

**Tower Hamlets Mental Health Promotion  
Strategy  
2008 - 2011**

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## **Acknowledgements**

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Mental Health Promotion subgroup  
Tower Hamlets PCT Provider Executive Group  
CAMHS Strategic Planning and Commission Group  
User Involvement subgroup of the AMHPB  
Family Welfare Association  
Older People's Mental Health Steering Group  
THPCT Public Health Team  
THPCT Mental Health Commissioning Team  
ELFT Senior Clinicians and Managers Group  
THPCT Disability Options Team  
Primary Care Mental Health Development Group  
Family Nursing Partnership

## **Investment to Achieve our Outcomes**

To ensure the effectiveness of the Mental Health Promotion Strategy, THPCT will commission £2,275,000 in 2008/9 to deliver the outcomes identified in this strategy. Through ongoing review of the strategy, we hope to identify additional support to enable the prevention and early detection of mental ill health among people who live, work or study in Tower Hamlets.

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## **Glossary**

<b>BME</b>	<b>Black and Minority Ethnic</b>
<b>BMHF</b>	<b>Bangladeshi Mental Health Forum</b>
<b>CAMHS</b>	<b>Child and Adolescent Mental Health Service</b>
<b>CDW</b>	<b>Community Development Worker</b>
<b>CMHA</b>	<b>Chinese Mental Health Association</b>
<b>CPA</b>	<b>Care Programme Approach</b>
<b>CMHSSC</b>	<b>Community Mental Health Services and Social Care</b>
<b>EEL</b>	<b>East End Life</b>
<b>EIS</b>	<b>Early Intervention Service</b>
<b>ELFT</b>	<b>East London NHS Foundation Trust</b>
<b>HASCAS</b>	<b>Health and Social Care Advisory Service</b>
<b>LAP</b>	<b>Local Area Partnership</b>
<b>LBTH</b>	<b>London Borough of Tower Hamlets</b>
<b>MHP</b>	<b>Mental Health Promotion</b>
<b>MITH</b>	<b>Mind in Tower Hamlets</b>
<b>PCT</b>	<b>Primary Care Trust</b>
<b>SEAL</b>	<b>Social and Emotional Aspects of Learning</b>
<b>SMHF</b>	<b>Somali Mental Health Forum</b>
<b>SMI</b>	<b>Severe Mental Illness</b>
<b>SME</b>	<b>Small and Medium Scale Enterprise</b>
<b>THACMHO</b>	<b>Tower Hamlets African Caribbean Mental Health Organisation</b>
<b>THPCT</b>	<b>Tower Hamlets PCT</b>

## Introduction

Mental health promotion is the first standard of the National Service Framework for Mental Health<sup>1</sup> and is a statutory responsibility for health and social care services. It underpins the delivery of mental health and social care services. It specifically includes the requirement to:

- 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

Mental health promotion is a very broad area. The Tower Hamlets Adult Mental Health Partnership Board has identified reducing stigma associated with mental illness as a priority. As a result, a multi agency sub group steered the development of this strategy. Mental health service users were consulted and provided invaluable input in its early development.

## Aim of the Strategy

The Strategy is designed to encourage and support multi-agency and multi-disciplinary action to promote mental health and well-being for people who live or work in Tower Hamlets. It aims to address key priorities and action plans for the next three years around:

- Mental health information
- Culturally appropriate mental health promotion considering the demography of Tower Hamlets
- Tackling stigma and discrimination associated with mental illness
- Promoting positive mental health in the workplace
- Promoting employment of people with long term mental health needs
- Improving the physical health of people with mental health needs
- Promoting positive mental health in parents, early years, children and adolescents
- Promoting positive mental health amongst older people
- Reduction in self harming behaviour
- Reduction in suicide

These priorities are linked with *Making it Possible*<sup>2</sup> priority areas.

This strategy is aligned to the *Moving People* campaign, an ambitious national programme which aims to eradicate stigma and discrimination against people with experience of mental health problems. It is modelled on successful anti-stigma campaigns based in New Zealand and Scotland and is grounded in the direct experience of people who experience mental distress. The Tower Hamlets strategy aims to align with the wider *Moving People* campaign to capitalise on the media delivered messages to reduce mental health stigma.

## **Scope of the Strategy**

This Strategy is intended to ensure that:

- mental health promotion is fully reflected in the priorities and work-plans of the Adult Mental Health Partnership Board (Local Implementation Team), other partnership boards e.g. Children and Older People, and service providers in statutory and voluntary sectors
- mental health service providers develop the capacity to address the mental health promotion needs of service users and carers
- links with other relevant initiatives are developed and maintained e.g. the Healthy Schools Initiative, Local Area Partnerships
- work to tackle stigma and discrimination continues whenever and wherever it is needed

## **Why focus on stigma?**

A key feature of the strategy is to reduce stigma experienced by people with mental health problems in their day to day lives and in the workplace.

It has been estimated that one in four people will suffer a mental health problem at some point in their lives<sup>3</sup>. Around 1 in every 3 people who see their GP will have a significant mental component to their illness<sup>4</sup>. Despite this, there is significant stigma attached to mental illness, which not only prevents people from seeking help for mental health problems, but also leads to the social exclusion of those who have a mental health problem. The attitude of the media, employers, and the general population to mental health problems all serve to reinforce this cycle of exclusion and stigma.

## **Expected Outcomes**

This strategy has been developed to achieve the following outcomes:

- Up-to-date information about mental health services in Tower Hamlets available to professionals, service users, carers and the general public
- Better understanding of the mental health needs of specific BME (e.g. Somali, Bangladeshi) and White groups in Tower Hamlets
- Greater awareness of mental health issues and services among community and faith leaders to facilitate timely access to services
- 5% reduction in stigma experienced by mental health service users
- Managers to be more confident in supporting employees with mental health needs
- Reduced staff sickness due to mental health issues
- Increased employment of people with long term mental health needs
- Improved physical health of people with mental health problems
- Improved mental health of children and parents

- Reduction in isolation experienced by older people

## **Mental Health**

Mental health is a characteristic of individuals as well as communities. In individuals, mental health is about emotional resilience, the ability to build positive relationships and cope with life challenges. For communities, it is about feeling safe and making a contribution to the community.

In recognition of this, the World Health Organisation revised its definition of mental health. Good mental health is thus

*“a state of wellbeing in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community”.*<sup>5</sup>

## **Mental Health Promotion**

Effective mental health promotion is not solely the remit of mental health services and can only be delivered effectively in partnerships. Mental health promotion involves

*“promoting the value for mental health and enhancing the capacities of individuals and communities to take control over their lives and improve or strengthen their mental health”.*<sup>6</sup>

Current frameworks for MHP include goals for enhancing a sense of well-being or promoting positive mental health rather than concentrate only on the prevention of mental illness.<sup>7</sup>

Mental health promotion interventions can be delivered to individuals or groups, through organisations or via whole population, policy or structural level interventions. It works at three interdependent levels:

- *Strengthening individuals* – Increasing emotional resilience through activities to promote self-esteem and develop life skills.
- *Strengthening communities* – Through increasing social support, social inclusion and participation, improving community safety and neighbourhood environments, promoting mental health in schools and workplaces.
- *Reducing structural barriers to mental health* – Reducing discrimination and inequality in society, promoting access to employment, housing and support for people who are vulnerable.<sup>8</sup>

Mental Health Promotion can contribute to improved health and well-being by preventing mental health problems, improving physical health, strengthening communities, improving information and reducing work related ill-health.

Mental Health promotion can be seen as working at two levels. On one level, Mental Health Promotion seeks to improve the quality of life of those with a mental health problem and to intervene early to offer appropriate treatment.

On another, wider level Mental Health Promotion aims to improve the mental wellbeing of the whole population. If it is acknowledged that there is a two-way relationship between mental wellbeing and general wellbeing, seeking to enhance positive mental wellbeing will improve the general health and quality of life for the community.

This strategy seeks to provide a framework for positive action on both levels, working both with existing mental health problems and strengthening the wellbeing of communities.

### **Mental health need in Tower Hamlets**

Tower Hamlets has many of the risk factors for poor mental health at both individual and community level. These include: high population density, overcrowding, homelessness, high rates of unemployment and poverty, poor physical health and high rates of substance misuse.<sup>9</sup> This would suggest high levels of mental health problems in Tower Hamlets. A recent health equity audit of BME access to talking therapy services found under representation of BME service users in some talking therapy services in Tower Hamlets.<sup>7</sup> Mental health needs assessments were recently conducted for children and adults.<sup>11, 12</sup>

#### ***Children and young people***

Comparing the expected number of children with mental disorder based on national prevalence with actual caseload data, Table 1 shows a very wide variation in the proportion of children with conduct disorders. This might be due to a number of reasons including: possible under-diagnosis of conduct disorders in Tower Hamlets, many children with conduct disorders not known to CAMHS services, or actual differences between the national and Tower Hamlets profiles of child and adolescent mental disorders. It should be noted, however, that the expected numbers refer to all children whilst the CAMHS caseload only accounts for cases known to CAMHS.

Table 1: Comparison of expected mental disorders in Tower Hamlets with actual CAMHS caseload for November 2006

Type of disorders	Expected Number (%)	Actual CAMHS caseload (%)
Conduct disorders	1811 (47%)	51 (9%)
Emotional disorders	1155 (30%)	123 (22%)
Hyperkinetic disorders	468 (12%)	39 (7%)

#### ***Adults***

Table 2 below shows the numbers of people with mental health problems in Tower Hamlets, from the Clinical Effectiveness Group (CEG) General Practice data. This gives the known cases of mental health problems from primary

care registers. Severe Mental Illness covers both schizophrenia and Bipolar Affective Disorder.

Table 2: Number of diagnosed mental health problems in Tower Hamlets from 2005/06 General Practice data, by locality.

<b>Mental Health Condition</b>	<b>North West</b>	<b>North East</b>	<b>South West</b>	<b>South East</b>	<b>Tower Hamlets</b>
<b>SMI</b>	1,344	639	570	781	3,334
<b>Schizophrenia</b>	512	181	277	228	1,198
<b>BPAD</b>	771	388	297	466	1,922
<b>Depression</b>	1922	767	851	1516	5,056

SMI: Severe Mental Illness

BPAD: Bipolar Affective Disorder

## **Priorities for Action 2008 – 2011**

In each section below, current initiatives and areas for planned development are listed, which outline our approach to implementing the strategy over the next three years. A detailed action plan is included in the appendix.

### **1. Mental Health Promotion and Information Network**

This strategy offers a more coordinated approach to getting information on mental health and mental health services to the people who need it most — service users, the general public, carers and service providers. A mental health promotion network will be commissioned to deliver this.

#### **What we plan to achieve**

- More local people are informed and motivated to look after their mental health
- Primary care sites regularly provide information on mental health promotion
- More local people have access to the mental health services directory
- Universal understanding across all sectors, groups and service providers of access criteria and care pathways
- A local campaign aligned with *Moving People's* national campaign messages to ensure higher impact

#### **How we plan to achieve these outcomes**

##### **Currently in place:**

- Online and printed Mental Health Services Directory
- Development of web based support network for Primary Care Psychology and Counselling service users
- Tower Hamlets Mental Health Day at Idea Store to showcase mental health services to local people
- Annual World Mental Health Day events

##### **By October 2008:**

- Recruit a Mental Health Promotion Network Manager to coordinate the implementation of the strategy
- Consult and produce a refreshed online and paper-based mental health services directory, and develop a strategy for ongoing maintenance and promotion/distribution of directory in culturally appropriate formats
- Promote and disseminate agreed care pathways and mental health promotion messages, which will be aligned to the national **Get Moving!** campaign
- Coordinate an annual World Mental Health Day event

- Provide a link to the online Mental Health Directory in corporate induction packs for new staff within THPCT, LBTH, ELFT and other local employers in the statutory and voluntary sectors

**By April 2009:**

- Develop a quarterly e-news bulletin to facilitate information sharing. This will contain current news on mental health in Tower Hamlets (e.g. local events, service users' views and information from various service providers) and links to national resources
- Use local radio, TV and print media to promote positive mental health
- Increase the use of "Books for Health Option" scheme, enabling local people to access good quality books to promote mental health in local libraries and one stop shops

**From October 2009:**

Consider viability of offering small grants programme to embed mental health promotion activities and events in local organisations, e.g. schools, employers, local businesses.

## **2. Culturally Appropriate Mental Health Promotion**

We recognise that people from different backgrounds have different beliefs and understanding of mental wellbeing. This strategy aims to understand more about those beliefs and what people from different groups feel would improve their own mental health. To improve timely access to services from all ethnic groups, commissioners will ensure that providers are contracted to deliver services to all ethnic and diverse groups within the borough.

**What we plan to achieve**

- A better understanding of the mental health promotion needs of specific BME groups in Tower Hamlets and appropriate BME-specific models of mental health promotion
- Greater awareness of mental health issues and services among community and faith leaders to improve timely access to non-pharmacological sources of support
- Data to inform commissioning decisions for 2009/10 and 2010/11 so that more culturally appropriate services are enabled

## **How we plan to achieve these outcomes**

### **Currently in place:**

- Locally produced depression and dementia DVD by Age Concern Tower Hamlets linked to a series of workshops to promote awareness of mental health issues and services among the Bengali communities
- Bangladeshi and Somali Mental Health Forums to support mental health workers from those communities
- LBTH is exploring options for faith based counselling services
- CDWs supporting local BME Forums to develop culturally appropriate mental health promotion activities
- CAMHS *Continuing the Dialogue* seminars at the London Muslim Centre on mental health issues
- Working Well Trust workshop with imams and mental health professionals to share ideas

### **By December 2008**

- Undertake a focused mental health needs assessment of Somali people, building on current research, to identify priorities for improving services

### **By April 2009**

- Commission a culturally specific service based on recommendations of the mental health needs assessment
- Explore the need for a focused mental health needs assessment of Bangladeshi people
- Combine national and local research and develop a system to disseminate findings which will impact on service delivery and commissioning
- Take forward mental health awareness training with community and faith leaders to improve timely access to services amongst all ethnic groups
- Develop a DVD of local people's perception of mental illness, for mental health professionals

### **From November 2009**

- Consider how to promote the mental health of 'seldom heard' groups, such as people experiencing domestic violence, lesbian, gay, bisexual and trans-gendered people
- Support local mental health organisations (e.g. SMHF, CMHA) to develop culturally appropriate mental health promotion activities

### 3. Tackling Stigma and Discrimination

Stigma and discrimination discourage people from seeking help for mental distress, leading to untreated mental health problems and impaired quality of life. Stigma is also felt by the carers of people with mental health problems, which can make it difficult to be open about the nature of their caring role and cut them off from accessing support.

Expression of fear, prejudice or discrimination may make it hard for people with mental health problems to:

- get the right medical care
- find and maintain a job
- enjoy community activities including leisure facilities
- make new friends

This strategy aims to develop more positive and accepting attitudes towards people with mental health problems within local communities and employers.

#### What we plan to achieve

- More positive and accepting attitudes towards people with mental health problems within local communities
- People experiencing mental health problems are able to access local activities and facilities without fear of stigma or discrimination
- People experiencing mental health problems receive appropriate support at work (linked with mental health and employment initiative)
- People experiencing mental health problems receive appropriate medical care
- Five percent reduction in stigma associated with mental illness measured against baseline

#### How we plan to achieve these outcomes

##### Currently in place:

- CDWs' anti stigma pilot in schools and with frontline workers
- CAMHS' series of talks in secondary schools about self harm and other mental health related issues
- Mind in Tower Hamlets' user involvement in publicity events and encouraging users to take leading roles
- ELFT works with service users to promote social inclusion
- Age Concern's intergenerational work to break age barriers
- THACMHO develops culturally appropriate mental health educational resources

### **By December 2008**

- Review the literature to identify effective anti stigma interventions
- Identify common experiences of stigma among people with mental health problems
- Develop a baseline using survey methods to measure public perceptions of mental illness in Tower Hamlets
- Develop and pilot small scale local anti stigma interventions

### **By August 2009**

- Develop a range of interventions to tackle stigma, aligned to the national ***Get Moving!*** campaign
- Pilot anti-stigma interventions, which may include:
  - targeted mental health awareness training to professionals such as A & E staff, physiotherapists, police etc
  - 'challenging stigma' training to mental health service users
  - train the trainer programme through Mind in Tower Hamlets to equip people with mental health problems with the skills to deliver mental health awareness training to professionals
  - working with Idea Stores and local media to promote anti stigma messages to the general public
  - working with schools to raise mental health awareness
  - anti stigma messages in corporate induction packs for new staff in the PCT, LBTH, ELFT and other local employers
  - working with communications teams of local employers to promote anti stigma messages

### **From October 2010**

Evaluate effectiveness of anti stigma interventions by measuring public attitudes and mental health service users' experiences.

## **4. Promote positive mental health amongst Tower Hamlets employees**

To support employers to enable a mentally healthy workplace which encourages productivity alongside wellbeing, demonstrating to other sectors the effectiveness of workplace wellbeing, and providing opportunities for people on Incapacity Benefit to engage in employment.

### **What we plan to achieve**

- Improved recruitment and retention of staff in pilot sites
- Reduced staff sick leave, grievances, disciplinaries, vacancy rates, agency spend, days lost to staff sickness, staff suspensions
- Improvements recorded on staff survey
- Increased confidence amongst managers to employ and support employees with mental health needs
- Reduction in mental health related unemployment

### **How we plan to achieve these outcomes**

#### **By December 2008:**

- Audit and benchmark mental health friendliness of employment pilot sites (THPCT, LBTH and ELFT) to capture impact of workplace-based mental ill health on staff

#### **By February 2009:**

- Based on the audit outcomes from the model MH employer pilot, explore commissioning options for an organisational development package, which might include a consultancy service available to all staff, preventative training to reduce bullying and harassment in the workplace and to promote and extend the bullying and harassment support service

#### **By April 2009:**

- Consider commissioning mental health promotion initiatives into local employer agencies to improve the mental health awareness of the local workforce, to be managed by the MHP network

#### **By June 2010:**

- Implement support package including training for managers on workplace mental health
- achieve Mindful Employer status
- introduce mental health passports, which, like 'advanced directives', offer an opportunity for individual employees and managers to agree how to manage mental health in the workplace
- implement mental health first aid training or mentoring schemes to support staff retention

### **From December 2010**

- Evaluate impact of initiatives on staff experience of working in these organisations
- Consider rolling out public sector provided employment services to local employers, including SME's

## **5. Improve physical health of people with mental health problems as part of improving general wellbeing**

People with mental health problems usually have poorer physical health than the general population and much of this physical illness goes undetected. Giving attention to both the psychological and physical health needs of people with mental health problems will improve their overall health.

This Strategy aims to ensure that attention is devoted to preventive physical health initiatives for people with mental health problems.

### **What we plan to achieve**

- Reduction in obesity amongst people with mental health problems
- Reduction in smoking rates among people mental health service users
- Reduction in SMI morbidity levels
- Clear interface arrangements which make physical health care provision (e.g. oral health, diabetes, dietetics, foot health etc) accessible to mental health inpatients
- Improved quality of life for people with mental health problems

### **How we plan to achieve these outcomes**

#### **Currently in place**

- Public Health and ELFT smoking cessation initiatives with mental health service users
- Weekly gym sessions for Bow Haven service users (pilot)
- Mental health football team within ELFT
- ELFT Physical Health Strategy
- Public Health led poster campaigns to raise awareness of physical health among people with mental health problems
- Initiatives at MITH
  - Monthly Bengali women's swimming group
  - Weekly Somali Men's Group (gym & swimming)
  - Monthly Tai Chi at the evening drop in service
- Weekly men's and women's swimming sessions at Beside

#### **By October 2008**

- Pilot a physical health event called **Get Moving!** (in partnership with *Moving People*) to engage local people in looking after their mental

wellbeing through improved physical health, reducing stigma and social isolation by opening up the event to the wider public

- Run a poster campaign to raise awareness of the health effects of *khat* use among the Somali population

#### **By April 2009**

- Commission a Health Trainers for Mental Health service – focusing on smoking cessation, diet and increased physical activity for people with mental health problems in the community

#### **By December 2009**

- Have interface arrangements in place that make physical health care services accessible to mental health in-patients
- Have a system in place for measuring physical health outcomes e.g. by following patients on SMI register over a period; or use mortality data

## **6. Promote positive mental health among children, young people and parents**

There is a gap between the expected prevalence of mental health problems in children and the numbers of children seen by CAMHS. The Strategy aims to ensure that services are more accessible to children and families.

#### **What we plan to achieve**

- Reduction in the number of children who have a parent with an identified mental health need taken into care
- Parents and caregivers have the knowledge, skills and capacity to meet the emotional and social needs of infants and young children
- Parents and care givers have access to support for themselves and their parenting roles which meets their needs
- Services for parents are accessible and appropriate for those with particular needs, e.g. BME parents, parents in employment and parents with mental health problems
- Screening for perinatal depression by health visitors and midwives
- Close links with SEAL in schools
- Close links with Tower Hamlets College in order to support the implementation the college's Mental Health Strategy
- Increased numbers of children and families seen in accessible settings in the community, in order to address the gap between prevalence of mental health difficulties and children seen by CAMHS staff
- A reduction in the average duration of untreated psychosis.

- Increased work with local communities to increase referrals to Early Intervention Service team and thus caseload (targets subject to negotiation with ELFT).
- Earlier detection of psychosis leading to improved life-long outcomes though difficult to measure in e.g. short term reduction in bed usage

## **How we plan to achieve these outcomes**

### **Currently in place**

- A parental mental health service for Tower Hamlets which provides timely support for parents and families, reducing the need for statutory intervention and the separation of parents and children due to hospital admission or the need for accommodation
- CDWs are piloting anti stigma initiatives with parents of school age children
- Family Nursing Partnership works with first time mothers under 20 to promote secure attachments between baby and mother, and prevent mental ill-health in the family

### **By October 2008**

- An extended parental mental health service to increase specialist support to children and families affected by parental mental ill health
- A perinatal mental health service for Tower Hamlets which ensures that all mothers are screened for perinatal depression by health visitors and midwives; and offered appropriate support in line with NICE guidelines
- Support Tower Hamlets College in organising annual Mental Health Day
- The establishment of an Early Detection of Psychosis service to promote early engagement in services for those at risk of developing a psychotic illness

### **By October 2009**

- Develop mental health promotion activities in schools through the work of CDWs
- Ensure that mental health promotion is embedded in the work of Children's Centres
- Work with LBTH Education services and schools to engage Tower Hamlets schools in World Mental Health Day activities

### **By October 2010**

- Work with CAMHS and other service providers to deliver services in more accessible settings in the community

## **7. Promote positive mental health among older people**

The mental health and well being of older people has often not received the same attention as that of adults of working age. This trend is beginning to be addressed, and the Strategy will ensure that older people have greater awareness of mental health issues and are less isolated.

### **What we plan to achieve**

- Increased awareness of mental health issues among older people
- Increased opportunities for older people to participate, leading to reduction in isolation and improved life satisfaction
- Increased awareness of mental health issues in later life amongst children and adults of working age

### **How we plan to achieve these outcomes**

#### **Currently in place**

- Age Concern Tower Hamlets have produced depression and dementia DVDs linked to a series of workshops to promote awareness of mental health issues and services among the Bengali communities. Alzheimer's Society are running workshops on dementia.
- Age Concern Tower Hamlets have a volunteering scheme to engage older people
- Older Persons' mental health needs assessment completed
- Tower Hamlets Link Age Plus provide an outreach service to identify isolated, socially excluded older people and assist them to access services
- Alzheimer's Society Tower Hamlets has an Inclusion and Support Worker who works with the Bangladeshi communities to raise awareness of dementia
- Alzheimer's Society run talks on how to reduce risk of developing dementia

#### **By November 2008**

Liaise with appropriate commissioners to improve older people's access to talking therapies through SLA indicators

#### **By January 2009**

- Deliver a targeted poster campaign aimed at raising awareness of depression and isolation among older people
- Organise radio show to raise awareness of mental health issues in later life
- Engage older people in volunteering opportunities to promote active community involvement and improve social inclusion
- Develop an initiative to help prepare people for retirement

#### **By April 2009**

- Write features in East End Life aimed at increasing awareness of mental health issues in later life

## 8. Suicide prevention and reduction in self harming behaviour

The likelihood of a person taking their own life depends on several factors, including mental health problems. Mental health promotion will therefore play an important role in preventing suicide and self harm. There is a Suicide Prevention Strategy for Tower Hamlets, which complements this Strategy and provides greater detail.

### What we plan to achieve

- 20% reduction in deaths from suicide and undetermined injury by 2010, from 1995 - 1997 baseline
- Up to date Suicide Prevention Strategy
- Specific action to target young men
- Establish links with other London PCTs to share information

### How we plan to achieve these outcomes

#### Currently in place:

- Assertive Outreach Team to prevent loss of contact with vulnerable and high risk patients
- All likely ligature points removed from inpatient mental health wards
- People on enhanced CPA are followed up within seven days of discharge from hospital
- ELFT risk management training for staff
- HUSH (Hidden Universe of Self Harm) offer a weekly support group for anyone with experience of self-harm
- A multi-agency Suicide Prevention Strategy/Audit Group to coordinate suicide audit and update Tower Hamlets Suicide Prevention Strategy
- Suicide audit system in line with Healthcare Commission indicators
- Joined up work with local coroner involving Tower Hamlets, Camden, City & Hackney and Islington PCTs

#### By October 2008

Audit presentations of self harm at Royal London Hospital A & E to inform suicide prevention Strategy.

#### By March 2009:

- Commission a Crisis House to provide alternative to inpatient care for people in crisis.
- Support work on drug and alcohol harm reduction, binge drinking and under age drinking by establishing links with the Tower Hamlets Alcohol Strategy and Dual Diagnosis Strategy

#### By October 2009:

Investigate opportunities to commission support for people who self harm, particularly young people.

#### By March 2010:

Monitor progress towards the *Saving Lives: Our Healthier Nation* target to reduce suicide by 20% by 2010

## **Accountability**

The Tower Hamlets Adult Mental Health Partnership Board has overall responsibility for this Strategy and its implementation.

The Tower Hamlets Mental Health Promotion subgroup is responsible for supporting the implementation of the Strategy, and is accountable to the Partnership Board.

## **Monitoring and Evaluation**

The Tower Hamlets Adult Mental Health Partnership Board is responsible for monitoring the progress and timely delivery of the Action Plan.

Evaluation will be built into the work plans of the partner agencies delivering on the Action Plan.

## **Review**

This Strategy will be formally reviewed in 2011-12. However, there will be ongoing reviews in June each year to identify initiatives that could be included in commissioning intentions for the following year.

## Appendix

### Action Plan

Objective	Target Group	Actions	Lead	Timescale (to be in place by)	Outcome Measures
1. To improve access to mental health information	Communities, GPs, Health and Social Care professionals	1.1 Distribute copies of printed Mental Health Services Directory and other mental health promotion messages to GP Practices and other health care providers, local libraries, LBTH offices e.g. housing, businesses and voluntary sector organisation	MHP Network Manager	October 2008	Directory and other MHP information available in identified areas
		1.2 Organise annual Tower Hamlets Mental Health Day/World Mental Health Day in accessible community locations	MHP Network Manager, CDWs	December 2008	Event takes place annually, with at least 100 attendees
		1.3 Use local media to promote positive mental health	MHP Network Manager	April 2009	Mental health information appears in local media (EEL, local radio & TV)
	Internet users	1.4 Maintain online Mental Health Services Directory by quarterly updates and publicise the website, linked to THPCT's web-based services directory, creating a holistic directory of services	MHP Network Manager	October 2008	Website is up to date
		1.5 Develop quarterly e-news mental health bulletin	CDWs	April 2009	Bulletin is distributed quarterly

Objectives	Target Group	Actions	Lead	Timescale (to be in place by)	Outcome Measures
2. To develop a better understanding of the mental health promotion needs of different communities and provide culturally appropriate mental health promotion	BME communities	2.1 Workshops to publicise locally (Age Concern) produced depression and dementia DVD in Bengali	Age Concern Tower Hamlets	October 2008	DVD is widely available and accessible
		2.2 Investigate potential uses of DVD e.g. training for health professionals, showing the DVD as part of local events	Age Concern Tower Hamlets	April 2009	DVD is used to support other local initiatives
		2.3 Mental health needs assessment of Bangladeshi people	Mental Health Commissioner, Public Health	April - December 2009	Needs assessment completed
		2.4 Support local BME Forums to develop culturally appropriate MHP activities	CDWs	Ongoing	Local BME Forums organise culturally appropriate mental health promotion initiatives
	Somali communities	2.5 Focused mental health needs assessment (HNA) of Somali people	Public Health	December 2008	Report with recommendations
		2.6 A commitment to commission a new Somali specific service based on recommendations of the HNA	MH Commissioners	April 2009	To be determined after the final HNA report has been agreed

		2.7 Mental health awareness training with community and faith leaders	MHP Network Manager	October 2008	Increased awareness of mental health issues, Increased access to health promotion messages
		2.8 Develop a poster campaign to raise awareness of the health effects of khat use	Public Health, MITH	April 2009	Posters available in community locations
	Mental health professionals	2.9 Develop a DVD of local people's perceptions of mental illness	CDWs	November 2009	DVD is available for professionals
	Other groups e.g. lesbian, gay, bisexual and transgendered people, people experiencing domestic violence, etc	2.10 Work with relevant organisations in statutory and voluntary sectors to improve access to services and improve staff confidence in fully engaging with lesbian, gay, bisexual and transgendered service users	MHP Network Manager	November 2009	Increase the reporting of service uptake by LGBT people and people experiencing domestic violence

Objectives	Target Group	Actions	Lead	Timescale (to be in place by)	Outcome Measures
<p>3. a) To develop an understanding and a baseline of public attitudes to mental illness in Tower Hamlets</p> <p>b) To develop an understanding and baseline of experiences of stigma among people with mental health problems</p> <p>c) To reduce the levels of myth and misunderstanding within communities about mental illness and its effects</p>	Communities	3.1 Survey the local population to measure public attitudes to people with mental health problems in Tower Hamlets	Public Health	December 2008	Baseline data of public attitudes to people with mental health problems
	People with mental health problems and their carers	3.2 Review Moving People's report on focus groups run nationally to identify experiences of people with mental health problems and their carers	Public Health	December 2008	Baseline data of experiences of stigma among people with mental health problems nationally
		3.3 Run workshops/focus groups (in partnership with Moving People) with local people with mental health problems and carers to identify their experiences	Public Health	December 2008	Baseline data of experiences of stigma among people with mental health problems locally
	Communities	3.4 Proactively work with community networks and groups to promote positive attitudes and reduce stereotypical beliefs and assumptions	MHP Network Manager, CDWs	August 2009	Evidence of increased collaborative work and engagement with communities e.g. through Idea Stores, LAP events, TH Mental Health Day
		3.5 Work with local media to promote	MHP Network	August 2009	Examples of positive

		positive reporting of mental health issues. Align messages with national anti stigma messages	Manager, THPCT, LBTH, ELFT communication departments		reporting of mental health issues in local media
	Schools and Colleges	3.6 Work with schools and TH college to promote understanding of mental health issues and positive attitudes towards people with mental health problems	CDWs, MHP Network Manager	August 2009	Evidence of collaborative work with schools and TH college
		3.7 Mental health awareness workshops with community and faith leaders	Voluntary Sector provider	August 2009	Evidence of increased engagement between mental health service providers and faith leaders
d) To create a better understanding of mental health issues in the community and better inclusion for people with mental health problems	Communities	3.8 Train and support people with mental health problems to be able to design and deliver mental health awareness training to professionals and lay people	Mind in Tower Hamlets	August 2009	At least 3 service users are able to deliver training to different audiences
		3.9 Commission 'challenging stigma' ( <i>Open Up</i> ) training to people with mental health problems to enable them challenge stigma and discrimination	Mental Health Commissioners	August 2009	At least 20 people receive Open Up training
e) To enable faith communities to provide	Faith Communities	3.10 Engage with faith communities through workshops, conferences and	CDWs, Mental Health Promotion	August 2009	Evidence of increased partnership work to plan

<p>non-stigmatising support to people with mental health problems</p>		<p>personal contact to improve their knowledge and understanding of mental health issues</p>	<p>Network Manager</p>		<p>and provide appropriate service</p>
<p>f) To work towards ensuring that all staff working in health and social care settings have an understanding of what stigma is, how it leads to discrimination, and their role in ensuring that people using their services do not experience it because of their mental health problems</p>	<p>Health and Social Care Settings</p>	<p>3.11 Raise awareness and encourage the use of the national anti stigma programme <i>From Here to Equality</i> through induction programmes and ongoing staff training</p> <p>3.12 Encourage and support the provision of training to all frontline staff to enable them to work effectively and appropriately with service users who may have mental health problems</p>	<p>Mental Health Commissioner, MHP Network Manager</p> <p>Training &amp; Dev Leads for PCT, ELFT and LBTH, CDWs</p>	<p>August 2009</p> <p>August 2009</p>	<p>HR agreement for the provision of information and resources</p> <p>Training provided to frontline staff</p>
<p>g) To evaluate the effectiveness of anti stigma interventions</p>	<p>Communities</p>	<p>3.13 Survey the local population to measure public attitudes to people with mental health problems in Tower Hamlets</p>	<p>Public Health</p>	<p>October 2011</p>	<p>Five percent reduction in stigma associated with mental illness</p>
	<p>People with mental health problems and their carers</p>	<p>3.14 Run workshops/focus groups with local people with mental health problems and carers to identify their experiences</p>	<p>Public Health</p>	<p>October 2011</p>	<p>Five percent reduction in stigma associated with mental illness</p>

Objectives	Target Group	Actions	Lead	Timescale (to be in place by)	Outcome Measures
4. a) To promote positive mental health among Tower Hamlets employees	Employers / Employees in Tower Hamlets	4.1 Audit and benchmark mental health friendliness of pilot sites (THPCT, LBTH, ELFT) to capture impact of work-based mental ill health on staff	Model MH Employer Team	December 2008	Report detailing current state of mental health friendliness of pilot sites, as baseline
		4.2 Implement mentoring schemes or mental health 'first aider' training	Model MH Employer Team	April 2009	All staff are aware of mentoring schemes, 40 staff receive mental health first aid training
		4.3 Provide training for managers on workplace mental health	Model MH Employer Team	June 2010	Training delivered
		4.4 Introduce mental health passports	Model MH Employer Team	June 2010	Staff with mental health problems have access to mental health passports
		4.5 Examine options to roll out public sector provided employment services to local employers, including SME's	Mental Health Commissioning	June 2010	Other local employers have access to mental health friendly employment services
		4.6 Consider commissioning mental health promotion initiatives into local employers to support positive workplace based mental health	Mental Health Promotion Network	April 2009	Improved workplace based mental health awareness
b) To support mental	People on mental	4.7 Examine the pathways and identify	Head of ELFT	August 2008	Report with

<p>health service users on incapacity benefit and provide opportunities for them to gain employment</p>	<p>illness related incapacity benefit</p>	<p>barriers that CHMT service users commonly come across when approaching a claim for Incapacity Benefit and when attempting to engage in employment</p> <p>4.8 Based on the audit outcomes, explore commissioning options for an organisational development package, which might include a consultancy service available to all staff, preventative training to reduce bullying and harassment in the workplace and to promote and extend the bullying and harassment support service</p>	<p>Community Services (via HASCAS project)</p> <p>Commissioners across THPCT</p>	<p>February 2009</p>	<p>recommendations for action</p> <p>A reduction in the impact of mental health on performance</p>
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Objectives	Target Group	Actions	Lead	Timescale (to be in place by)	Outcome Measures
5. To ensure that the physical health needs of people with mental health problems are identified and met	People with mental health problems	5.1 Organise a Tower Hamlets Get Moving! event to engage local people in physical activity and encourage them to make a pledge to increase the amount of physical that they currently engage in	Bowhaven/Working Well Trust/Look Ahead	October 2008	At least 100 people take part in <b>Get Moving!</b> events
		5.2 Raise awareness of the importance of an annual health check amongst mental health service users	ELFT	Ongoing	People on SMI register receive annual health check
		5.3 Raise awareness amongst mental health service users of the relationship between psychotropic medication and weight gain	ELFT	Ongoing	People on psychotropic medication are routinely offered information / advice on how to maintain healthy weight
		5.4 Work with exercise on prescription scheme to make the scheme more accessible to people with SMI	MHP Network Manager	April 2009	People on SMI register have access to exercise on prescription
		5.5 Commission a Health Trainers for Mental Health service which will promote the physical well being of adults with a range of mental health problems and provide opportunities for them to play a role in health promotion	Public Health	April 2009	At least 200 people are supported to participate in healthy lifestyle

		<p>services in Tower Hamlets by training and working as Health Trainers</p> <p>5.6 Work with physical health care service providers (e.g. dietetics, oral health, foot health) to secure arrangements that make their services accessible to mental health inpatients</p> <p>5.7 Commission a football team to improve the physical health outcomes of inpatients</p>	<p>ELFT</p> <p>ELFT</p>	<p>December 2009</p> <p>September 2008</p>	<p>activities annually</p> <p>Clear arrangements in place for mental health inpatients accessing physical health care</p> <p>Improved physical health outcomes amongst SMI patients</p>
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Objectives	Target Group	Actions	Lead	Timescale (to be in place by)	Outcome Measures
6. To promote positive mental health among children, young people and parents	Schools	6.1 Work with schools to develop mental health promotion activities in schools	CDWs, MHP Network Manager	October 2009	Appropriate mental health promotion activities take place in schools
	Children's Centres	6.2 Work with Children's Centre public health coordinators to embed mental health promotion in their activities	CC PH Coordinators, Public Health, MHP Network Manager	October 2009	Mental health promotion information / activities are delivered routinely in Children's Centres
	Communities	6.3 Work with CAMHS and other service providers to deliver services in more accessible community settings	Children's Mental Health Commissioner	October 2010	CAMHS services are available in accessible community settings
		6.4 Establish a perinatal mental health service which ensures that all mothers are screened for perinatal depression	ELFT	October 2008	Service is operational and accessible to all mothers
		6.5 Establish a parental Mental Health Service provides timely support for parents and families	LBTH	October 2008	Service is operational and accessible
		6.6 Develop an Early Detection of Psychosis service to promote early	ELFT	October 2008	Increased work with local communities to increase

		engagement in services for those at risk of developing a psychotic illness			referrals to EIS and thus caseload (targets subject to negotiation with ELFT).
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Objectives	Target Group	Actions	Lead	Timescale (to be in place by)	Outcome Measures
7. a) To promote positive mental health in later life  b) To increase understanding of mental health issues in later life  c) To reduce the risk of isolation among pensioners	Older People	7.1 Liaise with appropriate commissioners to make talking therapies more accessible to older people	Mental Health Commissioner	November 2008	Plans in place to improve older people's access to talking therapy
		7.2 Deliver a targeted poster campaign to raise awareness of depression and isolation	Public Health	January 2009	Posters available in community locations accessed by older people
		7.3 Invest in volunteering opportunities for older people at risk of developing mental health related problems	Mental Health Commissioner	January 2009	At least one volunteering scheme set up
	Communities (all age groups)	7.4 Raise awareness of mental health issues in later life through radio shows	MHP Network Manager	January 2009	At least one radio show
		7.5 Write features in East End Life and other local media	MHP Network Manager	April 2009	At least two news items in local print media
	People approaching retirement	7.6 Develop an initiative to help prepare people for retirement	Training leads across THPCT, ELFT & LBTH	January 2009	People approaching retirement have access to advice and support

Objectives	Target Group	Actions	Lead	Timescale (to be in place by)	Outcome Measures
8. To reduce deaths from suicide	Communities	8.1 Audit presentations of self harm at Royal London Hospital A & E to identify potential high risk groups	Public Health	October 2008	Audit report
		8.2 Support work on drug and alcohol harm reduction, binge drinking and under age drinking by establishing links with the Tower Hamlets Alcohol Strategy and Dual Diagnosis Strategy	MHP Network Manager	April 2009	Evidence of links with Alcohol and Dual Diagnosis Strategies
		8.3 Commission a Crisis House as an alternative to inpatient care for people in crisis	Mental Health Commissioner	April 2009	Crisis House in operation
		8.4 Investigate opportunities to commission support for people who self harm, including support for faith groups	Mental Health Commissioner	October 2009	Recommendations
	Young people	8.5 Work with SEAL in schools and other young people's settings to develop/improve emotional resilience in young people	MHP Network Manager	October 2009	Greater partnerships with schools and young people's services
	8.6 Monitor progress towards the <i>Saving Lives: Our Healthier Nation</i> target through audit of suicides	Public Health	Ongoing	Annual Reports, 20% reduction in suicide by 2010 from 1995 – 97 baseline	



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