

Background

The Government's 1999 white paper 'Saving Lives: Our Healthier Nation' established the National Forum of Non-Governmental Public Health Organisations (subsequently known as the NGO Forum) as part of its developing public health strategy. The NGO Forum aims to be a key way for government and NGOs to discuss and develop public health policy.

The Forum has 100+ members, and an approximate total membership revenue income of £1 billion. Members range from disease organisations, such as Cancer Research UK, Diabetes UK and the British Heart Foundation, to professional bodies such as the British Medical Association and the Royal Colleges of General Practitioners, Midwives, Nursing and Physicians. The diverse membership also encompasses national training providers, patient groups and those which focus on particular topics, e.g. sexual health, dental health, mental health, the environment, sustainable development and coronary heart disease. A full list of member organisations is attached for information.

Consultation questions

Please reply to as many of these questions as possible. We encourage responses from anyone interested in the issues raised in this document.

We would find it particularly helpful for you to refer to any research or evaluation evidence that supports your views. We would also like to hear more about proven measures in place in your local area which bring measurable benefits to your own community.

If you need more room to answer any of the following questions, please continue on a separate sheet, clearly marking the question number.

1. What do you think are the three most important changes for mental health and mental health care in the next 10 years? And why?

There needs to be more work done on the promotion of mental wellbeing and the prevention of mental health problems.

It is important that much more is done about supporting people who are working to stay in employment and get support at the earliest stages so that they do not end up out of work.

The links and relationship between poor mental health and anti-social behaviour should be explored so that appropriate systems, support and services can be put in place.

There should be greater user involvement in the delivery of services, including in areas such as training and employment services. Users should be given the skills and knowledge to increase their participation in their own treatment and recovery.

The consultation does reflect the current position and summarises realistically what is working, but we feel there needs to be more connections made between participating through volunteering and social inclusion.

It is important that there is improved understanding and knowledge of how to work with different groups of the population to ensure that their needs, both in prevention and care, are met appropriately. There are too many groups of the population who are not getting the support they need in the way that they need it. Gender specific work is very important and it is equally important to reach those groups that are chronically forgotten (people are not 'hard to reach' but just not 'in the system') such as gypsies and travellers. Ethnicity, race and culture make a huge difference in how

individuals relate to statutory agencies and these issues must always be addressed from the outset.

Despite the current economic situation it is vital that volunteering opportunities need to be properly resourced, not funded on a short-term basis; and to be commissioned appropriately, so that they are there and available on a stable basis rather than left to chance.

2. Do you support the twin themes of public mental health/prevention and mental health service development? Please explain your views, giving examples if possible.

Yes, clearly both of the themes are very important.

Promotion of good mental health and improving mental wellbeing have never been key priorities and have are usually poorly funded and supported.

It is important that resources are allocated fairly to each area. There are also opportunities for links between the two areas such as giving service users opportunities to have a role in promoting mental health, wellbeing and prevention.

We strongly agree that the plan needs to include work around mental health promotion and the prevention of mental health problems, and early intervention where people are identified as being at risk. This needs to start with young children in schools and their families, raising awareness of what good mental health is all about and having interventions such as Pyramid* in place for young children who are identified as being at risk of developing mental health difficulties later in life. There needs to be a strong financial commitment to this area of work, which has not been the case in the past.

(*<http://www.ebmind.org.uk/youthservices.asp>)

3. Are the guiding values described in section 1 the right ones? Please explain your view giving examples, if possible. These guiding values are:

- equality, justice and human rights
- reaching our full potential
- being in control of our lives
- valuing relationships.

Yes, but is important that these values are truly embodied within services and prevention so that those who are seldom heard and seldom seen are not neglected and that inequalities do not widen any further, both in mental and physical health.

4. What should the Government do to promote more personalised services for people with mental health problems and their families? It would be helpful to hear about both what works in your area, and, if appropriate, what does not and what could be done in the future.

It would help if the Government could ensure that service users and carers are more empowered in designing, delivering services and evaluating progress.

Community learning programmes such as Skilled for Health can help to improve people's ability to participate in their own treatment and recovery and to manage their difficulties more effectively. As an example, Skilled for Health embeds Language, Literacy and Numeracy (LLN) learning into health improvement topics. This helps participants increase their knowledge about keeping healthy (physically and mentally - there are obviously links between the two) along with improving the LLN skills they need in order to access the services they require and to manage their symptoms/illness. Community learning programmes also increase participation, help

people to develop social networks, build confidence and reduce isolation, all of which can be protective factors against the development of mental health difficulties in the first place.

There is a much greater need for more befriending and mentoring projects for service users to be supported by volunteers in the community in daily living tasks, or in moving onto new activities, training and/or learning.

There is an opportunity to reduce the rigidities in the system, improving joint funding, making sure liaison happens across boundaries be they between services or geographical areas.

The Government should enable real informed choice including putting the voluntary sector at the forefront to provide more services especially co-produced services.

5. In your view, which are the most important areas in mental health services where value for money could be improved? And how should that be done? If possible, please indicate examples of the current costs of services and areas where the potential savings might exist.

As has already been stated, the case for prevention and early treatment is clear, and this is also an argument for value for money where early intervention, support and working with employers would provide real cost savings to mental health services by reducing the need for acute/in-patient services.

In terms of promotion, prevention and early intervention for adults, there needs to be early support available through communities to help people spot the signs of early mental health difficulties, on behalf of themselves and others. Frontline staff (e.g. teaching assistants, health visitors, stop smoking advisers, GP surgery reception staff etc) need to be trained to help spot the early signs and symptoms and need to be in a position to help signpost people onto the services they may need. There also needs to be services/public health interventions available and in place to deal with early difficulties to prevent them from worsening, rather than only being able to access services when the difficulty reaches crisis point. These types of interventions can often be more cost effective than medical treatment further down the line.

There are opportunities to allow the third sector to innovate and try out new approaches, with less emphasis on commissioning for cost reduction and instead emphasising quality and long-term wellbeing approaches.

Many Mental Health Trusts' volunteer programmes are still too hospital-based rather than community focused and they need to be re-orientated. They focus too much on running shops or trolley services for inpatients and their visitors, so as a result their impact on service users' health improvement is negligible. Volunteers can play a much more central role supporting staff in service user care and support; they should be having much greater impact on directly benefiting health improvements.

We question if Trusts' volunteer programmes are providing best value. Does anyone ever review them, or have they become institutionalised? We suggest that the funds for these programmes could be spent effectively on innovation and testing out new approaches to volunteer involvement - including volunteer projects that are developed, designed and led by service users themselves.

If service users are to be encouraged to access more volunteering opportunities, the organisations that provide them will have to be much better equipped to do so than they are now. CSV (Community Service Volunteers) has produced evidence* from researching volunteers from under-represented groups for the Compact Commission which shows there is considerable stigma toward mental health service users from

organisations that involve volunteers, due to misunderstanding, lack of knowledge and resources.

(*<http://www.thecompact.org.uk/information/100016/140158/commissionfocusesonvolunteersfromunderrepres/> interim report)

6. Which areas can you identify where innovative technology can help people with mental health problems, and their families? It would be particularly helpful to hear about examples of what works well in your local area and what could be done in the future.

There are new technologies such as IT pens that would allow community workers to transmit data live while out.

IT can be particularly good for working with particular audiences and should be aimed at those most motivated and likely to be engaged in this way (younger people perhaps).

However, caution must be applied; IT has the danger of adding to the exclusion of those people already least likely to be reached by other means, e.g. elderly, people with reading/writing problems, gypsies and travellers, etc. Technology has the potential to be very isolating for people with mental health problems. However, participation in community learning and social networks are protective factors against mental health difficulties, where people may be using the internet, alone, to help themselves with regard to a mental illness, this could pose a risk if they didn't have access to face to face support at the same time. Any use of IT must be assessed carefully to ensure it is not *widening* inequalities further.

7. In your view, where are the current gaps in research evidence supporting the development of New Horizons?

There needs to be research into the added value of user led and co-production approaches.

There needs to be some evaluation of those service models where relationships and human skills are critical but cannot be measured by 'hard' research approaches that often factor out relationships and personal skills and instead focus on medical interventions.

Research should be undertaken to find out which approaches are going to be most successful with different target groups, so that people can be sure that mental health wellbeing is be promoted and increased.

8. How can we support local leadership in building mental well-being and mental health care services? Please explain your view giving examples, if possible.

It is important that there is a greater involvement and investment in the voluntary sector, especially in those community organisations that have the opportunity to play a role in prevention at an early stage.

Rather than promoting competition via competitive tendering, local leaders should be empowered to emphasise the need for more collaboration.

9. How can we promote joint working between local authorities, the NHS and others to make New Horizons effective in your local area?

As stated previously, providing joint funding so that there is an equal responsibility on both sides to work together.

Allow the voluntary sector to be an equal partner, not just recipient of funds for

services but a source of expertise and knowledge about what works and how to work with people in a way that they feel valued and supported.

10. What do you think are the most important steps that the Government can take to reduce the inequalities that affect our mental health? And why?

This has been the theme of many previous answers but in summary:

- ensure needs are assessed and that no one is left behind because they were not valued
- support local community and voluntary groups to be involved in mental wellbeing and promoting mental health
- do not assume that 'one size fits all' will work even when the services are working well, research and evaluate to ensure no one has been forgotten.
- start with prevention, work with people before problems escalate
- work with schools and young people to ensure they have an understanding at an early age

Mental health prevention will involve realigning services and mental health promotion to places **in** communities and neighbourhoods so that those who are most often overlooked and forgotten get the support, knowledge and skills they need to prevent mental health problems and promote wellbeing.

11. How best can we improve a) the transition from child and adolescent mental health services to adult services, and b) the interface between services for younger and older adults? What works well in your local area? And what does not?

A young people's service provides a good opportunity to ensure no one is lost in the transition between two services.

Budgets must be joined up to ensure that services are truly motivated to work together.

The overlap in age must be allowed to be decided in the best interest of the young person and rigid cut offs must not occur. The services must have the capacity to support a phased transition.

12. In your view, what more should the Government do to combat stigma?

The Government should provide opportunities for mental health service users to become mental health promotion champions.

The Government can work with the voluntary sector to find ways to promote better messages in the media about mental health issues. Ordinary people have the skills and the knowledge to become powerful role models.

There needs to be support for work done at local level, within and between communities to understand mental health issues.

National NGO Forum membership

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Organisation	Website
Action for Blind People	www.actionforblindpeople.org.uk
Action on Smoking and Health (ASH)	www.ash.org.uk
African HIV Policy Network (AHPN)	www.ahpn.org
Age Concern	www.ageconcern.org.uk
Alcohol Concern	www.alcoholconcern.org.uk
Association for the Study of Obesity (ASO)	www.aso.org.uk
Association of Directors of Adult Social Services	www.adass.org.uk
Association of Directors of Public Health	www.adph.org.uk
Asthma UK	www.asthma.org.uk
Barnardo's	www.barnardos.org.uk
Black Health Agency	www.blackhealthagency.org.uk
British Dental Association	www.bda-dentistry.org.uk
British Dental Health Foundation	www.dentalhelpline.org.uk
British Dietetic Association	www.bda.uk.com
British Flouridation Society	www.bfsweb.org
British Heart Foundation (BHF)	www.bhf.org.uk
British Medical Association (BMA)	www.bma.org.uk
British Nutrition Foundation (BNF)	www.nutrition.org.uk
Brook Centres	www.brook.org.uk
BTCV	www.btcv.org.uk
Cancer Research UK	www.cancerresearchuk.org
Cancer UK	www.cancerindex.org/clinks44.htm
The Caroline Walker Trust	www.cwt.org.uk
Chartered Institute of Environmental Health (CIEH)	www.cieh.org.uk
Child Poverty Action Group	www.cpag.org.uk
Clubs for Young People	www.clubsforyoungpeople.org.uk
Community Action Network	www.can-online.org.uk
Community Development Exchange (CDX)	www.cdx.org.uk
Community Health Improvement & Empowerment Foundation	www.chiefcic.com
Community Service Volunteers (CSV)	www.csv.org.uk
Consensus Action on Salt and Health (CASH)	www.actiononsalt.co.uk
ContinYou	www.continyou.org.uk
Council of Ethnic Minority Voluntary Sector Organisations	www.cemvo.org.uk

Diabetes UK	www.diabetes.org.uk
Drug Scope	www.drugscope.org.uk
Equalities National Council	www.encweb.org.uk
Faculty of Public Health (FPH)	www.fph.org.uk
Faithworks	www.faithworks.info
Food Commission	www.foodcomm.org.uk
Forum for the Future	www.forumforthefuture.org.uk
Foyer Federation	www.giveusavoice.net
fpa (Formerly known as Family Planning Association)	www.fpa.org.uk
Heart of Mersey	www.heartofmersey.org.uk
Help the Aged	www.helptheaged.org.uk
Homeless Link	www.homeless.org.uk
Institute of Rural Health	www.rural-health.ac.uk
International Institute of Risk and Safety Management (IIRSM)	www.iirsm.org
Joint Council for Welfare of Immigrants	www.jcwi.org.uk
Kids' Cookery School	www.thekidscookeryschool.co.uk
Kings Fund	www.kingsfund.org.uk
Lesbian & Gay Foundation	www.lgf.org.uk
Local Government Association	www.lga.gov.uk
Medical Foundation for AIDS & Sexual Health (MedFASH)	www.medfash.org.uk
Meningitis Trust	www.meningitis-trust.org
Men's Health Forum	www.menshealthforum.org.uk
Mental Health Providers Forum	www.mhpf.org.uk
MIND	www.mind.org.uk
MKC Trust	www.rokocancer.org
Muslim Council of Great Britain	www.mcb.org.uk
National Aids Trust	www.nat.org.uk
National Children's Bureau (NCB)	www.ncb.org.uk
National Energy Action	www.nea.org.uk
National Healthy Living Alliance	www.healthylivingalliance.org
National Heart Forum	www.heartforum.org.uk
National Society for Prevention of Cruelty to Children (NSPCC)	www.nspcc.org.uk
National Voices	www.nationalvoices.org.uk
NHS Confederation	www.nhsconfed.net
No Smoking Day	www.nosmokingday.org.uk
Nuffield Trust	www.nuffieldtrust.org.uk
Nutrition Society	www.nutritionociety.org
One Parent Families	www.oneparentfamilies.org.uk
Patient information Forum (PiF)	www.pifonline.org.uk

Patients' Association	www.patients-association.com
Pharmacy HealthLink	www.pharmacyhealthlink.org.uk
Refugee Council	www.refugeecouncil.org.uk
Rethink	www.rethink.org
Royal College of General Practitioners	www.rcgp.org.uk
Royal College of Midwives (RCM)	www.rcm.org.uk
Royal College of Nursing (RCN)	www.rcn.org.uk
Royal College of Physicians (RCP)	www.rcplondon.ac.uk
Royal National Institute for Deaf People (RNID)	www.rnid.org.uk
Royal Pharmaceutical Society of Great Britain (RPSGB)	www.rpsgb.org.uk
Royal Society for Public Health (RSPH)	www.rsph.org.uk
Royal Society for the Prevention of Accidents (ROSPA)	www.rosipa.org.uk
Save the Children Fund UK	www.scfuk.org.uk
Scarman Trust	www.thescarmantrust.org
Seamen's Hospital Society	www.seahospital.org.uk
Society for Health Education & Promotion Specialists (SHEPS)	www.promotinghealth.org.uk
Society of Local Authority Chief Executives and Senior Managers (SOLACE)	www.solace.org.uk
South Asian Health Foundation (SAHF)	www.sahf.org.uk
Stillbirth and Neonatal Death Society (SANDS)	www.uk-sands.org
Stroke Association	www.stroke.org.uk
SUSTAIN (Alliance for Better Food & Farming)	www.sustainweb.org
Sustrans	www.sustrans.org.uk
Terence Higgins Trust (THT)	www.tht.org.uk
The Day Care Trust	www.daycaretrust.org.uk
Trading Standards Institute (TSI)	www.tradingstandards.gov.uk
UKPHA (United Kingdom Public Health Association)	www.ukpha.org.uk
Unite the Union	www.amicustheunion.org
Which?	www.which.co.uk
Womens' Institute	www.womens-institute.org.uk
World Cancer Research Fund (WCRF)	www.wcrf.org.uk
YMCA England	www.ymca.org.uk