New Deal for Communities

The National Evaluation

Research Reports

Tackling Inequalities in Mental Health - The Experience of New Deal for Communities

Research Report 34

Sheffield Hallam University

Tackling Inequalities in Mental Health - The Experience of New Deal for Communities

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Authors:

Lindsay Blank
Libby Ellis
Elizabeth Goyder
Jean Peters

School of Health and Related Research
The University of Sheffield

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Executive summary

Background

- at any one time, one in six people of working age have a mental health problem, most often anxiety or depression. About a quarter of people visiting their doctor are there for a common mental health problem. Nearly a third of people with a serious mental health problem receive all their services in the community through primary care
- mental health, a key area of health inequality, is related to both physical health, and many other factors including education, employment, the physical environment and local issues including racism and fear of crime
- other local factors such as social capital and community cohesion also have been shown to impact on mental health. Poor mental health is both a cause and a consequence of deprivation and social exclusion
- interventions aimed directly at improving mental health such as advocacy, support and day care activities, such as community arts, along with other health initiatives such as healthier lifestyles and preventing drugs misuse all have the potential to impact positively on the mental health of the community

NDC interventions and mental health

- mental health issues were identified as a theme present in most NDC plans. Some have very specific objectives relating to improving mental health, for example reducing the prevalence of anxiety and depression, whilst others had more general objectives around promoting inclusion or providing more accessible services
- the case studies discussed in this report are from Bristol, Middlesborough, Salford, Sheffield, Southampton and Walsall. The areas for intervention in these NDCs included provision of complementary therapies, reducing domestic violence, family support, lunch clubs, a therapeutic garden, an arts project and a befriending service
- some of these initiatives will have an impact for specific sub-groups in a NDC population, such as drug users. The impact of these small scale interventions, tailored for specific population groups, is most likely to show up in project-specific evaluations
- interventions from other themes - directly tackling crime, education, housing and employment issues - if successful could have a much greater impact on the mental health and well being of the NDC population overall

Emerging findings - process issues

- local consultation and local involvement in project development has been variable. In some projects local involvement has been particularly important to their development
- in general, Partnerships are strong between NDC mental health projects and other agencies including health services

Emerging findings - evaluation issues

- where projects are addressing unmet need for services in the community, appropriate outcome measures for projects may include increased service use. Reductions in service use, which may be cited as a positive outcome, can be more difficult to interpret
- it would be worth considering the potential impact of virtually all NDC interventions, directly or indirectly on indicators of mental health in the local population. Since the projects specifically targeted at influencing mental health generally involve relatively small numbers of residents, it is likely that the indirect impacts of a wider range of interventions are more likely to produce measurable improvements in outcomes in the population as a whole

Emerging findings - barriers and facilitating factors

- the key issues in determining successful outcomes from mental health projects are:

  - overcoming the stigma that is associated with many mental health issues
  - identifying the potential mental health benefits from improving many other aspects of people's lives and environment
  - Partnership working between agencies
  - valuing a range of different contributions from different sources

- many of the issues hampering the development of mental health projects are similar to the issues mentioned in previous health theme reports, most commonly the rapid turnover in NDC and project staff and the relatively low priority given to health-related projects in the initial development of NDC project areas. Projects are now getting underway in this area and will need further evaluation
- the ability to build on initiatives pre-dating the NDC and to work with effective partners have both been factors in the successful development of mental health projects, as with other health-related NDC projects
- a number of barriers impede mainstreaming: this includes a lack of recognition of the need for, or the potential of, specific projects, a short-term view from some agencies and a lack of effective Partnership

Conclusions

- a wide range of projects are now under way to directly address mental ill health and related social exclusion. NDC areas are also in a position to tackle the root causes of mental health problems: the wide variety of social, environmental and economic factors that impact on mental health and wellbeing
- interventions aimed directly at improving mental health, such as advocacy, support and day care activities, along with other health initiatives such as healthier lifestyles and preventing drugs misuse; all have the potential to impact positively on the mental health of the community. Evidence for their overall impact on mental health will be available from further follow up in NDC areas

1. Introduction

Mental health is a key area of health inequality and is related to both physical health, and many other factors beside, such as education, employment, environment and community issues, including racism and fear of crime. Other more localised factors such as social capital and social cohesion also have an impact on mental health.

Across the UK, in both local and national government policy, the need to enhance the promotion of good mental health has been increasingly highlighted. Initiatives such as Health Action Zones, Employment Action Zones, New Deal for Disabled People and Connexions are beginning to tackle the problems of social isolation, which can often lead to mental health problems. There is a National Service Framework (NSF) for Mental Health and mental health is a priority area identified in 'Saving Lives: Our Healthier Nation.' Mental ill health is one of the most significant causes of ill health and disability in England.

Modernising Mental Health Services sets out the Government's vision for mental health services and emphasises three key aims:

- safe services - to protect the public and provide effective care for those with mental illness at the time they need it
- sound services - to ensure that patients and service users have access to the full range of services which they need
- supportive services - working with patients and service users, their families and carers to build healthier communities

This report focuses on interventions being implemented in a number of NDC areas, which are directly tackling the impact of specific mental health issues. However, it should be noted that improvement in mental health in NDC communities can be expected to be a significant and positive outcome from a wide range of NDC projects and NDC related interventions in the areas of employment, crime, housing and education, as well as in health.

2. Background

Mental health problems can be seen as both a consequence and a cause of social exclusion. Reports from the Social Exclusion Unit have highlighted the high prevalence of mental health problems among socially excluded groups such as rough sleepers and ex-prisoners. Mental health problems can act as a major barrier to successful reintegration into society for excluded groups.

2.1. Risk factors

A range of risk factors influences the development of mental health problems. These include socio-economic disadvantage, neighbourhood violence and crime, unemployment, poor educational attainment, being a member of a minority group, and being a lone parent or teenage mother. These issues are all relevant to the NDC agenda as one or more of them will be experienced to some degree by most people living in an NDC neighbourhood.

2.2. Impact on individuals and society

Once mental health problems develop, they can often have a negative impact on employability, housing, household income, and opportunities to access services and social networks - potentially leading to severe economic deprivation and social isolation. People with poor mental health are four times less likely to have someone to talk to about their problems, compared to the general population. The quality of these issues such as whether someone is employed has a decent wage and is able to access services can also be a contributing factor to the onset of mental health problems.

2.3. Size of the problem

Government statistics reveal that at any one time around one in six people of working age have a mental health problem, most often anxiety or depression and that one person in 250 will have a psychotic illness such as schizophrenia or bipolar affective disorder (manic depression). About a quarter of people visiting their doctor are there for a common mental health problem and nearly a third of people with a serious mental health problem receive all their services through primary care (MIND, 2002). Thus most people with mental health problems are cared for by their GP with the primary care team, and this is what they prefer. Generally, for every one hundred individuals that consult their GP with a mental health problem, nine will be referred to specialist services for assessment and advice, or for treatment. Some people with severe and enduring mental illness will continue to require care from specialist services working in partnership with the independent sector and agencies which provide housing, training, and employment (Department of Health. National Service Framework for Mental Health, 2003). Overall, these figures represent just the tip of the iceberg as there are likely to be a number of people with mental health problems that remain undiagnosed, or who are not registered with a GP practice.

3. Research approach

Information for this report on mental health related projects has been collected from four main types of sources. An initial review of the current literature and policy documents was followed by a review of NDC documentation such as Delivery Plans and Partnership reports available from the Partnerships or from the CRESR web pages. This information was supplemented by direct contact with NDC Partnerships (mainly by telephone and email) and a number of case study visits.

Mental health issues were identified as a theme present in most NDC plans (see Appendix 1). However it was not possible to make contact with all the Partnerships that had identified mental health as a community issue for them, and the information, where available was often limited and outdated. It is therefore important to note that other mental health initiatives may exist or may be under development currently. Also in many cases mental health issues appear within other larger projects, not always specifically within the health theme, and therefore it may be difficult to identify some of them specifically from the limited information available.

A number of different approaches have been taken by local NDCs to include mental health in their health programmes and in most cases there is no single, specific project targeting mental health. This is because NDCs have accepted the impact that wider issues, such as social exclusion and poor physical health, can have on the mental health of the community. This report is based on information from those projects in which the main aim is to improve mental health by reducing social isolation of specific groups within the community. Initiatives which have an effect on mental health but

whose primary aim is to address issues of physical health e.g. diet and exercise interventions or those to prevent drugs misuse or teenage pregnancy have been discussed on other reports.

Subsequent to mapping all the ongoing mental health projects in NDC areas, we have selected, visited and studied in depth six NDC Partnerships with mental health projects. The case studies selected illustrate a variety of chosen approaches and innovative ways of working. They also reflect projects in varying stages of development. In depth interviews were conducted with health theme leads and other relevant staff from both NDC and (where possible) key partner agencies in six NDC areas. The case study NDCs were Bristol, Middlesborough, Salford, Sheffield, Southampton and Walsall. The areas for intervention included provision of complementary therapies, reducing domestic violence, family support, lunch clubs, a therapeutic garden, an arts project and a befriending service. An overview of relevant mental health projects in each of these areas is given in the boxed text.

Case Study: Bristol (Barton Hill)

The NDC area comprises four neighbourhoods within two Bristol wards, Lawrence Hill and Easton and a population of 6,100. Both wards are in the 10% of wards most deprived in England. Residents in the area are more likely to be workless, more likely to be in households in receipt of income support, and more likely to die at an earlier age than in the rest of Bristol. The area is currently in a state of transition. There are growing numbers of residents from black and minority ethnic communities, 12% in 2002 compared with 4% in 1991. Overall the area is becoming more culturally mixed, and residents are becoming more vulnerable to social exclusion and less attached to living in the area.

In the NDC area:

- 23% have a limiting long-term illness
- Quality of, and access to health facilities are rated more highly than the NDC average: access to doctors is seen as easy by 83
- the age standardised illness and disability ratio was 155.59 in 2001
- the standardised mortality ratio was 154.05 between 1997-2000
- the proportion of the population suffering from depression, anxiety or psychoses was 24.5% in 2001

Interventions

- the main initiative to improve mental health in the community is CHIPS (Complementary Health in Partnership). Following two 8 month pilots, the project is now funded for three years

  - therapy sessions are provided in local GP surgeries. The therapies available are acupressure, acupuncture, chiropractic, massage, nutrition advice, osteopathy, reflexology and shiatsu. Patients pay a nominal fee of £5/3. Therapists are paid £20 and provided with premises. Target groups for the CHIPS project are the unemployed, elderly, disabled, those receiving income support or other benefits and anyone suffering from health problems who is dissatisfied with traditional treatments. Patients are referred by themselves, their GP, health worker, or by their support worker e.g. CAAAD (Community Against Alcohol and Drugs)
  - the project runs group sessions and taster events in partnership with other projects, e.g. working with: baby massage, disabled people, ethnic minorities, older people, children, etc
  - a project co-ordinator and part time support worker are employed by the project as well as 16 part time therapists

- the Ground Force project works with local residents to use and improve their green spaces. Good quality green spaces have huge mental health benefits both for people actively making improvements to them or those who simply look out on them. Ground Force also regularly works with a group of individuals with learning difficulties and mental health problems. The group provides a safe friendly environment for those involved, to bring about positive change in their local environment, and learn and develop their practical skills

4.   Objectives

NDC Delivery Plans reflect a range of approaches to objective setting and outcome measurement. All NDCs have objectives that relate to mental health and in many cases focus on a reduction in the proportion of the population with mental health problems (for example Sheffield and Salford).   Others such as Middlesborough have less specific objectives and no explicit focus on improving mental health, even when many NDC projects may be expected to have an impact on mental health.

The objective set out in the Middlesborough delivery plan is to "provide health and care services that are more accessible and more relevant to people's needs and which promote incentive for good health."   Staff now feel that the original targets in the delivery plan were poorly thought out and they are using the Middlesborough health inequalities document to write a new health action plan. Although there are no current NDC initiatives specifically regarded as looking at mental health in Middlesborough, there is a 'befriending service' project underway. In general, mental health will be the next new development as work in East Middlesborough on five deprived wards has highlighted significant unmet need and it is likely that the same need exists in the NDC area. There will be input from a psychologist and the voluntary sector (MIND).

Salford's delivery plan has a highly specific outcome relating to mental health. They aim to "reduce the proportion of households with members suffering from depression or being treated for stress by a fifth by the end of the programme." This is in line with national standards for improving mental health and is also linked to Manchester, Salford and Trafford HAZ and the Health Improvement Plan for Salford.

The Sheffield Delivery plan states:

- Projects will:
    - enable people with mild to moderate mental health difficulties and learning disabilities to achieve their potential. Therapeutic work and training can provide a safe, supportive and structural environment to improve confidence and skills and provide a route to employment
    - reduce levels of anxiety and depression - narrow the gap between Burngreave and the UK average by 75% (current prevalence in the NDC is 35%, compared to a UK prevalence of 20%)
    - Partnership planning locally appropriate, accessible, culturally aware services will reduce inequality of access to health care, GP registration, improve quality of life and increase involvement in tackling health issues. Improved support, training and employment for people with mental health problems. Locally developed services will result in reduced harm resulting from substance misuse, and reduced levels of anxiety and depression. People with mental health needs getting employment or active voluntary work and older people becoming involved in Burngreave NDC

An example of a specific Sheffield project with mental health outcomes is the Halal lunch club designed to address the lack of support and activities for Muslim elders in the area. It aims to:

'reduce isolation, promote mental health, and address isolation, self care and nutrition' through provision of weekly social activities and support in the form of a lunch club.

In Southampton the key aims for the residents are to reduce discrimination and loneliness. Key recommendations for those people with long-term health needs or affected by disability are to:

- promote inclusion
- improve local transport systems
- increase social support services, to include more outreach services into homes.
- increase leisure activities
- increase advisory services in the area
- hold dialogue within the community to enhance inclusion
- introduce new Initiatives to raise awareness and educate others about the issues affecting individuals with long-term health needs or affected by disability
- introduce new Initiatives to increase the practical involvement of individuals with long-term health needs or affected by disability in the local community

The Walsall Delivery Plan aims to reduce referrals to mental health services through more effective service provision and quality of referrals. This is against a background of high levels of referral to mental health services within the NDC area.

A second aim is to provide better services for the victims of domestic violence, which has a massive impact on mental as well as physical health. This project will:

- encourage earlier reporting
- reduce repeat incidents and break the cycle of abuse
- provide quality services at the earliest opportunity
- offer education to professionals and community members
- collect and collate relevant information

The original health theme outcomes in the Bristol Delivery Plan had no mention of improving mental health, but the revision in 2002 resulted in the inclusion of the following outcomes:

- improve general health and wellbeing
- more positive reporting of mental health (10% improvement)

Objectives from the NDC themes also strongly relate to the wider factors, which can impact on mental health as can be seen from the Salford delivery plan example:

- **Crime -** decrease the proportion of residents feeling unsafe to the city average
- **Environment -** improve the image and appearance of the area
- **Health -** reduce long term limiting illness to the city average, increase support for lone parents
- **Employment -** reduce to city average
- **Education -** improve GCSE results to the city average

All these objectives are likely to be associated with an improvement in mental health in the short or medium term. There is a particularly strong correlation between local community mental health and school staying on rates across NDC areas which, although probably not a directly causal relationship, suggests a close relationship between mental health and other community factors.

5. Process issues

5.1. Resident consultation

Local consultations, using focus groups, interviews, and questionnaires identified a number of local issues:

- need to reduce numbers suffering depression and treated for stress (Salford)
- need to improve family support and activities for children and young people and reduce exclusion and loneliness in the elderly (Southampton) and for all ages (Middlesborough), and for specific groups e.g. Muslims (Sheffield), need to provide better mental health day care facilities (Sheffield)
- need to provide activities such as walking clubs, swimming sessions, which also have the potential to impact on mental health (Middlesborough)

Mental health is a key concern for residents of all deprived areas including NDC neighbourhoods, although such concerns may be expressed in terms of concern regarding housing, environment and safety as well as health. Secondly, the accuracy of identification of local mental health needs depends upon the effectiveness of the consultation process. In Southampton the advocacy project highlighted a weakness in the consultation processes in that in many cases those who are most severely excluded do not attend the community consultation events and so their views are generally not represented. This is likely to apply in other NDCs but can be addressed if staff are aware of the problem. In Southampton, in a few cases the social cohesion team did manage to get such people involved in the consultations.

5.2. Local involvement

Residents' involvement with the projects varies considerably.   At one extreme, local residents have only been involved in individual aspects of the programme, whilst at the other; they have been actively involved at all stages from the initial consultation and/or involvement in committees and focus groups to their recruitment and training to act as "expert patients."

Involvement has included:

- **targeting specific groups**
  - parents and young people invited to identify what they need (Salford)
  - current local users of mental health services to identify needs for a redeveloping service (Southampton)
  - people with mental health needs taking part in specific training courses and feeding back on the experience to the Partnership board (Salford, The expert patient programme (EPP))
  - consulting those with past involvement (Southampton)

- **building on previously identified problems and initiatives (Walsall)**
  Walsall had an influential champion and domestic violence had been highlighted prior to the development of the NDC project and tackled through the Health Action Zone (HAZ). The NDC programme built on previous awareness and training. The issue has not emerged from community consultation as victims do not speak out and the community generally avoids the issue so it remains unseen. But some people mentioned the problem and asked about what could be done, for example members of local bingo group who had seen members with suspicious injuries.

The problem remains that there is some level of cultural acceptance that this kind of behaviour is acceptable.

> *"There was lots of community consultation and door knocking before this project began and the team were told of domestic situations and concerns around domestic violence, so community concern is there, many are just afraid to say (whole community not just victims of domestic violence)."* (NDC worker)

Case Study: Middlesbrough

The NDC covers an area of just over three sq. km. situated immediately to the west of Middlesborough town centre. It comprises three main residential neighbourhoods, Newport, West Lane and Whinney Banks, together with light industrial estates. The population is 8,885, which includes a small number of black and minority ethnic residents. Housing comprises densely-packed terraced housing built in the 1890s/1900s; Local Authority and owner-occupied 1920s/1930s estates; houses and flats built during inner area redevelopment in the 1970s; and subsequent infill development. There is no high rise housing.

There is high unemployment, poor health and crime. 20.6% of adults are workless, 33.3% live on low incomes, and only 2% of people of working age are self-employed. The proportion of young people staying on beyond compulsory education is low at 41.4%.

There are high levels of morbidity and mortality; the SMR is 179, the SMR for deaths of under 75s from CHD is 218, and the SIDR is 193.

Intervention

A befriending service for vulnerable, older people recruits local residents to volunteer to encourage the over 50s to become more active in the life of their own community to address isolation issues, although locally this is not labelled as an initiative designed to improve mental health.

5.3. Partnership working

In general partnerships are strong between NDC mental health projects and other agencies including health services. *"If we look at other agencies' targets then they can get them involved in NDC by making them see that it will help to achieve their targets. The key issue is relationships - they have to be well managed."* (NDC worker, Walsall)

Partnerships have been developed between NDCs and:

Health and social services

- in Salford they are working with a new mental health trust that was set up in April 2002. This is a new Partnership working at strategic and operational level between primary care and social services to devise a modernised, integrated mental health programme that suits community need. Salford Healthy Living Centre - Mental Health provides services in kind and facilitates the provision of some complementary services, funded largely by Salford community and social services

- in Sheffield the main partner is the North Day Service (a mental health day care service)

Employment agencies

- the Community Health Partnership (CHAP) is run by local people in association with the Big Life Company, who manage and employ health staff in the area (Salford NDC)

Academic institutions

- the Expert Patient Programme (EPP) in Salford runs specific training courses for people with mental health needs, which are facilitated by Salford University Health and Social Care
- the PCT Workforce Development Confederation in Southampton, in association with the local university, has created a PhD position to evaluate continued community participation. This project focuses particularly on the family support project and will look at achieving participation

But there can be problems if the partners have different agendas.

- PCTs may have a very different agenda with respect to mental health than NDCs. The health theme lead officer in Walsall is seconded from the PCT and she is aware that she needs to be very careful and not be overly influenced by the PCT agenda

5.4. Funding

There is a wide range of funding levels reflecting the very different scales of individual projects. In Sheffield the NDC is providing relatively small grants for a Halal lunch club (about £150K over three years) and a locally responsive mental health service (about £90K over three years). In contrast in Salford, the NDC is contributing a total of around £2,800K matched by £5,200K from the health service and New Opportunities Fund to the development a comprehensive service. (See case study boxes for details of projects funded).

5.5. Assimilation and dissemination of good practice

If projects have demonstrated their effectiveness and there are recognised benefits for long-term continuation, such activities and the financial support for them need to be mainstreamed. Thus it is of key importance that local NDC projects are not only able to demonstrate a beneficial impact on mental health problems in the community, and provide a measure of good practice but that local authorities and/or PCTs also consider how to incorporate the future funding of such projects subsequently into local finance plans.

Some of the mental health interventions are demonstrating evidence of good practice:

- Salford PCT is a pilot site for the national Expert Patients Programme (EPP) and NDC funds have helped to co-ordinate and strengthen the work with a free course specifically run for people with mental health needs. Local people attend to increase their self management skills, including recognising and acting up symptoms, reducing stress, dealing with anger, fear and frustration, relaxation and communication skills. The courses have been run in several areas including mental health. The EPP is being run through CHAP and those who have attended the course have the opportunity to be trained as course leaders themselves

> *"One of the ways to empower people is to support them in understanding their illness and knowing what they can expect from medical and other services"*
> (NDC worker, Salford)

- the Start in Salford Arts project, which provides an arts, education and social services inclusion service in Salford has also been recognised as both an innovative project and a model of good practice, complementing both the health and social services provision in the area. The philosophy behind the project is that through positive encouragement and support members develop a sense of self-esteem and confidence

- the Start 2 Options Project, in conjunction with the NDC, is improving on current facilities by establishing a Healthy Living Centre Arts studio and workshop complex to provide a comprehensive range of arts training, education, work and employment opportunities, and complementary activities within the Healthy Living Centre and on an outreach basis. Participants will progress along one of two broad pathways acquiring additional skills and competencies that will allow them to move into mainstream employment or education

In Southampton, the PCT has been reconfigured to allow health visitors and midwives form locality based teams so that staff are now allocated just to Thornhill instead of to a GP practice which takes patients from many neighbourhoods. The NDC has provided 1.6 extra midwives to the locality team, which now totals five. This was a result of input from the health lead officer in Southampton, who having previously worked as a health visitor in the area, had some knowledge and experience of the people who, whilst they do not come to community consultations, have views on the health care management needs locally. This has been very successful throughout the area and as a result a much better working knowledge of the area and is being spread to other vulnerable neighbourhoods in the city. The team is managed by the hospital.

Case Study: Salford (Charlestown and Lower Kersal)

Charlestown and Lower Kersal NDC lies within the inner city of Salford. The New Deal area includes distinct communities and pockets of housing as well as an industrial area, the student village of Salford University, and large areas of green land. The area is typical of Salford's many tight-knit and relatively stable communities and the majority of people have lived there over ten years. The NDC has a small BME population (6%). It is included within Pendleton and Kersal wards, which are ranked 201 and 542 most deprived wards using the Index of Multiple Deprivation.
In the NDC area:

- 31% have a limiting long-term
- 85% of users are satisfied with the local hospital
- the standardised illness and disability ratio was 207.66 in 2001
- the standardised mortality ratio was 171.53 between 1997 and 2000
- the proportion of the population suffering from depression, anxiety or psychoses was 23.7% in 2001

Interventions
- **Start** - 10 year old voluntary sector arts and education project providing arts training and opportunities for people of all ages experiencing mental ill health or social exclusion. START have an £671,000 NOF grant as part of a £2.4 million project to rebuild and provide an arts, education and social services inclusion service in Salford, within the NDC area. Additional NDC funds are being used to improve services currently provided and ensure that more people have access to

the project, with an increased priority for NDC residents. The project runs weekly studio based workshops, outreach projects and residencies as well as educational and exhibition programmes.   START actively seeks commissions and other opportunities and members are encouraged to help shape and develop the project by having representation on the management board and at quarterly meetings

- **Start 2 Options** - community arts project aims to address the various mental health problems associated with social exclusion experienced by various target groups within the community and to have a significant effect on improving people's health and wellbeing by:
    - building on people's skills to raise confidence and self esteem
    - developing creativity, determination and self expression to reach their full potential and enhance their quality of life
    - reducing individual isolation and exclusion through participation and reintegration into the community
    - improving an individual's sense of physical and mental wellbeing
    - providing pathways to move onto mainstream education or work
    - reducing dependence on and abuse of substances
    - promoting social inclusion and increasing awareness of mental ill health to combat stigma and discrimination
- **Duchy House** - Social services day care facility

5.6. Mainstreaming issues

A number of barriers are impeding, or will impede, the mainstreaming of some good initiatives. For example:

Lack of recognition of the problems addressed by the interventions

- "the mainstream mental health services don't recognise many of the most common mental health problems e.g. depression" (NDC worker, Southampton)

Lack of recognition of the longer-term potential of some interventions,

- in Walsall, the potential problem with mainstreaming was identified as partner agencies with an unwillingness to see long term potential

View that all interventions are short term only

- a 'Project' is seen as short term; agencies just want to get out what they can while the money's around. We prefer to say 'service development'…get much better response" (NDC worker, Walsall)

Ineffective Partnership working

- in Bristol a key barrier to mainstreaming was identified as an unwillingness of NDC staff to work with potential partner agencies restricting the potential for the sharing of best practice and guidance

> *"We haven't had any association with Connexions. I'm not sure about access…not sure about what services (are) available. I have heard that they are just a referral agency. I have had no association with them, they are not involved…this is local, just NDC."* (NDC worker, Bristol)

6. Monitoring and Evaluation

Outcomes need to be both short and longer term and reflect the impact of the overall approach of a theme in particular and what the theme brings to an NDC in general. Specific outcomes for individual projects, such as those relating to increasing access to services, are not always appropriate for assessing the overall impact of being an NDC. To operationalise these outcomes and allow evaluation to take place in the shorter term, interim indicators can be used. Many NDCs are evaluating all or some of their individual interventions (Bristol: questionnaires, feedback sessions and photographs; Sheffield: numbers engaged, number of sessions completed, self rated mental and physical health of attendees).

There are a number of issues around methods of evaluation and the choice of short or long term outcome measures.

Some NDCs have had problems choosing appropriate outcomes.

- Walsall has had to revise its choice of outcomes several times before reaching agreement with the Government Office: "We have had problems with evaluation - problems because the Government Office wanted long term outcomes" (NDC worker, Walsall)

Some NDCs are looking at change in specifically targeted groups as well as changes in health and other variables. The evaluation of the Start 2 Options Project in Salford, for example, includes the following measurable components:

- achievement of target number of participants for the key target beneficiary groups
- the number of voluntary and community groups accessing project services
- annual uptake of arts training and employment /education pathways by target groups
- quarterly and annual reductions in
  - the symptoms of mental ill health (anxiety and stress)
  - crisis intervention hospital admissions among target groups.
  - self harm, suicide and drugs/alcohol misuse among target groups
- users' self perception of progress along their chosen pathway
- the number of hits on the project's Health website
- annual review with partner agencies on the relationship with mainstream services
- analysis of media coverage of the project as an indicator of success and raising the profile of the Healthy Living Centre

Some NDCs are looking at financial outcomes

- in Southampton projects are required to include evaluation monies in their budget to allow for an NDC evaluation officer to be appointed. However, this demonstrates an all too frequently occurring situation where evaluation is thought of as something that will be dealt with in the future rather than it being a

consideration from the beginning. *"Although the money has been set aside projects don't always know how the evaluation will be carried out or what they would be hoping to find"* (NDC worker, Southampton)

As many NDC have identified, output guidelines can be very confusing and may change during the course of a project as it evolves. If the targets are not reached is it a problem or not? This will depend on how well the targets were researched and how appropriate they are. There also needs to be some measure of whether appropriate people are engaging and whether the target population (most deprived etc) are being reached.

7. Emerging evidence of key features and outcomes in successful projects

Some of these projects are in their relatively early stages and the benefits and outcomes will become clearer as they develop. However, some key messages are already emerging from the more established projects.

7.1. Co-ordination

In some instances there appears to be a lack of co-ordination and awareness between some projects and project co-ordinators of the impacts that many initiatives can have on improving mental health. For example, Middlesborough stated that they had no current NDC initiatives looking at mental health, but they do have a befriending service for vulnerable, older people, which will have an impact on mental health problems resulting from isolation.

In other instances, NDCs are now positively seeking wider co-ordination. For example, in Walsall the domestic violence project is funded for seven years and they are looking for national co-ordination.

"We now need to develop a requirement to share info - like child protection register, to overcome issues with confidentiality." (NDC worker, Walsall)

7.2. Accommodation issues

For many NDC health projects, there are problems with finding and obtaining suitable accommodation. This tends to be the responsibility of the individual project and the NDC who have the ability to identify and develop buildings. However, where the NDC is part of the City Council, they cannot own buildings in their own right (Southampton). There have been many similar cases of health projects being held up due to problems with accommodation.

Case Study: Sheffield (Burngreave)

Burngreave NDC is about one mile north east of the City Centre, adjacent to the Lower Don Valley. The Index of Multiple Deprivation score for the NDC area is 71.51, making it in the most deprived 10% of wards in England. The area is ethnically diverse with a large and mixed ethnic minority population, mostly African Caribbean and Pakistani. There are significant Somali and Yemeni communities and a recent addition of large number of asylum seekers. Twelve percent of respondents in the 2002 Household Survey had applied for refugee status, 52% are from BME communities.

In the NDC area:

- users are satisfied with health facilities 78% find access to doctors easy
- the standardised illness and disability ratio was 188.16 in 2001
- the standardised mortality ratio was 140.05 between 1997 and 2000
- the proportion of the population suffering from depression, anxiety or psychoses was 24.0% in 2001

Interventions

- the Green fingers project
    - a therapeutic garden (based at Pitsmoor Surgery) run in conjunction with Green City Action (part of NDC Environment team)
    - provides training for people with mental health problems
    - supports Pitsmoor online by providing computers and other equipment to a local day centre run by social services and health
- a Halal lunch club that aims to bring the community together and focuses on elderly Asians, particularly women. Attendance is around 70 per week.   The Yemeni community association delivers the project for different ethnic groups. The councils' community Partnership unit' budget has been frozen so there is no new mainstream funds for lunch groups at the moment. This project has a unique feature in it has single management of five lunch clubs for different sectors of the community which it hopes will improve the chances of council funding once the budget is unfrozen

7.3. Staffing issues

The problems of employment, including short-term contracts, secondments, training, place of work, and associated dissatisfaction lead to rapid staff turnover and a lack of continuity in the teams. For example, in Southampton they are trying to recruit a speech therapist but are having problems because they cannot tell any potential employee where they will be working, as the location of the premises has yet to be finalised. In this case the problems of buildings and staffing issues have become inter-related.

> *"This is increased by problems with break-in's, computers being stolen etc. Staff need to have a can-do attitude and a good sense of humour in order to deal with all the problems."* (NDC worker, Southampton)

In Walsall they noted particular problems with recruitment, especially for a social worker position.

> *"Staff have problems working out where they fit in if seconded from other agencies who may have different agendas."* (NDC worker, Walsall)

The attitudes of community board members to NDC staff has also been highlighted as an issue contributing to dissatisfaction and staff turnover:

"They think they don't need the expertise and the other agencies, that they can do it all by themselves. We have looked at training for community board members but they don't want it. They feel they have all the expertise they need by being part of the community. They don't appreciate how things have to work." (NDC worker, Walsall)

There are currently no NDC structures in place to deal with problem residents causing disruption, being abusive etc. despite their contribution to high staff turnover.

"…Like the allocation of money (budget planning) theme leaders sat at tables and community dealt out monopoly money and how they thought it should be spent. But the issue was whether they liked the member of staff, not prioritising the spending. We have the same problem with interviewing, they want someone they like, they don't think if they would be good at the job." (NDC worker, Walsall)

Case Study: Southampton (Thornhill)

The Thornhill estate is five miles east of Southampton city centre and consists predominantly of 1950s and 1960s flats, roughly in three areas. 'Up the hill' is characterised by three high-rise blocks of flats and 'down the hill' by 90 four floor, flat roofed walk-up blocks without lifts. In contrast, the 'poets' roads' are made up of smaller owner-occupied bungalows mainly inhabited by retired residents.
In the NDC area:

- 50% think their own health is good
- users are satisfied with health, 87% are satisfied with access to doctors
- the standardised illness and disability ratio was 108.62 in 2001
- the standardised mortality ratio was 124.92 between 1997 and 2000
- the estimated proportion of the population suffering from depression, anxiety or psychoses was 27.6% in 2001
- around 37% of the population experience some form of long-standing illness

Interventions

- **Family support**
  A Family Support programme leader works within mainstream services and the PCT has been reconfigured to allow health visitors and midwives to be in locality based teams. NDC additionality has provided 1.6 extra midwives to the locality team which now totals five. The team is managed by the hospital. The NDC family support team covers from birth to 16. Re-development of the health clinic in the NDC area is the next step.

- **Locality family workers**
  Local people are being recruited to these posts, which require good life skills, not formal qualifications. Family workers work alongside health visitors and care agencies and the work is very practical. Locality workers have the opportunity to complete NVQ levels I and II in family care. A co-ordinator has been appointed and the project is being developed on a city wide area with the NDC buying into the scheme to ensure that workers are provided in the NDC area.

> - **Advocacy**
>   Long term health needs are being addressed by two local advocacy services: "Choices Advocacy" is a general service and "Advocacy Matters" deals with mental health in a partnership with health and social care. For example, they help voluntary organisations who have no capacity to complete application forms etc. They have advocacy workers for mental health, disability, frail and elderly etc. in addition to involving volunteers. Information is provided by the locality based district nurses and social workers and neighbourhood wardens are also useful in identifying marginalised members of the community who would benefit from the service.

7.4. Availability of relevant data

In some cases where projects do attempt to collect good background data before beginning the intervention the progress of the project can be held up by problems with access to appropriate data:

"Progress has been hindered by the lack of good public health data. The data we have access to is not post coded and we do not have the recent census data." (NDC worker, Salford)

The Data Protection Act 1998 regulates the way that organisations hold and use information and seeks to ensure that the reasons for information being shared are justifiable, and that information sharing is kept to a minimum:

"Limitations resulting from the Data Protection Act have meant that some potential avenues of enquiry were not open to us." (NDC worker, Southampton)

7.5. Relationships with Government Office

Good relationships with other agencies are essential. For example, in Walsall progress has been slowed by having to revise the outcomes many times to reach agreement with the Government Office. In Southampton, this has not been a problem, but:

"the approval process proved to be very lengthy on a number of occasions in the beginning. They (GO) often ask many difficult and inappropriate questions demonstrating little understanding of the projects or the area." (NDC worker, Southampton)

"This issue has been made easier by developing a good relationship with the GO representative and "keeping them on side." Again this is a good example of the importance of staff continuity as a new health lead would need to start to re-establish these relationships which have taken considerable time to develop.

"You just have to keep focused on why you are there and what you want to achieve." (NDC worker, Southampton)

7.6. Identifying appropriate target population

In part because of the stigma associated to mental health issues, it may be difficult to identify and access the populations at greatest need of services. In Southampton issues around target populations for mental health initiatives were identified:

> *"There is a problem that children are never really considered in these issues. When they are it is often around issues of nuisance behaviour…Family support should also be dealing with post natal depression."* (PCT worker, Southampton)

More support for children may be related to better support for parents and meet the community need without imposing on them as "problem parents" or "problem children" for example.

> *"The main issue is the need to raise expectations."* (NDC worker, Southampton)

It is important to recognise that raising expectations may result in a decrease in satisfaction with services and therefore that a decrease in satisfaction levels, if related to improvements in other indicators may be a positive outcome.

Case Study: Walsall (Blakenall, Bloxwich East & Leamore)

The NDC covers an area to the north of the main centre of Walsall: Blakenall, Bloxwich East and Leamore, which suffer disadvantage across a range of socio-economic indicators.   The NDC area has an estimated population of 12-13 thousand, overwhelmingly White, with only 1-2% from BME groups. The population is relatively stable: it is estimated that 40% of adults have lived in the area for 20 years or more. In some pockets within the NDC area the population is made up predominantly of elderly people. The NDC area is within the 10% 'most deprived' local areas in England (on the Index of Multiple Deprivation):

- 28% of households in the NDC area lived on a low income in 2001
- the standardised mortality ratio is 148
- the standardised illness and disability ratio is 162
- the standardised mortality ratio was 147.81 between 1997 and 2000
- the estimated proportion of the population suffering from depression, anxiety or psychoses was 21.3% in 2001

Interventions

Domestic violence

- the NDC programme builds on previous domestic violence awareness and training by providing training in basic understanding of domestic violence for community members and professionals, in association with Walsall Area Child Protection Committee.   The programme is accredited by Dudley College and the Open College Network
- the Crisis Intervention Service provides victims with free, confidential support and practical help at the time of crisis. Duty operators take 24 hour referrals direct from the police and specialist social work intervention is provided supported by fully trained volunteers
- a schools programme visits each young person four times during school life at ages 5, 8, 11, and 15 year olds and teaches:
  - that they have the right to feel safe all the time
  - that nothing is so terrible that they cannot talk to someone they trust about it
- SAFE (Stop Aggression in the Family Environment) is a 32 week programme for men who wish to change their abusive behaviour. Attendance is voluntary (so they must want to change) and separate support is provided for female partners and children

The Southampton NDC area had previously been asked to be a Sure Start pilot area but the health working group were strongly opposed to the idea, they were concerned about the high levels of monitoring involved and that this would detract from all health projects in the area being resident led, so the proposal was rejected. This has caused subsequent problems with getting family services into the area, the council democratic services lead on Sure Start in Southampton and the PCT and Health and Social care head up family support in the NDC. They are also recruiting locality family workers at present.

7.7. The relationship between mental health and the other NDC themes

There is a clear link between mental health and other NDC themes, in particular employment, crime and housing. Domestic violence is a key health concern affecting the mental well-being of the community that has been identified under the crime theme. Drugs are a further example of a crime-related issue that has been identified by the local community and has a major impact on mental health for both users and their families.

Some of the relationships between other factors and mental health are relatively poorly understood. Preliminary analyses of routine data from the NDC areas for example show a strong correlation between the proportion of children staying on at school at 16 and the proportion of the population with depression, anxiety and psychoses.

There is no doubt that a complex web of factors influence mental health and it would be worth considering the potential impact of virtually all NDC interventions, directly or indirectly on indicators of mental health in the local population. Since the projects specifically targeted at influencing mental health generally involve relatively small numbers of residents, it is likely that the indirect impacts of a wider range of interventions are more likely to produce measurable improvements in outcomes in the population as a whole.

8. Conclusions

While the primary aim of these projects is to tackle mental ill health and social exclusion, the root causes of mental health problems also need to be addressed. A wide variety of social, environmental and economic factors have crucial impacts on mental health and wellbeing.

Interventions aimed directly at improving mental health, such as advocacy, support and day care activities (e.g. community arts), along with other health initiatives such as healthier lifestyles and preventing drugs misuse, all have the potential to impact positively on the mental health of the community, but many will only impact on specific sub-populations. Interventions from other themes - crime, education, housing, worklessness, if successful could have a greater impact on the mental health and well being of the general NDC population.

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Key issues for NDCs

- improvement in mental health in NDC communities can be expected to be a significant and positive outcome from a very wide range of NDC projects and NDC related interventions, in the areas of employment, crime, housing and education
- projects specifically targeting individuals at risk of poor mental health may also help to reduce health inequalities in mental health
- the key issues in determining successful outcomes from mental health projects are similar to the issues identified in other NDC project areas. Of particular importance are:
    - overcoming the stigma that is associated with many mental health issues
    - identifying the potential mental health benefits from improving many other aspects of people's lives and environment
    - Partnership working between agencies
    - valuing a range of different contributions from different sources and different partner agencies
- in considering mental health interventions, effective Partnership working between agencies is vital to ensure local support and use of existing local expertise
- focused objectives and measurable outcomes need to be identified so a project can be appropriately evaluated
- where stigma is an issue for service users, acceptable ways of delivering interventions need to be developed and piloted

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Appendices

Appendix 1: Partnerships with mental health projects

NDCs	Mental health project
Aylesbury	The link - bridging the gap
Brighton	Women's outreach School counselling
Bristol	Complementary therapies to improve mental health
Coventry	Mental health counsellor
Leicester	Men's Health Development Worker and Mental health
Hartlepool	Mental health awareness project
Hull	Metal health - health support workers - Support not Pills to reduce anti-depressant use
Islington	Mental health programmes
Kings Norton	Family wellbeing project
Middlesborough	Elderly befriending service. MIND scoping exercise
Norwich	Family matters - parenting
Manchester	Family support voluntary organisation - parental control, neighbourhood nuisance, domestic violence etc
Nottingham	Mental health improvements and links to existing services
Plymouth	Psychological health and emotional well-being
Rochdale	Mental health and wellbeing project
Salford	START – community arts
Sheffield	Community health course Older people Mental health
Shoreditch	Meaningful daytime activities Support in local college
Southampton	Family support - locality family workers
South Kilburn	Gateway graduate workers
Sunderland	Counselling services for mental health Arts and health
Walsall	Crisis intervention for domestic violence. Community Advocates Programme Older people
Wolverhampton	Psychiatric nurses and counsellors in GP surgeries

Appendix 2: Mental Health National Service Framework: Standards

Standard one

Health and social services should:

- promote mental health for all, working with individuals and communities
- combat discrimination against individuals and groups with mental health problems, and promote their social inclusion

Standard two

Any service user who contacts their primary health care team with a common mental health problem should:

- have their mental health needs identified and assessed
- be offered effective treatments, including referral to specialist services for further assessment, treatment and care if they require it

Standard three

Any individual with a common mental health problem should:

- be able to make contact round the dock with the local services necessary to meet their needs and receive adequate care
- be able to use NHS Direct, as it develops, for first-level advice and referral on to specialist helplines or to local services

Standard four

All mental health service users on the Care Programme Approach (CPA) should:

- receive care which optimises engagement , PR events or anticipates crisis, and reduces risk
- have a copy of a written care plan which:

    - includes the action to be taken in a crisis by service users, their carers, and their care co-ordinators
    - advises the GP how they should respond if the service user needs additional help
    - is regularly reviewed by the care co-ordinator

- be able to access services 24 hours a day, 365 days a year

Standard five

Each service user who is assessed as requiring a period of care away from their home should have:

- timely access to an appropriate hospital bed or alternative bed or place, which is:

    - in the least restrictive environment consistent with the need to protect them and the public
    - as close to home as possible

- a copy of a written after care plan agreed on discharge, which sets out the care and rehabilitation to be provided , identifies the care co-ordinator, and specifies the action to be taken in a crisis

Standard six

All individuals who provide regular and substantial care for a person on CPA should:

- have an assessment of their caring, physical and mental health needs, repeated on at least an annual basis
- have their own written care plan, which is given to them and implemented in discussion with them

Standard seven

Local health and social care communities should prevent suicides by:

- promoting mental health for all, working with individuals and communities
- delivering high quality primary mental health care
- ensuring that anyone with a mental health problem can contact local services via the primary care team, a helpline or an A&E department
- ensuring that individuals with severe and enduring mental illness have a care plan which meets their specific needs, including access to services round the clock
- providing safe hospital accommodation for individuals who need it
- enabling individuals caring for someone with severe mental illness to receive the support which they need to continue to care