



# **Mental Health Improvement: Evidence and Practice**

## **case studies**

This report publishes the findings of work commissioned by Health Scotland with funding from the National Programme for Improving Mental Health and Well-being. This work is part of the key national support activity undertaken by Health Scotland to support evidence and practice in mental health improvement, as set out in the three year National Programme Action Plan 2002-2006. The views expressed are not necessarily those of Health Scotland.

Published by Health Scotland

**Edinburgh office**

Woodburn House, Canaan Lane, Edinburgh EH10 4SG

**Glasgow office**

Clifton House, Clifton Place, Glasgow G3 7LS

[www.healthscotland.com](http://www.healthscotland.com)

© NHS Health Scotland 2004

ISBN 1-84485-258-X

# **Mental Health Improvement: Evidence and Practice Case Studies**

August 2004

## **Acknowledgements**

This work was commissioned by Health Scotland. Health Scotland would like to thank all those who contributed project information to support this work. We are especially grateful to Allyson McCollam, Lynne Friedli and Amy Woodhouse of the Scottish Development Centre for Mental Health for developing the case studies.

Scottish Development Centre for Mental Health  
17a Graham St, Edinburgh EH6 5QN  
T 0131 555 5959  
E [sdcmh@sdcmh.org.uk](mailto:sdcmh@sdcmh.org.uk)  
[www.sdcmh.org.uk](http://www.sdcmh.org.uk)



# Contents

	Page no
<b>Background and findings</b>	
Introduction	1
Mental health improvement and public mental health	2
Aims	4
Case study identification and selection process	4
Key findings	7
References	8
<b>Case studies</b>	
Case study format	11
Case study 1      3Cs Project (The): Cool, Calm and Chilled	12
Case study 2      Aberdeen Healthy Living Network	15
Case study 3      Ardler Walking Group	19
Case study 4      Children's Inclusion Partnership	22
Case study 5      Coatbridge Infant Mental Health	26
Case study 6      Health Connect	31
Case study 7      Highland Users Group Communications Project	35
Case study 8      Hythehill Happening	39
Case study 9      Live Life Stress Free	42
Case study 10      Motivators, Angus	45
Case study 11      Moving on Up	48
Case study 12      Out of the Dark	52
Case study 13      Physical Activity for Confidence and Esteem (PACE)	56
Case study 14      Polepark Family Service	59
Case study 15      Pre 5 Family Service	62
Case study 16      Primrosehill Family Centre	66
Case study 17      Raising self-esteem with secondary schoolgirls	69
Case study 18      Rollercoaster	72
Case study 19      Scotland's Health at Work (SHAW)	74
Case study 20      South Ayrshire Class Diamonds	77
Case study 21      West Dumbartonshire Healthy Minds	81
Case study 22      Women's Project, Bridgeton LHCC (The)	84
<b>Appendices</b>	
Appendix A      Case Studies Application Form	89
Appendix B      Additional case study nominations	93
Appendix C      Interview schedule	114





## **Mental Health Improvement: Evidence and Practice**

# **background and findings**



## Introduction

The Scottish Executive's National Programme to Improve Mental Health and Well-being forms an integral part of the wider agenda for public health and health improvement in Scotland. The Programme's recently published action plan outlines the four key aims for action between 2003 and 2006 as:

- raising awareness in promoting mental health and well-being
- eliminating stigma and discrimination
- preventing suicide
- supporting recovery

The National Programme has also identified six priority areas for improving:

- infant mental health (early years)
- the mental health of children and young people
- mental health in employment and working life
- mental health in later life
- community mental health
- the ability of public services to promote mental health and prevent mental illness

Health Scotland is the national health improvement organisation in Scotland and is a key implementation body for the National Programme. As part of its work to support implementation, NHS Health Scotland is developing a programme of work to collect and disseminate the evidence base in mental health improvement and to support practice development. The aim of the programme is to establish a framework for developing and disseminating the best available information and evidence relevant to mental health improvement, to inform future policy, practice and research in Scotland. Related programme objectives are:

- to bring together evidence of effectiveness on mental health improvement combined with practical implementation knowledge
- to identify gaps in the evidence base and make recommendations for new research
- to convert evidence and practice knowledge into advice and guidance for mental health improvement
- to increase and support capacity to translate both evidence *into* practice and evidence *from* practice in mental health improvement

To begin to support evidence from practice, Health Scotland commissioned the identification and development of case studies of effective mental health improvement practice in Scotland.

This report describes the process adopted to identify examples of work for case study and how selection was made and then presents each of the 22 case studies in turn. The case study element of the project was designed to illustrate how existing mental health improvement practice can enhance and illuminate the evidence base, as well as to indicate how practice is or can be informed by evidence from research.

There are, however, some key challenges in strengthening and supporting evidence based practice in the field of mental health improvement. These challenges include the limitations of traditional hierarchies of evidence, the wide range of stakeholders involved in mental health improvement activities and the lack of a shared conceptual framework for both mental health and mental health improvement. These issues are not unique to mental health improvement; it is important to place them in the context of wider debates about who defines effectiveness, the validity of different indicators of success and the range of methods that can be employed to evaluate complex and multi-faceted interventions. It was considered important therefore that the development of the case studies should reflect current debates about the nature of evidence and what counts as effective, and demonstrate the implications of these debates for mental health improvement practice.

This project builds on existing work on evidence based mental health improvement across the UK. This includes: *Making it Happen: A guide to delivering mental health promotion* (Dept of Health, 2001), *Making it Effective: A guide to evidence based mental health promotion* (mentality, 2003) and *Mental Health Improvement: What Works?* a briefing paper produced for the Scottish Executive in 2003, ([www.hebs.com/topics/mentalhealth](http://www.hebs.com/topics/mentalhealth)) as well as a recent paper on *Concepts and Definitions* ([www.wellontheweb.net](http://www.wellontheweb.net)).

## Mental health improvement and public mental health

Mental health improvement is any action taken to increase mental health among populations and individuals. Mental health improvement is an umbrella term that may include action to promote mental health and well-being, to prevent mental health problems and to improve quality of life for people with a mental illness diagnosis.

*'Mental health promotion is both any action to enhance the mental well-being of individuals, families, organisations and communities, and a set of principles which recognise that how people feel is not an abstract and elusive concept, but a significant influence on health.'* (Friedli, 2000)

Mental health improvement is essentially concerned with:

- how individuals, families, organisations and communities think and feel
- the factors which influence how we think and feel, individually and collectively
- the impact that this has on overall health and well-being (Friedli, 2000).

Mental health improvement works at three levels and at each level is relevant to the whole population, individuals at risk, vulnerable groups and people with mental health problems.

- Strengthening individuals – by increasing emotional resilience through interventions designed to promote self-esteem, life and coping skills, e.g. communicating, negotiating, relationship and parenting skills.
- Strengthening communities – by increasing social support, social inclusion and participation, improving community safety, neighbourhood environments, promoting childcare and self-help networks, developing health and social services which support mental health, improving mental health within schools and workplaces e.g. through anti-bullying strategies and mental health strategies.
- Reducing structural barriers to mental health – through initiatives to reduce discrimination and inequalities and to promote access to education, meaningful employment, housing, services and support for those who are vulnerable (Department of Health, 2001).

*Public health* is concerned with improving the health of the population, rather than treating the diseases of individual patients. Key themes in public health include addressing the root causes of illness, tackling the inequalities which are at the heart of large variations in health and promoting public participation.

*Public mental health* takes a population wide approach to understanding and addressing risk and protective factors for mental health.

*'public mental health, (of which mental health promotion is one element), provides a strategic and analytical framework for addressing the wider determinants of mental health, reducing the enduring inequalities in the distribution of mental distress and improving the mental health of the whole population'* (Friedli, 2004 p2).

Mental health improvement is currently being undertaken in Scotland as part of social inclusion partnerships, community learning and community development; through local government networks, such as community planning and health and well-being alliances; through public health practice within the NHS; in education through New Community Schools, Health Promoting Schools and other initiatives; in employment through Scotland's Health at Work; through community safety, arts and cultural services and through a wide range of programmes dedicated to addressing stigma and discrimination, improving quality of life and promoting recovery for people who use mental health services. Getting evidence into practice and practice into evidence involves recognising both the challenges and the opportunities presented by such diversity and the capacity to harness that diversity effectively as a potential source of learning.

## Aims

The aim was to identify and collate examples of current practice in mental health improvement in Scotland, with a focus on case studies of work that is evidence based, follows good practice guidelines and gives indications of effectiveness.

Many compilations of ‘good practice’ do not include transparent selection criteria and have inadvertently resulted in the promotion of case studies that are not based on evidence of effectiveness. There is also the issue that once a service or a project is presented or described in a report, it can be seen to have acquired credibility and validation, as though it has been endorsed by the authors. It was considered extremely important in this project, therefore, to have clear criteria for selection in order that case studies were evidence based and/or could clearly contribute to the future development of the mental health improvement evidence base.

At the same time, whilst it has to be acknowledged that practitioners are understandably eager and motivated to have their work recognised as good practice, there is much that can be learned from projects and activities which are less successful, have not proved effective and have experienced difficulties. Yet there would be immediate difficulties in seeking to report and document these types of practice experiences.

Taking these factors into consideration, the case study work entailed:

- developing a framework for collecting and recording examples of effective mental health improvement initiatives
- establishing criteria for the selection of suitable case studies from across Scotland
- examining selected case studies in more depth, with reference to relevant research evidence

Practice examples were sought which addressed the four core aims and six priority areas of the National Programme. The intention was to include up to 20 case studies.

## Case study identification and selection process

### Case study identification and selection criteria

A standard pro forma (see Appendix A) was designed to allow the systematic collection of information on mental health improvement projects and initiatives, incorporating the following data:

- Project name, contact details
- Lead agency and key partners
- Development: what led to the project being initiated
- How funded
- Timescale
- Setting e.g. school, primary care
- Target group e.g. children, frequent attenders at GP
- Involvement of target group

- Aims and objectives
- Description of activities
- How evaluated and indicators used to measure success
- Results/outcomes
- Published literature, reports, supporting research
- Key learning points

The pro forma was circulated electronically and by post to trawl widely for nominated examples of effective practice. It was explained that nominations would not automatically be included as case study examples and would be subject to a selection process. Recipients of the pro forma were asked to nominate work which fulfilled the criteria specified below, and which addressed one or more of the aims and priority areas of the National Programme.

The following criteria were then used to select examples for case study from those nominated:

- project objectives address key aims and priority areas of the National Programme
- project has identified indicators (measures of success)
- project has identified how it has captured and recorded inputs, outputs and outcomes
- project adds to, builds on, contributes to or replicates what is currently known about effective mental health improvement

The pro forma was distributed to:

- participants from a series of mental health improvement *evidence into practice* training workshops previously delivered in each health board area in Scotland (over 200 people across sectors and across Scotland)
- voluntary agencies, user and carer groups and networks
- groups and organisations forming the emerging Scottish Recovery Network
- members of the National Programme's National Advisory Group
- the Scottish Mental Health Promotion Special Interest Group
- Other relevant networks and websites, including the Community Health Exchange, Public Health Practitioners, local government Health Improvement Officers, New Community Schools Managers, Scottish Health Promoting Schools Unit Network

## Responses received

Distribution of the pro forma went to over 300 email addresses and recipients were asked to send the material on to others in their networks, to achieve maximum 'reach'.

By the closing date, 105 responses had been received, from a wide range of organisations and sectors across Scotland. The range of nominations was extensive although work with children and young people featured strongly.

## Selection process

In view of the volume of responses received and the wish to have case studies that illustrated a spread of different types of work, 22 case studies were selected. Efforts were made to ensure that the case examples represented as far as possible the diversity of work nominated, to include initiatives from both urban and rural parts of Scotland; local and national level work; a range of services, target groups, sectors and partnerships.

The selection therefore had to strike a balance to include different types of work and at the same time ensure compliance with the stated criteria relating to evidence of effectiveness. Combined with the fact that a much higher response rate than anticipated was received, this meant that it was not possible to include all of the high quality pieces of work nominated in the final case study collection. It also meant that some pieces of work have been included because it was important to represent an example from one particular sector or service, as much as because that project necessarily represents the 'best of what is'.

Case studies that did not meet the selection criteria nevertheless constituted a valuable record of local mental health improvement activity across Scotland and general information has been compiled on all nominations to provide contact details, target group and nature of intervention (see Appendix B). Contacts for nominations that were not included as case studies were notified and advised that this information would be included in the project report. **However, the listing of nominated pieces of work does *not* indicate that they have been through a selection process.**

## Case study development

The case studies selected were researched in more depth through a telephone interview with the named contacts (see Appendix C). This interview gathered additional information on the objectives and activities undertaken, the methods of evaluation chosen, outcomes and impact.

A summary of each of the 22 case studies is provided in the following section of the report. Each case study is presented in the context of:

- the existing evidence base: what we already know from the research literature about a particular approach, setting, target group
- what this project adds
- areas for future research: what we still need to know

### Key findings

The aim of compiling a collection of case studies was received with considerable enthusiasm and support from practitioners. A high level of response was received and local contacts for the case studies were very willing to share information and be open about their experiences. This degree of interest is borne out by the results of a recent impact evaluation of a mental health improvement training programme, *evidence into practice*, where training participants made a plea to have more readily available information on current practice examples as a source of ideas and learning (forthcoming).

The case study collection represents a range of different types of mental health improvement activity from across Scotland. The stepped process of trawling widely for nominations and then selecting examples using explicit criteria generated a set of case studies that encompass:

- considerable geographic spread, including work in inner city, rural areas and small town contexts. However, none of the Scottish islands had work represented in the case studies
- a range of sectors that includes: health, social inclusion, community safety, the arts, education, community development, social care; both statutory services and the not for profit sector
- diverse settings extending across schools, local communities, workplace, primary care
- work which ranges from relatively simple interventions to complex multi-faceted programmes with many different strands and layers
- a diversity of partnership arrangements and funding sources

Work with children and young people accounted for a considerable proportion of the nominations. There were notably few that featured work with older people. This may have been a function of the networks used to gather examples. It may also indicate the relative priority that is attached to work with different age groups and would suggest there is a need for more proactive work to raise the profile of mental health improvement with agencies and services that work with older adults.

It was apparent from the nominations received that there are very different understandings of what constitutes mental health improvement. Some nominations were more concerned with delivery of care and treatment and access to services and had a weaker focus on promotion and prevention.

What was encouraging was that a considerable proportion of the nominations came from non-mental health services. A key factor for mental health improvement in Scotland continues to be the extent to which mainstream agencies and services recognise the contribution they stand to make to the improvement of mental health and well-being for individuals, families and whole communities. At the same time, there is clearly also much work being carried out within mental health services that seeks to promote health and well-being.

One finding that emerges from this collection of case studies of current mental health improvement activity is that research evidence is only one of many factors that can influence the planning, design, development and evaluation of an intervention or service. The accounts provided of how the case studies had come about indicated that the identification of a gap or of unmet needs was critical in triggering development. However it was less clear from the information provided why particular interventions had been chosen to achieve the aims and objectives desired. In some instances there may have been a strong element of pragmatism and opportunism to make use of available funding opportunities. In addition the coalescence of interests among different organisations was often reported as a key step in creating commitment and energy to introduce an initiative. It was relatively rare for the case studies to indicate that an informed consideration of the evidence had featured in their early planning to any great extent.

Finally, a further finding of note was that evaluation poses considerable challenges and difficulties for those engaged in mental health improvement practice. It was common for case studies to report they had struggled to identify and introduce arrangements for evaluation. Generally this came after work was underway and was not built in from the outset. Less than half of the case studies had commissioned external evaluation or were planning to. Several commented on the complexity of introducing evaluation to partnership projects, when each partner – and the funders – might have their own views about how best to approach this.

## References

Department of Health (2001) *Making it happen: a guide to delivering mental health promotion*. DoH, London. [www.doh.gov.uk/index.htm](http://www.doh.gov.uk/index.htm)

Friedli L (2000) Mental health promotion: rethinking the evidence base. *Mental Health Review*, 5(3):15-18.

Friedli L (2004) Editorial. *Journal of Mental Health Promotion*, 3(1):2-6.

Mentality (2003) *Making it effective: a guide to evidence based mental health promotion. Radical mentalities – briefing paper 1*. mentality, London



## **Mental Health Improvement: Evidence and Practice**

# **case studies**



## Case Studies

### Case study format

The format for the case studies described below is designed to integrate examples of good practice with what we know about evidence of effectiveness from the published literature. Evidence of effectiveness from reviews, in addition to findings from randomised controlled trials and well-designed studies can provide a helpful basis for targeting resources on approaches that are likely to be effective. At the same time, data from systematic reviews or meta analyses do not provide sufficient detail to plan an effective intervention; nor can it demonstrate that a particular intervention will be successful in a specific local context or with a specific target group. By describing examples of good practice across Scotland in the context of research findings, we hope to provide a stronger basis for colleagues to assess what might work to improve mental health and well-being in their local context.

The case studies are presented as follows:

### Description of the project

This section describes the aims, objectives and activities of the project, the target group, the lead agency and partners involved, together with details of how the project or initiative is being evaluated and any outcomes.

### What we know

The evidence is summarised on the key risk and protective factors targeted by the intervention e.g. exercise, problem solving skills, bullying, parenting and provides references for research studies or reviews supporting the effectiveness of a particular approach e.g. prescription for leisure, group parenting skills training.

### What this project adds

This highlights any unique or additional insights that the case study adds to what we know from the research literature e.g. success in engaging a hard to reach group.

### Areas for future research

Key gaps are outlined in the evidence base for a particular intervention or approach e.g. cost effectiveness of counselling compared with social prescribing in primary care.

1

## The 3Cs Project: Cool, Calm and Chilled

<p><b>Contact details</b></p>	<p><b>Dorothy Graham</b>          West Dunbartonshire HLI, Beardmore Business Centre,          9 Beardmore Street, Dalmuir G81 4AH          T: 0141 951 8223          E: <a href="mailto:Dorothy@hli.org.uk">Dorothy@hli.org.uk</a></p>
<p><b>Relevance to National Programme's aims and priorities</b></p>	<p>Aim</p> <ul style="list-style-type: none"> <li>• Raising awareness and promoting mental health</li> </ul> <p>Priority area</p> <ul style="list-style-type: none"> <li>• Improving the mental health of children and young people</li> </ul>
<p><b>Aims and objectives</b></p>	<p>To support the empowerment of young people in West Dunbartonshire by providing opportunities for them to:</p> <ul style="list-style-type: none"> <li>• Develop increased awareness of stress and its possible causes and effects</li> <li>• Acquire and improve personal, emotional and vocational skills</li> <li>• Improve health and well-being</li> </ul>
<p><b>What led to the project being set up?</b></p>	<p>West Dunbartonshire Healthy Living Initiative was focusing on social exclusion. The 3Cs project set out to address the needs of young people in an area of social deprivation, unemployment and poor health. Additional impetus for the project came from Greater Glasgow NHS Board, which provided financial support for a range of work on the mental health of young people</p>
<p><b>Description of activities</b></p>	<ul style="list-style-type: none"> <li>• Stress management and emotional intelligence group work (10–12 weeks) with young people in schools</li> <li>• Programmes are tailored to individual schools and are part of PSE. Group work is person-centred and experiential</li> <li>• Counselling in schools and community for those who need more than group work. Young people can refer themselves</li> <li>• Befriending is offered for individuals referred from schools</li> </ul>
<p><b>Target group</b></p>	<p>Young people aged 11–18 years</p>

<b>Target group involvement</b>	Young people were consulted about interventions and preferred settings. They identified stress as a major issue
<b>Setting</b>	Schools mainly, occasional one-to-one work in the community
<b>Leads and partners</b>	Healthy Living Initiative with Greater Glasgow NHS Board
<b>Funding and resources</b>	<ul style="list-style-type: none"> <li>• Greater Glasgow NHS Board Youth &amp; Mental Health Fund</li> <li>• West Dunbartonshire SIP</li> <li>• West Dunbartonshire Healthy Living Initiative</li> </ul>
<b>Timescales</b>	Funded to run for 3 years to 2005
<b>Evaluation</b>	<ul style="list-style-type: none"> <li>• Self-completion questionnaires pre and post group work, counselling and befriending</li> <li>• CORE teen evaluation used in counselling and group work of 12 weeks duration (Clinical Outcomes Routine Evaluation)</li> <li>• Observation by group workers</li> <li>• Comments from teachers and young people</li> </ul>
<b>Outcomes to date</b>	<ul style="list-style-type: none"> <li>• Evaluation has shown there is a need for this work and an interest among young people</li> <li>• Self-ratings indicate positive impact on most young people in relation to increased understanding of stress and emotions, for both group work and counselling</li> <li>• Longer-term work is indicated to impact on managing stress and emotions</li> </ul>
<b>Published literature</b>	None
<b>Learning points</b>	<ul style="list-style-type: none"> <li>• Schools need to be assessed for ‘readiness’ for this kind of project – not every school is suitable</li> <li>• A lot of groundwork is needed to prepare the way for the project work with school staff and pupils</li> <li>• Young people are keen to do this kind of work whereas adults are more doubting</li> </ul>

### The 3Cs Project: Cool, Calm and Chilled *continued*

#### What we know

Young people in areas of high deprivation are at increased risk of poor health and social outcomes. Particular concerns include levels of self-harm and suicidal behaviour, prevalence of smoking, excessive alcohol consumption and other risk taking behaviour, low aspirations and poor employment prospects (SNAP, 2003). The complexity of socio-economic and psycho-social risk factors in deprived areas makes designing effective interventions particularly challenging. Stress, social skills, counselling and befriending for young people – group work and one-to-one.

#### What this project adds

Young people in West Dunbartonshire were consulted to establish their views on the problems they faced, what might be effective in addressing them and where interventions should take place (Oliver *et al*, 2003). The focus of the project is on improving emotional and personal skills and coping more effectively with stress and includes group work, one-to-one and befriending. The work takes place mostly in schools and appears to be well accepted by young people but less so by teachers and schools, not all of whom are equipped for this approach.

#### Areas for future research

Establishing a link between improved psycho-social skills and long term benefits e.g. employment requires longitudinal studies. Short term benefits in terms of self-esteem and confidence may be undermined by wider socio-economic factors like lack of housing and employment. Assessing the impact of these kind of interventions on improved educational outcomes may be a more realistic goal.

#### References

Oliver S, Harden A, Rees R, Shepherd J, Brunton G, Garcia J and Oakley A (2003) An emerging framework for integrating different types of evidence in systematic reviews for public policy. Paper presented at the Methodologies Sub Group of the HDA Public Health Evidence Steering Group: Evidence for Policy and Practice Information and Co-ordinating Centre (EPPI-Centre) and Social Science Research Unit, Institute of Education, University of London. [www.hda.nhs.uk](http://www.hda.nhs.uk)

SNAP (2003) *Needs Assessment Report on Child and Adolescent Mental Health*. Public Health Institute, Glasgow.

2

**Aberdeen Healthy Living Network**

<p><b>Contact details</b></p>	<p><b>Dianne Miller</b>          Community Development Department          Aberdeen City Council          St. Nicholas House, Broad Street, Aberdeen AB10 1GZ          T: 01224 523832          E: <a href="mailto:dmiller@commdev.aberdeen.net.uk">dmiller@commdev.aberdeen.net.uk</a></p>
<p><b>Relevance to National Programme's aims and priorities</b></p>	<p>Aim</p> <ul style="list-style-type: none"> <li>• Raising awareness and promoting mental health</li> </ul> <p>Priority Areas</p> <ul style="list-style-type: none"> <li>• Improving infant mental health (early years)</li> <li>• Improving the mental health of children and young people</li> <li>• Improving community mental health</li> <li>• Improving the ability of public services to promote mental health and prevent mental illness</li> </ul>
<p><b>Aims and objectives</b></p>	<p>To promote health and reduce health inequalities amongst people living in economic disadvantage in Aberdeen City by:</p> <ul style="list-style-type: none"> <li>• Improving the financial circumstances of the targeted groups</li> <li>• Improving 'life chances and choices', supporting the development of personal competencies and skills</li> <li>• Providing meaningful support for parents experiencing disadvantage</li> <li>• Developing collaborative action to address health inequalities and identifying, informing and shaping local health improvement policy and service changes</li> </ul>
<p><b>What led to the project being set up?</b></p>	<p>Development work on improving health and well-being and addressing inequalities identified 3 themes for action: parenting support, life skills development and lack of money. These themes shaped the business plan for the Network</p>
<p><b>Description of activities</b></p>	<p><i>Parenting</i></p> <ul style="list-style-type: none"> <li>• Volunteer Parent Mentoring Scheme to support parents with at least one child under five</li> <li>• Parenting and Life Skills Groupwork support provides funding for group work by small community, self-help and support groups</li> </ul> <p><i>Life skills</i></p> <ul style="list-style-type: none"> <li>• Travellers Outreach – support for travelling people to access a range of health, leisure, education and care services</li> <li>• Ethnic Minorities Outreach and sessional budget to support ethnic minority access to services and enable the development of classes/groups for support/education</li> </ul>

2

## Aberdeen Healthy Living Network *continued*

<p><b>Description of activities (cont)</b></p>	<p><i>Cash in your pocket</i></p> <ul style="list-style-type: none"> <li>• Benefits and energy efficiency awareness campaign, Credit Union development, Affordable Food Initiative and food co-ops</li> <li>• An Arts Programme works across all three themes</li> <li>• The Network uses community development approach to build the capacity of organisations to meet need. The Network is represented and promoted in relevant strategic groups/partnerships e.g. Health &amp; Social Care Challenge Forum (part of Community Planning</li> </ul>
<p><b>Target group</b></p>	<p>People in economic disadvantage in Aberdeen City with a particular focus on: parents and children, young people, travellers, ethnic minorities, people who are homeless, people with mental health problems, carers</p>
<p><b>Target group involvement</b></p>	<p>Two consultations took place during the development of the Network, with organisations and community groups around quality of life and mental well-being</p>
<p><b>Setting</b></p>	<p>A range of community and voluntary settings within Aberdeen City (including outreach work)</p>
<p><b>Leads and partners</b></p>	<p>Aberdeen City Council is the lead organisation working with the NHS, further education and a wide range of partners from the voluntary sector covering different ages and interests. Network membership is open</p>
<p><b>Funding and resources</b></p>	<p>New Opportunities Fund, Healthy Living Centre Fund, Aberdeen City Council, NHS Grampian, and in kind support from a range of Network partners</p>
<p><b>Timescales</b></p>	<p>5 year funding, currently 18 months into project</p>
<p><b>Evaluation</b></p>	<ul style="list-style-type: none"> <li>• LEAP for Health is main evaluation tool across all parts of the Network, where possible using data already being collected</li> <li>• Evaluation questionnaires are used with group participants</li> <li>• The Network undertakes an annual review</li> </ul>
<p><b>Outcomes to date</b></p>	<ul style="list-style-type: none"> <li>• 10,429 participants in first year</li> <li>• Parents involved report feeling better about themselves, supported and more confident in their parenting role</li> <li>• There has been progress in bringing a range of services to travellers. Ethnic minorities report feeling supported in contact with organisations and agencies</li> <li>• There has been £16,168 gain for individuals through ongoing benefits. £2,250 has been secured as lump sums or grants</li> </ul>

### Published literature

- First Annual Monitoring report submitted to NOF in December 2003
- First year evaluation report for Scottish Executive

### Learning points

- The Network has been able to build on what already existed and provide opportunity to do new work and try new approaches. It was important that partnerships had opportunity to mature before receiving the funding
- A community development approach has enabled local communities to identify the priorities that would make a difference to their lives. It has made it possible to listen to workers 'on the ground' who have a real awareness of the needs of their target group

### What we know

Material deprivation is consistently associated with higher prevalence of mental health problems throughout the lifespan and also impacts on mental well-being through what has been described as a cycle of invisible barriers: poverty of hope, self-worth and aspirations (Rogers and Pilgrim, 2003). This suggests that effective interventions need to address both the financial circumstances of targeted groups and lack of opportunities and life chances.

A number of studies suggest that interventions to increase benefit uptake have a significant impact on mental health. The Primary Care Deprivation Initiative in Liverpool, which introduced education, welfare rights and other advisors and link workers within primary care, achieved a 2% decrease in GP consultations per patient in the first 12 months, from 8.3% to 6.3% (Abbott and Hobby, 2002). A small qualitative study in Leeds also demonstrated a strong association between increased benefits and mental health outcomes (Brown *et al*, 2004).

### What this project adds

Aberdeen Healthy Living Network combines work to address poverty e.g. increasing benefit uptake, as well as a range of interventions designed to improve the 'life chances and choices' of project beneficiaries, supporting the development of personal competencies and skills. Key elements include a credit union and affordable food project, in addition to parenting skills, community arts, outreach to marginalised groups e.g. travellers and efforts to increase access to and uptake of services among black and minority ethnic groups.

## Areas for future research

The relative effectiveness of psycho-social and economic interventions is a matter for considerable debate. Relatively few interventions directly aim to improve the material circumstances of the target group, although they may attempt to do so indirectly, through increasing employment opportunities, whereas there is a very high number of interventions which focus on improving life skills, parenting skills etc.

## References

Abbott S and Hobby L (2002) *What is the impact on individual health of services in primary health care setting which offer welfare benefits advice?* HaCCRU Research Report 87/02.

Brown M, Friedli L and Watson S (2004) Prescriptions for pleasure. *Mental Health Today*, June, Pavilion.

Rogers A and Pilgrim D (2003) *Mental health and inequality*. Palgrave MacMillan, Basingstoke.

3

**Ardler Walking Group**

**Contact details**

**Dundee Healthy Living Initiative**  
 c/o Ardler Complex, Turnberry Avenue, Ardler,  
 Dundee DD23 3TP  
 T: 01382 436365  
 E: [annep.wilson@dundeecity.gov.uk](mailto:annep.wilson@dundeecity.gov.uk)

**Relevance to National Programme's aims and priorities**

Aim

- Raising awareness and promoting mental health

Priority areas

- Improving mental health in later life
- Improving community mental health
- Improving the ability of public services to promote mental health and prevent mental illness

**Aims and objectives**

- To promote physical activity and well-being through walking for health
- To develop and support a local community walking group: encouraging the group to identify a local walk route; extending participation to involve younger adults and those who are overweight/inactive; identifying and supporting people as walk leaders

**What led to the project being set up?**

- Interest identified locally through a community survey in an area of growing deprivation and through consultation
- Fit with the Initiative's community development/community involvement orientation
- Under-utilisation of local country parks and amenities
- Evidence of importance of physical activity for health and well-being

**Description of activities**

Ardler walking group involves short and medium led walks/in around Dundee. This started as a pilot in August 2003 for 8 weeks for 'Active 50+' and due to success and feedback from participants, the group activity continued. The worker has identified local people/participants to help support and sustain the group. Three people have now been trained as walk leaders through the Paths to Health scheme

**Target group**

Adults

**Target group involvement**

Following 8 week pilot, a feedback/focus group workshop was held. The group is also involved in planning the programme of walks and encouraged to give ideas throughout

**Setting**

Local community (Ardler) and surrounding urban and rural environs (e.g. local nature reserve/reservoir/country park)

### Ardler Walking Group *continued*

<b>Leads and partners</b>	Dundee Healthy Living Initiative leads working with Countryside Ranger Service (Urban Ranger) and Dundee City Council Communities Department
<b>Funding and resources</b>	Minimal funding Dundee Healthy Living Initiative (New Opportunities & other partners)
<b>Timescales</b>	5 year funding, currently 18 months into project
<b>Evaluation</b>	Piloted in 2003. DHLI will support the work to 2005 to establish a longer-term strategy for sustainability
<b>Outcomes to date</b>	<ul style="list-style-type: none"> <li>• Pilot participants reported benefits to emotional health and well-being as well as to physical health</li> <li>• The social aspects of walking in a group were perceived as very important in building confidence and social networks to overcome isolation</li> <li>• Group members are assuming more active roles in planning and designing the walk programme</li> </ul>
<b>Published literature</b>	None
<b>Learning points</b>	<ul style="list-style-type: none"> <li>• Importance of building in explicit measures to assess impact on mental health and well-being through activities of this sort</li> <li>• Evaluation methods have to be tailored to fit with the ethos of the project</li> </ul>

#### What we know

There is robust evidence to support the mental health benefits of physical activity in four areas:

- as a treatment or therapy for existing mental health problems,
- to improve the quality of life for people with mental health problems
- to prevent the onset of mental health problems
- to improve the mental well-being of the general public (Fox, 2000).

National Consensus Statements on physical activity and mental health (Grant, 2000) show that exercise prevents clinical depression and is as effective a treatment as psychotherapeutic interventions. Exercise also reduces anxiety, enhances mood and improves self esteem (Fox, 2000; Mutrie, 2000). A meta analysis demonstrates that regular exercise improves cognitive functioning, reduces mental health problems and improves the mental health of older people (Etnier *et al*, 1997).

Green Gyms are emerging as a national movement which offers people a way of meeting others, getting physically fit and improving the natural environment. Referral may be through primary care or by word of mouth. Local evaluations have demonstrated a range of physical and mental health benefits, including reductions in symptoms on the Hospital Anxiety and Depression Scale and improvements in quality of life (BTCV, 1999).

### What this project adds

This project replicates the elements of similar programmes which have evaluated well; however, it also included consultation with the local community and is targeted within a deprived locality. The use of photographs as part of the evaluation is an interesting and creative additional dimension.

### Future research

The benefits of walking for health are now well established. Key questions concern sustainability i.e. identifying factors that motivate and enable people to continue to participate, notably because drop out rates in physical activity programmes tend to be high, and addressing barriers to participation, notably in deprived and marginalised communities.

### References

BTCV (1999) Green gym: an evaluation of a pilot project in Sonning Common, Oxfordshire. Oxford: Oxford Brookes University.

Etnier JL, Salazar W, Landers DM, Petruzzello SJ, Han M and Nowell P (1997) The influence of physical fitness and exercise upon cognitive functioning: a meta analysis. *Journal of Sport and Exercise Psychology*, **19**:249–277.

Fox KR (2000) Self esteem, self perceptions and exercise. *International Journal of Sport Psychology*, **31**:228–240.

Grant T (ed) (2000) *Physical activity and mental health: national consensus statements and guidelines for practice*. Somerset Health Authority/Health Education Authority, London.

Mutrie N (2000) The relationship between physical activity and clinically defined depression in SJH Biddle, KR Fox and SH Boutcher (eds), *Physical activity and psychological well-being*. Routledge, London.

## 4

### Children's Inclusion Partnership

<b>Contact details</b>	<p><b>Angus Wood</b>                  2nd Floor, Ardoch House, 25 Ardoch Street,                  Glasgow G22 5QG                  T: 0141 336 8612                  E: <a href="mailto:Angus.wood@barnardos.org.uk">Angus.wood@barnardos.org.uk</a></p>
<b>Relevance to National Programme's aims and priorities</b>	<p>Aim</p> <ul style="list-style-type: none"> <li>• Eliminating stigma and discrimination</li> </ul> <p>Priority areas</p> <ul style="list-style-type: none"> <li>• Improving the mental health of children and young people</li> <li>• Improving community mental health</li> </ul>
<b>Aims and objectives</b>	<ul style="list-style-type: none"> <li>• To enable children in Possilpark to have a hopeful vision of the future</li> <li>• To use a community development approach to enable local children and adults to identify and act on issues relating to child poverty</li> <li>• To increase respect for children's perspectives in community affairs</li> </ul>
<b>What led to the project being set up?</b>	<ul style="list-style-type: none"> <li>• Project grew out of child poverty work across Glasgow</li> <li>• Possilpark was selected for this work because of its high levels of deprivation and the strong grassroots connections already established with a range of neighbourhood initiatives</li> </ul>
<b>Description of activities</b>	<ul style="list-style-type: none"> <li>• CHIP uses a process of participatory enquiry with children and adults in Possilpark to explore 'what it's like to live around here' and 'what it's like to be a parent round here'</li> <li>• The project enables children and adults to identify issues and share their views and experiences with decision makers</li> <li>• Current project themes include play and the environment and the power relationship between home and school</li> </ul>
<b>Target group</b>	<p>Children (0–12), parents and adults concerned with children's issues in Possilpark and nearby areas of Glasgow</p>
<b>Target group involvement</b>	<p>The project works with children aged 0–12, parents and local people concerned with children's issues</p> <p>The project uses participatory enquiry as a process of empowerment and a tool for change</p>
<b>Setting</b>	<p>Family centre, children's clubs, some detached outdoor work, occasional work in schools</p>

<p><b>Leads and partners</b></p>	<p>CHIP is an equal partnership between Barnardo’s Scotland and Stepping Stones for Families. The staff team is accountable through a service manager to a joint management group. Other working links include a local family centre and family learning centre</p>
<p><b>Funding and resources</b></p>	<p>Funding comes jointly through the two partner organisations, from a variety of sources</p>
<p><b>Timescales</b></p>	<p>The project has been running for one year in its current form, building on four years of smaller-scale developmental work. Subject to continuation of funding, it is expected to review its operation at the end of five years</p>
<p><b>Evaluation</b></p>	<ul style="list-style-type: none"> <li>• CHIP has a 6-monthly planning and review cycle to consider indicators and objectives. Evaluative sessions are integral to project work, using a variety of methods</li> <li>• CHIP uses Barnardo’s on-line performance management system to record achievement of its process and outcome indicators</li> </ul>
<p><b>Outcomes to date</b></p>	<ul style="list-style-type: none"> <li>• Increased levels of community activity relating to children and young people (e.g. clubs, groups and art project)</li> <li>• Closer engagement between parents and decision makers</li> <li>• Children’s views are gaining more influence in local decision making</li> <li>• Parental well-being has been enhanced through participation in project’s activities</li> </ul>
<p><b>Published literature</b></p>	<ul style="list-style-type: none"> <li>• Childhood in Possilpark, 2001</li> <li>• Parents in Possil: what does it take to bring up children in Possilpark? 2002</li> <li>• Measuring Child Poverty Views of Children in Scotland and Northern Ireland. A consultation by Barnardo’s for the Department of Work and Pensions (CHIP facilitated Scottish contribution)</li> </ul>
<p><b>Learning points</b></p>	<ul style="list-style-type: none"> <li>• Participatory work with children and with adults needs to run in parallel</li> <li>• Long term experience of disempowerment, exclusion and disadvantage can lead communities to be wary of change and further disappointment. Community development approaches enable local people to regain a sense of their own power and to be listened to with respect by decision makers</li> <li>• Participatory activity needs to be rewarding in itself for people to opt in</li> </ul>

#### What we know

Material deprivation and adverse life events in childhood are significant risk factors for behavioural and emotional disorders in children and higher prevalence of common mental health problems in adult life (Melzer *et al*, 2004).

There is robust evidence for the effectiveness of a range of interventions which aim to strengthen positive family relationships, notably parenting programmes and home visits. Those interventions that include both parent and child appear to be the most likely to lead to improvement. Impact of services may be greater and produce more benefits if they are focused on communities with high rates of poverty, rather than singling out individuals. Early interventions are most effective if they address at least two generations by including services for the child and services for the parent (Barnes and Freude-Lagevardi, 2002).

Social support is associated with more sensitive and responsive maternal behaviour among both high-risk and low-risk populations and parental social support may have indirect effects on children's behavioural development through its effect on parenting (Barnes and Freude-Lagevardi, 2002).

More generally, research in social capital suggests that participation in local affairs (civic engagement) is associated with improved health outcomes, which provides support for neighbourhood community development approaches (Morgan and Swann, 2004).

#### What this project adds

This is a complex, multi-faceted programme which includes youth work, wee clubs for children run by parents, personal well-being opportunities e.g. salsa classes and community arts, as well as processes which involve children, take their views into account and attempt to enable parents to become more involved in local decision making bodies.

The project has a strong theoretical and conceptual framework for analysing the impact of exclusion and poverty and for attempting to understand barriers to change in stressed communities. Of particular interest are outcomes which suggest greater engagement with the views of children and parents by decision making bodies.

### Areas for future research

The most pressing need is for evaluation frameworks which enable the different components of complex projects to be assessed and for the long term studies which are essential in demonstrating outcomes in interventions which address socio-economic determinants of health.

### References

Barnes J and Freude-Lagevardi A (2002) *From pregnancy to early childhood: early interventions to enhance the mental health of children and families*. Mental Health Foundation, London. [www.mentalhealth.org.uk](http://www.mentalhealth.org.uk)

Melzer D, Fryers T and Jenkins R (eds) 2004 *Social inequalities and the distribution of common mental disorders*. Maudsley Monograph 44, Psychology Press, Hove.

Morgan A and Swann C (eds) (2004) *Social capital for health: issues of definition, measurement and links to health*. Health Development Agency, London. [www.hda.nhs.uk](http://www.hda.nhs.uk)

5

## Coatbridge Infant Mental Health

<p><b>Contact details</b></p>	<p><b>Janice Longford</b> Coathill Hospital, Hospital Street, Coatbridge ML5 4DN E: <a href="mailto:Janice.Longford@lanpct.scot.nhs">Janice.Longford@lanpct.scot.nhs</a></p>
<p><b>Relevance to National Programme's aims and priorities</b></p>	<p>Aim</p> <ul style="list-style-type: none"> <li>• Raising awareness and promoting mental health</li> </ul> <p>Priority areas</p> <ul style="list-style-type: none"> <li>• Improving infant mental health (early years)</li> <li>• Improving the mental health of children and young people</li> </ul>
<p><b>Aims and objectives</b></p>	<ul style="list-style-type: none"> <li>• To develop a continuum of support services to families with young children, working collaboratively with families to promote the emotional, physical, social and cognitive development of the child</li> <li>• To provide a universal system of risk assessment within the ante- and postnatal period for women/families in Coatbridge</li> <li>• To explore and implement evidence of best practice through multi-agency service development</li> </ul>
<p><b>What led to the project being set up?</b></p>	<p>Health visitors within Coatbridge observed a high incidence of postnatal depression (40%) and of behaviour difficulties and speech and language delay in children whose mothers had been postnatally depressed. Research indicates infants are liable to experience long term adverse effects on their emotional, cognitive and behavioural well-being, when their mother experiences postnatal depression, particularly if this occurs in the first six months of the infant's life.</p>
<p><b>Description of activities</b></p>	<ul style="list-style-type: none"> <li>• <i>Implementation of local perinatal mental health guidelines</i> to ensure that all pregnant women have a risk assessment carried out in the antenatal period by a midwife and liaison with the named health visitor follows. Implementation of the guidelines was audited</li> <li>• Development of several strands of work:             <ul style="list-style-type: none"> <li>– <i>Information</i>: the development of a guide to local services and resources and an information booklet for parents. A directory covering service referral pathways and an information pack for professionals is also being circulated to key partners. Each service uses a template to describe its aims/referral criteria, for incorporation into the directory</li> <li>– <i>Review of Health Visiting services</i>: drop-in clinics have been piloted in response to suggestions from local mothers and are being audited</li> <li>– <i>Core Health Visiting programme and support for vulnerable families</i>: following detailed assessment individuals are able to move through different aspects</li> </ul> </li> </ul>

<p><b>Description of activities (cont.)</b></p>	<p>of the service according to need. The service offers a continuum of supports</p> <ul style="list-style-type: none"> <li>– <i>Training</i> on parenting programmes is provided for professionals, using the Solihull Approach</li> <li>– <i>Baby massage</i> is offered to parents on an individual basis. 15 health visitors have completed baby massage training, using a cascade training model, with key partner agencies</li> <li>– <i>Pram to primary</i>: parenting education programmes are jointly delivered by Sure Start, Homelink, Health Visitors, Family Resource and Education</li> </ul> <p>New supports developed include a group-based intervention for vulnerable families with at least one child under 5 years, who would like help with parenting. This uses the <i>Mellow Parenting/Mellow Babies</i> model. A group intervention was offered for women with postnatal depression and their babies, supported by the LHCC and Social Work Department</p>
<p><b>Target group</b></p>	<p>Families with children under 5</p>
<p><b>Target group involvement</b></p>	<p>Through consultation, focus groups and needs assessments</p>
<p><b>Setting</b></p>	<p>Home, community centre, health centres, nurseries</p>
<p><b>Leads and partners</b></p>	<p>Primary care/health visiting led, in partnership with SIP, Social Work, Community Learning &amp; Development, Education</p>
<p><b>Funding and resources</b></p>	<p>Social Inclusion Partnership/mainstream budgets plus in kind funding</p>
<p><b>Timescales</b></p>	<p>To be mainstreamed by 2005</p>
<p><b>Evaluation</b></p>	<ul style="list-style-type: none"> <li>• A broad range of tools and measures is employed for various aspects of project activities to identify client satisfaction and impact</li> <li>• Validated tools are used (e.g. Edinburgh Post Natal Depression Scale) to collect both qualitative and quantitative data</li> <li>• Internal audit and evaluation is undertaken through a Multidisciplinary/Agency Evaluation Audit Group through Clinical Governance</li> <li>• External evaluation has been carried out by C Puckering, University of Glasgow, Evaluation of Mellow Babies</li> <li>• Self-completion questionnaires pre and post group work, counselling and befriending</li> </ul>

### Coatbridge Infant Mental Health *continued*

#### Evaluation (cont.)

- CORE teen evaluation used in counselling and group work of 12 weeks duration (Clinical Outcomes Routine Evaluation)
- Observation by group workers
- Comments from teachers and young people

#### Outcomes to date

- Development of Perinatal Mental Health Guideline
- Literature/evidence review to identify postnatal Risk Assessment Tool
- Extensive redesign and development of local health visiting services, informed by evidence and shaped by local needs
- Early findings are very positive. Evaluation of first local Mellow Parenting groups indicated:
  - A statistically significant decrease in the scores on the Edinburgh Postnatal Depression Scale post-group
  - An increase in observed mother-infant interactions and a decrease in the observed negative mother-infant interactions post group
- Feedback from parents is very favourable

#### Published literature

Perinatal Mental Health Guidelines

#### Learning points

- ‘Mellow Babies’ has proved to be effective in engaging mothers with postnatal depression, including those with panic attacks and agoraphobia and has had a positive impact on mental health and on mother-baby interactions
- It may be erroneous to assume that improving mothers’ depression automatically filters down to improving the mother-child relationship. Direct intervention in parenting may be necessary to change parenting
- Changing the culture is a hard and lengthy process. Once people are engaged and can see the benefits enthusiasm is great
- Importance of a strategic steering group to ensure commitment of partner agencies
- Need for champions in all parts of the organisation due to complexities, bureaucracy and diverse planning routes both within and outwith the NHS

### What we know

The quality of parent-child relationships in the first year of life has a significant impact on social competence, social support, self-esteem, peer relationships and anti-social behaviour, strongly influencing health and social outcomes in later life (Stewart-Brown and Shaw, 2004). There is growing evidence from neuroscience that the parent-child relationship influences the development of parts of the brain that determine emotion and social behaviour, in ways which are difficult to reverse in later life (Fleming *et al*, 1999).

Postnatal depression is a risk factor for poor attachment and has a known influence on children's emotional and cognitive development (Sign, 2002).

### What this project adds

This programme was established in response to a high incidence of behaviour difficulties, speech and language delay in the young children of women who had been treated for postnatal depression. Most interventions for postnatal depression focus on the mother; the hypothesis underlying this programme is that improving mothers' depression may not automatically filter down to improving the mother-child relationship. For this reason the programme includes a wide range of interventions which intervene directly to support positive parenting behaviours. The programme also includes universal risk assessment for all women. Key activities include baby massage, 'mellow babies', for women with babies below one year who have experienced PND and parenting training.

### Areas for future research

Early results from this programme show high levels of engagement and attendance, self-rating scales of depressed mood decreased and improved mother-infant interaction. Further studies are necessary to test the hypothesis that direct parenting interventions are required in addition to treatment of postnatal depression. It would be useful to compare the results from this programme with findings from a project which address specific problems e.g. books for babies and language delay (Bus *et al*, 1997).

## References

Bus AG, Belsky J, van Ijzendoorn M and Crnic K (1997). Attachment and bookreading patterns: a study of mothers, fathers, and their toddlers. *Early Childhood Research Quarterly*, 12:91–98.

Fleming AS, O'Day DH. and Kraemer GW (1999) Neurobiology of mother-infant interactions: experience and central nervous system plasticity across development and generations. *Neuroscience and Biobehavioural Reviews*, 23:673–85.

Sign (2002) Post natal depression: diagnosis, screening and prevention. [www.sign.ac.uk/guidelines/fulltext/60/section2.html](http://www.sign.ac.uk/guidelines/fulltext/60/section2.html)

Stewart-Brown S and Shaw R (2004) The roots of social capital: relationships in the home during childhood and health in later life in Morgan A and Swann C (eds) *Social capital for health: issues of definition, measurement and links to health*. Health Development Agency, London.

6

## Health Connect

### Contact details

**Marie Hedges**  
 7 Bank Street, Barrhead G78 2RA  
 T: 0141 577 8436  
 E: [marie.hedges@eastrenfrewshire.org.uk](mailto:marie.hedges@eastrenfrewshire.org.uk)

### Relevance to National Programme's aims and priorities

Aims

- Raising awareness and promoting mental health
- Supporting recovery

Priority areas

- Improving the mental health of children and young people
- Improving mental health in later life
- Improving community mental health

### Aims and objectives

Health Connect was established to provide health and lifestyle services to individuals and groups, delivering a range of projects from outreach centres in two areas of East Renfrewshire. These areas form the Levern Valley Social Inclusion Partnership and contain some of the most deprived communities in Scotland. As a result, residents suffer from disproportionately poor physical and mental health. The project aims to reduce inequalities in health between the Social Inclusion area and the rest of East Renfrewshire

### What led to the project being set up?

- Identified disparities in the quality of life, opportunities and health outcomes between different areas within the same authority
- A need for new approaches to address these inequalities emerged from consultation with local communities and partner agencies, a health needs assessment and a People's Panel Survey. The survey indicated concerns about mental health issues and a need for health education to promote healthy lifestyles

### Description of activities

- *A Health Information Point* based in a local library with a part-time health development worker providing on-site information and outreach work to community groups and individuals
- *'Home Connect'* offers support to families with young children, care leavers and young people in supported accommodation, to gain practical living skills such as budgeting, healthy eating and support with setting up home
- *'Mum's the word'*: 10 week programme of group work for new mothers coping with emotional and practical changes after childbirth, to address postnatal depression
- *'Walking for well-being'* to promote walking as a gentle, inexpensive and sociable way to exercise, soon to be linked with the GP exercise referral scheme

6

## Health Connect continued

<p><b>Description of activities (cont.)</b></p>	<ul style="list-style-type: none"> <li>• <i>Bicycle racks</i> in primary schools to encourage physical activity via healthier modes of transport</li> <li>• <i>Breakfast clubs</i> starting from a pilot in a local primary school to be rolled out in partnership with New Community Schools</li> <li>• <i>Positive thinking and stress reduction programmes</i> in local secondary schools, in partnership with the education department. An eating disorder support group is planned</li> <li>• <i>Healthy Living for Older People</i>: taster sessions and consultations with older people will lead into a four-year health initiative for older people</li> <li>• Other activities include: art activities; a support group for people who are unemployed; relaxation activities; support for smoking cessation; men’s health event</li> </ul>
<p><b>Target group</b></p>	<p>Health Connect projects target people from all sectors within the community including children, young people, elderly, unemployed, new mums and men, however our main priority is to work with those who are socially excluded</p>
<p><b>Target group involvement</b></p>	<p>Local people were involved through the health needs assessment and People’s Panel Survey, and were on the steering group to develop the funding bid</p>
<p><b>Setting</b></p>	<p>Schools, community centres and facilities, children’s centres, libraries, local walkways, sports centre, home visits</p>
<p><b>Leads and partners</b></p>	<p>Levern Valley Partnership – led by East Renfrewshire Council, in partnership with NHS Argyll &amp; Clyde and Levern Valley LHCC, Scottish Enterprise Renfrewshire, New Community Schools, Voluntary Action, Causeway RAMH, Paths To Health, Elderly Forum, Disabled Forum, Auchenback Active, Magic Wand Community Health Project, Golden Age Group</p>
<p><b>Funding and resources</b></p>	<p>New Opportunities Fund matched by East Renfrewshire Council, Causeway, Scottish Enterprise, NHS Argyll &amp; Clyde, Paths to Health</p>
<p><b>Timescales</b></p>	<p>2002-2007</p>
<p><b>Evaluation</b></p>	<ul style="list-style-type: none"> <li>• Internal evaluation collects qualitative data on client perceptions pre and post intervention and compiles case studies for each project</li> <li>• External evaluation is planned for year 3. LEAP for Health is used in part</li> </ul>

<b>Outcomes to date</b>	<ul style="list-style-type: none"> <li>• Reported increases in mental and physical health and well-being and improved understanding of health issues</li> <li>• Increased uptake of healthy food; increased tooth-brushing by children</li> <li>• Increased community involvement/empowerment as participants become more involved in the running of projects and the organisation</li> <li>• Increased physical activity</li> <li>• Increased social support</li> </ul>
<b>Published literature</b>	Annual 'check-up' 2003 outlining achievements of year 1
<b>Learning points</b>	<ul style="list-style-type: none"> <li>• Social aspects of the projects have proved extremely important</li> <li>• Difficulties of evaluating a project with multi-faceted interventions</li> <li>• Impact on health and well-being needs to be evaluated over the long term</li> </ul>

**What we know**

There is an extensive literature on the impact of inequalities on mental and physical health. Interventions which aim to change health behaviour do not have a very good record of effectiveness in deprived communities, where health damaging behaviour may be a survival strategy in the face of deprivation and despair (McCormick *et al*, 2004). Support for new mothers (McLeod and Nelson, 2000; Stewart-Brown and Shaw, 2004), increasing uptake of physical activity, breakfast clubs and skills based group work for people who are unemployed are all examples of interventions which have shown positive mental health outcomes, although they may have a limited impact on the reduction of inequalities (Barnes *et al*, 2002; Scottish Executive, 2003)

**What this project adds**

The healthy living centre is a catalyst for a wide range of interventions, including those listed above, for which there is robust evidence of effectiveness in improving mental health outcomes. The centre aims to provide a one-stop shop, which is widely preferred by communities. As with other complex, multi-faceted programmes, identifying the relative contribution of different elements and the added value of a holistic approach is a major challenge (Blamey *et al*, 2001).

## Areas for future research

The programme is demonstrating increased perceptions of positive mental and physical health, understanding of health issues, social support, awareness of health information and uptake of healthy food. Long term follow up is required to establish whether these impacts result in sustained health gain in a deprived community and the extent to which the most deprived and marginalised benefit.

## References

Blamey A, Judge K and MacKenzie M (2001) *Theory based evaluation of complex community based health initiatives*. Health Promotion Policy Unit, Department of Public Health, University of Glasgow, Glasgow.

Barnes J and Freude-Lagevardi A (2002) *From pregnancy to early childhood: early interventions to enhance the mental health of children and families*. Mental Health Foundation, London. [www.mentalhealth.org.uk](http://www.mentalhealth.org.uk)

McCormick J, Spencer F and Gamble C (2004) Beyond the bounds: Resources for tackling disadvantage in *Overcoming disadvantage* (p84–111). Joseph Rowntree Foundation, York.

Macleod J and Nelson G (2000) Programs for the promotion of family wellness and the prevention of child maltreatment: a meta analysis. *Child Abuse and Neglect*, 24(9):1127–1149.

Scottish Executive (2003) *What works to improve mental health? A briefing*. [www.hebs.com/topics/mentalhealth](http://www.hebs.com/topics/mentalhealth)

Stewart-Brown S and Shaw R (2004) The roots of social capital: relationships in the home during childhood and health in later life in Morgan A and Swann C (eds) *Social capital for health: issues of definition, measurement and links to health*. Health Development Agency, London.

7

**Highland Users Group Communications Project**

**Contact details**

Emma Thomas/Karen Maclean-Yuille  
 Highland Community Care Forum, Highland House,  
 20 Longman Road, Inverness IV1 1RY  
 T: 01463 718817  
 E: hug@hccf.org.uk  
 W: www.hug.uk.net

**Relevance to National Programme's aims and priorities**

- Raising awareness and promoting mental health
- Eliminating stigma and discrimination
- Preventing suicide

**Aims and objectives**

Highland Users Group is a network of over 300 users of mental health services across the Highlands. Its aims are to improve the rights, services and treatment of people with mental health problems. Through the work of the Communications Project, HUG challenges the stigma of mental illness and raises awareness of mental health issues with (in particular) young people, the media and health and social care professionals

**What led to the project being set up?**

Expressed need from users to challenge the stigma experienced as a result of mental illness

**Description of activities**

- Delivering user-led mental health awareness training for professionals (e.g. GPs, psychiatrists, social workers, police and voluntary sector workers, employers)
- Increasing users' skills, knowledge and confidence to become mental health awareness trainers, using ICT
- Media work to promote realistic, accurate and responsible reporting on mental health issues and ensure users' voices are heard directly in the media
- Promotions/PR work – to challenge negative stereotypes and bring mental health into the public forum e.g. HUG newsletter and poetry magazine
- Working with users and youth/community workers on mental health educational programmes for young people, to raise awareness and promote positive attitudes
- Promoting the use of video testimonies as an effective communication tool to get users' voices across to professionals and as a way for people's stories to be told in training sessions

**Target group**

Specific target groups include young people, health and social care professionals, workers in the statutory and voluntary sector, the media, and employers

**Target group involvement**

HUG members are involved in all consultations determining the development of the Project

### Highland User Group Communications Project *continued*

<b>Setting</b>	A wide range of community and statutory settings, including schools
<b>Leads and partners</b>	<ul style="list-style-type: none"> <li>• The HUG Communications Project is managed by Highland Community Care Forum, working in partnership with a range of agencies, including See me, Lochaber Youth Minds, SHAW, local mental health services and Eden Court Theatre</li> <li>• The HUG Round Table (100% users) is the steering group for HUG's work</li> </ul>
<b>Funding and resources</b>	<ul style="list-style-type: none"> <li>• Scottish Executive 16b grant funding and other project specific funding e.g. the National Programme's Choose Life programme</li> </ul>
<b>Timescales</b>	1998-present
<b>Evaluation</b>	<ul style="list-style-type: none"> <li>• Regular internal monitoring and evaluation is carried out by the Development Workers, with users and professionals using a variety of formal and informal methods: questionnaires, focus groups, face-to-face and telephone discussions, observation and policy documents</li> <li>• The project routinely monitors:             <ul style="list-style-type: none"> <li>– Number of articles/features in media, press releases sent and contacts with media</li> <li>– Number of HUG members trained in speaking to the media</li> <li>– Number of hits on the website and feedback</li> </ul> </li> <li>• An independent, external evaluator is commissioned for specific large pieces of work to measure success in the development and delivery of the project</li> </ul>
<b>Outcomes to date</b>	<ul style="list-style-type: none"> <li>• Delivery of mental health training – 12 formal and informal training sessions delivered to wide range of professionals</li> <li>• Commissioning and production of a professional DVD for training on the new mental health Act to be completed by June 2004</li> <li>• Production of 3 videos for the Pharmacy Department at New Craigs Hospital on users' experiences of medication</li> <li>• Awareness raising sessions in secondary schools – 10 sessions held with approximately 300 pupils, in 4 Highland schools. Positive feedback elicited from pupils</li> <li>• Feel Good Day for pupils in Mallaig High School – 6 PSE sessions prior to the day, focusing on a range of mental health issues. 40 young people took part</li> <li>• Highland wide tour of interactive drama production – 19 schools visited, reaching over 1,500 young people</li> <li>• Regular media coverage on radio and local and regional press</li> </ul>

**Published literature**

- Celebrating the HUG Communications Project 1998-2002 (Dec 2002)
- Stigma and Discrimination – Exploring Young People’s Attitude to Mental Health Issues (March 2004)
- A Report on the STIGMA play, September 2003 (Independent Evaluation, March 2004)
- A Good Practice Guide to Reporting on Mental Health Issues (for media professionals)
- Regular newsletters and collections of users’ writing

**Learning points**

*Training*

- Users’ personal testimonies are at the centre of HUG’s training, and are extremely powerful, which can be potentially risky for both HUG members and those participating in training sessions. The project has learnt to adapt the use of testimonies to make it safer for everyone
- Not overexposing the same small pool of HUG members

*Work with young people*

- Young people hold very misinformed and inaccurate images of mental illness, but are extremely receptive to this type of direct work. They want to learn about mental health issues and believe the best people to inform them are those with direct experience
- Interactive drama is a powerful and effective medium for engaging with young people

**What we know**

People with mental health problems consistently cite the stigma surrounding mental illness as a major problem, notably sensationalised media coverage, negative public attitudes and the feelings of isolation and low self-esteem that arise from stigma and discrimination (Dunn, 1999; Mental Health Foundation, 2000; Sayce, 2002).

Although there is a very wide range of interventions designed to tackle stigma, there is limited evidence on which approaches are most effective (Gale *et al*, 2004). However, a randomised controlled trial that compared the impact of different types of educational delivery found that where messages were delivered by service users, the impact on the audience was greatest (Corrigan *et al*, 2001). Similar results were found by Pinfold *et al*. (2003), comparing the extent to which police trainees remembered messages delivered via personal experience talks, specific information and role play exercises. Two reviews show that promoting contact between people with mental health problems and others is effective in reducing stigma (Couture

and Penn, 2003; Alexander and Link, 2003). The emerging evidence therefore suggests a robust case for the enhanced effectiveness of user led communication initiatives.

### What this project adds

HUG provides a wide range of approaches as part of its communication project, including working with journalists, training users and specific activities to increase understanding among young people, using drama. Newsletters, the publication of user poetry and efforts to raise the media profile of HUG are also part of the overall programme, which is user led and implanted.

### Areas for future research

Most evaluations of interventions of this type record outputs, making it difficult to establish, for example, if young people's attitudes and behaviour actually changed as a result of exposure to the programme.

### References

Alexander L, and Link B (2003) The impact of contact on stigmatising attitudes towards people with mental illness. *Journal of Mental Health*, **12**(3): 271–289.

Corrigan P, River P, Lundin R. *et al* (2001) Three strategies for changing attributions about severe mental illness. *Schizophrenia Bulletin*, **27**(2): 187–195

Couture S, and Penn D (2003) Interpersonal contact and the stigma of mental illness: a review of the literature. *Journal of Mental Health*, **12**(3):291–305.

Dunn S (1999) *Creating accepting communities: report of the MIND inquiry into social exclusion and mental health problems*. Mind Publications, London.

Gale E, Crepaz-Keay D and Farmer P (2004) Breaking down barriers. *Mental Health Today*, June.

Mental Health Foundation (2000) *Strategies for living: report of user led research into people's strategies for living with mental distress*. Mental Health Foundation, London.

Pinfold V, Toulmin H, Thornicroft G, Huxley P, Farmer P and Graham T (2003) Reducing psychiatric stigma and discrimination: evaluation of educational interventions in UK secondary schools. *British Journal of Psychiatry*, **182**:342-346.

Sayce L (2002) Inclusion as a new paradigm: civil rights in P Bates (ed) *Working for inclusion: making social inclusion a reality for people with severe mental health problems* p71–78. Sainsbury Centre for Mental Health, London.

8

**Hythehill Happening**

<b>Contact details</b>	<p><b>Jacqueline Bennett</b>          Arts Development, Education Services, Moray Council          Commerce House Annexe, South Street, Elgin IV30 1JE          T: 01343 557149</p>
<b>Relevance to National Programme's aims and priorities</b>	<p>Aims</p> <ul style="list-style-type: none"> <li>• Raising awareness and promoting mental health and well-being</li> <li>• Eliminating stigma and discrimination</li> </ul> <p>Priority areas</p> <ul style="list-style-type: none"> <li>• Improving the mental health of children and young people</li> <li>• Improving community mental health</li> </ul>
<b>Aims and objectives</b>	<p>To tackle anti-social behaviour in an area with high vandalism, engaging young people and enabling them to develop new skills</p>
<b>What led to the project being set up?</b>	<p>Problems of vandalism at a school and reported intimidation of older people were escalating. An interagency group including the police met to consider solutions, with little success. Attempts to engage young people failed. The Arts Development Team was asked to introduce a new approach</p>
<b>Description of activities</b>	<ul style="list-style-type: none"> <li>• An initial one-off event was staged in the open air on a Sunday night in a highly vandalised area, with video art and loud music played by a DJ. Publicity was word of mouth only</li> <li>• The positive response led to the event being repeated and to the establishment of informal workshops</li> <li>• Video- and dance-artists and musicians offered 6 week courses, including a residential weekend, culminating in events organised by the young people</li> </ul>
<b>Target group</b>	<p>Young people (age approx 7–17), specifically those who feel socially excluded</p>
<b>Target group involvement</b>	<p>Face-to-face consultation was undertaken with young people through detached youth workers</p>
<b>Setting</b>	<p>On the street where young people gather</p>
<b>Leads and partners</b>	<p>Moray Council Arts Development Team, with a multi-agency local community network, Grampian Housing Association, police, local schools, detached youth workers, Youth Justice, Community Development, Arts and Sports Development</p>

### Hythehill Happening continued

<b>Funding and resources</b>	Quality of Life, Community Network and Community Development Youthwork funds
<b>Timescales</b>	<ul style="list-style-type: none"> <li>• Initial event in November 2003</li> <li>• Workshops in April and May 2004</li> </ul>
<b>Evaluation</b>	<ul style="list-style-type: none"> <li>• Feedback from local agencies and services</li> <li>• Public consultation meeting following the first event</li> <li>• Informal consultation with young people by the artists</li> </ul>
<b>Outcomes to date</b>	<ul style="list-style-type: none"> <li>• Support of partner agencies remains high</li> <li>• Attendance and engagement of young people who would not have participated in more traditional activities</li> <li>• Young people are developing new skills and confidence and opportunity to have a say</li> <li>• Youth workers report fewer young people on the streets with nothing to do</li> <li>• Vandalism has been significantly reduced</li> <li>• A reduction is reported among local residents in the perceived threat from young people</li> </ul>
<b>Published literature</b>	
<b>Learning points</b>	<ul style="list-style-type: none"> <li>• It is not appropriate in work of this nature to impose formal evaluation tools</li> <li>• Engaging with socially excluded young people has to be on their terms and use activities that appeal to them</li> </ul>

#### What we know

The quality of the built environment has an impact on the mental well-being of local communities (Chu *et al*, 2004); persistent vandalism in an area contributes to a poor environment and may increase fear of crime. There is limited evidence on effective interventions for reducing vandalism. One review suggests that building social responsibility by showing young people the consequences of vandalism may be helpful (Barker and Bridgeman, 1994).

#### What this project adds

The outcomes from Hythehill Happening suggest that creating opportunities for young people to be involved in activities that are exciting and meaningful for them and that take place in the streets, reduce the likelihood of participation in acts of vandalism locally.

### Areas for future research

There are gaps in research identifying effective interventions to reduce vandalism. It would be of interest to explore the effects of building social responsibility among young people on relationships within local communities, including cross-generational relationships.

### References

Barker M and Bridgeman C (1994) *Preventing vandalism: what works?* Crime Detection and Prevention Series Paper 56, Home Office Police Research Group, London.

Chu A, Thorne A and Guite H (2004) How does the urban and physical environment impact on mental well-being? An assessment of the evidence and preliminary model to inform needs assessments. *Journal of Mental Health Promotion* 3:2 in press

Further information on ideas for reducing vandalism and graffiti is available on [www.safer-community.net](http://www.safer-community.net)

**Live Life Stress Free**

<p><b>Contact details</b></p>	<p><b>Audrey Hall</b>                  Live Life Network,                  c/o Reid Kerr College, St Mirin Building, Renfrew Road, Paisley                  T: 0141 581 2390                  E: <a href="mailto:ahall@reidkerr.ac.uk">ahall@reidkerr.ac.uk</a>                  W: <a href="http://www.live-life.net">www.live-life.net</a></p>
<p><b>Relevance to National Programme's aims and priorities</b></p>	<p>Aim</p> <ul style="list-style-type: none"> <li>• Relevant to all aims of the National Programme</li> </ul> <p>Priority areas</p> <ul style="list-style-type: none"> <li>• Improving community mental health</li> <li>• Improving mental health in employment and working life</li> <li>• Improving the ability of public services to promote mental health and prevent mental illness</li> </ul>
<p><b>Aims and objectives</b></p>	<ul style="list-style-type: none"> <li>• Provides opportunities for stress management in Renfrewshire, targeted at those living in a Social Inclusion Partnership area, as well as volunteers and community groups</li> <li>• Promotes inclusion and fosters community development. Stress management support and skills development aim to prioritise community volunteers</li> </ul>
<p><b>What led to the project being set up?</b></p>	<p>Local needs assessment led to the development of a Healthy Living Network, of which Live Life Stress Free is one component</p>
<p><b>Description of activities</b></p>	<ul style="list-style-type: none"> <li>• Raising awareness of stress</li> <li>• Taster sessions</li> <li>• 6 week stress management course</li> <li>• Recharging relaxation sessions for volunteers (All provided free of charge)</li> </ul>
<p><b>Target group</b></p>	<p>Adults</p>
<p><b>Target group involvement</b></p>	<p>Programme was shaped in response to identified local need and by input from local community</p>
<p><b>Setting</b></p>	<p>Delivered in a range of community venues</p>
<p><b>Leads and partners</b></p>	<p>Live Life Network is managed by a multi-agency group, with equal representation from community, statutory and voluntary organisations</p>

<b>Funding and resources</b>	New Opportunities Fund, NHS Argyll & Clyde and in kind contributions
<b>Timescales</b>	5 year project, now in year 3
<b>Evaluation</b>	A range of participatory methods are used, including participatory appraisal; pre and post self-assessment; LEAP for Health. External evaluation is underway
<b>Outcomes to date</b>	<ul style="list-style-type: none"> <li>• Participants' self-assessments show positive change: reduction in stress, change in health behaviours, increased self-esteem</li> <li>• Project is used for referrals by primary health care</li> </ul>
<b>Published literature</b>	<ul style="list-style-type: none"> <li>• Annual reports</li> <li>• Evaluation report</li> </ul>
<b>Learning points</b>	<ul style="list-style-type: none"> <li>• Using a community development approach has helped to raise awareness of the project and create links with other agencies</li> <li>• Many more women than men attend the sessions</li> <li>• Evaluation methods have to include means of engaging people with limited literacy skills</li> </ul>

**What we know**

Chronic low-level stress is thought to impact on mental and physical health via physiological reactions to the fight-flight response, increasing risk for ischaemic heart disease and stroke, depression, increased susceptibility to infection, diabetes and high blood pressure (Brunner, 1997; Brunner and Marmot, 1999).

Large-scale self-referral stress workshops are effective in reaching people whose problems are not picked up in primary care. A randomised controlled trial showed that participants were less anxious, less distressed and more able to cope than those in control groups. Based on cognitive behavioural therapy approaches, the workshops may be as effective as individual psychological therapy and are considerably more cost effective (Brown and Cochrane, 1999; Brown *et al*, 2000).

## What this project adds

Live Life Stress Free is targeted within a Social Inclusion Partnership area of high deprivation. In addition to stress management courses, it also offers short taster sessions which may increase uptake among hard to reach groups.

## Areas for future research

Cognitive behavioural approaches have been most consistently evaluated; it is not clear whether the main benefit derives from participating in stress management training or whether the content/approach of the training influences effectiveness.

## References

Brown JSL and Cochrane R (1999) A comparison of people who are referred to a psychology service and those who self-refer to large-scale stress workshops open to the general public. *Journal of Mental Health*, **8**(3):297–306.

Brown JSL, Cochrane R and Hancox T (2000) Large scale stress management workshops for the general public: a controlled evaluation. *Behavioural and Cognitive Psychotherapy*, **28**:139–151.

Brunner E (1997) Stress and the biology of inequality. *British Medical Journal* **314**:1472–1475.

Brunner E and Marmot M (1999) Social organisation, stress and health in Marmot MG and Wilkinson RG (eds), *The social determinants of health*. Oxford University Press, Oxford.

10

## Motivators, Angus

<p><b>Contact details</b></p>	<p><b>Gary Flew</b>          38 Murray Street, Montrose DD10 8LB          T: 01241 873311          E: <a href="mailto:motivators@btopenworld.com">motivators@btopenworld.com</a></p>
<p><b>Relevance to National Programme's aims and priorities</b></p>	<p>Aims</p> <ul style="list-style-type: none"> <li>• Raising awareness and promoting mental health</li> <li>• Eliminating stigma and discrimination</li> <li>• Supporting recovery</li> </ul> <p>Priority area</p> <ul style="list-style-type: none"> <li>• Improving community mental health</li> </ul>
<p><b>Aims and objectives</b></p>	<p>Provide support to individuals with mental health needs who live in rural Angus and are socially isolated</p>
<p><b>What led to the project being set up?</b></p>	<p>The needs of service users for opportunities for socialising within local rural communities were identified within an existing project</p>
<p><b>Description of activities</b></p>	<ul style="list-style-type: none"> <li>• One-to-one time limited support to enable the more vulnerable to participate in groups or community activity</li> <li>• Activity based groups to encourage participation, promote social activity and build confidence, e.g. arts and crafts, creative writing, photography, music, gardening, drama, hill walking. Groups are small (2 to 10) and are as close to where the service user lives as possible, to reduce travelling</li> </ul>
<p><b>Target group</b></p>	<p>16-65 living in Angus outwith Arbroath</p>
<p><b>Target group involvement</b></p>	<p>Service users wanted activity-based groups, in a non-judgemental, safe environment, as a stepping stone to involvement in wider community activities</p>
<p><b>Setting</b></p>	<p>Offices in 2 localities, also use range of venues in local communities</p>
<p><b>Leads and partners</b></p>	<ul style="list-style-type: none"> <li>• Angus Association for Mental Health is the lead</li> <li>• No formal partners, but work closely with NHS, social work and other voluntary organisations</li> </ul>
<p><b>Funding and resources</b></p>	<p>National Lottery Charity Fund</p>
<p><b>Timescales</b></p>	<p>5 year funding, currently 18 months into project</p>

### Motivators, Angus *continued*

#### Evaluation

- Routine monitoring of activities, attendance and participants who move on
- Monitoring of personal goals achieved through one-to-one support
- Group activities are evaluated by participants to gauge impact
- External evaluation to be commissioned

#### Outcomes to date

- Combating isolation and enabling participation in Motivators and community activities. People are involved in activities they would not have attempted alone
- Service users moving on to other opportunities

#### Published literature

Annual report

#### Learning points

- The importance of the project as a bridge to enable users to gain confidence before being able to use other opportunities
- The value of small groups – helps keep people relaxed
- That the proximity to where you live can encourage participation

#### What we know

People who use mental health services are among the most socially excluded and deprived groups (Bates, 2002). This may be exacerbated in rural areas by lack of transport, increased stigma in close knit communities and limited services (Philo *et al*, 2004).

Social support and meaningful activity are consistently cited by those who use services as key priorities and fundamental to recovery (Perkins, 2002).

#### What this project adds

This project attempts to support people with mental health problems to achieve their own goals and the evaluation will be based on the extent to which this objective is fulfilled. Most of the activities provided: arts and crafts, creative writing, photography, music, gardening, drama, hill walking, and games evenings are organised specifically for those who use services. They provide a range of opportunities and peer support but it is unclear to what extent this kind of provision is effective in enabling people with mental health problems to participate in mainstream activities (Social Exclusion Unit, forthcoming).

### Areas for future research

Many interventions are designed with an objective of reducing social exclusion. In practice, a high percentage of these involve activities which are exclusively used by those with mental health problems. They may be effective in reducing social isolation or improving quality of life, but it is less clear which are the most effective strategies for reducing the barriers to participation in mainstream opportunities e.g. education, and leisure.

### References

Bates P (ed) (2002) *Working for inclusion: making social inclusion a reality for people with severe mental health problems*. Sainsbury Centre for Mental Health, London.

Perkins R (2002) Are you (really) being served? *Mental Health Today*, September: 18-21.

Philo C, Parr H and Burns N (2004) *Social geographies of rural mental health*. Research Findings Glasgow University, [www.geog.gla.ac.uk](http://www.geog.gla.ac.uk)

Social Exclusion Unit – report forthcoming.

11

## Moving on Up

<p><b>Contact details</b></p>	<p><b>Isabel Johnstone</b>                  Carrick Academy, Kirkoswald Rd, Maybole KA19 8BP                  T: 01655 882389                  E: <a href="mailto:isabel.johnstone@carrickacademy.south-ayrshire.gov.uk">isabel.johnstone@carrickacademy.south-ayrshire.gov.uk</a></p>
<p><b>Relevance to National Programme's aims and priorities</b></p>	<p>Aim</p> <ul style="list-style-type: none"> <li>• Raising awareness and promoting mental health</li> </ul> <p>Priority area</p> <ul style="list-style-type: none"> <li>• Improving the mental health of children and young people</li> </ul>
<p><b>Aims and objectives</b></p>	<p>To enable the transition from P7 to S1 to be as smooth as possible for pupils in the Carrick Cluster (10 mostly small, rural primary schools) by: relieving anxiety and stress; reducing the stigma of mental health; encouraging young people to respect each other's individuality; enabling them to laugh, take part and show emotions</p>
<p><b>What led to the project being set up?</b></p>	<p>P7 pupils were consulted on 'What worries you most about moving to Carrick Academy?'. The majority of pupils had worries about getting lost, getting bullied, making new friends</p>
<p><b>Description of activities</b></p>	<ul style="list-style-type: none"> <li>• The 'Moving on Up' mental health awareness programme follows the P7 pupils leaving primary school through to first year at secondary school                         <ul style="list-style-type: none"> <li>– <i>Workshop</i>: P7 pupils take part in a 'Moving on Up' multi-agency workshop, followed by a drama production 'Being Me', which focuses on self-esteem, making friends, peer pressure and bullying</li> <li>– <i>Newsletter</i>: Once in secondary school, pupils receive a Mental Health Pupil Newsletter 3 times a year on health issues. One edition takes a mental health focus on feelings and positive well-being</li> <li>– <i>Anti-bullying</i>: S1 pupils take part in an anti-bullying day in November and produce an anti-bullying logo and charter for the school. This was initiated as part of work to encourage enterprise</li> <li>– <i>Self-image profiling</i>: this was used to identify vulnerable young people in S1, as well as for evaluation and planning</li> <li>– <i>Peer helpers</i>: S5 and S6 students are trained to become peer helpers to younger students. This has been running successfully for many years. In 2003, S6 began to provide training for P7 pupils as peer helpers within primary school</li> <li>– <i>Staff mental health</i>: a grant from SHAW is supporting work to improve staff mental health</li> </ul> </li> <li>• Moving on Up is now a continuous programme delivered to new P7 pupils in June</li> </ul>
<p><b>Target group</b></p>	<p>Transition from P7-S1 (11–13 years)</p>

<b>Target group involvement</b>	This project was built upon feedback from pupil questionnaires
<b>Setting</b>	Schools mainly, occasional one-to-one work in the community
<b>Leads and partners</b>	School leads, working with: Child and Adolescent Mental Health Services (CAMHS), Community Education, School Nursing Service, educational psychologists, Health Improvement Department, PACE Theatre Company
<b>Funding and resources</b>	Through the New Community School budget and other local partners (Health Improvement Department and NHS Health Scotland Small Grants Scheme in 2003)
<b>Timescales</b>	Starts with the P7 induction day before the summer holiday to the end of the school year
<b>Evaluation</b>	<ul style="list-style-type: none"> <li>• Pupil questionnaires were used to evaluate the Moving on Up awareness day</li> <li>• The anti-bullying event was evaluated by questionnaires and focus groups with pupils</li> <li>• A self-image profile questionnaire was followed up three months after the anti-bullying day to compare the success of the project</li> <li>• Evaluation focuses on self-image, self-esteem and sense of difference</li> </ul>
<b>Outcomes to date</b>	<ul style="list-style-type: none"> <li>• Young people gained knowledge of mental health issues. The work helped reduce stigma, encouraged respect, tolerance of individuality and the acceptability of showing emotions</li> <li>• There has been a reduction in the number of young people taking issues to guidance teachers and in concerns raised by parents about young people not settling well in S1. There has also been a decrease in the number of instances of bullying logged</li> <li>• A small group of isolated, vulnerable young people identified have been given additional support</li> <li>• Carrick Academy is working towards becoming a health-promoting school. This project has shown how partnership between pupils, staff and partner agencies creates a positive whole school approach to mental health issues</li> </ul>
<b>Published literature</b>	<ul style="list-style-type: none"> <li>• Mental Health School Newsletter for Primary School and S1 pupils</li> <li>• Report for NHS Health Scotland</li> </ul>

### Moving On Up *continued*

#### Learning points

- This is an essential part of the P7 transition programme and is an integral part of the curriculum within Carrick Academy, which provides pupils with the necessary skills to move successfully into secondary school. It also provides the pupils with ownership over the school's anti-bullying policy
- Importance of the whole school approach to consider mental health in all aspects of the school's work
- Partnership working and the support of other agencies are critical for success

#### What we know

A review of studies of young people's views on mental health suggests that many traditional health promotion materials and approaches are irrelevant to young people's worries and concerns (Harden *et al*, 2001).

Helping children to negotiate stressful transitions, in combination with modifying the school environment, was effective in reducing psychological and behavioural problems and increasing competencies (Durlak and Wells, 1997).

Life skills and social skills training help children to cope positively with the stresses of transition from junior to middle school. In the comparison group in a controlled trial, boys had higher rates of alcohol consumption and violent behaviour and girls had higher rates of cigarette consumption and vandalism (Bruene-Butler *et al*, 1997).

#### What this project adds

Moving on Up was designed in response to a consultation with children which suggested that moving to secondary school was a major source of worry, with concerns about bullying, getting lost and making friends. The programme is at a relatively early stage but currently includes work both before and after transition to the new school, including drama, a mental health newsletter and an anti-bullying day. Provision is universal rather than targeted. Because provision of information on mental health issues (e.g. through newsletters, leaflets etc.) is generally of very limited effectiveness, it would be useful to assess any specific added value here.

#### Areas for future research

Most of the available research focuses on skills training. Evaluation of other approaches is needed.

### References

Bruene-Butler L, Hampson J, Elias MJ, Clabby JF and Schuyler T (1997) The improving social awareness social problem solving project in Albee GW and Gullota TG (eds), *Primary prevention works: issues in children and families' lives*. Sage Publications, Thousand Oaks, California.

Durlak JA & Wells AM (1997) Primary prevention mental health programs for children and adolescents: a meta-analytic review. *American Journal of Community Psychology*, **25**:115–152.

Harden A, Rees R, Shepherd J, Brunton G, Oliver S and Oakley A (2001) *Young people and mental health: a systematic review of research on barriers and facilitators*. London: EPPI-Centre. <http://eppi.ioe.ac.uk>

12

## Out of the Dark

<p><b>Contact details</b></p>	<p><b>Andy Neil</b>                  Fife Council Community Services, Music Institute, East Port,                  Dunfermline KY12 7JA                  T: 01383 314118                  E: <a href="mailto:lesley.ohare@fife.gov.uk">lesley.ohare@fife.gov.uk</a></p>
<p><b>Relevance to National Programme's aims and priorities</b></p>	<p>Aims</p> <ul style="list-style-type: none"> <li>• Raising awareness and promoting mental health</li> <li>• Eliminating stigma and discrimination</li> <li>• Supporting recovery</li> </ul> <p>Priority area</p> <ul style="list-style-type: none"> <li>• Improving mental health in later life</li> </ul>
<p><b>Aims and objectives</b></p>	<ul style="list-style-type: none"> <li>• To provide access to creative opportunities for older people who were experiencing mental health problems</li> <li>• To create different forms/new voices of high quality theatre that are relevant to and inspired by clients' ages and perspectives</li> </ul>
<p><b>What led to the project being set up?</b></p>	<p>Fife Council Arts Development was asked by Forthview, a day hospital in Dunfermline for older people with mental health problems, to develop a drama project with staff and patients. The project offered creative opportunities for patients and staff training/development and acted as a pilot for an application to the Scottish Arts Council National Lottery</p>
<p><b>Description of activities</b></p>	<ul style="list-style-type: none"> <li>• Provision of drama workshops in a range of care and community settings using the skills of professional drama and other art forms</li> <li>• Creating opportunities for care staff to participate and to develop skills alongside clients</li> <li>• Providing access to additional training opportunities in the expressive arts for care staff</li> <li>• Providing opportunities to present live performances to audiences</li> </ul>
<p><b>Target group</b></p>	<p>People aged 50+</p>
<p><b>Target group involvement</b></p>	<p>Built on previous drama sessions which had been well received by day patients</p>
<p><b>Setting</b></p>	<p>Day hospital, arts venues, day and drop-in centres</p>
<p><b>Leads and partners</b></p>	<p>Fife Council Arts Development</p>

<p><b>Funding and resources</b></p>	<p>Scottish Arts Council National Lottery, Fife Council revenue budget, hospital endowment funds</p>
<p><b>Timescales</b></p>	<p>October 2001–October 2004</p>
<p><b>Evaluation</b></p>	<ul style="list-style-type: none"> <li>• Informal group discussions/feedback from participants and staff before, during and after each phase of the project. Informal discussions with audience members after performances</li> <li>• External evaluation which included interviews with health staff and managers, drama workers and participants and standard measures to rate depression and anxiety</li> </ul>
<p><b>Outcomes to date</b></p>	<ul style="list-style-type: none"> <li>• Establishment of community drama group which meets weekly and has created three original performances, which toured throughout Fife and beyond</li> <li>• Continuation and growth of Forthview Drama Group, creation of an audio work, Voices Out of the Dark, weekly workshops</li> <li>• Development of new groups including a writers’ group</li> <li>• Increased self-esteem and confidence among participants</li> <li>• Increased awareness among health care staff of the impact creativity in promoting mental well-being</li> </ul>
<p><b>Published literature</b></p>	<ul style="list-style-type: none"> <li>• Independent evaluation report (February 2004, unpublished)</li> <li>• Short report in Implementing the National Cultural Strategy (Scottish Executive, October 2003)</li> </ul>
<p><b>Learning points</b></p>	<ul style="list-style-type: none"> <li>• Establishment of a model of good practice in arts provision: not therapy but with clear therapeutic benefits</li> <li>• Ensuring that there is effective medical support in place for community participants, if required</li> <li>• Having an achievable exit strategy: the project has not been able to train sufficient health care staff to deliver the project once Lottery funding runs out and is exploring alternative options for future project delivery</li> </ul>

### Out Of The Dark *continued*

#### What we know

There is a growing body of literature concerned with the impact of the arts in health (Health Education Authority, 1999; Matarasso, 1997; Wilkinson, 1997; Winn-Owen, 1998). Key themes in the literature include:

- the place of arts and creativity in promoting community health (Matarasso, 1997)
- the use of art works in clinical settings e.g. hospitals (Scher and Senior, 2000)
- the therapeutic value of participation in the arts.

A growing number of studies suggest that creative activity has positive mental health benefits. These may relate to the development of self-expression and self-esteem, to opportunities for social contact and participation, (Huxley, 1997) and/or to providing a sense of purpose, a sense of meaning and improved quality of life (Oliver *et al*, 1996). Where well-being and self-esteem are concerned, there is more indication that positive outcomes are related to involvement with the arts, and not just with getting together socially or carrying out the physical activity involved (Health Education Authority, 1999). The results of reviews by both the HEA (1999) and Matarasso (1997) demonstrated improvements in well-being as indicated by:

- enhanced motivation
- greater connectedness to others
- more positive outlook
- reduced sense of fear, isolation or anxiety.

These benefits may be of special value for older people, whose mental health needs are often neglected or seen as an inevitable aspect of growing older.

#### What this project adds

Out of the Dark has several distinguishing features. The project focuses on drama and both care staff and older people in the day hospital are involved in drama workshops. For staff, this is linked to training in expressive arts, which may also produce mental health benefits for them. The focus is on quality productions for audiences, which has been identified as a feature of effective arts projects (Health Education Authority, 1999). The project is not therapy, 'the patient is left at the door', although it is recognised that the project does have a therapeutic effect.

### Areas for future research

Evaluation of arts projects has historically been very limited and more high quality research on effectiveness, cost efficiency, acceptability and accessibility is needed (Brown *et al*, 2004). The small size of pilot trials, lack of independent evaluation and poor methodology, notably in the design of qualitative research, often limit the conclusions that can be drawn from studies which show promising results. In many cases, project evaluations are confined to feedback from participants and/or health and other staff involved.

### References

Brown M, Friedli L and Watson S (2004) Prescriptions for pleasure. *Mental Health Today*, June.

Huxley P (1997) *Arts on prescription: an evaluation*. Stockport.

Health Education Authority (1999) *Art for health: a review of good practice in community based arts projects and interventions which impact on health and well-being*. HEA, London.

Matarasso F (1997) *Use or ornament? The social impact of participation in the arts*. Comedia, Stroud.

Oliver JPJ, Huxley PJ, Bridges K and Mohammed H (1996) *Quality of Life and Mental Health Services*. Routledge, London.

Scher P and Senior P (2000) Research and evaluation of the Exeter health care arts project. *Journal of Medical Ethics*, 26(2):71–78.

Wilkinson D (1997) *The arts for health: selected bibliography 1980-1996*. Manchester Metropolitan University, Manchester.

Winn-Owen J (1998) *The declaration of Windsor: the role of humanities in medicine, arts, health and well-being*. Nuffield Trust, London.

13

**Physical Activity for Confidence and Esteem (PACE)**

<p><b>Contact details</b></p>	<p><b>Karen Balfour</b>                  West Lothian Social Inclusion Partnership                  Integration Office, West Calder High School,                  Limefield, Polbeth EH55 8QN                  T: 01506 872165                  E: karen.balfour@wled.org.uk</p>
<p><b>Relevance to National Programme's aims and priorities</b></p>	<p>Aim</p> <ul style="list-style-type: none"> <li>• Raising awareness and promoting mental health</li> </ul> <p>Priority areas</p> <ul style="list-style-type: none"> <li>• Improving the mental health of children and young people</li> <li>• Improving community mental health</li> </ul>
<p><b>Aims and objectives</b></p>	<p>To improve the mental well-being of young people who are looked after, increasing self-esteem and confidence through physical activity</p>
<p><b>What led to the project being set up?</b></p>	<p>Local research had identified that lack of confidence and self-esteem were barriers to the employability of young people. Young people also found local leisure facilities inaccessible because of clothing, transport and access costs and lack of support to attend. Looked after young people were selected for the pilot as this group was considered at high risk of mental health difficulties</p>
<p><b>Description of activities</b></p>	<ul style="list-style-type: none"> <li>• Young people have an induction at local leisure facilities and are given a leisure access card, allowing unlimited access. A buddy system is used for those who need more support and the young person can nominate who that should be: their key worker or support person or a befriender/mentor. Young people are also provided with a sports clothing allowance and a travel card</li> <li>• Referral is undertaken through the young person's care manager, building on interests in sport and leisure noted in care planning</li> </ul>
<p><b>Target group</b></p>	<p>Looked after young people throughout West Lothian</p>
<p><b>Target group involvement</b></p>	<ul style="list-style-type: none"> <li>• Looked after young people in West Lothian</li> <li>• Need for the project was identified through the research project which sought the views of young people</li> </ul>
<p><b>Setting</b></p>	<p>Local leisure facilities West Lothian wide</p>
<p><b>Leads and partners</b></p>	<p>West Lothian Council (Social Policy and Education Services), NHS, West Lothian Leisure</p>

<b>Funding and resources</b>	<ul style="list-style-type: none"> <li>• Social Inclusion Partnership funded with in kind support from West Lothian Leisure</li> <li>• For 20 young people the scheme cost £6,000</li> </ul>
<b>Timescales</b>	<ul style="list-style-type: none"> <li>• Currently operates as a pilot</li> <li>• Funding runs to March 2005</li> </ul>
<b>Evaluation</b>	<ul style="list-style-type: none"> <li>• PACE is using the Social Competence Assessment Tool to measure self-esteem and confidence, at the outset and 8 months later. This is used electronically</li> <li>• Leisure cards record attendance at leisure facilities</li> </ul>
<b>Outcomes to date</b>	<ul style="list-style-type: none"> <li>• Participation rates are higher than would be expected for this group</li> <li>• Participants show increases in perceptions of social skills and in confidence</li> <li>• Buddying has built relationships between young people and their support staff and carers</li> </ul>
<b>Published literature</b>	Project was profiled in the National Programmes WELL? magazine
<b>Learning points</b>	<ul style="list-style-type: none"> <li>• Importance of bridging activities and of support from volunteers to facilitate use of leisure facilities offered</li> <li>• SCAT has proved a useful tool to measure ‘distance travelled’</li> </ul>

**What we know**

Looked after children are at increased risk of developing mental health problems which often persist into adult life. Between one quarter and one third of people in prison have previously been in care (Singleton *et al*, 1998). McCann found 67% of a sample of in-care adolescents had a diagnosable mental health problem (McCann *et al*, 1996).

There is robust evidence that physical activity reduces anxiety, enhances mood and improves self-esteem (Fox, 2000; Grant, 2000; Mutrie, 2000) although most of the research literature concerns the impact of exercise on adults.

**What this project adds**

This project is a rare example of using physical activity to enhance mental well-being in looked after children and to reduce risk of mental health problems. In addition to increasing access to leisure facilities through one-to-one support, it also attempts to address other potential barriers to participation through the provision of a clothing allowance and transport costs.

## Areas for future research

There are significant gaps in all areas of research concerning the effectiveness of interventions for looked after children.

## References

Fox KR (2000) Self esteem, self perceptions and exercise. *International Journal of Sport Psychology*, **31**:228–240.

Grant T (ed) (2000) *Physical activity and mental health: national consensus statements and guidelines for practice*. Somerset Health Authority/Health Education Authority, London.

Mutrie N (2000) The relationship between physical activity and clinically defined depression in SJH Biddle, KR Fox and SH Boutcher (eds), *Physical activity and psychological well-being*. Routledge, London.

McCann J, James A, Wilson S and Dunn G (1996) Prevalence of psychiatric disorders in young people in the care system. *British Medical Journal*, **313**:1529–1530.

Singleton N, Meltzer H, Gatward R, Coid J and Deasy D, 1998, *Psychiatric morbidity of prisoners in England and Wales*. ONS, London.

14

## Polepark Family Service

<p><b>Contact details</b></p>	<p><b>Margaret Cooper</b>          3 Fleuchar Street, Dundee DD2 2LQ          T: 01382 432935          E: <a href="mailto:margaret.cooper@barnardos.org.uk">margaret.cooper@barnardos.org.uk</a></p>
<p><b>Relevance to National Programme's aims and priorities</b></p>	<p>Aims</p> <ul style="list-style-type: none"> <li>• Raising awareness and promoting mental health</li> <li>• Supporting recovery</li> </ul> <p>Priority area</p> <ul style="list-style-type: none"> <li>• Improving the mental health of children and young people</li> </ul>
<p><b>Aims and objectives</b></p>	<ul style="list-style-type: none"> <li>• To provide increased support to children who have experienced mental health problems as a result of abusive experiences</li> <li>• To help increase protective factors, developing coping strategies, promoting resilience and building self-esteem.</li> <li>• To support the children to interact with peer group, develop skills, build confidence and have fun</li> </ul>
<p><b>What led to the project being set up?</b></p>	<p>Primary age children, who had received therapeutic work in relation to their individual experiences of abuse, were still showing difficulties in school and in the community with peers and other relationships. All had significant problems in school, many were excluded from school, clubs, sport provisions and school outings because of their behaviour. Some had become isolated and developed dysfunctional behaviours in an attempt to cope</p>
<p><b>Description of activities</b></p>	<ul style="list-style-type: none"> <li>• An 8 week programme of group activities aimed at raising self-esteem, building resilience and education regarding factors known to promote mental well-being. Activities were designed to facilitate group interaction and to build peer group relationships, to introduce new experiences with support to cope. Outings helped with confidence in social skills and with family relationships</li> <li>• A parents' group was run in parallel</li> </ul>
<p><b>Target group</b></p>	<p>Seven children aged between 8 and 11 years attended initially and periodically, a core group of 5 attended throughout.</p>
<p><b>Target group involvement</b></p>	<p>Children and parents/carers were involved in developing the programme</p>
<p><b>Setting</b></p>	<p>Barnardo's project for families</p>
<p><b>Leads and partners</b></p>	<p>Barnardo's lead, funded by and in partnership with Dundee and Angus local authorities</p>

14

## Polepark Family Service continued

<b>Funding and resources</b>	Dundee and Angus local authorities and Barnardo's, plus small grants award
<b>Timescales</b>	Group ran for 8 weeks between September 2003 to end of November 2003
<b>Evaluation</b>	<ul style="list-style-type: none"> <li>• Children's questionnaire evaluation, using emotions (happy, sad faces etc)</li> <li>• Video re: children's feedback using scaling methods</li> <li>• Parents' group gathered written and verbal feedback</li> <li>• Feedback from schools</li> <li>• Formal feedback was sought from social workers and schools at the end of the programme</li> </ul>
<b>Outcomes to date</b>	<ul style="list-style-type: none"> <li>• All children benefited by attending the group</li> <li>• Schools reported significant improvements in children's behaviour and interaction with peers</li> <li>• Children were less isolated and more confident</li> <li>• All the children were able to join and cope in community clubs and resources from which they were excluded previously</li> </ul>
<b>Published literature</b>	Project report
<b>Learning points</b>	<ul style="list-style-type: none"> <li>• It is crucial to work with parents and children</li> <li>• Programme provided a bridge to help children function better in their own communities and become re-integrated</li> <li>• With support children can overcome abusive past experiences</li> <li>• Input from workers was essential to help the children change dysfunctional patterns of behaviour seen in school and at home</li> <li>• Play is an important medium with this age group</li> <li>• There are considerable potential long term benefits in reducing the damaging effects of childhood abuse on adult mental health and well-being and avoiding the development of adverse coping mechanisms such as self-harm</li> </ul>

### What we know

Abuse in childhood is a significant risk factor for future mental health problems, notably depression, self-harm and substance abuse (Rutter and Smith, 1995; Rogers and Pilgrim, 2003). The immediate consequences of abuse are academic underperformance, behavioural problems, phobias, depression and general anxiety states (Dohrenwend, 1998). Between 30% and 50% of women prisoners have previously been victims of violence in the home or sexual abuse.

There is growing evidence that interventions which take account of multiple risk factors and children's functioning at home, at school and within the community are more likely to be successful (Mental Health Foundation, 1999; DFES, 2001).

### What this project adds

The group work targets children who have already received individual therapeutic interventions but continue to experience problems with relationships at school, with peers and in the wider community.

### Areas for future research

A considerable amount is known about the risks associated with childhood abuse. However, reducing the harmful long term effects of abuse in childhood is extremely challenging and there is a need for further research and evaluation in all areas of this work (McLeod and Nelson, 2000).

### References

- Department for Education and Skills (2001) *Promoting Children's Mental Health Within Early Years and School Settings*. DFES, London.
- Dohrenwend BP (ed) (1998) *Adversity, stress and psychopathology*. Oxford University Press, Oxford.
- McLeod J and Nelson G (2000) Programs for the promotion of family wellness and the prevention of child maltreatment: a meta analysis. *Child Abuse and Neglect*, 24(9):1127-1149.
- Mental Health Foundation (1999) *Bright Futures*. Mental Health Foundation, London.
- Rogers A and Pilgrim D (2003) *Mental health and inequality*. Palgrave Macmillan, Basingstoke.
- Rutter M and Smith DJ (eds) (1995) *Psychosocial disorders in young people*. John Wiley and Sons, Chichester.

**Pre 5 Family Service**

<p><b>Contact details</b></p>	<p><b>Dr Lisa Cooper/Mrs Kate Docherty</b>                  William Street Clinic, 120-130 William Street,                  Glasgow G3 8UR                  T: 0141 314 6224                  E: <a href="mailto:lisa.cooper2@nhs.net">lisa.cooper2@nhs.net</a>  <a href="mailto:kathleen.docherty@glacomen.scot.nhs.uk">kathleen.docherty@glacomen.scot.nhs.uk</a></p>
<p><b>Relevance to National Programme's aims and priorities</b></p>	<p>Priority areas</p> <ul style="list-style-type: none"> <li>• Improving infant mental health (early years)</li> <li>• Improving the mental health of children and young people</li> <li>• Improving community mental health</li> <li>• Improving the ability of public services to promote mental health and prevent mental illness</li> </ul>
<p><b>Aims and objectives</b></p>	<ul style="list-style-type: none"> <li>• To improve the pre 5 child health of the LHCC population through a programme of health visitor led, community based parenting and breast-feeding activities</li> <li>• To promote parent knowledge, skills and confidence, whilst minimising factors that may impact on the well-being of all family members e.g. social exclusion, post natal depression, poor mother-child attachment</li> <li>• To promote effective interagency working</li> </ul>
<p><b>What led to the project being set up?</b></p>	<ul style="list-style-type: none"> <li>• Health needs assessment and suggestions from local parents shaped the choice of interventions</li> <li>• Evidence of the importance of early intervention and prevention, including early literacy work</li> <li>• Funding opportunities arose through health alliances with Education, Culture &amp; Leisure and Social Inclusion Partnerships</li> </ul>
<p><b>Description of activities</b></p>	<ul style="list-style-type: none"> <li>• The parenting component of the project is delivered through joint working between the lead health visitor, nursery nurse and clinical psychology. The health visitor and nursery nurse have developed initiatives to meet a range of needs among local families with pre 5 children. These include infant massage classes, positive parenting classes, support for new parents and teenage mothers, baby bounce and rhyme time (promoting early literacy) and play and share, sleep clinics, drop-in breast feeding support group. Individual parenting support is also offered by the lead health visitor</li> <li>• Women who use the service include those who have severe and enduring mental health problems</li> <li>• Clinical psychology also offers consultancy clinics and access to tailor made resource materials. A monthly journal club for health visitors is run in conjunction with the lead health visitor</li> </ul>

<b>Target group</b>	Pre 5 children and their families, women in postnatal period
<b>Target group involvement</b>	Through the evaluation
<b>Setting</b>	Community based – within healthy living centres, libraries, nurseries, buddies club, home visits, some clinic based work
<b>Leads and partners</b>	LHCC multidisciplinary team providing health visitors (who lead), nursery nurses, clinical psychologists and dietitians
<b>Funding and resources</b>	LHCC
<b>Timescales</b>	On-going
<b>Evaluation</b>	<ul style="list-style-type: none"> <li>• The parenting strand of the project has been evaluated internally by clinical psychology in collaboration with the project staff. Pre and post questionnaires gather qualitative data and standard measures are used to assess mental health and coping skills</li> <li>• An external evaluation has also been completed and it is intended for publication</li> </ul>
<b>Outcomes to date</b>	<ul style="list-style-type: none"> <li>• The project has achieved positive outcomes for families both with regard to parental mental health and the well-being of their children.</li> <li>• Preliminary evaluation data indicate that the project leads to increased parental knowledge, confidence and skills and improvements in maternal mental health. It has enhanced access for families to community based services within the LHCC catchment area as well as to classes and drop-in groups.</li> <li>• Families enjoy improved access to timely support and this has alleviated pressures on other services, reducing waiting lists</li> <li>• Evaluation has shown there is a need for this work and an interest among young people</li> <li>• Self-ratings indicate positive impact on most young people in relation to increased understanding of stress and emotions, for both group work and counselling</li> <li>• Longer-term work is indicated to impact on managing stress and emotions</li> </ul>

#### Published literature

External evaluation is to be published

#### Learning points

- The benefits of multidisciplinary and interagency working to meet the needs of the most vulnerable families
- The impact that early intervention at a community level can have in preventing the development of difficulties within parent-child relationships and in improving parental mental health
- The importance of a range of interventions and approaches to respond to needs and preferences of parents

#### What we know

The quality of relationships in the home during childhood have a significant impact on children’s development and future mental health (Stewart-Brown and Shaw, 2004). A number of systematic reviews and meta analyses show that parent-child relationships can be improved, with positive benefits for children’s emotional and social development. Effective interventions include group based parenting programmes (Barlow and Stewart-Brown, 2000); home visiting (Elkan *et al*, 2000) and day care combined with support for parents (Zoritch *et al*, 2000). Proactive interventions such as home visiting or community based interventions have a more sustained effect over time than reactive interventions (i.e. interventions where abuse or maltreatment has already occurred). The best effects are found in programmes that begin antenatally (MacLeod and Nelson, 2000).

#### What this project adds

This programme includes a very wide range of interventions: infant massage classes, positive parenting classes, drop-in baby bounce and rhyme time and play and share, sleep clinics, drop-in breast feeding support group, as well as individual parenting support. Support for professionals is also offered through clinical psychology. The focus of the evaluation is on improving parental knowledge, confidence and skills, although the parenting component is also being evaluated using pre and post questionnaires and GHQ scales. Identifying how each of the individual ‘cogs’ in the programme wheel contributes to the overall effectiveness of the programme would be particularly challenging.

### Areas for future research

Most studies do not address which types of programmes are best suited for particular groups of parents or children. It is not clear whether universal or targeted interventions are more effective and there is limited data on cost effectiveness.

### References

Barlow J and Stewart-Brown S (2000) Behaviour problems and group based parent education programs. *Journal of Development and Behavioural Paediatrics*, 21(5):356–370.

Elkan R, Kendrick D, Hewitt M *et al* (2000) The effectiveness of domiciliary health visiting: a systematic review of international studies and a selective review of the British literature. *Health Technology Assessment*, 4(13).

Macleod J and Nelson G (2000) Programs for the promotion of family wellness and the prevention of child maltreatment: a meta analysis. *Child Abuse and Neglect*, 24(9):1127–1149.

Zoritch B, Roberts I and Oakley A (2000) Daycare for pre-school children. *Cochrane Review*, The Cochrane Library, Issue 3, Update Software Oxford.

Stewart-Brown S and Shaw R (2004) The roots of social capital: relationships in the home during childhood and health in later life in Morgan A and Swann C (eds) *Social capital for health: issues of definition, measurement and links to health*. Health Development Agency, London.

16

**Primrosehill Family Centre**

<b>Contact details</b>	<p><b>Jackie Kerr</b>              8 Sunnybank Rd, Aberdeen AB24 3NG              T: 01224 483381              E: <a href="mailto:primrosehill@aberlour.org.uk">primrosehill@aberlour.org.uk</a></p>
<b>Relevance to National Programme's aims and priorities</b>	<p>Aims</p> <ul style="list-style-type: none"> <li>• Raising awareness and promoting mental health</li> <li>• Eliminating stigma and discrimination</li> </ul> <p>Priority areas</p> <ul style="list-style-type: none"> <li>• Improving infant mental health (early years)</li> <li>• Improving the mental health of children and young people</li> </ul>
<b>Aims and objectives</b>	<p>Provide supportive services to parents and children aged 5–8 where environmental and parenting factors are having an adverse effect on parenting ability and children’s well-being and emotional development</p>
<b>What led to the project being set up?</b>	<p>Significant levels of challenging behaviour in school linked to environmental/parenting factors</p>
<b>Description of activities</b>	<p>The programme is based on the Webster-Stratton model from the United States. It includes:</p> <ul style="list-style-type: none"> <li>• Parenting groups run by a Clinical Psychologist, adapted from the original model</li> <li>• Whole class programmes (20–24 weeks) with P1 and soon P2 on: expression of feelings; effective communication skills and increased self-esteem.</li> </ul> <p>The programme uses videos and puppets and aims to help children make friends, learn rules, problem solving and anger management</p> <ul style="list-style-type: none"> <li>• Child behavioural clinics at the Family Centre</li> <li>• Multidisciplinary training for community education, teachers, social work and health staff</li> </ul>
<b>Target group</b>	<p>Parents with children (5–8) who attended Kittybrewster School and who were displaying challenging behaviour.</p>
<b>Target group involvement</b>	<p>Pilot gathered feedback from parents and children</p>
<b>Setting</b>	<p>Primary school and Family Centre</p>
<b>Leads and partners</b>	<p>Primrosehill Family Centre leads. This is run by Aberlour, a voluntary organisation. Health, social work and community education staff help with running of the groups</p>

<b>Funding and resources</b>	<ul style="list-style-type: none"> <li>• Pilot work was done with good will and commitment</li> <li>• Health improvement funding from the Aberdeen Well-being Project supports the costs of staff training, project co-ordination and materials, crèche and evaluation</li> </ul>
<b>Timescales</b>	On-going, set up in 2002
<b>Evaluation</b>	<ul style="list-style-type: none"> <li>• External evaluation by Aberdeen University</li> <li>• Range of tools used to measure change in child behaviour, parent-child interactions and parental attitude</li> </ul>
<b>Outcomes to date</b>	<ul style="list-style-type: none"> <li>• Early indications are that the classroom programme improves children’s problem solving and coping strategies</li> <li>• Clinics have contributed to behavioural change in children participating</li> </ul>
<b>Published literature</b>	The Family Centre has contributed to a Resource Pack of training materials on child emotional well-being, produced by the Aberdeen Well-being Project
<b>Learning points</b>	<ul style="list-style-type: none"> <li>• To address child behavioural difficulties, it is important to assess parental capacity and motivation</li> <li>• Parenting difficulties can arise from negative childhood experiences and parents need support to deal with this</li> <li>• A child’s academic and social skills improve considerably when parents receive support</li> </ul>

**What we know**

Challenging behaviour in primary school is a significant predictor of poor educational attainment, health behaviour, criminal activity and employment status.

An economic analysis showed that by age 28, costs for individuals with conduct disorder were 10 times higher than for those with no problems. Crime incurred the greatest cost, followed by extra educational provision, foster and residential care, and state benefits; health costs were smaller. One pilot study, of children aged 4–8 referred with conduct disorder, found that the mean extra cost was £15,282 a year (range £5,411-£40,896). Of this, 31% was borne by families, 31% by education services, 16% by the NHS, 15% by state benefit agencies, 6% by social services, and less than 1% by the voluntary sector (Scott *et al*, 2001).

Group parenting skills training is effective and there is a strong economic case for early intervention to support parents with children displaying

emotional or behavioural problems.

### What this project adds

This project uses the Webster-Stratton Programme, which includes a parenting group and a children's programme. While the parenting programme has been adapted to meet the needs of individual families, the children's curriculum has been extended to the whole P1 class, providing universal provision. It is now intended to roll the model out across Aberdeen City, expand the children's programme to children in P2, and include new materials in an eclectic programme for the adults' group. It is not clear whether any one parenting programme is more effective than another, or how dependent effectiveness is on the approach adopted.

### Areas for future research

An important question is whether parenting skills training should be universally available or targeted. A systematic review of mental health promotion in schools found that universal provision for children was more likely to be effective in schools that adopted a whole school approach, involved changes to the school ethos and aimed to promote positive mental health, as opposed to brief, class based mental illness prevention programmes (Wells *et al*, 2001; Weare, 2000).

### References

Scott S and Spender Q *et al* (2001) Multicentre controlled trial of parenting groups for childhood antisocial behaviour in clinical practice. *British Medical Journal*, **323**:194.

Weare K (2000) *Developing mental, emotional and social health: a whole school approach*. Routledge, London.

Wells J, Barlow J and Stewart-Brown S (2001) *A systematic review of universal approaches to mental health promotion in schools*. Health Services Research Unit, University of Oxford, Institute of Health Sciences.

17

## Raising self-esteem with secondary schoolgirls

<p><b>Contact details</b></p>	<p><b>Anne Arbuthnot</b>                  Hay Lodge Health Centre, Neidpath Road                  Peebles EH45 8JG                  T: 01721 722080                  E: <a href="mailto:anne.arbuthnot@haylodgehc.borders.scot.nhs.uk">anne.arbuthnot@haylodgehc.borders.scot.nhs.uk</a></p>
<p><b>Relevance to National Programme's aims and priorities</b></p>	<p>Aim</p> <ul style="list-style-type: none"> <li>• Raising awareness and promoting mental health</li> </ul> <p>Priority area</p> <ul style="list-style-type: none"> <li>• Improving the mental health of children and young people</li> </ul>
<p><b>Aims and objectives</b></p>	<ul style="list-style-type: none"> <li>• Raise the self-esteem of vulnerable young women with poor self-image and relationship difficulties</li> <li>• Enable the development of decision making skills, assertiveness, communication and problem solving</li> </ul>
<p><b>What led to the project being set up?</b></p>	<ul style="list-style-type: none"> <li>• Problems identified among some young women with relationships (abuse and bullying) and risk taking behaviour</li> <li>• Liaison between school nursing and pupil support</li> </ul>
<p><b>Description of activities</b></p>	<ul style="list-style-type: none"> <li>• Group work with 13–16 year old girls: 10 x 80 minute sessions held weekly, including an initial interview with each and a final evaluation session</li> <li>• Group work includes: discussion and role play, exercise and creative activities, hand massage and aromatherapy, plus healthy snacks</li> <li>• Referrals come through guidance and learning support, school health and teaching staff and self-referrals are also accepted</li> <li>• An outing is held at the end of each programme</li> </ul>
<p><b>Target group</b></p>	<p>13–16 year old girls</p>
<p><b>Target group involvement</b></p>	<p>Feedback and suggestions from participants are used to inform programme planning</p>
<p><b>Setting</b></p>	<p>Local voluntary youth project</p>
<p><b>Leads and partners</b></p>	<ul style="list-style-type: none"> <li>• Peebles High School and School Nursing lead and partners include Ishuze Youth Action, NHS Borders Health Promotion</li> </ul>
<p><b>Funding and resources</b></p>	<p>Staff costs are covered from within core remits. Premises and transport are paid for from school funds, snacks from community food grant. Outings are financed through fund raising activities</p>

### Raising self-esteem with secondary schoolgirls continued

<b>Timescales</b>	Cycle of 2 programmes per academic year, since 1999
<b>Evaluation</b>	<ul style="list-style-type: none"> <li>• Participants provide written feedback at end of programme</li> <li>• Feedback on impact provided from pastoral and management staff</li> <li>• One programme the subject of a Postgraduate dissertation</li> </ul>
<b>Outcomes to date</b>	<ul style="list-style-type: none"> <li>• Enhanced knowledge on personal safety issues</li> <li>• Increased range of friendships</li> <li>• Skills development in communication, assertiveness, problem solving, decision making</li> <li>• Improved confidence and ability to cope with home and school pressures</li> <li>• Reduction in bullying</li> <li>• Reduction in self-harm</li> </ul>
<b>Published literature</b>	<ul style="list-style-type: none"> <li>• Simpson E: unpublished MEd thesis, University of Edinburgh</li> <li>• Why Are We Here, Miss? Researching the raising of self-esteem and improving self-concept in girls through single sex group work</li> </ul>
<b>Learning points</b>	<ul style="list-style-type: none"> <li>• Out of school setting encourages a safe and equal environment</li> <li>• Mixed age ranges result in levels of experience and confidence which are too diverse and are no longer used</li> </ul>

#### What we know

Low self-esteem in young women may be a risk factor for a range of health damaging behaviours, relationship problems and risk taking behaviour.

Depression, anxiety, impulsivity and low self-esteem are also risk factors for deliberate self-harm, which is common in adolescents, particularly young women (Hawton *et al*, 2002). Gender influences young people's use of services, help seeking behaviour, coping mechanisms and the way in which mental distress is expressed. Work with young people should take account of gender and different approaches are necessary for effective work with young women and young men (Working with men, 2001; Health Development Agency, 2001).

Skills based approaches; role play, support and practical information based on needs assessment with young people are more effective than top down, didactic methods (Oakley *et al*, 1994).

### What this project adds

The school nurse identifies young women and the programme consists of ten 80-minute sessions held weekly at a local voluntary youth project. The focus is on communication, assertiveness, problem solving, decision making and team working skills, developed through discussion topics, role play, positive strokes, exercises and creative activities, as well as activities to promote positive friendship bonds.

### Areas for future research

Very few projects of this kind are followed up, making it difficult to establish their long-term impact.

### References

Hawton K, Rodham K, Evans E and Weatherall R (2002) Deliberate self harm in adolescents: self report survey in schools in England. *British Medical Journal*, **325**:1207–1211.

Health Development Agency (2001) *Boys' and Young Men's Health: literature and practice review*. Health Development Agency, London.

Oakley A, Fullerton D, Holland J *et al* (1994) *Review of effectiveness: HIV prevention and sexual health education interventions: SSRU Database Project Number 1*. Social Science Research Unit, Institute of Education, London.

Working with men (2001/2002). <http://www.workingwithmen.org>

18

## Rollercoaster

<p><b>Contact details</b></p>	<p><b>Steve Sweeney</b>                  Dryburgh Resource Centre, Napier Drive, Dundee DD2 2TF                  T: 01382 436612                  E: <a href="mailto:steve.sweeney@barnardos.org.uk">steve.sweeney@barnardos.org.uk</a></p>
<p><b>Relevance to National Programme's aims and priorities</b></p>	<p>Aim</p> <ul style="list-style-type: none"> <li>• Relevant to all aims of the Programme</li> </ul> <p>Priority area</p> <ul style="list-style-type: none"> <li>• Improving the mental health of children and young people</li> </ul>
<p><b>Aims and objectives</b></p>	<ul style="list-style-type: none"> <li>• To address the mental health and well-being of children, young people and their carers adversely affected by bereavement</li> <li>• To make healthy grieving possible and to lessen the traumatic impact of bereavement, in particular where caused by suicide and murder, as well as illness</li> </ul>
<p><b>What led to the project being set up?</b></p>	<p>Health, social services and education jointly identified a gap in support for children experiencing a difficult bereavement</p>
<p><b>Description of activities</b></p>	<p>Support is offered using individual, group and/or family work. Person centred counselling skills are utilised. Activities are designed to engage children, young people and their carers to deal with the impacts of bereavement, based around the retelling of the death and making connections to subsequent feelings and behaviours. Drama, art, games and conversations are used as means of making sense of grieving. Groups are facilitated for 8–12 and 13–16 year olds and for carers. Consultancy and training are provided to the professional community (teachers, social workers, nurses etc)</p>
<p><b>Target group</b></p>	<p>Children, young people and their carers</p>
<p><b>Target group involvement</b></p>	<p>Activities have developed and evolved in response to requests for support and what children and families have said they need</p>
<p><b>Setting</b></p>	<p>Various settings used</p>
<p><b>Leads and partners</b></p>	<p>Barnardo's, in partnership with NHS Tayside and Dundee City Social Work Department.</p>

<b>Funding and resources</b>	Barnardo's fund a Development Worker, with time limited involvement from other staff as part of professional development. Health and social work contribute staff time as secondments
<b>Timescales</b>	On-going
<b>Evaluation</b>	<ul style="list-style-type: none"> <li>• Group participants complete age appropriate self-assessment questionnaires which relate to stages in the grieving process</li> <li>• Participants use a personal folder to record feelings and self-evaluate their progress</li> </ul>
<b>Outcomes to date</b>	<ul style="list-style-type: none"> <li>• Positive feedback from group participants and referrers</li> <li>• Project has been able to influence how other services respond to bereavement – schools, hospital</li> </ul>
<b>Published literature</b>	Muir L, 2003 Children's Bereavement Consortium: evaluates current service provision in Scotland, identifies gaps and makes recommendations
<b>Learning points</b>	<ul style="list-style-type: none"> <li>• Children excluded from decision making and mourning rituals tend to experience difficulties in grieving</li> <li>• Group work and peer support is an effective intervention that enables children to use their own resources and recover through healthy grieving</li> </ul>

**What we know**

Bereavement in childhood is a risk factor for depression in adult life (Brown *et al*, 1986). There is limited evidence on the effectiveness of interventions for bereaved children. However, the availability of a responsive adult outside the trauma may help to increase resilience and reduce negative responses e.g. self-blame.

**What this project adds**

This programme adopts a multi-faceted approach, which includes addressing how schools respond to bereaved children, family and cultural taboos around bereavement, as well as interventions to promote healthy grieving in children.

**Areas for future research**

A wider range of well-designed interventions addressing bereavement in children is needed.

**References**

Brown GW, Harris TO and Bifulco A (1986) The long term effects of early loss of a parent in M Rutter, CE Izard and PB Read (eds). *Depression in young people*, p251–296. Guildford Press, New York.

19

## Scotland's Health at Work (SHAW)

<b>Contact details</b>	<p><b>Nina Goodlad</b>          181 Union Street, Aberdeen AB11 6BB          T: 01224 551352          E: <a href="mailto:nina.goodlad@health-promotions.com">nina.goodlad@health-promotions.com</a></p>
<b>Relevance to National Programme's aims and priorities</b>	<p>Aims</p> <ul style="list-style-type: none"> <li>• Raising awareness and promoting mental health</li> <li>• Supporting recovery</li> </ul> <p>Priority area</p> <ul style="list-style-type: none"> <li>• Improving mental health in employment and working life</li> </ul>
<b>Aims and objectives</b>	<p>SHAW is the national award scheme for promoting workplace health and aims to support workplaces to make health promotion an integral part of corporate culture. SHAW aims to create and maintain standards and promote good practice in relation to workplace health promotion</p>
<b>What led to the project being set up?</b>	<p>Government, employer and employee organisations recognised the need to improve workplace health in Scotland. The workplace is identified in policy as a key setting for health improvement</p>
<b>Description of activities</b>	<p>Aims to equip organisations with skills and knowledge to enable individuals to make healthier choices and to change environment and culture to create healthier workplaces. Three levels of award are possible. A specific Commendation Award for Mental Health &amp; Well-being is to be introduced in October 2004. Mental health and stress are addressed at all levels covering: supportive policies and practices that promote mental health for all, stress risk assessment, access to support, job retention and return to work, and supportive recruitment practices. SHAW has a mental health post that advises and supports local SHAW advisors</p>
<b>Target group</b>	<p>Adult working population in Scotland</p>
<b>Target group involvement</b>	<p>Consultation with stakeholders prior to establishing a Steering Group</p>
<b>Setting</b>	<p>Workplace</p>
<b>Leads and partners</b>	<p>SHAW leads, with backing from CBI Scotland, STUC, Federation of Small Businesses, Scottish Enterprise, Highlands and Islands Enterprise, COSLA, Scottish Executive, Health and Safety Executive, NHS Health Scotland and local NHS organisations</p>

<b>Funding and resources</b>	Scottish Executive, NHS Boards, private sector sponsors
<b>Timescales</b>	Currently funded to 2006
<b>Evaluation</b>	<ul style="list-style-type: none"> <li>• External evaluation by Institute for Occupational Medicine (2002) regarding health impact and perceived improvements in staff health, morale, team working and physical activity</li> <li>• Case studies and survey conducted in 1999</li> <li>• Scottish Executive have set targets to be achieved by 2005 for engagement with small and medium sized businesses</li> </ul>
<b>Outcomes to date</b>	<ul style="list-style-type: none"> <li>• Companies registered with SHAW cover 27% of the working population</li> <li>• Workplace health promotion standards have been established and recognised by industry</li> <li>• Evaluation found participation in SHAW was linked with improvement in staff morale</li> <li>• Award scheme is run by and for staff and participation produces benefits</li> </ul>
<b>Published literature</b>	<ul style="list-style-type: none"> <li>• IOM Evaluation report 2002</li> <li>• Case studies and survey, 1999 on NHS Health Scotland website</li> </ul>
<b>Learning points</b>	<ul style="list-style-type: none"> <li>• Organisations have benefited from a structured framework for health promotion activity, supported by workplace health advisors</li> <li>• There is value in employers forming networks to share good practice</li> <li>• There is a need for different ways of working to engage with small and medium sized businesses</li> </ul>

**What we know**

A positive working environment and appropriate support at work has a significant impact on stress related sickness absence and long term outcomes for employees experiencing mental distress (SCMH, 2000; Stansfeld *et al*, 2000).

Many of the factors that influence both the physical and mental health of staff are psychosocial and relate to style of management and working culture. For example, lack of job control is associated with alcohol dependence, poor mental health, poor health function and increased sickness absence (Stansfeld *et al*, 2000; Cheng *et al*, 2000; Niedhammer, 1998).

Effective interventions tend to be those which address health at work systemically, targeting the culture of the workplace, communications and job design, rather than those aiming to change individual behaviour (HSE, 2000; Stansfeld *et al*, 2000; Williams *et al*, 1998)

### What this project adds

SHAW provides an opportunity to assess the role of health at work policies in improving mental health in the workplace, in addition to the impact of specific interventions.

### Areas for future research

It is not clear whether the adoption of health at work policies has any impact on employer attitudes to the employment of people with a mental health problem and/or compliance with the Disability Discrimination Act, which now covers psychiatric impairment.

### References

Cheng Y, Kawachi I, Coakley E, Schwartz J and Colditz G (2000) Association between psychosocial work characteristics and health functioning in American Women. *British Medical Journal*, **320**:1432–1436.

Health and Safety Executive (2000) *The Scale of Occupational Stress: the Bristol Stress and Health at Work Study*. HSE, Suffolk.

Niedhammer I, Goldberg M *et al*. (1998) Psychosocial work environment and cardiovascular risk factors in an occupational cohort in France. *Journal of Epidemiology and Community Health*, **52**:93–100.

Sainsbury Centre for Mental Health (2000) *Finding and Keeping: Review of recruitment and retention in the mental health workforce*. Sainsbury Centre for Mental Health, London.

Stansfeld S, Head J and Marmot M (2000) *Work Related Factors and Ill Health: the Whitehall II Study*. HSE, Suffolk.

Williams S, Michie S and Pattani S (1998) *Improving the health of the NHS Workforce: report of the partnership on the health of the NHS Workforce*. The Nuffield Trust, Leeds.

20

## South Ayrshire Class Diamonds

<b>Contact details</b>	<p><b>Pamela Macrae</b>          Community Safety Team, Development, Safety &amp; Regulation          County Buildings, Wellington Square, Ayr KA7 1DR          T: 01292 294303          E: <a href="mailto:pamela.macrae@aapct.scot.nhs.uk">pamela.macrae@aapct.scot.nhs.uk</a></p>
<b>Relevance to National Programme's aims and priorities</b>	<p>Aims</p> <ul style="list-style-type: none"> <li>• Raising awareness and promoting mental health</li> <li>• Supporting recovery</li> </ul> <p>Priority area</p> <ul style="list-style-type: none"> <li>• Improving mental health in later life</li> </ul>
<b>Aims and objectives</b>	<ul style="list-style-type: none"> <li>• To raise awareness of home and personal safety</li> <li>• To promote positive changes in lifestyles</li> <li>• To increase the number of people aged 60 years and over taking part in physical activity</li> <li>• To reduce the risk of falls and accidents in the home</li> <li>• To act as a referral source from and to other agencies</li> </ul>
<b>What led to the project being set up?</b>	<ul style="list-style-type: none"> <li>• Identified local needs in relation to isolation, falls/fear of falls and loss of confidence among older people</li> <li>• National policy and research evidence promoting the health and social benefits of keeping active in later life</li> </ul>
<b>Description of activities</b>	<ul style="list-style-type: none"> <li>• Class Diamonds Courses are health promoting, physical activity, falls and accident awareness raising programmes</li> <li>• The 12 week courses comprise:             <ul style="list-style-type: none"> <li>– <i>Exercise and activity</i>: specially designed and adapted exercises to promote balance, strength, co-ordination and flexibility. These can be chair based or standing. A wide choice of activities is offered</li> <li>– <i>Social opportunities</i>: tea-breaks with time for a rest and chat</li> <li>– <i>Health promotion and education</i>: health and safety professionals deliver information on a wide range of topics relating to keeping well and keeping safe. This work also informs older people about services, resources, aids and welfare benefits available</li> </ul> </li> <li>• Courses are run throughout Ayrshire including in rural communities</li> <li>• A follow-on network of peer led exercise and social groups is being established</li> </ul>
<b>Target group</b>	<p>People 60 years and over living in the community especially those experiencing a fall or accident or being socially isolated</p>
<b>Target group involvement</b>	<p>Identified needs of older people informed the development of the project. Older people were involved in the working group that developed the programme and also promote the courses and act as mentors to new attendees</p>

## South Ayrshire Class Diamonds continued

<b>Setting</b>	Community centres, sports and leisure centres, town halls, church halls
<b>Leads and partners</b>	Led by South Ayrshire Council Community Safety Team working with: Sports Development Health and Fitness Team, Welfare Rights Dept, Volunteer Centre, Care and Repair; Strathclyde Police and Fire Services; NHS Ayrshire and Arran (Primary Health Care, Health Improvement, Clinical Effectiveness Dept), Wisdom-Dementia Service
<b>Funding and resources</b>	Through South Ayrshire Community Safety Partnership, funded by the Scottish Executive
<b>Timescales</b>	Annually funded to run 4 courses each year
<b>Evaluation</b>	<ul style="list-style-type: none"> <li>• Pre and post course evaluation with 6-month follow-up, using questionnaires and reflective personal diaries. These measures look at knowledge, attitudes and behaviour, including falls and levels of activity. NHS Clinical Effectiveness team undertake the evaluation</li> <li>• A Balance Scorecard is required by Scottish Executive, covering process and impact, partnerships and resources</li> </ul>
<b>Outcomes to date</b>	<ul style="list-style-type: none"> <li>• 360 people have registered for the courses, mainly females, some couples and a few single men, ranging in age from 60 to 94</li> <li>• Courses have met their aims in that participants report that they feel fitter and healthier; their knowledge and understanding of course topics has improved. Participants have also increased their level of physical activities and social interaction</li> <li>• Rates of falls and accidents have been reduced in those attending the course in the 12-month follow-up period</li> <li>• Courses have been very well-received and drop-out rates have been very low</li> </ul>
<b>Published literature</b>	In preparation
<b>Learning points</b>	<ul style="list-style-type: none"> <li>• Value of external assistance with evaluation, especially in a partnership project</li> <li>• Importance of the project's holistic non-stigmatising approach that addresses physical, mental and social well-being</li> <li>• Courses have challenged people to reconsider what they can and cannot do by building confidence and promoting social interaction</li> </ul>

### What we know

Increasing levels of physical activity for older people has important benefits for mental and physical health. Regular exercise improves cognitive functioning, reduces mental health problems and improves the mental health of older people (Etnier *et al*, 1997).

Providing opportunities which combine physical activity and opportunities for social contact may provide additional benefits: social support reduces death rates, susceptibility to infection and depression, notably in older people (Cohen, 1997; Oxman *et al*, 1992). Social isolation and loneliness are significant risk factors for poor mental health in later life (Cattan and White, 1998).

Effective interventions for older people are characterised by group activities, use a range of intervention methods, aim to deliver across a broad range of outcomes and include an element of participant control (Cattan and White, 1998).

Opportunities for older people to do voluntary work increase mental well-being in those who volunteer and also reduce depression in older people who receive services such as visits or peer counselling from an older volunteer (Wheeler *et al*, 1998).

### What this project adds

This programme addresses a very wide range of factors that impact on the mental well-being of older people, including home safety, nutrition, exercise, benefit uptake, personal safety and general health. It also provides opportunities for befriending and volunteering. Although it is challenging to evaluate programmes which include complex and varied components, the evidence suggests that such multi-faceted approaches are more likely to be successful in reducing the causes of social isolation and loneliness.

### Areas for future research

Improving the mental health of older people is a relatively neglected area and there is scope for further research in all areas. There is a particular lack of qualitative research on the views of older people themselves.

## References

Cattan M and White M (1998) Developing evidence based health promotion for older people: a systematic review and survey of health promotion interventions targeting social isolation and loneliness among older people. *International Journal of Health Promotion*, [www.rhpeo.org/ijhp-articles/1998/12/index.htm](http://www.rhpeo.org/ijhp-articles/1998/12/index.htm)

Cohen S (ed) (1997) *Measuring stress: a guide for health and social scientists*. Oxford University Press, Oxford.

Etnier JL, Salazar W, Landers DM, Petruzzello SJ, Han M and Nowell P (1997) The influence of physical fitness and exercise upon cognitive functioning: a meta analysis. *Journal of Sport and Exercise Psychology*, **19**:249–277.

Oxman TE *et al* (1992) Social support and depressive symptoms in the elderly. *American Journal of Epidemiology*, **135**:356–368.

Wheeler FA, Gorey KM and Greenblatt B (1998) The beneficial effects of volunteering for older volunteers and the people they serve: a meta analysis. *International Journal of Aging and Human Development*, **47**(1):69–79.

## West Dunbartonshire Healthy Minds

<p><b>Contact details</b></p>	<p>Angela McDonald/Alex Watt                  Room 7, Arcadia Business Centre, Miller Lane,                  Clydebank G81 1UJ                  T: 0141 941 0333                  E: <a href="mailto:scwdhm@mail.nch.org.uk">scwdhm@mail.nch.org.uk</a>                  W: <a href="http://www.nch.org.uk">www.nch.org.uk</a></p>
<p><b>Relevance to National Programme's aims and priorities</b></p>	<p>Aims</p> <ul style="list-style-type: none"> <li>• Raising awareness and promoting mental health</li> <li>• Eliminating stigma and discrimination</li> </ul> <p>Priority areas</p> <ul style="list-style-type: none"> <li>• Improving the mental health of children and young people</li> <li>• Improving community mental health</li> <li>• Improving the ability of public services to promote mental health and prevent mental illness</li> </ul>
<p><b>Aims and objectives</b></p>	<p>To provide information and support to children and young people whose parents suffer from mental health problems, including young people who have caring responsibilities</p>
<p><b>What led to the project being set up?</b></p>	<p>Gaps in support for this group of children and young people emerged from local needs assessment work</p>
<p><b>Description of activities</b></p>	<ul style="list-style-type: none"> <li>• Group work: time out from family circumstances, peer support and recreational activities</li> <li>• Individual work: support for young people who are isolated and vulnerable or need support to join a group</li> <li>• Advocacy and information work</li> <li>• Mental health promotion: to create positive links with community services and resources. This involves work with schools, social work, voluntary organisations and forums</li> </ul>
<p><b>Target group</b></p>	<p>Children and young people from the age of 10–18 years who have a parent/carer with a mental health problem</p>
<p><b>Target group involvement</b></p>	<ul style="list-style-type: none"> <li>• Needs assessment involved young people</li> <li>• Continuing involvement in developments</li> </ul>
<p><b>Setting</b></p>	<p>Community facilities</p>
<p><b>Leads and partners</b></p>	<p>NCH Scotland, a national voluntary organisation is the lead, working with West Dunbartonshire Social Work &amp; Housing, the Social Inclusion Partnership, NHS Greater Glasgow, NHS Argyll &amp; Clyde and the local Mental Health Fora</p>

### West Dunbartonshire Healthy Minds *continued*

<b>Funding and resources</b>	Financial and in kind support from West Dunbartonshire SIP, NCH Scotland, West Dunbartonshire Carers' Forum and West Dunbartonshire Council Funding determines yearly objectives
<b>Timescales</b>	Currently funded to March 2005
<b>Evaluation</b>	<ul style="list-style-type: none"> <li>• Young people provide feedback through questionnaires and group work activities</li> <li>• Parents complete questionnaires.</li> <li>• External evaluation as part of the Social Inclusion Partnership monitoring in 2002. Staff, advisory group, young people and community members were interviewed to assess the value and impact of the work and determine future funding support</li> </ul>
<b>Outcomes to date</b>	<ul style="list-style-type: none"> <li>• Improvements have been reported and observed in young people's ability to make friends, use coping skills and access resources</li> <li>• Support has enabled some young people to go on to education or work</li> <li>• Parents appreciate the support and time out their children receive</li> <li>• The project has had an influence on local mental health practice: adult clients are now asked about children routinely in assessment</li> </ul>
<b>Published literature</b>	<ul style="list-style-type: none"> <li>• West Dunbartonshire Partnership Project Evaluation</li> <li>• NCH Action for Children: the needs of children with parents with a mental health problem</li> </ul>
<b>Learning points</b>	<ul style="list-style-type: none"> <li>• Young people with parents experiencing mental health problems have 'hidden' needs that are not met through statutory agencies</li> <li>• Evaluation of preventive work that aims to promote resilience has to be long term</li> </ul>

#### What we know

The children of parents with mental health problems are at increased risk for a range of psycho-social problems, although the effects vary considerably, even among children in the same family. Higher rates of anxiety, depression and alcohol abuse in adulthood are associated with multiple disadvantage in childhood, including parental divorce, economic hardship and parental psychiatric illness (Melzer *et al*, 2004; Rutter and Smith, 1995).

There is limited evidence on effective interventions for children in this target group.

Social skills training e.g. coaching and cognitive problem solving is particularly effective with isolated children (Erwin, 1994).

### What this project adds

This project uses a wide range of interventions – group work, one-to-one and peer education – which are known to be effective in improving outcomes for children who are at risk of or showing early symptoms of mental health problems. These include social support, (Wolkow and Ferguson, 2001) problem solving skills (Dadds *et al*, 1997) and cognitive behavioural approaches (Durlak and Wells, 1997).

The project also includes advocacy approaches to secure rights and services from statutory providers.

### Areas for future research

Long term evaluation and longitudinal studies are needed to assess the most effective combination of interventions and the extent to which individual interventions are successful in influencing health outcomes for the children of parents with mental health problems.

### References

- Dadds M, Spence S, Holland DE, Barrett PM and Laurens KR (1997) Prevention and early intervention for anxiety disorders: a controlled trial. *Journal of Consulting and Clinical Psychology*, **65**:627–635.
- Durlak JA and Wells AM (1997) Primary prevention mental health programs for children and adolescents: a meta-analytic review. *American Journal of Community Psychology*, **25**:115–152.
- Erwin PG (1994) Effectiveness of social skills training with children: a meta-analytic study. *Counselling Psychology Quarterly*, **7**(3):305–310.
- Melzer D, Fryers T and Jenkins J (2004) *Social inequalities and the distribution of common mental disorders*. Maudsley Monograph 14, Psychology Press, Hove.
- Rutter M and Smith DJ (eds) (1995) *Psychosocial disorders in young people*. John Wiley and Sons, Chichester.
- Wolkow KE and Ferguson HB (2001) Community factors in the development of resiliency: considerations and future directions. *Community Mental Health Journal*, **37**(6):489–498.

22

**The Women's Project, Bridgeton LHCC**

<p><b>Contact details</b></p>	<p><b>Bernadette MacDonald</b>                  Bridgeton Health Centre, Bridgeton LHCC                  201 Abercromby Street, Bridgeton, Glasgow G40 2DA                  T: 0141 531 6567                  E: <a href="mailto:Bernadette.MacDonald@glacomen.scot.nhs.uk">Bernadette.MacDonald@glacomen.scot.nhs.uk</a></p>
<p><b>Relevance to National Programme's aims and priorities</b></p>	<p>Aim</p> <ul style="list-style-type: none"> <li>• Relevant to all aims of the programme</li> </ul> <p>Priority areas</p> <ul style="list-style-type: none"> <li>• Improving infant mental health (early years)</li> <li>• Improving the mental health of children and young people</li> <li>• Improving community mental health</li> </ul>
<p><b>Aims and objectives</b></p>	<ul style="list-style-type: none"> <li>• To develop a holistic model of intervention to improve the health of women experiencing mild to moderate mental health difficulties, who present in primary care</li> <li>• To provide advocacy, information and support to women experiencing mild to moderate mental health difficulties</li> <li>• To address social isolation through links to community based resources and befriending services</li> <li>• To promote partnership working between primary health care, local agencies and community groups to provide a more integrated service to women and improve responses to women experiencing gender based violence</li> </ul>
<p><b>What led to the project being set up?</b></p>	<ul style="list-style-type: none"> <li>• Global and local work on gender based violence and its relationship to mental health</li> <li>• Recognition of the need to identify effective service and practice responses</li> </ul>
<p><b>Description of activities</b></p>	<ul style="list-style-type: none"> <li>• Referrals come from primary care staff and GPs, also self-referral. GP referrals are increasing</li> <li>• Holistic assessment, using a social model of health, to identify social factors, current and historical experiences that contribute to feelings and behaviour. Domestic violence and sexual abuse are among the issues identified</li> <li>• Worker provides one-to-one sessions, supplemented by advocacy and drop in support. Group work is in development</li> <li>• Work is carried out with individual women on self-esteem and assertiveness, Cognitive Behavioural Therapy and goal setting/problem solving</li> <li>• Worker undertakes casework and case management and liaises with other agencies: Benefits Agency, housing, social work</li> </ul>
<p><b>Target group</b></p>	<p>Women and children</p>
<p><b>Target group involvement</b></p>	<p>Formal and informal consultation with service users is a feature of the work</p>

<b>Setting</b>	Primary health care
<b>Leads and partners</b>	<ul style="list-style-type: none"> <li>• Led by primary care</li> <li>• Multi-agency steering group set strategic direction</li> <li>• Partners include local Social Inclusion Partnership and social work area office, NHS Greater Glasgow</li> </ul>
<b>Funding and resources</b>	Project co-ordinator, administrator and counsellor
<b>Timescales</b>	Funded as a demonstration project for 3 years, from May 2003
<b>Evaluation</b>	Independent process and outcome evaluation being undertaken by University of Glasgow
<b>Outcomes to date</b>	<ul style="list-style-type: none"> <li>• Enabling women to move away from situations of domestic violence, with a package of care and support</li> <li>• Reduction in use of medication</li> <li>• Decrease in GP attendance</li> <li>• Enabling rather than punitive use of child protection</li> <li>• Women who use the service regard it as non-stigmatising and supportive</li> </ul>
<b>Published literature</b>	First stage evaluation and monitoring reports
<b>Learning points</b>	<ul style="list-style-type: none"> <li>• Women need time and listening support to explore factors underlying current problems: initial intention to offer assessment and brief interventions had to be reconsidered</li> <li>• The importance of addressing social <i>and</i> emotional needs; past <i>as well as</i> current experiences</li> <li>• Primary care has proved to be a non-stigmatising setting</li> <li>• Challenges for the future relate to the mainstreaming of this work, into routine clinical practice. This may mean losing the benefits of one-stop shop approach currently offered</li> </ul>

**What we know**

Gender has a significant impact on risk and protective factors for mental health and the way in which the experience of mental distress is expressed (Department of Health, 2003). Women are much more vulnerable to a range of key risk factors for mental ill health, including poverty, unemployment, (Gordon *et al*, 2000; Melzer *et al*, 2004) domestic violence, sexual violence, rape and child sexual abuse (Rogers and Pilgrim, 2003; Richardson *et al*, 2002). Women have significantly higher prevalence levels of depression, anxiety and eating disorders, parasuicide and deliberate self-harm.

Many women have a strong preference for women-only services and for support which can be accessed via the voluntary and community sector (Department of Health, 2003).

### What this project adds

The programme is based on a recognition of the wider social factors which impact both on women's perception of mental health and their well-being, notably social isolation, and coping with poverty. The programme has a strong focus on violence and abuse, working to enable women to move away from a violent domestic situation through the provision of advice, guidance and support, while at the same time arranging a package of care and network of support to help them negotiate and sustain their safety and independence. Child protection is dealt with from an enabling and empowering perspective rather than as a punitive process.

It is planned to include impact on prescription of medication, as well as health outcomes measured by SF-12 in the evaluation.

### Areas for future research

There is little information on the most effective approaches to domestic violence, although some data is emerging on the value of screening in primary care (Richardson *et al*, 2002).

### References

Department of Health (2003) *Mainstreaming Gender and Women's Mental Health: Implementation Guidance*. Mental Health, Health & Social Care Standards & Quality Group, London.

Gordon D, Adelman L, Ashworth K, Bradshaw J, Levitas R, Middleton S, Pantazis C, Patsios D, Payne S, Townsend P and Williams J. (2000) *Poverty and Social Exclusion in Britain*. Joseph Rowntree Foundation, York.

Melzer D, Fryers T and Jenkins R (2004) *Social inequalities and the distribution of common mental disorders*. Maudsley Monograph 44, Psychology Press, Hove.

Rogers A and Pilgrim D (2003) *Mental health and inequality*. Palgrave MacMillan, Basingstoke.

Richardson J, Coid J, Petruckevitch A, Chung WS, Moorey S and Feder G (2002) Identifying domestic violence: cross sectional study in primary care. *British Medical Journal*, **324**:274.



## **Mental Health Improvement: Evidence and Practice**

# **appendices**



## Appendices

### Appendix A Case Studies Application Form

#### Supporting Evidence From Practice: Good Practice in Mental Health Improvement Case Studies Application Form

SDC has been commissioned by NHS Health Scotland to gather examples of good practice in mental health improvement in Scotland. This project, Supporting Evidence from Practice, forms part of the work of NHS Health Scotland in building the evidence base for mental health improvement, as well as in disseminating evidence of what works.

As a first step, SDC is seeking nominations of examples of work on mental health improvement across a wide range of sectors, disciplines and service areas in Scotland. We are inviting you to nominate work that you are involved in, or know of, at local or at national level which you consider to be an example of good practice. We will then select up to twenty examples to look at in more depth as case studies.

We will select case studies using the following criteria:

- Projects which have identified indicators to measure success
- Projects which have evidence of their impact
- Projects which can identify how inputs, outputs and outcomes are recorded (or will be recorded)
- Projects which add to, build on or replicate what is currently known about effective mental health improvement

In addition we are keen to ensure that the examples selected include work in rural as well as urban settings, and both national and local initiatives.

Please provide as much detail as possible regarding your project in completing the boxes below.

Name of project

Address

Contact name Tel

Email

Website

Which of the following themes apply to your project?

(Please mark X next to the appropriate theme. You can select more than one theme if necessary)

- 1 Raising awareness in promoting mental health and well-being
- 2 Eliminating stigma and discrimination
- 3 Preventing suicide
- 4 Supporting recovery
- 5 Improving infant mental health (early years)
- 6 Improving the mental health of children and young people
- 7 Improving mental health and well-being in employment and working life
- 8 Improving mental health and well-being in later life
- 9 Improving community mental health and well-being
- 10 Improving mental health promotion and prevention in local services

Aims and objectives of project:

What led to the project being set up?

(e.g. how was the need for it identified, what funding opportunities arose, etc.)

Description of activities:

Target group(s):

Did you involve the target group(s) in developing the project?  
(e.g. consultation, needs assessment, etc.)

Setting(s) (e.g. school):

Is your organisation leading this project?      Yes/No    (Please delete as appropriate)

If no, please state the organisation that is leading:

How is the project funded?

What resources were required by the project?  
(e.g. staff, equipment, etc.)

What is the timescale?

How are you evaluating the project?  
(e.g. tools/measures used, types of data collected (qualitative or quantitative),  
internal/external evaluation, etc.)

What have the outcomes of the project been to date?

List any published literature, reports or supporting research that has been produced about this project:

What have been your key learning points through the course of this project?

Signed:

Date:

Many thanks for taking the time to complete this form. Please return your completed form, by no later than **19th March 2004** to:

Amy Woodhouse, Research Worker, Scottish Development Centre for Mental Health, 17a Graham Street, Edinburgh EH6 5QN, or email to: [amyw@sdcmh.org.uk](mailto:amyw@sdcmh.org.uk)

Appendix B Additional case study nominations

<p><b>Gay Men’s Health</b>          10a Union Street          Edinburgh          EH1 3LU</p> <p><b>Contact: Craig Hutchison</b>          Tel: 0131 558 9444          Email: craig@gmh.org.uk          Website: www.gmh.org.uk</p> <p>Target group: Gay and bisexual men</p>	<p><b>Overview:</b>          Works to improve the mental, physical and sexual health of gay and bisexual men, their partners and families through direct service-provision and through community development approaches.</p>
<p><b>ASIST</b>          Health Promotion Department          NHS Shetland          Brevik House, South Road          Lerwick ZE1 0TG</p> <p><b>Contact: Mari Todd</b>          Tel: 01595 743310          Email: mari.todd@shb.shetland.scot.nhs.uk</p> <p>Target group: Shetland population: from teenagers upward</p>	<p><b>Overview:</b>          Works to enhance the suicide intervention competencies of community caregivers for those both in professional and voluntary supportive roles, to reduce the immediate risk of death by suicide.</p>
<p><b>Head 1st</b>          Flat 3/1, 6 Ardenraig Street          Castlemilk          Glasgow G45 0ER</p> <p><b>Contact: Anne Robertson</b>          Tel: 0141 583 0519          Email: headfirst@ntlbusiness.com</p> <p>Target group: Young people between 12-25, parents, teachers, local youth service providers and community groups</p>	<p><b>Overview:</b>          Works to enhance, support and promote the mental well-being of young people during key periods of transitions.</p>
<p><b>Promoting Mental Well-being – Group work Projects</b>          Psychological Service          Park Street, Falkirk FK1 1RE</p> <p><b>Contact: Graeme King</b>          Tel: 01324 503680          Email: graeme.king@falkirk.gov.uk</p> <p>Target group: S2 and S3 pupils</p>	<p><b>Overview:</b>          Promotes mental well-being for secondary pupils. Initially targeting pupils with a variety of difficulties – managing anger, peer and adult interpersonal relationships.</p>

## Appendix B Additional case study nominations

<p><b>The Art of Living Well</b> Health Promotion, Western Isles NHS 42 Winfield Way Balivanich, Benbecula HS7 5LH</p> <p><b>Contact: Norma Neill</b> Tel: 01870 60258 Email: norma.neill@wihb.scot.nhs.uk</p> <p>Target group: People with experience of mental ill health, learning disabilities, service providers and interested others</p>	<p><b>Overview:</b> Provided a community based mental health and well-being event and a forum to raise awareness of the importance of emotional health.</p>
<p><b>Kingswell Primary School Well-being Project</b> Kingswell Avenue Kingswell, Aberdeen AB15 8TG</p> <p><b>Contact: Steve Glennie</b> Tel: 01224 740262 Email: s.glennie@kingswell.aberdeen.sch.uk</p> <p>Target group: P1 children – ages 4–5 years</p>	<p><b>Overview:</b> Works to improve children’s social skills, to boost confidence through success and positive feedback, to introduce fun activities which engender motivation, to allow child-adult relationships to flourish, to improve the social cohesion of the group and develop physical skills and co-ordination.</p>
<p><b>Primary Mental Health Worker - CAMH</b> Child Health Department Lawson Memorial Hospital, Golspie</p> <p><b>Contact: Steve Spence</b> Tel: 01408 664065 Email: steve.spence@hpct.scot.nhs.uk</p> <p>Target group: Children and young people</p>	<p><b>Overview:</b> Has a remit for direct contact with children, young people and their families, but also has a remit and protected time for mental health promotion to schools (teachers and pupils).</p>
<p><b>DogDaze Theatre production of ‘Dr Dog’</b> Moray Council, Commerce House Annex South Street, Elgin IV30 1JE</p> <p><b>Contact: Nick Fearne</b> Arts Development Officer Tel: 01343 557148 Email: nick.fearne@moray.gov.uk Website: www.dogdazetheatre.co.uk</p> <p>Target group: Mainly primary school children and their families</p>	<p><b>Overview:</b> Created a piece of professional theatre for children and young people which visited all primary schools in Moray, and an education pack and interactive website that addresses a number of health issues including mental health.</p>

Appendix B Additional case study nominations

<p><b>Lanarkshire Links</b>          1.21 Dalziel Workspace          Mason Street          Mortherwell ML1 1YE</p> <p><b>Contact: John Miller</b>          Tel: 01698 265232/54          Email: lan.links@btconnect.com          Website: www.lanarkshire-links.fsnet.co.uk</p> <p>Target group: Mental health service users and their carers living in Lanarkshire</p>	<p><b>Overview:</b>          Works to involve mental health users and their carers in the planning, development, monitoring and evaluation of services in Lanarkshire.</p>
<p><b>Clydebank LHCC Befriending Project</b>          Hall Street Clinic          13 Hall Street          Clydebank G81 1UB</p> <p><b>Contact: Ailsa King</b>          Tel: 0141 435 7722          Email: ailsa.king@glacomen.scot.nhs.uk</p> <p>Target group: Older people</p>	<p><b>Overview:</b>          Provides individual support and companionship for members of the community who are elderly, isolated and vulnerable. Also, direct support to alleviate the pressures for carers who care for elderly relatives at home.</p>
<p><b>Open Door Project</b>          Volunteer Centre          4 King Street          Stirling FK8 1AY</p> <p><b>Contact: Jacqueline Walsh</b>          Tel: 01786 430000          Email: opendoor@volunteerstirling.org.uk</p> <p>Target group: Adults with long term enduring mental health issues</p>	<p><b>Overview:</b>          Provides opportunities for adults with long term enduring mental health issues to become involved in a wide range of volunteering opportunities, with appropriate support.</p>
<p><b>Activate</b>          Dumbarton Joint Hospital          Cardross Road          Dumbarton G82 5JA</p> <p><b>Contact: Isobel Plunkett</b>          Tel: 01389 604117          Email: isobel.plunkett@west-dunbarton.gov.uk</p> <p>Target group: Socially isolated, vulnerable and non-motivated young men with a severe and enduring mental illness</p>	<p><b>Overview:</b>          Works to allow for ‘male discussion’, encourage physical activity and social inclusion.</p>

## Appendix B Additional case study nominations

<p><b>Homeless: Voices to be Heard</b>          Department of Social Work &amp; Housing          Joint Hospital          Cardross Road, Dumbarton G82 5JA</p> <p><b>Contact: Isobel Plunkett</b>          Tel: 01389 604117          Email: isobel.plunkett@west-dunbarton.gov.uk</p> <p>Target group: People who are or have been affected by homelessness issues</p>	<p><b>Overview:</b>          Presentation of homelessness at a housing conference. Offers a community development process and encourages community involvement.</p>
<p><b>Minority Ethnic Mental Health</b>          Lothian Primary Care NHS Trust          Royal Edinburgh Hospital          Morningside Terrace, Edinburgh EH10 5HF</p> <p><b>Contact: Rashpal Nottay</b>          Tel: 0131 537 6468          Email: rashpal.nottay@lpct.scot.nhs.uk</p> <p>Target group: All ages, both genders</p>	<p><b>Overview:</b>          Works to ensure mental health services are culturally sensitive in meeting the needs of other ethnic groups within Edinburgh. Also works to tackle inequalities in mental health and promoting positive mental health in the community.</p>
<p><b>Scotia Clubhouse</b>          25 McPhail Street          Bridgeton          Glasgow G40 1DN</p> <p><b>Contact: Isabella Goldie - Service Manager</b>          Tel: 0141 552 5592          Email: i.goldie@gamh.org.uk          Website: www.gamh.org</p> <p>Target group: Individuals recovering from mental illness aged 16-25 years, living in the East End of Glasgow</p>	<p><b>Overview:</b>          Mental health support service based on the international clubhouse model. The Clubhouse aims to support those disadvantaged through mental illness to raise their expectations of what they can achieve in life and to view recovery as a real possibility.</p>
<p><b>Evaluating a Cognitive-behavioural Depression Prevention Programme for Children</b>          Dept of Clinical Psychology (Early Intervention Service)          Royal Hospital for Sick Children          York Hill NHS Trust, Glasgow G3 8SJ</p> <p><b>Contact: Kara Russell, Consultant Clinical Psychologist</b>          Tel: 0141 201 0923          Email: kara.russell@yorkhill.scot.nhs.uk</p> <p>Target group: Children within preadolescent phase of development (8–12 years)</p>	<p><b>Overview:</b>          Evaluation of a 6 session cognitive-behavioural depression prevention group for children aged 8–12 years.</p>

Appendix B Additional case study nominations

<p><b>Morven Day Services - Hive and Community Guides</b>  Church of Scotland Board of Social Responsibility  Ardbeg Avenue, Kilmarnock, Ayrshire KA3 2AR</p> <p><b>Contact: Mr Allan Logan</b>  Tel: 01563 572459  Email: morven.cos@uk.uumail.com</p> <p>Target group: Adults with mental health problems</p>	<p><b>Overview:</b>  Promotes good mental health and well being, to support service users to become part of their community and to provide varied therapeutic opportunities.</p>
<p><b>Orkney Home Treatment Service</b>  The Surgery  John Street  Stromness, Orkney</p> <p><b>Contact: Shirley Ward</b>  Tel: 01856 851482  Email: shirley.ward@orkney-hb.scot.nhs.uk</p> <p>Target group: Adults 18 yrs plus</p>	<p><b>Overview:</b>  Provides intensive mental health services to people who have an acute mental health problem. The service can prevent hospital admission or facilitate earlier discharge from hospital. The service is delivered in the service user's own home.</p>
<p><b>An Initial Risk Assessment Tool for Mental Health and Learning Disabilities</b>  Division of Risk  Glasgow Caledonian University  Glasgow G4 0BA</p> <p><b>Contact: Dr Bill Stein</b>  Tel: 0141 331 3289  Email: w.stein@gcal.ac.uk</p> <p>Target group: Adult mental health</p>	<p><b>Overview:</b>  Exploring the possibility of introducing an initial risk assessment to be used as a 'standard' across the mental health and learning disabilities directorate.</p>
<p><b>Moving Into Health West Lothian</b>  Lammermuir House, Owen Square  Livingston EH54 6PW</p> <p><b>Contact: Gillian Wilson</b>  Tel: 01506 773706  Email: gillian.wilson@westlothian.gov.uk</p> <p>Target group: Anyone in West Lothian who is experiencing homelessness</p>	<p><b>Overview:</b>  Works to improve the health and well-being of homeless people in West Lothian, and provide continuity of care and support for homeless people leaving institutions.</p>

## Appendix B Additional case study nominations

<p><b>R U OK?</b>          Youth Health Partnership (YHP)          Airdrie LHCC, Westermoffat Hospital,          Towers Rd, Airdrie</p> <p><b>Contact: Karen McNiven</b>          Tel: 01236 771058          Email: Karen.mcniven@lanpct.scot.nhs.uk</p> <p>Target group: Young people</p>	<p><b>Overview:</b>          Works with vulnerable young people e.g. young carers, excluded pupils in both a school and community setting.          Has developed and delivered an educational pack to address issues of emotional well-being. Provides counselling services to young people.</p>
<p><b>Galashiels Wellbeing Project</b>          Health Promotion Department, NHS Borders          Tweed Horizons          Newtown St Boswells TD6 0SG</p> <p><b>Contact: Wendy Lynn, Project Lead</b>          Tel: 01835 824485          Email: wendy.lynn@borders.scot.nhs.uk</p> <p>Target group: Transitional age (over 16 years); working age; older people; communities</p>	<p><b>Overview:</b>          Works to support and encourage people with mild/moderate psycho-social problems to take more responsibility for their well-being, moving away from an approach which could inadvertently lead to dependence on professional services.</p>
<p><b>Lifestyle Clinics For Patients with Chronic Mental Illness</b>          Block A, Royal Cornhill Hospital          Aberdeen AB25 2ZH</p> <p><b>Contact: Dr Carol Robertson</b>          Tel: 01224 557541          Email: Carol.Robertson@gpct.Grampian.scot.nhs.uk</p> <p>Target group: Adults with chronic enduring mental illness</p>	<p><b>Overview:</b>          Works to improve the physical health of this very disadvantaged population by screening their physical health and lifestyle.</p>
<p><b>Springboard</b>          15 Carlibar Road          Barrhead, East Renfrewshire</p> <p><b>Contact: David Kydd</b>          Tel: 0141 881 8811          Email: david.springboard@ramh.org          Website: www.ramh.org</p> <p>Target group: Individuals with mental health problems who are 'furthest removed from the labour market'</p>	<p><b>Overview:</b>          Works to engage individuals deemed 'hard to engage' and with 'severe and enduring' mental health problems in an employment skills support service.</p>

Appendix B Additional case study nominations

<p><b>Motive 8</b> Fullerton Community Health House 10 Sanderson Avenue Irvine KA12 8DX</p> <p><b>Contact: Bobby Sturgeon</b> Tel: 01294 311701 Email: fchh@dialstart.net Website: www.fchh.co.uk</p> <p>Target group: Young people (deliberate self-harm) All ages ongoing support</p>	<p><b>Overview:</b> Provides a counselling service specifically for individuals at risk from deliberate self-harm, and another counselling service for people dealing with the aftermath of suicidal behaviour or completed suicide.</p>
<p><b>Youth Mental Health Development work within Woodside/Maryhill LHCC</b> Maryhill Health Centre 41 Shawpark Street, Maryhill Glasgow G20 9DR</p> <p><b>Contact: Wendy McAuslan</b> Tel: 0141 232 8102 Email: McAuslan@glacomen.scot.nhs.uk</p> <p>Target group: Young people aged 12-19, LHCC staff and local workers</p>	<p><b>Overview:</b> Provides group work/support/training to identified groups of vulnerable young people. Increases awareness of the issues around young people and mental health both within the LHCC and outwith.</p>
<p><b>Well-being</b> 181 Union Street Aberdeen AB11 6BB</p> <p><b>Contact: Elaine Allen, Public Health Co-ordinator</b> Tel: 01224 551307 Email: elaine.allan@gpct.grampian.scot.nhs.uk</p> <p>Target group: Within the age group 0-8 years and their parents</p>	<p><b>Overview:</b> Seminar and workshop to raise awareness on Mental Health and Well-being in the Early Years (0–8). Practice development within identified pilot centres across sectors. Production and dissemination of multimedia training resources.</p>
<p><b>Greater Glasgow Mental Health Service for Looked After and Accommodated Children and Young People</b> c/o 90 Kerr Street (Yorkhill NHS Trust) Glasgow G40 2QP</p> <p><b>Contact: Julia Donaldson</b> Tel: 0141 531 3300 Email: jdonaldson@yorkhill.scot.nhs.uk</p> <p>Target group: Children and young people who are looked after and accommodated by the Local Authority</p>	<p><b>Overview:</b> Promotes the development and maintenance of integrated care pathways for the mental health of children and young people who are looked after and accommodated.</p>

## Appendix B Additional case study nominations

<p><b>Walled Garden</b> The Walled Garden Centre Murray Royal Hospital Muirhall Road, Perth PH2 7BH</p> <p><b>Contact: Fiona Bradley</b> Tel: 01738 475097 Email: fpbradley@pkc.gov.uk</p> <p>Target group: Adults with severe and enduring mental health issues</p>	<p><b>Overview:</b> Brings renowned artists to pass on skills to both users and staff enabling production of artworks. Sustainability achieved via skills learned and future sales of products produced.</p>
<p><b>Scott Rorison</b> c/o Lomond &amp; Argyll Advocacy Service 155 Glasgow Road Dumbarton G82 1RH</p> <p>Tel: 01389 726543 Email: scott@laas.freeserve.co.uk</p> <p>Target group: People who use mental health services</p>	<p><b>Overview:</b> Assists participants to acquire or develop an understanding of the purpose and value of independent peer and collective advocacy by equipping them with the necessary knowledge, skills and understanding.</p>
<p><b>Pinpoint, SAMH</b> Archibald Simpson Building 27-29 King Street Aberdeen AB24 5AA</p> <p><b>Contact: Jenni Campbell</b> Tel: 01224 633322 Email: pinpoint_samh@hotmail.com</p> <p>Target group: Young people aged 16-34 who suffer from mental health related difficulties</p>	<p><b>Overview:</b> Assists clients to regain control of their lives and be able to access employment and further education in the future.</p>
<p><b>Improving Mental Health &amp; Services in Ayrshire and Arran</b> Rozelle, Ailsa Hospital Ayr KA6 6AB</p> <p><b>Contact: Lesley Brady</b> Tel: 01292 513933 Email: lesley.brady@aapct.scot.nhs.uk</p> <p>Target group: Adults with mental health problems</p>	<p><b>Overview:</b> Works to develop appropriate 24-hour care, primary care services, and explicit person centred care management.</p>

Appendix B Additional case study nominations

<p><b>the big step</b>            93 Candleriggs, 3rd Floor            Glasgow G1 1NP</p> <p><b>Contact: Martin Collins</b>            Tel: 0141 572 0551            Email: martin.collins@thebigstep.org.uk            Website: www.thebigstep.org.uk</p> <p>Target group: Care leavers and young people who are currently looked after and accommodated</p>	<p><b>Overview:</b>            Works to prevent the particular exclusion experienced by young people leaving care in Glasgow through strategic and local partnership approaches, which aim to support the transition from care to independence and inclusion.</p>
<p><b>Implementation of Behavioural Family Therapy (BFT) in Lanarkshire.</b>            Department of Counselling &amp; Clinical Psychology, Level 2, Strathmore House            Brouster Gate, Town Centre            East Kilbride G67 1LF</p> <p><b>Contact: Mr P Dolan</b>  <b>Consultant Clinical Psychologist</b>            Tel: 01355 249470            Email: Padhraic.dolan@lanpct.scot.nhs.uk</p> <p>Target group: Service users with serious and enduring mental health problems, their family and carers</p>	<p><b>Overview:</b>            Implementing BFT in Lanarkshire through training local staff as therapists and BFT trainers, cascading BFT skills to other mental health workers in Lanarkshire, and evaluating this implementation.</p>
<p><b>Sorted Not Screwed Up!</b>            Aberdeen Foyer, Marywell Centre            Marywell Street, Aberdeen AB11 6JF</p> <p><b>Contact: Jamie Patterson</b>            Tel: 01224 212924            Email: jamiep@aberdeenfoyer.com</p> <p>Target group: Socially disadvantaged young people (16-25 year olds)</p>	<p><b>Overview:</b>            Works to sustain and develop the Foyer's role in addressing inequalities in health, support community development and actively participate in social inclusion policy by developing and implementing a mental health and well-being strategy in partnership with disadvantaged young people.</p>
<p><b>Midlothian Text</b>            8 Academy Lane            Loanhead            Midlothian EH20 9RP</p> <p><b>Contact: Ms Pat Conner</b>            Tel: 0131 448 2965</p>	<p><b>Overview:</b>            Provides support and training to enable long term unemployed to be able to re-enter work. The training uses computers and office skills to various levels but an important aspect of this work is the discipline of attendance and the group support that is given.</p>

## Appendix B Additional case study nominations

<p><b>Young Person’s Nurse – Child and Adolescent Mental Health Services</b>          Hawkhead Child &amp; Family Centre          Hawkhead Hospital, Hawkhead Road, Paisley</p> <p><b>Contact: Elaine Corcoran/Karen Ross</b>          Tel: 0141 889 8151          Email: elaine.corcoran@renver-pct.scot.nhs.uk</p> <p>Target group: Children residing in Renfrewshire 0-18 years (in secondary ed.)</p>	<p><b>Overview:</b>          Provides direct intervention and access to CAMH Services for young people living in Renfrewshire who have a substance misuse problem or mental health problem, or young persons who are affected by a family or carer’s substance misuse problem.</p>
<p><b>Development of Dual Diagnosis Service for Inverness</b>          Community Mental Health Team          Old Nurses Homes, Craig Dunain Hospital          Inverness</p> <p><b>Contact: Jim Neville</b>          Tel: 01463 704678          Email: jimandkate@ecosse.net</p> <p>Target group: Individuals who have primary diagnosis of Severe Mental Illness and secondary diagnosis of Substance Misuse Disorder</p>	<p><b>Overview:</b>          Works to develop the Dual Diagnosis Service for Inverness, to improve clinical outcomes for a specific client group and to surmount and eliminate barriers to care.</p>
<p><b>Redhall Walled Garden</b>          97 Lanark Road          Edinburgh EH14 2LZ</p> <p><b>Contact: Sam Anderson</b>          Tel: 0131 443 0946          Email: redhall@samhservices.org.uk          Website: www.samh.org.uk</p> <p>Target group: Adults with severe and enduring mental health problems</p>	<p><b>Overview:</b>          Helps people regain control of their lives and become useful members of society by helping them to look at the skills they have and how these can be used to move beyond illness.</p>
<p><b>How We Feel</b>          Health Promotion          Kings Cross, Dundee DD3 8EA</p> <p><b>Contact: Julie Redman</b>          Tel: 01382 424019          Email: julie.redman@thb.scot.nhs.uk</p> <p>Target group: Young people (13 years) in S2 in one secondary school</p>	<p><b>Overview:</b>          Works to explore young people’s feelings, emotions and experiences. All young people in one year group (S2) in one secondary school.</p>

Appendix B Additional case study nominations

<p><b>Building Healthy Communities in Dumfries and Galloway</b>          Grierson House, Crichton          Bankend Road DG1 4ZG</p> <p><b>Contact: Thomesena Lochhead          Regional Co-ordinator</b>          Tel: 01387 272776          Email: Tlochhead@dghb.scot.nhs.uk</p> <p>Target group: All age groups in these areas of deprivation</p>	<p><b>Overview:</b>          Builds individual, organisational and community capacity in order to address health inequalities and to take action to tackle the root causes of these inequalities.</p>
<p><b>HEALTHBITS</b>          Health Scotland</p> <p><b>Contact: Gary Wilson</b>          Tel: 0131 536 5500          Email: gary.wilson@hebs.scot.nhs.uk</p> <p>Target group: students at Scottish FE institutes or universities</p>	<p><b>Overview:</b>          Supports personal decision-making around risk-taking by encouraging a pro-health culture/environment; and providing accessible and confidential health-related information. Also works to minimise the harm of risk-taking, especially in relation to substance misuse.</p>
<p><b>The OPPS Group (Oban Opportunities for All)</b>          c/o Sèlas Argyll &amp; Bute RSI Albany Street          Oban Argyll PA34 4AG</p> <p><b>Contact: Carl Pickard</b>          Tel: 01631 565575          Email: btha.solas@tiscali.co.uk</p> <p>Target group: Primary group recovering drug users; secondary alcohol misusers, homeless, criminal justice, other socially excluded clients</p>	<p><b>Overview:</b>          Provides social, recreational, vocational and educational activities for individuals who are experiencing issues relating primarily to substance misuse issues, but also any other form of social exclusion.</p>
<p><b>Compass</b>          23 Whittle Place          South Newmoor Industrial Estate          Irvine KA11 4HR</p> <p><b>Contact: Bernard McNally</b>          Tel: 01294 221490          Email: compass@samh.org.uk</p> <p>Target group: People with a history of mental health problems who are unemployed and wish to return to work or enter education</p>	<p><b>Overview:</b>          Promotes social inclusion through providing training, vocational guidance and work placements.</p>

## Appendix B Additional case study nominations

<p><b>Core Clubhouse</b> 1st House Woodmill Road, Dunfermline KY11 4SS</p> <p><b>Contact: Cheryl Pennington</b> Tel: 01383 623179 Email: coreclub@samhservices.org.uk</p> <p>Target group: Adults aged 16+</p>	<p><b>Overview:</b> Provides a facility where members can enjoy the company of others in a relaxed setting and opportunities for members to use and expand their existing abilities as well as developing their potential through new experiences and activities.</p>
<p><b>WORKSTEP</b> SAMH, Fisherrow Community Centre, South Street, Musselburgh EH21 6AT</p> <p><b>Contact: Keith Staples</b> Tel: 0131 653 6723 Email: Kstaples@samh-workstep Website: www.samh.org.uk</p> <p>Target group: Adults with a disability aged 16–64 years</p>	<p><b>Overview:</b> Provides guidance and support to individuals wishing to obtain, and or retain paid meaningful employment.</p>
<p><b>see me National Anti-Stigma Campaign</b> 9-13 Maritime Street, Edinburgh EH6 6SB</p> <p><b>Contact: Linda Dunion</b> Tel: 0131 624 8945 Email: linda.dunion@seemescotland.org Website: www.seemescotland.org</p> <p>Target group: General population in Scotland. Tailored campaign strands under development to target teens and the workplace</p>	<p><b>Overview:</b> Works to eliminate the stigma and discrimination associated with mental health problems by improving public attitudes. Encourages the media to be accurate, fair and balanced in their portrayals of mental health problems.</p>
<p><b>Mental Health Awareness</b> The Scottish Further Education Centre Argyll Court, Castle Business Park Stirling FK9 4TY</p> <p><b>Contact: Sandy MacLean</b> Tel: 01786 892051 Email: sandy.maclean@esfeu.ac.uk</p> <p>Target group: Staff from the Further Education sector</p>	<p><b>Overview:</b> Provides general awareness raising sessions within the area of mental health. Identifies support strategies lecturers may need to put in place to enable students with mental health difficulties to participate as fully as possible within college.</p>

Appendix B Additional case study nominations

<p><b>Clydebank LHCC Attendance Allowance Pilot</b>          Clydebank LHCC          Hall Street Clinic          Clydebank G81 1UB</p> <p><b>Contact: Clare McGinley</b>          Tel: 0141 435 7736/22          Email: clare.mcginley@glacomen.scot.nhs.uk</p> <p>Target group: Older people</p>	<p><b>Overview:</b>          Works to increase referrals to welfare rights officer and increase claimants for Attendance Allowance. Raises awareness of the links between welfare benefits and mental health and well-being in older people.</p>
<p><b>East Renfrewshire Youth Counselling Service</b>          Woodfarm High School, Robslee Road,          Thornliebank, East Renfrewshire G46 7HG</p> <p><b>Contact: Wendy Kinnin</b>          Tel: 0141 577 2671/2600          Email: KinninW@ea.e-renfrew.sch.uk</p> <p>Target group: Young people 11-18 attending an East Renfrewshire school, and other young people who live in the area who are referred by GPs or CAMHs</p>	<p><b>Overview:</b>          Works to improve the mental health of children and young people by offering confidential counselling to 11-18 year olds in secondary schools in their community.</p>
<p><b>Health and Social Group</b>          South Cunninghame Community Mental Health Team, Administration Building, Ayrshire Central Hospital, Kilwinning Road, Irvine KA12 8SS</p> <p><b>Contact: Katie James</b>          Tel: 01294 274006          Email: katiejames@aapct.scot.nhs.uk</p> <p>Target group: Adults aged 16-65 who have enduring mental health needs</p>	<p><b>Overview:</b>          Promotes emotional well-being in people with enduring mental health needs living in the community. Educates on and encourages healthy living. Raises levels of awareness in home and personal safety.</p>
<p><b>Contact the Elderly in Scotland</b>          Muirshiel, Kilmaccolm PA13 4SG</p> <p><b>Contact: Valerie Crookston</b>  <b>Executive Officer</b>          Tel: 01505 874412          Email: val@contact-the-elderly.org          Website: www.contact-the-elderly.org</p> <p>Target group: Very elderly (only 75 and over) people who are isolated</p>	<p><b>Overview:</b>          Works to alleviate the acute isolation and loneliness of very elderly people living alone, without adequate support from family, friends or statutory services. Provides a monthly outing for tea, to relieve the isolation which often leads to poor mental health, and impacts on physical health.</p>

## Appendix B Additional case study nominations

<p><b>We're All Special</b> Raigmore Primary School King Duncan's Road Inverness IV2 3UG</p> <p><b>Contact: Mrs Moira Leslie</b> Tel: 01463 234971 Email: moira.leslie@highland.gov.uk</p> <p>Target group: Children who are having difficulty coping with the day-to-day expectations of school</p>	<p><b>Overview:</b> Supports vulnerable youngsters to raise their self-esteem. Helps youngsters identify stress and stressful situations and equip them with appropriate coping strategies.</p>
<p><b>Incapacity Benefit Reform – Condition Management Project</b> Merchiston Hospital Brookfield, by Johnstone PA5 8TY</p> <p><b>Contact: Mrs Norma Bennie</b> Tel: 01505 384010 Email: norma.bennie@renver-pct.scot.nhs.uk</p> <p>Target group: Adults of employment age who are claiming Incapacity Benefit</p>	<p><b>Overview:</b> Offers work focused Condition Management Programmes to people who are claiming Incapacity Benefit. Clients will volunteer to participate in the programme and there will be financial incentives for those who return to work. The pilot covers the whole of Argyll and Clyde area.</p>
<p><b>Barnardo's SPACE Project</b> Dryburgh Education Centre Napier Drive Dundee DD2 2TF</p> <p><b>Contact: Graham Haddow</b> Tel: 01382 436621 Email: graham.haddow@barnardos.org.uk</p> <p>Target group: Primary aged children</p>	<p><b>Overview:</b> Works to enable primary aged children who are experiencing significant difficulties in their lives to remain in mainstream education and with their families in the community.</p>
<p><b>Evaluation of CAMHS Outpatient Activity</b> Larkfield Child and Family Centre Larkfield Road Greenock PA16 0XN</p> <p><b>Contact: Katherine M Leighton</b> Tel: 01475 656088 Website: www.renver-pct.scot.nhs.uk</p> <p>Target group: Children and adolescent attending CAMHS at two local Child &amp; Family Centres</p>	<p><b>Overview:</b> Audit of CAMHS Re-design Renfrewshire to assist in the development of CAMHS Multi-disciplinary Outpatients Clinics.</p>

Appendix B Additional case study nominations

<p><b>Making Connections</b>          Children and Family Mental Health Services          Royal Aberdeen Childrens Hospital          Cornhill Road, Aberdeen</p> <p><b>Contact: Trace McDonald</b>          Tel: 01224 550139          Email: tracymcdonald@btopenworld.com</p> <p>Target group: School and community child health staff</p>	<p><b>Overview:</b>          Works to further develop partnership working between CAMHS and the school counselling services in the Northfield area through consultation, training, joint working and supervision within a multi-agency context.</p>
<p><b>Express Group Angus Drop-In Project</b>          Unit 23, Arbroath Business Centre          Dens Road          Arbroath DD11 1RS</p> <p><b>Contact: Ann Rankine</b>          Tel: 01241 873311          Email: amha@supanet.com          Website: www.amha.org.uk</p> <p>Target group: Adults 16-65 years</p>	<p><b>Overview:</b>          Works to enhance the quality of life of any member by supporting his/her well-being and personal development and helping the individual build upon their resilience levels.</p>
<p><b>Integrated Health and Development</b>          Family Centre          Wills Road          Ayr</p> <p><b>Contact: Willie Cooper</b>          Tel: 01292 288645          Email: Willie.cooper@south-ayrshire.gov.uk</p> <p>Target group: Mothers and babies</p>	<p><b>Overview:</b>          Works to link adult mental health, midwifery and health visiting services to work from a family support context in addressing postnatal depression, issues of attachment and neurobiological development and improving health and well-being in participants.</p>
<p><b>Health in Mind Clubhouse</b>          Buccleugh House          21 Station Road          Stevenston, Ayrshire KA20 3NJ</p> <p><b>Contact: Mrs Pat MacLeod</b>          Tel: 01294 604384          Email: healthinmind@ednet.co.uk</p> <p>Target group: Adults with mental health problems</p>	<p><b>Overview:</b>          Offers social, emotional and vocational rehabilitation through a range of activities. Assists and supports people to achieve goals and to be inclusive of their local community.</p>

## Appendix B Additional case study nominations

<p><b>Promoting Emotional Health and Well-being Taster Sessions</b>                  Integration Office                  St Kentigerns Academy                  West Main Street                  Blackburn EH47 7LX West Lothian</p> <p><b>Contact: Stuart Moir</b>                  Tel: 01506 651746                  Email: stuart.moir@wled.org.uk</p> <p>Target group: Primaries 5, 6, 7 pupils</p>	<p><b>Overview:</b>                  Works to raise awareness on managing anxiety and anger, loss and bereavement issues and themes of attachment. Promotes multi-agency working.</p>
<p><b>Peer Education</b>                  Penumbra, Norton Park                  57 Albion Road                  Edinburgh EH7 5QY</p> <p><b>Contact: Kathleen Peter</b>                  Tel: 0131 475 2414                  Email: Kathleen.peter@penumbra.org.uk                  Website: www.penumbra.org.uk</p> <p>Target group: Young people</p>	<p><b>Overview:</b>                  Works to raise awareness of mental health issues by means of a working group targeting its own gaps in knowledge and information, educating itself through shared group training and finally resulting in the education of fellow peers in an interesting and innovative way.</p>
<p><b>East Ayrshire Mental Health Carers Initiative</b>                  c/o CMHT Kiriklandside Hospital                  Kilmarnock KA1 5LH</p> <p>Tel: 01563 572476</p> <p>Target group: Carers of individuals with mental health problems in East Ayrshire</p>	<p><b>Overview:</b>                  Provides an East Ayrshire resource for carers of individuals with mental health problems. This is open to all carers (including young carers), and provides them with the opportunity to receive, among other things, information and advice in an independent setting outwith mental health services.</p>
<p><b>Exercise Sessions for the Older Person</b>                  Occupational Therapy Mental Health                  Queen Margaret Hospital                  Whitefield Road                  Dunfermline KY12 0SU</p> <p><b>Contact: Carol Prattisti/Gael Lindsay</b>                  Tel: 01383 674153                  Email: g.lindsay@faht.scot.nhs.uk</p> <p>Target group: Older people</p>	<p><b>Overview:</b>                  Works to improve mental health and well-being in later life, using exercise sessions in ward settings.</p>

Appendix B Additional case study nominations

<p><b>Penumbra Mental Health Project</b>  Resource Worker  Norton Park, 57 Albion Road  Edinburgh EH7 5QY</p> <p><b>Contact: Kathleen Peter</b>  Tel: 0131 475 2414  Email: Kathleen.peter@penumbra.org.uk  Website: www.penumbra.org.uk</p> <p>Target group: Staff in residential/leaving care services</p>	<p><b>Overview:</b>  Works to improve the mental health of young people in and leaving local authority care; improve the support to care staff on mental health issues; provide advice and support on mental health issues for support staff working with young people.</p>
<p><b>Castlemilk Stress Centre</b>  22 Arnprior Quad  Castlemilk  G45 9EY</p> <p><b>Contact: Janine Lamont</b>  Tel: 0141 630 0111  Email: stress.centre@btconnect.com</p> <p>Target group: Castlemilk residents</p>	<p><b>Overview:</b>  Provides a range of stress management and personal development services to support and encourage individuals to progress in their lives.</p>
<p><b>Castlemilk Stress Centre Volunteer Project</b>  22 Arnprior Quad  Castlemilk  G45 9EY</p> <p><b>Contact: Janine Lamont</b>  Tel: 0141 630 0111  Email: stress.centre@btconnect.com</p> <p>Target group: Excluded adults in Castlemilk</p>	<p><b>Overview:</b>  Provides training and volunteering opportunities to people who could be excluded from opportunity through personal circumstances e.g. mental health problems.</p>
<p><b>Midlothian Social and Psychological Interventions Network (MSPIN)</b>  Department of Clinical Psychology,  Rosslynlee Hospital  Roslin, Midlothian EH25 9QE</p> <p><b>Contact: Norman Frazer</b>  Tel: 0131 536 7628  Email: norman.frazer@lpct.scot.nhs.uk</p> <p>Target group: Adults</p>	<p><b>Overview:</b>  Provides a multi-agency forum, including users and carers, to co-ordinate and develop the quality, range and access to social and psychological services for people with mental health issues in Midlothian.</p>

## Appendix B Additional case study nominations

<p><b>Big Step Project</b> Leaving Care Services Glasgow G2 2XT</p> <p><b>Contact: Penumbra</b> Tel: 0141 302 2681 Email: karen.daly@penumbra.org.uk</p>	<p><b>Overview:</b> Consults, advises and supports staff working with young people on a range of mental health issues. Establishing a productive and effective network with other agencies, voluntary and statutory who can provide support, additional resources for staff/young people's mental health difficulties.</p>
<p><b>Abbeytext</b> Unit 12-14, Arbroath Business Centre Dens Road, Arbroath DD11 1RS</p> <p><b>Contact: Kirstin Hoggins</b> Tel: 01241 877847 Email: abbeytext@samhservices.org.uk Website: www.samh.org.uk</p> <p>Target group: Adults of working age</p>	<p><b>Overview:</b> Offers a supportive training environment for the development of vocational and personal skills to enable individuals who have experience of severe and/or enduring mental health problems to set and achieve realistic goals in relation to further training, education and/or employment.</p>
<p><b>Orchard Centre Café Supported Volunteering Project</b> 14 Lothian Street Bonnyrigg, Midlothian EH19 3AB</p> <p><b>Contact: Joyce Turnbull</b> Tel: 0131 663 1616 Email: joyceturnbull@btconnect.com</p> <p>Target group: Members with mental health problems who currently or may in the future volunteer in the Centre Café</p>	<p><b>Overview:</b> Evaluating the effectiveness of employing a Support Worker to work with volunteers in the Orchard Centre Café (all volunteers are service users). Offers training, links with other community projects etc.</p>
<p><b>Arts Therapies in Mind</b> The Orchard Centre, 14 Lothian Street Bonnyrigg, Midlothian EH19 3AB</p> <p><b>Contact: Joan Johnson</b> Tel: 0131 663 1616 Email: joanjohnson@btconnect.com</p> <p>Target group: Socially isolated adults and young people experiencing depression, anxiety, lacking social skills etc</p>	<p><b>Overview:</b> Studying the feasibility of an Arts Therapies service for people with mental health difficulties in Midlothian. Designing the service to inform the development of the Arts Therapies, Creativity and Mental Health Initiative.</p>

Appendix B Additional case study nominations

<p><b>Hearing Voices Network</b> 213 Hilltown, Dundee DD3 7AG</p> <p><b>Contact: Pat Webster</b> Email: patwebster@btconnect.com Website: www.hearingvoicesnetwork.com</p>	<p><b>Overview:</b> Works to create acceptance that hearing voices is a valid experience for which there are many explanations. Aims to erase the stigma of voice hearing, and to realise their place in a society which knows and understands their plight. Awareness raising training, develop coping strategies.</p>
<p><b>Mental Health Research Project</b> Strathbro ck Partnership Centre 189a West Main Street Broxburn, West Lothian</p> <p><b>Contact: Paula Huddart</b> Tel: 01506 771873 Email: paula.huddart@wlt.scot.nhs.uk</p> <p>Target group: Children and young people, parents/prospective/staff who deal with them</p>	<p><b>Overview:</b> Researching the work of the Mental Health Link Workers in New Community Schools, and promoting capacity and understanding of mental health.</p>
<p><b>RAMH Education Schools Service Charlston Centre</b> 49 Neilston Road, Paisley PA2 6LY</p> <p><b>Contact: Louie Larkin, Manager</b> Tel: 0141 842 3428 Email: louie@ramh.org Website: www.ramh.org</p> <p>Target group: Principally secondary age children and young people, and can include P4–7 on occasion. School staff</p>	<p><b>Overview:</b> Works with 10 to 18 year olds, mainly in the school setting, to reduce the stigma of mental illness by raising awareness and understanding of mental ill health and of those who experience it. Also works to facilitate practical coping strategies which allow young people to deal with their own emotional health.</p>
<p><b>Western Isles Association for Mental Health Art Group</b> 23 Balihead Stornoway, Isle of Lewis HS1 2DU</p> <p><b>Contact: Peter MacDonald</b> Tel: 01851 704964 Email: wiamh@ireach.org.uk</p> <p>Target group: WIAMH members – adults – people who are suffering (or have suffered) mental illness</p>	<p><b>Overview:</b> Works to satisfy and develop members’ interest in visual arts, engage members’ talents and improve self-esteem, engage with our community and to enjoy ourselves and generally improve well-being.</p>

## Appendix B Additional case study nominations

<p><b>Mental Health Seminars</b> NHS Grampian 239 High St, Elgin IV30 1DJ</p> <p><b>Contact: Susan Leslie</b> Tel: 01343 545246 Email: susan.leslie@health-promotions.com Website: www.health-promotions.com</p> <p>Target group: Young people</p>	<p><b>Overview:</b> Delivered to pupils, a seminar designed to raise awareness of mental health issues. Provides information and encourages discussion to raise awareness, increase knowledge and dispel misconceptions and myths around mental illness.</p>
<p><b>Oor Voices (incorporating Dead Gallus)</b> 394 Clarkston Glasgow G44 3LJ</p> <p><b>Contact: Theresa Merrick</b> Tel: 0141 637 4045</p> <p>Target group: Mental health users</p>	<p><b>Overview:</b> A community creative writing and performance group. A platform for new writing both creatively and therapeutically for people who have had mental health issues which fosters and encourages the development of members' self-esteem and confidence in a safe relaxed atmosphere.</p>
<p><b>Health Improvement Strategy for Care Leavers in North Lanarkshire</b> Throughcare Support Team 144-148 Merry Street Motherwell ML1 1NA</p> <p><b>Contact: Ailsa Clunie, Health Liaison Worker</b> Tel: 01698 332277 Email: cluniea@northlan.gov.uk</p> <p>Target group: Care leavers (15 1/2 to 21)</p>	<p><b>Overview:</b> Works to improve physical and mental health outcomes of care leavers in North Lanarkshire, and to improve access to Health and Leisure services for care leavers.</p>
<p><b>CALM project (YMCA Glasgow)</b> c/o Stans Den 35 Muirshiel Crescent, Glasgow</p> <p><b>Contact: Ann Gibb</b> Tel: 0141 881 7452 Email: calm@ymcaglasgow.org Website: www.ymcaglasgow.org</p> <p>Target group: Young people 12-21 years &amp; parents</p>	<p><b>Overview:</b> Works to increase access to support services for young people, relieve some of the anxieties which young people in the area have and increase communication between adults and young people.</p>

Appendix B Additional case study nominations

<p><b>A Pilot of PASADD Involving Community Learning Disability and Community Mental Health Teams</b>          Arrol Park Resource Centre          Doonfoot Road, Ayr KA7 4DW</p> <p><b>Contact: Dominic Jarrett</b>          Tel: 01292 614972          Email: dominic.jarrett@aapct.scot.nhs.uk</p> <p>Target group: Adults with a learning disability</p>	<p><b>Overview:</b>          Evaluation of the use of the ‘Psychiatric Assessment Schedules for Adults with a Developmental Disability’ in Community Mental Health and Learning Disability Teams, with the aim of assessing its impact on people’s receipt of appropriate services.</p>
<p><b>COPE (Caring Over People’s Emotions)</b>          20 Drumchapel Road          Drumchapel, Glasgow G15 6QE</p> <p><b>Contact: Hilda Davis</b>          Tel: 0141 944 5490          Email: behappy2@tinyworld.co.uk          Website: www.drumchapel.org.uk</p> <p>Target group: The community in general aged 16 and over, in particular those suffering mental/emotional distress.</p>	<p><b>Overview:</b>          Works to find new and better ways of addressing mental/emotional health issues. Provides a community led community mental/emotional health care service and ensure access to services and information.</p>
<p><b>The I Reach Project</b>          Western Isles Mental Health Partnership          NHS Western Isles          37 South Beach Street          Stornoway, Isle of Lewis HS1 2BB</p> <p><b>Contact: Emelin Collier</b>          Tel: 01851 708042          Email: emelin.collier@wihb.scot.nhs.uk</p> <p>Target group: Adults 18-65 with severe and enduring mental illness</p>	<p><b>Overview:</b>          Offers creative and innovative services designed around the individual to address the difficulties in accessing services in rural areas. Encourages adults with severe and enduring mental illness to participate in ordinary community activities where possible.</p>

## Appendix C Interview schedule

### Interview questions

The following questions were used in phone interviews with key contacts for each of the selected case studies.

#### A Objectives and activities

- 1 Why did you choose these aims and objectives in particular?
- 2 Why did you choose these activities/interventions in particular?
- 3 Was your selection of activities/interventions based on any evidence of ‘what works’?
- 4 Was it responding to a recognised local need?

#### B Evaluation

- 1 How did you identify indicators to measure success?
- 2 What methods are you using to evaluate the project?
- 3 What were the main problems you experienced in evaluating your interventions?

#### C Outcomes

- 1 What did your evaluation process find out about your project?
- 2 Can you show that the project has met its aims and objectives?
- 3 Can you identify that what you have done has had an impact?



