Mental Health Promotion: A Toolkit for Commissioners and Local Strategic Partnerships

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Executive Summary

This Framework has been developed to support commissioners, Local Strategic Partnerships and colleagues in the development and delivery of best practice in the promotion of mental health and well-being.

Figure 1 represents an executive summary of the Framework. It is based upon a template that can be found in *Making It Possible: Improving Mental Health and Well-being in England* (NIHME/CSIP, 2005).

Figure 1: Executive Summary

European Policy Drivers:
WHO Mental Health Declaration and Action Plan

English Policy Drivers:
National Service Framework for Mental Health Nation Suicide Prevention Strategy Choosing Health: Making health choices easier Our Health, Our Care, Our Say Reaching Out: An Action Plan on Social Inclusion Strong and Prosperous Communities

Mental health promotion contributes to meeting **Public Service Agreement (PSA)** targets of many government departments e.g. Department for Communities and Local Government Department for Education and Skills, Home Office and the Department of Health.

Who needs to be engaged and involved: Regionally			
Government Office of the South West Regional Public Health Group	South West Regional Development Agency	South West Regional Assembly	NHS South West

Engagement, Involvement and Partnerships: Locally Delivery Mechanisms			
Primary Care Trust local delivery plan, mental health promotion strategy	Local Strategic Partnership local area agreement	3rd Sector Organisations	Local Authority, commissioning for Health and Social Care community strategy

Best practice in local strategic mental health promotion activity includes:-

- Local needs assessment
- Clear statement of what success would look like and how it will be measured (indicators and outcomes)
- Cross-sector ownership, governance and resourcing
- Links to wider initiatives to promote social inclusion, reduce inequalities, improve health and social outcomes
- Evidence based interventions
- Building public mental health capacity and mainstreaming of mental health promotion activities
- Developing public mental health intelligence

Sources of Support

- National Advisory Group on Mental Health Promotion
- Care Services Improvement Partnership (CSIP) South West
- Public Health Teams, Primary Care Trusts
- Public Health Observatories
- Public Mental Health Observatory

1. Fuel in the Engine: This Framework and the Commissioning Cycle

This Framework is informed by the use of the Improvement and Development Agency (IDeA) "social model" approach to commissioning.

Commissioning is the process of identifying needs within the population and of developing policy directions, service models and the market, to meet those needs in the most appropriate and cost-effective way.

This mental health promoting model of commissioning focuses on people's strengths and coping capacities and the obstacles they face in achieving their desired outcomes – obstacles that are as much a product of their social situation as of any personal limitations or impairments. This model therefore embraces the concept of mental health outlined in (2) and a recovery philosophy for people who experience mental health problems.

Using this model, the task of commissioning becomes one of re-configuring services and interventions designed to:

- Reduce or remove obstacles to the fulfilling of individual, organisational and community potential and achieving goals
- Enhance individual, family, organisational and community abilities, strengths and control over their own lives
- Supplement their resources, with access to services, opportunities and/or payments

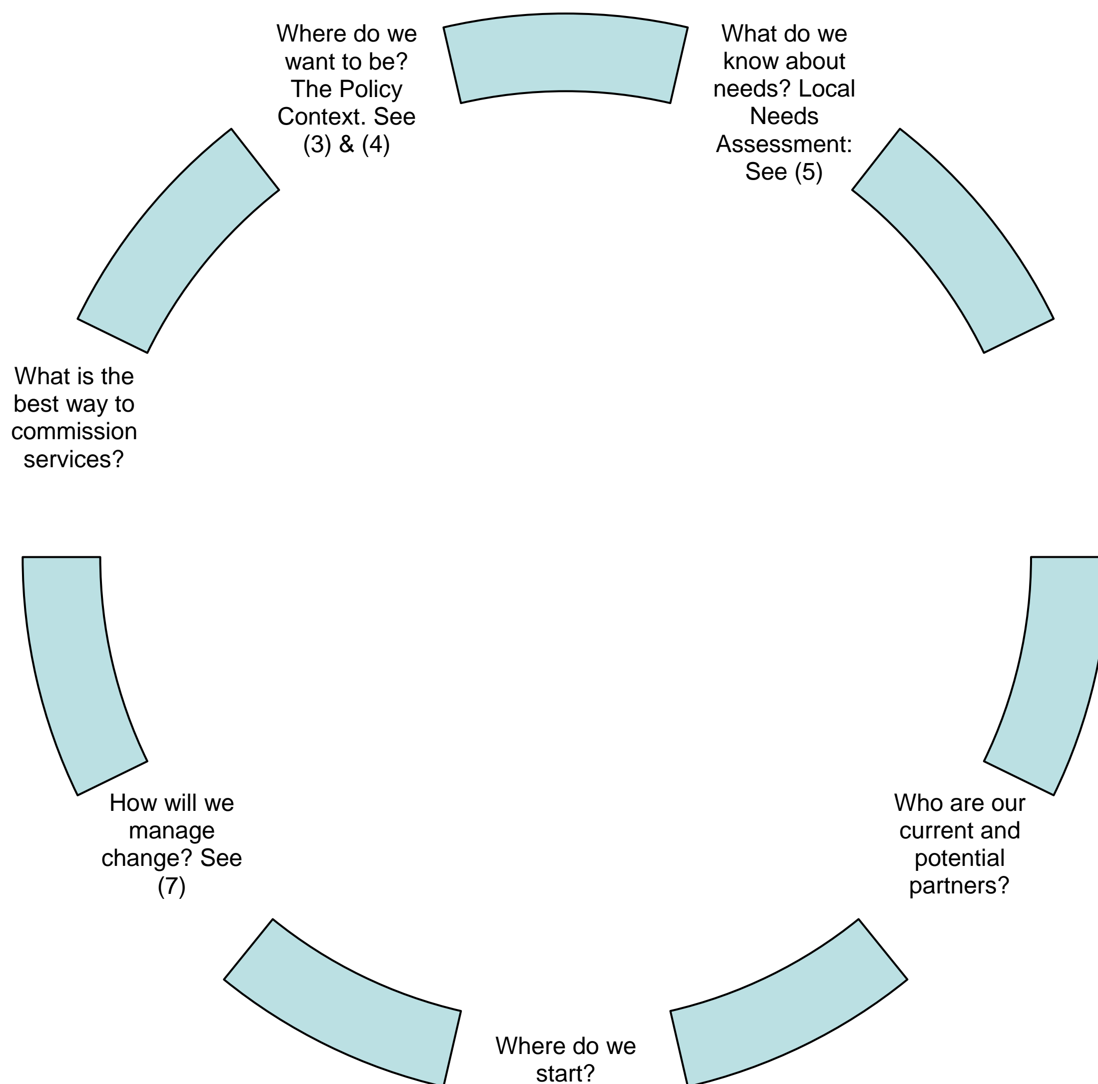
The Commissioning Framework for Health & Well-being (Department of Health, 2007) identifies 7 steps to more effective commissioning:

1. Putting people at the centre
2. Understanding the needs of the population and individuals
3. Sharing and using information better
4. Ensuring high quality providers for all services
5. Work, health and well-being
6. Developing incentives for commissioning
7. Making it happen: Accountability and capacity

There are a number of key questions to assist commissioners in their understanding of commissioning objectives and activities. These are outlined in Figure 2.

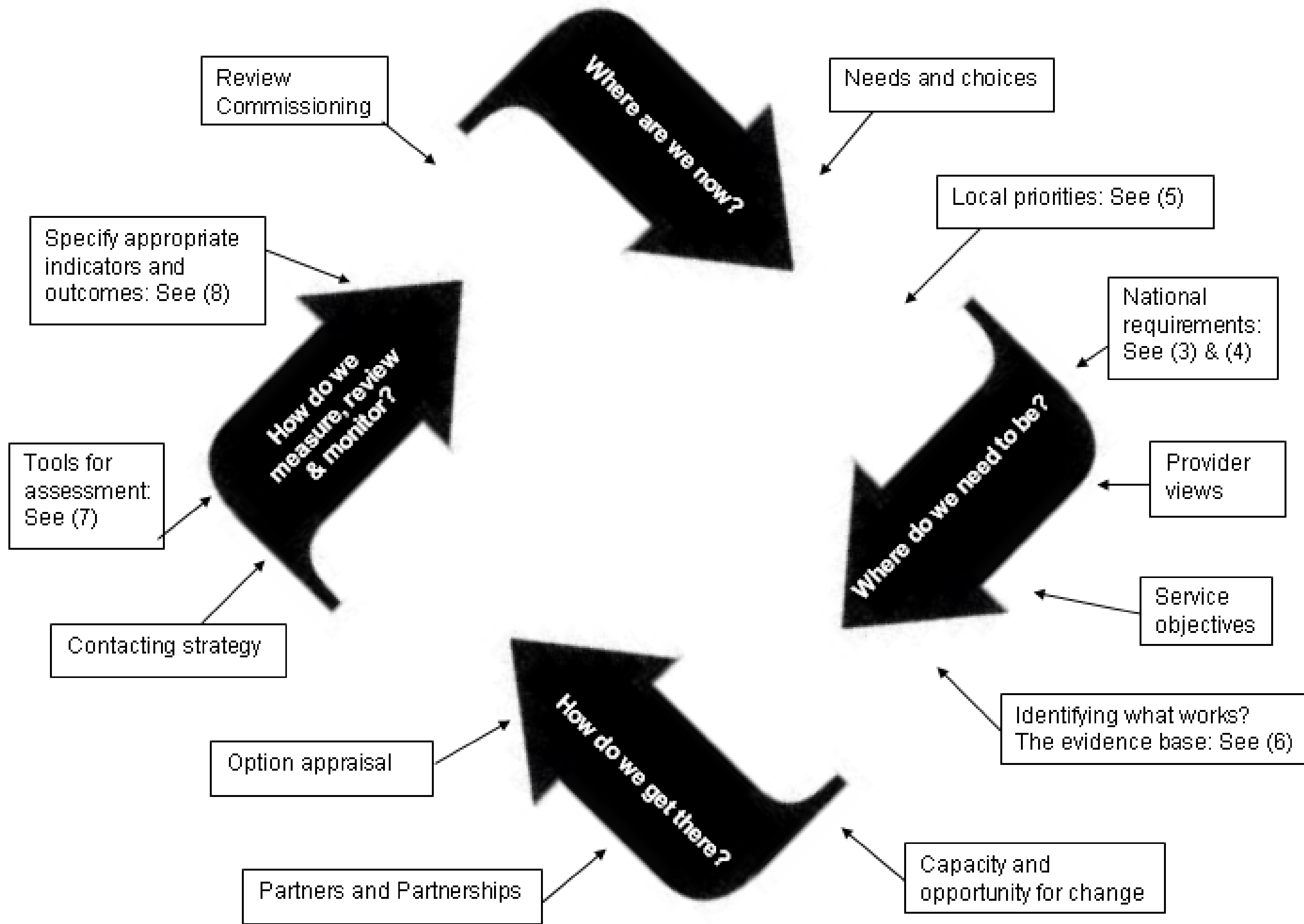
Identification of need will be secured through the requirement for councils and Primary Care Trusts (PCT) to undertake a Joint Strategic Needs Assessment.

Figure 2: The basic questions of commissioning for mental health promotion



These questions can inform the commissioning and contracting cycle. The views of local people and service providers lie at the heart of this model of commissioning. This will enable commissioners to understand the mental health needs of local people, families, communities, organisations and the capacity of local services to respond to this need. This commissioning cycle is outlined in Figure 3.

Figure 3: The Commissioning Cycle for Mental Health Promotion



The following three resources will be of use in developing improved commissioning for mental health promotion:

- *The Commissioning Friend for Mental Health Services* (National Primary and Care Trust Development Programme / National Institute for Mental Health in England, 2005)
- *Key Activities for Social Care Commissioning* (Institute of Public Care / Care Services Improvement Partnership, 2006)
- *The Commissioning Framework for Health & Well-Being* (Department of Health, 2007)

2. What is Mental Health Promotion?

> "Mental health is the emotional and spiritual resilience which enables us to enjoy life and to survive pain, disappointment and sadness. It is a positive sense of well-being and an underlying belief in our own, and other's dignity and worth"
>
> Health Education Authority (1997)

Mental health is therefore about how we think and feel about ourselves and about others and how we interpret the world we live in. It affects our capacity to manage, to communicate and to form and sustain relationships. It affects our capacity to cope with change and major life transitions. It is central to all our health and well-being. How we think and feel has a strong impact on physical health.

We all have mental health needs, irrespective of any diagnosis associated with a mental health problem.

Mental health promotion involves any action to promote the mental wellbeing of individuals, families, organisations and communities. It works at three interconnected and interdependent levels:

- Strengthening individuals - Through increasing emotional resilience through activities to promote self-esteem and develop life skills such as communicating, negotiating, relationships and parenting skills.
- Strengthening communities – Through increasing social support, social inclusion and participation, improving community safety and neighbourhood environments, promoting childcare and self-help networks, promoting mental health in schools and workplaces.
- Reducing structural barriers to mental health – Reducing discrimination and inequality in society and promoting access to education, employment, housing and support for people who are vulnerable.

3. The Mental Health Promotion Policy Context

> "There is no health without mental health…Mental health and mental wellbeing are fundamental to the quality of life and productivity of individuals, families, communities and nations, enabling people to experience life as meaningful and to be creative and active citizens."
>
> *WHO European Declaration on Mental Health* (2005)

The National Service Framework for Mental Health (Department of Health, 1999) Standard One requires health and social care organizations to develop and facilitate delivery of a local strategy that "to promote mental health for all, working with individuals, organizations and communities".

Goal Two of the *National Suicide Prevention Strategy for England* (Department of Health, 2002) highlights the requirement "to promote mental well-being in the wider population".

The "Public Health White Paper" *Choosing Health: Making Healthy Choices* Easier (Department of Health, 2004) makes a number of commitments that embed this requirement to promote mental health:

> "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 well-being is equally important"
>
> "We will ensure that standard one of the NSF for Mental health, which deals with mental health promotion, is fully implemented".
>
> "We will have delivered if we improve the mental health and well-being of the general population".

The *Choosing Health Delivery Plan* (Department of Health, 2004) makes specific reference to "new services to improve mental and emotional well-being"

The Health and Social Care White Paper *Our Health, Our Care, Our Say* (Department of Health, 2006) places an emphasis on prevention and provision of appropriate information to enable individuals to make healthy choices and lead healthy lives. In support of this, it gives significant profile to *Making It Possible: Improving Mental Health and Well-being in England* (NIMHE/CSIP, 2005).

During the national public consultation to inform the White Paper, the second highest request was for more information on well-being. The White Paper includes a commitment to include the positive steps to mental health and well-being in social marketing strategy currently being developed to support *Choosing Health*. Details of the evidence base, theoretical and methodological basis for this approach can be found in *It's Our Health!* (National Centre for Social Marketing, 2006)

Improving the mental health of the population contributes to achieving a wide range of cross-government priorities for adults and children. These include:

Children	Adults
Be healthy	Improved health
Stay safe	Improved quality of life
Enjoy & achieve	Making a positive contribution
Making a positive contribution	Exercise of choice and control
Achieve economic well-being	Freedom from discrimination or harassment
	Economic well-being
	Personal dignity

Mental health, emotional well-being and quality of life issues are explicitly and implicitly referenced in a wide range of policy on health, education, culture, employment, crime, regeneration and social inclusion. The promotion of mental health thus contributes to a number of Public Service Agreement (PSA) targets and will be of significant interest to Local Strategic Partnerships.

Department / Area	PSA Targets	Strategic drivers
Department of Health	Improve health & social care outcomes for everyone Reduce suicide and undetermined injury	National Suicide Prevention Strategy for England (Department of Health, 2002) Delivering Race Equality in Mental Health Care (Department of Health, 2005) Women's Mental health into the mainstream (Department of Health, 2002) National Service Framework for Older People (Department of Health, 2004) Better Health in Old Age (Department of Health, 2004)
Department for Education & Skills	Improve primary, secondary education and life skills Improve life chances for children	Every Child Matters: inspection, assessment and review of services for children and young people (Ofsted, 2004) National Service Framework for Children, Young People and Maternity Services (Department of Health, 2004) Primary National Strategy Social and Emotional Aspects of Learning (Ofsted, 2005) http://www.teachernet.gov.uk/teachingandlearning/socialandpastoral/sebs1/seal/ Promoting Emotional Health & Well-being through the National Healthy School Programme (Health Development Agency / Department for Education & Skills / Department of Health, 2004)
Department for Communities & Local Government	Social inclusion, neighbourhood renewal, quality of life	Valuing people: a new strategy for learning disability for the 21st century (Department of Health, 2001) Youth Matters (Department for Education & Skills, 2005) Balancing work and family life: enhancing choice and support for parents (Department for Trade & Industry, 2003) A New Commitment to Neighbourhood Renewal: A National Strategy Action Plan (Social Exclusion Unit, 2001) Making It Happen In Neighbourhoods (Office of the Deputy Prime Minister,

		2004) Work and families-choice & flexibility (Department for Trade & Industry, 2005) Mental Health and Social Exclusion (Office of the Deputy Prime Minister, 2004) Excluded Older People: Social Exclusion Unit Interim report (Social Exclusion Unity, 2005) Independence, Well-being and Choice (Department of Health, 2005) Equal Treatment: Closing the Gap (Disability Rights Commission, 2006)
Home Office	Reduce crime, fear, re-offending and drugs Community participation, cohesion and race equality	Domestic Violence: a national report (Home Office, 2005) Firm Foundations: The Government's Framework for Community Capacity Building (Home Office, 2004) Alcohol harm reduction strategy for England (Cabinet Office, 2004)
Department of the Environment, Food & Rural Affairs	Sustainable development, access to countryside Enhance opportunity in rural areas Increase access to mental health services in rural areas	Securing the Future-UK Government sustainable development strategy (Department of the Environment, Food & Rural Affairs, 2005)
Department of Culture, Media & Sport	Increase participation in culture and sport	Living Life to the Full: Department for Culture, Media and Sport Five-Year Plan (Department of Culture, Media & Sport, 2005)
Department for Work & Pensions	Best start for children Increase employment Independence in retirement Health & Safety	Pathways to work: helping people into employment (Department for Work & Pensions, 2002) Mental health and employment in the NHS (Department of Health, 2002) Health, work and well-being-Caring for our future (Department for Work & Pensions / Department of Health 2005)

There is currently considerable political, public and media interest in issues related to mental health including happiness, life satisfaction and quality of life.

The following sources of information may be of interest:

- Richard Layard's Happiness: lessons from a new science (London: Allen Lane, 2005)
- New Economics Foundation's "Well-being Programme" (http://www.neweconomics.org/gen/hottopics_well-being.aspx)
- Securing the Future-UK Government sustainable development strategy (DEFRA, 2005)
- Strong and Prosperous Communities: The Local Government White Paper (Department of Communities & Local Government, 2006)

4. Making the Case for Mental Health Promotion: Commissioning, Local Strategic Partnerships and Local Area Agreements

The Sainsbury Centre for Mental Health (2005) set out *The Future of Mental Health: a Vision for 2015.* This vision firmly mainstreams mental health promotion in the remit of Primary Care Trust commissioning, and Local Area Agreements.

> "By 2015, mental wellbeing will be a concern of all public services. Undoubtedly there will still be people who live with debilitating mental health conditions, but the focus of public services will be on mental wellbeing rather than on mental ill health. The balance of power will no longer be so much with the system, but instead there will be more of an equal partnership between services and the individual who uses, or even chooses, them.
>
> Schools will include emotional literacy in curricula and will support students experiencing problems. Employers will compete to become 'Wellbeing Workplaces' which demonstrate good practice in supporting staff who experience problems and in positively recruiting those who have had mental health conditions.
>
> Mental health services will be integrated into ordinary health and other services: in libraries, GP surgeries and schools. People seeing their GP with mental health problems will be able to choose from a range of treatment options based on authenticated research evidence without facing long waiting times."

The purpose of this paper is to support

- Effective Commissioning of mental health promotion activity
- The integration of mental health promotion activity by Local Strategic Partnerships across the 4 blocks of Local Area Agreements.

The rationale for this action to promote public mental health is three-fold:

Mental Health - A Developing & Strong Evidence Base for Action

- There is increasingly strong evidence for the effectiveness of actions to
- Improve mental well-being
- Ameliorate symptoms of mental distress and promote recovery
- Reduce the prevalence of mental illness diagnoses

These evidence-based interventions take place in education, nutrition, housing, economic security, parenting, relationships, schools, the workplace, unemployment, physical activity and substance misuse.

This evidence base is referenced further in *5. The Evidence of What Works in Promoting Mental Health.*

Wider Social & Health Outcomes - A Developing & Strong Evidence Base for Action

There is increasingly strong evidence that the promotion of mental health has positive outcomes for

- Physical Health e.g. Health outcomes and recovery rates for coronary heart disease, stroke & diabetes
- Health Behaviours e.g. Smoking, drug and alcohol use, unplanned pregnancy, diet
- Education

- Employment
- Parenting
- Relationships
- Crime

The Social and Economic Case for Mental Well-being

Mental health problems cost over £77 billion a year through care costs, economic losses and premature death (SCMH, 2003).
900,000 people are claiming incapacity benefit for a mental health problem.
Wanless (2002;2004) calculated that the cost benefit of better mental health care would be a net saving of £3.1 billion a year. This does not take into account the savings from promoting mental health and preventing problems in the first place.
On the basis of the evidence base referred to above, there is a strong economic case to be made for mental health promotion.

The key elements of effective commissioning and strategies to promote mental health

Effective commissioning and local frameworks for promoting mental health will be those that:

- Are informed by local needs assessment
- Outline a clear statement and vision of what success will look like and how it will be measured
- Demonstrate cross-sector participation, ownership, governance and resourcing
- Demonstrate links to wider initiatives to improve health, social, economic and cultural outcomes and links between key themes such as the mental health benefits of participation, physical activity, access to green open spaces
- Provide added value by supporting policies with complementary goals e.g. crime reduction, national healthy schools status
- Are informed by evidence-based practice
- Build public mental health capacity and skills
- Develop public mental health intelligence e.g. research, data, evidence base, indicators and outcomes

5. Local Needs Assessment : Sources of Information about Public Mental Health & Health Inequalities

Local priorities for the promotion of mental health will be determined by a public mental health needs assessment. This requires knowledge of

- Public mental health & health inequality data
- The evidence of what works in promoting mental health
- Current service provision

The Commissioning Framework for Health and Well-being (Department of Health, 2007) outlines the requirement for PCTs and local authorities to undertake a Joint Strategic Needs Assessment (JSNA). This will describe the future health, care and well-being needs of local populations and the strategic direction of service delivery to meet those needs. JSNAs form the basis of a new duty to co-operate for PCTs and local authorities that is contained in the Local Government and Public Involvement in Health Bill.

A good JSNA will

- Provide analyses of data to show the health and well-being status of local communities
- Define where inequalities exist and
- Use local community views and evidence of effectiveness of interventions to shape the future investment and disinvestment in services.

The following sources of public mental health information will support this needs assessment.

Alcohol Profiles - England

http://www.nwph.net/alcohol/lape/
Produced & collated by the North West Public Health Observatory, the site includes regional and local authority data on the following indicators:

- Binge drinking
- Months of life lost
- Chronic liver disease mortality
- Alcohol related mortality
- Alcohol related hospital admission
- Alcohol specific hospital admission
- Alcohol attributable crime

Audit Commission Area Profiles

http://www.areaprofiles.audit-commission.gov.uk/
A report published by the Audit Commission, DEFRA and ODPM in August 2005 outlined a set of local quality of life indicators. This set included 45 key measures to help paint a picture of the quality of life in a local area. The indicator set covers a range of important sustainable development issues that influence long term well-being. Each Area Profile contains information at a local authority and LSP level. They are therefore particularly useful in developing Local Area Agreements.

Census Data

http://www.statistics.gov.uk/census/default.asp

A Census is a survey of all people and households in the country. The most recent Census was on 29 April 2001.

Centre for Public Mental Health

http://www.dur.ac.uk/mental.health/

The Centre for Public Mental Health (CPMH) was established in and is hosted by Centre for Applied Social Sciences at Durham University. It is a monitoring centre to survey mental health problems and care and to provide information to assist service evaluation and planning. The Centre's works to develop a comprehensive numerical picture of mental health problems and care with a particular focus on geographical patterns.

It includes the Mental Health Minimum Data Set (MHMDS) and Mental Health Service Mapping (MHSM).
MHMDS gives PCT's a more detailed understanding of the services they commission. It supports detailed, population bases analysis of who is using mental health services, and what care packages they are getting. This can be related to GP lists, small areas of the PCT, such as electoral wards, or even mapped by the service users places of residence. PCT's can use this source to compare the care their population is using with that received by similar populations in other areas. In their role of service developers, data can be used to identify areas in need of particular developments.

MHSM details the systematic mapping of mental health services for adults of working age in England that was carried out by the Durham University Mapping Team (based in the Centre for Public Mental Health) between 2000 and 2005. 2006/7 mapping will be undertaken by Mental Health Strategies. MHSM was developed to contribute to monitoring the implementation of the mental health national service framework (NSF) and has been adopted by the Department of Health as an exercise to provide regularly updated data on service provision. In recent years, the mapping has also been used as a source of data for measurement of progress against Public Service Agreement (PSA) targets by both the Department of Health and the Healthcare Commission. The emphasis is on geographical location generating data and reports for LITs, PCTs, SHA, local authorities and NHS provider trusts

Clinical and Health Outcomes Knowledge Base

http://www.nchod.nhs.uk/

This is a one-stop source of all information on health outcomes generated by the National Centre for Health Outcomes Development. It includes comparative data for 700 health and local government organisations in England plus advice on how to measure health and the impact of health care.

The Compendium of Health & Clinical Indicators is an annual set of some 1,000 comparative analyses of data at national and sub-national levels (government office region, strategic health authority, primary care organisation, local authority and hospital level) as appropriate. A selection of indicators, varying annually, is published directly by either the Department of Health (DH) or the Healthcare Commission, for example, as part of the NHS Performance Rating indicators. In addition, NCHOD undertakes feasibility studies of potential new indicators and ad hoc analyses based on existing routine data, on request. The Compendium has evolved from the former Public Health Common Data Set (PHCDS), which itself grew over time to include new data sets developed for a variety of purposes. It normally comprises the original set of public health indicators recommended by the Faculty of Public Health Medicine, population health outcome indicators, health survey analyses at strategic health authority level, oral health indicators, Health of the Nation / Our Healthier Nation indicators, clinical indicators, cancer survival indicators, indicators related to national guidelines / policies / priorities and specially commissioned indicators.

Community Health Profiles – England

http://www.communityhealthprofiles.info/

These profiles have been collated to address the following problem identified by Derek Wanless:

"Health data are essential for monitoring the health of the population and for evaluating the effects of health interventions. Yet the information collected nationally is often poor and there is no regular mechanism by which a PCT or LA can gather reliable information on its own population."

Wanless (2004)

The Association of Public Health Observatories was commissioned by the Department of Health Public Health Information and Intelligence Task Force to produce Health Profiles. A profile has been produced for all but 2 of the 388 local authorities in England (County, District, Unitary and London Borough). The aims of the profiles are:

1. To provide a consistent, concise, comparable and balanced overview of the population's health that informs local needs assessment, policy, planning, performance management, surveillance and practice.
2. To be a distillate of the absolutely key, most useful (currently available) indicators (with a reference to new data/indicators and unavailable data/indicators).
3. To be primarily of use to joint efforts between local government and the health service to improve health and reduce health inequalities, but ultimately to empower the wider community. The profiles describe the health of the local population and enable comparison local, regionally and nationally as well as over time. It is hoped that they will be used for action planning by local strategic partnerships.

East Midlands Public Health Observatory

Sources of data page:
http://www.empho.org.uk/THEMES/mentalhealth/mh3.aspx
Indicators of mental health & well-being page:
http://www.empho.org.uk/THEMES/mentalhealth/mh4.aspx

East Midlands Care Services Improvement Partnership (CSIP) Regional Development Centre (RDC) have worked with East Midlands Public Health Observatory to develop a web based information resource on mental health which is updated quarterly. The resource is split into a number of sections:

- National policy
- Regional policies and action plans
- Sources of data
- Indicators of mental health and wellbeing
- Profile of mental health and mental health services in the region

e.g. These apply national survey findings to the East Midlands population. These include
-Prevalence of Common Mental Health Problems: Summary of Psychiatric Morbidity among Adults living in Private Households (1993 & 2000)
- The Health Survey for England
- Ethnic Minority Psychiatric Illness Rates in the Country (EMPIRIC)
Data is presented for:

- Self harm and suicide
- Wellbeing
- Child & Adolescent Mental Health Services (CAMHS)
- Work and mental health
- Mental health commissioning
- Guidelines on management of mental health conditions.

This data source is included here as an example of the sort of data that could be generated for the south-west.

Health Knowledge

http://www.healthknowledge.org.uk/index.htm
Health Knowledge is an online public health learning resource. Initially designed for the public health practitioners working towards membership of the Faculty of Public Health, it is useful to anyone with an interest in public health. It is not a source of data, but is a useful source of reference for commissioners and local strategic partnerships who do not come from a public health professional background but who are seeking to make best use of the data sources referenced in this guide.
Sections include a Jargon Buster and Directory that includes guidance on health information, the principles and practice of health promotion and disease prevention.

Health Poverty Index Visualisation Tool

http://www.hpi.org.uk/
The NHS Plan (2000) stated that "no injustice is greater than the inequalities in health which scar our nation" and proposed a number of developments to combat this situation. One of these was the production of a Health Poverty Index (HPI).
The subsequent HPI visualisation tool is a collaboration between the Social Disadvantage Research Centre (SDRC), University of Oxford, and the South East Public Health Observatory (SEPHO) and the Department of Geography and Geosciences, University of St Andrews. It is sponsored by the Department of Health.
The HPI tool allows groups, differentiated by geography, social or economic position and cultural identity, to be contrasted in terms of their 'health poverty'. A group's 'health poverty' is a combination of both its present state of health and its future health potential or lack of it. The key justification for the selection of a particular set of groups is the expectation of an equal distribution of health and its determinants between the groups from the perspective of social justice.
The indicators collected have been scaled in such a way that high numbers represent a situation of high health poverty. For the current tool the main groups are Local Authority Districts (LAD) in England as they existed from April 1st 2001. Each indicator has been scaled in reference to scores across all the groups being compared (i.e. all LADs in England).

Indices of Deprivation

http://www.communities.gov.uk/index.asp?id=1128440
In 2004, the Social Disadvantage Research Centre (SDRC) at the Department of Social Policy and Social Research at the University of Oxford produced updated Indices of Deprivation. The new Index of Multiple Deprivation 2004 (IMD 2004) is a Super Output Area (SOA) level measure of multiple deprivation and is made up of seven SOA Domains of Deprivation:

- Income deprivation
- Employment deprivation
- Health deprivation and disability
- Education, skills and training deprivation
- Barriers to Housing and Services
- Living environment deprivation
- Crime

Each Domain contains a number of indicators.
There are also two supplementary Indices:

- Income Deprivation Affecting Children
- Income Deprivation Affecting Older People

Summary Measures of the IMD 2004 are presented at district and county level. The SOA level Domain Indices and IMD 2004, together with the district and county level summaries are referred to as the Indices of Deprivation 2004 (ID 2004.

Interactive Atlas of Mortality in England

http://www.apho.org.uk/apho/interactiveatlas/
This tool allows the user to visualise mortality data for local authority areas across England either as a map or as a funnel plot which shows how mortality rates vary and the extent to which the variation in mortality rates between areas is due to chance.

Local Basket of Inequality Indicators

http://www.lho.org.uk/HEALTH_INEQUALITIES/Basket_Of_Indicators/BasketOfIndicators.aspx
The London Health Observatory was commissioned by the Department of Health to develop a local basket of inequalities indicators. The local basket of health inequalities indicators was released in October 2003, following the launch of Tackling Health Inequalities: Programme for Action in July 2003. The local basket of health inequalities indicators contains an initial set of 70 indicators. It contains measures of health status or health outcomes, measures of the determinants of health, measures of access to services and process measures.

The main purpose of the local basket of indicators is to help support local action to achieve the Government's national inequalities targets for life expectancy and infant mortality, by highlighting information relevant to addressing the targets and assisting local areas with monitoring progress towards reducing health inequalities. It is envisaged that local areas will choose which indicators to use and monitor over time based on locally agreed priorities.

National Statistics Online

http://www.statistics.gov.uk/
This site contains a huge range of data on Britain's economy, population and society at national and local level. Of specific interest will be data on health, social capital, crime and the criminal justice system, the natural and built environment, social and welfare issues.

North East Public Health Observatory (NEPHO)

http://www.nepho.org.uk/index.php?c=601
Each Public Health Observatory has a number of key priority areas where they take a national lead. NEPHO is responsible for mental health. They therefore have the National Mental Health Observatory (MHO) function. The MHO works closely with the Centre for Public Mental Health to ensure that data and analysis derived from national datasets such as Hospital Episode Statistics (HES), the Mental Health Minimum Data Set, user surveys, self assessment data and Adult Mental Health Service Mapping are analysed and made available to the health service and other interested parties, at appropriate levels such as SHA, PCT and LIT.
Papers on this site include the Mental Health Minimum Data Set – A First Sight of the Data (2006) and Report on Mental Health Data (2004).

North West Public Health Observatory (NWPHO) – Methods Page

http://www.nwph.net/nwpho/Lists/Methods/AllItems.aspx
This page, on the North West Public Health Observatory web-site contains methodological tools to assist analysts in the production of standardised public health indicators and measures. These include validated population denominators and trajectories, life expectancy by cause methods, rate and confidence intervals calculators, and website development and GIS processes.

Organisation for Economic Co-operation and Development
http://www.oecd.org/document/9/0,2340,en_2649_34631_2085193_1_1_1_1,00.html
The OECD Health Data 2006 database includes key indicators for 30 OECD countries covering health status, health resources and utilisation: Life expectancy, maternal and infant mortality, congenital anomalies, health employment, In-patient beds, medical technology, immunisation, average length of stay, discharges, surgical procedures, transplants and dialyses.

Indicators on health expenditure include total expenditure on health, prevention and public health, expenditure on in-patient care, expenditure on out-patient care, expenditure on home care, pharmaceuticals and other medical non-durables, therapeutic appliances and other medical durables, Current health expenditure by provider and price index, along with data on health expenditure by sources of funds.

Indicators on pharmaceutical consumption and sales and pharmaceutical industry activity are also available, along with data on non-medical determinants of health: Food consumption, alcohol and tobacco consumption, obesity and weight.

South-West Public Health Observatory
http://www.swpho.nhs.uk/default.aspx
The South West Public Health Observatory (SWPHO) aims to provide, with its partner organisations, a comprehensive and seamless public health intelligence service for the South West. The Observatory collects, monitors, analyses and interprets health data from a wide range of sources locally, nationally and regionally.
The Public Health Information page http://www.swpho.nhs.uk/resource/browse.aspx?RID=3 contains substantial health, health inequalities and population data.
Public health data, information and statistics for the south-west can be found on the “Browsing all resources” page http://www.swpho.nhs.uk/resource/browse.aspx.

6. The Evidence of What Works in Promoting Mental Health

In reflecting on its' systematic review of mental health promotion interventions, a World Health Organisation (2004) report stated:

> "There is a wide range of evidence-based preventive programmes and policies available for implementation. These have been found to reduce risk factors, strengthen protective factors and decrease psychiatric symptoms and disability and the onset of some mental disorders. They also improve positive mental health, contribute to better physical health and generate social and economic benefits. These multi-outcome interventions illustrate that prevention can be cost-effective. Research is beginning to show significant long-term outcomes"

Making It Possible: Improving Mental Health and Well-being in England (NIHME/CSIP, 2005) sets out best practice in the development and delivery of mental health promotion activity. It can be downloaded from http://kc.nimhe.org.uk/upload/making%20it%20possible%20Final%20pdf.pdf

The "Priorities for Action" set out in *Making It Possible* are based upon a review of the evidence-base for mental health promotion. It identifies nine areas where the evidence base demonstrates a strong case for action.

In conjunction with the evidence-base referenced on the National Electronic Library for Health http://www.library.nhs.uk/mentalhealth and in the section "Additional Evidence" below, commissioners and local strategic partnerships should consider the development of mental health promotion interventions in 12 areas.

1. Marketing Mental Health

Strengthening peoples' knowledge, skills and capacity to achieve positive mental health through work with the media, families, schools, further education, employers, community, voluntary and public sectors. Social marketing & new technology should spearhead this work.

Raised awareness of protective factors should include the following "Positive Steps":

- Keeping physically active
- Eating well
- Drinking in moderation
- Valuing yourself & others
- Talking about your feelings
- Keeping in touch with friends and loved ones
- Caring for others
- Getting involved & making a contribution
- Learning new skills
- Doing something creative
- Taking a break
- Asking for help

Creating an environment in which individuals & communities (focussing on the isolated, deprived & vulnerable) are more able to take action to look after their mental health.

e.g.

- Building strong social relationships and opportunities to get involved & influence factors affecting quality of life.
- Improving access to volunteering, sporting & cultural activities
- Workplaces that support work/life balance
- Action to reduce isolation & exclusion

Co-ordinated activity to challenge the stigma & discrimination associated with mental health problems.

2. Equality and Inclusion

Programmes to narrow inequalities in health, education, regeneration, sustainable development and employment will contribute significantly to improved public mental health.

Improve access to a wider range of sources of support for emotional and psychological difficulties, notably for black and minority ethnic groups, older people and those who are vulnerable or at risk e.g. people with a learning disability, homeless people, prisoners, carers and looked after children. Support sources include:

- Supported self-help
- Computer assisted therapies
- Peer support
- Exercise referral
- Arts
- Bibliotherapy
- Learning Prescription schemes

This access should be enabled through:

- Families
- Schools
- Workplaces
- Community settings

3. Violence and Abuse

Establish and strengthen local initiatives to:

- Support people who experience domestic violence
- Reduce levels of alcohol related violence
- Empower communities to reduce the acceptability of violent behaviour
- Support parents in adopting non-physical approaches to disciplining children

Work with young people to:

- Address bullying in schools and other settings
- Reduce the number of young people who believe that violence is acceptable

4. Early Years: Children and Families

Strengthening support & training for those who deliver services for very young children.

Develop local interventions for parents, carers and children e.g. Through Children's Centres that:

- Improve parenting skills
- Strengthen child / carer / parent relationship
- The promotion of maternal mental health, in particular women at increased risk of, or experiencing post-natal depression
- Address factors associated with family conflict, maltreatment and poor attachment
- Address behavioural problems in children
- Improving language skills and impulse control in toddlers
- Promote family mental health
- Promotes child-centred, active learning

Community interventions to reduce the stigma associated with seeking help for parenting difficulties.

Targeted parenting skills initiatives for those with particular needs e.g. Families of offenders and prisoners

Availability of good quality, affordable childcare.

Home visits and social support for new parents.

5. Young People: Schools

The promotion of emotional health and well-being is an essential criteria for National Healthy School Status.

Promote and support use of The Primary National Strategy curriculum resource on Social and Emotional Aspects of Learning (SEAL).

Support for schools in developing & implementing anti-bullying strategies based on effective approaches i.e. involving the whole school, parents & the community.

Early intervention to identify and address emotional problems and challenging behaviour.

Opportunities for young people to develop appropriate levels of independence and opportunities to succeed e.g. through creative play and access to the natural world.

Use of a Social competence approach that develops generic skills which increase mental and social well-being.

Promoting positive mental health (rather than preventing mental illness through brief, class-based intervention programmes).

Sustained implementation of the above through-out the school careers.

Securing the availability of all the above "best practice" for the most vulnerable young people who may not be in school, or not on a regular basis e.g. Looked after children and young offenders. .

6. Young People: Outside School

Community interventions to:

- Promote self-esteem and enable young people to make a positive contribution e.g. through making volunteering the norm for young people and increasing the number and diversity of volunteers
- Foster greater public awareness of, and sensitivity to the emotional needs of children and young people
- Promote access to a positive relationship with at least one warm, caring adult

Key priority is to consult young people, draw on their expertise and involve them is all aspects of developing interventions

Effective programmes focus on strengthening life skills and building social support.

7. Primary Care

Interventions to promote mental health should focus on:

- Linking primary care practitioners with community based organizations able to influence the determinants of health and promote social inclusion e.g. benefits advice, adult education, housing
- Enabling access to primary care by vulnerable groups,
- Encouraging vulnerable groups to access community support

e.g. Gay, lesbian and bisexual people, people with a learning disablility, men, black and minority ethnic communities

- Addressing the physical health of people with long-term mental health problems
- Brief interventions to reduce alcohol intake
- Social prescribing e.g. exercise, arts, learning, bibliotherapy
- Education and life-skills training

8. Older People

A priority for all partners should be programmes to tackle age-discrimination – including low expectations for the mental health of older people among service providers and older people themselves.

Other priorities should be:

- Improved detection and diagnosis of depression
- Strengthening personal support networks
- Opportunities for social, educational, leisure and physical activity
- Programmes to alleviate the fear of crime
- Enabling access to transport
- Access to information and practical help, in order to reduce feelings of exclusion and isolation

A key role for public mental health is to develop joined up action across LSP partners to support opportunities for social involvement and to tackle social, economic and physical barriers to social activity. These include befriending, intergenerational projects, approved trader schemes and targeted outreach to the most isolated and vulnerable.

9. Black and Minority Ethnic Groups

There is a lack of evidence with specific relevance to these communities. However, on the basis of the evidence available, the following approaches which are broadly effective across the population are worth consideration as potentially effective means of promoting the mental health of BME groups.

Tackling racism is likely to be the most effective means of promoting the mental health of Black and Minority Ethnic Communities.

Black & minority ethnic communities (particularly refugee, asylum seeker & newly arrived communities) attach higher levels of stigma to mental health problems. Culturally appropriate action is required to:

- Raise awareness and understanding about mental health problems & treatment options
- Increase availability of resources in community languages
- Develop mental health advocacy

10. Employment

Tackling unemployment and worklessness is a major public mental health issue. Priorities for local activity should include:

- Support to address the emotional and psychological impact of unemployment
- Support to ensure that people with mental health problems are able to gain salaried employment or meaningful activity
- Support is available for people following absence from work due to mental health problems
- Workplaces do not discriminate against employees or customers with mental health problems

These priorities can be secured through The Mindful Employer initiative (http://www.mindfulemployer.net/index.html) and Action On Stigma (http://www.shift.org.uk/employment.html)

11. Workplace

The promotion of mental health in the workplace requires a "whole organization" approaches that includes:

- Redressing the effort/reward imbalance
- Improving two-way communication and staff involvement
- Enhancing social support especially from managers to those they manage
- Increasing job control and the scope for decision making
- Workload assessment
- Developing an organisational culture which values staff
- Enhancing team working
- Role clarity
- Policies to tackle bullying and harassment
- Adoption of Health & Safety Executive Stress Management Standards

Workplace mental health policies should include:

- Promoting the mental health of all staff, e.g. mental health risk assessment and training in how to protect personal mental health
- Support for people with mental health problems in work, and returning
- to work
- Taking a positive approach to employing people with existing, or a history of, mental health problems

12. Communities and Neighbourhoods

High levels of social capital (e.g. trust, reciprocity, participation & cohesion) are protective for mental health. Strong social networks, social support and social inclusion play a significant role in preventing mental health problems and promoting mental health.

Building community mental health should focus on:

- Addressing the fear of crime
- Investing in opportunities for arts, creativity and exercise
- Provision of open access stress management workshops
- Improved access to green open spaces in urban environments
- Equitable access to resources and services
- Support for parents and carers
- Activities that bring the community together
- Sharing of local information
- Initiatives to promote tolerance and trust
- Friendly physical environment
- Dealing with crime and anti-social behaviour
- Robust local democracy and opportunities to participate

Additional Evidence – Sources of Information

The National Institute for Health & Clinical Excellence have produced a systematic review of the evidence base for public health interventions and positive mental health. Public health interventions to promote positive mental health and prevent mental health disorders among adults (NICE, 2007) can be downloaded from http://www.nice.org.uk/page.aspx?o=401001.

Additional sources of information include:

- Capability and Resilience: Beating the Odds (UCL Department of Epidemiology and Public Health, 2006) http://www.ucl.ac.uk/capabilityandresilience/beatingtheoddsbook.pdf
- Celebrating Our Cultures: Guidelines for mental health promotion with black and minority ethnic communities (NIHME / Department of Health, 2004)
- Children and Young People's Mental Health: A Framework for Promotion, Prevention and Care (Scottish Executive, 2004)
- Feeding Minds: The impact of food on mental health (Mental Health Foundation, 2006) http://www.mentalhealth.org.uk/campaigns/food-and-mental-health/
- Investigating the links between mental health and behaviour in schools (Shucksmith, J et al, University of Aberdeen, 2005) http://www.scotland.gov.uk/Resource/Doc/76169/0019851.pdf
- Making It Happen: A Guide to Delivering Mental Health Promotion (Department of Health, 2001)

- Making It Effective: A Guide to Evidence Based Mental Health Promotion (Friedli, L: mentality, 2003)
- Mental Health Promotion and Mental Disorder Prevention: A Policy for Europe (Jane-Lopis,E & Anderson, P Nijmegen:radboud University, Nijmegen, 2005)
- Needs Assessment Report on Child and Adolescent Mental Health (Public Health Institute for Scotland, 2003) http://www.phis.org.uk/pdf.pl?file=publications/CAMH1.pdf
- Prevention of mental disorders: effective interventions and policy options (Hosman, C et al Oxford:Oxford University Press, 2005)
- Prevention of mental disorders: effective interventions and policy options: summary report (World Health Organisation, Geneva: Prevention Research Centre of the Universities of Nijmegen and Maastricht ,2004)
- Promoting Mental Health and Well-being in Later Life (Age Concern / Mental Health Foundation, 2006) http://www.mhilli.org/index.aspx?page=stage2promotion.htm#Inquiryreport
- Up and Running? (Mental Health Foundation: London, 2005).

7. Mainstreaming Mental Health Promotion: Tools for Assessment

To secure improvements in mental health, local commissioning and strategies must demonstrate that public mental health work has been mainstreamed. This means that public mental health commissioning and strategies should demonstrate:

- Mechanisms for engaging and establishing formal links with stakeholders across all sectors.
- A system of governance linked to wider local targets e.g. Within Local Agreements and Community Strategies.
- Resources drawn from the wide range of areas, (over and above mental health), to which mental health promotion contributes e.g. Education, regeneration, spirituality, health.

The following resources enable practitioners to assess their performance against these criteria in a supportive and enabling way.

Good practice standards for benchmarking Standard One Mental health Promotion and Social Inclusion Strategies

NIHME North-West Development Centre
http://www.northwest.csip.org.uk/work/mental-health-and-social-wellbeing/mental-health-promotion/mental-health-promotion-strategies/benchmarking-standards.html?keywords=mental%20health%20promotion
The standards include Mental Health Promotion, Combating Stigma and Social Inclusion across the settings of employment, education, health & social care, neighbourhood and criminal justice. The standards are designed to inform the development of action plans for local mental health promotion strategies. Local practitioners have used them to review existing action plans or formulate new plans within local multi-agency steering groups and partnerships.

Mainstreaming Mental Health and Well-being in Local Area Agreements

NIHME/CSIP, September 2006 (Version 7)
Available from CSIP Regional Development Centres.
This guidance document:

- Locates public mental health within the 4 blocks of Local Area Agreements (LAA)
- Demonstrates how LAA Guidance Full Outcomes Framework impacts on mental health and well-being
- Gives examples of other mental health outcomes and indicators by LAA Block

Mental Health and Wellbeing Impact Assessment Indicators
A Two Part Screening Toolkit

Lewisham & Lambeth Neighbourhood Renewal Fund / Lambeth Primary Care Trust, April 2004
http://www.healthfirst.nhs.uk/publications/lsl_wellbeing.htm
This two part screening toolkit aims to help people who want to deliver and monitor policies, programmes or projects to find out what their potential effect on mental wellbeing might be. It also aims to help them to make recommendations on how to increase the positive effects of the policy, programme or project, and how to minimise negative effects, as well as to identify identifying indicators which can be used to measure the impact once the policy, programme or project is put into practice.
Part One is a ‘stand alone’ process which is designed to be carried out in a short time at the user’s desk.
Part Two is a more in depth rapid assessment which consists of a process to set up a workshop for people who will be affected by the policy, programme or project. Using this, they can identify indicators which can be used later to measure the policy, programme or project’s effects on mental wellbeing.

The toolkit can be downloaded from the web-site.

Mental Health Promotion Strategy Evaluation Framework
NIHME North-West Development Centre
http://www.northwest.csip.org.uk/work/mental-health-and-social-wellbeing/mental-health-promotion/mental-health-promotion-strategies/local-evaluation-framework.html?keywords=mental%20health%20promotion
This Mental Health Promotion Strategy Evaluation Framework was developed during a process facilitated by Professor Jane Springett (John Moores University, Liverpool). It enables practitioners to evaluate the impact of strategies at a local and regional
The Framework focusses on monitoring the strategic and fundamental processes and activities needed to implement the whole strategy. It uses a Programme Logic Approach. This approach to evaluation has emerged from recognition that traditional research designs, such as randomised controlled trials, are often not appropriate or feasible in evaluating broad public health initiatives. The programme logic model presents an ideal approach for evaluating complex public health strategies. It is not a framework to evaluate the impact of individual mental health promotion projects.

Mental Health Promotion and Tackling Stigma Local Activity Stock-take
CSIP, 2006
Available from CSIP Regional Development Centres. The Stock-take can also be downloaded from: http://www.nimhe.csip.org.uk/publications-and-other-resources/publications/public-health-and-well-being-.html

This Stock-take is based upon the evidence base for mental health promotion summarised in Making It Possible: Improving Mental Health & Well-being in England (NIMHE, October 2005). It was disseminated to local practitioners during Autumn 2006 for use as a service improvement tool.

8. Indicators and Outcomes: Measuring Success

Measuring Mental Well-being

The Scottish Executive commissioned a team of researchers at Warwick and Edinburgh Universities to

- Validate an existing measure of mental well-being: The Affectometer 2
- Develop a new measure of mental well-being: The Warwick - Edinburgh Mental Well-being Scale

The Affectometer 2 is a 40 Item Scale (20 positive, 20 negative) which respondents are invited to respond to using a Likert Scale. In validating it, it was found to correlate very well (but not perfectly) with scales of psychological functioning and slightly less well with scales of life satisfaction and mental health. It correlates moderately well with a scale of emotional intelligence. Two major limitations were identified with the Affectometer 2:

- The length of the scale
- Participants are prone to self-deception bias

The Warwick - Edinburgh Mental Well-being Scale is a 14-item scale consisting of 5 response categories. The scale needs to undergo two further validation studies and data is currently being collected for this in Scotland.

Developing a core set of sustainable mental health and well-being indicators

Work is currently underway to establish a set of national mental health and well-being indicators in Scotland. Indicators are being developed and categorised under a number of constructs:

High Level Constructs

- Positive mental health
- Mental health problems

Contextual Constructs

Individual	Community	Structural/policy
Emotional intelligence Spirituality Learning and development Healthy living Physical health	Participation Social Networks Social Support Trust Safety	Violence Physical environment Working life Stigma / discrimination Debt / financial security Social inclusion Equality

The completed set of indicators will be available during 2007.

Cross-cutting Indicators

There are a number of indicators that impact on mental health and well-being across the four blocks of Local Area Agreements. Commissioners and LSPs can therefore construct "baskets of proxy indicators" to demonstrate improvements in mental health and well-being.

The Children & Young People Block

- Percentage of 11 to 15 year olds who state they have been bullied
- Percentage of young people drinking alcohol
- Percentage of young people taking illegal drugs in the last month
- Percentage of 16-18 year olds and parents not in education, employment or training
- Percentage of children living in low-income households
- Percentage of children in secondary schools participating in a) election of school council members, and b) mock general elections
- Voluntary and community engagement by children
- Percentage of 10-19 year olds admitting to a) bullying another pupil, and b) attacking, threatening or being rude due to skin colour, race or religion
- Developing self confidence and successfully dealing with significant life changes and challenges
- Numbers of families with children placed in temporary accommodation
- Percentage of children participating in physical activity
- Accessibility of safe play areas and opportunities
- Half days missed through absence

Healthier Communities and Older People

- Narrowing the gap in all-age mortality: suicide
- Number of individuals served by Community Mental Health Teams receiving crisis resolution, assertive outreach and early intervention
- Number of schools achieving healthy school status
- Number of drug treatment completions
- Alcohol-related hospital admissions
- Proportion of adults achieving at least 30 minutes of moderate intensity physical activity
- Improving the quality of life of people aged 65 and over using home services
- Number of older people using local facilities such as libraries, educational courses, leisure facilities, volunteering and participating more in the community generally, including services for older people helped to live at home
- Adults and older people receiving direct payments on an ongoing basis
- Numbers of older people in hard to reach groups able to access and participate in community activity
- Number of working days lost from work-related injuries and ill health

Safer and stronger communities

- Reduction in violent crime, including alcohol relating violence, domestic violence, sexual offences, hate crime and the use of weapons.
- Reducing in the fear of crime

- Reduce public perceptions of local drug dealing and drug use as a problem
- Increased percentage of people who feel that people in their area treat them with respect and consideration
- Percentage of residents who feel they can influence decisions affecting their local area
- Percentage of people who feel that their local area is a place where people from different backgrounds get on well together
- An increase in the number of people recorded as or reporting that they have engaged in formal volunteering on an average of at least two hours per week over the past year
- Percentage of residents reporting an increase in the satisfaction with their neighbourhoods
- Public access to green spaces or condition of green spaces
- Percentage of residents satisfied with delivery of local services and believing service providers are more responsive to their needs
- Reduce homelessness
- Number of vulnerable households in fuel poverty
- Number of victims of domestic violence enabled to remain in their own accommodation
- Take up of cultural opportunities
- Attendance and participation in the arts

Economic Development and Enterprise

- Increase in employment rate and reduction in difference between areas
- Employment rates of lone parents, ethnic minorities, people aged 50 and over, those with the lowest qualifications, people with disabilities, and disadvantaged areas.
- Number of people helped from disadvantaged groups and areas into sustained work of 16 hours a week or more for 13 consecutive weeks or more
- The number of people moving off inactive benefits
- Number of people assisted in their skills development
- Number of jobs created or safeguarded in the area

Developments in well-being indicators

The Whitehall Well-being Group has established a Well-being Indicators Sub-group with membership drawn from people from across government departments. Research reports in their work to produce well-being indicators are available on http://www.sustainable-development.gov.uk.

The new economics foundation have established a Centre for Well-being. The Centre has produced useful information on the use of Life Satisfaction Measures including a demonstration of how life satisfaction measures show good psychometric properties (especially content validity) and are "ecologically valid". nef are developing an expanded model of well-being that describes two orthogonal dimensions:

- Personal and social: Factors relating to the self alone
- Feelings and functioning: The self in relation to others

Nef are developing an expanded set of indicators on the basis of these dimensions. Information can be downloaded from http://www.neweconomics.org

Additional indicators are being developed to inform the following:

- The Office of Science and Innovation's Foresight Programme (http://www.foresight.gov.uk)
- The Children's Society Good Childhood Enquiry (http://www.goodchildhood.org.uk)

There is a strong evidence base that the promotion of capability and resilience leads to improved well-being. This evidence base, and associated indicators and outcomes for capability & resilience (e.g. Capability Human Development Index, Life Satisfaction) are reviewed in Capability and Resilience: Beating the Odds (UCL Dept of Epidemiology & Public Health, 2006). http://www.ucl.ac.uk/capabilityandresilience

Measures of Community

The Active Communities Directorate and the Research Development and Statistics Directorate of the Home Office commissioned the Community Development Foundation (CDF) to undertake a literature review to inform the development of a framework for measuring the extent and quality of community life in a given population.

Measuring Communities (CDF, 2004) details a set of indicators grouped in six areas for use by LSPs and other partnerships and organizations.

> "It is not recommended that a full set of indicators is suitable for all purposes. For widespread systematic and comparative use a small number of anchor indicators should be used. For detailed evaluations, individual local studies or clarifying project objectives, the full spread should be considered and a customized selection made."

The six areas comprise:

- Individual attitude and action
- "Horizontal Involvement": Levels of involvement in local activity across the community & voluntary sector
- "Vertical involvement": Involvement in governance
- Contribution to public services and local economy
- Equity issues-inclusion, diversity and cohesion
- Forms of official support for community life and involvement

Mental Health Improvement: Evidence and Practice Guides

Health Scotland's Mental Health Improvement Evidence and Practice Programme has produced four evaluation guides which provide further information about the above indicators of mental health, well-being and community. They comprise:
Guide 1: Evidence based practice (NHS Health Scotland, 2005)
Guide 2: Measuring success (NHS Health Scotland, 2005)
Guide 3: Getting results (NHS Health Scotland, 2005)
Guide 4: Making an impact (NHS Health Scotland, 2005)
They can be downloaded from http://www.hebs.com/researchcentre/specialist/mhevidprog.cfm

Indicators of Public Health in the English Regions 7: Mental Health

(Association of Public Health Observatories, December 2006)
This contains details of indicators available at a regional or local level for 5 areas of mental health:

- Risk and protective factors and determinants

- Population health status
- Interventions
- The effectiveness of partnerships
- Service user experience and workforce capacity.

Data available at a Local Authority level is specified in the appendices. It should be noted that the availability of data does not mean that they are necessarily suitable for Local Area Agreements as these are relatively short-term (3-year) agreements which require indicators that could plausibly change as a result of the intervention.
These indicators are for adults of working age. Mental health indicators for older people are dealt with in **Indicators of Public Health in the English Regions 8: Older People**

9. References

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10. Acknowledgements

This Toolkit draws on material included in the following two resources:

1. Making It Possible: Improving Mental Health and Well-being in England (NIHME/CSIP, 2005) http://kc.nimhe.org.uk/upload/making%20it%20possible%20Final%20pdf.pdf
2. Mainstreaming Mental Health and Well-being in Local Area Agreements NIHME/CSIP, September 2006 (Version 7)

It also includes materials developed by the following colleagues from the Care Services Improvement Partnership: Kate Schneider, Jenny Bywaters, Jude Stansfield, Brenda McLoughlin, Neil Johnson, Trish Crowson and Kate O'Hara. Thanks for all their inspirational efforts.

Thanks to Becky Pollard (Government Office of the South-West), John Rom (South West NHS), Rosemary Shaylor (Bournemouth Borough Council) and Jo Lewitt (Bath & North East Somerset PCT) for their guidance as "critical friends" in the development of the framework.