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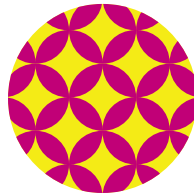
Executive Summary

The Northern Ireland Association for Mental Health (NIAMH) was commissioned by the Chief Medical Officer (CMO) in December 2008 to undertake a review of the current mental health promotion and suicide prevention strategies in Northern Ireland (NI). Specifically, we aimed to undertake the following:

- 1** To consider progress against the delivery of the actions and recommendations within the existing Mental Health Promotion Strategy 03-08, Protect Life: A Shared Vision 06-11, and The Bamford Report; Mental Health Improvement and Wellbeing – a Personal, Public and Political Issue.
- 2** To identify those actions and analyses within the existing Mental Health Promotion Strategy 03-08 which will need to be carried forward to a new strategy.
- 3** To highlight any gaps in the existing Mental Health Promotion Strategy 03-08 which will need to be catered for in the new strategy.
- 4** To carry out an appraisal of the relevant evaluative research, including drawing on the international evidence base, in order to advise on its transferability at a local level.
- 5** To consider opportunities and approaches to build resilience at both an individual and community level.
- 6** To consider the development of population metrics in order to demonstrate improvement in mental health levels.
- 7** To provide advice and strategic direction to the Department of Health, Social Services and Public Safety (DHSSPS) to assist with the development of a new mental health and emotional wellbeing strategy.

Section 1

Living and Wellbeing

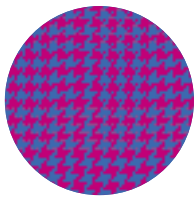


The aspiration for a healthy and emotionally flourishing population cannot be isolated from the wider social goals of prosperity, stability and cohesion. Our children and young people are increasingly vulnerable to mental illness, self-harm and suicide. Moreover, the prevalence of obesity is rising rapidly as is the harmful use of alcohol and illicit drugs. However, while we argue that improving the wellbeing of everyone should be fundamental to all modern societies it is also crucial to understand that vulnerability to social exclusion and illness is not evenly distributed.

Again, such problems are costly to individuals and society but they should not be viewed as inevitable. Thus there is an urgent need to look to solutions that harness the energies and creativities of all sectors of society – communities and families in partnership with employers and trade unions, the voluntary sector and professionals from all branches of government. There is much that can be accomplished by building resilience within individuals and communities across the life course, targeting our resources and energies in settings where they will be most effective.

Section 2

Review of the Current Strategies



A consultation exercise on the current mental health promotion and suicide prevention strategies in NI was undertaken amongst a wide range of actors and stakeholders involved in commissioning and delivery of community-based programmes and interventions. Opinions were sought on their understanding and level of acceptance of the documents and their suitability in terms of mental health promotion and reduction of self-harm and suicide. We explored whether the balance between central control and local implementation operates effectively. We also queried the funding arrangements, the level of collaborative efforts and the practicalities and administrative arrangements currently in place to deliver on the strategies.

Drawing on this consultation exercise, our analysis and what is known about the relatively young disciplines of mental health promotion and suicide prevention, a set of recommendations are given on the most effective and efficient use of mental health promotion resources for NI. These are, in part, supported by the perspectives which emerged from our independent symposium of mental health promotion academics and other experts.

The Consultation Exercise

A broad reference group including representatives from statutory, voluntary and community sectors involved in the promotion of mental health and wellbeing in NI was consulted. The research team collected data via consultation

interviews carried out individually, via telephone and in focus groups (n=53); consultation emails targeted to a wider reference group (n=75); and a public notice placed in the local press.

Key Findings

- There is a considerable degree of overlap between the mental health promotion strategy and the Protect Life (Suicide Prevention) strategy.
- The MHP Strategy 03-08 was viewed positively by a broad spectrum of stakeholders, considered strong in terms of actions and collaborative requirements.
- The Protect Life document provoked mixed reactions. It was generally praised for further developing the standard of the MHP Strategy, by providing clearer and more concise action points, although the overlap between it and mental health promotion strategy was considered to be confusing and generally problematic.
- The framework for the implementation of the Protect Life strategy has been robust and exemplary.
- It was generally agreed across all sectors that there is a need for a consolidation of mental health promotion and suicide prevention strategies which would help to reduce duplication of effort, while continuing to improve mental health literacy.
- There are extensive mental health promotion activities across NI but these efforts

appear fragmented and inconsistent. It is extremely difficult to quantify these activities or any degree of success these have.

- There are difficulties arising from a lack of a standardised and simplified system for commissioning, governance (including audit and evaluation) and reporting. Commissioning should continue to be tailored according to evidence-based need.
- There is a perceived lack of available data to guide both the need for and the impact of MHP on the population in NI – viewed as a lack of effort to recognise and address this urgent need through population-based government surveys and independent research.
- In addition to a renewed focus on school-based mental health promotion, there was considerable support for early years and parenting programmes.

Section 3

Review of Effective Interven- tions



The rationale for mental health promotion is based on the case for preventing mental illness and for promoting positive mental health. The evidence of mental health promotion effectiveness is still emerging; however, two principles can be applied: risks and protective factors can be reduced or enhanced by interventions; a population health approach to mental health promotion aims to improve mental health across the lifespan, from birth to death. In our review we covered the following areas:

Support and Actions for Families and Early Years of Life

Investment in a healthy start in life is directed towards positive development in childhood, adolescence and adulthood. Positive and engaged parenting can increase children's self-esteem, their social and academic competence, and protect against later disruptive behaviour and substance use disorders. Likewise, pre-school education enhances children's lives at many levels. A number of studies, mainly from the United States² have shown the effectiveness and financial benefits of parenting and early intervention strategies.

Education and School-based Actions

The evidence indicates that attempting single-issue health promotion within schools is generally unhelpful and inefficient (e.g. dealing with drugs and alcohol, bullying, obesity, self-harm and suicide). The whole-school approach is widely acknowledged as crucial to wellbeing – engaging

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students, teachers and parents through both curriculum and policy is more effective than short-term interventions focused on specific topics related to self-esteem, self-concept and individual coping skills³.

Wellbeing in the Workplace

The workplace as a source of enhancing public health and wellbeing has been a key area of discussion and policy at both national and international level in recent years. It is worth stressing that employment is generally considered to be good for health and wellbeing⁴. The role of employers in promoting not only physical health, but also mental wellbeing, has led to the recognition that the workplace is an effective site for interventions to improve health and reduce health inequalities⁵.

Support for Later Years

Five key factors affect the mental health and wellbeing of older people: discrimination (for example, by age or ethnicity), participation in meaningful activity, relationships, physical health (including physical capability to undertake everyday tasks) and

poverty⁶. Addressing those factors as well as the risk factor of isolation, particularly for those in rural areas and for people older than 75 who may be widowed or live alone, are priorities for this age group. Best evidence suggests that interventions such as volunteering, regular physical activity in a safe environment and community befriending programmes should be the subject of further evaluations.

Training and Awareness Initiatives

In order to aid and support the promotion of positive wellbeing and improve the mental health literacy of the population it is vital that those involved at all levels in all sectors receive appropriate training and information and advice. Successful training programmes implemented in other parts of the world which have also been implemented and piloted in NI such as the Applied Suicide Intervention Techniques (ASIST) and the Mental Health First Aid (MHFA) should be encouraged and properly evaluated in order to assess their impact in the NI context. Other local initiatives that promote the mental health literacy of young people (Mood Matters) deserve the support and encouragement of

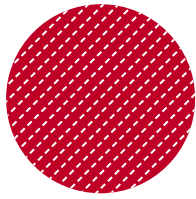
those involved in the promotion of mental health.

Improving the Lives of People with Mental Health Problems and Learning Difficulties

The aspiration towards a flourishing society must truly mean wellbeing for all including people whose lives have been negatively impacted by mental health problems and learning difficulties. The ‘recovery approach’ is a viable model to achieve this.

Section 4

Recommendations for a New Strategy



A single, coherent wellbeing strategy would be a major step towards achieving greater effectiveness in the development of a healthy, resilient and flourishing population. The new strategy should incorporate elements of the current suicide prevention strategy.

Life Course and Settings

- We need to invest in the wellbeing of our population from the earliest stages of life. The research suggests that we target our resources to those most in need in order to tackle health inequalities and reduce social exclusion. While a life course approach acknowledges the importance of wellbeing for all, there is a need for mental health promotion strategies that reflect the needs of people within specific settings.

Early Years

- We support the establishment of parenting programmes targeted at young mothers from deprived backgrounds. Where families have complex and challenging need, intensive home visiting by health visitors and school nurses, using regionally agreed specific evidence-based interventions/programmes should be introduced for children of all ages. The outcomes of work being led by the Department of Health (DH) in relation to the Family Nurse Partnership should be considered within the menu of services for the most 'Hard to Reach' families.

Education

- Schools and colleges could be better supported in making a significant contribution to the wellbeing of children and young people, parents and communities through the promotion of 'extended' schools – offering childcare provision, reading clubs, 'green gyms' and adult education.
- We also recommend the widespread adoption of a 'whole-school' approach to wellbeing through policy and practice, early recognition and management of emotional and psychological distress and effective collaboration with Child and Adolescent Mental Health Services (CAMHS).

Employment

Across the employment sectors there remains too much emphasis on individual sickness and discipline rather than creating healthy environments and practices. Thus, there is a need for deep cultural and structural change. Small to medium enterprises lack resources to develop good wellbeing practices or Employee Assisted Programmes (EAPs).

- We support the recommendations set out in the report by Dame Carol Black (Working for a Healthier Tomorrow) in particular that people absent from work through illness should be encouraged and supported through stepped return.
- There is a need for government to support the smaller enterprises and the need for a

new business-led information, advice and consultancy service. Likewise, smaller enterprises could be encouraged to develop information and advice partnerships.

Training and Awareness

- In order to ensure that the statutory, voluntary and community sector are equipped with the required skills to deliver the strategic action points of a future mental health and wellbeing strategy, a range of adequate and ideally, accredited training must be available and accessible.
- An equally high level of specialism is required to develop training packages designed for other professional groups such as general practitioners and nursing and support staff working within the prison population.
- We also recommend that provision of training be commissioned through independent, arms length agencies, such as those situated in the voluntary or private sector, including professional bodies that have knowledge and hands on experience within the specific fields of relevance to the training requirements.
- Training and support relating to research and evaluation for voluntary and community sector agencies should be funded and established through an independent body or within the university or higher education sector.

Community Involvement

While communities are central to mental health promotion and our review of the strategies suggests that substantial and high quality work is delivered by the voluntary sector in NI, their work should be strengthened by improved resourcing from government and enhanced capacity and evidence building among community groups.

- We propose that before community groups are commissioned to undertake work in the field of mental health promotion that they must demonstrate that an evaluation plan is central to their proposals.
- With respect to improving social capital among and between communities in NI, commissioning organisations should strongly encourage applications that can demonstrate cross-community engagement. Additionally, programmes that show meaningful involvement with older people and marginalised groups.
- Faith-based organisations (FBOs) offer considerable opportunities for building social capital and supporting community wellbeing. These resources are poorly understood and greatly underutilised. We recommend that government agencies seek to build collaboration with this sector.

Monitoring

- All government funded programmes and projects should be recorded centrally

to facilitate transparency, opportunities for learning and continuity of provision. A regularly updated, easily accessible, standardised public database would be ideal for this purpose.

- Standardised commissioning processes could be developed for NI with associated reporting conventions to ease the burden of administration for all organisations and to reduce duplication of effort.

Research

There is a significant evidence gap in research related to mental health promotion, prevention and early intervention. There is a pressing need to inform and thus, strengthen future wellbeing strategies.

- A programme of research is needed to support the development of emotional wellbeing
- We recommend building on existing and proposed activities by universities and other appropriate arms length agencies.

Measurement

Current measures of mental illness, while generally useful, are not relevant to understanding and improving the wellbeing of the population. The measurement of wellbeing is still in the early stages of development. There is a need for measures of wellbeing that are appropriate and acceptable in NI.

- Appropriate measures of wellbeing should be considered for piloting and possible

adoption in NI, in addition to other measures of life satisfaction and in conjunction with measures of social capital.

- NI should coordinate with other countries and collaborate in the development of new measures.

Implementation

Mental health is important for all aspects of human activity and is therefore important to all sectors of government. Much of the necessary activities proposed within a wellbeing promotion framework must not be assumed to be the responsibility of the Department of Health. To do so would acutely diminish any likelihood of success. Therefore there is a need to seek commitment for a new wellbeing strategy within the Northern Ireland Executive in order to build creative and collective agreement across department leadership.

- Dialogue and recognition about the importance of wellbeing must begin among those who are in the most senior positions of public administration in NI. Implementation also requires the early and sustained consultation and collaboration with agencies and people on the ground – the community groups and voluntary sector organisations, which are vital to making implementation happen.
- Wellbeing and mental health promotion is still developing and requires a degree of flexible supervision. While we can draw upon the many useful programmes and interventions that have proved successful

elsewhere there is still a need to examine their effectiveness and acceptability in the context of NI.

- We recommend that the government establish systems to monitor and assess the framework and processes for delivering the strategy at national level.