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National Mental Health
Development Unit

www.nmhdu.org.uk

ISSUE 6

FEBRUARY 2011

INTRODUCTION

NO HEALTH WITHOUT MENTAL HEALTH

HOW OUR WORK CONTRIBUTES TO THE CORE CONTENT OF THE STRATEGY

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"More people with mental health problems will recover a good quality of life"

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"Public understanding of mental health problems will improve and fewer people will experience stigma and discrimination as a result of negative attitudes and behaviours to people with mental health problems"

Welcome to the fifth edition of the National Mental Health Development Unit (NMHDU) news briefing. This edition coincides with the launch of the government's new mental health strategy, *No Health Without Mental Health*.

If you would like to know more about our work, contact [Katy Davies](#) or [Tony Jameson-Allen](#). For more information go to our [website](#). Click here to [subscribe](#) or [unsubscribe](#) to future editions.

FROM IAN McPHERSON, NMHDU DIRECTOR

The National Mental Health Development Unit has been working closely in recent months with policy colleagues in mental health to inform and shape the new [mental health strategy](#), *No Health Without Mental Health* launched on 2 February 2011.

In this briefing we offer illustrations of some of our work that has contributed to the core content of the strategy across the spectrum from promoting well being to building organisational support for recovery. All of this has been developed in partnership with people and organisations who are directly involved in delivering improved mental health and mental health services, including national organisations representing the NHS, Local Authorities and the voluntary sector as well as professional bodies and those who bring together the views of users and carers.

Too often in the past the mental health community has been notable for major differences of opinion that may have led those in authority who control funding to conclude that if people in mental health cannot agree among themselves what is important, why should we support them. It is crucial, therefore, that in the extremely challenging economic environment we are in with yet another period of major organisational change across health and social care with significant impact on all who use and work in mental health services, that we can demonstrate our commitment to some core objectives which have attracted support across the mental health community.

[Read more >](#)



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The *Call to Action* published along side the strategy identifies some key areas on which there is a clear consensus. These are:

- More people will have good mental health and fewer people will develop mental health problems
- More people with mental health problems will recover a good quality of life
- More people with mental health problems will have good physical health fewer will die prematurely, and more people with physical ill health will have better mental health
- Fewer people will suffer avoidable harm
- More people will have a positive experience of care and support wherever it takes place
- Fewer people will experience stigma and discrimination

NMHDU has been actively involved in each of these areas and has developed a range of practical means of progressing these objectives drawing on best practice both in this country and abroad. In this respect we have contributed not only to our aim of helping put policy into practice but also of ensuring that policy reflects best practice and the views of those whose responsibility it will be to deliver this.



Like many other agencies funded by Government, NMHDU will be closing on 31 March 2011 but the tools we have developed and the information we have produced will continue to be available to the mental health community. Detail of this will be available in our final briefing.

The resources outlined in this briefing are all available to download from the [NMHDU website](http://www.nmhdu.org.uk) >



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“MORE PEOPLE WILL HAVE BETTER WELLBEING AND GOOD MENTAL HEALTH AND FEWER PEOPLE WILL DEVELOP MENTAL HEALTH PROBLEMS”

Mental Wellbeing: making an impact locally

The work of Mental Wellbeing Impact Assessment enables local areas, organisations and projects to look in detail at the subject of mental well-being and mental health promotion and helps to assess the impact they make and the further contributions and impact they can achieve on their own and more importantly with others as part of local efforts to promote and sustain good population mental well-being. NMHDU published *Improving Mental Wellbeing Through Impact Assessment – A summary of the development and application of a Mental Wellbeing Impact Assessment Tool* [Download a copy here >](#)

Mental Wellbeing Checklist

The mental wellbeing checklist is simple and easy to use and helps the reader become more familiar with the major influences on mental wellbeing and provides a quick reference source to help with local improvements and actions as part of local commissioning, development, review, delivery or evaluation. The checklist is evidence based and provides information on what we know protects individual and community mental wellbeing, what the wider determinants of mental well-being are and which populations face the greatest inequalities in mental well-being. [Download a copy here >](#)

Role of local government in promoting wellbeing

The role of local government in promoting wellbeing is a thought-provoking report which speaks to the heart of what local government is about. While local government has begun to engage with the evidence base on wellbeing, much more needs to be done.

In becoming ‘wellbeing aware’ at every level, local government has the opportunity to think and act differently in order to realise cost savings, and at the same time build healthier, more equal and more capable communities. It will also help to enhance communities’ abilities to participate in the ‘Big Society’ and in local decision-making. [Download a copy here >](#)

Practical Mental Health Commissioning

The mental health service of tomorrow is likely to be focused far more on prevention and promotion of mental wellbeing. Practical Mental Health Commissioning 1: Setting the Scene is the first in a planned series of briefings to be published shortly, intended to help those involved in commissioning and providing mental health and social care services make sense of and build on the new opportunities emerging within this new landscape.

Working For Mental Health Website

This new website, commissioned by the Promoting Social Inclusion and Social Justice Programme contains a range of information to help mental health practitioners and commissioners to provide timely and evidenced based vocational interventions for people with mental health conditions. to enable you to make the economic and individual case for providing employment support within mental health services AND to enable an organisation and/or individual practitioners to skilfully support people with their employment aspirations. [See www.workingformentalhealth.dh.gov.uk >](http://www.workingformentalhealth.dh.gov.uk)



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“MORE PEOPLE WITH MENTAL HEALTH PROBLEMS WILL RECOVER A GOOD QUALITY OF LIFE”

Improving Access to Psychological Therapies – Psychological Wellbeing Practitioner Best Practice Guide

The Psychological Wellbeing Practitioner (PWP) role was developed specifically to deliver low intensity interventions. PWPs work alongside High Intensity Therapists within a ‘stepped care’ model of service delivery, which sees patients receive the least burdensome treatment, regular monitoring and the opportunity to ‘step up’ to a higher intensity treatment if required. This guide aims to give an insight into how PWPs can deliver the maximum benefits to patients within IAPT services and the wider health service. [Download a copy here >](#)

Mental Health Services on Road to Recovery

The ‘Supporting Recovery’ project will use research from the Centre for Mental Health which sets out ten key indicators for organisations to develop to support the recovery of people using mental health services. It is the result of a partnership between the Centre for Mental Health, the NHS Confederation and the National Mental Health Development Unit a national initiative.

26 NHS Mental Health organisations in England and 4 independent providers are involved as pilots or learning set participants. Initial evaluation results will be published nationally within 12 months.

The ‘Supporting Recovery’ project will assist services to undertake self-assessments against ten indicators, plan changes and report their outcomes over two years.

This work addresses the following High Impact Areas:

- 1 More people will receive care which is, as far as possible, ‘self-directed’ and reflects their preferred goals and outcomes.
- 2 More people with serious or severe mental health problems will be able to use their own experience and expertise to manage their symptoms, in partnership with professionals.
- 3 More people with serious or severe mental health problems will be in employment
- 4 More people with serious mental health problems will be living in appropriate accommodation

The work is led by Professor Geoff Shepherd, Dr Jed Boardman, Dr Rachel Perkins OBE and Professor Julie Repper, leading experts in this field. [See www.nmhdu.org.uk/news >](http://www.nmhdu.org.uk/news)

A View of Recovery – Podcast

Dr Rachel Perkins OBE outlines the main challenges faced by service users in reference to employment work recovery, the barriers to participation in a recovery focused approach and outlines some key messages for commissioners and providers of services.

A full transcript of this interview is also available to [download here >](#)



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"MORE PEOPLE WITH MENTAL HEALTH PROBLEMS WILL HAVE GOOD PHYSICAL HEALTH, FEWER WILL DIE PREMATURELY, AND MORE PEOPLE WITH PHYSICAL ILL HEALTH WILL HAVE BETTER MENTAL HEALTH"

QIPP in Mental Health

QIPP and similar approaches in local authorities to delivering efficiency and value for money are intended to enable commissioners to drive up quality while improving productivity.

A partnership between the Department of Health, NMH DU, ADASS, the Royal College of Psychiatrists and the NHS Confederation is taking forward three work programmes to support delivery of QIPP in mental health at local consortium/ neighbourhood, health and social care economy, sub-regional and regional levels. The work programmes are:

- out of area and other high cost services (including secure provision)
- acute care pathways, and
- physical health and long-term conditions.

Health and social care services, through their SHAs and regions, are currently supporting these areas of national work alongside specific projects of their own that reflect local need and priorities.

Medically Unexplained Symptoms Positive Practice Guide

Medically Unexplained symptoms (MUS) commonly present in primary care and result in a considerable use of health resources. There is randomised controlled trial evidence that improving access to psychological therapies for people with such symptoms may improve function and reduce health expenditure.

People suffering with MUS are sometimes described by health professionals as somatisers, but this term is often very unpopular with patients as it implies the MUS are related to a psychiatric disorder, which may or may not be present. However, up to 70% of people suffering with MUS will also suffer from depression and/or anxiety disorders. This is of significance because these mental health disorders are detectable and treatable, irrespective of the explanation for the physical symptoms. [A short positive practice guide is available here >](#)

Early intervention approaches to mental health services can save the UK up to £40 million per year

A London School of Economics and Political Science (LSE) and King's College London study has shown that by providing an early intervention service approach rather than standard mental health care for one cohort of patients with psychosis, the UK could save £40 million per year in the short term, £33 million in the medium term and £18 million in the long term. [Read more here >](#)

[More overleaf >](#)



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Guidance for health professionals on medically unexplained symptoms (MUS)

Despite having a strong suspicion that there is no serious medical problem, GPs worry about missing something serious and are often left with a sense of dissatisfaction with such cases. Patients may feel unsupported and confused. Such uncertainty often leads to extensive and unproductive investigations.

This guidance will highlight the importance of clinicians trusting, perhaps more than they do, their own psychological abilities and the strengths of their therapeutic alliance with their patients. This would help achieve better concordance between addressing the patients' fears and managing their own anxiety and uncertainty. [Download a copy >](#)

Primary Care Guidance: Treating depression in people with Coronary Heart Disease (CHD)

Depression affects about 20% of people with CHD and is linked to poor medical outcome. This fact sheet presents current knowledge about the links between CHD and depression, and best clinical practice.

Key learning points:

- Depression is a risk factor for CHD
- Depression worsens cardiac prognosis
- Case finding of depression in people with CHD is advocated by QoF
- Co morbid depression is improved by medication and psychological treatments
- Evidence for depression treatment improving cardiac outcomes is currently unavailable

[Download a copy >](#)



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"IMPROVED SERVICES WILL RESULT IN FEWER PEOPLE SUFFERING AVOIDABLE HARM"

Preventing Suicide: A toolkit for mental health service

Suicide is a devastating event and continues to be a major public health issue. In England, a person dies every two hours as a result of suicide. There is no single approach to suicide prevention. It requires co-ordination and contributions from public services and organisations, academic researchers, voluntary groups, the private sector and individuals.

A revision of Preventing Suicide: A toolkit for mental health service has been published. The toolkit, originally published in 2003, has been amended to reflect recent policy changes and has had input from key stakeholders, service users, carers and experts. [Download a copy here >](#)

Mental ill-health and suicide risk amongst Lesbian, Gay, Bisexual and Trans Gender people (LGBT)

NMHDU have commissioned PACE to undertake a review of the range of web-based information, support and advice services for LGBT people in delivering promotive and preventative services and measures leading to an improvement in the mental health and well-being of LGBT individuals. This review will also include scoping how mental health and other support services work with LGBT people, including data collection and monitoring.



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"MORE PEOPLE WILL HAVE A POSITIVE EXPERIENCE OF CARE WHEREVER IT TAKES PLACE"

Race Equality Action Plan; a five year review

This review looks back at the five year DRE programme, which ended in January 2010. The key challenges, successes and learning it describes will inform future mental health policy.

This report:

- Discusses the environment and context in which DRE operated;
- Sets out and assesses progress, learning and achievements of the DRE programme;
- Discusses progress and measurement in relation to experience, access and outcomes for people from BME communities; and
- Sets out proposals for how the work of the DRE programme can inform current and future work in health and social care to address inequalities in mental health.

[Download a copy here >](#)

Paths to Personalisation

This guide has been produced to help all those involved understand how things will need to be done differently to make personalisation a reality for people with mental health needs. This is a whole system guide, so hopefully it will give some information, guidance and signposts for people, whoever and wherever they are. The guide provides information about what personalisation means for mental health services and supports, offers examples of what needs to be in place to make things work, and provides pointers to good practice and sources of advice and information. [Download a copy here >](#)

Child and Adolescent Mental Health Services Transitions Guide

Underpinning innovative practice in Child and Adolescent Mental Health Services (CAMHS) Transitions work with guidance for commissioners of these services has been highlighted as a need for commissioners, both in CAMHS and adult services (AMHS). Alongside other contributions to national work on CAMHS Transitions, the Programme has developed transitions guide, which will be a companion to the wider Mental Health Commissioning Guide which will be published in February 2011.

[Read more about the work of the commissioning programme here >](#)

Supporting Effective Transitions and Development of Services for Young Adults

The NMHDU and National CAMHS Support Service (NCSS) is working in partnership with the Social Care Institute for Excellence (SCIE) to support services to improve the experience of young people who are moving on from services for adolescents to adult services

Transition: From CAMHS to AMHS Supplementary Report

Ideas for Change from the Regional Workshop and Provider Self-Assessment Checklist. November 2010.

Transition from Child and Adolescent Mental Health Services (CAMHS) to Adult Mental Health service (AMHS)

Report on the scoping exercise to identify current transition activity and models of good practice across the East Midlands Region. April 2010.

[More info and downloads here >](#)



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Line Managers' Resource: A practical guide to managing and supporting people with mental health problems in the workplace

This online resource has been developed by Shift, the Department of Health's programme to reduce the stigma and discrimination surrounding people with mental health conditions in England. It is part of Shift's Action on Stigma initiative aimed at supporting employers to promote good mental health and reduce discrimination. This resource is a revised edition of the original Line Managers' Resource (LMR) published in 2007. The original LMR was itself an update of the Mind Out for Mental Health Line Managers' Resource published in 2003.

The Shift Line Managers' Resource, along with the additional information on the web, provides practical support for employers to create an environment that is good for mental health, initiate interventions to raise awareness and shows what you can do to support staff who maybe experiencing problems with their mental health.

[More information visit the Shift website here >](#)

Making Drama out of a Crisis: Authentic Portrayals of Mental Illness in TV Drama

Making Drama out of a Crisis aims to encourage writers, producers, directors and commissioners of television drama to enter into a debate about these issues and how they portray mental illness on TV. Mental health charities, experts and people with mental health problems are keen to join this discussion. Making Drama out of a Crisis looks at three months of TV drama broadcast between 4pm and 11pm on UK terrestrial channels. Researchers found 74 episodes from 34 different programmes that contained mental illness-related storylines. Researchers also spoke to programme makers and members of the public – both with and without personal experience of mental health problems – about portrayals of mental illness in TV drama.

[Read more and download a copy here >](#)