

# Investing in the mental health of Fife: the Playfield Institute

The Playfield Institute is a unique partnership between child and adolescent mental health services (CAMHS) and public health. The Institute model is an innovative response to the national challenge to mainstream mental health. Its focus is to build the capacity of frontline workers (otherwise known as the children's workforce eg. school nurses, social workers, teachers, foster carers etc) to promote the mental health of children and young people. It works by providing a multi-agency forum for sharing information and developing practical skills on how to help children flourish. It also encourages reflection on practice and undertakes research that has a direct impact on the development of training and practice. To date, the Institute has achieved the following main outcomes: the facilitation of a successful training programme, the development of a well-used, effective, online resource and the co-ordination of a range of applied research projects. This paper discusses why the Institute was set up, what it is, what it has achieved and how the model is sustainable.

**Key words**  
children and young people  
mental health  
flourishing  
multi-agency  
capacity-building

*'Flourishing is good for people, and for society.'*  
(Keyes, 2007)

The Playfield Institute was founded in September 2005 in response to the need for change in the way mental health services are perceived and delivered, and is funded by NHS Fife.

## Policy context

The Scottish Needs Assessment Programme (SNAP) Report of children and young people's mental health (Public Health Institute of Scotland, 2003) made a number of recommendations to support the government's strategic vision to improve mental health for all children and young people. The subsequent Scottish government policy document, *The Mental Health of Children and Young People: A framework for promotion, prevention and care* (Scottish Executive, 2005a), provided a planning and audit tool outlining the service elements, actions and outcomes required to address these recommendations. Both documents emphasised that all agencies and organisations have a role in supporting the mental health of children and young people ie. that mental health should be mainstreamed. They also highlighted the need to increase the capacity of the children's workforce to address the full range of

mental health promotion, prevention of mental ill health and care of those with mental health difficulties. As recommended in the SNAP report (Public Health Institute of Scotland, 2003):

*'NHS specialist child and adolescent mental health services should be reshaped in terms of providing training, consultation and liaison to enhance the wider network of services, thus allowing them to develop their role more fully for children with more complex and severe mental health problems.'*

*'There should be sustained training opportunities for multi-agency workers around the broad themes of mental health and of promotion, prevention and care.'*

Playfield Institute was established in direct response to these recommendations; to develop the sustained capacity of the multi-agency workforce for children and young people to promote mental health, prevent mental illness and care for those who are already ill.

## Social context

**Figure 1** shows a model of our view of the social context leading to the development of the Institute.

## EVALUATION

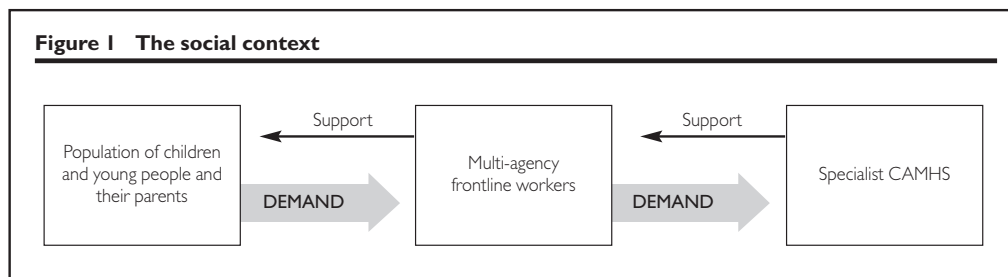
**Wendy Simpson**  
Public Health Researcher  
Playfield Institute  
NHS Fife

**Graham Buchanan**  
Manager  
Playfield Institute  
NHS Fife

**Graham Monteith**  
Clinical Services Manager  
CAMHS  
NHS Fife

**Correspondence to:**  
Wendy Simpson, PhD,  
CPsychol  
Institute Manager  
Playfield Institute  
Stratheden Hospital  
Cupar  
KY15 5RR  
01334 696015 / 696257

w.simpson@nhs.net



It shows how the population of children and young people with behavioural and emotional problems, and their parents, place a huge demand on frontline workers. Parents can feel deskilled in their caregiving role by their lack of knowledge about their children's emotional and behavioural problems (Harden, 2005). They reach out for help to the frontline workers (such as teachers, social workers, school nurses etc) in their local community. These workers also feel unskilled to deal with these problems (NHS Health Scotland, 2005) and therefore refer on to specialist CAMHS. As **Figure 1** above illustrates, the demand on specialist services is often greater than the support that these services can provide. The outcome of this is that waiting lists for specialist CAMHS increase. Furthermore, specialist staff can experience low job satisfaction and even burnout (Prosser *et al*, 1996). CAMHS have become depleted due to absenteeism and difficulty in recruitment and retention (Street, 2004), thus creating even higher demands on the service overall. Thus, it is speculated that children and young people's mental health problems are not being properly addressed at the time that they first emerge, leading to a higher incidence of mental ill health in this population.

#### What is the Playfield Institute model?

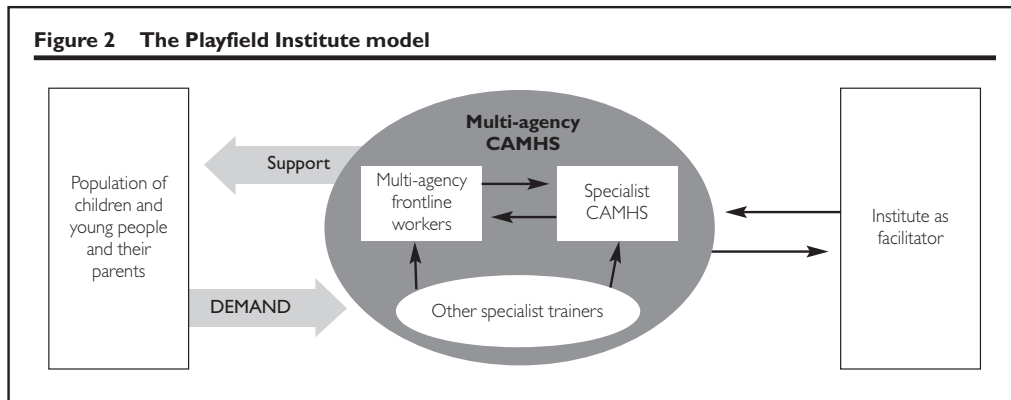
The Institute model is a dynamic model for capacity-building of all workers in children and young people's services. This is in direct response to government policy for making mental health everybody's business and with a particular emphasis on promoting positive mental health. It is a novel approach to the SNAP report's recommendations, because it goes further than a straightforward reshaping of the CAMH specialist workforce to allow them time to impart their expert knowledge about mental health to the frontline workers. Instead, the Institute has been created as an addition to CAMHS, managed by a small team of facilitators with a public health agenda, but with close working links to CAMHS. The Institute team facilitates

collaborative learning between CAMH specialists, frontline workers and other external trainers (eg. health promotion, charities, organisational development and professional artists), with a focus on the needs of children and their families.

The Institute was designed to provide a wide range of health, social and voluntary workers with simple skills that they can take back to their local communities to help promote and protect the mental health of the children they work with, particularly those at higher risk, thereby reducing inequalities in accessing mental health services and reducing the stigma associated with attending mental health services. As well as encouraging new skills, the Institute aims to affirm the existing skills of the frontline workers. Moreover, CAMH specialists are also encouraged to learn new skills to develop their practice, for example, creative techniques, and to learn these skills alongside frontline workers, thus encouraging better multi-agency communication and understanding. All workers also need good quality, easily accessible information to support them in their practice, so the Institute was designed to provide this, with an active information development team.

Capacity building is not just about shared learning of skills, but also about reflection on practice and enquiry about effective ways of working. The Institute has research and development as one of its main strands of work and also has an active research team with a public health focus.

This model thus ties together multi-agency training, information provision and research and development with a public health focus on improving children and young people's mental health. It is a unique approach in Scotland, designed as a pragmatic response to the government recommendations for promotion, prevention and care. Because it is not based on any previous models of service delivery, ongoing evaluation of the outcomes is carried out by the research team, the results of which are fed directly into service development.



### The Institute's vision

**Figure 2** illustrates the Institute's vision. The Institute aims to be a facilitator, or catalyst, between the multi-agency frontline workers, the specialist CAMH services and other specialist trainers. It is based on the concept of synergy; by working in partnership and learning from each other's experience and skills, workers from different services and professions can be empowered by each other to make a difference to children and young people's lives.

The vision is to create a well-resourced, multi-agency, child and adolescent mental health service. This service would have a well-integrated workforce who have the necessary skills, confidence and support to meet the demand from the population, not only to respond to mental ill health but also to provide early intervention to prevent mental ill health and, moreover, to help children and young people flourish.

### Creating the vision

Solution-focused thinking was used to clarify what the Institute should look like before it was even resourced. This is an approach derived from solution focused brief therapy (De Shazer, 1985), which, in recent years, has been applied to various settings such as education, social work and business (Jackson & McKergow, 2001). This involves shifting people's focus of attention and activity away from trying to solve problems, to noticing exceptions to the problem, ie. existing strengths and opportunities that might be exploited to bring about the desired solution.

The approach involves imagining the solution already in place, in fine detail. It is based on our unique human ability to imagine a possible future, known as proscopic episodic memory – an ability that is central for creativity and planning (Hjerth,

2008). Building this imagined future involves asking questions like 'What will we notice happening?', 'What will people be doing?' and 'What will they be saying?' when the solution is reached. This detailed description of the imagined future is then used to help identify already existing resources, strengths and opportunities that can be exploited and amplified to achieve the solution rather than focusing on service gaps.

This style of management is the driving force behind strategy development at the Institute. For example, our imagined future of the Institute included a wide range of training events for a wide range of workers. Instead of focusing on the lack of specific resources to send people on training courses, it was decided to shift the focus of attention to noticing the strengths and skills of the local community of workers, use the existing building space available to us as an opportunity to bring these workers together and support them to share their skills.

Ongoing development at the Institute uses a solution-focused approach, for example, we start meetings by asking trainers, trainees and other colleagues, 'What are your best hopes for this meeting/training course?'

### Affirmation of diversity

The overriding ethos of the Institute is to promote workers' self-confidence by affirming their beliefs in their existing skills and knowledge and by helping them acquire new skills. Trainers and trainees are from a diverse range of backgrounds and are encouraged to come forward to share their skills and experience with other workers. The Institute also promotes diverse techniques and different ways of working with children and young people. We accept that workers from different backgrounds, for example, from education and health, may use different

terminology when talking about issues relating to mental health and well-being and we strive to work closely with colleagues from all sectors to further a mutual understanding of these differences.

### **The partnership**

The Institute was founded and is managed in an innovative partnership between CAMH and public health, thus embedding a public health agenda within a traditionally clinical service. Current staff consists of a manager (CAMHS specialist), head of research and development (public health researcher), administrative co-ordinator, two researchers, and an information co-ordinator. A multi-agency steering group, including health, council and voluntary service managers, oversees the development of the Institute's strategy.

### **The space**

The Institute is embedded within the clinical headquarters of the CAMH service in Fife, so clinical staff and Institute staff members are well integrated. The Institute encompasses the space of the former adolescent inpatient unit (closed in 2002), which has been transformed into a centre for learning, sharing ideas and reflecting on practice. We believe it has been very important to create a physical space that reflects the ethos of the Institute. The space we have created aims to provide a relaxing, creative environment for workers, which fosters their desire to reflect on practice, learn from others and focus on improving their own mental health. Much consideration, therefore, was given to the flexibility of layout in the rooms and the appearance of furnishings and décor to ensure that facilities were stylish, but neutral, and not dominated by an NHS culture. Many of the workers comment on their enjoyment of the building in their evaluation questionnaires.

### **What are the Institute's main activities?**

The Institute's strategy is to facilitate and encourage skills-based training, to provide and share good quality information and to support and conduct research leading to service development.

### **Training strategy**

The Institute focuses on training of easy-to-learn, simple, practical skills, using, where possible, everyday language that avoids medical jargon. This helps to build confidence and helps frontline workers realise that they don't need to be medical practitioners to promote mental health. Once learned, these skills can be used by workers with a

range of existing knowledge and experience to augment their repertoire of helpful responses.

The training strategy is to facilitate and commission training courses that focus on the development of practical skills that help workers (both specialist CAMH and frontline) to promote mental health in children and young people and to encourage ownership of the Institute's facilities among workers to help them share their knowledge and skills with others. The strategy is based on a 'bottom-up', needs-led approach using an organic model of organisation (Morgan, 1997). Thus, the training programme has been developed in line with the needs and response of workers: a postal survey of workers' needs was carried out soon after the Institute opened and the initial training programme was developed in response to those needs. However, over time the programme has been adapted in response to outcome of the training events; courses that have been particularly successful in terms of high demand and a positive evaluation have been repeated, while those with low demand or a poor response have not been rescheduled.

Moreover, changes in government recommendations have affected our training programme. The National Programme for Improving Mental Health in Scotland has highlighted the importance of using creativity for the promotion of mental health. The Institute has embraced this approach and is running a variety of courses (such as music, art, drama and pottery) to provide workers with ideas for using creativity in their work with children and young people. Recent government policy on healthier working lives, which emphasises support for workers' own mental health (Scottish Executive, 2005b) has led to the development of courses at the Institute on positive psychology (Seligman, 2002), stress management and mindfulness for workers, as well as positive parenting programmes for parents.

A number of influential models of behaviour change (eg. Bandura, 1982; Schwarzer, 1992) suggest that self-efficacy, or the belief in one's personal capability in achieving the desired outcome, is a more powerful predictor of actual behaviour change than knowledge. Therefore, the Institute training strategy is aimed primarily at affirming and building on the existing skills of the workforce. It is only to fulfil a role of awareness-raising and the provision of a wider context that some training elements are aimed at the development of theoretical knowledge about mental ill health. Training and practice development courses run in the Institute cover a wide range of topics under four main themes:

1. awareness of mental health issues (such as self-harm, attention deficit hyperactivity disorder, eating disorders and trauma/sexual abuse)
2. techniques for promotion, prevention and care (such as techniques from cognitive behavioural therapy, solution-focused brief therapy, systemic practice and counselling)
3. using creativity to promote mental well-being (such as drama, poetry and art)
4. reflection/personal development (such as positive psychology, stress management and mindfulness).

Training outcomes (from September 2005 to June 2008)

- The number of full training days at the Institute totalled 279.
- The number of frontline workers' attendances for training events totalled 6,810.
- Trainers have been from a wide range of professional backgrounds and from a range of agencies.

This list includes specialists from CAMHS, health promotion, speech and language therapy, public health, community education and youth work as well as a drama therapist and a poet.

Participants are asked to evaluate all courses and events they attend using questionnaires designed by the Institute research team. We have also carried out a small number of focus groups following courses to allow in-depth discussion of views. This provides Institute staff with valuable information about a particular course's content and its facilitators, as well as the Institute's facilities. The Institute can then monitor the quality and usefulness of all courses and

develop future courses appropriately. Feedback to date has been very positive, indicating that, in general, participants are satisfied with the content, presentation and relevance of the courses to their practice. The most recent 30 courses (n=422 participants) run at the Institute have shown the following results: the majority of participants rated the relevance of the course to their practice as good (46.4%) or excellent (43.6%); most rated the way the course was run by the facilitators as good (44.3%) or excellent (50.7%); and many participants reported that, as a result of the course, they felt either a little (47.7%) or a lot (32.6%) more confident in their ability to do their daily work with children and families. However, some participants have commented on the need for follow-up days to help in the assimilation of training into practice. We are currently developing some of the longer training courses to incorporate a follow-up session and we are planning virtual, online support groups. **Box 1** (below) shows comments from some participants about courses recently held at the Institute.

#### **Information strategy**

The information strategy is to provide easily accessible, up-to-date, quality-controlled information in order to increase knowledge of mental health issues in children and young people and to provide practical tools on how to manage troubling behaviour, to provide a link for frontline workers to specialist advisers who can be contacted for advice on how to deal with a particular issue such as eating disorders, self-harming behaviour or bereavement, and to provide assistance in sourcing quality, reliable information.

#### **Box 1 Comments from participants about courses at the Playfield Institute**

*'Very applicable. The course has made me more aware of the variety of different techniques and approaches that can be used.'* (Introduction to Counselling Skills)

*'Very good, very well presented. Thoroughly enjoyed it.'* (Introduction to Child and Adolescent Mental Health)

*'Brilliant course, would highly recommend.'* (Introduction to Play Therapy)

*'Really enjoyed both days of this course and learned a lot of things I will use in my work.'* (Raising Awareness of Family Therapy and Systemic Practice)

*'Great tools to use with young people.'* (Art Therapy and Trauma)

*'Excellent content and presentation.'* (Understanding Self-harm)

#### **General comments**

*'Have never attended a few courses here now and have never been disappointed.'*

*'Lovely location, excellent position. Very conducive to learning.'*

*'I think the Institute has a positive vibe, and would welcome the opportunity to attend further courses here.'*

**Information outcomes (to June 2008)**

- The Institute has developed a comprehensive library service with an online database of available books.
- The Institute was commissioned by the Scottish Government to develop a national website ([www.handsonscotland.co.uk](http://www.handsonscotland.co.uk)); the website is a toolkit of straightforward explanations and simple techniques for workers to apply in the promotion of mental health in young people in their daily work. This resource was launched in June 2007 and has been made widely known across the UK through its inclusion as a link on a wide variety of major, relevant websites. Since the launch, the website is now attracting, on average, 3,000 new visitors per month.
- A Playfield Institute website has been developed, which provides up-to-date information, latest news and courses that can be booked online ([www.playfieldinstitute.co.uk](http://www.playfieldinstitute.co.uk)).

**Research and development strategy**

The research and development strategy is to enhance research capacity in the field of children and young people's mental health and to feed results directly into service development. We aim to do this by:

- building collaborative networks between social scientists, specialists and frontline workers, as the development of close working relationships between practitioners and academic researchers offers greater opportunities for grounded enquiry set within a theoretical context
- initiating, supporting and conducting research to investigate the needs of Fife's young people and their families
- investigating ongoing workers' needs for training, information and support
- evaluating current service provision
- investigating the effectiveness of innovative methods of service provision
- providing initial advice, feedback and support to workers who wish to undertake research or audits relating to mental health and well-being
- reporting ongoing research findings to various multi-agency strategy groups.

**Research and development outcomes (to June 2008)**

- A multi-agency research interest group with a focus on children and young people's well-being has been established.
- The research component (consultation, piloting and evaluation) of the HandsOnScotland

website is complete; the evaluation (using self-complete questionnaires) (n=61 frontline workers) showed that the website was very well received; over two to three months of using the website, participants showed a significant increase in their understanding of troubling behaviours of children and young people; workers also reported feeling more confident when managing troubling behaviours, as well as feeling that they were managing these behaviours more effectively after having used the website; furthermore, workers felt more reassured that they were 'doing the right thing' and more supported in their work with children and young people (Neufeind *et al*, 2008).

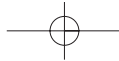
- A multi-agency, qualitative study of support needs of parents with children who have mental health problems was carried out (using interview methods), leading to the pilot of a new positive parenting programme, which is currently being evaluated.
- A project using observation methods, focus groups and interviews has evaluated the feasibility of assessment and diagnosis of autism spectrum disorder (ASD) by a multi-agency team in the community.
- The intensive therapy team model within CAMHS has been evaluated using Health of the Nations Outcomes Scale for Children and Adolescents (HoNOSCA).
- The research team is leading the audit and evaluation of patient outcomes of all CAMHS services in Fife, which will be compared to UK statistics by the CAMHS Outcomes Research Consortium (CORC).

**How is the Institute model sustainable?**

The model of Playfield Institute is sustainable, we believe, due to some important aspects of its culture and ethos.

**Finance**

The Institute demonstrates good value for money as it required only a small amount of priming money to get established and has since expanded its own capacity through the enthusiasm of the Institute staff and frontline workers. Only two of the main Institute staff members are permanently funded by the Institute's specific budget. The other staff members are provided through the redeployment of existing NHS personnel. Much of the Institute's activity is self-funding through research and project grants. In addition to this, small charges are applied for training, which cover the cost of providing



trainers (if external to the NHS), materials, catering, administration and cleaning. Statutory service providers offer training free of charge as training is part of their remit. Some courses are available to parents; their fees are subsidised by the Institute.

### **An evolving process**

The ethos and purpose of the Institute is to be aware of and responsive to the needs of workers and families, to shifts in political emphasis and to new research outcomes. The sustainability of the model is ensured by maintaining this ethos and by responding flexibly to the demands and dynamics of the changing external environment.

### **Applications of the model**

Both contemporary public policy and common sense suggest that, in order to build sustainable health services, we need to attend to the joint tasks of responding to current need, while preventing future demand on services by promoting health. Playfield Institute demonstrates one way in which these tasks can be combined. By fostering a spirit of enquiry and sharing practical skills to help the multi-agency workforce provide early intervention and promote health, the Institute offers a model of service redesign, which may be of interest to others looking to build workforce capacity for health improvement. This framework could be adapted for use in relation to a number of other health-focused themes, which involve multi-agency services, such as women's health, cancer or adult mental health.

### **Conclusion**

Playfield Institute is a novel approach to increasing the capacity of all workers to promote children and young people's mental health. The model uses the indigenous skills of the specialist and wider workforce to train and support each other, supported by an environment of applied research and reflective practice. It is an approach that represents good value for money, because in any community there is likely to be dormant or undervalued expertise that, if shared, can be amplified across the whole workforce at a fraction of the traditional cost.

The model of Playfield Institute was developed to provide a response to the national demand to mainstream mental health. We have evidence that the mainstream children's workforce is responding positively to the opportunities on offer at the Institute to develop their confidence and skills.

In the UK, we appear to have fallen short in our efforts to promote the well-being of children and

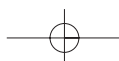
young people (UNICEF, 2007), thereby failing to improve their resilience to mental and physical health problems and increasing their enjoyment of life. This is partly because of a dominant discourse within society in relation to mental health, which categorises people as either well or in need of mental health services. Many of those we define as 'well' are not flourishing, and many in need of services find it difficult to access the support they need. Playfield Institute is a sustainable model that challenges this discourse by increasing the numbers of those able to help those in need, while simultaneously creating a complementary focus on the promotion of mental health, or flourishing, in all children and young people.

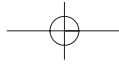
### **Acknowledgement**

This paper was first published in the *Journal of Mental Health Training, Education and Practice*, Volume 3, Issue 4.

### **References**

- Bandura A (1982) Self-efficacy mechanism in human agency. *American Psychologist* 37 (2) 122–147.
- De Shazer S (1985) *Keys to Solutions in Brief Therapy*. London: WW Norton.
- Harden J (2005) Uncharted waters: the experience of parents of young people with mental health problems. *Qualitative Health Research* 15 (2) 207–223.
- Hjerth M (2008) *Solution Focus, Evolution and the Brain*. Abstract of conference presentation. European Brief Therapy Association Annual Conference, Lyon.
- Jackson P & McKergow M (2001) Harry Enfield, Hamlet and the solution focus. *Organisations and People* 8 (1) 26–31.
- Keyes C (2007) Towards a mentally flourishing society: mental health promotion, not cure. *Journal of Public Mental Health* 6 (2) 4–6.
- Morgan G (1997) *Images of Organization*. London: Sage.
- Neufeind J, Simpson W, Buchanan G & George E (2008) *HandsOnScotland: Post-launch evaluation* [online]. Available at: [http://www.playfieldinstitute.co.uk/research/reports/HandsOnScotland\\_Toolkit\\_Post-Launch\\_Evaluation\\_Report\\_Aug2008.pdf](http://www.playfieldinstitute.co.uk/research/reports/HandsOnScotland_Toolkit_Post-Launch_Evaluation_Report_Aug2008.pdf) (accessed June 2009).
- NHS Health Scotland (2005) *Only Connect: Addressing the emotional needs of Scotland's children and young people*. Edinburgh: Health Scotland.
- Prosser D, Johnson S, Kuipers E, Smukler G, Bebbington P & Thornicroft G (1996) Mental health, 'burnout' and job satisfaction among hospital and community based mental health staff. *British Journal of Psychiatry* 169 (3) 134–138.
- Public Health Institute of Scotland (2003) *Needs Assessment Report on Child and Adolescent Mental Health*. Glasgow: Public Health Institute of Scotland.
- Schwarzer R (1992) Self-efficacy in the adoption and maintenance of health behaviours: theoretical approaches and a new model. In: R Schwarzer (Ed) *Self-Efficacy: Thought control of action*. Washington, DC: Hemisphere.
- Scottish Executive (2005a) *The Mental Health of Children and Young People: A framework for promotion, prevention and care*. Edinburgh: Healthier Scotland.





Investing in the mental health of Fife: the Playfield Institute

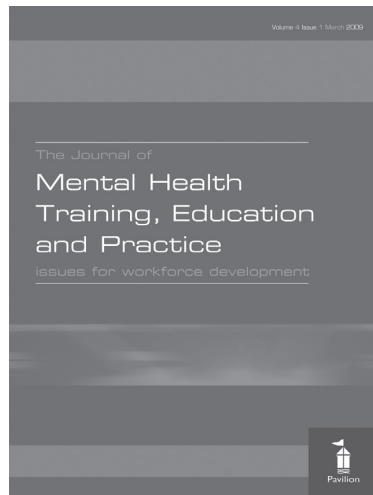
Scottish Executive (2005b) *Healthy Working Lives: A plan for action*. Edinburgh: Healthier Scotland.  
 Seligman MEP (2002) *Authentic Happiness*. New York: Free Press.

Street C (2004) Inpatient mental health services for young people – changing to meet new needs? *Journal of the Royal Society of Health* 124 (3) 115–118.

UNICEF (2007) Child poverty in perspective: an overview of child well-being in rich countries. *Innocent Report Card 7*. Florence: UNICEF Innocenti Research Centre.

# The Journal of Mental Health Training, Education and Practice

Issues for workforce development



## Online access now authenticated by IP address and Athens

This Journal addresses the critical workforce issues in mental health services. It includes national and international features and articles highlighting service user involvement, as well as evidence in practice relating to new and advanced methods of working.

Peer-reviewed, this Journal provides an evidence base for:

- workforce development, education and training
- support for maintaining a healthy and committed workforce
- information on how to inform workforce design and planning.

ALL SUBSCRIPTIONS INCLUDE FREE ONLINE ACCESS TO ALL ISSUES OF THE JOURNAL

### SAVE 20% ON TWO-YEAR SUBSCRIPTIONS

	1 year	2 years - <b>Save 20%</b>
■ INSTITUTIONAL LARGE - print and online (500+ online users)	£719	£1,150
■ INSTITUTIONAL MEDIUM - print and online (50 to 499 online users)	£569	£910
■ INSTITUTIONAL SMALL - print and online (2 to 49 online users)	£369	£590
■ INSTITUTIONAL - print and online (1 online user)	£219	£350
■ INDIVIDUAL – print and online*	£59	£95

\* Individual subscriptions must be paid from a personal account and sent to a home address.

ISSN: 1463-6646

<p>Title: Mr/Mrs/Miss/Ms/Dr _____ Initial(s) _____</p> <p>Surname _____</p> <p>Organisation (as appropriate) _____</p> <p>Daytime tel no _____</p> <p>Delivery address _____</p> <p>Postcode _____</p> <p>Please add invoice address if different to delivery address _____</p> <p>_____</p> <p>_____</p>	<p>I wish to take out an institutional: <input type="checkbox"/> large <input type="checkbox"/> medium <input type="checkbox"/> small <input type="checkbox"/> single-user</p> <p><input type="checkbox"/> individual subscription to The Journal of Mental Health Training, Education and Practice</p> <p><input type="checkbox"/> I enclose a cheque for £ _____ made payable to Pavilion Journals (Brighton) Ltd</p> <p><input type="checkbox"/> Please debit my Visa/Matercard/Maestro/American Express for £ _____</p> <p>Card number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Valid From <input type="text"/> Expires end <input type="text"/></p> <p>Security number <input type="text"/> Billing Postcode _____</p> <p><input type="checkbox"/> Please invoice my organisation (institutional subscriptions UK only)</p> <p>Signature _____ Date _____</p> <p><input type="checkbox"/> Tick this box if you do not want to receive mailings from other carefully selected companies</p>
---	--

To subscribe return form to: Pavilion Journals, Suite N4, The Old Market, Upper Market Street, Hove BN1 3AS  
 Fax: +44 (0)1273 783723 Email: info@pavilionjournals.com

Subscribe online at [www.pavilionjournals.com](http://www.pavilionjournals.com)  
 or call Pavilion Journals on **+44(0)1273 783720**

