

**The Future of Mental Health Improvement in Scotland  
2008-2011**

**Consultation event organised by NHS Forth Valley**

**12 February 2008**

**Glenbervie House Hotel, Larbert.**

**Report prepared by**

**Charlotte MacDonald, Independent Research Consultant**

# **The Future of Mental Health Improvement in Scotland 2008-2011**

## **The purpose of the event**

The purpose of the day was to focus on improving population mental health and tackling inequalities using as a framework three key themes set out in the Scottish Government discussion paper.

The key themes:

- promoting mental health and wellbeing across communities
- preventing mental health problems
- supporting recovery of people who experience mental health problems

## **Who attended**

Invitations to the event were sent out across all three local authorities via Community Health Partnership Committees, Community Planning Partnership Theme Groups, Mental Health Framework Implementation Groups and Public Partnership Forums.

Sixty people, including speakers and facilitators, attended. Of the 47 invited people who took part in workshops, 15 were NHS employees, 12 local authority employees, 11 from voluntary organisations, 5 from service user and carer groups, 3 from Central Scotland Police and 1 from further education.

Both versions of the consultation document were distributed in advance so that all participants could come prepared for the discussion.

## **How the event was conducted**

The meeting started with a presentation (attached) by Emma Hogg of NHS Health Scotland based on the Government discussion paper.

Ms Hogg stated that the national consultation, of which this event is a part, signals a shift in emphasis from national mental health promotion work - on stigma, recovery and suicide prevention - towards local delivery and outcomes. The event provided 'a unique opportunity to influence national policy'.

The second speaker was Kathy O'Neill, General Manager, Clackmannanshire Community Health Partnership (CHP) (presentation attached).

Ms O'Neill described the changing landscape of health care in which CHPs play a key role. She stressed that mental health is a community planning and not a medical issue. This meant that the workgroup discussions should address social issues - specifically inequalities and social stigma - and targeting of resources.

Four groups were formed to discuss the themes in workshops. First, each group divided into pairs to discuss and record answers to the questions. Next, the facilitators gathered together the responses and attempted to prioritise and summarise through discussion in the whole group. For each theme, the workshops considered the same three questions:

- What shared objectives and actions for *local delivery* should be made for 2008 –2011 which would be deliverable, measurable and valuable?
- What *national supports* would help local areas meet these objectives and actions?
- How can *progress* (locally and nationally) be tracked and performance assessed?

Each group conducted three one hour long workshops during the day. At the end of the day a final reporting back session heard from a facilitator from each workshop group and from both of the main speakers.

This report brings together the responses from the four groups to each question, theme by theme, taking account of all of the notes recorded and identifying common threads. There were many ideas recurring across workshop groups and across themes. The key messages are set out below.

## **Key messages from the workshops**

### ***What should happen locally***

- *Emotional literacy should be a key aspect of the school curriculum.*
- *Improved enabling processes need to be put in place to support better partnership working.*
- *Long term planning is required to achieve a ‘cultural shift’, whilst at the same time short term activity needs to be targeted at the most vulnerable groups and areas.*
- *Social prescribing needs to be developed with a strong foundation of information, locally and nationally, about what is available, and consistent funding for projects, so that GPs and patients have confidence that the support is there.*
- *The Community Health Partnership should use community development methods to encourage people to support each other and should use the Anticipatory Care model to link promotion and prevention work with the Recovery Approach.*

### ***What the Government can do to help in local areas***

- *Greater public awareness about mental health and wellbeing should be promoted nationally through media campaigns, the school curriculum and health and occupational health services.*
- *The Government needs to back up its rhetoric with the necessary resources so that local partners can achieve the required outcomes. Long term funding, realistic timescales, information and evidence about best practice are needed to support local developments.*
- *National and local public employers should set an example by providing a range of employment opportunities to help people into work and by demonstrating good practice in promoting their employees' mental health and wellbeing.*
- *The Scottish Government could make real changes in public health by making leisure, sporting and cultural activities more accessible and affordable.*

### ***How we will know if we are getting it right***

- *Evaluation should be built in to all planned activities.*
- *A wide range of indicators, surveys and qualitative evidence - there are many existing sources – should be used to evaluate overall progress in each CHP area.*

## **Theme 1 Promoting mental health and wellbeing across communities**

### ***What should happen locally?***

#### *Better joint working*

Produce a CHP strategy that reflects the Joint Health Improvement Programme for Mental Health delivery plan and identifies and builds on existing good practice

Improve partnership working e.g.

All statutory agencies signing up to health promotion campaigns

Overcoming barriers such as confidentiality issues

Joint involvement in schools education programmes

#### *Educate the public*

Develop strong marketing of simple messages promoting mental wellbeing to the general public with translations into community languages

Promote training in mental health awareness (e.g. Mental Health First Aid) and educate employers in how to promote the mental wellbeing of their workforce

#### *Encourage people to have fun*

Improve access to and affordability of leisure and sports facilities

#### *Target the most vulnerable groups*

Tackle child abuse

Target health promotion activity on young children and families

Target regeneration areas

### ***What can the Government do to help in local areas?***

#### *Follow through on national policies – backing up rhetoric with resources*

Fund health promotion initiatives for the long term, based on evidence. Set realistic timescales. Simplify procedures - avoiding 'micro-management' and large numbers of detailed standards.

Use single outcome agreements to ensure that 'mental wellbeing is everyone's business'.

Use legislation to combat discrimination and stigma and to promote mental 'health and safety'

## **Theme 1 Promoting mental health and wellbeing across communities**

Set a good example as employers

### *Keep us informed and up to date*

Disseminate evidence-based good practice and advice, and coordinate shared learning

Give simpler and clearer direction on early years focus and non-clinical interventions, linked to public involvement and resource allocation

### *Make a real difference to public health*

Nationalise the provision of school meals and do more to promote physical exercise in the school curriculum

Promote family wellbeing, learning from the Scandinavian model of investment in care and education of young children and improving the work-life balance for parents

### *Continue campaigns and public education*

Launch national advertising campaign for mental health and wellbeing and issue guidance for the media on covering mental health related items.

Build on Health Promoting Schools and incorporate mental health awareness into the school curriculum

## ***How will we know if we are getting it right?***

*Through improved communication between community health partners*

*Measurable change using a wide range of indicators:*

- increased involvement in community and support groups
- increased use of leisure facilities especially in areas of deprivation
- fewer children excluded from school
- decline in suicide rates
- reduction in drug and alcohol misuse
- reduction in anti-depressant prescribing
- fewer GP attendances
- fewer people on benefits
- increase in volunteering, education, employment

*Qualitative evidence*

Attitude surveys

## **Theme 1 Promoting mental health and wellbeing across communities**

Clacks 1000 is a quarterly survey with focus groups run by independent consultants. 1000 people living in regeneration areas in Clackmannanshire are asked how they feel about life in their area. Focus groups are also used.

Incorporate mental health and illness into Equality and Diversity Impact Assessment (EQIA)

Review progress in mental health and wellbeing promotion with Public Partnership Forum

### *Formal evaluation of planned activities*

Build in evaluation of all activities covered by 'social prescribing' focusing on outputs as well as outcomes – since outputs can be measured in shorter timescales

Adopt new validated measures when evaluating initiatives, to be used consistently to capture both process and outcomes

## Theme 2 Preventing mental health problems

### *What should happen locally?*

#### *Development of robust systems to support 'social prescribing'*

Tap into community assets and resources to promote the recovery approach, and expand opportunities for therapeutic, non-medical activities

Maintain a central bank of accurate information relating to social support and activities

#### *Awareness at work*

Normalise the issue of mental health by using self-help programmes and ensuring that occupational health and HR functions are aware of services

Make mental health awareness a part of employee induction programmes

Make Mental Health First Aid a requirement in all workplaces

#### *Improve access to mental health support services*

Build on early detection and intervention initiatives. Use Anticipatory Care model to link promotion and prevention work with the Recovery Approach.

Build on early detection and intervention initiatives

<p>'Beating the Blues' and 'Mood Juice' are online programmes used in Forth Valley which help to raise individual awareness of mental health issues</p>
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Improve systems to facilitate access between different 'tiers' of support and treatment - reducing waiting times

Use Single Shared Assessment for sharing information across agencies

#### *Targeting*

Use Anticipatory Care approach targeted on vulnerable groups to prevent suicide and mental illness

Share information through CHPs about at-risk groups

Develop small scale local initiatives to support families experiencing multiple issues including mental health across two or three generations

Focus on child health and education

## **Theme 2 Preventing mental health problems**

Support relationships at home through counselling and family mediation

Develop 'emotional literacy' within the school curriculum

### *Encourage people to have fun*

Promote a wider range of cultural, artistic and adult learning opportunities for all

### *Hearing and heeding service users and carers*

Involve service users and carers in planning prevention and support  
Involve service users and carers in anti-stigma and awareness raising work in the community

### *Community Development approaches*

Use the voluntary sector to engage communities in taking action on mental health improvement

Promote the idea of individual responsibility and capacity to take part in local activities

Develop peer support or buddy system

Conduct needs assessments of local populations

In Stirling, Local Area Co-ordination (LAC) has been successful in working with individuals of all ages with disabilities and mental health issues to help them develop a better quality of life. LAC raises awareness of mental health and wellbeing issues amongst service providers, supporting and encouraging them to work with individuals in an inclusive, person-centred way.

### ***What can the Government do to help the action in local areas?***

#### *Follow through on national policies – backing up rhetoric with resources*

Ring fence funding and commit to continue funding successful projects

Support the voluntary sector

Use the GP contract to encourage GPs to consider more non-medical prescribing - this will require a consistent approach to funding and planning of social alternatives as well as dissemination of information to GPs about effectiveness.

## **Theme 2 Preventing mental health problems**

### *Keep us informed and up to date*

Make it easier for practitioners to access research and practice information

### *Make a real difference to public health*

Encourage take up of healthy activities with free transport

Improve housing standards

Promote employment by simplifying Benefits and providing support for transition changes to Incapacity Benefit

### *Continue campaigns and public education*

Encourage leading individuals to be open about personal mental health issues

Conduct robust media campaigns e.g. 'five a day' approach and link drink and drug misuse to mental ill health

### ***How will we know if we are getting it right?***

#### *Evidence from existing channels of communication*

Annual report from Director of Public Health

Feedback from members of the public, service users and carers

Feedback from GPs

#### *Measurable change using a wide range of indicators:*

HEAT mental health targets

more people referred to primary/community support, fewer to acute services

more participation in volunteering/community/training/employment

more employers adopting mental health friendly policies

more mental health awareness training delivered

increased numbers of people coming back into employment or training

less sickness absence generally

lower incidence of work-related stress

fall in numbers of suicides / hospital admissions

fall in alcohol-related incidents reported and anti-social behaviour

#### *Qualitative evidence*

More people less afraid to talk about mental health

## **Theme 3    Supporting recovery**

### ***What should happen locally?***

#### *Employment opportunities*

Support people into work, back into work and those still in work through training for employers and employees to help make this happen

Promote social enterprise, self sustaining employability schemes, club houses and local schemes for exchange of skills and services

Develop secondment/work experience opportunities amongst community planning partnership agencies

Positive discrimination

#### *Cultural change*

Staff training programme to allow Recovery Programme to be rolled out

Establish local and Forth Valley wide Recovery Networks

Change language and systems to be more positive and hopeful

#### *Community development approaches*

More outreach services in deprived areas

More community involvement in planning community health services

Community schemes to involve people in projects to improve local areas

Needs analysis to identify gaps in supports and services

#### *Educate the public*

promote positive recovery stories in local media

use real life stories in a preventative way

#### *Improving access to mental health support services*

Roll out the Wellness Recovery Action Plan (WRAP) and involve WRAP facilitators in discharge planning

Improved access to psychological services for all age groups

Adequately resource Befriending service - more respite services

### **Theme 3 Supporting recovery**

Greater access to acute services where appropriate

#### ***What can the Government do to help in local areas?***

*Follow through on national policies – backing up rhetoric with resources*

Monitor how LA and NHS spend funding for mental health services and supports at local levels

Provide incentives to employers to support employees and support independent services for employees

Set threshold for recruitment of people into work off Incapacity Benefit

Drive and sustain the development of the social economy using local partnership agreements

Support volunteering by eliminating financial penalties and making disclosure checks quicker

Set example as employers by increasing availability of workplace Mental Health First Aid training

More user involvement in planning services at national level

Set policy on training for all staff and set values-based standards

*Keep us informed and up to date*

Disseminate good practice from other countries

*Make a real difference to public health*

Pursue greater flexibility in welfare benefits to help people into work

Develop national policy on charging for access to community resources

*Continue campaigns and public education*

National media campaigns promoting messages about recovery

#### ***How will we know if we are getting it right?***

*Employment related indicators:*

sickness absence rates  
occupational health referrals  
staff retention rates after illness

### **Theme 3 Supporting recovery**

uptake of employability schemes  
decrease in numbers on benefits  
proportion going back to work through own initiative - rather than under pressure from Benefits Agency  
availability of supported employment

*Evidence of less dependency on acute services and of 'revolving door scenario'*

#### *Qualitative evidence*

people speaking more freely about their mental health

#### *Formal evaluation of planned activities*

Ongoing evaluation of projects involving consistent use of validated scales across services

Use of Scottish Recovery Indicator tool to help set a baseline

National positive attitudes scale for use in community planning to inform Joint Health Improvement Programme – locally Clacks 1000

### **Summing up the day**

Kathy O'Neill commented

*'The Mental Health Improvement agenda felt overwhelming at the beginning of the day. The event itself has served to reinforce the fact that this is an agenda that is huge and touches so many other aspects of Health Improvement and peoples lives in general'.*

The discussion had been very rich with a good deal of common ground between the workshops. Ms O'Neill stressed the need to break down the work envisaged into manageable chunks so that people could focus their energies.

In her closing comments, Emma Hogg stressed that input from local areas was essential to help formulate action flowing from the mental health improvement agenda. She outlined Health Scotland's work which includes training in evaluation and a self help guide on 'wellbeing' planned for the 'Talking about' series. She also drew attention to the review of the National Programme on Mental Health and Wellbeing which was about to be published.

Health Scotland's latest MHI evaluation guide which covers measurement tools for adult mental wellbeing can be found at <a href="http://www.healthscotland.com/documents/2403.aspx">http://www.healthscotland.com/documents/2403.aspx</a>
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## **ANNEX: OUTLINES OF POWERPOINT PRESENTATIONS**

**EMMA HOGG, NHS SCOTLAND**

**'TOWARDS A MENTALLY FLOURISHING SCOTLAND'**

**THE FUTURE OF MENTAL HEALTH IMPROVEMENT IN SCOTLAND 2008-11**

**THE PURPOSE OF THE DISCUSSION DOCUMENT AND CONSULTATION PROCESS**

- Proposes future direction
- Builds on what has been achieved so far
- Shift in emphasis and focus from National to Local actions
- Suggests actions for local areas to consider
- Seeks your engagement and views

**YOUR VIEWS**

- What shared objectives and actions for local delivery should be made for 2008-11?
- What National supports would help local areas and agencies in meeting these objectives and actions?
- How can local (and national) progress be tracked and assessed?

**SOME BACKGROUND**

- This is part of achieving the Scottish Government's Strategic Objectives
- 'Healthier' Objective – Helping people (and communities) to sustain and improve their health, especially in disadvantaged communities
- Links to and complements a range of national policies, (links to outside the health sector)

## **ANNEX: OUTLINES OF POWERPOINT PRESENTATIONS**

- Improving 'mental health' has many far reaching benefits.

## **NATIONALLY AND INTERNATIONALLY IMPORTANT**

- WHO Mental Health Declaration and Action Plan for Europe and European Union work on Mental Health

- International Recognition of the Importance of Promoting Mental Health, Preventing Illness and Improving the Quality of Life, Social Inclusion and Rights of People Experiencing Mental Health Problems and Mental Illness

## **VISION, PRINCIPLES, CONTEXT**

### **•Vision**

- 'No Health without Mental Health'
- 'Mental Wellbeing is a precious resource for all of us'

### **•Principles**

- 'People and communities have the capacity to change'
- 'Government can help'

### **•Context**

- 'Good mental wellbeing contributes to achieving wider social and public goals and addressing wider societal problems and challenges'
- 'A lot of good work and developments are already underway across Scotland and can be built on'
- 'Context, culture and experience matter'

## **CONCEPTS AND DEFINITIONS**

- Mental Health has a number of different dimensions and components

## **ANNEX: OUTLINES OF POWERPOINT PRESENTATIONS**

- There is a difference between ‘mental well being’ and ‘mental illness’
- Mental health is more than the absence of clinically defined mental illness
- Mental health (well being and illness) can be measured.

## **MENTAL WELLBEING: SOME DEFINITIONS AND COMPONENTS**

- Hedonic and Eudemonic dimensions

*(Keyes 2007)*

- Emotional, Social and Psychological Wellbeing components

*–Emotional: positive emotion, positive affect, life satisfaction*

*–Social: contribution, integration, acceptance and tolerance, coherence*

*–Psychological: acceptance, positive relationships, mastery, autonomy, personal growth, purpose*

## **MAIN THEMES**

- Promoting mental wellbeing

- Preventing:

*–mental health problems/mental illness,*

*–suicide,*

*–self harm*

- Supporting improvements in the quality of life, social inclusion, health, equality, recovery and wellness of people who experience mental health problems/mental illness

## **SUGGESTED TARGET GROUPS**

- People and families living in poverty

## **ANNEX: OUTLINES OF POWERPOINT PRESENTATIONS**

- People and groups who experience discrimination
- People with physical illness, mental illness, long term condition or a disability
- People affected by violence and abuse
- People with alcohol problems or who misuse drugs
- People who live in institutional settings
- People with poor access to health care
- Children who have multiple problems, children whose parents have addiction or health problems, children who are looked after.

## **ADDRESSING INEQUALITIES, WORKING ACROSS THE LIFE COURSE AND IN KEY SETTINGS**

- Addressing inequalities
  - Targeting efforts and actions in support of those who need it most*
- Working across the life course
  - Early years, children and young people, adults and later life, older people*
- Targeting work in key settings
  - Educational settings, employment, community, public services*

## **ACTION 1 - PROMOTION OF MENTAL WELLBEING**

- Improving understanding of and 'literacy' around *mental wellbeing*
- Promotion of mental wellbeing seen as a key part of community planning and regeneration, public health and overall health improvement.
- Making the links across agendas

## **ANNEX: OUTLINES OF POWERPOINT PRESENTATIONS**

- Undertaking work in priority areas on improving emotional, social, psychological wellbeing.

- Developing local work on indicators (measuring local levels)

## **ACTION 2 - PREVENTION**

- Improved public understanding and awareness of common mental health problems

- Early identification of and engagement with those at greatest risk

- Supporting self help resources and approaches (individual, group and community) guided self help

- Developing local capacity for community referrals and social prescribing

- Addressing links between physical health problems and mental health problems

- Addressing links between alcohol and drug misuse and mental health problems

## **ACTION 3 – PREVENTION: SUICIDE AND SELF HARM**

- Improving local capacity and training for suicide prevention (building on work to date)

- Mainstreaming suicide prevention work

- Targeting actions at reducing elevated rates in local areas and amongst certain groups and communities

- Ensuring links are made to wider local public health, health improvement and community regeneration work.

## **ACTION 4 – SUPPORT TO IMPROVE QUALITY OF LIFE, SOCIAL INCLUSION, EQUALITY, RECOVERY AND ADDRESSING STIGMA, PREJUDICE AND DISCRIMINATION**

## **ANNEX: OUTLINES OF POWERPOINT PRESENTATIONS**

- Continuing to improve public understanding, attitudes and behaviours about and towards mental illness
- Increasing local awareness of mental health problems and mental illness
- Improving literacy about mental health problems and mental illness.
- Targeting attitudes and behaviours across public service agencies
- Connections made and partnership working with local equalities, inclusion and rights issues
- Further local and linked work on social inclusion – housing, education, employment, arts, culture, sporting and recreational opportunities
- Supporting improved employment and vocational opportunities for people
- Workplace ‘mental health’ programmes
- Improved capacity building and understanding around recovery
- Recovery as ‘expectation’ and recovering to include improved ‘wellbeing’

## **ACTION 5 – DEVELOPING LOCAL CAPACITY: CO-ORDINATION AND CONNECTIONS**

- Improved local co-ordination – public health, health improvement, community regeneration, social inclusion.
- Key component of local integrated health improvement agenda
- Improved connections – early years, education, young people, employment, older life.....
- Improved local co-ordination of training and development of skills and competencies around:
  - Literacy on mental wellbeing, mental health problems and mental illness*
  - Suicide prevention*
  - Inclusion, Stigma and Discrimination, Recovery*

## **ANNEX: OUTLINES OF POWERPOINT PRESENTATIONS**

*–Employment and Working Life*

*–Evidence and knowledge transfer*

### **ACTION 6 – KEY ROLE FOR COMMUNITY HEALTH (AND SOCIAL CARE) PARTNERSHIPS**

- Understanding local population's needs
- Improving understanding, capacity and literacy in primary, community and local services
- Community referrals and social prescribing schemes
- Addressing mental health inequalities

### **FURTHER LOCAL ACTION**

- Social Marketing and Communications work
  - Health improvement – mental wellbeing*
  - Prevention – mental health problems, suicide*
  - Stigma, Discrimination, equality, inclusion, recovery, improved physical health and wellbeing*
- Local Research, Evidence and Evaluation
- Collection of Local Indicators and Data
- Reviewing progress
- Local leadership development

### **PROPOSED FUTURE NATIONAL FUNCTIONS AND NATIONAL SUPPORT ACTIVITIES**

## **ANNEX: OUTLINES OF POWERPOINT PRESENTATIONS**

- Research, evidence and evaluation
- Capacity Building - skills development, competencies and training
- Communications, social marketing and support to the media
- National indicators, survey data and review
- National Policy and Policy Coordination
- Performance support and assessment
- Funding for key support functions, agencies and activities
- Current *main support agencies funded include:*

*NHS Health Scotland, NHS 24 (Breathing Space), See Me, Choose Life NIST, Scottish Recovery Network, HeadsUp Scotland, ARtfull,*

## **TAMFS ACTIONS TAKEN ALREADY**

- Local Contacts Identified
- £ Resources for National and Local Events
- National Events
- Website Support Established
- National Reference Group Established (meets Feb, March and April)
- Internal Scottish Government Group Being Established
- National Support Resources for 08-11 identified (£18m - £6m per annum)

## **NEXT STEPS**

- Responses to the discussion document by end of February
- Analysis of responses (March and April)

## **ANNEX: OUTLINES OF POWERPOINT PRESENTATIONS**

- Development of 08-11 Action Plan (May, June)
- Publication of Action Plan
- 2008-09 Transition Year
- 09-11 Implementation, delivery and improved outcomes

**THANK YOU**

**[WWW.WELLSCOTLAND.INFO](http://WWW.WELLSCOTLAND.INFO)**

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## **ANNEX: OUTLINES OF POWERPOINT PRESENTATIONS**

**•KATHY O'NEILL, GENERAL MANAGER, CLACKMANNANSHIRE COMMUNITY HEALTH PARTNERSHIP**

**•TOWARDS A MENTALLY FLOURISHING SCOTLAND**

**•Tuesday 12 February 2008Glenbervie House Hotel**

**•Purpose of the Consultation**

**•Focus on improving population mental health and tackling inequalities**

**•Three key themes:**

- promoting mental health & wellbeing across Communities**
- preventing mental health problems**
- supporting recovery of people who experience mental health problems**

**•Not about care & treatment for people with acute mental illness**

### **Towards a Mentally Flourishing Forth Valley .....**

**•The Changing Landscape**

**•Better Health, Better Care:**

- - focus on inequalities**
- - key role for CHPs**
- - 'mutual' NHS, which puts patients first**
- - improved experience for patients**
- - Mental Health National Priority**

**•Local Authority Concordat**

- - single outcome agreement**

## **ANNEX: OUTLINES OF POWERPOINT PRESENTATIONS**

- - driven through Community Planning by 2009
  - - key joint priorities
- 
- Why this Event is important
  - Community Mental Health is not a medical issue
  - Community Planning issue – need to influence priorities
  - Poverty increases risk of mental health problems - health inequalities issue
  - People with mental illness continue to experience stigma - tackling stigma locally is important
  - Focus on individuals, families and key settings (eg. schools)
  - We need to ensure that what we need locally is included in the final programme
- 
- Where should Mental Health Improvement take place?
  - Not led by Specialist Mental Health Services
  - Led by Community Health Partnerships
  - Driven through Community Planning structures
  - Detailed plans and priorities in Joint Health Improvement Plans
  - Integral element of local inequalities work
  - Key role for Voluntary Sector organisations
- 
- What we are doing locally
  - Tiered model of Primary & Community Services
  - Anti Stigma Campaign – G9 Group

## **ANNEX: OUTLINES OF POWERPOINT PRESENTATIONS**

- Mental Health First Aid & Suicide Prevention**
- Anticipatory Care Approaches – Health Plus**
- Primary Mental Health Workers for Children**
- Redesign local Mental Health Planning Groups (improved linkages to CHP & Community Planning)**
- Recovery Pilot and Values Based Training**
- Improved access to self help/management for Depression – Mood Juice/Beating the Blues**
- Joint Health Improvement Plans**
  - - mental health key component of any inequalities work
  
- Workshop : Key Questions**
  - What are the key actions for CHPs locally?**
  - What are the key target groups?**
  - How can we focus on the whole life course?**
  - What National support do we need?**
  - How should we measure change/improvement?**