mental illness, including activities such as the development of a register, call and recall systems, regular liaison with CMHT and regular review/audit of care that is provided
- As a minimum, ensure that every person with a severe mental illness has their blood pressure and urine analysis checked annually, is offered protection against influenza, and is offered advice about reducing smoking.

Other regular checks and examinations could include chest, skin, side effects, CXR, ECG, FBC, ESR, TFTs, chiropody, vision and hearing tests, and testing for BP, IHD, cerebrovascular disease, chronic bronchitis, obesity, diabetes mellitus, thyroid disease, family planning including cervical smears, and advice on smoking, alcohol and exercise.

## 4.2 Health and wellbeing and social capital

'Social capital' relates to the strength of personal support networks and ability to access such support within a community, along with levels of trust, mutual responsibility and effective collaboration (Putman, 2000; Berry and Rickwood, 2000).

Social and emotional support can have a positive impact on health (protecting against premature mortality, preventing illness and aiding recovery). Evidence of the health impact of social capital demonstrates the potential effectiveness of interventions to strengthen trust, tolerance, participation and civic engagement.

There is good evidence that communities rich in social capital have better mental and physical health.

### 4.2.1 The evidence base for the enhancement of social capital

Source	Findings
Health Education Authority, 1998	Social capital is important for a community's health, social and emotional wellbeing, and protects against the negative impacts of economic deprivation and other trauma.
Huxley and Rogers , 2001	In local communities that enjoy a higher quality of life, residents are more likely to experience a greater sense of belonging, less isolation, greater access to leisure opportunities, more neighbourliness and security. Poorer mental health is associated with perceptions that the neighbourhood is in decline, there is less neighbourliness and fewer leisure opportunities.
Health Development Agency, 2002	Research on social capital and health suggest that levels of trust, reciprocity and participation in community networks influence health status.
Office for National Statistics, 2003	People who are more socially connected and have more social support enjoy better general health and suffer less from mental health problems. People with lower social capital tend to be those who live in the most deprived areas, are on lower incomes, and have lower education levels.

### 4.2.2. Community mental health and wellbeing

Mental health is not only a characteristic of individuals. Local communities can feel marginalised and isolated, fearful and insecure, unable to influence and participate. And, as with individuals, the risk and protective factors for mental health are not equally distributed among communities (Friedli, 2002).

Factors that influence the mental health and wellbeing of local communities include the following:

- Social and physical regeneration, to build links between groups within communities and to develop a safe and pleasant physical environment
- Opportunities for people to have their say and to be able to influence what happens in their area
- Provision of adequate amenities and resources, for leisure and for learning as well as for retail and financial services
- Shared spaces to promote interaction between social groups
- Access to public services: the retreat of public services from local communities adds to problems of social control and lack of feeling safe and secure. It also signals that communities no longer matter to public authorities and have less opportunity to have a say and be heard
- Support for people who are vulnerable: parents and carers, people with learning disabilities, young people leaving home. Of particular relevance are access to affordable housing, advice on debt and money management, access to training and employment opportunities.

(Department of Health, 2001; Scottish Development Centre for Mental Health, 2003).

#### **4.2.3 Citizenship and community in mental health: a programme plan**

The mental health promotion strategy proposed in 'Making it Happen' (Department of Health, 2001) outlines a Citizenship and Community programme designed to facilitate the social inclusion of people with mental health problems that would enable such individuals to play the role of citizens rather than patients. Taking current policy on community regeneration and citizenship as a significant opportunity for the inclusion agenda in mental health, the programme proposes greater integration of mental health services with mainstream community organisations. Further information can be obtained from: [http://www.nelmh.org/page\\_view.asp?c=22&did=2383&fc=004011005](http://www.nelmh.org/page_view.asp?c=22&did=2383&fc=004011005)

#### **4.2.4 Parenting programmes**

Two systematic reviews (Hosman & JanéLopis, 1999; Tilford et al, 1997) currently support parenting programmes and school-based and work-related programmes. Tilford et al (1997) reports that there is some evidence of the effectiveness of mass media interventions, general health promotion programmes, brief interventions at the time of critical illness, and 'listening visits'. They also report that social support and problem solving or cognitive behavioural training in the unemployed may improve mental health and employment outcomes. Tilford et al also provide recommendations for each life stage (childhood, youth, adulthood and older age). One further study also provides evidence that media campaigns alongside appropriate community activities can improve mental health literacy among local populations (Hersey et al, 1984).

Unresolved emotional distress in childhood is an important cause of emotional distress in adulthood (Bowlby, J, 1969; Rutter M, 1996). This supports the development of approaches such as parenting programmes and mental health promotion programmes in schools.

## Evidence base for parenting programmes

Source	Findings
Barlow J, 1999 Systematic review	Parenting programmes can reverse emotional and behavioural problems.
Stratton W.C., 1998	Parenting programmes can prevent the emergence of emotional and behavioural problems.
Titterton M et al, 2002	Review of evidence base for interventions for mental health promotion and the early years.

### 4.2.5 Volunteering

Volunteer Development Scotland has recently published work on the mental health aspects of volunteering. This work illustrates: the mental health gains for volunteers of having a valued social role and opportunity to build skills and confidence; the opportunities to use volunteering to offer informal support and contact for people with mental health problems who may be isolated; the potential for people with mental health problems themselves to take up volunteering (Risbey, 2004). Examples provided include the Community Health Action Team in Drumchapel, which has a team of volunteers who work within the local community to provide information and raise awareness about health issues.

### 4.2.6 Physical activity as treatment

Physical activity has been tried in several areas to promote physical as well as mental health (HDA review Effectiveness of physical activity promotion schemes in primary care, 1998). The HDA is currently reviewing published evidence for effective interventions for physical activity. In general, interventions are more likely to be successful if they encourage walking as the preferred mode of exercise, and do not require attendance at a leisure facility.

Physical activity can benefit in the following ways (Fox, 2000):

- As treatment or therapy for those with existing mental health problems
- To improve the quality of life for people with mental health problems
- To prevent the onset of mental health problems
- To improve the mental wellbeing of the general public.

The promotion of physical activity for wellbeing is central to current policy on health improvement – see Section 6 of this report (Scottish Executive, 2003c).

## The evidence base for physical activity for promotion and prevention

Source	Findings
Craft and Landers, 1998 Mutrie, 2000	These systematic reviews suggest a causal link exists between physical activity and decreased depression. Physical activity has a comparable effect on depression as that obtained from psychotherapeutic interventions.
Taylor, 2000	Physical activity reduces anxiety – both regular exercise and single exercise sessions can be effective.
Faulkner and Biddle, 1999	Exercise may also be effective in treating symptoms of schizophrenia.

Evidence exists to support interventions in a variety of settings:

Healthcare interventions can increase physical activity for both primary and secondary prevention in the short term, but long term maintenance of activity remains a challenge. Counselling for physical activity has been shown to be as effective as more structured exercise sessions.

Workplace research evidence to support workplace interventions is not strong, in general, but evidence exists to support the effectiveness of interventions to improve rates of walking to work.

Schools reviews have shown that appropriately designed and delivered PE curricula can enhance physical activity levels. A whole school approach to physical activity promotion has been shown to be effective.

Transport walking and cycling to work have been increased through well designed interventions.

Communities communitywide approaches to physical activity promotion have resulted in increases in activity.

### 4.2.7 Poverty, social deprivation, inequality and mental health

The lifetime risk of developing a mental health problem in the UK is currently estimated around one in four. However, the risk is not shared by all and epidemiological data has identified a range of adverse factors that increase the risk for particular groups and individuals. The findings from nine large scale population-based studies demonstrate a significant association between material deprivation, education status, employment status, the environment and adverse life events and the prevalence of common mental health problems (Melzer et al, 2004). Examples of studies showing these associations note that:

- Unemployed people are twice as likely to have depression as people in work
- More women and men from deprived areas in Scotland have poorer mental health than those from affluent areas ( as measured on the 12 item version of General Health Questionnaire (GHQ)) (Scottish Executive 2003a)
- Fryers et al (2001) found a positive relationship between less privileged social position and mental health from five out of nine studies, with no studies showing an inverse relationship
- Poverty, unemployment and social isolation are associated with the first incidence and prevalence of schizophrenia. First admission rates to specialist psychiatric care for people with schizophrenia are higher among those resident in deprived areas (ISD, 2001)
- The proportion of people reporting a serious lack of social support and high GHQ scores rises as income decreases (Erens and Primatesta, 2000)
- Children in the poorest households are three times more likely to have mental health problems than children in well-off households (Melzer et al, 2000). They are also more likely to be exposed to physical illnesses, family stress, inadequate social support and parental depression (Parker Greer and Zuckerman, 1988). Unresolved emotional distress in childhood is an important cause of emotional distress in adulthood (Bowlby, 1969; Rutter, 1996)
- A Scottish study of children looked after by local authorities found rates of mental disorders in these children that were up to six times higher than rates among children in private households (Melzer et al, 2004)
- Women experience higher rates of depressive disorders than men; studies in the US have pointed to the link between poverty, inequality and discrimination as sources of depression (Belle and Doucet, 2000); there is a clear link between abuse by partner and depression among women (Hegarty et al, 2004)
- People who have been abused (including domestic violence) have higher rates of mental health problems. For both women and men, the experience of childhood sexual abuse can have implications for mental health in adulthood (Scottish Executive, 2004a)
- People with drug and alcohol problems have higher rates of mental health problems
- Between a quarter and a half of people using night shelters or sleeping rough may have a serious mental disorder, and up to half may be alcohol dependent
- In Scotland, twice as many suicides occur among people from the most deprived areas (Blamey et al, 2002)
- Suicide is the leading cause of death among young men in Scotland, and is twice the rate in England. The rate for young men aged between 10 – 24 is higher among those from deprived communities compared with those from affluent communities (Scottish Executive (2003a)
- Some Black and Minority Ethnic communities are diagnosed as having higher rates of mental health problems than the general population – refugees are especially vulnerable. They are often exposed to the psychosocial effects of dealing with discriminatory behaviour. Repeated rejection, hostility and feelings of shame can undermine self-worth and self-efficacy and contribute to psychological distress (Kirby and Fraser, 1997). Variations in health status between people from Black and Minority Ethnic (BME) groups and those from the majority population are both a reflection of actual physical and psychological health problems and the social position and social experiences of the BME population (Mallett, 2004). The

fear and risk of being a victim of racist harassment impacts on the wellbeing of people from BME communities (Chahal and Julienne, 1999). Perceptions of racial discrimination are an important factor in the poor health of ethnic minorities, over and above socioeconomic factors (Nazroo and Karlsen, 2001).

- Perceived experience of workplace discrimination is associated with poorer mental health outcomes (Roberts et al, 2004)
- Homophobic bullying and victimisation have a strong impact on mental health of people who identify as lesbian, gay, bisexual or transsexual (Lumsdaine, 2002). A study in Edinburgh found that the young gay and bisexual men in their sample were 4.1 times more likely to have seriously considered suicide than men in the general population (Hutchison et al, 2003)
- There is a high rate of mental health problems in the prison population
- People with physical illness have twice the rate of mental health problems compared to the general population
- For people with mental health problems the risk factors of poverty, deprivation and discrimination may be compounded: people with mental health problems have the highest rate of unemployment among people with disabilities (ONS, 1995), can feel excluded from their local community because of their financial situation (Focus on Mental Health, 2001), and experience stigma and discrimination (De Ponte et al, 2000; Social Exclusion Unit, 2003).

#### **4.2.8 Promoting mental health of older people and tackling social isolation**

Older people are often the most vulnerable group in experiencing social isolation and loneliness. A systematic review of health promotion interventions targeting social isolation and loneliness among older people (Cattan and White, 1998) has identified that effective interventions to combat social isolation and loneliness among older people tended to be characterised by long-term group activity (e.g. discussion, self-help, bereavement support) aimed at a specific target group (e.g. women, widowed) with an element of participant control using a multifaceted approach. Physical activity, volunteering, and programmes that enhance social contact and social support also have a positive impact on the health of older people.

#### **Implications for CHPs: mapping and tackling community mental health needs**

These types of studies provide a strong evidence base to support the input of resources into the promotion of mental health and wellbeing and the prevention of mental health problems as an integral part of efforts to improve physical health. Poor mental health is a risk factor for the development of, and recovery from, a range of chronic physical conditions. The evidence therefore strongly supports the development of initiatives that take a proactive approach to tackling the mental health needs of those with chronic physical illnesses and the development of social and emotional support at a population level.

The above analysis has several implications for action: firstly it indicates the contribution that community regeneration stands to make to the improvement of mental health and well being. Secondly, community characteristics can themselves impact on the effectiveness of interventions to strengthen protective factors for mental health. Thirdly,

there is a need to promote community participation of the most excluded groups, including people with mental health problems.

Understanding community health needs via the development of local profiles is essential. The community profiles developed by NHS Health Scotland provide a valuable baseline for this work ([www.phis.org.uk](http://www.phis.org.uk)). This can be done in partnership with the Local Authority and in collaboration with other agencies to map out issues relating to mental wellbeing e.g. areas of social deprivation, high crime, unemployment, refugees and asylum seekers, homeless and rough sleepers, drug and alcohol misuse. A local audit of mental health needs, and organisations available to meet these needs, is vital if any coherent strategy is to be developed and implemented.

Mental health improvement can be achieved by targeting these high risk groups using approaches which the evidence indicates can impact on risk factors and/or on protective factors. In seeking to support improvements in the physical health of people with mental health problems, primary care links to local authority leisure and community services are important.

## **5 Models of good practice for mental health promotion and prevention in primary care**

A wide range of social and community services contribute to the development of environmental and social interventions that can impact on mental health improvement. CHPs can enhance their potential to engage in mental health promotion and prevention by linking into these types of intervention and facilitating access to them. Social prescribing presents a means to formalise this by creating pathways to support and care other than medical and psychological treatment, in order to engage patients in social activities that are perceived to have the potential for a positive impact on their health.

The workload in primary care often makes it difficult or impossible to respond to the health, social and psychological needs of all patients. More innovative ways are needed to capitalise on services offered by local authorities, local colleges and the community and voluntary sectors. Social prescribing is a way of linking patients in primary care with non-medical sources of support within the community so that alternative responses are available to helping people cope with and manage mental health problems. The National Programme for Improving Mental Health and Wellbeing has funded a feasibility study on social prescribing as a companion piece to this Resource Paper.

The Scottish Government commissioned the Doing Well by People with Depression initiative and the evaluation of this programme outlines a range of initiatives to promote mental health (McCollam et al, 2006). Some of these initiatives are included in this document.

The evaluation, including descriptions of initiatives and recommendations for planning interventions, can be downloaded from:

<http://www.scotland.gov.uk/Publications/2006/07/12090019/0>

Here we provide examples of good practice across all levels of mental health promotion and prevention, from strengthening individuals to strengthening communities and reducing structural barriers to mental health.

### **5.1 Strengthening individuals**

#### **5.1.1 Self-help facilitators**

Self-help is sometimes associated with specific packages for managing mental health problems that encourage user participation in their own recovery. These types of self-help packages are often, and best, facilitated with professional support. However, self help is also about enabling people to access other resources such as local stress management, exercise programmes, education and other mainstream opportunities where appropriate.

For mental health promotion and prevention, relevant self-help strategies could include:

- Increasing opportunities for training and employment

- Facilitating access to education provision
- Enabling take up of volunteering opportunities
- Encouraging use of leisure and sports facilities, community activities, arts and creativity or faith groups
- Encouraging participation in stress workshops.

A guide to self help resources for depression and anxiety can be found at:  
<http://www.scotland.gov.uk/Resource/Doc/98780/0023925.pdf>

Research shows that people experiencing psychosocial problems often find it difficult to make the first steps in approaching voluntary and community services. The provision of a leaflet or contact number is not always sufficient. A referrals facilitator can overcome such barriers. Self-help therapists and coaches were introduced in a number of areas as part of Doing Well by People with Depression. They provide lifestyle advice and help with problem-solving for patients with mild mental health problems. Examples of these services exist in Ayrshire and Arran, Dumfries and Galloway, and Glasgow.

The Toolkit, Borders In this Doing Well site, the facilitator promotes a resource of key contacts in health and social care agencies (including housing). Provided alongside guided self-help and multimedia self-help materials to patients, the toolkit process also facilitates contacts and networks between services (see the evaluation of Doing Well by People with Depression for further information).

Penge and Anerley Social Prescribing Scheme (Sykes S. 2002) This scheme involves a community worker based within a primary care practice, to which practice staff refer patients with mild psychosocial problems who may benefit from the support of specialist voluntary organisations, community groups or self-help agencies. The worker has extensive knowledge of local voluntary and community services and can therefore refer the patient to a service most appropriate to meeting their needs; they can also facilitate patient introductions to services.

Primary Care Mental Health Workers These workers are able to offer brief solution-focused therapy, practical problem-solving training, guided self help and signposting or onward referral to other services. Examples include the Doing Well initiative in Grampian.

### 5.1.2 Learning prescriptions

Literacy and numeracy problems can lead to people being excluded from a wide range of social and economic benefits. Local Community Learning and Development Strategies (see Section 6) provide a framework within which primary care can develop partnerships with key local service and educational bodies to promote access to learning from those who could benefit.

Research by the National Institute of Adult Continuing Education (NIACE) in 2001 revealed that 87% of people felt physically better as a result of learning, while 89% reported positive emotional or mental health benefits. In response they established a Prescriptions for Learning Scheme. There are now 20 existing or emerging learning and health projects across the country. The project based a learning adviser in three GP surgeries and GPs or other healthcare staff could refer patients to the service to discuss

learning opportunities. Future evaluation of this programme will look at the 'harder' health outcomes such as reduction in medication and the economic benefits of learning. For further information see:

<http://www.niace.org.uk>

## **5.2 Strengthening communities**

### **5.2.1 Building social capital**

Building social capital in West Howe This programme aims to build social capital in a deprived urban area which has adverse indicators for mental health. A local needs assessment profile has been constructed with residents and service providers, resulting in an action programme to improve health. A full-time community worker encourages and supports local initiatives and a local health promotion coordinator involves local schools and workplaces and links with other initiatives such as Streetwise and the Sure Start Scheme. Contact: [paul.harker@dorsethctr.swest.nhs.uk](mailto:paul.harker@dorsethctr.swest.nhs.uk)

Aberdeen Healthy Living Network Supported by the New Opportunities Fund, this Aberdeen-wide initiative has developed seven projects around core themes of:

- Parenting: mentoring for parents of children under the age of five; small neighbourhood self-help groups e.g. for parents whose children have behavioural problems
- Life skills development of community social enterprise with a mental health service user group; development post to work with gypsy-travellers; outreach work with ethnic minorities
- Poverty raising awareness of poverty issues in health services, welfare benefits advice, food coop and credit union development.

Building Healthy Communities, Dumfries and Galloway This project aims to: build individual, organisational and community capacity in order to address health inequalities and to take action to tackle the root causes of these inequalities; strengthen the infrastructure for health regionally with the emphasis on building healthy communities from the bottom up.

The project offers outreach and social support for those dealing with anxiety, stress, depression, isolation, lack of self-esteem and addiction. It also creates capacity building opportunities through engagement in local decision making and community planning and through learning and training. Activities include:

- Recruitment, training and development of volunteers, to support people who would not otherwise have become volunteers
- Befriending and peer support groups e.g. for women subject to abuse or for new parents
- Arts for health, to improve mental health
- Physical activity groups to improve mental health and develop intergenerational relationships through exercise
- Access to complementary therapies for different age groups.

## 5.2.2 Parenting programmes and early interventions

The Scottish Government has a range of policies and programmes that provide support for parenting either directly or indirectly. These include programmes and policies such as Integrated Community Schools, which have an emphasis on meeting the needs of vulnerable children, young people and their families, and Sure Start Scotland, which targets support at families with very young children (03 years), particularly vulnerable and deprived families.

Coatbridge Infant Mental Health Project The Infant Mental Health Project is built upon partnership working between agencies which work with parents/families and young children (05 years) in Coatbridge. It aims to develop a continuum of support services to families with young children and to work collaboratively with families to promote the young child's emotional, physical, social and cognitive development. The project has a strong focus on implementation of evidence-based practice and on capacity building, through a programme of staff training and development. Initiatives implemented include:

- Group support for vulnerable families
- Baby massage: health visitors trained in baby massage, with training cascaded out within key partner agencies as required.
- Parenting education programmes jointly delivered by Sure Start, Homelink, health visitors and education staff
- Group intervention for women with postnatal depression and their babies (under one year), using the Mellow Babies programme, which is achieving good outcomes for maternal mental health and mother/child interactions.

### Pre 5 Family Service, Riverside, Glasgow

This is a Health Visitor-led, multidisciplinary initiative involving clinical psychology, nursery nurses, and a dietician. It aims to boost parenting skills, confidence and knowledge. The projects developed include: massage; positive parenting courses, breast feeding support groups; sleep clinics and individual parenting support.

### Homestart ([www.homestart.org.uk](http://www.homestart.org.uk))

This interagency initiative trains volunteer parents who then work with parents who are vulnerable. Benefits include improved parental self-esteem, improved physical and mental health and improved management of children's behaviour. Health Visitors can be encouraged to become aware of local schemes and CHPs can work with other agencies to develop such schemes.

### Thurrock Community Mothers ([www.communitymothers.org.uk](http://www.communitymothers.org.uk))

This programme has been implemented widely across the UK and uses trained volunteers with experience of mothering to support local parents. Benefits include positive socioeconomic and health improvements for children, parents and volunteers.

Starting Well ([www.startingwell.co.uk](http://www.startingwell.co.uk)) This national Health Demonstration Project in Child Health in Scotland operates in five Community Health and Social Care Partnerships in Glasgow that have high socioeconomic deprivation and aims to improve child health by supporting families and by enhancing access to community-based resources for both parents and children. The main strands of work include: home visiting, community support and partnership working.

### **5.2.3 Promoting social contact and meaningful activity**

Projects which encourage social contact and meaningful activity have shown positive results in terms of mental health improvements.

Time banks (<http://www.timebanks.co.uk/>) A time bank is a way for people to come together and help each other. Participants 'deposit' their time in the bank by giving practical help and support to others and are able to 'withdraw' their time when they need something done themselves. Everyone's time is worth the same and a broker links people up and keeps records. People help each other with everything from making phone calls to sharing meals and giving lifts to the shop anything that brings them together. Specific examples of their use in primary care include:

- the Rushey Green Group Practice 'Time Bank'
- Blackthorn Trust Project – winner of a good practice award from the Foundation for Integrated Health it supports 'hard to treat' patients

(including those with depression and schizophrenia) through activities such as gardening, painting and craft work.

## **5.3 Reducing structural barriers to mental health**

### **5.3.1 Promoting access to physical health care for those with severe and long term mental health problems**

CPN and practice nurse led weight management groups Such groups have proved to be an effective tool for supporting healthy eating, as well as promoting nutrition awareness, shopping and cooking. These latter activities can also improve social interaction and provide activities that can promote confidence and self-efficacy. Contact John Pendlebury [john@pendlebury.freeserve.co.uk](mailto:john@pendlebury.freeserve.co.uk).

Lifestyle clinics Clinics have been introduced in GP practices in Aberdeen for people with long term serious mental health problems, run by a CPN, a practice nurse and a phlebotomist. Clinics do a comprehensive physical health screening and the results are fed back to the psychiatrist and the patient.

### 5.3.2 Promoting the mental health and wellbeing of at-risk groups

#### Older People

South Ayrshire Class Diamonds [www.southayrshire.gov.uk/safety/class\\_diamonds.htm](http://www.southayrshire.gov.uk/safety/class_diamonds.htm)

This Community Safety project for older people aims to raise awareness of home and personal safety and promote positive changes in lifestyles, increase the number of people aged 65 years and over taking part in physical activity, reduce the risk of falls and accidents in the home and act as a referral source from and to other agencies. Class Diamonds courses cover health promotion, physical activity, and awareness about falls and accidents. Health and safety professionals deliver a wide range of topics including: healthy feet, healthy eating, keeping healthy, oral health, taking medications safely, healthy mind and memory, bogus callers and personal safety, home and fire safety, care and repair schemes, volunteering and befriending opportunities, pensions, benefits and allowances.

MOOD project in West Lothian ([www.mood.fsbusiness.co.uk](http://www.mood.fsbusiness.co.uk)) Mental health Options for Older People with Depression in West Lothian (MOOD) aims to identify people over the age of sixty who have, or are at risk of developing, depression or other mental health problems and to devise a range of resources to support them and their carers. It involves the development and facilitation of various support groups for self-help in general or in relation to specific activities such as bowling, photography or walking. Referrals are taken from a range of sources including primary care. The project is also developing intergenerational work to involve younger people and schools.

**Pre-retirement Health Initiative** This is part of the Health Action Zone research programme in Hull and East Riding to promote the mental health of older people approaching retirement, facilitating discussion and activities around hobbies, leisure, time and structure, socialising, isolation, relationships, dealing with loss and financial management. The project finished in 2002 but the work led to further developments in promoting mental health for older people. For more information contact: [Janet.McDougall@herchtr.nhs.uk](mailto:Janet.McDougall@herchtr.nhs.uk).

#### Lesbian, Gay, Bisexual and Transgender Community

LGBT Centre for Health and Wellbeing, Edinburgh ([www.lgbthealth.org.uk](http://www.lgbthealth.org.uk)) The centre acts as a resource for health and wellbeing for LGBT communities in Edinburgh and is also a source of advice and training for professionals working with these communities.

LGBT Youth Scotland (<http://www.lgbtyouth.org.uk/>) This national organisation provides services which aim to increase awareness and confidence and reduce isolation and intolerance for young LGBT people. Services include information, online community bulletin boards, support groups, activities, events and a telephone support line. LGBT Youth Scotland also provides training, information and resources for families, schools and organisations.

## Women

### Bridgeton LHCC Women's Mental Health Demonstration Project, Glasgow

This project offers an advocacy, information and support service for women with mild to moderate mental health problems who present in primary care. Many of the women who use the project have had experience of sexual abuse or domestic violence. The project worker provides casework and case management and liaison with the Benefits Agency, housing, health and social services. Evaluation indicates that use of the project is associated with reduction in medication and fewer attendances at GP surgeries. Some women are enabled to return to training and employment. For details of the project contact Bridgeton Health Centre, Glasgow 0141 531 6567.

### Women's Support Project (<http://www.womenssupportproject.co.uk/>)

This Glasgow-based project works against violence against women. They offer information and brief advice and support primarily, but not exclusively, for women, and help to identify resources for ongoing support. They also encourage interagency working and offer training events.

### Scottish Women's Aid (<http://www.scottishwomensaid.co.uk/>)

Women's Aid is a national organisation providing services and support for women and children. Services include temporary accommodation, advice, support and information. Women's Aid also work to raise awareness of violence against women through public campaigns, provide multi-agency training and consider the impact of policy on women.

## Black and Minority Ethnic Communities

Men in Mind, Edinburgh <http://www.healthinmind.co.uk/mim.asp?page=3> This project offers a drop-in centre, one-to-one support and education programmes for black and minority ethnic men. The project widens their access to information about mental health issues and the opportunity to discuss mental health problems.

Saheliya, Edinburgh ([www.saheliya.org.uk](http://www.saheliya.org.uk)) Saheliya was set up in 1992 to provide a flexible range of services, including counselling, alternative therapies, group support and befriending, which supports the health and wellbeing of black and minority ethnic women in Edinburgh. The Befriending Service introduces black/minority ethnic women who are socially isolated, anxious or depressed to trained black/minority ethnic volunteers. They also provide training and ongoing support to volunteers.

## **5.4 Working across individual, community and structural levels of change**

Mental health promotion and prevention interventions may be targeted either at individual, community or structural change. However, evidence suggests that interventions are likely to be more effective if they operate at multiple levels. Here we describe two local models which work for change across individual, community and structural levels.

STEPS Primary Care Mental Health Team, South East Glasgow CHCP ([www.glasgowsteps.com](http://www.glasgowsteps.com)) The STEPS team uses a stepped care model that aims to offer a multipurpose, multilevel way of working that incorporates individual therapies, community interventions and prevention at a population level. Activities include individual therapy, advice clinics and a phone line, stress awareness classes, support groups, information and book prescriptions. In addition, the team undertake awareness work in local schools, develop a DVD, compile service directories and take part in community events and health fairs.

Reach Out With Arts in Mind (<http://reachout.clacksweb.org.uk/>) Reach Out is a member led self-help group, based in Alloa, for adults suffering from mental ill health. Creative arts are used as a way to support recovery through improving confidence, self-esteem and motivation. Reach Out also engages in education and public awareness campaigns to challenge oppressive stereotypes of mental ill health. Reach Out offers support to individuals in a group setting and this often feeds into their aim of making structural change through activism, education and awareness raising. One campaign included a member written and directed drama, which was disseminated nationally and internationally, to help address negative stereotypes.

### **Implications for CHPs: sign-posters in primary care and establishing a mental health promotion strategy**

Primary health care practices and family doctors continue to be important points of contact for people experiencing distress and therefore provide a valuable portal to gain access to other resources and supports. At-risk or vulnerable patients can be 'referred' via primary care to specific programmes or primary care staff can act as 'signposters', pointing patients in the right direction for information and support within the community and voluntary sector.

The Department of Health publication Making it Happen: a guide to delivering mental health promotion suggests the following framework for putting a mental health promotion strategy into practice:

- Agree a vision and set aims and objectives
- Map existing initiatives
- Identify gaps and duplication
- Identify key settings and target groups through local needs assessment
- Identify policy initiatives with supporting goals. For example, the National Strategy for Neighbourhood Renewal and The Health & Safety Executive's Securing Health Together.

Other key points from the Making it Happen guide include:

- Involve key stakeholders whose commitment will be essential to delivery: how will stakeholders be involved or consulted? What steps will be taken to involve mental health service users, carers and local communities?
- Select interventions: who are they targeting? In which settings?
- Find evidence to support the approach taken: what strength of evidence is available? What kind of indicators will demonstrate progress?

- Evaluation: how will the different components be evaluated? How will the overall strategy be evaluated?
- Identify staff and resource implications: does the workforce have the capacity? Have any skills, training, or capacity development needs been identified?

## **6 Supporting policies**

The following policies support the development of broad-based partnerships for community mental health and wellbeing:

### **6.1 Community regeneration**

The thrust of regeneration policies from the Scottish Government is to ensure that core public services are as effective as possible in deprived and disadvantaged areas and that individuals and communities have the social capital (skills, confidence, support network and resources) to take advantage of and increase the opportunities available to them. Community planning is now one of the main vehicles for local agencies to take this forward on a multi-agency basis (Scottish Executive, 2002).

### **6.2 Community learning and development**

Community planning partnerships are responsible for ensuring a strategic approach to community learning and community development in their local areas, in partnership with other public agencies and the voluntary sector. Recent guidance indicates that this is regarded as essential in building the abilities of individuals, groups and communities, to support them to take their place at the heart of local planning and service delivery (Scottish Executive, 2004b).

### **6.3 Health Improvement**

Improving Health in Scotland: the Challenge (Scottish Executive, 2003b) stresses the importance of local community planning partnerships working closely with NHS Boards on health improvement for their local populations. Community planning partnerships can improve the life circumstances for local people through establishing shared priorities and ensuring an integrated approach to address them. It is anticipated that, by taking a broad multi-agency view of a community, it will be possible to have an impact on life circumstances, in ways that contribute to enhance health and wellbeing.

Healthy Communities: A Shared Challenge (Health Scotland, 2006) affirms the vital role of communities in the development of solutions for health improvement. The task group that produced this report recommended that renewed emphasis be given to engaging and supporting communities to play an active part in health improvement and recognised the importance of building capacity to facilitate this.

### **6.4 National Programme for Improving Mental Health and Wellbeing**

Community mental health and wellbeing is one of the six priority areas identified by the Health Department's National Programme for improving Mental Health and Wellbeing. Actions in this area should:

- Build community connectedness
- Support and encourage greater involvement of local communities
- Strengthen the capacity of local communities to support themselves

- Foster greater trust and tackle stigma and discrimination
- Improve the quality of local services and make these more accessible and responsive to local communities.

### **6.5 Physical activity: Let's Make Scotland More Active**

The importance of physical activity for mental health and wellbeing, as well as for physical health, is emphasised in current policy programmes and by the Physical Activity Task Force (Scottish Executive, 2003c).

### **6.6 Local Government**

Local government stands to play a central role in promoting wellbeing and addressing poverty and exclusion, with the powers of wellbeing conferred on local authorities by the Local Government in Scotland Act (2003). In addition, the Mental Health (Care and Treatment) (Scotland) Act 2003 requires local authorities to ensure that people who fall within the remit of the Act have access to opportunities for social development, learning and employment.

### **6.7 Mental health policy**

The Framework for Mental Health Services in Scotland has highlighted the need for services also to address the physical health needs of clients. "A local mental health service must similarly provide a range of care to meet the mental and physical needs of individuals with mental health problems" (NHS MEL 1997: 62).

Delivering for Mental Health (Scottish Executive, 2006) aims to accelerate improvements in mental health services across Scotland, in line with principles of *Delivering for Health*, namely that NHS services should be as local as possible, provide effective support for people with long-term conditions, reduce health inequalities and actively manage admissions to and discharge from hospital. The objectives set out in Delivering for Mental Health have direct relevance to primary care and include the following:

- To work with GPs to ensure that new patients presenting with depression have a formal standardised assessment and a therapeutic intervention that matches level of need
- To develop appropriate models to manage the mental health needs of people with long term physical health conditions
- To promote access to a wider range of interventions options, including psychological therapies and other socially based forms of support
- To strengthen the contribution that mental health services can make to physical health.

Delivering for Mental Health complements the GMS Quality Outcome Framework which rewards GPs for identifying depression.

## 7 Conclusion

Promoting the mental health and wellbeing of a local Community Health Partnership population can be shaped by a considerable and growing body of evidence that provides an understanding of the factors that influence mental health and wellbeing as well as of the interventions that can be effective. Efforts to improve mental health and wellbeing can assist a wide range of public sector organisations with the achievement of their own goals and objectives.

Research tells us that to make an impact on mental health and wellbeing requires the active engagement and participation of many different agencies and sectors and cannot be achieved by primary health care alone. The roles of local authorities as health improvement organisations, of the local community and voluntary sectors, and of colleges as partners are critical to improve mental health.

Evidence also indicates very clearly the need to go beyond the development of a series of mental health promotion projects and initiatives, to identify how best mental health promotion theory and practice can be integrated within mainstream services and interventions.

### **Key issues for CHP Consideration**

In developing plans to improve the mental health and wellbeing of their local populations, Community Health Partnerships can use the following checklist as a guide:

- What steps should be taken to develop a shared understanding among partner agencies of the nature of the risk and protective factors for mental health and wellbeing which affect the local population?
- What development and training is required to build capacity to respond effectively to mental health needs and to ensure that staff have the appropriate skills, attitudes and values?
- Which groups of people/local communities are at particular risk of poor mental health?
- What form of action and intervention can be taken forward by CHP partner agencies?
- How can an understanding of risk and protective factors and of effective mental health promotion interventions be used to shape local actions?
- How can the CHP build partnerships with the range of agencies which have a contribution to make to improving local mental health?

## 8 Useful links and resources

### 8.1 Key documents and resources to use in conjunction with this document:

Commonwealth Department of Health and Aged Care (<http://www.health.gov.au/>): 2000. Promotion, prevention and Early Intervention for Mental Health. This document can be downloaded from the publications section of the site.

National Service Framework for Mental Health ([www.doh.gov.uk](http://www.doh.gov.uk)): Modern Standards and Service Models, Department of Health 1999.

Sainsbury Centre for Mental Health (<http://www.scmh.org.uk>)  
This site contains a briefing on mental health promotion for implementing standard one of the national service framework for mental health.

NIMHE programme for Primary Care Mental Health and Education (<http://www.primhe.org>) Details of resource packs Mental Health promotion in primary care (2005) and Promoting mental health, cultivating social inclusion and managing mental health problems in primary care: a guide to developing integrated services in line with the national service frameworks for mental health (2003) can be found on this web site.

National Library for Health (<http://www.library.nhs.uk>) is a key deliverable of the NHS 'Information for Health' strategy. It is designed to bring together a wide range of public health activity into a simple, easy to use resource. It includes a database of case studies to help those concerned with improving health and reducing inequalities to access information and learning arising from practice across the country.

Health Development Agency / National Institute for Health and Clinical Excellence (NICE) (<http://www.nice.org.uk/page.aspx?o=hda.publications>) The HDA worked to develop the evidence base for improving health and reducing inequalities in health. In 2005 the HDA remit was transferred to NICE. This link allows searching and downloading of key HDA and more recently NICE documents, including the recent Review of Effectiveness of Mental Health Promotion Interventions <http://www.publichealth.nice.org.uk/page.aspx?o=502207>

A National Contract on Mental Health (<http://www.york.ac.uk/inst/crd/wph.htm>): Evidence from Systematic Reviews of Research Relevant to Implementing the 'Wider Public Health' Agenda – contains systematic reviews of relevant evidence in relation to: social and economic interventions, environmental interventions, personal behaviour, and services interventions

### 8.2 Other resources:

<http://Auseinet.flinders.edu.au/> The Australian Network for Promotion, Prevention and Early Intervention (Auseinet) informs, educates and promotes good practice in a range of sectors and the community about mental health promotion, prevention, early intervention

and suicide prevention across the lifespan.

<http://www.library.nhs.uk/mentalhealth/> This is the site of the National Electronic Library for Mental Health.

<http://nimhe.csip.org.uk/home> The National Institute for Mental Health in England is committed to research education, training and development programmes (including primary care).

<http://www.niace.org.uk/> The National Institute of Adult Continuing Education site contains examples of prescriptions for learning projects.

<http://www.selfhelp.org.uk/index.cfm> This site lists UK self-help organisations including mental health self-help organisations.

<http://www.mentalhealthcare.org.uk/> This site offers information and research findings from the Institute of Psychiatry and South London and Maudsley Trust and personal stories written by carers.

<http://www.sdcmh.org.uk/> The web site of the Scottish Development Centre for Mental Health provides an overview of the organisation's current work programmes and publications and provides access to other links and resources.

Journal of Public Mental Health (formerly the Journal of Mental Health Promotion) This is a quarterly journal published by Pavilion ([www.pavpub.com](http://www.pavpub.com)) and is a useful source of information on mental health promotion research, policy and practice.

Mental Health Today. This monthly magazine, also published by Pavilion, carries a wide range of features on mental health improvement, social inclusion and user perspectives on mental health service delivery and on mental health promotion and prevention.

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## 10 Appendix

The following tables were reproduced from the Australian National Mental Health Strategy: Promotion, Prevention and Early Intervention for Mental Health: A Monograph (2000).

Table 1: Protective factors potentially mitigating against the development of mental health problems and mental disorders in individuals (particularly children).

Individual Factors	Family Factors	School context	Life events and situations	Community and cultural factors
Easy temperament	Supportive caring parents	Sense of belonging	Involvement with significant other person (partner or mentor)	Sense of connectedness
Adequate nutrition	Family harmony	Positive school climate	Availability of opportunities at critical turning points or major life transitions	Attachment to and networks within the community
Attachment to family	Secure and stable family	Pro-social peer group	Economic security	Participation in church or other community group
Above average intelligence	Small family size	Required responsibility and helpfulness	Good physical health	Strong cultural identity and ethnic pride
School achievement	More than two years between siblings	Opportunities for some success and recognition of achievement		Access to support services
Problem solving skills	Responsibility within the family	School norms against violence		Community/ cultural norms against violence
Internal locus of control	Supportive relationship with other adult (for a child or adult)			
Social competence	Strong family norms and morality			
Social skills				
Good coping style				
Optimism				
Moral beliefs				

Values				
Positive self related cognitions				

Table 2: Risk 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
Prenatal brain damage	Having a teenage mother	Bullying	Physical, sexual or emotional abuse	Socioeconomic disadvantage
Pre-maturity	Having a single parent	Peer rejection	School transitions	Social or cultural discrimination
Birth injury	Absence of father in childhood	Poor attachment to school	Divorce and family break-up	Isolation
Low birth weight, birth complications	Large family size	Inadequate behaviour management	Death of family member	Neighbourhood violence and crime
Physical and intellectual disability	Antisocial role models(in childhood)	Deviant peer group	Physical illness/impairment	Population density and housing conditions
Poor health in infancy	Family violence and disharmony	School failure	Unemployment, homelessness	Lack of support services e.g. transport, shopping, recreational facilities
Insecure attachment in infant/child	Marital discord in parents		Incarceration	
Low intelligence	Poor supervision and monitoring of child		Poverty/economic insecurity	
Difficult temperament	Low parental involvement in child's activities		Job insecurity	
Chronic illness	Neglect in childhood		Unsatisfactory workplace relationships	
Poor social skills	Long-term parental unemployment		Workplace accident/injury	
Low self-esteem	Criminality in parent		Caring for someone else with an illness/disability	
Alienation	Parental substance abuse		Living in nursing home or aged care hostel	
Impulsivity	Parental mental disorder		War or natural disasters	

	Harsh or inconsistant discipline style			
	Social isolation			
	Experiencing rejection			
	Lack of warmth and affection			