St.Helens Council

HALTON BOROUGH COUNCIL

Halton and St Helens NHS
Primary Care Trust

Mental Health Promotion Strategy & Framework for Action 2007

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Foreword

Halton & St Helens Mental Health Promotion Strategy & Framework for Action 2007

> "There is no health without mental health. Mental health is central to the human, social and economic capital of nations and should therefore be considered as an integral and essential part of other public policy areas such as human rights, social care, education and employment"
>
> (WHO European Declaration on Mental Health, 2005)

Introduction

This strategy is a framework around which future mental health promotion activities will be carried out in the boroughs of Halton and St Helens over the next 4 years.

This document supercedes previous Mental Health Promotion Strategies for both boroughs, and incorporates recommendations put forward in 'Good Practice Standards for benchmarking Standard One', and Making It Possible: Improving Mental Health and Wellbeing in England (NIMHE, 2005).

There is renewed focus on the delivery of Standard One of the National Service Framework, and a general consensus that effective mental health promotion underpins the successful delivery of the whole of the NSF.

In the report 'The National Service Framework for Mental Health: five years on' (DofH, 2004a), it was recognised that a greater focus should be placed on the mental health needs of the community as a whole through the promotion of mental health and wellbeing for all.

This strategy incorporates the latest policy recommendations, and if implemented fully it is hoped will leave a lasting legacy in terms of improved mental health and wellbeing of our community.

> "The skills and attributes associated with positive mental health lead to improved physical health, better quality of life, reduced crime, higher educational attainment, economic wellbeing and personal dignity"
>
> (Making It Possible, NIMHE 2005)

The guiding principles of this strategy: a policy context.

Below are some of the key policy perspectives that have informed the guiding principles of this strategy:

Everybody's Business, 2005	Integrated mental health services for older adults: a service development guide.	- Improving people's quality of life - Meeting complex needs in a co-ordinated way - Providing a person-centred approach - Promoting age-equality
Every Child Matters: Change for Children, 2004	A new approach to the well-being of children and young people from birth to age 19.	The Government's aim is for every child, whatever their background or their circumstances, to have the support they need to: - Be healthy - Stay safe - Enjoy and achieve - Make a positive contribution - Achieve economic well-being
National Service Framework for Older People (NSF), 2001	Sets out national standards and service models of care across health and social services for all older people, whether they live at home, in residential care or are being looked after in hospital.	Sets out eight nationwide standards to aim for. Standard seven relates to the promotion of good mental health in older people and to treat and support those older people with dementia and depression.

The National Service Framework for Mental Health (NSF), 1999	"to promote mental health for all working with individuals, organisations and communities". "Combat discrimination against individuals and groups with mental health problems, and promote their social inclusion".	Sets out seven standards to protect and promote the population's mental health. Standard One relates directly to mental health promotion.
The National Suicide Prevention Strategy for England, 2002	"to promote mental wellbeing in the wider population".	Aims to support the Saving Lives: Our Healthier Nation target of reducing the death rate from suicide by at least 20% by 2010. Goal 2 looks to promote mental wellbeing in the wider population.
Choosing Health: Making healthy choices easier, 2005	"Transforming the NHS from a sickness service to a health service is not just a matter of promoting physical health. Understanding how everyone in the NHS can promote mental wellbeing is equally important".	White Paper sets out the key principles for supporting the public to make healthier and more informed choices in regards to their health.
Social Exclusion Unit Report: Mental Health & Social Exclusion, 2005	"a future where people with mental health problems have the same opportunities to work and participate in the community as any other citizen".	Sets out a 27-point action plan to focus efforts to challenge attitudes, enable people to fulfill their aspirations, and significantly improve opportunities and outcomes.

Making It Possible: Improving Mental Health and Wellbeing in England, 2005	"raise public awareness of how to look after our own mental health and other people's"	Supports the requirement to implement Standard One of the NSF.
Our Health, Our Care, Our Say: A New Direction for Community Services, 2006	"better support for mental health and emotional wellbeing".	White Paper sets out a vision to provide people with good quality social care and NHS services in the communities where they live.

What is health promotion?

'Health promotion is the process of enabling people to increase control over, and to improve their health'.

Ottowa Charter (WHO, 1986)

This is achieved by the implementation of effective policies, programs and services and consists of the following core elements:

- Health Education – informing, influencing and empowering individuals and groups, communities and policy makers about the determinants of health and ways in which health may be preserved and improved.

- Prevention – programmes and activities aimed at preventing ill health, disease, and accidents.

- Health Protection – encompassing a range of environmental, legal, fiscal, political, economic and social measures which promote health.

(McCulloch & Boxer, 1997)

> There is renewed interest in the promotion of positive mental health and wellbeing for all.
>
> Making it Possible, NIMHE 2005

What is the function of a mental health promotion strategy?

This strategy provides a framework for action to:

- Coordinate mental health promotion and social inclusion activities across the boroughs of Halton & St Helens.

- Raise public awareness of how to look after our own mental health and other people's.

- Involve all communities and organisations across all sectors, in taking positive steps to promote and protect mental wellbeing.

This strategy is a plan of action to preserve, protect and promote the mental health and wellbeing of everyone living and working in Halton & St Helens.

Standard one of the national service framework for adult mental health, 1999.

The National Service Framework (NSF) for Mental Health sets out seven standards to protect and promote the population's mental health.

Standard One states that health and social services should:

- Promote mental health for all, working with individuals and communities.

- Combat discrimination against individuals and groups with mental health problems, and promote their social inclusion.

Why promote mental health?

> Businesses, families, health services, local governments and schools are now starting to acknowledge their collective responsibility to promote wellbeing. Everyone is a stakeholder in the future health and happiness of the communities to which we are a part.

There is sufficient good quality research to demonstrate both the benefits and effectiveness of promoting mental health.

The rationale for action to improve public mental health includes a combination of:

- Evidence for the influence and impact of mental health.

- Existence of effective interventions.

- The social and economic cost of mental illness.

(DofH 2001; NIMHE, 2005)

The benefits of promoting mental health and social inclusion will include;

- Creating eager and enthusiastic pupils – willing and able to learn.

- A motivated and satisfied workforce – with profitable outcomes.

- Closer knitted families and communities – better mental health.

Mental health promotion: the research

It is recognised that mental health has an impact on physical health.
Mental *is* Physical.

Mental health underpins the wellbeing and functioning of all individuals, families and organisations.

Mental health promotion is beneficial in reducing mental health problems and other physical health problems.

from: *Westminster Mental Health Promotion Strategy and Action Plan 2005*

Mental health promotion plays an important part in enabling people to undertake meaningful and effective roles in society and create a positive self image which enhances lifestyle choices.

(Macdonald & O'Hara, 1998)

Promoting mental health and wellbeing is a key focus of the 'National Suicide Prevention Strategy for England', which aims to cut deaths from suicide by at least 20% by 2010.

(DofH, 2002)

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Wellbeing: a new focus for health promotion.

There are important links between health and wellbeing. The scale of the effect of psychological wellbeing on health is of the same order as traditionally identified risks such as body mass, lack of exercise, and smoking.

(A Wellbeing Manifesto for a Flourishing Community, **nef** 2004).

Wellbeing is an important end in itself. It also has many benefits and contributes to other important ends. Evidence shows that happy people are more:

- Sociable
- Generous
- Creative
- Active
- Tolerant
- Healthy
- Altruistic
- Economically productive
- Long living

Therefore, promoting individual wellbeing is not just an important end in itself; it also has useful consequences for a flourishing society in all sorts of other ways, including the enhancement of people's social wellbeing.

(nef, 2004).

Balanced diet
Support networks
Exercise
Positive emotions
Relaxation
Recreational activities
Employment opportunities
Sleep
Personal/Spiritual development
Relationships

{ +ve
mental health
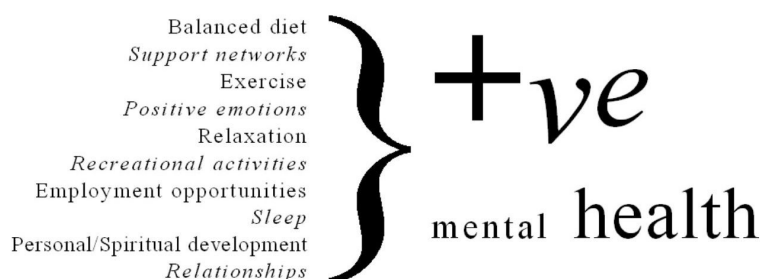
Wellbeing is about having meaning in life, about fulfilling our potential and feeling that our lives are worthwhile.

'A lifestyle review can be a good way to introduce a holistic treatment approach'

(Swift & Parmentier, 2007)

Building social capital in Halton & St Helens.

Building social capital is one way of enhancing the mental health and wellbeing of our communities, and promoting social inclusion.

Social capital is concerned with cultivation of good will, fellowship, sympathy and social intercourse among those that 'make up a social unit', and relates to the advantage that an individual or community gains by being part of a social network.

(Hanifan, 1916)

Positive relationships and connections are crucial to individual wellbeing, and for communities to flourish and thrive.

Consequences of declining social capital:

- Increased crime
- Poor living environments
- Lack of trust individuals/employers/ service providers
- Isolation
- Social Exclusion
- Segregation
- Prejudice
- Discrimination
- Poverty
- Poor health
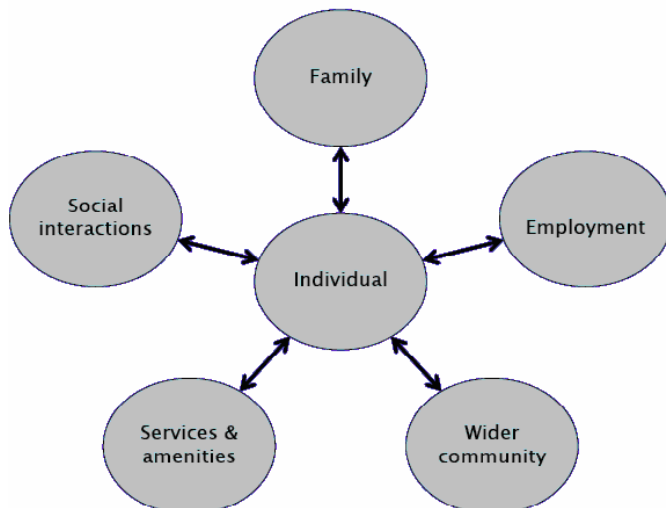
'Social capital consists of the stock of active connections among people: the trust, mutual understanding, and shared values and behaviours that bind the members of human networks and communities and make cooperative action possible'.

(Cohen & Prusak, 2001)

Investing in social capital: the outcomes:

- Feeling valued by others
- Engaging and interacting
- Listening to others & being listened to
- Respect

Investing in social capital: the vehicles:

- Families
- Friends
- Service Providers
- Local Authorities
- Employers
- Education Settings
- Health & Social Care Settings

Strategy 'vision' statement:

> 'Adopt a stakeholder approach to tackle mental health distress and its underlying causes and actively promote mental wellbeing, ensuring that every stakeholder acknowledges the part they play'.

Total health: a vision for Halton & St Helens.

Improving the mental health and wellbeing of our community will require a concerted effort, by all members of the community, to ensure a lasting difference to the health and happiness of people.

This strategy advocates a stakeholder approach to promote mental health and wellbeing, and calls on all sectors to work together, in the true spirit of partnership working, to tackle mental health distress, and promote mental wellbeing for all.

Through the implementation of this strategy it is hoped that we will achieve the following:

- Establish effective partnership working between all sectors to promote mental health and wellbeing.

- Ensure that mental health and wellbeing issues underpin key strategy documents that tackle health and social care issues.

- Raise awareness of mental health issues in all key settings: neighbourhoods and communities; education; workplaces; prisons and probation; and health & social care settings.

- Make a measurable improvement in the mental health and wellbeing of all people living and working in Halton & St Helens.

> 'It's about enabling people to make healthier choices'.
>
> (DofH, 2004b)

Who are the stakeholders?

▪ Workplaces
▪ Schools and other Education Settings
▪ Health and Social Care Settings
▪ Neighbourhood and community Sectors
▪ Prisons and Probation Services

The key focus of this strategy document is broken down into six sections: five key settings and combating stigma, in accordance with guidance set out in Good Practice Standards for Benchmarking Standard One, NIMHE 2005.

Mental health: the national picture.

Mental Health of the Nation: The FACTS

- By 2020, depression is expected to be the second largest contributor to the global disease burden after heart disease.
- 30% of all GP visits in the UK concern mental health problems.
- Suicide is the leading cause of death amongst young men in this country.

Adults with mental health problems are one of the most disadvantaged groups in society. Although many want to work, fewer than a quarter actually do, the lowest employment rate for any of the main groups of disabled people. Too often they do not have other activities to fill their days and spend their time alone.

Social isolation is an important risk factor for deteriorating mental health and suicide. Two-thirds of men under the age of 35 who die by suicide are unemployed.

Severe mental health problems, such as schizophrenia, are relatively rare affecting around one in 200 adults each year.

Depression, anxiety and phobias can affect up to one in six of the population at any one time. GPs spend a third of their time on mental health issues. Prescription costs for anti-depressant drugs have risen significantly in recent years, and there are significant variations in access to talking therapies.

More than 900,000 adults in England claim sickness and disability benefits for mental health conditions, with particularly high claimant rates in the North. This group is now larger than the total number of unemployed people claiming Jobseeker's Allowance in England.

Mental health problems can have a particularly strong impact on families, both financially and emotionally. Carers themselves are twice as likely to have mental health problems if they provide substantial care.

<div align="right">(Adapted from SEU, 2005)</div>

More Worrying Statistics:

- **1 in 5** of the workforce claim that they are stressed to the point that it is making them physically ill (HSE, 2005).

- National statistics and the current research show us that **one in ten** children in Great Britain aged 5-16 had a clinically recognisable mental disorder in 2004. This was the same as the proportion recorded in the 1999 survey (National Statistics Online, 2004).

- UNICEF report on child wellbeing ranks UK **21st out of 21** developed countries in terms of quality of living for children (UNICEF, 2007).

- **2,100** British soldiers returned from Iraq suffering mental health problems.

- **7m** adults in the UK are suffering from depression or mental illness.

- Estimated weekly cost for a place in a psychiatric ward **£1,000**.

- **30**% of employees will have a mental health problem in any one year.

- The average mental health in-patient stay is **58 days** – nearly 12 times longer than for patients with physical problems.

The impact of poor mental health:

Stigma & discrimination
- People with mental health problems are more likely to be victims than perpetrators of violence.
- Discrimination can affect people long after the symptoms of mental health distress have been resolved.

Prevalence
- Severe mental health problems such as schizophrenia are relatively rare, affecting 1 in 200 adults each year.
- Depression and anxiety can affect up to 1 in 6 of the population at any one time, with the highest rates in the most deprived neighbourhoods.

Employment
- Only 24% of adults with mental health problems are in work – the lowest employment rate for any of the main groups of disabled people.
- Fewer than 4 in 10 employers say they would recruit someone with a mental health problem.

Families & community
- People with severe mental health problems are three times more likely to be divorced than those without.
- People with mental health problems are three times as likely to be in debt as those without.

Cost
- Mental health problems are estimated to cost the country £10 billion a year through the costs of care, economic losses and premature death.
- £338m was spent on anti-depressants in 2005.

How was this strategy compiled?

This strategy document has been informed by three key elements.

- National Policy Drivers: Government recommendations (see key policy documents).

- Public Health Intelligence: Data collated locally, mapping key public health indices.

- Local Consultations: 'Have Your Say!' – public consultations in Halton and St Helens to ensure that this strategy reflects the views of the local community; and is driven by the needs of the public as *they* perceive them.
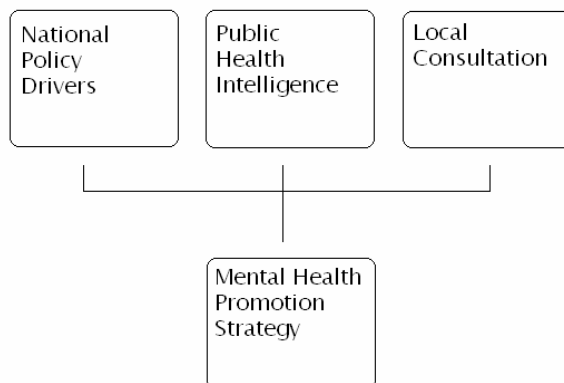
This approach ensures that the strategy's focus is based on:

- Sound evidence based practice

- Benchmarking standards

- Public health data for the local population

- The needs of the community

Importantly, the flow of information is not restricted to one direction. It is envisaged that the 'framework for action' underpinning this strategy will provide information that will help to enhance local public health intelligence.
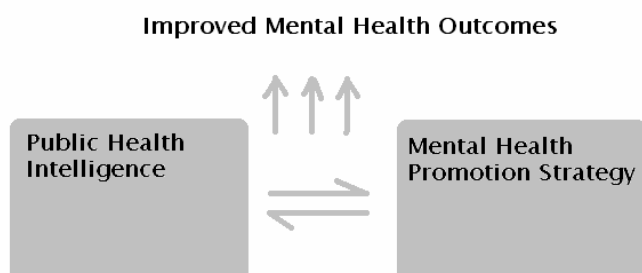
Public health intelligence:

Figure 1: Mortality from suicide or undetermined injury, rate per 100,000, 2002–2004 pooled data.

Mortality from suicide or undetermined injury, rate per 100,000, 2002-2004 pooled data.
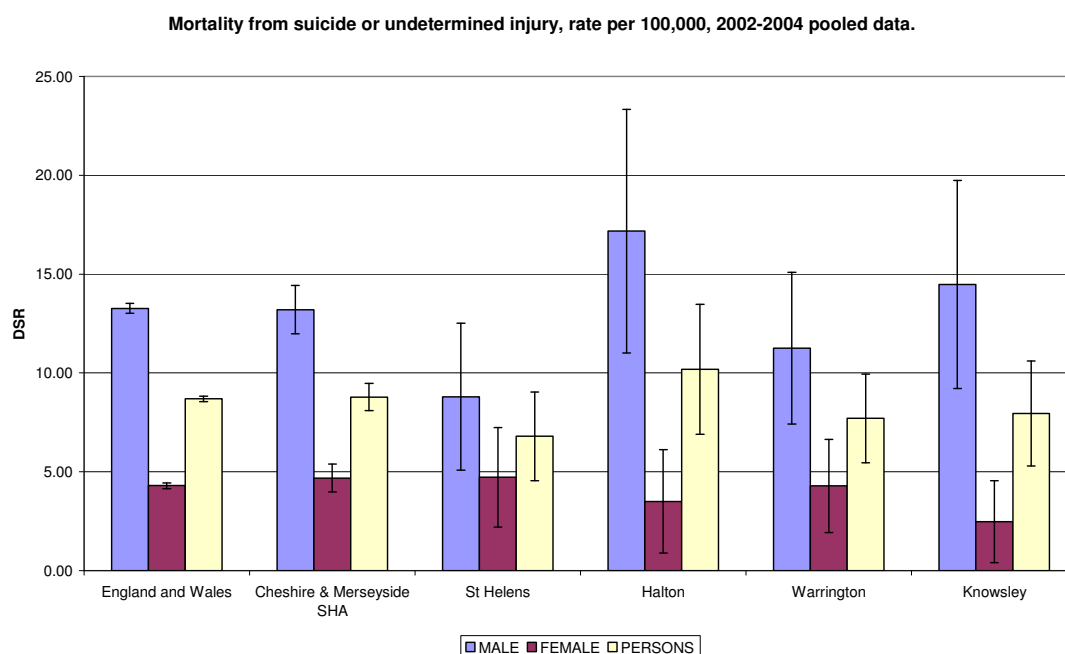
Source: National Statistics Online, Compendium of clinical health indicators, 2005.

The figures for the Cheshire and Merseyside region and for individual boroughs do not differ significantly from mortality figures for England and Wales.

In terms of gender difference, the mortality figures from suicide or undetermined injury for males and females does not differ significantly to the national figure for England and Wales, with the exception of males in St Helens where the figure is significantly lower.

Figure 2: Trends in mortality from suicide or undetermined injury.

Trends in mortality from suicide or undetermined injury, persons, all ages.
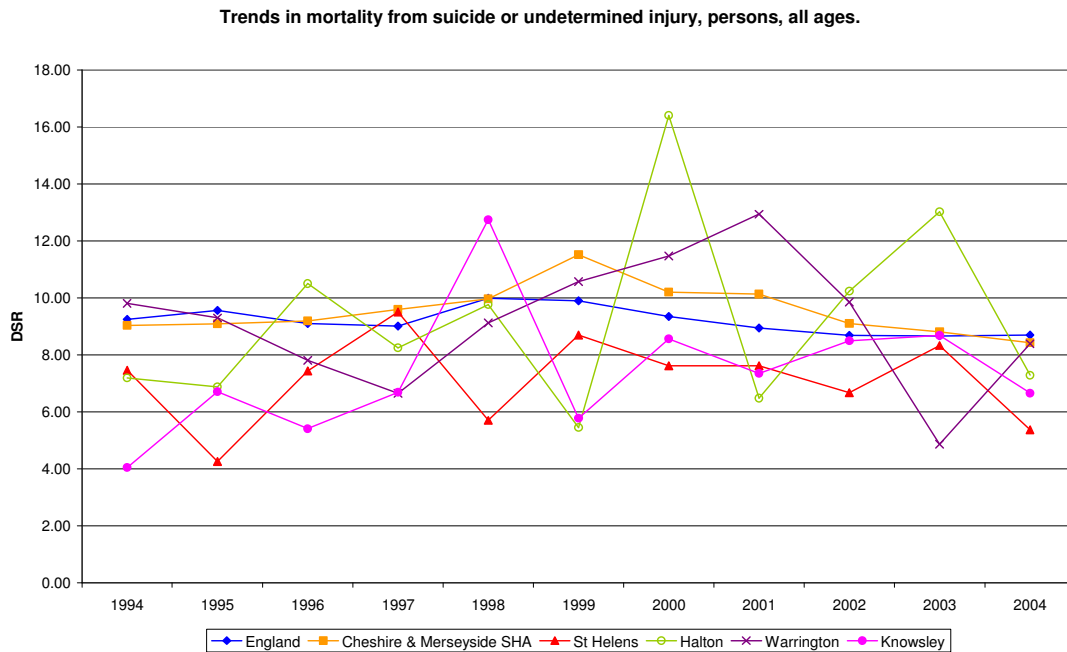
Source: National Statistics Online, Compendium of clinical health indicators, 2005.

Figure 2 shows an erratic trend in mortality figures from suicide or undetermined injury for Halton and St Helens.

In St Helens the mortality figure for all persons shows a general downward trend.

The mortality figure for Halton is generally higher than that seen in St Helens.

Gender specific trends in mortality from suicide or undetermined injury.

Figure 2.1: Trends in mortality from suicide or undetermined injury, males, all ages.

Trends in mortality from suicide or undetermined injury, males, all ages.
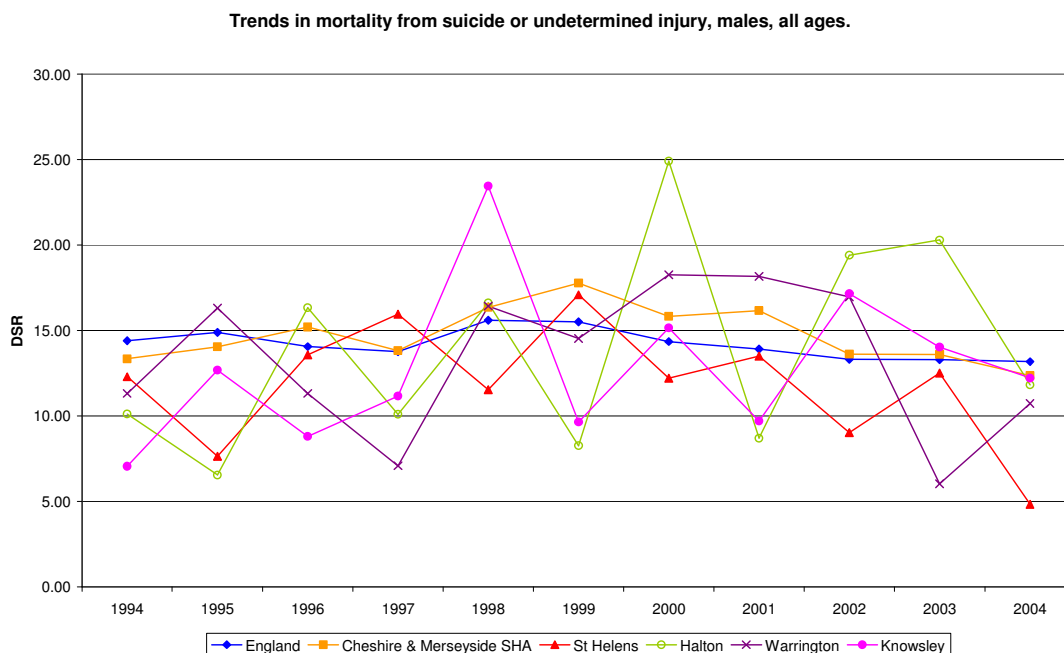
Figure 2.2: Trends in mortality from suicide or undetermined injury, females, all ages.

Trends in mortality from suicide or undetermined injury, females, all ages.
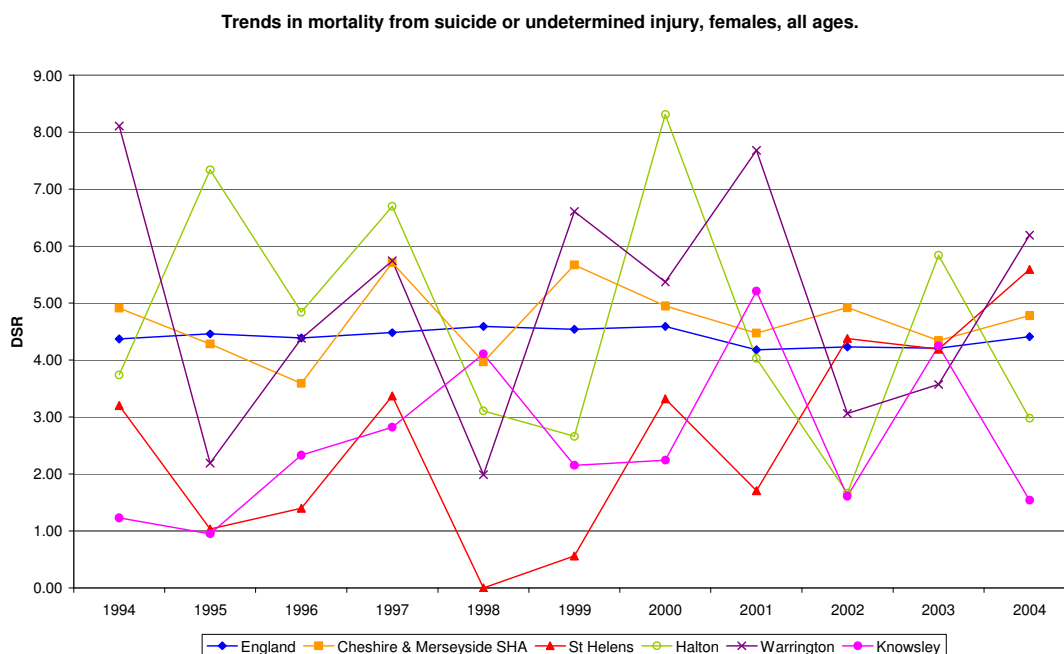
In St Helens the male mortality figure from suicide or undetermined injury has decreased over the ten year period.

The St Helens male mortality figure for 2004 is lower than that for England and Wales, Merseyside and Cheshire, and neighbouring boroughs.

In St Helens the female mortality figure from suicide or undetermined injury has increased over the ten year period.

The St Helens female mortality figure for 2004 is higher than that for England and Wales, Merseyside and Cheshire, and all neighbouring boroughs, with the exception of Warrington.

NB: It is important to avoid making broad assumptions based solely this data due to the very small numbers of cases.

Figure 3: Total hospital admissions for self harm, all persons registered with a St Helens GP, 2002–2006.

Total hospital admissions for self harm, all persons registered with St Helens GP, 2002-2006
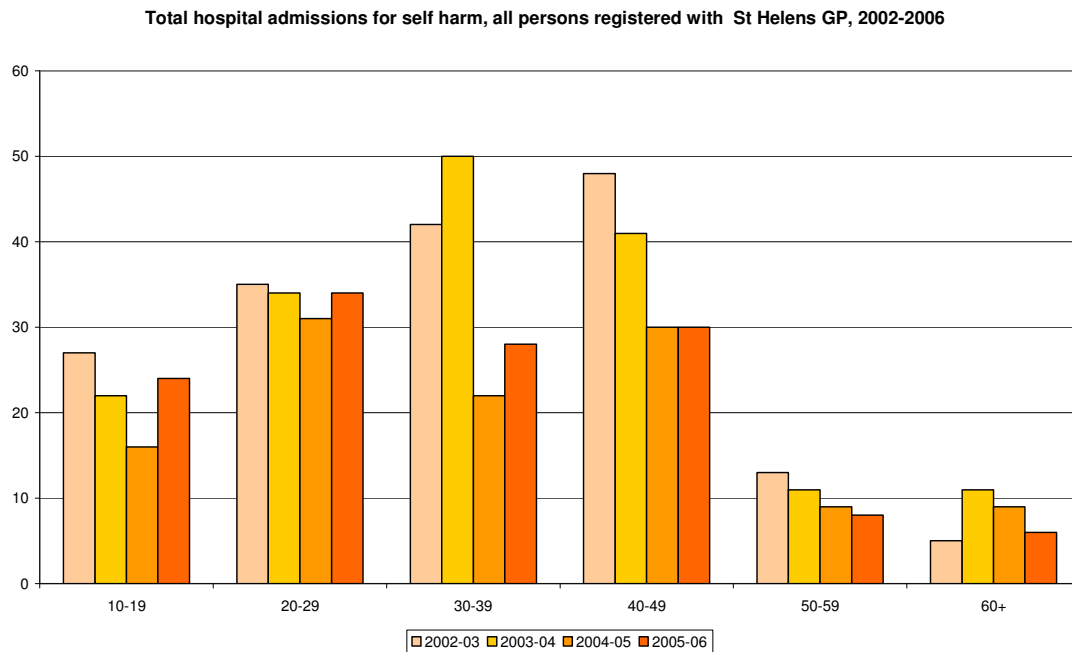
Source: Whiston Hospital Episode Statistics (HES), May 2006.

Figure 3 shows a general decrease in hospital admissions for self harm for all persons between 2002 and 2006.

However, in 2005–06 there were higher numbers of hospital admissions for self harm than the previous year in the 10–19 and 20–29 and 30–39 year old age groups.

Gender specific trends in hospital admissions for self harm, for patients registered with a GP in St Helens.

Figure 3.1: Total hospital admissions for self harm, males registered with a GP in St Helens, by age band.

Total hospital admissions for self harm, males registerd with a GP in St Helens, by age band
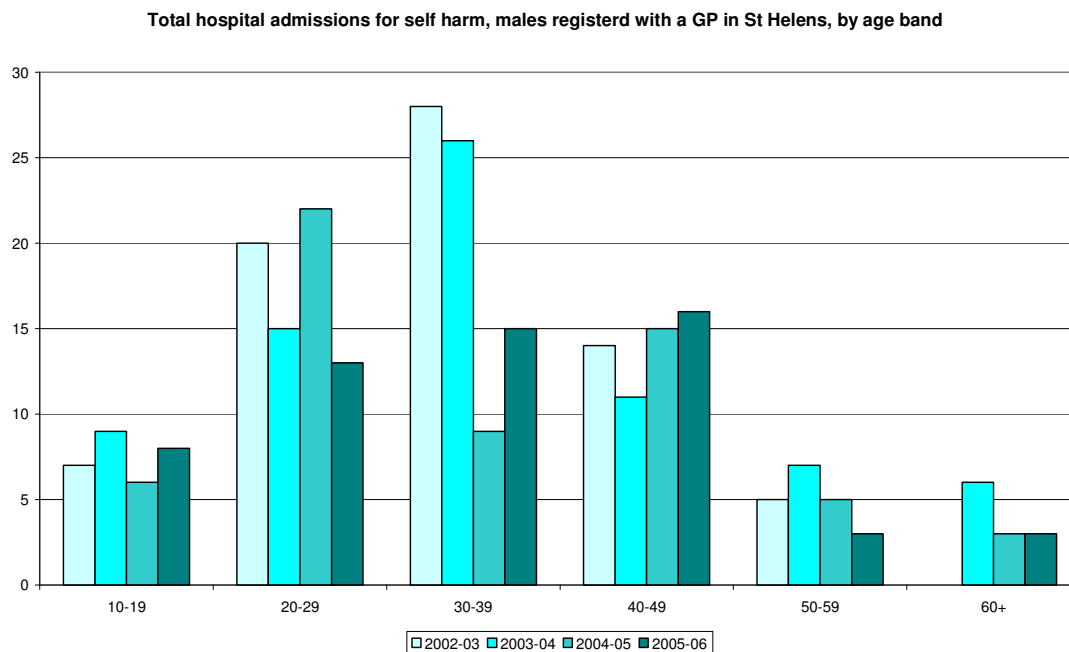
Figure 3.2: Total hospital admissions for self harm, females registered with a GP in St Helens, by age band.

Total hospital admissions for self harm, females registered with a St Helens GP, by age band

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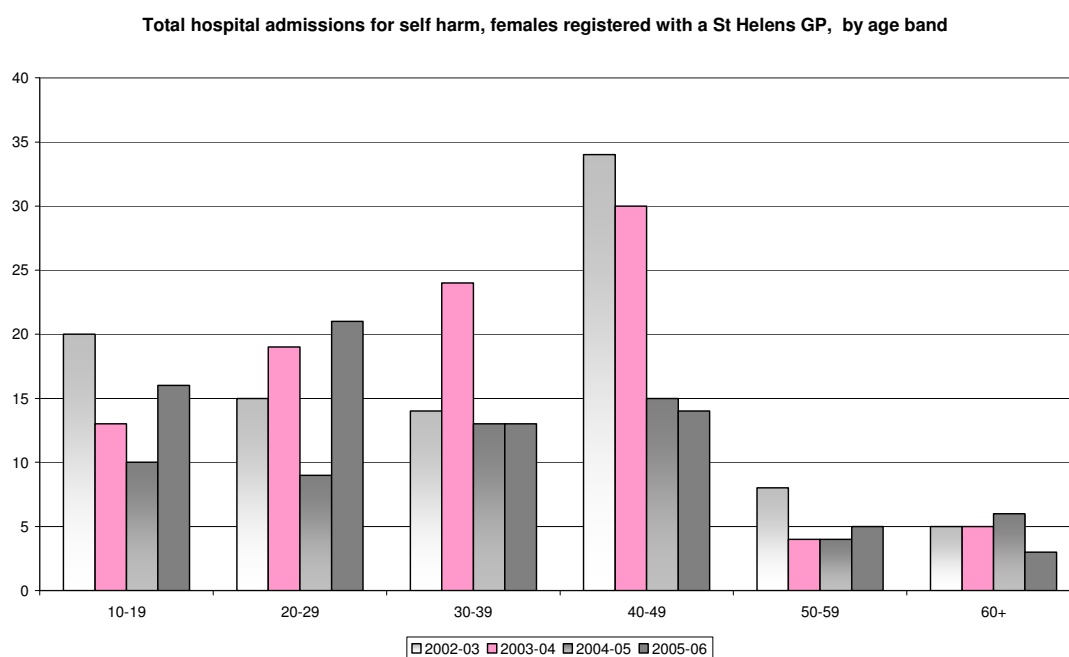
Figure 3.1 indicates that there was a general decrease in the number of males admitted into hospital for self harm between 2002 and 2006.

There was a slight increase, however, in the number of male hospital admissions in the 10–19, 30–39 and 40–49 year old age groups in 2005–2006.

Figure 3.2 shows that for most age groups there is a reduction in female hospital admissions for self harm between 2002 and 2006.

However, there was an increase in female hospital admissions in the 10–19 and in the 20–29 year old age group for 2005–2006.

Hospitalised prevalence of mental illness.

Figure 4: Hospitalised Prevalence of mental illness.

Local Area	Hospitalised Prevalence of mental illness
St Helens	104.96
Halton	143.63
Warrington	117.89
Knowsley	106.14

Source: North West Public Health Observatory (NWPHO) ICD 10 Diagnosis codes F20 to F48, 5 year (1998 to 2003).

The data in Figure 4 is a ratio against a North West Regional Average of 100. All areas listed have a higher prevalence of hospitalised mental illness than the average for the North West.

Of all the North West areas named above, St Helens has the lowest prevalence of hospitalised mental illness and Halton has the highest prevalence.

Figure 5: Correlation between prevalence of hospitalised mental illness and IMD scores of each MSOA in St Helens, 1998–2003 pooled data.

Correlation between prevalence of hospitalised mental illness and IMD scores of each MSOA in St Helens, 1998-2003 pooled data
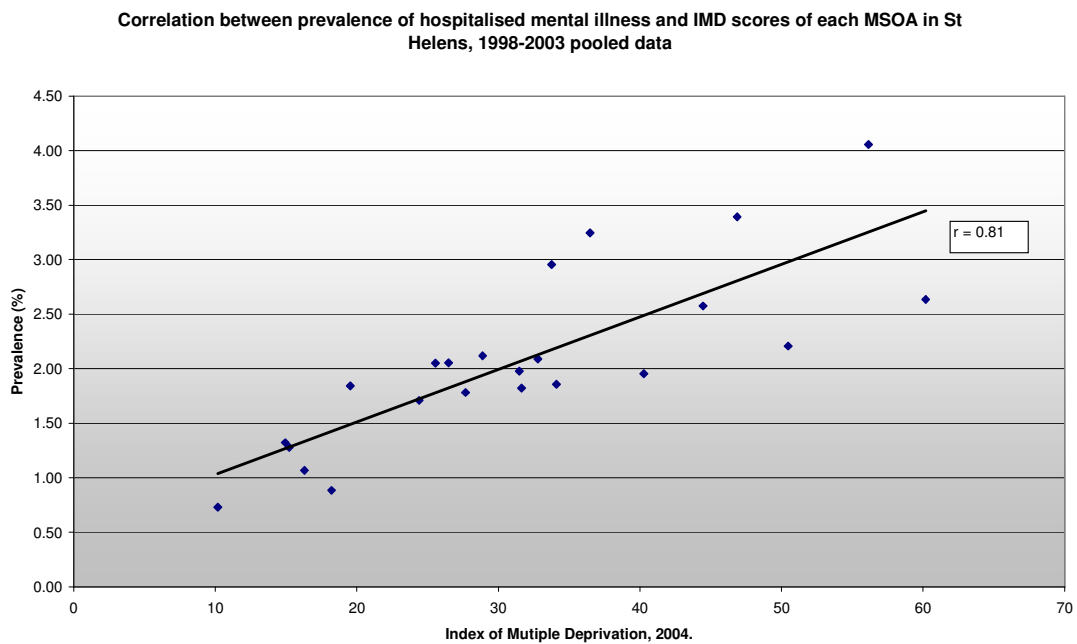
Source: North West Public Health Observatory, 2006 and Index of Multiple Deprivation, 2004.

There is a strong correlation between hospitalised mental illness and deprivation (r=0.81), with the prevalence of hospitalised mental illness increasing in areas of high deprivation.

Public consultation.
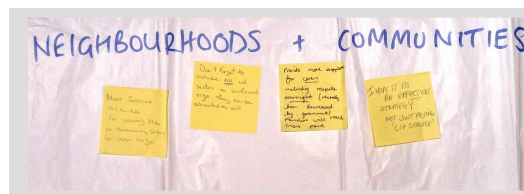
The **'Have Your Say!'** consultation events in Halton & St Helens have informed this Mental Health Promotion Strategy & Framework for Action.

In 2007, over 100 people attended public consultations held in Halton and St Helens. The events provided a platform for lots of lively debate and discussion.

The aim of this public consultation was to canvass the local population, and find out exactly what they felt were the priorities in terms of mental health, and what they'd like to see happen that would focus on improving the mental health and wellbeing of people here in Halton and St Helens.

Focus of debate for each discussion group
(for the 4 settings & combating stigma)

- How can we promote mental health and wellbeing in this setting?
- How can we combat stigma and discrimination in this setting?
- How can we promote social inclusion in this setting?
- How will we know we are making a difference?

(For consultation findings see appendix).

A structured approach.

This strategy is about adopting a stakeholder approach to mental health promotion.

To do this effectively, this strategy & framework for action will focus on:

- Building capacity to deliver effective mental health promotion activities across the boroughs of Halton & St Helens.

- Involving all stakeholders, across all key settings.

- Having a shared vision and plan of action.

- Having a clear timeframe for implementing key mental health promotion activities.

- Having robust protocols for monitoring and evaluating the impact of mental health promotion activities.

- Strengthening existing partnerships between agencies across all sectors, and encourage and facilitate the development of new partnership working.

Building capacity.

This strategy identifies 'Champions' for each of the key settings. The role of Champion is to support the implementation of key strategy actions in each of the key settings.

Champions have extensive knowledge relating to their key setting, and have established networks and links to ensure that the strategy actions can be fully implemented.

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                    ┌─────────────────┐
                    │   Standard 1    │
                    │ Leads for Halton│
                    │   & St Helens   │
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| Workplace Champions | Education Champions | Health & Social Care Champions | Neighbourhood & Communities Champions | Prisons & Probation Services Champions | Combating Stigma & Discrimination Champions |
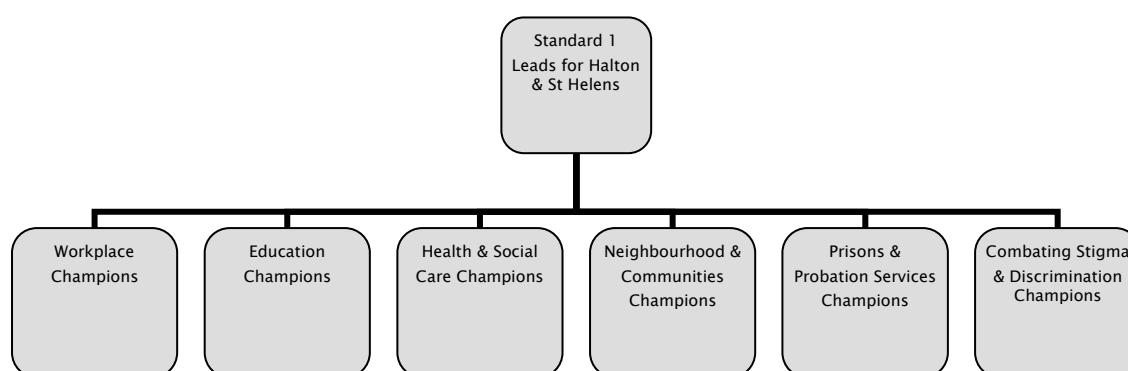
How will the strategy be delivered?

This strategy will be rolled out through existing community networks – most notably the Social Inclusion Groups in both Halton & St Helens who will take a proactive approach in delivering the key actions as identified in the Framework for Action. The roll out of the strategy will be the overall responsibility of the Standard One Leads.

The groups activities will be coordinated by the Standard One Leads in Halton & St Helens, and progress will be monitored via a 6 monthly stock taking process which will be reported to the Mental Health Partnership Board.

St Helens Champions.

Setting	Champion Organisation
Workplace	St Helens Chamber of Commerce St Helens Chamber of Commerce Health Improvement Team
Education	CAMHS Commissioning Healthy Schools Lead
Health & Social Care	Health Partnership Manager Public Health Programme Manager GP wsi Mental Health
Neighbourhoods & Communities	Helena Housing Helena Housing Re:new Parr Merseyside Police, Community Liaison
Prisons & Probation Services	HMP Liverpool HMP Liverpool Probation Services
Combating Stigma & Discrimination	Shift Stigma Volunteer CALM

Halton Champions.

Setting	Champion Organisation
Workplace	Health Promotion Team, PCT Health Promotion Team, PCT
Education	Healthy Schools Lead CAMHS Practitioners CAMHS Practitioners
Health & Social Care	Deputy Director of Public Health, PCT
Neighbourhoods & Communities	Head of Housing, Halton Housing Trust Mental Health/POPO Officer, Cheshire Police Constabulary
Prisons & Probation Services	Health Promotion HMP Risley Psychiatric Nurse HPM Risley
Combating Stigma & Discrimination	Health Promotion Team, PCT Health Promotion Team, PCT

How will this strategy work?

The purpose of the 'Framework for Action' is to focus attention on the key 'health promoting' priorities in each key setting.

The function of the Champion role is to build capacity and encourage joint ownership of these health promoting priorities in each key setting, in accordance with the Halton & St Helens vision for a 'Stakeholder Approach' to mental health promotion.

This strategy will be implemented over a 4 year period.

In Year 1

The strategy priorities are:

- To build strong partnership working between all stakeholders.

- To promote a joint sense of ownership of the key 'health promoting' priorities for each setting, as listed in the 'Framework for Action'.

- For Champions to forge links with agencies working across relevant key setting, and to evaluate 'collective progress' in delivering health promoting activities independently of one another, in accordance with the goals laid out in the 'Framework for Action', using a stocktaking process.

- For Standard One Leads to facilitate spring and autumn stock takes with stakeholders, and to demonstrate continued progress in attaining goals as laid out in the 'Framework for Action'.

In Year 2; 3 & 4

The strategy priorities are:

- For stakeholder organisations to devise a year on year action plan to focus efforts to attain goals laid out in the 'Framework for Action'.

- For stakeholder organisations to pick up action(s) as agreed in the year on year action plan, and to evidence satisfactory progress towards attaining the action(s) at year end.

- For stakeholder organisations to agree allocation of joint funding for promotion activities, and for this funding allocation to increase each year until year 4.

At the end of year 2 – the Standard One Leads will review the strategy, to determine how effective the strategy is proving to be in terms of attaining goals laid out in the 'Framework for Action'.

Mental health promotion in Halton & St Helens: where we are at & where we want to be:

Key setting	Promotion activities carried out/ongoing:	Where this strategy will take us:
Workplace:	- Links with HSE Group, Chamber of Commerce. - Passport to Health – Stress Management Training. - Supported Employment Schemes – Pathways to Work/Shaw Trust. - Chamber 'Inspire' Business Start Up.	- Develop & roll out a workplace holistic training programme to small & large businesses (working with Health Improvement Team / Health Promotion Team). - Support the development of supported employment provision. - Evidence of stronger links with business forums – joint funded health promotion activities.
Education:	- Healthy Schools Programmes. - Links with Cluster Group Meetings – provide training to teachers/ education support staff - College Learning Mentors.	- Supporting development of Comprehensive CAMHS - Working towards attainment of Newcastle Declaration. - Mad, Bad & Misunderstood training rolled out to schools. - Effective anti-bullying strategies implemented in schools. - Parenting skills classes incorporate a mental health strand.
Health & Social Care:	- Examples of social prescribing interventions – Books on Prescription / Lifestyles Advisors. - Social Inclusion Network Group – bringing voluntary, statutory and community groups together. - Expansion of Public Health Programmes. - Psychological interventions – 'Ohwhatarelief', Beating the blues, Kooth.com.	- Clear referral pathways for clients in primary & secondary services to public health programmes (including older people with mental health problems). - Support the implementation of the planned framework for delivery of primary care mental health service. - Raise GP/Primary Care worker awareness of self help provision and community referral schemes for mild to moderate mental health distress. - Roll out the delivery of accredited Asist Suicide Prevention training.

Neighbourhoods & Communities:	▪ Housing programmes to improve local environment. ▪ Regeneration projects ▪ Self help provision mapped. ▪ Mental Health Forums / Wellbeing Groups. ▪ Links with environmental groups. ▪ LIFT projects – hospital rebuilds.	▪ Enhance self help provision locally. ▪ Promote community referral options within the Practice Based Commissioning agenda. ▪ Bring mental health agenda to town planning and regeneration. ▪ Invest in social capital schemes. ▪ Enhance support for BME groups and LGB community.
Prisons & Probation Services	▪ Links with Probation services	▪ Estabilish formal links with HMP Liverpool; Youth Offending Teams, Probation Services and forensic mental health provision. ▪ Examples of Partnership working and joint funded activities. ▪
Combating Stigma & Discrimination	▪ Funding of CALM zones. ▪ Involvement in SHIFT Stigma Campaign ▪ Local media campaigns. ▪ Events to mark WMH Day, Carers Week and Men's Health wk.	▪ High profile 'wellbeing' campaigns. ▪ Develop partnership workings with local newspapers. ▪ Develop new online and hard copy of Mental Health & Wellbeing Directory of local services.

Halton and St Helens **NHS**

Primary Care Trust

A Framework for Action

Mental Health Promotion Strategy 2007

Workplace Setting							
	Intermediate Step	Current Progress				Evidence of Progress	Planned future Activity
Workplace		1	2	3	4		
Promote mental health and wellbeing of all staff in the workplace	Standard One Leads represented on Workplace Steering Group Meetings. Links with local health at work programmes/ HSE meetings. Partnerships and activities developed to promote and support compliance amongst local businesses with DDA, HSE Health & Safety at Work Act and Regulations and the Human Rights Act.						

Support for staff experiencing or returning to work after mental health problems.	A review of local employment services has taken place. Deliver MHP literature and identify training needs.						
Encourage a positive approach to employing staff with experience of mental health distress.	Support the implementation of DH guidelines on employment of people with mental health problems within the NHS, as model of good practice.						
Employment							
Support to address emotional and psychological impact of unemployment.	Forging partnerships with agencies tackling unemployment and worklessness agenda.						

Ensure that people with mental health problems are able to gain paid employment.	Agencies providing supported employment opportunities sit on Social Inclusion Network Group. Demonstrate joint working.						
Support for people immediately following absence from work due to mental health problems.	Self help support networks mapped locally. Agencies supporting clients can access training and information relating to mental health, the workplace and employee rights.						
Action to combat stigma and discrimination within the workplace.	Information circulated and publicity campaigns carried out locally and in partnership with key stakeholders.						

Training to employers on HSE Stress Management Toolkit.	Evidence of delivery of training to local employer forums.						
Work with disadvantaged groups to promote their wellbeing in this setting, to ensure equal access to mental health promoting activities.	Evidence of work targeted at BME, LGBT groups, people with physical disabilities, carers, young carers, single parents, people with learning disabilities and others.						
Encourage innovative practice to promote mental health and wellbeing in this setting.	Examples of innovation.						

Education Setting							
	Intermediate Step	Current Progress				Evidence of Progress	Planned future Activity
Parents and Early Years		1	2	3	4		
Support the implementation of local strategy and action plan to improve Child and Adolescent Mental Health Services.	Evidence of partnership working in implementation of strategy action plan and joint working on promotion activities.						
Enhance the skills and knowledge of parents.	Establish links with agencies working with parents (e.g. Surestart). Evidence of training programmes/ education materials provided.						
Enhance parenting skills of prisoners and parents on probation.	Liaison with Youth Offending Teams, Probation Services and Prison settings.						

Work with preschool, child care and nurseries.	Standard 1 represented on 0–19 Young Peoples Operational Group.						
Work with vulnerable children/ families.	Evidence of working with agencies supporting vulnerable children/ abused children/ looked after children. MHP integrated into Early Years initiatives.						
Work with CAMHS.	Links with CAMHS task group to support delivery of comprehensive CAMHS services.						

Schools & Colleges							
Emotional health and wellbeing standard of National Healthy Schools is being implemented.	Links with Healthy Schools Programme. Evidence of standard being implemented. Std 1 Leads offering support/ training/ advice on implementing this standard. (DfES, 2004)						
Emotional literacy projects in Primary Schools settings.	Std 1 Leads to act in advisory capacity to support delivery of this work. (DfES, 2004)						

School based interventions focus on building emotional resilience, self esteem and life skills.	School interventions delivered that focus on at least one component (building emotional resilience, self esteem and life skills such as problem solving, communication and self management).						
Support for anti-bullying strategies.	Std 1 links with Cluster Group Network to deliver information relating to anti-bullying strategies.						
School based interventions with parents, carers, pupils and staff have been implemented on coping with school transitions.	Evidence of work with primary or secondary schools. 'Mad, Bad or Misunderstood' training for secondary schools.						

Continuing adult education and training is accessible to, and reaches out to people with mental health problems and support is available when needed in mainstream provision.	Links forged with adult education providers. Evidence of partnership working with education providers to deliver accessible education to people with mental health problems, based on need.						
Support the Youth Service in providing informal programmes to promote mental health and wellbeing.	There is liaison between Std 1 Leads and the Youth Service. Youth Service links with Social Inclusion Network Group.						

Joint action is being delivered to implement the Declaration of Early Intervention in Psychosis between EIP services, Healthy Schools, Connexions, Youth Services and Youth Parliaments.	MHP activities included in the Early Intervention in Psychosis Service.						
Work with disadvantaged groups to promote their wellbeing in this setting, to ensure equal access to mental health promoting activities.	Evidence of work targeted at BME, LGBT groups, people with physical disabilities, carers, young carers, single parents, people with learning disabilities and others.						

Encourage innovative practice to promote mental health and wellbeing in this setting.	Examples of innovation.						

Health & Social Care Setting						Evidence of Progress	Planned future Activity
Action	Intermediate Step	Current Progress				Evidence of Progress	Planned future Activity
		1	2	3	4		
Support the implementation of local strategy and action plan to improve Primary Care Mental Health Services.	Evidence of partnership working in implementation of strategy action plan and joint working on promotion activities.						
Strengthen links between primary and secondary care mental health provisions and public health programmes to improve general health and fitness.	Evidence of formal liaison and increase in referrals to Lifestyle Programmes from primary and secondary care services. (DofH, 2006a)						

Support clinical staff to implement holistic 'lifestyle reviews' in enhanced CPA system including plans for employment, occupation, housing and welfare benefits and consideration given to direct payments.	Working towards a lifestyle review in care pathway approach. (DofH 2005; Swift & Parmentier, 2007) Links between DP Leads, primary and secondary care and MHP.						
Increase General Practitioner awareness of local community referrals.	Evidence of training programmes to GP's on psycho-social interventions, e.g. social prescribing. Explore feasibility of commissioning 'social inventions' through Practice Based Commissioning).						

Secondary care teams have identified a lead contact on vocational and social issues.	Half of secondary care teams have identified a lead contact on vocational and social issues. Lead contacts sit on Social Inclusion Network Group.						
There is coordinated action to meet the physical health needs of people with mental health problems, within secondary and primary care.	Materials on physical health needs of people with mental health problems disseminated to primary/secondary care and to clients. Links to Acute Care Forum, Lifestyle Referral Scheme and Health Trainers. (DofH, 2006a)						

Information campaigns / literature developed that raises awareness of Personality Disorders.	Evidence of promoting an awareness of Personality Disorders within the community.						
MHP is incorporated into graduate worker roles; increasing social networks, promotion of self help support, referral to voluntary and community sectors, partnership working.	Graduate workers have received local training/ induction into MHP and there is evidence of increased uptake of community referral (social prescribing) options. (Pogue, 2006)						
There are strategic and operational links between Std 1 Leads and the CAMHS Strategy Group and Commissioning Leads.	There is liaison between the two groups to identify joint priorities or initiatives.						

The Std 1 strategy supports the CAMHS target to provide a comprehensive CAMHS including MHP.	The Std 1 Leads sit on the CAMHS Strategy Steering Group.						
People who use mental health services are supported to have their views heard and to input into PCT and Trust PPI strategies.	People using mental health services sit on PPI forums, Mental Health Forum, Youth Parliaments, Mental Health Partnership Board and Social Inclusion Network Group.						
There is consistent practice across the locality on paying people with experience of mental health problems for advising on service redesign.	Policies on paying people with experience of mental health problems for advising on service redesign exist.						

Social prescribing schemes have been developed including learning, arts, exercise, books on prescription with clear pathways and protocols for primary care workers.	Examples of social prescribing schemes operating locally. (Brown *et al*, 2005)						
Mental health is a clear component of exercise on prescription/ Lifestyle Referral schemes, a). Mental health is measured for all referrals, b). People with mental health problems have access to the scheme, c). Staff receive training.	At least one of a), b) or c) is being incorporated into exercise on prescription/Lifestyle Referral schemes.						

Day services are transformed into community resources that promote social inclusion through improved access to mainstream opportunities.	There is a plan in progress to transform day services. Evidence that plan is being implemented. (DofH, 2006b)						
MHP activities to increase the uptake of direct payments and a comprehensive plan exists to improve awareness of DP amongst staff and clients.	There is a local plan to increase uptake of direct payments. (SCMH, 2006)						
Work with clients with dual difficulties.	Evidence of training delivered to staff and clients about mental health problems and underlying or overlying drug &/or alcohol misuse.						

Support for victims of domestic violence.	Link with agencies that support victims of domestic violence, and MHP training/literature delivered to staff and volunteers.						
Reduce alcohol-related violence.	Jointing working with Health Promotion to promote sensible drinking. Link with Alcohol Support Practitioners.						
Efforts to reduce acceptability of violence.	MHP involved in national and local campaigns to raise awareness.						

Deliver suicide prevention training to stakeholder agencies.	Std 1 Leads to undergo Assist training programme and accreditation. (DofH, 2002) Plans for rolling out of ASIST accredited training programme. Evidence of specific health promoting activities / suicide prevention work focused at women.							
Work with disadvantaged groups to promote their wellbeing in this setting, to ensure equal access to mental health promoting activities.	Evidence of work targeted at BME, LGBT groups, people with physical disabilities, carers, young carers, single parents, people with learning disabilities and others.							

Encourage innovative practice to promote mental health and wellbeing in this setting.	Examples of innovation.						

Neighbourhoods & Communities Setting							
Action	Intermediate Step	Current Progress				Evidence of Progress	Planned future Activity
		1	2	3	4		
Support for initiatives that improve local environment.	Std 1 represented on steering groups for LIFT projects, regeneration programmes – Regeneration, Housing, and environmental groups.						
Identify communities that are vulnerable to experiencing mental health problems and deliver appropriate interventions with partners.	Working with agencies that engage with vulnerable groups, Housing, Regeneration, LGB Groups – Armistead and BME communities.						

Action to improve community mental health and wellbeing – investing in Social Capital.	Standard One Leads delivering training to Community Development Workers. (Morgan & Swann, 2004)						
Neighbourhood Renewal Projects developed to improve mental health, combat stigma and increase social inclusion within neighbourhoods.	MHP represented on neighbourhood renewal task groups. Standard One Leads and Named Champions sit on Social Inclusion Network Group.						
Advocacy for social networks. Opportunities to participate and influence decision making and service design.	Liaise closely with dedicated Self Help Support worker. MHP represented at Social Inclusion Network Meeting, PALS, PPI Forums and Mental Health Forums.						

Support for community participation in the creative arts	Links with creative arts groups, Arts Centres, Colleges and self help support networks.						
Improve housing and the built environment.	Partnership working with Housing.						
Increase access to green open spaces	Work to promote green spaces and raise awareness of health benefits. Partnership working with environmental groups.						
Work to reduce alcohol related harm	MHP training for Alcohol Support Practitioners, Lifestyles Advisors and Health Trainers.						

Promote physical activity	Training for Lifestyles Advisors, Health Trainers, Healthy Living Programme and volunteers undertaking Passport to Health course. Forging close links between Healthy Living Programme and primary and secondary mental health.						
Enhance self help support locally.	Undertake mapping of self help provision. Deliver training programmes and educational resources to groups. Recognise and celebrate self help provision available locally.						

Std 1 priorities have been incorporated into the local homelessness and housing strategies.	Demonstrate efforts to meet the needs of homeless people. Support to people with mental health problems to access appropriate housing.						
Meeting the needs of people with mental health problems is reflected in the Local Transport Plan.	Links made with transport services.						

Build capacity in voluntary and community agencies to promote mental health, combat discrimination and increase social inclusion.	Voluntary and Community agencies are represented on the Social Inclusion Network Group, and are involved in developing and delivering some mental health promotion activities. Evidence of joint funding for health promotion activities.						

Later Life							
Support the implementation of local strategy and action plan to improve mental health of older people.	Standard One Leads represented on steering group implementing strategy – 'Securing Better Mental Health for Older Adults', (2006) Evidence of working to attain key actions as laid out in action plan for 'Securing Better Mental Health for Older Adults'.						
Befriending schemes available	Evidence of a range of support to combat social isolation in later life. Age Concern – befriending scheme, PAMS volunteers scheme.						

Intergenerational projects.	Forging close links with PAMs scheme and Passport to Health for older people experiencing mental health problems. Estabilish links with MHP and Active Age Practitioners.						
Promote uptake of education, sports and leisure by older people.	Increase uptake of public health programmes for older people experiencing mental health distress.						
Targeted outreach to isolated and vulnerable people.	Links with Active Age Practitioners, Crisis Resolution and Assertive Outreach Teams.						

Community day care services for older people.	Day service redesign to improve access by older people. Evidence of distribution of training / educational materials for staff and clients.						
Supported accommodation.	MHP literature provided to staff and clients.						
Other measures to tackle social isolation	Supporting the delivery of local media campaigns and events that bring people together.						
Work with disadvantaged groups to promote their wellbeing in this setting, to ensure equal access to mental health promoting activities.	Evidence of work targeted at BME, LGBT groups, people with physical disabilities, carers, young carers, single parents, people with learning disabilities and others.						

Encourage innovative practice to promote mental health and wellbeing in this setting.	Examples of innovation.						

Prisons & Probation Setting		Current Progress				Evidence of Progress	Planned future Activity
Action	**Intermediate Step**	**Current Progress**				**Evidence of Progress**	**Planned future Activity**
		1	2	3	4		
Estabilish partnership working with local feeder prison.	Evidence of prison based MHP activities, and training offered to staff based in local feeder prison. Evidence of partnership working between prison/probation services and MHP.						
MHP interventions feature as part of an overall Health Improvement Strategy within local prison/ probation settings.	Evidence of MHP in Health Improvement Strategy in local feeder prison / probation services.						

MHP interventions follow a model which focuses on reducing risk factors and promoting resilience factors for mental health for prisoners and staff.	MHP interventions follow a model which focuses on reducing risk factors and promoting resilience factors.						
Training for YOT staff and Probation services.	MHP interventions follow a model which focuses on reducing risk factors and promoting resilience factors.						
Work with Prison and Probation staff.	Evidence of training delivered to staff on needs of clients with mental health problems and underlying or overlying drug &/or alcohol misuse.						

Promote 'holistic' health approaches in prisons and probation services as part of a lifestyle review approach.	Action to promote mental health includes looking at: physical environment; physical activity; work, skills and training; education; leisure and recreation time; relationships and family; bullying; self harm and suicide; release and rehabilitation. (Swift & Parmentier, 2007)						
Work with disadvantaged groups to promote their wellbeing in this setting, to ensure equal access to mental health promoting activities.	Evidence of work targeted at BME, LGBT groups, people with physical disabilities, carers, young carers, single parents, people with learning disabilities and others.						

Encourage innovative practice to promote mental health and wellbeing in this setting.	Examples of innovation.						

Combating Stigma & Discrimination Setting							
Action	Intermediate Step	Current Progress				Evidence of Progress	Planned future Activity
Combating Stigma		1	2	3	4		
Work on media coverage of MH issues and Personality Disorders.	People who use services and carers are involved throughout the design, monitoring and evaluation of anti-discrimination programmes. (NIMHE, 2004)						
Anti-stigma work with young people.	Liaison with youth parliaments, CAMHS, young carers, Starting Point, Connexions, schools and colleges.						
Programmes address changes in behaviour, not just awareness raising.	Programmes address changes in behaviour with evidence of effectiveness.						

Clear and consistent messages are delivered in targeted ways to specific audiences, as part of a coordinated approach and long term plan.	Clear and consistent messages are delivered in targeted ways to specific audiences as part of a coordinated approach. Working with national SHIFT stigma campaign.						
Anti-stigma work with private organisations, including employers.	Linking with Chamber of Commerce, Business Link, Starting Point. Programmes are appropriately monitored and evaluated. Evidence of joint funding on local anti stigma campaigns.						

There is coordinated anti-stigma training, delivered to a range of agencies, including the media, and involving people who use services, and carers in delivery.	Priorities for delivering anti-stigma training have been agreed.						
Engaging with journalists, people using services, and communication officers in proactive media coverage.	There is engagement with journalists and communication officers in providing positive media reporting. Working in partnership with local newspapers.						

Marketing Mental Health & Wellbeing.							
Media campaigns implemented.	Links with SHIFT stigma campaign. Estabilish media task group.						
Events to mark World Mental Health Day.	Steering group established with Reps from stakeholder agencies to plan events. Evidence of joint funded projects to mark WMH Day.						
Production of local Mental Health Literature.	Linking with Primary Care Information Specialists.						
Updated Mental Health Directory.	Phase 1 – updating and developing new online Mental Health Directory. Phase 2– rolling out hard copy directory.						

Build capacity for psychological support.	Evidence of promoting 'Ohwhatarelief' series, Beating the blues, Kooth.com and Books on prescription.						
Develop social enterprise model.	Evidence of supporting work of social enterprise groups operating locally.						
Work with disadvantaged groups to promote their wellbeing in this setting, to ensure equal access to mental health promoting activities.	Evidence of work targeted at BME, LGBT groups, people with physical disabilities, carers, young carers, single parents, people with learning disabilities and others.						

Encourage innovative practice to promote mental health and wellbeing in this setting.	Examples of innovation.						

Monitoring & evaluating the implementation of this strategy.

The implementation of this strategy needs to be closely monitored and evaluated to ensure that:

- Satisfactory progress is made in the attainment of key targets set out in the framework for action.

- All stakeholders are clear about the aims and objectives in each key setting, and are able to identify key priorities.

- The strategy is proving effective in delivering mental health promotion activities across Halton & St Helens.

- Any difficulties implementing strategy actions are flagged up so that appropriate resources can be allocated to overcome any barriers.

Monitoring progress.

The Standard One Leads for Halton & St Helens have overall responsibility for ensuring that Standard One of the National Service Framework for Adult Mental Health is implemented fully.

Standard One Leads for St Helens – **Mark Swift, Jen Brown**

Standard One Lead for Halton – **Cath Ashton, Alison Jones**

Social INclusion Group (SING).

Named champions for each key setting support the delivery of the strategy actions. The Champions report progress to the Social INclusion Group (SING).

The group meets monthly, and is made up of representatives from a broad array of agencies from the voluntary, statutory and community sectors. The role of the group is to support the implementation of mental health promotion activities across each of the boroughs.

The mental health partnership board.

It is the responsibility of the Standard One Leads to liaise with all Champions to ensure that progress is being made to implement this strategy.

The Standard One Leads will present a 'stock take' of mental health promotion activities to the Mental Health Partnership Board. This will take place twice in year 1 and then once a year at the end of years 2, 3 & 4. This stock take will also be forwarded to the Public Health Directorate.

The stock taking process will also be an opportunity to showcase examples of positive practice to the partnership board, ensuring that their profile is raised locally.

Spring stock take   Autumn stock take

Timeline showing planned 'stock taking' review of mental health promotion and social inclusion activities. Audit presented to the Mental Health Partnership Board and the Public Health Directorate.

Building public mental health intelligence.

This strategy supports the collection of detailed public mental health intelligence.

Adopting a standardised approach to data collection will inform the development of effective mental health promotion activities.

Rolling out a standardised public mental health intelligence audit across all agencies working in mental health is a key priority of this strategy.

Standardised public mental health intelligence audit form.

Name of service:		Address:	
Service speciality:		Contact tel:	

Date DD/MM/YY	Client age YY/MM	Employment status	Gender M/F	Postcode ———/———	Units alcohol consumed per wk ——

Key

Employment status

(U) unemployed (PT) part time (FT) full time
(S) student (IC) incapacity benefit (OB) other benefit

Units alcohol consumed per wk

- One small (125 ml) glass of wine at 9% is one unit.
- Half a pint of 3.5% beer/lager/cider is one unit
- A 25ml pub measure of spirit at 40% is one unit

Key contacts: St Helens Champions

Setting	Named Champions	Champion Organisation Address	Email	Telephone	Fax
Workplace	Ann Holcroft	St Helens Chamber of Commerce Technology Campus, St Helens WA9 1UE	ann.holcroft@sthelenschamber.com	01744742000	01744742001
	Neal McNulty		Neal.mcnulty@sthelenschamber.com		
	Diane Coysh	Health Improvement Team Bold Miners Neighbourhood Centre, Fleet Lane, Parr, St Helens WA9 2NH	Diane.Coysh@hsthpct.nhs.uk		
Education	Eric Albrecht	Healthy Schools Programme, Rivington Centre, Rivington Road, St Helens WA10 4ND	ericalbrecht@sthelens.gov.uk	01744455364	01744455461
	Dave Sweeney	CAMHS Commissioning 50 Cowley Hill Lane St Helens Merseyside WA10 2AW	Dave.Sweeney@hsthpct.nhs,uk	0174428098	
Health & Social Care	Debbie Bishop	Bold Miners Neighbourhood Centre Fleet Lane, Parr, St Helens WA9 2NH	debbiebishop@sthelens.gov.uk	01744 697433	01744 697434
	Helen Jarram		helenjarram@sthelens.gov.uk		
	Dr Laura Pogue	GP wsi Mental Health Halton & St Helens PCT, Victoria House, Holloway, Runcorn WA7 4TH	Laura.Pogue@hsthpct.nhs.uk	01928 593600	

Neighbourhoods & Communities	Mark Jory	Helena Housing HQ, 3rd Floor, Court Building, Alexandra Park, Prescot Road, St Helens WA10 3TT	Mark.Jory@helenahousing.co.uk	01744 675555	
	Tom Bate		Tom.Bate@helenahousing.co.uk		
	Karen Machin	St Helens Mental Health Forum, United Reform Church, King Street, St Helens	k.machin@dsl.pipex.com	07979252526	
Prisons & Probation Services	Steve Truoga	HMP Liverpool, 68 Hornby Road, Liverpool, L9 3DF		0151 5304030	
	John Kelly				
	Bev Lennon	Probation Service	bev.lennon@merseyside.probation.gsx.gov.uk		
Combating Stigma & Discrimination	Brian Roscoe	Volunteer Media Champion	brian@broscoe.wanadoo.co.uk		
	Simon Howes	CALM on Merseyside, Liverpool Health Promotion Service, 10 Maryland Street, Liverpool L1 9DE	simon.howes@centralliverpoolpct.nhs.uk	0151 7071555	0151 7072552

Key contacts: Halton Champions

Setting	Named Champions	Champion Organisation Address	Email	Telephone	Fax
Neighbourhoods & Communities	Teresa Teirney	Halton Housing Trust	teresa.tierney@haltonhousing.org	01515105050	01515105100
	Pete Shaw	Mental Health and Prolific Offender Officer (POPO)	Pete.shaw@cheshire.pnn.police.uk	01514221447	01928581395
Prisons & Probation Services	Katie Roberts	Risley Prison Health Promotion	Katie.roberts.01@hmps.gsi.gov.uk	01925733265	
	Brian Dearden	HMP Risley Psychiatric Nurse	Brian.james.dearden@hmps.gsi.gov.uk	01925733000	
Stigma & Discrimination	Cath Ashton	As above	As Above	As above	
	Alison Jones	As above	As Above	As above	

Workplace	Cath Ashton M Health Lead	HStH PCT Lister Rd, Runcorn WA7 1TW	Cath.ashton@hsthpct.nhs.uk	01928593016	01928569532
	Alison Jones Mental Health Improvement	HStH PCT Suite 1E Midwood House Midwood St, Widnes WA8 6BH	Alison.jones@hsthpct.nhs.uk	01514955450	0151 4206788
Education	Pam Worrall Healthy Schools	HStH PCT Lister Rd Runcorn WA7 1TW	Pam.worrall@hsthpct.nhs.uk	01928593003	01928569532
	Alison Farquhar	HstH PCT Child and Adolescent Primary Health Workers. Lister Rd Runcorn WA7 1TW	Alison.farquar@hsthpct.nhs.uk	01514955095	01928569532
	Melanie Fitzsimons		Melanie.fitzsimons@hsthpct.nhs.uk	01514955096	01928569532
Health & Social Care	Eileen O'Meara	Deputy Director Public Health Victoria House Holloway Runcorn WA7 4TH	eileenomeara@hsthpct.nhs.uk	01928593711	01928590594

Strategy Endorsement:

This Strategy has been endorsed by the following organisations:

Acknowledgements

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References

Brown, M. Friedli, L. & Watson, S. (2004) Prescriptions for pleasure. *Mental Health Today.* Jun; 20–23.

Cohen, D. & Prusak, L. (2001) *In Good Company: How Social Capital Makes Organizations Work.* Boston Harvard Business School Press.

Department of Health (1999) *National Service Framework for Mental Health: Modern Standards and Service Models*. London: Department of Health.

Department of Health (2001) *Making It Happen: A Guide to Delivering Mental Health Promotion.* London: Department of Health.

Department of Health (2002) *The National Suicide Prevention Strategy for England.* London: Department of Health.

Department of Health (2004a) *The National Service Framework for Mental Health – Five years on.* London: Department of Health.

Department of Health (2004b) *Choosing Health: Making Healthier Choices Easier. Public Health White Paper.* London: Department of Health.

Department of Health (2005) *Independence, Well-being and Choice: Our Vision for the Future of Social Care for Adults in England.* London: Department of Health.

Department of Health (2006a) *Choosing Health: Supporting the Physical Health Needs of People with Severe Mental Illness: Commissioning Framework*. London: Department of Health.

Department of Health (2006b) *From Segregation to Inclusion: Commissioning Guidance on Day Services for People with Mental Health Problems.* London: Department of Health.

Department for Education & Skills (2004) *Every Child Matters: Change for Children*. London: Department for Education & Skills.

DfES *see* Department for Education & Skills

DofH *see* Department of Health

Hanifan, L. J. (1916) 'The rural school community center', *Annals of the American Academy of Political and Social Science* 67: 130-138.

Health & Safety Executive, (2005) *Tackling stress: The Management Standards Approach.* Caerphilly: Health & Safety Executive.

HSE *see* Health & Safety Executive.

Macdonald, G. & O'Hara, K. (1998) Mental health promotion briefing paper. *Society of Health Promotion Specialist's.*

Morgan A & Swann C (2004) *Social Capital for Health: Issues of Definition, Measurement and Links to Health* London: Health Development Agency

Mc Culloch, G F. & Boxer, J. *Mental Health Promotion: Policy, Practice & Partnerships.* London: Baillière Tindall.

National Statistics (2004) *Mental Health of Children and Young People,* Great Britain. NCHOD [online].

National Statistics (2005) *Compendium of Clinical Health Indicator.* NCHOD [online].

nef *see* The New Economics Foundation.

NIMHE (2004) *From Here to Equality: a Strategic Plan to Tackle Stigma and Discrimination on Mental Health Grounds* Leeds: NIMHE

NIMHE (2005a) *Good Practice Standards for Benchmarking Standard One.* Leeds: NIMHE

NIMHE (2005b) *Making It Possible: Improving Mental Health and Wellbeing in England.* Leeds: NIMHE.

North West Public Health Observatory (1998 to 2003) *ICD 10 Diagnosis Codes F20 to F48.*

Ottawa Charter for Health Promotion (1986) *First International Conference on Health Promotion.* World Health Organization.

Pogue, L (2006) *Halton & St Helens Positive Mental Health Resource Pack for General Practitioners.* Halton & St Helens Primary Care Trust.

SEU *see* Social Exclusion Unit.

Social Exclusion Unit (2005) *Mental Health and Social Exclusion*. London: Office of the Deputy Prime Minister.

Swift, M. & Parmentier, H. (2007) Maximising treatment outcomes in the depressed patient. Update 35-36.

The New Economics Foundation (2004) *A Wellbeing Manifesto for a Flourishing Community.* The New Economics Foundation.

SCMH (2006) *The Future of Mental Health: A Vision for 2015.* London: The Sainsbury Centre for Mental Health.

UNICEF (2007) *Child Poverty in Perspective: An Overview of Child Well-being in Rich Countries.* Innocenti Report Card 7, Florence: UNICEF Innocenti Research Centre.

Whiston Hospital Episode Statistics (HES), May 2006.

Appendix

Summary of findings from public consultation

Theme: Workplace	Consultation Feedback
1. How can we promote mental health and wellbeing in this theme?	- More training - Example of a commitment to this issue from management. A top down approach - Better working environments - Flexible working - Improved work / life balance - Improved support and supervision - Access to counselling in the workplace - Outside person not a manager = buddy - Incentives for employers to take on people who have had experience of mental health distress - Flexible working = shorter hours - Support for parents with young families - Good policies in place - Honesty and respect - More training - More flexibility - Reduce work pressure - Nicer working environments - Social activities - Chocolate fountains - Better communication throughout - Tai Chi at Lunchtimes
2. How can we combat stigma and discrimination in this theme?	- More training and education for employees and managers - A more open and tolerant working environment, where you can feel ok to say that you aren't feeling too good - Changing hearts and minds - Understanding that work pressures can lead to excessive drinking, depression - Educate employers - Diversity of workforce independently audited - Training = awareness - Good public relations - Return to work training - Positive discrimination to help people back to work - More open - Open dialogue - No longer difficult to say you are feeling stressed

	- Raise awareness about different conditions - More information about mental health (more posters) - Designated staff to raise mental health and wellbeing issues in the workplace
3. How can we promote social inclusion in this theme?	- Make it easier for people who have experienced mental health distress to return to work - Make the workplace a more friendly environment to be in - More 'A List' coming out and supporting mental health and wellbeing issues - More information in the media - More education for colleagues - Everyone recognises their responsibilities and the role each of us has to play in promoting mental health and wellbeing - Positive mental health awards for organisations demonstrating positive practice – Kite Mark Quality - Staggered return to work available - Open to suggestions from the individual looking to come back - Better understanding from the employer - Incentives for employers
4. How will we know we are making a difference?	- Invite external auditors to monitor if attitudes/ new policies are working - Happier staff - Feedback from staff is positive - Reduction in the sickness / absence rates - People will feel able to be more open and honest about this issue, and not feel embarrassed - When people can openly say they are 'stressed – depressed…. etc
5. Comments from notice board	- Most employers don't want to know when employees with a disability wish to seek employment. Action – employers should be assisted in taking on employees (event if it's on a part time basis) who have had mental health problems - Challenge stigma in the workplace - St Helens Supported Employment Service. Offers 1 to 1 support back into employment. Contact

| | Margaret on 01744 456391 |
| | ▪ Promote wellbeing, combat stigma and promote social inclusion |

Theme: Education	Consultation Feedback
1. How can we promote mental health and wellbeing in this theme?	- Compulsory training for pupils/ staff – the whole school - Compulsory study within PHSE framework - CAMHS services promoted to both staff and pupils (not just learning mentors) - Awareness raiding of the signs and symptoms of mental health distress - Would be good to have some training from lay people about mental health distress - Focus not just on academic achievement e.g., also on wellbeing - Give more time and focus to talking, sharing, time for lunches, school dinners settings - Proper diet / obesity - Anti-bullying initiatives - Ofsted to enforce mandatory focus on mental health and wellbeing - Bring back fun and enjoyment to the classroom - CAMHS to have a more visible presence / role to play in schools and education settings - An emotional health and wellbeing day in St Helens - Pupils to develop plays / dramas / focus weeks - Promote work experience (Trident) - More preventative work, rather than treating the symptoms - More focus on mental health and wellbeing in colleges - Promote good policies / procedures in relation to mental health and wellbeing i educations settings - More partnership working between parents and education - Focus more on hope and aspirations in the classroom
2. How can we combat stigma and discrimination in this theme?	- Users / experienced staff sharing their own personal experiences - More younger people in education settings who can relate directly with young people - Discussing stereotypes and how they influence the way we think, and how stereotypes affect mental health – e.g. using puppets with younger children - Educate about morals / ground rules enforced.

	Need this work to start in the home ▪ Promote and encourage diversity of expression ▪ More learning mentors in education settings ▪ Using celebrity / people in public eye to back the cause ▪ Mad / Bad misunderstood training ▪ Use (Social & Emotional Aspects of Learning) SEAL resource in schools ▪ Good key speakers locally to back the cause ▪ A Happy Passport – personalised education plans
3. How can we promote social inclusion in this theme?	▪ Head teacher have greater powers to exclude ▪ Head teachers to have greater powers to select pupils ▪ Work with all other agencies ▪ Changes to the curriculum set up ▪ More community work by schools ▪ Extra curricular activities, for free, and involving and engaging parents ▪ Target hard to reach families ▪ Head teacher motivation ▪ Improve teaching and learning styles ▪ Shape the culture / environment of schools ▪ More family support
4. How will we know we are making a difference?	▪ Fall in truancy rates of schools / improvements in attendance ▪ Less bullying reported ▪ Feedback from parents / pupils – maybe an annual happiness / wellbeing survey in schools ▪ Online independent questionnaires for schools ▪ Continuous evaluation
5. Comments from notice board	▪ Free access to after school clubs for all children. Fun and informative activities to promote positive mental health ▪ I attended as a carer but feel that there are opportunities here for development. I teach parenting skills for adult and community learning from birth to teenagers. Our courses are free and could benefit some of your families. Margery Bond Parents Information Centre 01744 677888 ▪ Too many large classes of children. 30 in a class is too many

	- Educate more in schools on mental health and wellbeing - Less unrelenting testing for children in schools, especially secondary school age. Change the curriculum! - Educate pregnant ladies on post natal depression - Improve working lives of professionals – balance between work / home life - Mental and emotional health from an early age – maybe in PSHE in schools. Start simple and expand - Early interventions – raising awareness of mental ill health - Promote mental health and emotional wellbeing in schools - Awareness days with schools and parent involvement - Motivated Head Master who believes in his school → positive education and pupil wellbeing. Also – motivates teachers → children → parents - Need more after school activities for all ages. Free of charge? - Poor education system - Parents input in after school activities / more parents evenings. - More support for poor income families

Theme: Health & Social Care	Consultation Feedback
1. How can we promote mental health and wellbeing in this theme?	- Better communication channels and engagement with GPs as the gatekeepers - Give people the opportunities to do something meaningful e.g. a waged job - Promote holistic health - Health MOTs incorporating mental wellbeing also - Awareness training and workshops - Encourage and nurture friendships - Let children by children – allow play / free time - Broaden people's horizon's - All sectors working to promote health and social care to have a shared vision - Sharing and celebrating best practice - Linking initiatives in physical health to mental health, and to be taken seriously as part of holistic care package for clients experiencing mental health distress - Mental Health MOTs - Developing and enhancing existing support networks in the community - More preventative work, rather than treating the symptoms - Holistic services - Better communication with GPs and primary care - Provide opportunities for individuals experiencing mental health distress to contribute and make a difference - Free travel passes for people with severe and enduring mental health problems - Greater health focus in schools and sixth form colleges - Training workshops
2. How can we combat stigma and discrimination in this theme?	- Actively recruit people who have experienced mental health distress to work in health and social care - Celebrate successes / examples of positive practice - Form meaningful partnerships with the private sectors - Mental health put onto all government policy drivers - A top down approach and acknowledgement

	- that mental health is a priority - Distinction between mental health distress and learning disabilities - Acknowledge that stigma still exists and is out there - Don't just prescribe medications as if that is the only option, and without considering all the other resources available at practitioner disposal - Actively recruit people who have experienced mental health distress - Better engagement with the media, and help them to acknowledge the enormous role they play in shaping people's understanding of mental health distress
3. How can we promote social inclusion in this theme?	- Actively recruit people who have experienced mental health distress to work in health and social care - Staff in health and social care to adopt a positive / upbeat ethos in their working roles, focused on recovery, reintegration and moving forward - Provide choices and alternative pathways for people - Integration between existing service provisions - Looking beyond the mental health label - Employment - Education - Separate focus to drive forward inclusion for children with mental health distress
4. How will we know we are making a difference?	- More counsellors working in health and social care settings and private sectors - More people with personal experience of mental health distress working in health and social care settings - Measure a decline in the numbers of people reporting poor mental health - Mental health will be normalised… mental health / distress viewed as a continuum - Examples of real partnership workings between organisations across different sectors - Greater access to holistic health, and that mental health is acknowledged as being a part of 'total health' and that without it you simply

	• cannot have health • Better engagement with general practitioners, and that they acknowledge mental health distress as a priority health issue • Examples of more resource allocation to the provision of upstream interventions that prevent problems from arising in the first place, and that promote positive mental health and physical mental health • Instil hope in everyone living and working in St Helens • Case studies of good practice • People reporting positive practice • Educating the trainers • Overcome the fear of mental health distress in schools
5. Comments from notice board	• Take off the label • To be clear that children and young people with disabilities do have mental health issues and that these do not get treated • Take services to clients rather than trying to engage 'hard to reach' and provide universal / mainstream services • All health and social care strategies should all be targeting people with mental health problems • Health and social care to stop using terminology that separates mental and physical health

Theme: Neighbourhoods & Communities	Consultation Feedback
1. How can we promote mental health and wellbeing in this theme?	- Designing public spaces - Combat crime - Neighbourhood watch schemes - Awareness of lifestyle - More floating support - Open evenings run by landlords / tenant groups - Church influence on society had reduced, nothing has replaced this - Supporting people who have had people's and enabling them to move on - Environmental impact – people feel good where trees are planted. Improves image of community and helps people to feel good - Improved environments - Better housing - Improved design of housing (Bigger / more space) - Improved transport in and out of estates - Improved facilities for people with disabilities – e.g. ramps, wheelchair access - Support for people to stay in their local communities
2. How can we combat stigma and discrimination in this theme?	- Role of agencies - Staff training - Don't jump to negative actions 'Labelling' estates / areas - Educating communities, and making them more aware - People talking more openly about mental health - Educating and giving understanding to young people - Raising expectations locally - Educating people - Disability awareness week / campaigns - Promote local Champions - Encourage greater understanding of social problems and their potential solutions at an earlier age
3. How can we promote social inclusion in this theme?	- Community staff e.g. park keepers - Community centres should remain open - Involve youth groups and encourage more - Educating the wider public to promote and

	• encourage expectations and achievements • Replace youth clubs • Develop facilities for 11 years • Consult children and incentives young people. e.g. Ipods to attend and participate • Large groups of youths aren't necessarily bad – encourage mates • Promote libraries and make more use of schools as a community resource • Better transport that's more affordable • More opportunities for people to come together. Welcoming new members to the community. • People are a part of the community and not just own / rent a property in an area • There's no sense of community. People should be encouraged and enabled to talk to each other
4. How will we know we are making a difference?	• Increased tolerance. People feel comfortable when self reporting • Recognition for individual efforts and progress • Reduction in percentage reporting mental health distress • Longer stay in own homes / tenancies • Community develops and organises events. Interactions between people locally start to happen without the interventions of housing agencies and third parties • Self sufficient neighbourhoods that can call on support from people locally • Less vandalism and local crime • Increased demand for shared communities • People report that they feel safe • Surveys that canvass communities and their experiences living in key areas. • Community surveys • Success in attracting investment
5. Comments from notice board	• More social activities for young men in community setting. Somewhere for them to go • Don't forget to include all voluntary sectors i.e. uniformed organisations. They can be educated as well. • Provide more support for carers, including respite overnight (recently been decreased by

| | government). Families will reach crisis point otherwise |
| | ▪ I hope this is an effective strategy – not just paying 'lip service' |

Theme: Prisons & Probation Services	Consultation Feedback
1. How can we promote mental health and wellbeing in this theme?	- More education and awareness raising - Networking with other service providers - Media promote a positive image - Factual information available - Passport to health training in the prison setting / probation service - Food cooperatives. Links to existing community project's up and running
2. How can we combat stigma and discrimination in this theme?	- Education - Educate employers
3. How can we promote social inclusion in this theme?	- Better advertising of community forums and networks available for prisons and probation workers to link in to. - Supported employment opportunities 1 to 1 peer support for ex offenders - Citizenship education - Better referral systems - Better partnership workings
4. How will we know we are making a difference?	More ex offenders are able to gain and retain employment after leaving prison / probation services
5. Comments from notice board	- Should people with a mental health diagnosis be institutionalised? - Greater focus on rehabilitation and prevention! - Health needs must take leading role before sending someone to prison. Prison has to be a last resort. - Proper treatment for mental health problems could and would reduce the prison population - Employ more occupational therapists in prisons

Theme: Combating Stigma	Consultation Feedback
1. How can we promote mental health and wellbeing in this theme?	- Zero tolerance in the workplace - Early interventions in school settings - Educating parents - Confronting head on the stigma visible in the press - Raising general awareness about the effects of stigma - Educating people - Stop making a distinction between physical health and mental health - More quality interactions with the press by primary care workers - Educate people when they are in their younger years while at school - Normalise the issue - Combating influences from homes and communities (outside the school) - Increase understanding throughout staff, including managers - Increase support and awareness - Training - Reducing avoidance of discussing these issues - Normalisation - Talk about it! - Start early - Educate the Educators, and anyone working with young people - Combat bullying - Increasing understanding - Greater sense of urgency to address this issue - Increase equality of opinion - Using role models, i.e. famous people - Educate the media and the community
4. How will we know we are making a difference?	- When crimes reported in the media place less emphasis on the offender having had mental health distress (if was the case) - Carry out large scales surveys of the population to determine if attitudes are changing - Market Research: What do people really think? Monitor the Changes - More robust schemes within the workplace like budding schemes/mentoring - Employers being more open to disabled

	- employees - When people can openly seek help, and they receive it earlier, i.e. are more willing/able to access mental health services - Increased understanding - Better integration → social inclusion → acceptance - Including issue within policy movements - Mandatory training in place - Mental health education in the curriculum
5. Comments from notice board	- 'What makes me happy'. Plans for every child that starts school - Role Models, e.g. Youth Workers in schools - Raise profile of mental health strategy using a 'top down' approach. Driving force needs to come from a strategic level. - Provision of mental health / emotional as universal within curriculum - Educate to implement total awareness of the problem - Educate. Remove the fear! - 'Happy hour' in schools and colleges every day - Travel passes - Need specific plan to target mental health with all professionals and schools and target positive press coverage, re: ADHD as well as mental health - When you are going through hell keep going! I emailed this to a friend who had a breakdown and his wife left him. He stuck it on his fridge and reminded him to 'keep going'. He has now come through a stronger person. - To reduce apathy within young people and give them some improved structure - Better education at school level - Use commercial techniques to gauge level of stigma and discrimination and then tackle them - Buddy Schemes - Confidential telephone support - Some issues not addressed by the PCT i.e. support for gay communities experiencing mental health problems - Educate the young in looking after their own and others mental health - Don't let it be a self-fulfilling prophecy - Need for early intervention

Evaluation Feedback
from Consultation Event for
Mental Health Promotion Strategy
24/07/07, Old Police Station, Runcorn

What did you find useful?

- **Meeting people whose names I have known, swapping ideas, finding that we had similar ideas and concerns**

- **Sharing information, experiences crucial to everyone's role collated information will be very valuable**

- **Local events, updates,   meeting others**

- **Listening to the views of other people /discussing thoroughly**

- **Networking to get more co-ordinated approach**

- **Hearing about what is going on within other areas/services, Lots of good practice**
- Concern that things are being done in isolation hence duplication or not involving the most appropriate person

- **Networking, listening,   finishing early**

What would you change?

- **More people to share more knowledge**

- **Perhaps all day event**
  (or a little longer that ½ day) to network + share experiences

- **Summary of the strategy so far**

- **Only what I guess will follow in next session if specific actions developed**

- **Lots of information/ideas/practice to be shared**
  -Need to foster on environment where we all support each other to deliver

- **I would suggest a massive spider diagram showing how all feedback links/ like the dinner plate piece of art whereby we visually see how people or strategies or themes link up for people in real terms.**
  We might use it for cross referrals
  (See diagram,input from Lorraine Harnett)

What did you find useful?

- **Exchanging views with others**

- **I found some very useful information and contacts that I can use to benefit service users at Ashley House**

- **Interesting to meet other services within Halton area**

- **? of services out there**

What would you change?

- **Tables furthers apart for discussion (distracting)**

- **Nothing, I found the informal discussions very useful and didn't feel under pressure to speak (input from Leeanne Graham,Addaction)**

- **Nothing, it was really productive and interesting session. (input from Mary McNally, HBC)**

- **Awareness – co-ordinated PR campaign 'Positive Mental Health' to counter negative publicity**

Collated material from Consultation Event (24/07/07)

1. SERVICES IN PLACE FOR HALTON'S MENTAL HEALTH PROMOTION STRATEGY

2. GAPS OBSERVED

3. PROPOSALS FOR DELIVERY PLAN FOR THE MENTAL HEALTH PROMOTION STRATEGY

4. EXPECTED OUTCOMES

1. SERVICES IN PLACE FOR HALTON'S MENTAL HEALTH PROMOTION STRATEGY

Theme:	WORKPLACE	EDUCATION	HEALTH & SOCIAL CARE	NEIGHBOURHOOD AND COMMUNITY	PRISONS	COMBATING STIGMA
	– MIND came into workplace - Halton people into jobs. ' Buddy system' for day services in place - Pathways projects, bringing money in, <mark>var</mark> Jobcentre + delivers work support Halton/St.Helen's, Sefton Knowsley → Southport MMc – ILM (Intermediate Labour market) 3rd sector (voluntary sector) create jobs. - Halton ILM 13 to 26 weeks employment, pay basic wage, job search 'in house' - ILM, SRB 5 years 375 people, 75% to sustainable employment - ILM - Mental health ringfenced £20K - Sandymoor / Ashley house - Targets Adult Learning Disability, vocational profile? 15-page / tests, reforms Arch, Mental health, social care, family	- Mentoring/ Buddying (Children & adults) - Work with school health, school meals, CAMS - Provision of info on trusted sites : possible duplication? - HHSS criteria - Peer mentoring training across all schools - Peer mentors working on placements - Working with teaching staff tailor-making sessions	- Addressing social isolation - Health trainers / C-Bridge builders - HLP intervention/ diet & exercise: self esteem - Internal PCT training – number of areas!	- Community strategy - Mental Health Agenda - There exist comparable methods for assessing quality e.g MWIA - Activities accessed that are not notably about mental health, but promote positive mental health - Social support networks - Joining clubs, groups and courses, events for socialising & learning - Assertive outreach team: VSCP + MIND	- Progress to work. Partner agencies, pathways projects - Recruitment from prisons; canal rangers / environmental re-cycling/ construction operatives – ex-offenders/ ex-substance users. Outcome – very good. - 'James….???' House, Warrington - Shelter - Halton gives???	- Nation-wide media champions/camp aigns e.g Stephen Fry for MIND 'D.I.P' (Drugs intervention team) prison referral (Ashley house) working with substance users – DIP team & 'carat' team

2. GAPS OBSERVED

Theme:	WORKPLACE	EDUCATION	HEALTH & SOCIAL CARE	NEIGHBOURHOOD AND COMMUNITY	PRISONS	COMBATING STIGMA
	- Education for professionals (training workforce clinical/housing /employers - Training for frontline staff - Services for females around support for dual diagnosis? Alison Hughes? Emotional support.	- Stigma – family break-up	- Stigma – family break-up	- Lots of services, but; a) How does individual link in? b) Who assesses service quality? c) Assessing by comparable methods for comparable data. MWIA. d) Individual circumstances taken into account e.g access/ accessibility e) To promote personal recognition ('of what makes you feel good?') e.g training/personal supporters/education	- Housing / release/ debt / difficulty rehousing - ghetto culture - Little provision for homelessness - Females on release. Do they have any support on release? Not accessing the service (Females accessing ILM < 50%) JCT ?????? whereas 23 out of 36 mental health issues are in females	- Still backward culture / attitude that exists in the workplace, community/schools surrounding mental health .

3. PROPOSALS FOR DELIVERY PLAN FOR THE MENTAL HEALTH PROMOTION STRATEGY

Theme:	WORKPLACE	EDUCATION	HEALTH & SOCIAL CARE	NEIGHBOURHOOD AND COMMUNITY	PRISONS	COMBATING STIGMA
	- SPA for professional/ employers - Identify and improve links - Promotion for individuals - Promoting wellbeing in work (through stress management, developing self-help support, provisions within the workplace) - A clearer framework for employers to direct their employees - More open policies & education regarding mental health - Better links between drugs service and mental health services - Information leaflets, and teaching stress management to employees.	- Dedicated PCT resource to work with younger people – HHSS – across the board? St. Helen's ??? - Promotion meeting local needs: lay terms meet local need? - Publicise training available to ALL - Centralised property funded approaches, no ' funny money' - Teaching impact of life events on mental health e.g bullying…etc - Promoting friendships, hobbies, learning resiliency etc. - Mental health nurses in schools - Much higher level of	- Promotion meeting local needs: lay terms meet local need? - Tailor-made services using demographics to inform e.g meeting different needs like gender/age split - Work more with local media to increase awareness, not sensationalising local issues - Key to avoid duplication - Remove 'medical' approach - Publicise training available to ALL - Don't mention mental health but embed this as part of the course	[HOW ABOUT A MENTAL HEALTH IMPACT ASSESSMENT + AUDIT?] - Build communities capacity – looking out for each other - Raise the quality by focussing on the mental health agenda – link and advise - Appropriate referrals (like Alternative pathways) - More community workers to offer support when navigating services - Ensure someone has a strategic overview - Utilise media - Integrated services - Needs team work - ? Social prescribing	-Promoting resilience - Coping strategies - Buddy schemes/ role models - Greater promotion of the risks of ill mental health in prison – this maybe the first time such problems are noticed, thus assessment and liaison with	[IT'S ABOUT THE MESSAGE - champions, - STARS – BB –Staff] - Engage communication with people in the media - Utilise the arts - Put money into activities proven to reduce stigma & offer tailor-made solutions - Children & young people: education, education, education; practical tips for assertiveness & self-esteem - LOOK AT THE EVIDENCE OF WHAT WORKS IN TERMS OF CHANGING THE ''CULTURE'' OF A WORKPLACE - Positive messages &

mental Health education in schools – risk factors + preventative measures - Better training in schools for teachers - Education system forging better relationship with carers	- Promotion of awareness as a key role (Do we know what will meet local need? One size doesn't fit all) - Centralised property funded approaches, no ' funny money' - Stop moving services <u>Partnerships</u> - Open out agreement SLA - Usually based on goodwill/ personalities - Politics dynamics - Remove capacity issues + find common ground - How can we improve our understanding? - No-one is a specialist, we need to know where to go quickly - Promoting a psycho-social	? lead person to link? - Interactive workshops for local people topic based, for emotional intelligence - Clarify to teachers/tutors/ facilitators what positive mental health is & signs & symptoms - Cleaner, greener neighbourhoods, access to green space - Neighbourlyness - Self-help support - Working with social services, police, community worker, regeneration schemes - More community mental health services – drop-in facilities and day services - Encourage & promote the importance of volunteers in the mental health services - Newspaper	outside agencies is vital to smooth pathways of care.	survivors - Look at other training that works in other fields e.g age discrimination training with peers - Just visit loads of people + highlight to them how their work does impact on mental health in a negative/positive way - Keep it simple - Look at other stigma throughout 20th century (the zeitgeist) and learn from them e.g divorce, age, sexuality, race compare it with stigma around today surrounding mental illness, sexual abuse, heroin addiction - Focusing on positive mental health promoting this as everyone's business - Embracing well being/ social capital, physical/mental health system, promo

		understanding of mental distress - Dropping the 'medical' model - Mental health training for all social care workers -Halton Borough Council should provide mental health safeguarding children training	campigns/ articles, on mental health issues could be useful - A stakeholder approach to mental health & wellbeing across Halton & St. Helen's, and engaging all key stakeholders with everyone acknowledging the part they play.		campigns, social marketing - Education regarding the notion of mental health is largely insufficient, particularly, among young people + the elderly. Stigma will not be combated for as long as services & resources are only directed at severe and enduring ,mental health – this is a contradiction in terms when trying to reduce the stereotype that only severe illnesses fall under the bracket of mental health - Articles on mental health in local papers. Also information leaflets in GP surgeries, health clubs, cinema …etc.

4. EXPECTED OUTCOMES

Theme:	WORKPLACE	EDUCATION	HEALTH AND SOCIAL CARE	NEIGHBOURHOOD AND COMMUNITY	PRISONS	COMBATING STIGMA
			- group concerned that outcomes take a while to see + this is okay! - Case studies are useful - Under funded programmes don't always show quick outcomes - Knowing a contribution has been made but not able to quantify exactly Evidence-base pro's & cons (might not be client's choice of service but not as well evidence-based)			