

Commissioning Mental Wellbeing for All

A toolkit for commissioners

November 2010

Commissioned by

National Mental Health Development Unit (NMHDU)

Developed and produced by

Karen Newbigging and Chris Heginbotham

The International School for Communities, Rights and Inclusion - University of Central Lancashire


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University of Central Lancashire



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Forward

The Public Health White Paper 'Healthy Lives, Healthy People' and the NHS White Paper 'Equity and Excellence: Liberating the NHS', together with other recent reports, evidence and research encourage new ways of thinking about the health and wellbeing of the population and the importance of wellbeing to the way we feel, behave, act and relate as individuals, families and communities. Wellbeing is of course much more than 'happiness' or the subjective feelings we may have about our lives, it encapsulates a much wider and more meaningful range of factors. For example, our sense of social connectedness, of meaning and purpose, our work, social and recreational activities, the control and autonomy we have, our physical and living environment, our participation, our sense of justice and equality, trust, security and belonging. The wellbeing of individuals, families and communities is therefore likely to improve where there are inclusive, connected, supportive and welcoming communities and where the social factors that help improve or determine wellbeing are actively acted upon.

Wellbeing is also not simply the absence of illness (physical or mental illness) but is a positive individual and collective state and attribute that helps contribute to a society that encourages and supports personal responsibility balanced with collective responsibility and where local interdependence is encouraged.

Promoting mental health and wellbeing and preventing mental illness or assisting recovery for people with a mental illness are distinct objectives. Positive mental health is therefore something to which everyone can aspire; but equally, people living with the effects of mental illness can also benefit

from improved wellbeing, especially where this improved wellbeing is being pursued and supported locally and collectively.

This toolkit provides a resource for local authority and health commissioners to improve the mental wellbeing of people living in their areas. Of course, there will be benefits to people at risk of developing a mental illness and to people in recovery, but what is clear both from the available evidence is that the economic and social gains of promoting mental wellbeing go wider to encompass a benefit to all.

Population mental wellbeing has been the focus for research and development over the last decade both in the UK and internationally. It has been shown to have real potential to improve the quality of people's lives, relationships and communities. This will only be further realised if health service and local authority commissioners think more about and act on the mental health and wellbeing of the wider population, as well as on preventing or ameliorating the effects of mental illness. Taken together these activities are not in conflict with each other, in fact they are mutually supportive and reinforcing and help achieve the wider social and economic outcomes we desire.

This toolkit will help with this real and emerging arena and provides some helpful resources and pointers to appropriate strategies and interventions. It is intended to be a helpful guide for moving this agenda forward locally and to be a step on the road to improved strategic commissioning for mental wellbeing.

Gregor Henderson

Wellbeing and Population Mental Health Lead
National Mental Health Development Unit
December 2010

Executive Summary

- 1 This toolkit has been produced to support local authority and health service (PCT and GP) commissioning to improve the mental health and wellbeing of their populations.
- 2 There is no health without mental health. Good mental health or mental wellbeing is more than simply the absence of mental illness. Mental health encompasses emotional, psychological, spiritual, social and family wellbeing. Mental health is inextricably linked with physical health and is thus an integral element of public health, and an essential resource for the long-term social and economic prosperity of society.
- 3 There are four reasons for promoting mental health and wellbeing:
 - economics – promoting population mental health and wellbeing and illness prevention will lead to wider economic and social gains as well as help reduce the costs and burden of mental ill health not just on health and social care services but also across many other sectors of major public expenditure, and on society in general
 - ethics – everyone has the right to the best physical and mental health possible to enable them to achieve their full potential, enjoy an independent, fulfilling life and contribute to society
 - equalities – improving population mental health is fundamental to reducing inequalities in health experienced by disadvantaged and minority groups
 - evidence – there is a developing and increasingly robust evidence base for the protective, risk and environmental factors associated with mental health and for interventions that can promote mental wellbeing at individual, community and population level.
- 4 Improving the mental wellbeing of the general population will:
 - lead to improved physical and mental health, reduced health and social care service use, and wider social and economic gains
 - improve the wellbeing of those at risk of developing mental health problems and prevent mental ill health
 - support the wellbeing and recovery of people with identified mental health problems.
- 5 There is robust evidence that improved population mental health can result in:
 - increased quality of life and overall wellbeing
 - improved educational attainment and outcomes
 - safer communities with less crime
 - reduced health inequalities – both physical and mental health related and lower health care utilisation
 - reduced mortality
 - improved productivity and employment retention
 - reduced sickness absence from work
 - reduced levels of poor mental health and mental illness.
- 6 Commissioning for mental health and wellbeing is cost-effective. Returns from investment in mental health improvement more than cover the initial outlay. Many areas of local and national government expenditure will benefit directly and indirectly from actions to improve mental health and wellbeing. These include health, social care, employment, welfare, education

and criminal justice. Such savings accrue both in the short and longer terms and the benefits seen across the life course and across generations.

7 Achieving positive population mental wellbeing requires:

- a focus on populations rather than individuals, while recognising that interventions need to be proportionate to the degree of disadvantage
- joint action by a broad range of organisations to build resilience and tackle inequalities by addressing the social determinants of mental health and wellbeing.

8 Health and local authority commissioners have a lead role in co-ordinating commissioning strategies to assess and address the factors influencing their population's mental health and wellbeing in ways that are effective, value for money and culturally appropriate. The proposed Health and Wellbeing Boards, local partnerships and multi-agency plans provide a vehicle and tools for collaborative commissioning to improve mental health and wellbeing in the local population.

9 This toolkit identifies ten commissioning areas where evidence-based interventions have been shown to make a significant contribution to improving mental wellbeing at population level. These are:

- pre- and post-natal programmes to support healthy early child development and wellbeing and maternal health and wellbeing
- parenting skills programmes – universal as well as targeted at higher risk families

- whole school approaches to building the social and emotional skills and resilience of children and young people
- improving working lives through support for unemployed, healthy workplaces, supported work for people recovering from mental illness and early identification and treatment for working age adults with mental health problems
- psychosocial interventions and enhanced physical activity programmes for older people
- opportunities for participation and personal development to support self-efficacy and prevent social isolation
- initiatives to prevent, identify and respond to emotional, physical and sexual abuse
- universal lifestyle programmes to reduce smoking, alcohol use, substance use and obesity
- tackling alcohol and substance abuse
- community empowerment and development initiatives to encourage community action, cohesion and participation.

10 The toolkit describes ten steps for commissioning for mental health and wellbeing and lists key resources to support these commissioning processes. The ten steps are:

- 1** *focus on the mental wellbeing of the population*
- 2** *collaborate across sectors and levels*
- 3** *develop and use methods to engage communities*
- 4** *understand local factors and determinants of health and community assets and resources*
- 5** *base decisions on evidence*
- 6** *develop strategies and interventions across the life course*

- 7** *put measures in place to ensure effective implementation*
- 8** *identify opportunities to mainstream mental wellbeing into existing activities*
- 9** *increase investments upstream*
- 10** *demonstrate accountability for outcomes.*

11 Interventions to improve mental wellbeing at population level should be evaluated both to demonstrate positive outcomes and to add to the evidence base for public mental health and disseminate learning about what works and with which populations.

A Leadership Brief has been produced to accompany this toolkit. The brief is intended for chairs, chief executives and board members of PCTs, GPCCs, local authority members, portfolio holders and senior directors and directors of public health. It makes the case for commissioning for population mental wellbeing and investment in appropriate interventions.

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We would also like to thank the health and local authority commissioners, mental health improvement and public health specialists and experts, who have helped us develop this guide and provided invaluable insights and illustrations of the steps for achieving population mental wellbeing. We are also grateful to Laura Buckley, Jackie Coupe and Marian Lawrenson from ISCRI for their support.

Abbreviations

BME	Black and minority ethnic
GHQ	General Health Questionnaire
GP	General practitioner
GPCC	GP commissioning consortia
JSNA	Joint strategic needs assessment
LA	Local authority
PCT	Primary care trust
WEMWBS	Warwick-Edinburgh Mental Wellbeing Scale
WHO	World Health Organization

1 Introduction

The importance of mental wellbeing and its benefits for individuals and communities are now widely recognised. Improved mental wellbeing is linked with reduced mortality, better health, improved health behaviours, greater emotional resilience, and enhanced creativity and innovation.¹ Good mental health and wellbeing is also linked with positive relationships, stronger social networks, and connected communities.

These are all important assets that enable us to achieve our full potential and cope with adversity and challenge, both individually and at community levels.

We also have convincing evidence of the importance of early intervention. We know that the foundations for positive mental wellbeing are laid down in early life and as we grow and mature through our teenage years. This is when we learn most rapidly, so the quality of our relationships and experiences and the learning that we do in this period are vital.

Moreover, we also know that, for half of those with lifetime mental illness, symptoms are already present by the age of 14.² Thus the early years provide a critical opportunity for intervention to prevent mental ill health that can continue throughout the life course.

Achieving positive population mental wellbeing requires:

- a focus on populations rather than individuals, while recognising that interventions need to be proportionate to the degree of disadvantage ('proportionate universalism' – see section 5.1.1).
- joint action by a broad range of organisations to build resilience and tackle inequalities by addressing the social determinants of mental health and wellbeing.

This means improving:

- the housing, neighbourhoods and communities in which people live
- opportunities for learning and employment, while maintaining a healthy work–life balance
- material circumstances for all, and especially poorer households
- opportunities for leisure, culture
- family and community support and opportunities to meet other people
- access to information about informal and formal health and social services that can offer additional support if needed to maintain a sense of wellbeing.

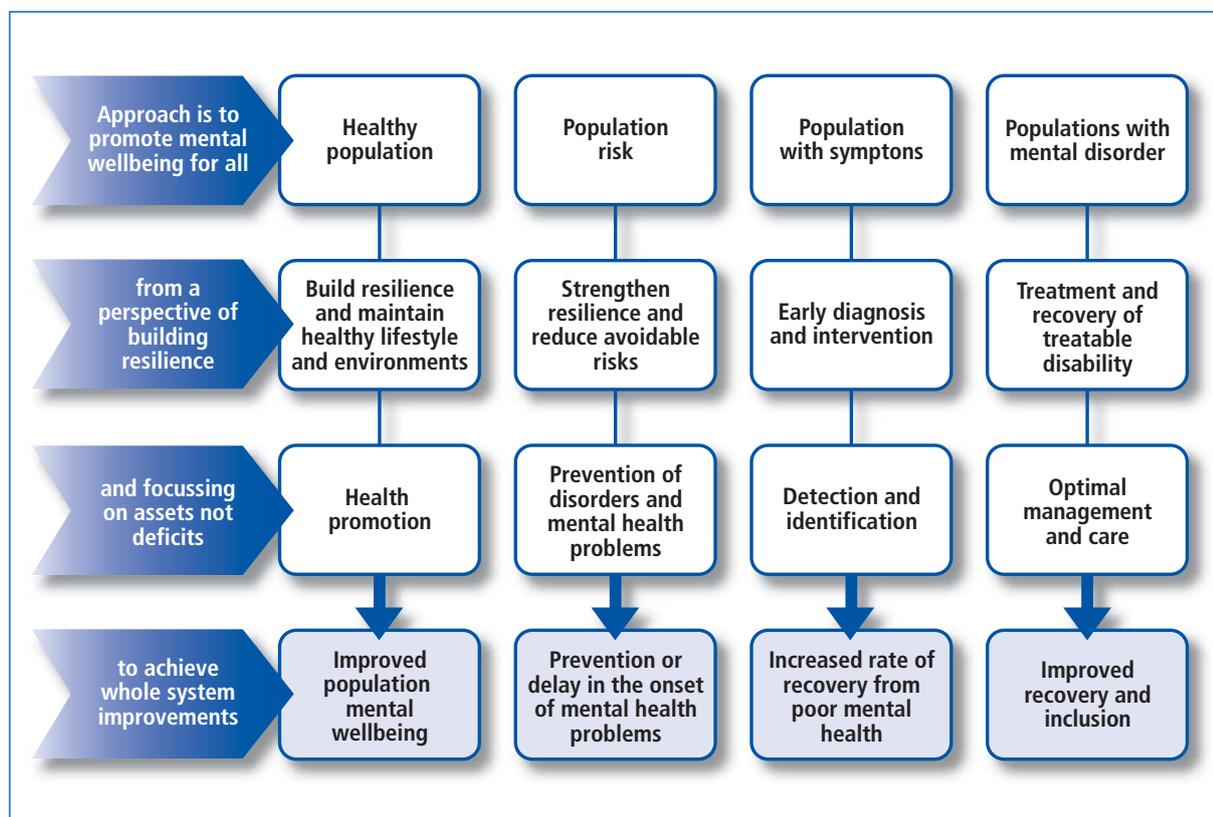
Mental wellbeing is influenced by a complex interplay of factors at individual, social and community levels. Improving population wellbeing results in similarly wide-ranging benefits for individuals, families and communities, and for society in general (see box 1).

Box 1: Outcomes from improving mental wellbeing^{3,4,5}

- Increased quality of life and overall wellbeing
- Improved educational attainment and outcomes
- Safer communities with less crime
- Reduced health inequalities – both physical and mental health related and lower health care utilisation
- Reduced mortality
- Improved productivity and employment retention
- Reduced sickness absence from work Reduced levels of poor mental health and mental illness

Figure 1 demonstrates the opportunities for promoting and strengthening mental wellbeing in a population at four levels and across the four main population sub-groups: the healthy population, the population at risk of mental ill health, people with symptoms, and those with a diagnosed mental illness.

Figure 1: Opportunities for mental health promotion: a population perspective (adapted from Barry & Jenkins, 2007⁶)



1.1 About this toolkit

The aim of this toolkit is to provide a practical resource for commissioners, GPs (and GP commissioning consortia (GPCC) once established), PCTs, local authorities and partner agencies to enable them to commission for their population's mental health and wellbeing. It describes:

- what is meant by mental wellbeing
- why stakeholders should commit to improving mental wellbeing
- which evidence-based interventions to adopt in a local strategy

- how to translate the strategy into mental health improvements for individuals and communities and the population as a whole.

The toolkit reflects current government policy to improve health and wellbeing in the population and supports the White Paper, *Health Lives, Healthy People*.⁷ During the last two years a number of reports have highlighted the importance of public mental health:

- Foresight Report: Mental Capital and Wellbeing: Making the most of ourselves in the 21st century, 2008
- 'Working for a healthier tomorrow' - Dame Carol Black's review of the health of Britain's working age population 2008
- A future vision for mental health, The Future Vision Coalition (11 national bodies), 2009
- New Horizons: A Shared Vision for Mental Health, Department of Health, 2009
- Confident Communities, Brighter Futures: A framework for developing wellbeing, Department of Health, 2010
- Marmot Review Team, 'Fair Society, Healthy Lives' 2010
- No health without public mental health: the case for action. Royal College of Psychiatrists, 2010

This toolkit also builds on developments in public mental health promotion, practice and research within the UK, and internationally through the World Health Organisation and European Commission.

1.1.1 Who is it for?

This toolkit is intended for health and local authority commissioners, and for local government more broadly. It will also be relevant to schools, employers, the business community and the voluntary sector, who also have a key role as partners in planning and taking forward action to improve mental wellbeing.

1.1.2 How has it been developed?

Karen Newbigging and Chris Heginbotham from the International School for Communities, Rights and Inclusion at the University of Central Lancashire (UCLan)

were commissioned to develop this guide by the National Mental Health Development Unit (NMHDU), sponsored by the Department of Health and its partners. It has been developed in consultation with health and local authority commissioners, specialists and experts in mental health improvement and public health, who have shaped the format for the guide and its contents through a process of development and discussion at meetings and regional events.

1.1.3 How will it assist commissioners?

Commissioning for mental wellbeing requires long-term commitment from health and local authority commissioners, in partnership with a wide spectrum of other stakeholders and agencies: education, employers and the business community, the voluntary sector, local community groups, regeneration initiatives, criminal justice agencies, and local, regional and national government.

The toolkit is designed to support health and local authority commissioners and partner organisations to devise mental health improvement strategies to meet local circumstances and local population needs. It aims to raise awareness of mental wellbeing as a central purpose of commissioning, rather than an unintended by-product.

Experience from mental health improvement strategies in the UK and elsewhere shows that sign-up from senior leadership in all partner organisations and agencies is key to securing investment in capacity to drive the mental health improvement agenda forward.

A leadership brief has therefore been produced for chairs and chief executives

of PCTs, local authorities and their board members and directors of public health, to complement the toolkit. The briefing sets out the case for investing in public mental health, highlights the key strategic messages, and indicates areas for investment.

Local Government Improvement and Development has also published a report⁸ highlighting the role of local government in promoting wellbeing. Together, these three publications provide a comprehensive framework for commissioning for mental wellbeing.

The toolkit and leadership brief will contribute to:

- greater local delivery for overall health and wellbeing across the lifespan
- additional benefits for physical as well as mental health
- building social capital
- helping address inequalities
- better outcomes for public health
- enabling communities to understand better health
- enabling people to take greater responsibility for improving health.

The toolkit and leadership brief also recognise that a population approach necessarily involves suicide prevention initiatives, early intervention, prompt diagnosis, swift access to appropriate treatment and ongoing recovery support for those with a diagnosed mental health problem.

Complementary guidance is also available on commissioning and delivery of diagnosis and intervention services that provide early recognition and intervention for mental health problems, promote recovery and tackle stigma and promote inclusion and suicide prevention.⁹

1.1.4 How to use this toolkit

This toolkit is structured so that commissioners can pick out the information that is most useful to them as they work through the process of commissioning for mental wellbeing. It follows the ten steps for commissioning for mental wellbeing based on a Canadian commissioning cycle for population health¹⁰ and consistent with good practice in commissioning.

The ten steps are:

- 1 focus on the mental wellbeing of the population*
- 2 collaborate across sectors and levels*
- 3 develop and use methods to engage communities*
- 4 understand local factors and determinants of health and community assets and resources*
- 5 base decisions on evidence*
- 6 develop strategies and interventions across the life course*
- 7 put measures in place to ensure effective implementation*
- 8 identify opportunities to mainstream mental wellbeing into existing activities*
- 9 increase investments upstream*
- 10 demonstrate accountability for outcomes.*

Each section includes information about the necessary steps, and a list of useful resources.

2 What is mental wellbeing?

Mental wellbeing is the foundation for positive health and effective functioning for individuals and for communities.

It is multi-dimensional and includes:

- emotional wellbeing – feelings of contentment and wellbeing
- psychological wellbeing – a sense of mastery and control, purpose and meaning, including spirituality, and positive functioning

- social and family wellbeing – positive relationships with others, interdependence and social connectedness with others and society.

Mental wellbeing is a social asset. This means it is a resource both at an individual level, enabling people to cope with the demands of everyday living and the unexpected, and at a social level, fostering stronger and sustainable social relationships and communities. It is thus an essential resource for the long-term social and economic prosperity of society.

Box 2: Common definitions of mental wellbeing

'For citizens, mental health is a resource which enables them to realise their intellectual and emotional potential and to find and fulfil their roles in social, school and working life. For societies, good mental health of citizens contributes to prosperity, solidarity and social justice.'

European Commission (2005). Improving the mental health of the population: towards a strategy on mental health for the European Union. Luxembourg: Office for Official Publications of the European Communities.

'... being at ease with oneself, experiencing meaning and fulfilment, positive emotions and resilience, and belonging to a respectful community.'

Nurse J, Champion J (2006). Mental health and wellbeing in the South East. London: CSIP & Department of Health.

'Wellbeing is more than just happiness. As well as feeling satisfied and happy, wellbeing means developing as a person, being fulfilled, and making a contribution to the community.'

Marks N, Shah H (2004). A wellbeing manifesto for a flourishing society: the power of wellbeing. London: New Economics Foundation

'... a dynamic state, in which the individual is able to develop [his or her] potential, work productively and creatively, build strong and positive relationships with others, and contribute to their community. It is enhanced when an individual is able to fulfil their personal and social goals and achieve a sense of purpose in society.'

Foresight Mental Capital and Wellbeing Project (2008). Final project report. London: The Government Office for Science.

3 The case for improving mental wellbeing

Mental health is an essential component of general health. There is no health without mental health.¹¹ This means public mental health is integral to public health.

Economic savings can result from investment in preventive interventions and in promoting mental health and wellbeing, in the short, medium and longer term. These savings accrue not only to health and social care services but also to other sectors and public services, such as employment, welfare and criminal justice.

The case for investing in population mental wellbeing has four dimensions: economics, ethics, equalities and evidence.

Economics

There are two main economic reasons for investment in promotion and prevention alongside early diagnosis and intervention.

1 Improved mental health leads to savings in NHS costs

- Direct savings due to reduced use of mental health services as improved population mental health reduces risk and incidence of mental illness.
- Indirect savings, as good mental health also improves physical health, thereby reducing the use of NHS services generally. For example, the NHS costs per person between ages 10 and 28 are nearly nine times higher among those who had conduct disorder at age 10 than among those with no conduct problems at this age.¹²
- Better mental health also reduces risk behaviours such as alcohol consumption and smoking.

- Effective evidence-based interventions exist that can reduce ill health and NHS costs in the short term and over the life course. For instance, 25-50% of adult mental disorders are potentially preventable with treatment during childhood or adolescence.¹³
- Early intervention (secondary prevention) for mental illness also reduces health care costs; there is evidence to support the effectiveness of early identification and treatment for severe mental disorders.

2 Improved mental health leads to savings in areas other than health

- Effective evidence based interventions exist that can result in improved educational and psychosocial outcomes, reduced antisocial behaviour and reduced crime and violence, as well as reduced ill health in both the short term and over the life course.
- Improved mental health leads to improved outcomes and economic savings in a range of domains in addition to health. For example, it has been estimated that the costs of conduct disorder (5% of childhood population) was £5.2 billion with 71% of costs relating to crime, 13% relating to mental illness and 7% from life-time earnings.¹⁴ Costs of £210 million spent on UK training programmes for parents of children with conduct disorder could save a significant proportion of these costs.
- The benefits of improved mental health are multi-dimensional, accruing to the family and community and over many years, even a lifetime in the case of childhood interventions.

The NHS spends 10.8% (£10.4 billion) of its annual budget on mental health service provision.¹⁵ This is expected to rise steadily as the population increases, and especially as the numbers of elderly people grow. Poor mental health has a major impact on the lives of individuals, their families, wider society and the economy (see box 3 below).

Box 3: Why mental wellbeing matters

IMPACT OF MENTAL ILLNESS

It's common. One in four of the adult population experiences mental ill health at any one time, and 10% of children have a mental health problem, many of whom continue to have mental health problems into adulthood.

Mental illness is the largest single cause of disability. 22.8% of the total burden of disease in the UK in 2004 was attributable to mental illness, compared with 16.2% for cardiovascular disease and 15.9% for cancer. This is forecast to increase by 7.8% by 2030, while the other main causes of death and disability are due to decrease.¹⁶

COST

Multiple impact on society. Poor educational attainment, increased substance misuse, increased anti-social behaviour and crime.

Economy. Annual economic costs of mental health problems in England were estimated at £77.4 billion in 2003,¹⁷ rising to £105.2 billion in 2009/2010.¹⁸ Mental illness costs the NHS and local authorities £22.5 billion a year; lost earnings cost the economy a further £26.1 billion. Friedli & Parsonage (2007)¹⁹ estimated the overall cost of mental health problems in the UK to be over £110 billion in 2006/07, representing 7.7% of GDP.

Health service use. Care and treatment of mental disorders accounts for 13.8% of total NHS expenditure.²⁰

INEQUALITIES IN HEALTH

Contribution to wider health inequalities. People with mental health problems are also more likely to have a poor diet, take less exercise, smoke more and misuse drugs and alcohol.

Inequalities for those with serious mental illness. People with a diagnosis of serious mental illness die on average 25 years earlier than the general population, largely due to physical health problems²¹ Depression at age 65 is linked with a 70% increased risk of dying early.

DEMOGRAPHICS

Aging population. The proportion of older people with Alzheimer's disease is predicted to increase by 50% by 2030.

Economic downturn. Increased debt, unemployment, homelessness and fuel poverty all have a negative impact on mental health, and the potential to make the economic situation worse

Impact of climate change. Flooding increases risk of depression four-fold – we need to link the promotion of wellbeing to our resilience in the face of the effects of climate change.

Ethics

The ethical argument emphasises rights and responsibilities, individual and community capacities, and the need for socially aware commissioning that understands the value of relationships, interpersonal awareness, interdependence within connected communities and the need to address environmental factors that affect wellbeing. Moreover, a growing body of evidence on the social determinants of health^{22,23} demonstrates that preventive strategies will achieve greater social cohesion, while also encouraging individual responsibility for personal health and welfare and community and neighbourhood wellbeing.

Equalities

Poor mental wellbeing is both a cause and a consequence of health and social inequalities. A recent report from the World Health Organisation²⁴ draws attention to the relationship between social and economic inequalities and mental wellbeing: namely, that higher levels of deprivation and less access to resources lead to poorer physical and mental health.

Action to improve population mental wellbeing will contribute to reducing inequalities and redress the effects of 'prior discrimination' among minority groups, including people from black and minority ethnic communities, people with learning disabilities, people with a diagnosed mental illness and older people.

Evidence

There is now good evidence^{25,26,27} that:

- mental health impacts on a broad range of health and social outcomes
- interventions exist that can promote mental wellbeing and prevent poor mental health.

Good mental wellbeing can:

- increase life expectancy, provide protection from coronary heart disease and improve health outcomes from a range of long term conditions (e.g. diabetes)
- reduce risks to health by influencing positive health behaviours, such as reduced alcohol and substance use
- reduce health inequalities – both physical and mental – and influence the social determinants of health
- reduce the consequences of mental illness and distress.

Good mental wellbeing is associated with:

- improved educational attainment and subsequent occupation and wellbeing outcomes
- safer communities with less crime
- improved productivity and employment retention
- reduced sickness absence from work.

Resources

Friedli L, Parsonage M (2007). Mental health promotion: building an economic case. Belfast: NIAMH.

Friedli L, Parsonage M (2009). Promoting mental health and preventing mental illness: the economic case for investment in Wales. Cardiff: All Wales Mental Health Promotion Network.
http://www.centreformentalhealth.org.uk/pdfs/Promoting_mental_health_Wales.pdf
(accessed November 2010)

Friedli L (2009). Mental health, resilience and inequalities. Copenhagen: World Health Organisation Europe.

McDaid D, Zechmeister I, Reinhold K (2008). Making the economic case for the promotion of mental wellbeing and the prevention of mental health problems. MHEEN II policy briefing 3. London: London School of Economics and Political Science.
[http://eprints.lse.ac.uk/4274/1/MHEEN_policy_briefs_3_promotion\(LSERO\).pdf](http://eprints.lse.ac.uk/4274/1/MHEEN_policy_briefs_3_promotion(LSERO).pdf)
(accessed November 2010)

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<http://www.nmhdu.org.uk/silo/files/nmhdu-factfile-3.pdf> (accessed November 2010)

Royal College of Psychiatrists (2010). No health without public mental health: the case for action. Position statement PS4/2010. London: Royal College of Psychiatrists.
<http://www.rcpsych.ac.uk/pdf/Position%20Statement%204%20website.pdf>
(accessed November 2010)

Zechmeister I, Kilian R, McDaid D, the MHEEN group (2008). Is it worth investing in mental health promotion and prevention of mental illness? A systematic review of the evidence from economic evaluations. BMC Public Health 8 (1): 20.

4 Commissioning for mental wellbeing

Improving mental wellbeing at population level requires action to promote wellbeing for all communities and individuals and also targeted interventions focused on those at risk of poor mental health.

Communities, social networks and the environment play a central role, alongside education, transport, health and social services, employment, financial security and leisure opportunities, in strengthening resilience both at an individual and a community level.

Responsibility for promoting mental wellbeing extends across all disciplines and government departments and encompasses a concern with social values, culture, economic and social, as well as health policies.

Approaches that involve and strengthen the active participation of local communities and local people, and particularly that of vulnerable groups, are central to improving mental wellbeing.

Commissioning for mental wellbeing should focus on delivering the best possible health and wellbeing outcomes through the best use of available information and resources.

Commissioning for the mental health and wellbeing of a local population means:

- understanding the factors that build and strengthen individual and community resilience and that enable local communities and individuals to stay healthy, independent and interdependent
- anticipating the risks that might jeopardise this

- understanding local health inequalities, their social, physical and socioeconomic determinants and their implications for mental wellbeing
- promoting health and social inclusion and supporting autonomy through mainstream policies and actions across health and social care, education, housing, leisure, employment and the voluntary sector
- ensuring the public and communities with special interests/needs have a voice to influence and access interventions that promote physical and mental wellbeing
- ensuring universal access to information and low level support to enable people to manage the challenges of everyday living
- identifying opportunities across all public services to promote physical and mental wellbeing including creating supportive environments in homes, schools, workplaces and local neighbourhoods that promote positive mental health and wellbeing
- developing strong integrated commissioning between health and local authorities to drive integrated service delivery
- aligning outcomes measures and information systems with strategies and goals of programmes and interventions

These in turn require:

- a focus on population wellbeing
- a shared vision and commitment to improving population mental wellbeing with partner agencies and organisations and with local communities
- evaluation of the impact on mental wellbeing of new developments and existing policies
- improved strategic co-ordination of existing activities and aspirations to

improve mental wellbeing, including a more explicit focus on the mental wellbeing component of existing provision

- support for additional community activities and increased upstream investments
- using the evidence base on the protective, risk and environmental factors associated with mental wellbeing and the relative effectiveness of interventions that can promote mental wellbeing at individual and social level
- understanding and recognising diversity within communities and developing appropriate ways engage with particular

groups to develop interventions to strengthen mental wellbeing.

'Creating a mentally healthy society entails building up all three facets of the art (creative and effective practice), science (strong research and theory base) and politics (supportive government policies and political processes) of mental health promotion and working across diverse sectors in order to address the upstream determinants of mental health.'
(Barry, 2007:3)²⁸

Resources

These websites provide additional resources and practical examples.

Commissioning for children and young people

<http://www.commissioningsupport.org.uk/> (accessed November 2010)

Local Government Improvement and Development

<http://www.idea.gov.uk/idk/core/page.do?pageld=1> (accessed November 2010)

National Mental Health Development Unit resources

Fact file 4: Public mental health and wellbeing

<http://www.nmhdu.org.uk/silo/files/nmhdu-factfile-4.pdf> (accessed November 2010)

Cooke A, Stansfield J (2009). Improving mental wellbeing through impact assessment: a summary of the development and application of a mental wellbeing impact assessment tool. London: NMHDU.

<http://www.nmhdu.org.uk/silo/files/improving-mental-wellbeing-through-impact-assessment.pdf> (accessed November 2010)

Mental wellbeing checklist

Provides a framework to support a focus on mental wellbeing in strategy and service development and delivery.

<http://www.nmhdu.org.uk/silo/files/mental-wellbeing-checklist-a4.pdf> (accessed November 2010)

Royal College of Psychiatrists (2010) No health without public mental health: the case for action. Position statement PS4/2010

<http://www.rcpsych.ac.uk/policy/policyandparliamentary/parliamentandpublicaffairs/neilspages/publicmentalhealth.aspx> (accessed November 2010).

5 The framework for commissioning for mental wellbeing

Based on the current good practice in commissioning and the Canadian commissioning cycle for population mental health there are ten steps in commissioning population mental wellbeing for all.

5.1 Focus on the mental wellbeing of the population

The starting point for commissioning for population mental wellbeing is to understand the factors that promote or undermine mental wellbeing. This involves determining population outcomes for mental wellbeing, analysing the population health profile and assessing the contribution to mental wellbeing and mental ill health of factors within the local environment.

The challenge is to ensure that the structural inequalities between different groups within the population – age, disability, ethnicity, gender, sexual orientation, religious belief and faith – are explicitly acknowledged and taken into account. There is now an acceptance that public policy and services can inadvertently perpetuate inequalities. This understanding needs to guide local commissioning strategies for population mental wellbeing. Commissioners need to remain alert to indicators of mental wellbeing for different sections of the local community. This will be enormously helped by engagement with the public and with communities.

Appendix 1 lists resources that will help commissioners source demographic data and mental wellbeing outcomes to build their population profile. Initial work has been undertaken by the North East Public

Health Observatory to develop an index of factors that influence wellbeing.

(See http://www.nepho.org.uk/securefiles/101129_2021//Doc1.pdf) (accessed November 2010)

5.1.1 Proportionate universalism

While there is good evidence for universal interventions, they have been criticised for failing to benefit the most vulnerable segments of the population that are at most risk, thus perpetuating the inequalities they are intended to address.²⁹ They also do not take adequate account of diversity within the population: different segments of the population may respond in different ways to similar interventions or require interventions to be adapted to take account of their specific needs.

Targeted interventions can also be criticised on two broad grounds: that some, perhaps many, people may miss out on an intervention that might have been of benefit to them, and that prior judgments will have been made about who is most at risk. A balanced approach – ‘proportionate universalism’³⁰ – that gives greater attention to particular groups according to their degree of disadvantage can achieve the best of both worlds.

‘To reduce the steepness of the social gradient in health, actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage. We call this proportionate universalism.’
(Marmot, 2010:16)³¹

Proportionate universalism requires the following steps:

- i Segment the population by geography (neighbourhood) and by relevant population sub-groups
- ii Analyse the population profile for potential protective and risk factors in relation to mental wellbeing and identify assets, inequities and differential levels of disadvantage (see also section 5.4).
- iii Identify evidence-based interventions that are effective across the social gradient
- iv Consider the balance between universal and targeted strategies and stratify interventions according to the segmented need identified in step 1.

Resources

Marmot M (2010). Fair society, healthy lives: a strategic review of health inequalities in England post 2010. London: Marmot Review.

<http://www.marmotreview.org/> (accessed November 2010)

Equalities and Human Rights Commission

Provides an overview of public sector duties to promote equality

<http://www.equalityhumanrights.com/advice-and-guidance/public-sector-duties/> (accessed November 2010)

Public Health Agency of Canada

Population health templates

<http://www.phac-aspc.gc.ca/ph-sp/index-eng.php> (accessed November 2010)

5.2 Collaborate across sectors and levels for change

The multiple socio-environmental factors that shape mental wellbeing require collaboration across a range of agencies, organisations and community groups within and beyond the health sector as the necessary foundation for improving health and wellbeing outcomes. Improving the mental health and wellbeing of the population is not solely the responsibility of the NHS or mental health services. It is a shared responsibility for all the different sectors and organisations and they must all work together if they are to have any meaningful impact on outcomes.

Active engagement is needed to promote greater understanding of the concept of positive mental health and its importance for overall health and quality of life. A public awareness strategy is needed to promote greater public and professional understanding of the importance of good mental health and wellbeing as the foundation for individual, family, community and societal wellbeing.

This means creating public demand for mental health and the participation of communities in securing the conditions needed for a mentally healthy society. It also means ensuring that mental wellbeing and mental health improvement is

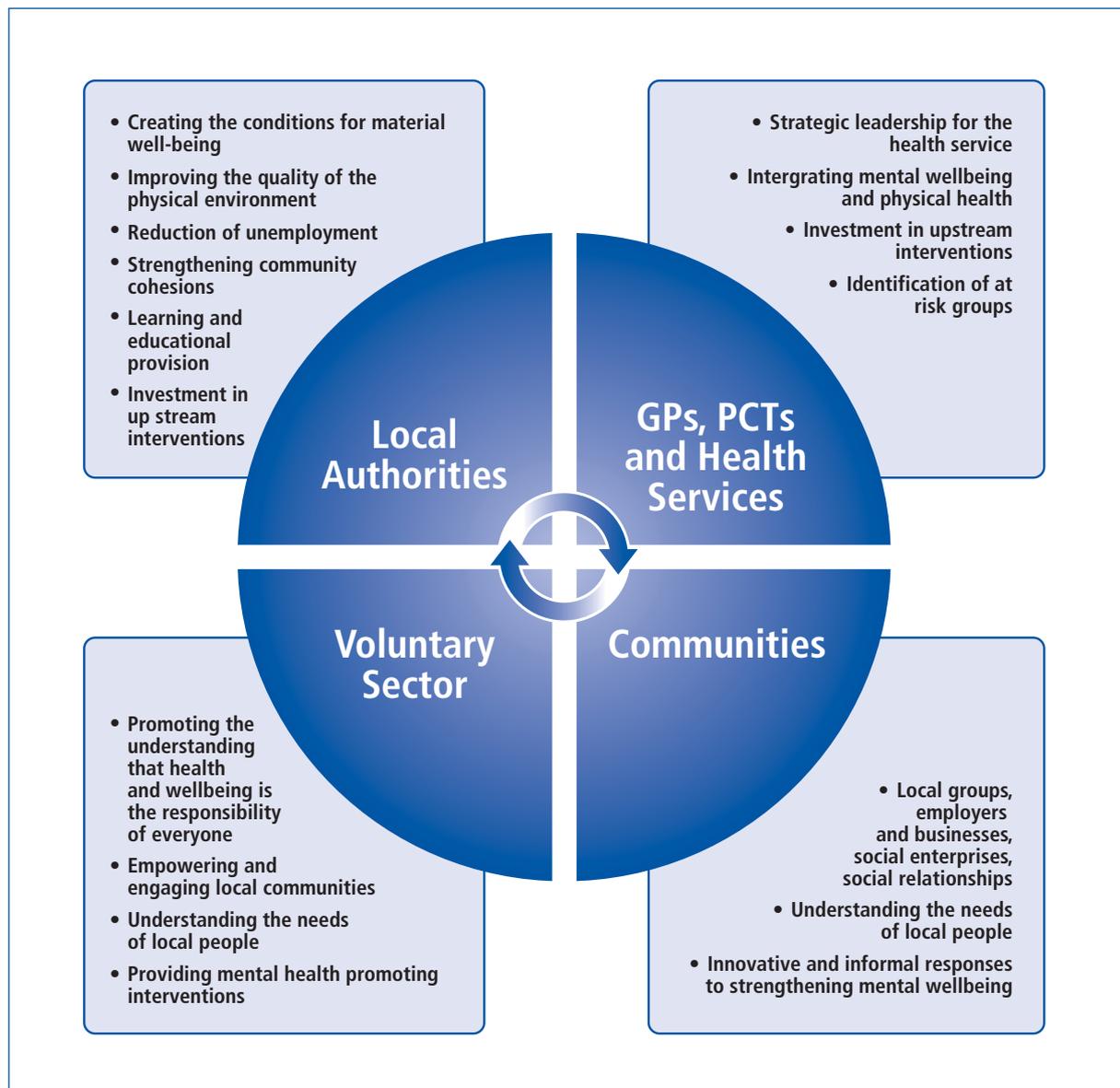
embedded firmly in policies across all relevant sectors – particularly education, employment, housing and environmental services, as well as health and social care.

Local government has a major role to play in creating the environmental and material conditions for wellbeing and through the provision of core services, housing, leisure and education. This is described in a recent publication by Local Government Improvement and Development³² making the argument that the Big Society agenda

provides a significant opportunity to strengthen the role of local government in relation to public mental health.

Commissioning for population mental wellbeing thus requires a committed multi-agency approach, rooted in integrated commissioning, with support from public health, overseen and driven forward by senior managers. It should be seen not as an adjunct to existing commissioning, but as a fundamental component of a whole system approach.

Fig 2: Working together for population mental wellbeing



At regional and local level, strategic partnerships have a major role in driving forward action to strengthen mental wellbeing. The arrangements for these will vary according to local need and circumstances, but the following elements are evident in those areas that are making particular progress:

- committed local leadership
- establishing a task group to co-ordinate action with population mental wellbeing as its specific remit
- ensuring that members of this task group have delegated authority from their organisations to commit resources
- setting up mechanisms to work with other key groups that have identifiable responsibilities in this area – e.g. children’s trusts, sustainable communities groups
- identifying opportunities to integrate mental wellbeing with existing strategies

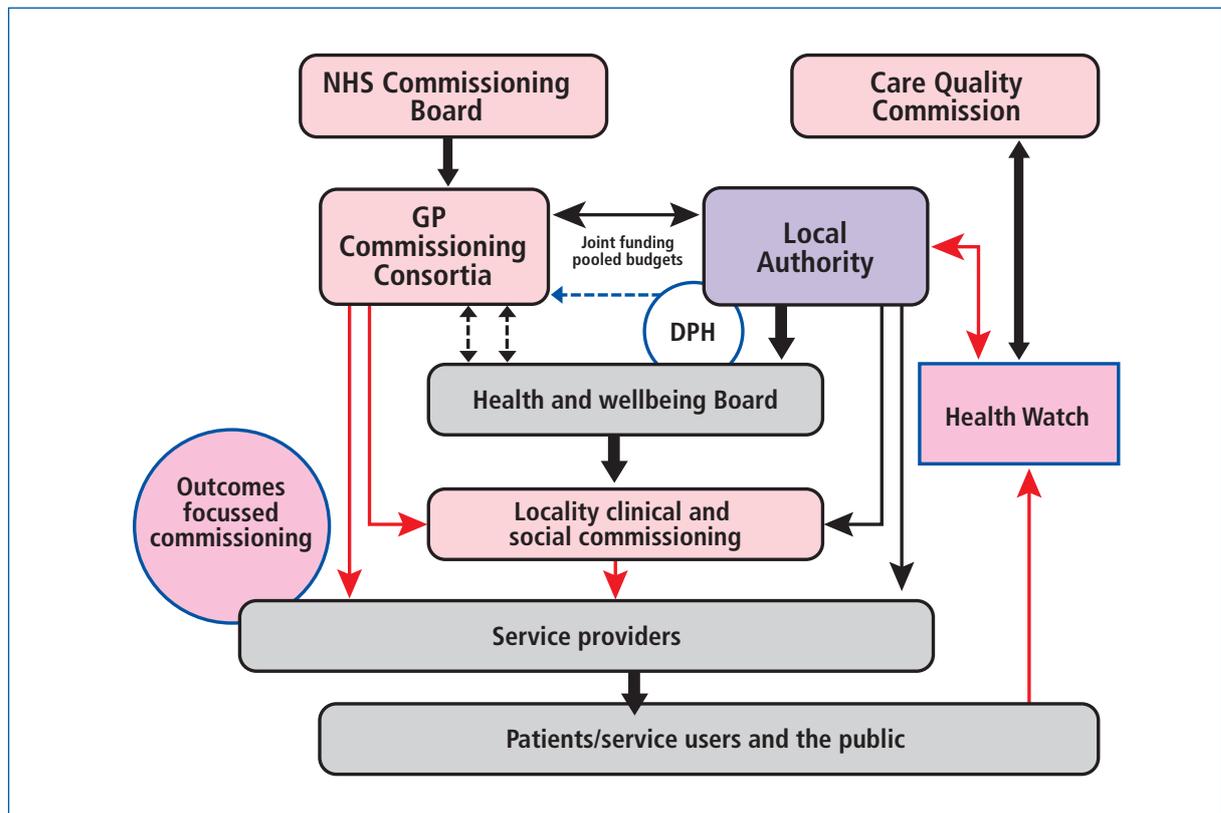
- identifying actual and potential resources across the partner agencies to progress this agenda.

5.2.1 Health and Wellbeing Boards

Alongside the transfer of public health responsibility to local authorities, the proposed Health and Wellbeing Boards should be in a position to build on existing arrangements to catalyse a new, shared approach to promoting wellbeing. Locality commissioning may develop to take advantage of the joint opportunities offered. One model is shown below (figure 3), but there are many ways in which GP commissioning consortia and local authorities may be able to work together to mutual advantage.

Health and Wellbeing Boards provide the vehicle to identify what needs to be done

Figure 3: The future role of Health and Wellbeing Boards



locally to assess wellbeing and to agree the necessary balance of NHS and local authority activity to address identified gaps. In the words of the government white paper *Equity and Excellence: Liberating the NHS*,³³ these boards will 'join up the commissioning of local NHS services, social care and health improvement' and strengthen the local democratic legitimacy of the NHS.

They will enable the local authority to catalyse a joint strategic approach to commissioning services. Similarly, GP commissioning consortia (GPCCs) can help GP practices in their area to reduce demands on staff through health promotion and preventive strategies and by encouraging use of appropriate and accessible social and community resources rather than costly inpatient or professional help when these are not needed.

5.2.2 Securing support

Strong and committed local leadership within each of the partner organisations is critical in ensuring integrated commissioning so that the contribution of each of the partners to improving mental wellbeing outcomes can be realised. Positive leadership enables this through:³⁴

- focusing on outcomes and using commissioning as a means of delivery
- providing strategic oversight
- building effective working relationships with partners, communities and political colleagues
- ensuring effective scrutiny and governance arrangements
- shaping opinion through informal and formal partnerships
- motivating and leading colleagues and partners.

5.2.3 Achieving impact through partnership

Achieving an impact through the coordinated contribution of the respective partners will be facilitated by the development of a strategic direction and implementation plan. Agreeing a shared vision for population mental wellbeing, including aims and impact, a common language and core principles, is an important first step in developing a joint strategy. An early task will be to understand what strategies and activities are already in place across the whole system and where priorities and action should be aligned to strengthen their benefits for mental wellbeing. A mapping tool to identify current activity and areas for potential development is provided in Appendix 1.

Mental wellbeing impact assessments (MWIAs) have also been road tested and used for this purpose. Similar to the health impact assessment (HIA), the MWIA has a specific focus on mental health and wellbeing and provides a framework for identifying and assessing protective factors for mental wellbeing. A MWIA can be used to assess the likely benefits (or disbenefits) of a policy, service, programme or project for mental wellbeing of a population. Completing a MWIA will assist in the development of indicators to measure impacts.

A strategy for population mental wellbeing will need to be underpinned by governance structures to ensure delivery against agreed outcomes. A workforce development plan will also be needed to ensure that staff understand the importance of mental wellbeing and are equipped and resourced to deliver mental health interventions at population level.

Good Practice

Mental wellbeing impact assessment of the Liverpool 2008 European capital of culture programme

This project was undertaken to assess the implications for mental wellbeing locally of the Liverpool 2008 European Capital of Culture programme, so that potential benefits could be maximized and negative effects reduced. The aim was to promote health and wellbeing and reduce inequalities. An MWIA enabled the identification of negative and positive impacts of the programme, which in turn led to recommendations to the Liverpool Culture Company on how to optimise the benefits of the programme for the local population.

West HM, Scott-Samuel A (2010). Creative potential: mental wellbeing impact assessment of the Liverpool 2008 European capital of culture programme. *Public Health* 124 (4): 198-205.

Resources

Aked J, Michaelson J, Steuer N (2010). *The role of local government in promoting wellbeing*. London: Local Government Improvement and Development.

Local Government Improvement and Development (formerly IDeA)
Supports improvement and innovation in local government. It works with local authorities and their partners to develop and share good practice through networks, online resources, and support from councillor and officer peers. This includes a focus on health and wellbeing.
<http://www.idea.gov.uk/idk/core/page.do?pageld=1> (accessed November 2010)

Association of Public Health Observatories (APHO).
Information on how to undertake a mental wellbeing impact assessment and supporting materials can be downloaded from:
<http://www.apho.org.uk/default.aspx?RID=70494> (accessed November 2010)

National Mental Health Development Unit
A mental wellbeing checklist is available and provides a quick reference source on the major influences on mental wellbeing to help with local improvements and actions as part of local commissioning, development, review, delivery or evaluation.
<http://www.nmhd.org.uk/silo/files/mental-wellbeing-checklist-a3.pdf>
(accessed November 2010)

5.3 Develop and use methods to engage local communities

Current health and social policy recognises the importance of actively involving communities in decisions that will impact on their lives. The duty on councils to inform, consult and involve stakeholders came into force in April 2009.³⁵ The emphasis on working together to involve citizens in decisions about their local area is strengthened in the current focus on localism and local democracy. It is important to mainstream methods for community engagement into these processes. In relation to mental wellbeing, it is also important to recognise that different communities have different conceptions of mental wellbeing and this will influence priorities and have implications for the action taken to promote mental wellbeing. For example, older people may have different views on what is important to their mental wellbeing than younger people. Research on conceptualisations of mental wellbeing by black and minority ethnic communities highlights how western cultures tend to emphasise autonomy, mastery and control as central to mental wellbeing; eastern cultures place more emphasis on interdependence, harmony and social roles.³⁶ This implies a thoughtful approach to the application of the evidence; the introduction of universal approaches; the development of outcomes and associated metrics and social marketing approaches.

Participatory methods that engage and build capacity within communities and groups are therefore central to promoting mental wellbeing. However this must be more than token involvement through simply providing information; there needs to be active involvement in decision-making,³⁷ resulting in co-production. Indeed involvement itself contributes to improving

individual and community wellbeing and there is also evidence beginning to emerge for the social return on investment. There is no single definition of community engagement and the term has evolved to describe a range of different activities with different values, aims and methods, from consultation to peer support, research and co-production. Whatever the method, two elements are fundamental:

- a focus on populations and groups with a shared identity (place, age, ethnicity, gender, sexuality etc)
- a clear aim to actively involve and engage with specific communities in decision-making on policy, service provision and organisation.

Community capacity building is a necessary foundation for effective community engagement. It is a process of 'working directly with people in their communities so that they can become more confident and effective in addressing community issues and build on their strengths'.³⁸ Community members and groups, voluntary organisations, charities and social enterprises are well placed to identify community assets and factors that may enhance or be detrimental to mental wellbeing. They make an invaluable contribution to the joint strategic needs assessment (JSNA) process and to multiagency partnerships. Local voluntary sector and community organisations are often best placed to deliver activities that support positive choices and can offer tailored, appropriate, accessible and culturally acceptable solutions to local problems. Place based commissioning, and the proposed GP commissioning consortia, will also allow more focused investment in appropriate population mental wellbeing interventions and person-centred provision for individuals and communities.

Box 4: Good practice principles for community engagement

- Clarity about the purpose
- Involvement is clearly valued and demonstrated by actions
- Transparency and honesty
- Processes and mechanisms in place to support people to participate including investment in community capacity building
- A range of methods is used, with specific efforts to reach out to those whose voice is least heard, avoiding over-reliance on representative structures
- Mainstreaming and aligning with decision-making processes

Good Practice

Mosaics of meaning – NHS Greater Glasgow³⁹

NHS Greater Glasgow developed a process to address the stigma associated with mental illness in black and minority ethnic communities. Although designed for mental illness, the process could be adapted to focus on mental wellbeing.

Stage 1

Community research - Community development workers run focus groups exploring mental wellbeing and strategies to maintain and strengthen individual and community resilience.

Stage 2

- **Community conversations** - Short awareness raising sessions to discuss mental wellbeing and what can be done to strengthen it
- **Storytelling** - Sharing experiences of initiatives and steps to promote mental wellbeing
- **Faith leaders** - Consultation with religious leaders and a conference for community, health and faith organisations
- **Social marketing** - Adapting messages and methods for BME communities.

Resources

Local Government Improvement and Development

Resources on community engagement can be found at:

<http://www.idea.gov.uk/idk/core/page.do?pagelId=7816307> (accessed November 2010)

Community Development Foundation

Involved in strategy development for community engagement and development and undertakes research on what works: provides case studies and resources.

<http://www.cdf.org.uk/web/guest;jsessionid=52F461C906514935627BD7B4FD2ABAB0>
(accessed November 2010)

Newcastle City Council

Has developed a guide to engaging diverse communities:

<http://www.newcastle.gov.uk/wwwfileroot/cxo/consultation/Engagementtoolkit.pdf>
(accessed November 2010)

5.4 Understand local factors and social determinants of health and community assets and resources

Developing the strategy for population mental wellbeing requires information on local conditions, characteristics and trends, with a positive focus on factors that promote mental wellbeing as well as risks and inequalities (see Box 5). The joint strategic needs assessment (JSNA) is obviously central to this process. To focus on population mental wellbeing, the JSNA should include information on:

- community assets and resources that build good mental health and wellbeing and opportunities for strengthening mental wellbeing
- communities and groups whose mental health and wellbeing are at risk
- current activity in communities and gaps and opportunities for investment
- a population profile and the views of local people and groups on what they think is important for their mental health and wellbeing
- gaps in the evidence and priorities for investment in introducing and evaluating new interventions
- desirable outcomes and their measures.

By identifying these in a single resource, a JSNA enables partners to work together locally and co-ordinate their planning and investment to population mental wellbeing for current and future generations. It should enable proposed Health and Wellbeing Boards, Local authorities, GP commissioning consortia and their partners to identify opportunities for strengthening mental wellbeing and avoidable risks in order to agree the priorities for action, informed by local assets, needs as well as gaps.

Box 5: Information Sources

Information source	Description	Information relevant to mental wellbeing
Joint strategic needs assessment	Local authorities and PCTs/GPCCs are required to produce a comprehensive joint strategic needs assessment (JSNA). The JSNA covers all aspects of the local community: health, mental health, housing, education, deprivation, economy etc. The JSNA provides the basis for local strategies and should inform all commissioning strategies, service plans, and priority setting processes.	<p>Identification of communities that are mentally healthy and/or have high social capital.</p> <p>Identification of where people with the most and least mental health conditions live.</p> <p>Identification of the groups most at risk of poor mental health.</p> <p>Views of local people on priorities for improving mental wellbeing.</p> <p>What is currently happening and what further opportunities there are there to promote mental wellbeing.</p>
Mental wellbeing impact assessment	The MWIA is a method for assessing protective factors and identifying risks to the wellbeing of the local population. It can be used to inform the local vision for mental wellbeing and facilitate stakeholder engagement.	Possible mental wellbeing impacts of service developments, regeneration plans or major policy developments.
Equality impact assessment	Public sector organisations now have a statutory duty to prevent discrimination. They are required to undertake an equality impact assessment on all policies in order to reduce inequalities (including mental health inequalities) between people from different ethnic backgrounds, people with disabilities, men and women (including transgendered people), gay, lesbian and bisexual people, people in different age groups, and people with different religions or beliefs.	Identification of specific issues in relation to particular groups and the potential for disadvantage and discrimination in relation to employment practices, service developments, regeneration plans and major policy developments.
Community asset mapping⁴⁰	This approach is designed to build on the existing assets in a community. It stresses local self-determination, creativity and innovation, with a focus on solutions. Engagement and development are critical parts of the process.	Identification of the assets – human, social, material, financial, entrepreneurial and other resources – in a community that can contribute to building mental wellbeing.
Audit of the likely risks to the wellbeing of local communities	The JSNA could be complemented by a further analysis or audit. This may draw on an epidemiological analysis of population changes (eg. age profile), public health inequalities and health determinants. These data should be disaggregated as far as is possible – at minimum to allow analysis by gender, age and ethnicity.	Identification of specific risk factors. These could include assessments by the local authority and other agencies of specific problems – e.g. truancy and bullying, increasing unemployment, increasing isolation of older people, levels of violence (particularly domestic violence), levels of crime, environmental challenges, lack of useable public transport, problems of poor housing and other similar factors.

Resources

NMHDU (2009). Joint strategic needs assessment and mental health commissioning toolkit: a practical guide. London: NMHDU.

<http://www.nmhd.org.uk/our-work/mental-health-commissioning-programme/programme-governance/project-1-information-and-data/> (accessed November 2010)

Local Government Improvement and Development (formerly I&DeA). (2010).

A glass half full: how an asset approach can improve health and wellbeing.

<http://www.idea.gov.uk/idk/aio/23729269> (accessed November 2010)

North East Public Health Observatory/National Mental Health Observatory (2007).

Indications of public health in the English Regions 7: mental health. Stockton on Tees: NEPHO.

<http://www.nepho.org.uk/publications.php5?rid=606> (accessed November 2010)

Department of Health (2008). Equality impact assessment: summary tool and guidance for policy makers. London: Department of Health.

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_090396 (accessed November 2010)

Local Government Improvement and Development

Equality impact assessments learning resource developed by practitioners from across the local government sector.

<http://idkprod.conseq.org.uk/idk/core/page.do?pagelid=8017247> (accessed November 2010)

5.5 Base decisions on evidence

Action to address identified priorities needs to be guided by strategic planning, based on sound evidence and completed in consultation with key stakeholders (including members of the groups to be targeted for interventions). This entails:

- a review of current initiatives and a plan for sustaining and scaling up local interventions that have been found to work (i.e. based on evaluation findings)
- the application of existing evidence (national and international) to local priority selection and culturally appropriate, feasible and sustainable strategies

- balancing innovative local practice with recommended best practice programmes.

5.5.1 A robust evidence base

There is a growing evidence base of evaluated interventions that have been shown to strengthen population mental wellbeing and of promising practice developed, in many cases, by the voluntary sector in co-production with local communities. Section 5.6 summarises best, evidence-based practice in 10 commissioning areas identified in research as key to local mental health improvement and wellbeing.

Local commissioners will need to draw on this evidence base to identify the best interventions to include in their wellbeing strategies.

The focus of much of the existing evidence is on the outcomes delivered by specific interventions. Further work is needed to explore which programmes work and for whom. There are also many emerging issues and promising interventions for which the evidence base has not as yet been established. Commissioners have an important role in undertaking or commissioning the evaluation of local mental health improvement initiatives to contribute to the evidence base.

A gap analysis is helpful to identifying potential priorities. This involves three key steps:

- reviewing current activities against the evidence base for interventions, both universal and targeted and across the lifecourse.

- critically reviewing which initiatives are working well locally and identifying the structural, technical and contextual factors that have facilitated their positive effects.
- reviewing the information about the local population to identify whether particular groups or communities are disproportionately disadvantaged by this analysis.

Decisions will have to be made about where to focus efforts to reap most benefit. Clear direction will be needed on where to invest resources and which initiatives are known to be effective, have been tried and tested and should be used.

5.5.2 Establishing priorities

Suggested principles to provide a framework for deciding priorities for interventions are provided below.

1 Decide the programme objective

Is the intention to:

- maximise wellbeing 'gain' overall?
- target those with the lowest wellbeing?
- target those requiring additional assistance to benefit from whatever programme is offered?

2 Determine the population target

- target minority populations with specific deprivations?
- offer interventions to all members of a community or neighbourhood?
- target specific population groups, children, women, older people etc?
- use this and information from the previous defining of programme objective to define outcomes and measures?

3 Achieve maximum health and social gain from the intervention

What are the wider educational, social, economic, and community oriented gains to be obtained?

4 Mainstream interventions

– and add value to existing health and social care provision wherever possible.

5 Develop the most cost-effective solutions

– while tackling the agreed target group.

6 Ensure that interventions are culturally relevant and appropriate.

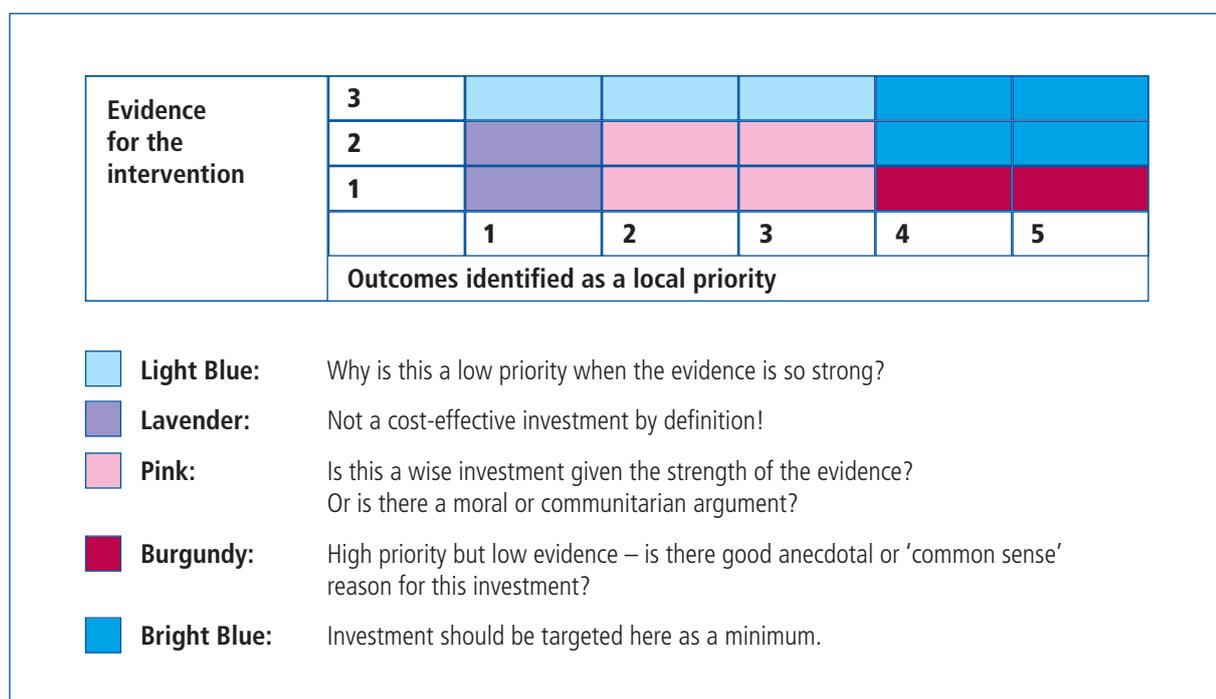
To establish a strategic direction it will be necessary to weigh local priorities against the available evidence. This can be done by bringing together the information from the JSNA with the results of the gap analysis to agree which interventions will potentially contribute most to the mental wellbeing of the local population and provide the best investment. The evidence should be triaged as follows, based on national quality assessments:

- Level 3: sufficient, well structured or researched evidence that supports a cost-effective intervention
- Level 2: Some reasonable research information and prima facie evidence of effectiveness in practice, although not recorded rigorously; insufficient information about cost effectiveness
- Level 1: Insufficient or no research evidence.

Figure 4 illustrates a matrix to support decision-making by bringing together the research evidence with local priorities to identify the areas for action by the PCT/GPCC, local authority and local partners. The matrix ensures that effective interventions are married to local priorities and values to promote mental health and wellbeing in ways that are evidence based yet are also culturally relevant and appropriate to local communities.

Priority levels for interventions are rated on a five point scale from 1 to 5 (where 1 is low and 5 high). An intervention is rated by multiplying the ranking of the evidence of cost-effective outcomes (1 to 3) by local priority value (1 to 5). The matrix can thus be used to develop the commissioning investment strategy.

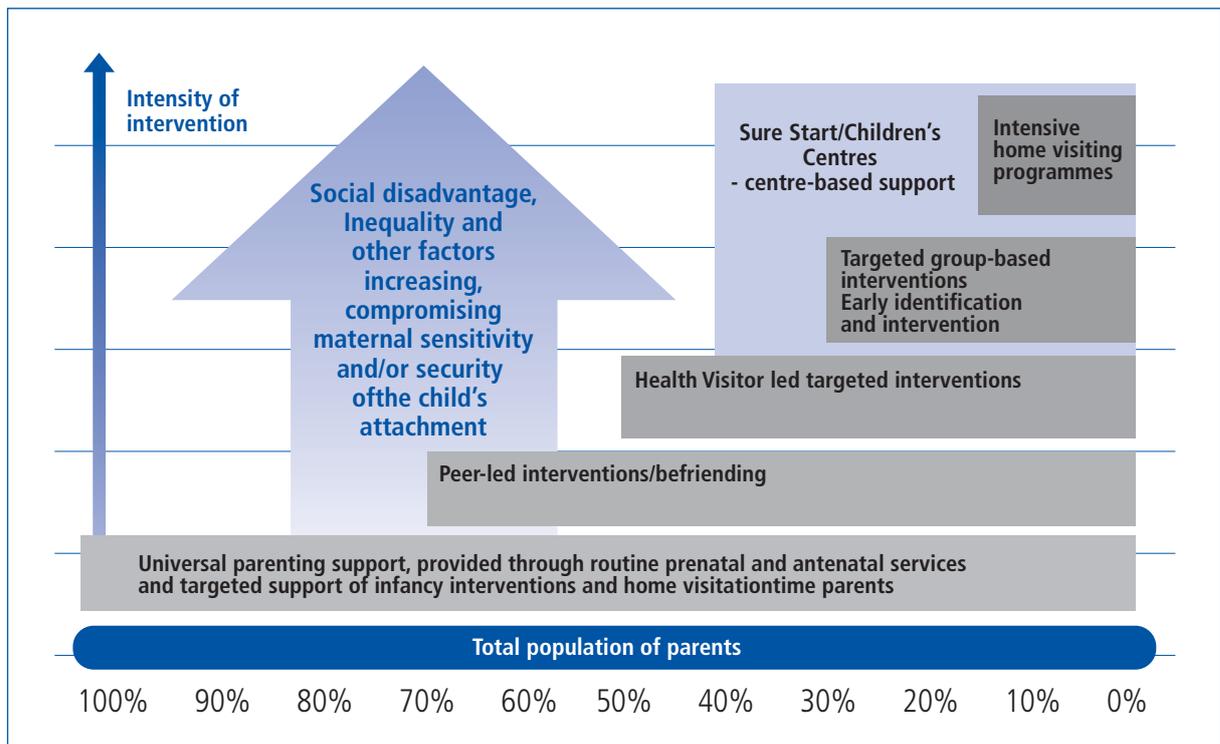
Figure 4: Decision-making matrix



5.5.3 Balancing investment in universal and targeted interventions

Section 5.1 indicated the need to achieve a proportionate balance between universal and targeted approaches. Using the example of parenting support, Figure 5 illustrates how this balance might be achieved in practice through introducing programmes that are evidence-based with increasing intensity proportionate to need.

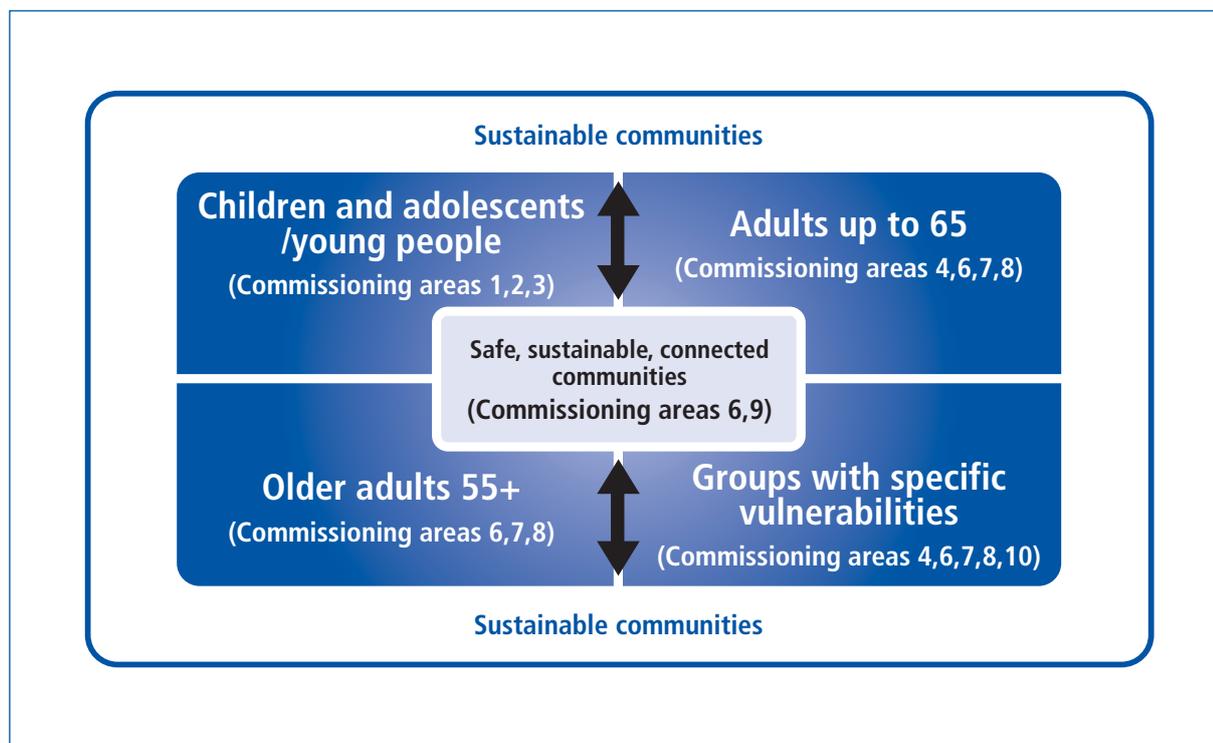
Figure 5: An illustration of proportionate universalism for parenting support



5.6 Develop strategies and interventions across the life course

This section provides an overview of the ten commissioning areas for which there is good evidence of effectiveness. It includes interventions across the life course and those aimed at building sustainable communities. Figure 6 provides an overview of how the different commissioning areas relate to the key population groups. Although the focus might be on a specific age group, other groups will benefit. This is particularly the case for interventions targeted at adults who are parents or carers of older people, where improving their mental wellbeing will also benefit their children and dependents.

Figure 6: Commissioning areas in relation to key population groups



5.6.1 Commissioning areas

Box 6: Commissioning areas				
Commissioning area	Specific interventions	Examples of the impact or outcomes	Implementation mechanisms and feasibility	References
<p>1 Promote good parental mental and physical health to improve early child development and wellbeing and maternal wellbeing and reduce adverse outcomes of pregnancy and infancy. Continue in later years with universal and targeted approaches.</p>	<p>Universal routine enquiry and targeted treatment for women at risk of depression with home visiting programme and health visitor training for post-natal depression, as part of a package of measures to improve perinatal mental health.</p>	<ul style="list-style-type: none"> Improved maternal mental health and quality of life Improved infant and child mental wellbeing Improved mother's productivity in employment after maternity leave. <p>➔ Interventions are cost effective - even the most expensive programmes show a return after one to two years.</p>	<p>Routine enquiry at ante-natal clinics. Prenatal programmes followed by comprehensive postnatal services over the first year are most effective. Interventions with first-time mothers show most clear cut effects.</p>	<p>Independent risk factors for conduct and emotional disorders⁴¹ Maternal depression, especially in teenage mothers, leads to behavioural difficulties.^{42,43,44,45}</p>
<p>2 Promote good parenting skills – universal as well as targeted early intervention programmes for common parenting problems and more intensive interventions for high risk families to prevent conduct disorders.</p>	<p>Universal access to training programmes:</p> <ol style="list-style-type: none"> community based group programmes; home based individual programmes, pre-school/ early child education programmes, supporting development of home learning environment. prioritising support for parents from higher risk groups and with children with emotional and behavioural problems. 	<ul style="list-style-type: none"> Improved parental efficacy and parenting practice Improved maternal mental health Reduced use of NHS, social care and criminal justice and better use of educational opportunities Builds social and emotional resilience from an early age. <p>➔ Highly cost effective with significant savings to the public sector. Relatively quick return on investment: costs for children with conduct disorders reducing to a fifth after only 18 months.</p>	<p>Ensure that parenting programmes are matched to participants' needs based on an assessment of the social context and family circumstances. Currently only 10% of parents with children with conduct disorder receive evidence-based parenting interventions. These parents are often harder to reach and so need targeting. Pre-school programmes that combine high quality education programmes with parent support are most effective.</p>	<p>Group-based parenting programmes have an overall positive effect on mental health and lead to improved self-esteem.⁴⁶</p> <p>Good parenting skills the best way to promote emotional wellbeing and reduce conduct disorders^{47,48,49}. Early interventions show long term benefits and impacts.⁵⁰</p> <p>Social and emotional learning programmes highlight improvement in social and emotional skills and self esteem.⁵¹</p>
<p>3 Build social and emotional resilience of children and young people through whole-school approaches including prevention of violence and bullying.</p>	<ol style="list-style-type: none"> School based Social and Emotional Learning (SEL) programmes achieving pupils' core competencies. Self management and social skills training. Mentoring programmes Family Intervention Projects School based violence prevention programmes including sexual abuse and bullying prevention. 	<ul style="list-style-type: none"> Improved social and emotional skills, self-esteem, connection to school and positive social behaviour Reduced conduct disorders and emotional distress including substance misuse antisocial behaviour, domestic violence. <p>➔ Integrated approach, using universal and targeted interventions in primary school are cost-effective.</p>	<p>A curriculum is recommended that integrates development of social and emotional skills within all subjects, delivered by trained teachers and with support of parents. Targeted approaches for children showing early signs of emotional and social difficulties are recommended as these are more responsive to the needs of children from different socioeconomic, cultural and ethnic backgrounds and children with disabilities.</p>	<p>Peer led 'emotional intelligence' effective in combating low self esteem. Universal school wide mental health promotion better than classroom based brief interventions.^{52,53,54,55}</p>

Commissioning area	Specific interventions	Examples of the impact or outcomes	Implementation mechanisms and feasibility	References
<p>4 Improving working lives:</p> <p>a) support for unemployed b) creating healthy working environments c) early recognition and intervention for those with mental health problems d) supported work for those recovering from mental illness.</p>	<p>a) Workplace screening for depression followed by CBT where indicated. b) Early intervention to reduce risks of unemployment through primary care and Job Centres and early intervention to promote engagement and participation of those who become unemployed. c) Stress management: tailor interventions to the needs of the particular worksite, types of stressors etc. d) Supported work for those recovering from mental illness.</p>	<ul style="list-style-type: none"> Increased employment, and reduction in lost employment years due to reduced health service and welfare costs Reduction in costs to health service of depression and anxiety disorders Improved wellbeing due to reduced financial distress, reduced housing stress etc Reduction in sickness absence Significantly improved employment rate for those on work support scheme Reduction in hospital readmission rates Reduced time spent in hospital. <p>➔ Costs of programme quickly translate into financial benefits, mainly in form of cost savings.</p>	<p>a) Adopt integrated interventions that combine organizational and individual level approaches based on the participation of key stakeholders. b) Job retention and re-employment programmes such as the JOBs programme which support reemployment and promote the mental health of unemployed people. c) Supported employment programmes and specialist work schemes are most effective. d) Reduce mental health stigma and discrimination in the workplace. e) Support NHS, local authority and third sector organisations to develop local interventions to improve healthy working lives, reduce stressors that are beyond the individual's control and support occupational health schemes.</p>	<p>Early diagnosis and intervention with employees with depressive symptoms offers good financial return.⁵⁶</p> <p>Adults who are economically inactive are at increased risk of mental illness.⁵⁷</p> <p>Lack of income may lead to housing difficulties and an increased risk of mental disorder.⁵⁸</p>
<p>5 Improve the quality of older people's lives through psychosocial interventions and enhanced physical activity.</p>	<p>a) Physical exercise (dance, gym, walking) on prescription. b) Falls prevention through social support and education c) Volunteering d) Opportunities for life long learning.</p>	<ul style="list-style-type: none"> Reduced use of health and social care services Improved social inclusion Improved mental and physical health. Improved quality of life Reduced A&E attendances and admissions to hospital. 	<p>Meaningful group activities with educational and/or support input based on participation of older people.</p> <p>Increasing physical activity in residential care settings and through social prescribing.</p> <p>Ensure staff in leisure centres are appropriately qualified to provide exercise programmes for older people. Volunteering, peer support and opportunities for activities that foster contact between older people and other generations.</p>	<p>Moderate physical activity improves mental wellbeing as measured by GHQ.⁵⁹</p> <p>Exercise of moderate intensity has positive effect on physical and mental wellbeing^{60,61} and reduces anxiety, enhances mood and improves self esteem.^{62,63}</p> <p>Volunteering is associated with greater life satisfaction with evidence that the positive mental health gains for older people in are greater than for younger people.⁶⁴</p> <p>Reduced loneliness and anxiety by providing the means to stay active^{65,66} Cost effectiveness of life review courses.</p>
<p>6 Improving quality of life through increasing opportunities for participation, personal development and problem-solving that enhance control and prevent isolation.</p>	<p>Access to social interventions in primary and community care pathways: through social prescribing – specifically volunteering, including timebanks, exercise, arts and creativity, learning and educational opportunities, green activity.</p> <p>Signposting to welfare advice, particularly employment, benefit uptake, debt management, financial literacy and information and self-help.</p> <p>Debt counselling and advice.</p> <p>Implement interventions to address fuel poverty.</p>	<ul style="list-style-type: none"> Self help groups effective in reducing social isolation/ loneliness and provide meaningful occupation Increased quality of life through social interaction and having practical needs met Increased levels of social support and caregiver skills Reduced demands on primary care and reduced levels of antidepressant prescribing Effective befriending services generate significant cost savings. <p>➔ Good cost effectiveness of walking and physical activity programmes cost per QALY between £5000 and £12,000.</p>	<p>Build collaborative community partnerships based on existing strengths and resources.</p> <p>Use innovative approaches such as social prescribing and mutual volunteering schemes to engage the participation of socially excluded groups.</p> <p>Ensure access to education, learning, arts, leisure, personal development and local support services based on consultation with key stakeholder groups.</p> <p>Place shaping by LAs to create opportunities for people to come together.</p>	<p>Meaningful occupation and physical activity increases overall wellbeing^{67,68} Timebanks generate new social networks and relationships.</p> <p>Adults who are economically inactive are at increased risk of developing a mental disorder.⁶⁹</p>

Commissioning area	Specific interventions	Examples of the impact or outcomes	Implementation mechanisms and feasibility	References
<p>7 Implementation of initiatives to prevent, identify and respond to emotional, physical and/or sexual abuse.</p>	<p>Multi-agency information sharing on alcohol-related assaults School based violence prevention programmes including sexual abuse and bullying prevention.</p>	<ul style="list-style-type: none"> • 40% reduction in assaults preventing to Emergency Department over 5 year period • Reduced crime, aggression and sexual violence • 80% reduction in crime and improved perception of safety • Improved mental and physical health. 	<p>Multi-component interventions that integrate skills development and training of teachers and parents, supported by specialists.</p> <p>Key role of primary care and wider health services to offer a holistic approach and understanding of the contribution of violence and abuse to health problems.</p>	<p>Physical and sexual violence have direct health consequences and are risk factors for a wide range of long-term health problems including mental health problems, alcohol abuse, unwanted pregnancy, sexually transmitted diseases and risky sexual behaviour.⁷⁰</p> <p>Child physical, emotional, sexual abuse are causal factors in childhood, adolescent and mental health problems.⁷¹ Bullying has negative consequences on mental health and school; performance.⁷²</p>
<p>8 Integrating physical and mental wellbeing through universal lifestyle programmes to reduce smoking and obesity, and to encourage exercise.</p>	<p>a) Universal access to lifestyle programmes. b) Supporting higher risk groups- for example people with a mental illness or learning disability, older people, and pregnant women. c) Target people with long term conditions who are known to be at risk of depression. d) Encourage good nutrition and diet.</p>	<ul style="list-style-type: none"> • Establish social prescribing programmes to encourage exercise (e.g. prescribing gym sessions). • Reduced depression and better self management of diabetes; reduced dependency on primary care. • Weight management and reduced diabetic complications. 	<p>Integrated physical and mental health behaviour change through brief interventions.</p> <p>Opportunistic health promotion interventions in primary care for high risk groups.</p> <p>Skilled staff oriented to respond to the mental health needs of primary care patients.</p>	<p>Moderate physical activity improves mental wellbeing as measured by GHQ⁷³: Exercise reduces anxiety, enhances mood and improves self esteem.⁷⁴</p> <p>Individuals with psychological distress at risk of stroke, CHD, Acute MI, colon cancer.^{75,76,77}</p> <p>Screening and treatment of depression for those with Type II diabetes in primary care has economic benefits.⁷⁸</p>
<p>9 Tackling alcohol and substance abuse, including direct measures with those abusing alcohol and screening programmes.</p>	<p>a) Target problem drinking and alcohol abuse through multi-sectoral action (health, local authority, police, education etc. b) Screening and brief intervention in primary care.</p>	<ul style="list-style-type: none"> • Alcohol use reduction has early payback and impacts favourably on NHS (e.g. A&E attendances), street crime, and domestic violence. • Reduce isolation and 'hidden' drinking especially older people. • 80% reduction in crime and improved perception of safety. <p>➔ Screening and brief intervention in primary care for alcohol abuse is highly cost effective (saving to cost ratio of 12:1).</p>	<p>Multi-sectoral action through multiagency plans between NHS, local authority (social services authorities, planning, education, transport) with Police, Probation, third sector, etc.</p>	<p>Effective strategies to reduce alcohol related harm require a combination of measures.⁷⁹</p> <p>Savings exceed investment costs by a factor of 12:1.⁸⁰</p>
<p>10 Community empowerment and interventions that encourage improvements in physical and social environments, and strengthen social networks.</p>	<p>Include encouraging active travel, reducing effects of traffic, functionality of neighbourhood, safe green environments, community arts and culture, volunteering.</p>	<ul style="list-style-type: none"> • Improve wellbeing and quality of life and neighbourhood outcomes: sense of belonging, participation in decision making, wellbeing/quality of life, satisfaction with place to live • Reduce isolation and loneliness, encourage exercise. 	<p>Delivery mechanisms: community development.</p> <p>Use of community empowerment strategies based on the active engagement and participation of local community members.</p> <p>Create awareness of the impact of the social and physical environment on the community and people's mental health.</p>	<p>Majority of changes that older people identify as important to their mental wellbeing can be addressed by activities at a local, community level.⁸¹</p> <p>Good cost per QALY with estimates ranging from £5,000 to £12,000.⁸²</p>

Resources

The following sources provide useful information on the evidence base for effective interventions to promote mental health and wellbeing.

The National Institute for Health and Clinical Evidence (NICE) has now completed several reviews of interventions to promote mental wellbeing at population and sub-population levels and reviews of specific interventions. These are supported by implementation guidance. A list of relevant NICE reviews is available in Appendix 3 and at

<http://www.nice.org.uk/guidance/index.jsp?action=byTopic&o=7376&set=true>
(accessed November 2010)

Foresight Mental Capital and Wellbeing Project (2008). Final project report. London: The Government Office for Science.

http://dius.ecgroup.net/files/116-08-FO_b.pdf (accessed November 2010)

Department of Health (2010). Confident communities, brighter futures. London: Department of Health.

<http://www.nmhd.org.uk/silo/files/confident-communities-brighter-futures.pdf>
(accessed November 2010)

Royal College of Psychiatrists (2010). No health without public mental health: the case for action. Position statement PS4/2010. London: Royal College of Psychiatrists.

<http://www.rcpsych.ac.uk/pdf/Position%20Statement%204%20website.pdf>
(accessed November 2010)

See also:

CSIP/NIMHE (2005). Making it possible: improving mental health and wellbeing in England. London: CSIP/NIMHE.

http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/Publichealth/Choosinghealth/Browsable/DH_5891786

Friedli L (2003). Making it effective: a guide to evidence based mental health promotion. Radical mentalities briefing paper 1. London: Mentality.

Friedli L, Jackson C, Abernethy H, Stansfield J (2006). Social prescribing for mental health – a guide to commissioning and delivery. London: CSIP/NWDC.

Lehtinen V (2008). Building up good mental health. Monitoring Mental Health Environments.

<http://www.mmhe.eu>

Tidyman M (2004). Making it diverse: mental health promotion and black and ethnic minority ethnic groups. Radical mentalities briefing paper 3. London: Mentality

5.7 Put measures in place to ensure effective implementation

5.7.1 Applying the evidence to the local context

How evidence is translated into action at a local level is important. A key element of the process is ensuring that the evidence fits the characteristics of the local population and that consideration has been given to how it might be implemented and any necessary adjustments for different segments of the population. (see section 5.4).

Evidence-informed practice plays an important role in demonstrating the success and added value of local public mental health activities and is very important when justifying continued funding for initiatives. Efforts and resources should be focused on interventions and initiatives that are cost-effective, feasible and sustainable in local settings.

Identification of priorities for action should be guided by strategic planning, take an evidence-informed approach and carried out in consultation with key stakeholders (including members of key target groups for interventions). Strategic planning should be based on findings from interventions conducted to date, systematic application of the evidence base, consultation with key stakeholders, local needs assessment, and the knowledge of practitioners and local implementers. Central co-ordination may assist in guiding the development of best practice by:

- publishing guidelines for effective implementation of sustainable programmes
- setting indicators by which to monitor progress

- designing dissemination strategies for sharing best practice
- providing training in evidence-informed programme planning, delivery and evaluation
- adopting a structured planning approach to scaling up evidence-based interventions, including the supports needed for effective local implementation
- building capacity for local implementation based on what has been achieved to date – identifying gaps in technical and practical skills, workforce development, organisational support and local delivery structures
- embedding and mainstreaming public mental health promotion interventions in local community services and initiatives
- providing practitioner skills development opportunities through creating and maintaining networks for knowledge transfer
- establishing mechanisms for eliciting public engagement in the local planning, delivery and evaluation processes.
- setting clear timetables, including monitoring and fundamental reviews of impact and outcomes.

5.7.2 Advancing the implementation of best practice in local settings

Explicit direction about where resources should be invested does not mean stifling local innovation; rather, creative local practice should be balanced with a commitment to implementing and scaling up evidence-based programmes that have been shown to work across different settings.

The adoption and implementation of national and international best practice programmes within mainstream services

locally, particularly the rolling out of universal programmes, will need to be considered carefully. Adopting a best practice programme does not in itself guarantee success. It requires attention to good quality implementation, including adequate resources such as funding, staff skills, training, supervision, and the organisational support and capacity needed to implement interventions to a high quality in the local setting.

Current research indicates that implementation is often variable and imperfect in field settings and that the level of implementation influences outcomes. Implementation should be carefully planned and documented in order to ensure the quality and sustainability of programme delivery. The following characteristics of effective practice have been identified:⁸³

- programme development should be based on underpinning theory, research principles of efficacy and needs assessment of the target population and setting
- use a focused and targeted to programme planning, implementation and evaluation
- adopt a competence enhancement approach and an implementation process that is empowering, collaborative and participatory, carried out in partnerships with key stakeholders
- address a range of protective and risk factors
- employ a combination of intervention methods operating at different levels
- include the provision of training and support mechanisms that will ensure high quality implementation and sustainability.

Appendix 5 provides an implementation checklist, derived from recommendations for implementation by Barry and colleagues (2005).⁸⁴

5.7.3 Building the capacity of the workforce

A skilled and trained workforce with the necessary competencies to work at population level and with groups, communities and individuals, is recognised as central to effective implementation. Partnership working and the implementation of cross-sectoral strategies call for high-level expertise in order to engage and facilitate participation of all stakeholders. At least two different levels of workforce may be necessary:

- 1) dedicated public health and mental health promotion specialists who facilitate and support the development of policy and practice across a range of settings
- 2) a wider workforce drawn from across different sectors such as health, education, employment, community and non-governmental organisations.

It is becoming increasingly clear that the resources and skills required for effective implementation tend to be underestimated, or at least not thought through sufficiently. It is also recognised that leadership is necessary at all levels, from macro policy-making through to implementation on the ground, if plans are to be translated into action. While public mental health is indeed everybody's business, dedicated time and resources and specific competencies are needed for effective, accountable implementation.

Building the capacity of the workforce to develop and implement mental health promotion programmes is fundamental to mainstreaming and sustaining action in this area. The wider workforce will need training in awareness raising and mental health promotion; some staff will need

skills development to support and implement specific initiatives; mental health promotion specialists will be needed to facilitate and support the development and implementation of policy and practice

across a range of settings. Continuing professional development and training is required to maintain the quality of practice and update the skill sets required to work within a changing context.

Practice Examples

Wellbeing and happiness in Lambeth

Lambeth have developed a programme for 2009-2012 to improve mental wellbeing and resilience in Lambeth.

See <http://www.lambethfirst.org.uk/mentalwellbeing> (accessed November 2010).

Mental health and wellbeing in Bristol

Bristol has a number of strategies to promote mental health and wellbeing. See http://www.bristol.gov.uk/ccm/cms-service/stream/asset/?asset_id=34164084 (accessed November 2010).

Wellbeing on the Web

Changing Minds, a mental health training and education centre based in Northamptonshire, Primhe, a charity providing mental health education for people working in primary care and Northamptonshire libraries have developed a web-based resource to provide information for people locally on what they can do to promote their wellbeing. See

<http://www.wellbeingontheweb.org.uk/> (accessed November 2010).

Resources

NICE has developed guidance and tools to support the implementation of NICE guidance. Particularly relevant are:

How to put NICE guidance into practice and improve the health and wellbeing of communities: practical steps for local authorities.

<http://www.nice.org.uk/usingguidance/implementationtools/howtoguide/HowNICEguidanceintopracticeandimprovethehealthandwellbeingofcommunitiespracticalstepsforlocalauthorities.jsp> (accessed November 2010)

How to use NICE guidance to commission high-quality services.

<http://www.nice.org.uk/usingguidance/implementationtools/howtoguide/UseNICEGuidanceCommissionHighQualityServices.jsp> (accessed November 2010)

Barry M, Jenkins R (2006). Implementing mental health promotion. Edinburgh: Elsevier.

Fixsen DL, Naoom SF, Blase KA, Friedman RM, Wallace F (2005). Implementation research: a synthesis of the literature. Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute, The National Implementation Research Network.

http://cfs.fmhi.usf.edu/_docs/publications/NIRN_Monograph_Full.pdf (accessed November 2010)

5.8 Identify opportunities to mainstream interventions

Many of the interventions proposed are well evidenced, but implementation is often patchy and is generally poorly co-ordinated between agencies. It may be a truism that effective implementation is the key to successful programmes, but many good ideas are let down by poor project management and inadequate processes. Critical to this is engaging the right partners at the most appropriate organisational level early in the process.

To obtain the full benefits of most interventions it is essential to recognise the holistic nature and multi-sectoral elements of the intervention. For example, successful implementation of universal and targeted support for postnatal depression needs effective co-ordination and team work between GPs, the primary health care team, health visitors, social workers and secondary mental health care; interventions to promote the wellbeing of elderly people may involve the voluntary sector, primary care, transport and adult education.

One of the barriers to effective implementation of many, if not all, health promotion programmes is their multi-factorial and multi-agency nature. Central to these programmes is the role of GPs in supporting individual behaviour change, promoting self management, and providing information, working alongside social care, voluntary sector agencies and community organisations and other local agencies. As GP commissioning develops, collaboration between social care and GPs to apply 'proportionate universalism' will be invaluable. It will ensure that health messages are delivered universally, without exception; it will also ensure that individuals with specific needs are identified

and followed up for targeted intervention.

One agency cannot on its own sustain a programme that relies on several agencies for its effectiveness. However, with multi-agency sign-up, a programme can generate added value through achieving a critical mass of resources focused on the at-risk population and groups.

Some interventions very readily lend themselves to becoming part of mainstream services: health visitor support for mothers; debt counselling; social prescribing of fitness regimes for older people, for example. Partnership arrangements should be developed where there are well evidenced, whole-system savings to be achieved as well as longer term improvements in wellbeing. In many cases the interventions described in the ten commissioning areas include elements that may already exist or can be incorporated into existing services. The challenge is to ensure cost effective, sustainable inclusion of these new elements.

Demonstrating that interventions can be implemented successfully as part of routine service delivery is an important challenge. Few interventions are sustained over time, regardless of their impact. A number of writers in this field have pointed to the importance of systems transformation to support the adoption and sustainability of evidence-based interventions. Implementing programmes in complex, multi-level systems such as schools, workplaces and communities involves the complex interaction of the characteristics of the intervention, the implementer, the participants, the organisational capacity and support of the delivery system (both general and intervention-specific capacity), and the specific contexts in which the

intervention is being implemented.

Training and professional development, organisational capacity, inter-sectoral partnerships and knowledge exchange networks can all assist in addressing the complexity of implementation and achieving the outcome goals.

The following elements are essential to effective implementation:

- generate readiness and commitment through active stakeholder engagement, including the participation and involvement of target intervention groups
- ensure systematic planning, building on existing practices, core principles and available evidence
- identify the practical steps and practices needed for the full implementation of interventions from planning through to sustainability
- plan for sustainability by aligning intervention goals with local policy and service objectives
- identify existing supportive structures and practices across diverse sectors and services locally
- develop and facilitate local leadership and management for quality implementation
- provide training and professional development for staff
- build local organisational capacity and support including structures and resources
- build inter-sectoral partnerships and collaborative models with other organisations and agencies
- establish networks for practice knowledge exchange and transfer.

Resources

NICE guidance

How to change practice: understand, identify and overcome barriers to change.

<http://www.nice.org.uk/usingguidance/implementationtools/howtoguide/barrierstochange.jsp> (accessed November 2010)

5.9 Increase investments upstream

Whilst mainstreaming the interventions identified will be a major thrust of a strategic approach, the strategy developed by the proposed Health and Wellbeing Boards should aim to increase investments in population mental health by identifying the percentage resources to be invested over a defined period of time. The need for pump priming or double funding as new services or programmes are introduced and take time to bed down needs to be recognised and is obviously a major challenge in the current economic climate. The decision tool (see section 5.5.2), informed by the JSNA process and gap analysis, will help in identifying priorities for investment upstream. From this commissioners may need to consider how to rebalance investments towards promoting population mental wellbeing. It will be mistake to assume that the major focus for this should be mental health services, which have historically experienced serious resource shortfalls.⁸⁵ Rather this requires a strategic whole system approach and the proposed Health and Wellbeing Boards may find the ten commissioning areas proposed within this toolkit as a useful framework to undertake this.

5.10 Demonstrate accountability for outcomes

Accountability for cost-effectiveness of programmes will require a review of their impact and outcomes. A robust evaluation framework for local initiatives will need to be put in place to monitor progress in meeting desirable and measurable

outcomes, and also to build up the local evidence base and collect learning from practice.

Agreeing an outcomes framework for commissioning for mental wellbeing has to take account of national developments, but is for local determination. When outcomes are being sought in relation to improving population mental wellbeing, it is important to aim for outcomes and indicators that enable comparisons across localities. Outcomes of wellbeing are more than the absence of clinical indicators of illness; measures of positive mental health are being actively explored, particularly the Warwick Edinburgh Mental Wellbeing Scale. Possible outcomes to consider are contained in the table of suggested interventions to commission.

When agreeing the outcomes, it may be helpful to consider them in terms of time – i.e. immediate, intermediate and longitudinal. This helps clarify what is being aimed at and why (and manage expectations) and assists planning for monitoring and evaluating the impact of the work. It may also be helpful to identify how the different outcomes are linked through the programme logic – for example, showing how achievement of immediate outcomes will contribute to longer term ones. Demonstrable success on immediate outcomes could then be used to win longer term support for programmes.

Performance indicators should provide information about how the intervention strengthens protective factors and reduces risk factors in the social and physical environment.

Work is under way to develop appropriate metrics for detecting improvements in mental wellbeing. Fine-grained data, including qualitative data, are also needed to understand the meaning of mental wellbeing, the factors that influence it and potential interventions for mental health improvement across diverse communities. Finally, specific measures and data collection stages will need to be designed to enable evaluation of specific mental health improvement activities.

Resources

Health Scotland (2008). Mental health improvement: evidence and practice evaluation guides. <http://www.healthscotland.com/documents/457.aspx> (accessed November 2010)

Health Scotland (2008). Selecting scales to assess mental wellbeing in adults. Edinburgh: Health Scotland.

A review of and guide to selecting mental wellbeing scales validated for use in the UK: <http://www.healthscotland.com/documents/2403.aspx> (accessed November 2010)

The Warwick/Edinburgh Mental Wellbeing Scale (WEMWEBS) is still under development but is being used in Scotland and in the North West of England. A user guide to WEMWEBS is available at:

<http://www.healthscotland.com/uploads/documents/7551-WEMWBS%20User%20Guide%20Version%201%20June%202008.pdf>
(accessed November 2010)

Appendix 1: Data sources

Local profiles

Population data

The national census collects information about people, households and their housing. Includes trends and can be used for long-term planning.

<http://www.ons.gov.uk/census/index.html> (accessed November 2010).

Neighbourhood profiles

Profiles covering population, health, education, housing, crime and national indicators. Can be used to analyse inequalities.

<http://neighbourhood.statistics.gov.uk/dissemination> (accessed November 2010).

Area profiles

The Audit Commission has developed area profiles to enable public service providers to identify which areas need most support so that services may be targeted to address inequalities. The profiles include information on quality of life.

<http://www.areaprofiles.audit-commission.gov.uk> (accessed November 2010).

Social and economic issues

The Department for Work and Pensions collects statistical information about a range of social and economic issues, including employment and benefits, with analysis by geography available.

<http://www.dwp.gov.uk/asd/> (accessed November 2010).

Health profiles

The NHS Information Centre provides comparative information on health and social care issues by population and geography. This includes public health information and information on lifestyles as well health and social care provision.

<http://www.ic.nhs.uk/statistics-and-data-collections/population-and-geography> (accessed November 2010).

Children and young people

Commissioning Support Programme (2006). Data sources for commissioners of children, young people and maternity services has been developed to support commissioners to improve outcomes for children in relation to Every Child Matters, this brings together many data sources for children and young people.

Appendix 2: Commissioning mental wellbeing locality scoping checklist

	<i>Yes/No/Provide a summary</i>
1. Does the locality have a commissioning plan that includes priorities for mental wellbeing?	
2. What is the local structure/ system for agreeing and delivering commissioning priorities for mental wellbeing?	
3. Where does the leadership for this come from?	
4. Who is involved and who is missing?	
5. How robust are the methods for engaging diverse communities	
6. What are the population mental wellbeing outcomes?	
7. What specific mental wellbeing outcome measures are being used?	
8. What specific services have been commissioned to improve population mental wellbeing?	
9. What are the gaps against the ten commissioning areas in this toolkit?	
10. What can be done to improve commissioning for population mental wellbeing in your area? <ul style="list-style-type: none"> • Leadership • Partnership working • Community engagement • Profiling community assets • Strategy development • Workforce development • Implementation. 	

Appendix 3: NICE guidance summarising the evidence for promoting mental wellbeing

This table provides a summary of the relevant publications from NICE that provide a synthesis of the evidence for promoting mental wellbeing. They are supported by implementation tools and costing templates as well as being available in summary form.

Publication	Summary
<p>Promoting mental wellbeing at work 2010</p>	<p>Guidance is for those who have a role in promoting mental wellbeing at work. This includes all employers and their representatives, irrespective of the size of the business or organisation and whether they are in the public, private, or voluntary sectors. It focuses on interventions to promote mental wellbeing through productive and healthy working conditions. http://www.nice.org.uk/PH22 (accessed November 2010).</p>
<p>Promoting young people's social and emotional wellbeing in secondary education, 2009</p>	<p>Guidance promoting social and emotional wellbeing in secondary education, focusing interventions to support all young people aged 11-19 who attend any education establishment. Aimed at all those with responsibility for the social and emotional wellbeing of young people in secondary education, including teachers, support staff, governors and professionals with public health as part of their remit working in education (including the independent sector), local authorities, the NHS and the wider public, voluntary and community sectors. http://www.nice.org.uk/nicemedia/live/11991/45484/45484.pdf (accessed November 2010).</p>
<p>An assessment of community engagement and community development approaches including the collaborative methodology and community champions, 2008</p>	<p>This guidance aims to support those working with and involving communities in decisions on health improvement that affect them. It is for people working in the NHS and other sectors who have a direct or indirect role in - and responsibility for - community engagement. http://guidance.nice.org.uk/PH9/Guidance/pdf/English (accessed November 2010).</p>

<p>Social and emotional wellbeing in primary education, 2008</p>	<p>Guidance for teachers, school governors and professionals with public health as part of their remit working in education, local authorities, the NHS and the wider public, independent, voluntary and community sectors. Recommends development of arrangements as part of the 'Children and young people's plan' (and joint commissioning activities) to ensure all primary schools adopt a comprehensive, 'whole school' approach to children's social and emotional well being. http://www.nice.org.uk/nicemedia/pdf/PH012Guidance.pdf (accessed November 2010).</p>
<p>Mental wellbeing and older people, 2008</p>	<p>Guidance for occupational therapy and physical activity interventions to promote the mental wellbeing of older people in primary care and residential care http://www.nice.org.uk/nicemedia/live/11999/42395/42395.pdf (accessed November 2010).</p>
<p>Promotion and creation of physical environments that support increased levels of physical activity, 2008</p>	<p>Guidance on how to improve the physical environment to encourage physical activity and is aimed at NHS and other professionals who have responsibility for the built or natural environment; including local transport authorities, transport planners, those working in local authorities and the education, community, voluntary and private sectors. http://www.nice.org.uk/PH008 (accessed November 2010).</p>
<p>Public Health Interventions to Promote Positive Mental Health and Prevent Mental Health Disorders among Adults, 2007</p>	<p>The guidance considers all systematic reviews, syntheses, meta-analyses and review-level papers on non-pharmacological interventions to promote positive mental health & prevent mental health disorders in adults aged over 16. It considers cost-effectiveness data for non pharmacological interventions that aim to promote positive mental health and prevent mental health disorders in adults and highlights gaps in the evidence and makes recommendations for future research. http://www.nice.org.uk/niceMedia/pdf/mental%20health%20EB%20FINAL%2018.01.07.pdf (accessed November 2010).</p>
<p>Antenatal and postnatal mental health, 2007</p>	<p>Guidance on mental health problems during pregnancy and after giving birth covers recognising mental health problems during pregnancy and in the first year after giving birth and the care and treatment (including drugs and psychological treatments) of women who develop a mental health problem during pregnancy or in the first year after giving birth, and women who have a higher chance of developing a problem at this time. http://www.nice.org.uk/nicemedia/live/11004/30431/30431.pdf (accessed November 2010).</p>

Appendix 4: Implementation checklist

Adapted from Barry, Domitrovich & Lara (2005)86

Programme initiation and planning phase

- Assess the characteristics and resources available in the local community
- Identify the problem and associated risk and protective factors for that community
- Verify that the programme model is appropriate for implementation in the target community
- Involve key stakeholders in the decision-making process, including implementing staff, management and potential programme recipients
- Ensure buy-in of all parties by providing documentation that supports the need for the programme (e.g. the evidence-base for the programme and the match between the approach adopted and the needs in the community)
- Identify the key components of the intervention based on underlying programme theory
- Identify and communicate programme objectives, principles and the mechanisms that will be used to achieve them, to all relevant players at the planning stage.
- Provide decision-makers and stakeholders with the necessary information to secure adequate resources to implement the programme
- Lay the foundation for successful co-operation and collaboration by clearly defining the roles of all parties involved and establish a system for discussing and resolving problems
- Plan for the long-term sustainability of the programme.

Delivery phase

- Assess readiness to implement the programme
- Make modifications or adaptations in delivering the programme, balancing programme fidelity with the needs of the local site
- Draw on the knowledge of those with experience of the programme
- Develop a structured manual or detailed programme description to facilitate programme implementation
- Train programme staff to conduct the programme effectively
- Provide ongoing support and supervision once the programme has begun
- Partner with an evaluator to develop an implementation monitoring system that includes assessment of the programme (i.e. programme fidelity, exposure, quality of delivery, participant responsive and programme differentiation), support system, and key system factors.

Programme maintenance and sustainability phase

- Develop a plan for the sustainability of the programme based on existing funding, long-term priorities and resources
- Use implementation information and process evaluation data to fine-tune and improve programme delivery
- Provide regular updates and evaluation information to key stakeholders
- Document the provision of feedback and any subsequent changes that are made to the programme.

Terms used in the guide

Community assets

The social, environmental, material, financial and entrepreneurial resources within a community.

Community engagement

The process of engaging, involving and building capacity within communities to support and enable them to take action.

Equality impact assessment

A systematic process for identifying the impact of a policy or service on a particular group, with respect to age, disability, gender, race, sexual orientation, religion or faith.

Evidence-informed practice

The explicit and judicious use of the best available evidence in making decisions about practical action to improve health and social outcomes.

Joint strategic needs assessment (JSNA)

A process of identifying the health and wellbeing needs and inequalities of a local population to inform more effective and targeted commissioning and service delivery.

Mental wellbeing

A sense of emotional, psychological, social and/or spiritual wellbeing and includes life satisfaction, positive relationships with others and a purpose in life.

Mental health

Used interchangeably with mental wellbeing to refer to a positive state of health/wellbeing.

Mental health improvement

Any action to enhance the mental health of individuals and populations. This includes action to strengthen mental wellbeing and/or action to prevent mental illness. Used interchangeably with mental health promotion.

Mental health promotion

Any action to enhance the mental wellbeing of individuals, families, organisations or communities.

National indicator set

A set of national measures developed by central government to monitor the performance of local government working alone or with partner organisations.

Outcomes

Clear, measurable statements setting out the changes, benefits, learning or other effects that result from an intervention. Need to be distinguished from outputs, which are often steps toward achieving specific outcomes.

Protective factors

Factors that have been identified as strengthening mental wellbeing.

Psychological wellbeing

Commonly used to refer to meaning, self-realisation and functioning.

Public mental health

A population-based approach to mental health that looks at the wider psychosocial and environmental impacts and influences on wellbeing.

Recovery

An individual process of learning to live with and manage ongoing mental ill health and achieving life goals and aspirations despite the adverse impact of symptoms.

Resilience

The personal capacities and resources that maintain or preserve good functioning in the face of adversity.

Risk factors

Factors that have been identified as increasing the risk of poor mental health.

Social inclusion

Action to address the combination of linked problems such as unemployment, poor skills, low income, poor housing, high crime, bad health and family breakdown.

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