SECTION 3 – PROMOTING GOOD MENTAL HEALTH AND WELLBEING

Physical health and mental health are inextricably linked with each impacting upon the other. The World Health Organisation gives equal value to physical and mental health in the definition of health as "a complete state of physical mental and social wellbeing, not just the absence of disease and infirmity".

People with poor physical health are at higher risk of experiencing common mental health problems and people with mental health problems are more likely to have poor physical health.

Many factors influence the health of individuals and communities. Whether people are healthy or not depends a great deal on their circumstances and the environment in which they live.

The determinants of health and wellbeing include:

- social environment
- the physical environment
- the person's individual characteristics and behaviour

Many of these factors of health are not under the direct control of the individual and therefore one person's health may differ from another's depending on their circumstances.

Addressing these factors of health and social wellbeing may potentially have a major impact on the health of the people of Northern Ireland. However, it will require action from all government departments and agencies not just health and social care. Investing for Health (IFH), the Public Health Strategy for Northern Ireland 2002, recognised that 'health improvement is largely about acting before people need medical care and that it requires action across Government and beyond in addressing a broad range of economic, social and environmental policy issues. Health and social services should act as advocates for health in order to influence policy that will impact on the wider determinants of health and wellbeing and work in partnership with all departments and agencies to influence change. Unfortunately this work does not fit easily into the Service Framework template and it is therefore not included as a standard but it is one of the essential actions required in order to improve overall health and wellbeing.

The following standards are important for mental health and wellbeing because, as previously stated, people with poor physical health are at a higher risk of experiencing common mental health problems. In addition, people with mental health problems, especially those with severe and enduring mental illness, are more likely to have poor physical health.

Overarching Standard 1: Smoking Prevention
Health and social care should work in cooperation with voluntary, education, youth and community organisations to prevent young people from starting to smoke.

Rationale
Smoking is one of the recognised risk factors for many physical illnesses such as cardiovascular disease, respiratory disease and cancer. Its effects are related to the amount of tobacco smoked daily and the duration of the smoking.

Stopping young people from starting to smoke is crucial to reducing smoking levels, as evidence suggests that 82% of adult smokers started in their early teens (Tobacco Action Plan). The Young People Behaviour and Attitude Surveys in 2000 and 2003, have shown that the rates of boys smoking every day has remained constant (25.2% and 23.9% of sample) whilst girls who smoke every day has increased (24.9% and 30.6% of sample).
Current interventions have not been shown to stop recruitment to smoking by young people. There is some evidence that 'The Smoke Busters' programme delays the age of onset. NICE guidance on smoking and young people is expected in July 2008 and this standard may need revised at that time.

Evidence
A 5 year Tobacco Action Plan was produced in 2003, detailing a comprehensive programme of action to reduce the harm cause by tobacco use
http://www.dhsspsni.gov.uk/publications/2003/tobaccoplan.pdf

The prevention of recruitment of young people to smoking was identified as a key area of action in the Tobacco Action Plan.

DHSSPS (2005) Fit Futures http://www.dhsspsni.gov.uk/ifh-fitfutures.pdf

'Preventing the uptake of smoking by children and young people – review of effectiveness', NICE rapid review, June 2008
http://www.nice.org.uk/nicemedia/pdf/PH14reviewofeffectiveness.pdf

Responsibility for delivery/implementation

HSC Board
Public Health Agency
HSC Trusts
Primary Care (including GPs, Pharmacy)
Voluntary Agencies

Quality Dimensions

Person Centred – Should take account of balancing what is important to people with what is important for them in regard to their health and welfare.
Equitable - Tobacco education should be accessible to all young people in a range of media settings.

Performance Indicator	Data Source	Anticipated Performance Level	Date to be achieved by
Percentage of 12, 14 and 16 year old boys and girls who smoke	Establish baseline data from Young People Behaviour and Attitude Survey (2007) in 12, 14 and 16 year olds Survey repeated 3 yearly* *subject to available resources	5% decrease on baseline for boys (rate has been constant) Maintain at baseline for girls (rate has been increasing therefore initial target to halt rise)	

Overarching Standard 2: Smoking Cessation
All Health and Social Care professionals should identify those who smoke, make them aware of the dangers of smoking, advise them to stop and provide information and signposting to specialist cessation services.

Rationale
Smoking prevalence is significantly higher among those with mental health problems than among the general population. Daily consumption of cigarettes is higher among smokers with mental health problems. This increases the risk of developing smoking related illnesses such as heart and respiratory disease. In addition, there is evidence that smoking is associated with and may intensify some mental disorders such as depression, schizophrenia and psychosis.

More than 50% of those with mental illness who smoke say they want to quit yet evidence shows it is harder for them to access services and they are often not directed to cessation services by healthcare professionals.

Evidence
National Institute for Health and Clinical Excellence (NICE) produced guidance on brief interventions and referral for smoking cessation in primary care and other settings in March 2006, which represents best practice
http://guidance.nice.org.uk/PHI1

NICE guidance on 'Smoking Cessation Services, in primary care, pharmacies, local authorities and workplaces, particularly for manual working groups, pregnant women and hard to reach communities, February 2008
http://www.nice.org.uk/Guidance/PH10

DHSSPS (2005) Fit Futures http://www.dhsspsni.gov.uk/ifh-fitfutures.pdf

Responsibility for delivery/implementation

HSC Board
Public Health Agency
HSC Trusts
Primary Care

Quality Dimensions

Person Centred – Should take account of what is important to the person, their relationships and activities in working with them to address issues around stopping smoking. Exploring what works best for the person around support.

Effective/Efficient
Brief Intervention Training for Health and Social Care Staff will ensure clients receive consistent and timely advice on smoking cessation.

Equitable/Effective
Specialist smoking cessation services will be delivered to regional quality standards ensuing equitable service provision.

Performance Indicator	Data source	Anticipated Performance Level	Date to be achieved by
Smoking cessation services available for Mental Health Users	HSC Trust report	Maintain 2007/08 baseline levels 4% increase in uptake 4% increase in uptake	
Percentage of clients quitting at 4 and 52 weeks		Establish baseline 2% increase in number of quitters (4% increase in uptake of services) 2% increase in number of quitters (4% increase in uptake of services)	

Overarching Standard 3: Healthy Eating
People should be provided with healthy eating support and advice, appropriate to their needs, in a range of settings.

Rationale
Eating well and healthy helps to prevent many diseases which are linked to being overweight such as high blood pressure, high blood sugar, heart problems, risk of stroke, cancer, joint problems and sleeping difficulties to name just a few. Eating well also helps to make people emotionally well and improve mental health and wellbeing.

People with mental health problems are more likely to have a weight problem which can be related to how they feel in general or to the specific mental health problem. It is important to eat healthily and combine this with physical activity to improve mental health and wellbeing.

Evidence
WHO (2004) Global Strategy on Diet, Physical Activity and Health
http://www.who.int/dietphysicalactivity/strategy/eb11344/strategy_english_web.pdf

DHSSPS (2005) Fit Futures http://www.dhsspsni.gov.uk/ifh-fitfutures.pdf

Scientific Advisory Committee on Nutrition recommendations on healthy eating for the general population
http://www.sacn.gov.uk/reports_position_statements/reports/the_nutritional_wellbeing_of_the_british_population.html

The Royal College Psychiatrists Nutrition and Mental Health
http://www.rcpsych.ac.uk/mentalhealthinfo/problems/nutrition.aspx

Responsibility for delivery/implementation

HSC Board
Public Health Agency
HSC Trusts
Primary Care

Quality Dimensions

Person Centred – Should take account of the balance between what is important to the person and what is important for them in regard to healthy eating. Healthy eating choices should be explored through the knowledge of the person's preferences and tastes.
Equitable – Support and advice to develop skills for healthy eating in a range of settings should be available.
Effective – All health and social service staff should promote a consistent nutrition message by using the Eat Well – getting the balance right plate model. Training and education should be available for child carers / group care

workers.			
Performance Indicator	**Data Source**	**Anticipated Performance Level**	**Date to be achieved by**
Services available for Mental Health users	HSC Trust report	Establish baseline Performance level to be determined once baseline established	

Overarching Standard 4: Healthy Eating
Health and social care should work with early years settings, schools, workplaces and communities to prevent obesity (by encouraging healthy eating and physical activity and through the promotion and support of breastfeeding) and to and to assist in early detection and minimise the development of an eating disorder.

Rationale
As body weight increases so does the risk of cardiovascular disease, diabetes, hypertension and low self esteem.
Eating disorders have a high risk of morbidity and mortality and it is the third most common cause of chronic illness in adolescents.
The importance of early detection has been proven to have a better outcome with this client group. Early understanding of healthy eating can assist in the reduction of eating disorders in children and young people.

Evidence
WHO (2004) Global Strategy on Diet, Physical Activity and Health
http://www.who.int/dietphysicalactivity/strategy/eb11344/strategy_english_web.pdf

DHSSPS (2005) Fit Futures http://www.dhsspsni.gov.uk/ifh-fitfutures.pdf

Scientific Advisory Committee on Nutrition recommendations on healthy eating for the general population
http://www.sacn.gov.uk/reports_position_statements/reports/the_nutritional_wellbeing_of_the_british_population.html

The Royal College of Psychiatrists Nutrition and Mental Health
http://www.rcpsych.ac.uk/mentalhealthinfo/problems/nutrition.aspx

National Institute for Health and Clinical Excellence (NICE) (2004) Eating disorders: Core interventions in the treatment and management of anorexia nervosa, bulimia nervosa, and related eating disorders
http://guidance.nice.org.uk/CG9

Scottish Intercollegiate Guidelines Networks (SIGN) (April 2003) Management of Obesity No 115 http://www.sign.ac.uk/guidelines/fulltext/115/index.html

Responsibility for delivery/implementation
HSC Board
Public Health Agency
HSC Trusts
Primary Care

Quality Dimensions			
Person Centred – Lifestyle issues including eating and physical activity choices should be explored through knowledge of what is important to the person. This should also take account of what has worked and what hasn't worked in the past. **Equitable** – Support and advice to develop skills for healthy eating in a range of settings should be available **Effective** – All health and social service staff should promote a consistent nutrition message by using the Eat Well – getting the balance right plate model. Training and education should be available for child carers / group care workers			
Performance Indicator	**Data Source**	**Anticipated Performance Level**	**Date to be achieved by**
Percentage of people who have a BMI of above 25	Health and Social Wellbeing Survey 2005/06 Survey repeated 5 yearly	2% decrease on 2005/06 baseline	
Percentage of P1 Children who have been identified as being overweight and obese or underweight and malnourished. Note: these PIs will be reviewed in light of the forthcoming obesity strategy	Child Health System	Establish Baseline Performance level to be determined once baseline established	

Overarching Standard 5: Physical Activity
A person accessing or availing of mental health services in any setting that is identified as being inactive* should be provided with advice and support to accumulate a minimum of 30 minutes of moderate activity** on 5 days of the week or more.

*inactive refers to all people who do not meet the recommended level of physical activity
**walking briskly, walking downstairs, dancing, biking, swimming, gardening, housework e.g. washing floors.
http://www.paho.org/English/HPP/HPN/whn2002-factsheet2.pdf

Rationale
National Institute for Health and Clinical Excellence (NICE) has fully endorsed the importance of physical activity as a means of promoting good health and preventing disease. Lack of physical activity is associated with an increase in the risk of several medical conditions such as coronary heart disease, stroke, osteoporosis, cancer etc.
Physical activity can also be helpful to improve mental health and wellbeing by lifting mood, help deal with negative emotions and improve a sense of mental wellbeing. People of all ages who have mental health problems – especially severe and enduring mental health diagnoses have poorer health than those who do not have a mental health diagnosis. People of all ages who are inpatients of mental health hospitals may not have the opportunity to be physically active. For a range of reasons those living in the community may find it difficult to participate in physical activity.

Evidence
WHO (2004) Global Strategy on Diet, Physical Activity and Health
http://www.who.int/dietphysicalactivity/strategy/eb11344/strategy_english_web.pdf

National Institute for Health and Clinical Excellence (NICE) Public Health Intervention Guidance No.2 (2006) Four commonly used methods to increase physical activity: Brief intervention in primary care, exercise referral schemes, pedometers and community-based exercise programmes for walking and cycling http://www.nice.org.uk/nicemedia/pdf/word/PH002_physical_activity.doc

DHSSPS (2005) Fit Futures http://www.dhsspsni.gov.uk/ifh-fitfutures.pdf

Bamford Review: Mental Health Promotion Report (May 2006)
http://www.rmhldni.gov.uk/mentalhealth-promotion-report.pdf

M Jones & C O'Beney (2004) Promoting mental health through physical activity: examples from practice. Journal of Mental Health Promotion March

2004 The Royal College of Psychiatrists – Nutrition and Mental Health http://www.rcpsych.ac.uk/mentalhealthinfo/problems/nutrition.aspx			
Responsibility for delivery/implementation			
HSC Board Public Health Agency HSC Trusts Primary Care			
Quality Dimensions			
Person Centred – Paying attention to what works best for the person in undertaking physical activity, working with their interests. What has worked in the past and what doesn't work. **Effective** / **Efficient** – Appropriate physical activity brief intervention training should be provided for Health and Social Care Staff to ensure clients receive consistent and timely advice.			
Performance Indicator	**Data Source**	**Anticipated Performance Level**	**Date to be achieved by**
Percentage of people being asked and advised about their physical activity	Audit	Establish baseline Performance level to be determined once baseline established	
Percentage of people advised who achieve the recommended level of physical activity	Audit	Establish baseline Performance level to be determined once baseline established	

Overarching Standard 6: Addictions / Substance Misuse
Primary care professionals should identify people who consume hazardous/harmful amounts of alcohol or who misuse drugs (illegal or prescribed), make them aware of the associated dangers, advise them to reduce or stop and provide information and signposting to specialist services if appropriate

Rationale
Alcohol and drug misuse has an impact on both physical and mental health. A person with a combination of mental illness and alcohol and/or substance misuse faces many challenges which are complex and have multiple causes. Health and social care organisations should work in partnership with voluntary and community organisations to promote the mental health and wellbeing of this vulnerable group of people.

Evidence
Scottish Advisory Committee on Drug Misuse (SACDM), Scottish Advisory Committee on Alcohol Misuse (SACAM) (2003) Mind the Gap – Meeting the needs of people with co-occurring substance misuse and mental health problems http://www.scotland.gov.uk/Publications/2003/11/18567/29477

Bamford Review: Alcohol and Substance Misuse Report (December 2005) http://www.rmhldni.gov.uk/index/published-reports/asm-report.htm

Scottish Intercollegiate Guidelines Network (SIGN) (September 2003) The Management of harmful drinking and alcohol dependence in Primary Care No 74 http://www.sign.ac.uk/pdf/sign74.pdf

DHSSPS (2006) New Strategic Direction for Alcohol and Drugs (2006-2011) http://www.dhsspsni.gov.uk/nsdad-finalversion-may06.pdf

Social Care Institute of Excellence (SCIE) Guide 30: Think child, think parent, think family: a guide to parental mental health and child welfare, July 2009 http://www.scie.org.uk/publications/guides/guide30/files/guide30.pdf

Responsibility for delivery/implementation

HSC Board
Public Health Agency
HSC Trusts
Primary Care

Quality Dimensions

Person Centred – Take account of what and who is important to the person now and in the future in relation to lifestyle and where alcohol fits in. Explore how alcohol can be managed in the person's life by taking account of what has worked and what hasn't worked in the past for this person.

Effective/Efficient - Brief Intervention Training for Health and Social Care Staff will ensure clients receive consistent and timely advice on alcohol consumption.			
Performance Indicator	**Data Source**	**Anticipated Performance Level**	**Date to be achieved by**
Percentage of people who receive Brief Intervention in Primary Care to reduce alcohol related risk	Cardiovascular DES	Establish baseline Performance level to be determined once baseline established	
Percentage of young people who were assessed using the Regional Initial Assessment Tool (RIAT)	HSC Trust report	Establish baseline Performance level to be determined once baseline established	

Overarching Standard 7: Mental Health Promotion of Children and Young People

Health and social care professionals should identify children across the wider age spectrum and their parents or carers, who require additional services to help promote the child's development and should address the needs of the children, parents and/or carers by commissioning services, where appropriate, to meet their individual needs.

Rationale

Early years experience and particularly good parent child relationships are vital for promoting strong attachments, developing childhood resilience and promoting good emotional health and wellbeing in childhood and later life. Interventions which strengthen the relationship between infants and carers have a strong impact on both mental and physical health.

Evidence

Northern Ireland Association for Mental Health. Mental Health Promotion: Building an Economic Case. Lynne Friedli, Michael Parsonage. November 2007 http://www.niamhwellbeing.org/Information-Centre-4848.html

Bamford Review: A Vision of a Comprehensive Child and Adolescent Mental Health Service (July 2006) http://www.rmhldni.gov.uk/camh-vision-comprehensive-service.pdf

The Sainsbury Centre for Mental Health. Briefing Paper 24 (January 2004). Mental Health Promotion – Implementing Standard One of the National Service Framework for Mental Health
http://www.scmh.org.uk/publications/mh_promotion.aspx?ID=535

Sure Start National Evaluation Summary: Family and Parenting Support in Sure Start Local Programmes. Barlow J et al.
http://www.dcsf.gov.uk/rsgateway/DB/RRP/u015255/index.shtml

DOH (2004) National Service Framework for Children, Young People and Maternity Services – Mental Health and Psychological Well Being of Children and Young People
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4089114

Every Child Matters
http://www.education.gov.uk/childrenandyoungpeople/sen/earlysupport/esinpractice/a0067409/every-child-matters

Social Care Institute of Excellence (SCIE) Guide 30: Think child, think parent, think family: a guide to parental mental health and child welfare, July 2009
http://www.scie.org.uk/publications/guides/guide30/files/guide30.pdf

Peterson CQ, Nelson DL (2003) Effect of occupational intervention on printing in children with economic disadvantages *American Journal of Occupational Therapy,* 57(2) p.152-166

DENI Independent Counselling Service For Schools

Fair Society, Healthy Lives – The Marmot Review; Strategic Review of Health Inequalities in England post-2010
http://www.marmotreview.org/AssetLibrary/pdfs/Reports/FairSocietyHealthyLives.pdf

Responsibility for delivery/implementation

HSC Board
Public Health Agency
HSC Trusts
Primary Care
In partnership with all statutory agencies, voluntary and community groups

Quality Dimensions

Person Centred: Ensure that the child is at the centre of assessment and planning regardless of age or ability. Those working with children and their families should be able to meaningfully engage with them in order to understand and promote their views and choices.
Timely: Providing services in a timely manner will increase the likelihood of problems being dealt with earlier with the minimum of negative impact on the child
Effective: Early identification of children and their families who will need additional help, support and stimulation can improve outcomes. Appropriate services include maternity, perinatal and infant mental health services, Primary Care, Tier 2 CAMHS, Sure Start, Parenting Programmes and School Health, working in partnership with counselling in schools service (DOE).
Efficient: The cost of delivering programmes is relatively low. The lifetime cost of caring for children who go on to develop conduct disorder or other mental health problems is high.
Equitable: Potential barriers to attending parenting programmes should be addressed to ensure parents can avail of the programmes. Most programmes can be delivered by community and voluntary groups.

Performance Indicator	Data Source	Anticipated Performance Level	Date to be achieved by
Percentage of parents / carers identified as requiring additional support who are offered evidence	HSC Trust report	Establish baseline Performance levels to be determined once baseline established	March 2013

based parenting programmes			
Percentage of referrals to Children and Adult Mental Health Services (CAMHS) for attachment / parenting / control problems	HSC Trust report	Establish baseline Performance levels to be determined once baseline established	March 2013
Review of early intervention, prevention activities formally commissioned in each Trust area. (To include perinatal and infant mental health)	HSC Trust report	All HSC Trusts	March 2013

Overarching Standard 8: Workplace
Health and social care organisations should implement the Health and Safety Executive's Management Standards to reduce work related stress among staff.

Rationale
Although working has a positive impact on people's mental health, work related stress and other factors can have a negative impact on mental and physical health. In both men and women, high job demands and low social support at work have been found to be predictive of depression. The Health and Safety Executive report that over half a million people experience work related stress to the point where they believe it is potentially making them ill. Work related stress accounts for over a third of all new incidences of ill health absences from work.
Many of the factors that contribute to work related stress can be addressed through good management practice. The Health and Safety Executive have developed the Management Standards approach which aims to reduce the levels of stress.

Evidence
National Institute for Health and Clinical Excellence (NICE) (November 2009) Promoting Mental Wellbeing at Work: Guidance for employers on providing mental wellbeing through productive and healthy working conditions
http://guidance.nice.org.uk/PH22

Health and Safety Executive. Management Standards for Work Related Stress.
http://www.hse.gov.uk/stress/standards

British Occupational Health Research Foundation (September 2005): Workplace interventions for people with common mental health problems: Evidence review and recommendations
http://www.bohrf.org.uk/downloads/cmh_rev.pdf

Northern Ireland Association for Mental Health. Mental Health Promotion: Building an Economic Case. Lynne Friedli, Michael Parsonage. November 2007 http://www.niamhwellbeing.org/Information-Centre-4848.html

Making it Effective: A guide to evidence based mental health promotion. Radical mentalities briefing paper 1. London, Mentality, 2003.
http://www.scmh.org.uk/pdfs/makingiteffective.pdf

The Sainsbury Centre for Mental Health. Briefing 24. Mental Health Promotion – Implementing Standard One of the National Service Framework for Mental Health. http://www.scmh.org.uk/publications/mh_promotion.aspx?ID=535

Health and Safety Executive Northern Ireland (HSENI). Stress management
http://www.hseni.gov.uk/guidance/guidance/topics/stress-3-column.htm

Schene et al (2007) Adjuvant occupational therapy for work related major depression works: randomised trial including economic evaluation. Psychological Medicine, Vol 37(3) pp351-62			
Responsibility for delivery/implementation			
HSC Board Public Health Agency HSC Trusts			
Quality Dimensions			
Person Centred: The needs of the individual worker should be understood in relation to what is important to the individual relative to what is important for the organisation. When employees are treated as individuals they are likely to be more productive. **Efficient:** Reduced stress related absence from work will have positive effects on service delivery and efficiency. **Equitable:** The management standards and similar approaches are applied across the whole organisation.			
Performance Indicator	**Data Source**	**Anticipated Performance Level**	**Date to be achieved by**
Implementation of the Health and Safety Executive Management Standards	Reports from all HSC organisations	All HSC organisations	March 2013

Overarching Standard 9: Mental Health Promotion for Older People
Older people (adults aged 65 years and older) living independently with or without support, or in residential care should have the opportunity to access individual or group health promotion sessions including healthy eating and physical activity programmes.

Rationale
It is recognised that physical and mental health are closely inter-related. Reports from the voluntary, public and private sectors state that the mental wellbeing of older people is being unnecessarily compromised. Health and social services providers need to improve their focus upon preventing ill health through promotion of healthy lifestyles, daily routines and activities (DOH 2006).

Evidence
National Institute for Health and Clinical Excellence (NICE) (October 2008) Mental wellbeing and older people: Guidance for Occupational therapy and physical interventions to promote the mental wellbeing of older people in primary care and residential care http://guidance.nice.org.uk/PH16

Bamford Review: The Reform and Modernisation of Mental Health and Learning Disability Services (May 2007) http://www.rmhldni.gov.uk/

UK Inquiry into Mental Health and Wellbeing in later life (June 2006) http://www.mhilli.org/index.aspx?page=stage2promotion.htm#Inquiryreport

Responsibility for delivery/implementation

HCS Trusts in partnership with voluntary / community organisations
Primary Care Teams including GPs

Quality Dimensions

Person Centred – Older people, what is important to them. Their family and friends are central to the planning and delivery of health promotion activities and materials. Options should be explored regarding to what would work best for them given their unique context and lifestyle.

Performance Indicator	Data Source	Anticipated Performance Level	Date to be achieved by
Percentage of older people known to health and social services who are in receipt of individual or group health promotion sessions.	HSC Trust report	Establish baseline Performance levels to be determined once baseline established	March 2013