



Resource Pack

**Promoting mental health, cultivating social inclusion
and managing mental health problems in primary care**

**A guide to developing integrated services
in line with the national service frameworks for mental health**

*Only in quiet waters do things
mirror themselves undistorted.*

*Only in a quiet mind
is adequate perception of world*

Hans Margolius

Overview
to promoting mental health
and managing mental health problems



Introduction

This resource pack is intended as a guide to helping the development of services for mental health in primary care. Primary Health Care Teams (PHCT) play a critical role in the care of people with mental health problems (Goldberg and Huxley, 1992), and provide around 90% of mental health care in the UK

<http://www.doh.gov.uk/pub/docs/doh/mhmain.pdf>

The most common problems seen are depression and anxiety, but primary care is increasingly managing patients with very complex conditions.

To rise to, and enjoy the challenge of delivering excellent primary care-based mental health care, members of the PHCT need a range of skills including knowledge of mental health, what resources are available locally and nationally, information on correct prescribing and access to evidence-based psychological therapies (Sainsbury Centre for Mental Health, <http://www.scmh.org.uk/>). This resource pack offers PHCTs and Primary Care Organisations (PCOs) ideas, practical examples of what is already being done elsewhere, and guidance to help you build on your existing good practice. It can also act as a guide to what is happening in primary care mental health for anyone with an interest in this field.

The resource pack also asks you to think about your own workplace. Mental health issues affect us all, and in order to deliver the best care to your patients, you need to be aware of the demands that this can place on you and your team, and to take steps to promote, and maintain, the mental health and well being of everyone in your workplace. Our minds surely do matter?

<http://www.hda-online.org.uk/html/improving/workplacehealth.html>

Primary care clearly has a valuable and vital contribution to make in improving mental health. It can work with individuals and families, building on life and coping skills to strengthen vulnerable people; and it can work with groups and organisations to increase social inclusion and participation. It can also reduce structural barriers to mental illness services through initiatives to reduce discrimination and fear.

In terms of National Service Frameworks (NSFs), promoting mental health and social inclusion relate to Standard 1 of the NSF for England and Standards 1,2,3 and 8 of the Welsh NSF. Managing common mental health problems relates to Standard 2 of the English NSF and Standards 4,5,6 and 7 of the NSF for Wales. The relevant standards are highlighted at the top of the pertinent stepping-stone pages.

Who is the Resource pack for?

It is for anybody with an interest in primary care. This includes:

- 1 Those who do the job: the clinicians in primary care, GPs, practice nurses, health visitors, district nurses, counsellors; practice managers and administrative staff and their secondary care and specialist colleagues;
- 2 Those who manage the process: the development managers, mental health facilitators including others whose role(s) may overlap, for example clinical governance leads and education leads;
- 3 Those who set the agenda: the senior managers and board members of primary care organisations, their colleagues in NHS trusts and health authorities;
- 4 Those who work in voluntary sector organisations, educational settings and other agencies which have contact with mental health services and service users;

Although this pack is primarily for anybody working in primary care settings, it has been designed to be accessible also to those working outside the NHS and statutory sector organisations. For anyone involved in the diverse range of services and activities that make up the collaborative approach to community-based primary care mental health, there are examples of partnership between sectors that show that the best health care has no boundaries. This pack is

intended to be a guide to strengthening existing good practice and demonstrating that you can be creative in developing new partnerships, by giving examples of different initiatives from throughout the UK.

To begin with, you will need to look at all the aspects of your present service, and decide where you want to implement change or develop capacity. There is no good or bad place to start, and different organisations will want to work on different aspects of their services. You may well be doing far more for improving the mental health and well being of your patients than you realise, and it is important to measure this and to value it.

For Primary Health Care Teams (PHCTs), the pack will also help you to deliver, amongst other things, on the following policies, statements of intent and best practice:

- National Service Frameworks for Mental Health:
<http://www.doh.gov.uk/pub/docs/doh/mhmain.pdf>
⊕ DoH
<http://www.wales.nhs.uk/sites/documents/334/adult-mental-nsf-e.pdf>
⊕ NHS; 'NHS Wales'
http://www.show.scot.nhs.uk/publications/mentalhealth_health_services/mhs/circann.htm
- The NHS Plan:
<http://www.doh.gov.uk/nhsplan/>
- Care Programme Approach:
<http://www.doh.gov.uk/mentalhealth/auditpack.htm>
- Work Force Action Team - Primary Care Special Report:
<http://www.doh.gov.uk/mentalhealth/watmainreport.pdf>
- The Primary Care Development Programme of the National Institute for Mental Health in England (NIMHE):
<http://www.nimhe.org.uk/priorities/downloads/primcarehandout.doc>
⊕ NIMHE; Primary care programme.doc
- All the other NSFs and best health and social care practice. People who are, amongst other things, young or old with depression, anxiety, stress, dementia, schizophrenia, diabetes, long-term medical conditions, ischaemic heart disease are often the same people and issues of co-morbidity mean that some common evidence-based interventions, such as exercise, healthy lifestyle and meaningful activity work across the top for all of them;
http://www.elsc.org.uk/knowledge_floor/bpg2/older.htm
<http://www.info.doh.gov.uk/doh/nsfrusers.nsf/Main?readForm>
- CHI (Commission for Health Inspection) and SCIE (Social Care Institute for Excellence):
http://www.chi.nhs.uk/eng/cgr/mental_health/emerging_themes.pdf
<http://www.scie.org.uk/>
- Clinical Governance:
<http://www.cgsupport.org/>
<http://www.shf.ac.uk/seek/>
http://www.rcn.org.uk/publications/pdf/nurses_canget.pdf

For all groups, this resource will help you to decide:

- 1 What to do
- 2 How to do it
- 3 How to show that it has been done well

We recommend that you use it, inter alia:

- When you think it would be useful (try reading some or all of it first to judge this best!);
- At PHCT and PCO meetings;
- At meetings with voluntary and statutory sector organisations and individuals;
- To facilitate discussions at interprofessional and multi-agency meetings;
- With users of services when working towards service design and commissioning;
- Planning and designing educational and training events around specific issues of concern or interest (together with expert patients, for example);
⊕ NIMHE; Whole team training and learning.doc

What each stepping stone does:

- Describes the different levels of engagement (individual, team, organisational);
- Gives actions and examples;
- Demonstrates the value of working together towards a common goal;
- Helps you to see what you are currently doing in terms of promoting mental health and social inclusion and managing mental health problems and what you could do in terms of implementing change or developing capacity.

This resource is intended to cheer you up, not weigh you down. It suggests “can do’s”, and why “must do’s” are worth doing because they are derived from good work and best practice and if enacted, could actually ease your workload.

It is *not* intended to be another set of clinical guidelines. If these are required, and there are none in your area of which you are aware, please refer to the **WHO Guide to Mental Health in Primary Care (UK version)** published by the Royal Society of Medicine in 2000 (ISBN 1-85315-451-2). The Guide is also available on the web at: www.whoguidemhpcuk.org. A new edition was about to be published at the time of going to press.

Additional relevant information is available in:

Improving Quality in Primary Care: A practical guide to the National Service Framework for Mental Health, by Linda Gask and colleagues. The National Primary Care Research and Development Centre, University of Manchester, 2000.

<http://www.npcrdc.man.ac.uk/>

Quality in Counselling in Primary Care: A guide for effective commissioning and clinical governance by Peter Bower, Joan Foster and John Mellor-Clark. The National Primary Care Research and Development Centre, University of Manchester, 2001.

<http://www.cpc-online.co.uk/>

National Service Frameworks for Mental Health: what are they?

The National Service Framework (NSF) for Mental Health in England focuses on the mental health needs of adults. It is intended to drive up quality and remove wide and unacceptable variations in provision. It:

- 1 Sets national standards and define service models for promoting mental health and treating mental illness
- 2 Puts in place underpinning programmes to support local delivery
- 3 Establishes milestones and a specific group of performance indicators against which progress within agreed timescales can be measured.

The Guiding Principles

The Framework sets out ten ‘guiding principles’ which were used by the external reference group. These principles are that people with mental health problems can expect that services will:

- Involve service users in planning and delivery of care.
- Deliver high quality treatment and care which is known to be effective and acceptable.
- Be well suited to those who use them and non-discriminatory.
- Be accessible so that help can be obtained when and where it is needed.
- Promote their safety and that of their carers, staff and the wider public.
- Offer choices which promote independence.
- Be well co-ordinated between all staff and agencies.
- Deliver continuity of care for as long as this is needed.
- Empower and support their staff.
- Be properly accountable to the public, service users and carers.

Standard 1 of the Framework for England specifically addresses *mental health promotion*. It states that health and social services should:

- 1 Promote mental health for all, working with individuals and communities
- 2 Combat discrimination against individuals and groups with mental health problems, and promote their social inclusion.

Primary Care Organisations and GP practices are ‘key partners’ in the implementation of Standard 1 of this NSF, together with a range of local professionals from health and local authorities, voluntary and community groups.

Standards 1, 2, 3 and 8 of the NSF for Wales iterate the need to move services forward and promote excellence in mental health and social inclusion, again with primary care being totally involved. Involvement too is about much more than the usual form of tokenistic participation than has often applied to date. For those who require a definition here - at breakfast, the chicken is a participant, but the pig is involved.

Standard 2 of the NSF for England deals with primary care. It is concerned with the delivery of better primary mental health care and aims to ensure consistent advice and help to people with severe and enduring mental illness. PCOs have been identified as the lead organisations for Standard 2 in this NSF. They are expected to focus on:

- 1 Identification and assessment of common mental health problems in primary care
- 2 Effective treatments in primary care and referral to specialists if required

Standard 4 of the NSF for Wales concerns the commissioning of equitable and accessible services and Standards 5 and 6 relate to the delivery of effective client assessment and care pathways.

The NSFs for Mental Health may seem remote from primary care at times. They may also appear to concentrate too heavily on targets and performance management and, in the case of the English NSF, the medical model, but the central direction of the Standards is entirely consistent with the role that any Primary Care Organisation (PCO), Primary Health Care Team (PHCT) and Primary Health Care Professional (PHCP) can play at individual and community level. This is not just about formal role definitions either; everyone has a part to play in mental health and in dealing with those with mental illness. For example, in practices all over the land, the day is eased for many by caring, considerate staff who look after both patients and colleagues and without whom, the work would be nigh-on impossible. This is mental health promotion. Making a distressed person comfortable in a side-room and giving them a cup of tea is managing a mental health problem.

The NSFs promote the importance of partnership, interprofessional and interagency working, and access to services and information, whilst identifying primary care as a key provider of mental health promotion and services. They also emphasise primary care's role in the design and commissioning of responsive and comprehensive services.

Although the NSFs are reflected in this resource, it is not itself intended to be used simply as a guide to implementing them, but rather to signpost the way to achieving best possible mental health care.

Who is socially excluded?

Every community has some groups which remain on the outside. The composition of these groups vary, often in line with geographic and economic circumstances, but they include the homeless and rough sleepers, substance abusers, the isolated elderly, and in urban areas, many minority ethnic groups, including refugees and asylum seekers. What these groups tend to have in common are no, or poor access to health services and general practitioners, complex diagnoses and multiple needs.

The process of social exclusion has happened in different ways, and for different reasons, for all these groups, but their common experience is one of discrimination, disadvantage and neglect. People who suffer from social exclusion as a result of economic disadvantage, age or racial discrimination, particularly when they come into contact with public sector agencies, are very vulnerable. Similarly their mental health tends to be poorer, and their general life expectancy shorter, than those in the mainstream population. Primary care has an important role to play in helping the members of marginalized groups gain access to services and social networks and thus deliver health gains at both the individual and the community level.

Primary care, mental health and the ethnic minority communities:

Today, in multi-racial Britain, about 1 in 9 of our population has a black or ethnic minority background. Although this population tends to be predominantly urban, dispersal of groups such as refugees and asylum seekers means that most areas of the UK now have minority ethnic populations. It is also the case that minority ethnic groups experience high levels of social and material deprivation when compared with the majority white population. The social exclusion of minority ethnic groups is complex and varies according to the economic, social, cultural and religious factors, but for many, discrimination and disadvantage is a common feature of life, not least in the area of health and access to health care.

<http://www.cre.gov.uk/pubs/connections/conn02auwalls.html>

The National Service Framework for Mental Health for England and the NHS Plan looked at the some of the ways in which the inequalities experienced by black and minority ethnic users of the mental health services could be addressed. They placed particular emphasis on positive action for black and minority ethnic communities, especially in the context of social inclusion. The recent publication Inside/Outside

http://www.nimhe.org.uk/downloads/inside_outside.pdf

⊕ NIMHE; [Inside/Outside pdf](#) takes these processes much further and outlines what is known about the experiences of black and ethnic minority people with mental illness. In particular, they are more likely to be:

- diagnosed as suffering from severe mental illness than depression
- admitted to secure hospitals and under sections of the Mental Health Act
- treated with medication than by the 'talking' therapies

In particular, it highlights these inequalities using the standards set out in the National Service NSF for Mental Health in England, and proposes clear starting points for making services non-discriminatory and sensitive to the needs of everyone.

NSF Standard One: Health Improvement

(With particular emphasis on positive action for the black and minority ethnic communities:)

Health and social services should promote mental health for all, working with individuals and communities and that these agencies should combat discrimination against individuals and groups with mental health problems, and promote their social exclusion.

Black and ethnic minority people are socially excluded as a result of economic disadvantage, levels of racism and racial discrimination and, particularly, when they come into contact with public sector agencies. These experiences can increase their vulnerability.

- People from black and minority ethnic groups are identified as at more risk of developing mental health problems than people from majority white population
- Younger people, particularly those of African Caribbean and Irish backgrounds appear to be at higher risk of hospital admission and compulsory treatment within mental health services
- The risk of suicide and attempted suicide is high in some ethnic groups, most notably among South Asian women and the Irish
- The stigma associated with mental illness can be made worse by racial discrimination and can disadvantage people from these backgrounds to appropriate assessment and treatment
- Black patients tend to be readmitted to hospital. Their poor response to treatment has been associated with living alone, unemployment, conviction and imprisonment

NSF Standard Two: Primary Care

Any service user who contacts their primary health care team with a common mental health problem should have their mental health needs identified and assessed and be offered effective treatments, including referral to specialist services for further assessment, treatment and care if they require it. It states that many people with mental health problems contact their GP, or another member of the primary health care team.

However, this does not appear to be true for the majority of black and minority ethnic groups. There is evidence that the times that people visit their GPs for mental health problems such as for, anxiety and depression are very variable throughout minority groups. Most recent evidence shows that Irish people visit their GPs more for psychological problems, while the Chinese tend to see their GP only after long delays. People from minority ethnic groups come across barriers when seeking help. These include:

- Language differences
- Differences between the patient's and doctor's views as to the nature of the problem
- Cultural barriers to assessment and treatment
- Knowledge about statutory services
- Lack of access to interpreting services

For black and ethnic minority groups, *community development* is advocated as an integral part of the attempt to improve mental health services. Community development aims to build on the inherent strengths and capacity of minority ethnic groups, thus helping them to develop support strategies for mental health issues within their own communities

<http://www.islhaz.org.uk/cd2.pdf>

http://www.pavo.org.uk/cdos/index_eng.php3

<http://www.stockport.gov.uk/>

[Council/commserv/community/cdworkers.asp](http://www.stockport.gov.uk/Council/commserv/community/cdworkers.asp)

Communities, and people in general, will be encouraged to draw upon their own traditions and social support networks, as a way of strengthening individual and community resources for dealing with mental health issues. It turns out that most communities welcome the opportunity to be involved in local mental health programmes. The role of the new community development workers is to make this happen.

What is Mental Health Promotion?

"Mental health promotion involves any action to enhance the mental wellbeing of individuals, families, organisations or communities." (Friedli, 2000)

<http://www.doh.gov.uk/pdfs/makingithappen.pdf>

<http://www.mentality.org.uk/>

It focuses on how individuals, families and communities think and feel; the factors that influence this; and the impact that this has on overall health and wellbeing (Friedli, 2000). Because it asks for the whole picture, the benefits of mental health promotion are wide-ranging.

It is essentially concerned with:

- how individuals, families, organisations and communities think and feel
- the factors which influence how we think and feel, individually and collectively
- the impact that this has on overall health and well-being

<http://www.nelh.nhs.uk/>

[nsf/mentalhealth/whatworks/default.htm](http://www.nelh.nhs.uk/nsf/mentalhealth/whatworks/default.htm)

Promoting (mental) health is not an optional extra, but an underpinning and eternal principle, which needs to be sustained. Promoting mental health embodies the notion that our minds need 'food for thought and growth'.

Promoting people's health improves the mental health and well being of the whole community. Health promoting activities should not separate mental from physical health either; our optimum health is achieved when we are healthy in mind. If 'mind' is one of the things the brain 'does', then it cannot be dissected out of the body, since the brain is an organ in that body. Equally, every individual is part of a community, and both the individual and the community function better if the individual is fully included in the life of their community as much as they might choose and wish to be. In a quantum sense we are both individual particles and we function best when in wave-form harmony with ourselves and others. Perhaps this is why so many describe themselves as feeling 'atomised', when disconnected from their surroundings, whether physically or by illness?

<http://www.rhpeo.org/reviews/2001/7/index.htm>

Promoting mental health leads inexorably towards the public health, community and 'social prescribing' roles of each and every Primary Health Care Team (PHCT) and Primary Care Organisation (PCO) in the UK and the development of 'upstream' interventions that 'treat' communities, as well as the often much needed and more familiar 'downstream' activities which minister to individuals.

<http://www.primhe.org/>

[downloads/journal/vol_0061/Sykes.pdf](http://www.primhe.org/downloads/journal/vol_0061/Sykes.pdf)

Other schemes of relevance to all levels of mental health promotion - primary, secondary and tertiary include: arts and education referrals, 'walking for health' schemes, increasing benefit uptake, protocols for shared care with user/survivor networks, referrals to self-help and voluntary groups and

voluntary referral schemes. Primary care is the gateway to the health service but also can be the gateway to a range of community services, promoting mental health, supporting people with mental health problems and improving access to appropriate services.

Effective Mental Health Promotion works at three levels: and at each level is relevant to the whole population, to individuals at risk, vulnerable groups and people with mental health problems:

- Strengthening individuals - or increasing emotional resilience through interventions designed to promote self-esteem, life and coping skills eg. communicating, negotiating, relationship and parenting skills;
- Strengthening communities - this involves increasing social inclusion and participation, improving neighbourhood environments, developing health and social services which support mental health, anti-bullying strategies in school, workplace health, community safety, childcare and self-help networks;
- Reducing structural barriers to mental health - through initiatives to reduce discrimination and inequalities and to promote access to education, meaningful employment, housing, services and support for those who are vulnerable.

It has three core principles:

- 1 Prevention
- 2 Education
- 3 Protection

The tables overleaf refer mainly to:

Making it Happen - A Guide to Delivering Mental Health Promotion, Dr Lynne Friedli, mentality, DoH 2001.

<http://www.doh.gov.uk/mentalhealth/makingithappen.htm>

⊕ DoH

<p>Prevention It can prevent problems such as anxiety, depression, drug and behavioural disorders, and alcohol dependence</p>	<p>Example: Reducing alcohol consumption: Research evidence suggests that around 20% of patients presenting to primary health care are likely to be drinking excessively, which means that, on average, each GP will see 364 excessive drinkers a year. However, 65% of GPs report managing only 1-6 patients a year for excessive alcohol consumption. This means that up to 98% of excessive drinkers presenting in primary care are being missed, despite the fact that problem drinkers consult their GPs twice as often as other patients. (Kaner et al 1999). Brief interventions in primary care are effective in reducing excessive alcohol consumption by over 20%. (Ashenden et al 1997; Peters et al 1998) There is also a strong case for detection of alcohol misuse, followed by brief interventions in Accident and Emergency departments (St Mary's Hospital NHS Trust, Paddington, London. Hunter et al in press)</p>
<p>Education It can encourage self-help and independence through education and information, and it can support a wide range of health and social activities that are of benefit at both individual and community level.</p>	<p>Example Prescription for learning: Strengthening the links between primary care and education has been under researched, although there is good evidence of the physical and mental health benefits of involvement in learning, (Challis 1996) Research from the Basic Skills Agency http://www.basic-skills.co.uk/ shows that around 7 million adults with poor basic skills will class themselves as long term sick, rather than being classed as unemployed. Prescriptions for Learning, led by the National Organisation for Adult Learning, in partnership with the Nottingham Health Action Zone http://www.niace.org.uk/research/health/Prescription.htm uses a learning adviser in primary care settings to provide learning support for patients with poor basic skills.</p>
<p>Protection It can also protect against future illness and disability</p>	<p>Example Exercise: A number of trials suggest that patients respond positively to GP advice to take more exercise (Killoran et al 1994). National Consensus Statements on physical activity and mental health (Grant ed. 2000) show that exercise prevents clinical depression and is as effective in treatment as other psychotherapeutic interventions. Exercise also reduces anxiety, enhances mood and improves self-esteem. Regular exercise improves cognitive functioning, reduces mental health problems and improves the mental health of older people (Etnier et al 1997). Planning for retirement also has positive mental health protective elements. http://www.hda-online.org.uk/downloads/word/pre_retirementlitreview.doc Evaluation of the Balance for Life scheme in Essex found that the 10-week programme of exercise that GPs prescribed for patients significantly reduced depression and anxiety, increased overall quality of life and self-efficacy for exercise. 68% of clinically depressed patients had depression scores that became non-clinical within three months (Glenister and Darbishire, 1996). http://www.essex.ac.uk/hhs/research/projects.htm</p>

Why tackling mental health is a mainstream primary care activity

Dr Dave Tomson (2003); <http://bagheera.ncl.ac.uk/PCMH/>;
⊕ Dr Dave Tomson and Dr Maryanne Freer; 'The range of possibilities.doc' adapted by Dr Sue Collinson.

There is a lot of mental distress about:

Ensuring that your everyday work is centred on people's mental health will not only improve the overall health of those you see, it also reduces the chance of their being ill in the future and of coming to see you on occasions when they may be able to help themselves. This can improve your own well being, whilst working effectively together reduces the risk of personal burnout; flying in formation is best practice.

<p>Mental ill health and psychological distress are very common in both primary care patients and staff working in primary care - 28% of whom consistently report stress. (Firth-Cozens) http://bmj.com/cgi/content/full/326/7391/670 http://bmj.com/cgi/content/full/326/7391/0/g http://www.rcn.org.uk/members/downloads/working_well_summary.pdf ⊕ BMJ; 'Morale and wellbeing'; 'Doctors as patients' ⊕ RCN; 'Counselling for staff in health service settings'; 'Working well summary'</p>	<p>As many as a third of all primary care consultations involve mental health issues. Mental distress and illness are often inextricably linked with physical health problems and many in primary care find it unsatisfactory and unhelpful to attempt to split the two. Illness behaviour and consultation patterns are strongly influenced by psychological factors and there are direct relationships between mental illness and medically unexplained symptoms, frequent attenders and high utilisers of the service. Paying attention to mental health, and its promotion, can make a significant difference both to outcome and rate of attendance in primary care settings. It can also have a positive effect upon PC staff. Good outcomes for patients are professionally satisfying, reduce the burden of morbidity on the whole team and impact positively on their mental health.</p>
--	--

Promoting mental health contributes to the prevention of:

<p>Anxiety, depression and substance misuse. It can also contribute to the health improvement of people whether or not they are at risk of mental illness, or feel they are. Many of these interventions can take place outside primary care - in early years programmes, in schools and workplaces. A number can also occur in primary care settings.</p>	<ul style="list-style-type: none"> • Brief interventions are successful in reducing excessive alcohol consumption • A number of trials suggest people respond to advice about exercise (Killoran 1994) http://bmj.com/cgi/content/full/326/7393/793 ⊕ BMJ; 'Physical Activity' • Using learning advisers in primary care can encourage a return to learning for adults with poor basic skills (www.niace.org) • Early detection of mental ill health by midwives, health visitors and other nurses is also effective ⊕ Barbara Richardson-Todd Central Suffolk PCT • Helping develop community mothers programmes has positive effects for both those receiving and giving the service (Johnson 1995) and enables the identification of more vulnerable parents, such as teenage or lone parents who require additional support - providing an effective needs-led service <p><i>All of these, and many more, have been successfully achieved in primary care settings and are documented in Making it Happen</i></p>
--	--

Mental health underpins physical health:

Attending to the psychological underpinnings of physical disease is a very worthwhile activity.

<p>There is growing evidence of the impact of mental health on physical health. Neuroendocrinology and psychobiological research is beginning to unravel the connections between psychological and physical processes.</p>	<ul style="list-style-type: none"> • A lack of feelings of control (agency or job control) increases the risk of cardiovascular disease (Bosma 1997), http://bmj.com/cgi/content/full/314/7080/558
<p>There are now studies indicating that depression is associated with abnormal regulation of luteinising hormone; and that stress and depression alter immune functions.</p>	<ul style="list-style-type: none"> • Depression increases the risk of heart disease fourfold even when you control risk factors such as class and smoking (Hippisley-Cox 1998, http://bmj.com/cgi/content/full/317/7170/1450/a) and is a risk factor for stroke. ⊕ BMJ: 'Comorbidity'; 'Somatisation'; 'Depression'; 'Physical consequences of anxiety and depression';
<p>Intuitively primary care workers have seen that unhappy people tend to have unhappy bodies. Ideas of overwhelming the ability of the body to cope (the stress vulnerability model) make sense. Now there is increasing evidence to 'prove' the link.</p>	<ul style="list-style-type: none"> • Emotional wellbeing is a strong predictor of physical health. Both men and women who scored highest on a survey of emotional health were twice as likely to be alive at the study's end even after controlling for chronic disease, smoking, drinking, weight and sex and education. (Goodwin 2000)

Improving access and social capital improves mental health

Healthier communities are made up of mentally healthier people, and such people need to use, and do use, statutory services less, if at all. PHCTs and PCOs have a key role to play in all these aspects of environment.

<p>Mental health problems are closely linked to the quality of the environment in which people live. Aspects of this environment include access (to information and services), and social capital (defined as the 'features of social life such as networks, norms, and social trust that facilitate co-ordination and co-operation for mutual benefit'). Putnam, 1995 http://www.doh.gov.uk/mentalhealth/makingithappen.htm</p>	<p>Elements of social capital include:</p> <ul style="list-style-type: none"> • social resources (baby sitting circles) • collective resources (self and mutual support groups, eg parenting skills groups) • economic resources (access to leisure facilities) • cultural resources (community and creative arts centres) <p>http://www.raisingkids.co.uk/ski/ski.asp, http://www.caringabouttorridge.org.uk, http://www.wrexhamcybercity.co.uk/charities/familyfriends ⊕</p> <p>Contributing to the improvement in social capital is a diffuse and complex business but there are already some successful pointers.</p>
	<p>Citizens Advice Bureaux - http://www.citizensadvice.org.uk and welfare and work advisers can have a direct effect on income, an acknowledged key determinant of mental health. Healthy living initiatives, exemplified by the West End Resource Centre http://www.westend-health.co.uk/ and the North Tyneside Healthy Living Network http://www.nnt.nhs.uk are important in promoting connections and offering activities and other resources. ⊕ PCOs; NHS Trusts</p> <p>Voluntary sector organisations can and are increasingly working in partnership with primary care to set up a range of initiatives such as Expertcare Patients, self-help clinics and self and mutual support groups in, and outside, practices. These initiatives shift the emphasis towards the patient as expert by experience or moving them in that direction, and providing access to the information (and skills) needed for people to manage their own long-term conditions. http://www.doh.gov.uk/cmo/progress/expertpatients http://www.lmca.demon.co.uk/docs/expert.htm http://www.lmca.demon.co.uk/docs/lw_rep02.htm ⊕ Voluntary Sector Organisations</p>

Useful meta-reviews and reports:

The Promotion of Mental Health and Prevention of mental and behavioural disorders. Second World Conference. Clifford Beers Foundation. 2002

<http://www.charity.demon.co.uk/handbk02.pdf>

⊕ Voluntary Sector Organisations; 'Clifford Beers Foundation'

Sainsbury Centre for Mental Health - Mental Health Promotion: implementing Standard One of the National Service Framework for Mental Health.

<http://www.scmh.org.uk/8025694D00337EF1/vWeb/fsCPIR4PDJ8T>

A National Contract on Mental Health. NHS Centre for Reviews and Dissemination. University of York

<http://www.york.ac.uk/inst/crd/4ment.pdf>

⊕ NHS; 'NHS Centre for Reviews and Dissemination'

Mental Wellbeing in Gloucestershire; 2002-2005. Gloucestershire Partnership

NHS Trust. <http://www.partnershiptrust.org.uk/partnership/strategy2.pdf>

⊕ Gloucester Partnership NHS Trust

A Seven Keys Framework for Effectiveness in Health Promotion; South and West Devon Health Community

<http://www.sw-devon-ha.swest.nhs.uk/communityprojects/himp/effectiveness/7keys.pdf>

⊕ NHS Trusts; 'South and West Devon Health Community'