

Improving Mental Well-Being in Oxfordshire (2009-2012)

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Index

1. Purpose of this strategy
2. What is mental well-being?
3. Why do we need to improve mental well-being?
4. Our vision for mental well-being in Oxfordshire
5. How can we achieve this vision?
6. National policy context
7. Oxfordshire strategy context
8. Mental well-being in Oxfordshire today
9. Mental well-being improvement key action areas
10. Monitoring and evaluation
11. Delivery plan: Year 1 (2009/2010)
12. Delivery plan: Year 2 (2010/2011)
13. Delivery plan: Year 3 (2011/2012)
14. References

Appendix

1. Purpose of this strategy

The purpose of this strategy document is to provide a clear direction and focus for the improvement of mental well-being in Oxfordshire from April 2009 to March 2012.

The strategy aims to promote mental well-being and prevent mild to moderate mental ill health among adults, children and young people. It focuses on the population at large and groups vulnerable to poor mental well-being. It promotes well-being by reducing the impact of risk factors whilst actively promoting positive protective factors.

2. What is mental well-being?

When 'mental health' is discussed it is often used as a proxy term for mental ill-health. Mental well-being is actually a positive concept of mental 'health'. It is *"a state of well-being 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."* (World Health Organisation)¹

Mental well-being refers to a range of emotional and cognitive attributes associated with a self-reported sense of well-being and/or resilience in the face of adversity.¹ It is concerned with the experience of pleasant emotions or satisfaction with life, and also functioning and growth, at both a personal and a social level.²

A review of scales for measuring positive mental health identified eight aspects of positive mental well-being:²

Emotional well-being	More than the absence of psychological morbidity (e.g. anxiety and depression); a positive concept that includes happiness, vitality
Life satisfaction	Overall assessment of one's life, or a comparison reflecting some perceived discrepancy between one's aspirations and achievement; includes optimistic outlook, perception of life as pleasurable
Optimism and hope	Positive expectations of the future; a tendency to anticipate and plan for relatively favourable outcomes
Self-esteem	A belief or evaluation that one is a person of value, accepting personal strengths and weaknesses; a sense of worth. Related to emotional safety/security, i.e. how one feels about self, confidence in and how good one feels in personal relationships (e.g. family, wider community).
Resilience and coping	Resistance to mental illness in the face of adversity; hardiness; earned resourcefulness; a sense of coherence, i.e. confidence that internal and external events are predictable and that things will work out as can reasonably be expected; a cognitive evaluation of perceived resources to deal with perceived demands; personal control
Spirituality	Sense of purpose/meaning in life; a sense that there is something beyond the material world; attempts to harmonise life with a deeper motivation.
Social functioning	a) Personal relationships (interpersonal trust, respect and empathy). Assessment of the quality of personal relationships, social networks and social cohesion; functioning as member of a community; role-related coping, social participation, family health, social functioning, sense of belonging; valuing oneself and others; perceiving fair treatment by others. b) Social support/social networks. Interactive process in which emotional, instrumental or financial aid is received from one's social network; individual's belief that he/she is cared for, esteemed; mutual obligations; set of people with whom one maintains contacts and has some form of social bond; social reciprocity

Emotional intelligence	The potential to feel, use, communicate, recognise, remember, learn from, manage and understand emotions (self and others).
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Research suggests three main influences on well-being¹

- Genetics: accounts for 50% of the variation in people's well-being although there are interactions between genetics, upbringing and environment.
- Life circumstances: including income, material possessions, marital status and neighbourhood environment. Because people adapt quickly to circumstances it is estimated this accounts for 10% of the variation in well-being.
- Intentional activities: Pursuits we actively engage in account for 40% of variation in happiness. For example working towards our goals, socialising, exercising, and engaging in meaningful activities and work. This is the area where well-being can be influenced most.

3. Why do we need to improve mental well-being? ¹

Poor mental well-being can lead to mental health problems such as depression, anxiety and loss of sleep. If we improve mental well-being we can prevent ill health, reducing suffering, lowering the burden of disease, reducing the impact on health services and saving money.

- Mental health problems are common and have a significant impact:
 - One in six of the adult population experiences mental ill health at any one time - causing an estimated 23% burden of overall disease.
- Poor mental health increases the risk of poor physical health and premature death:
 - The risks of heart disease is estimated to be 1.5 times higher for people who are generally unhappy.
- Impact on health services:
 - Nearly one third of those going to GP's have mental health problems and mental health problems occupy one third of GP time.
- Personal, social and economic cost:
 - Mental health problems are estimated to cost the country £77 billion a year, mainly due to people being unable to work. This compares with Treasury spending on the NHS as a whole of £76 billion in 2005-6.
- Poverty and inequality occur as a result of mental illness, and poverty and inequality cause or exacerbate psychological problems. Promotion of mental wellbeing will increase self-esteem, community cohesion, and economic prosperity.

4. Our vision for mental well-being in Oxfordshire

Our vision is for Oxfordshire's residents to be mentally healthy, realise their abilities, be able to cope with the normal stresses of life, work productively and fruitfully, and be able to make a contribution to their communities.

Our vision in more detail is for:

- People with the emotional resilience cope with stress and manage life-changing situations. People who feel content and that they fulfil a meaningful place within society.
- Strong communities where negative influences on mental well-being such as poor housing, debt and unemployment are low and protective factors such as spending time in green space, social support and participation in learning are high.
- Children, young people and older people who feel happy, confident and satisfied with their lives.
- Workplaces, schools and prisons which fully enable their staff/pupils/prisoners to be happy, healthy and productive.
- Reduced stigma and discrimination towards people with mental health problems so they can work, participate in communities, enjoy family life and seek help like anyone else.

5. How can we achieve this vision?

Rethinking the way we commission

National and local policy stress the importance of broadening the focus of work from specialist mental health services to the mental health needs of the community as a whole. Improving mental well-being is high on the government agenda and the National Institute of Clinical Excellence is increasing its bank of guidance on mental well-being promotion.

Historically Oxfordshire mental health commissioning has focused on people with mental health problems, with the majority of funding directed towards the minority of people with the highest level of need.

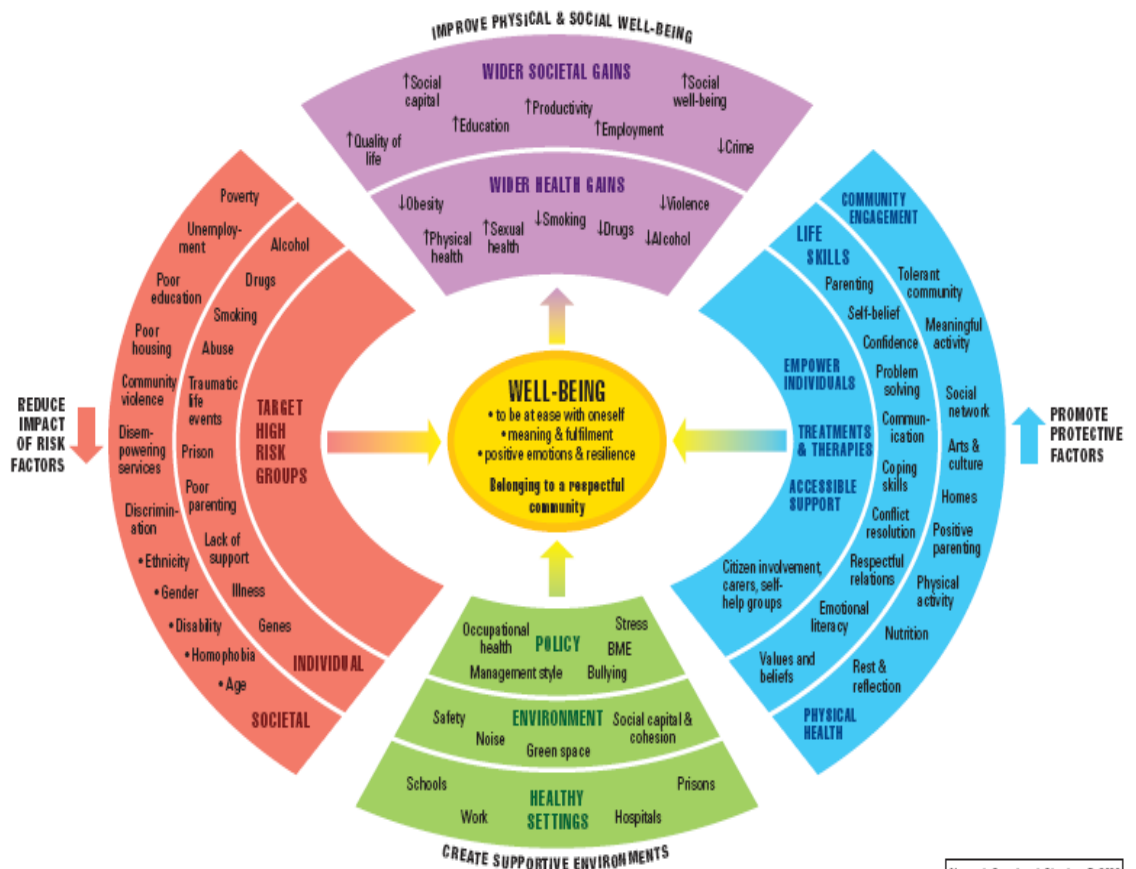
To create a mentally healthy population and reduce the overall burden of mental ill health we need to change the way we think about mental health. We need to increase the focus on prevention and invest in prevention activities which promote good mental well-being and prevent mental ill health.

Working in partnership

The Dynamic Model of Well-Being¹ below identifies the wide range of risk and protective which influence mental well-being. Many of these factors are the focus of high level cross-sector partnerships in Oxfordshire.

If we are to achieve our vision the public sector in Oxfordshire must come together, recognise the influences on mental well-being, recognise how each partnership can make a difference and take action.

A Dynamic Model for Well-Being



6. National Policy Context

The National Service Framework for Mental Health, 1999³

Standard one focuses on mental health promotion. It states that health and social services should promote mental health for all, working with individuals and communities. It highlights the importance of health improvement programmes demonstrating action within and linkages between organisations to promote good health. These should take place in schools, workplaces and neighbourhoods, targeting individuals at risk and vulnerable groups.

The National Service Framework for Mental health – Five years On, 2004⁴

This calls for a broadening of focus from specialist mental health services to the mental health needs of the community as a whole.

New Horizons (due to be published February 2009)

This document will replace the existing NSF for Mental Health which is due to expire in 2009. It will address the mental wellbeing of communities as a whole and extending the progress made to date across all age groups and to more marginal groups, such as offenders.

A New Vision for Mental Health, 2008⁵

This discussion paper presents a vision of change for mental health policy. It presents underlying aims for future health policy which include:

- Mental health no longer being seen as exclusively a health and social service issue as it's impacts and determinants are far wider than this.
- Greater importance being placed on public mental health and recognising mental health as a whole-population issue.

Choosing Health: making healthy choices easier, 2004⁶

This emphasises the importance of mental well-being to good physical health and making healthy choices. It states how stress is the commonest cause of sickness absence, and mental ill-health can lead to suicide.

Every Child Matters: Change for Children, 2003⁷

This is the main policy document addressing children's well-being. It has five key action areas: be healthy, stay safe, enjoy and achieve, make a positive contribution, achieve economic well-being. Mental well-being is fundamental to a number of themes within the document, and is a specific subsection of the 'be healthy' area.

Guidance on mental well-being promotion

Two key documents give advice and guidance on taking action to improve mental well-being.

- Making it possible: improving mental health and well-being in England, CSIP 2005⁸
- Mental Health and Well-Being in the South East. Department of Health, CSIP, and SEPHO. 2006¹

7. Oxfordshire Strategy Context

NHS Oxfordshire Draft Strategic Plan 2008 – 2013⁹

This describes the values, aims and objectives of the PCT. Central to this plan is:

- Breaking the cycle of deprivation: tackling the long standing and cyclical health inequalities within families in more deprived communities.
- Choosing healthy lifestyles: undertaking targeted prevention work with those living in areas of deprivation, the elderly, those at risk of mental ill health and those at risk of developing long term conditions.

Mental well-being is closely linked to deprivation. Poor mental well-being is consistently associated with social and economic factors such as unemployment, low educational attainment, low income and low material standard of living. Factors such as these can lead to poor mental well-being and poor mental well-being can compound the difficulties associated with deprivation. People living in deprivation are therefore a key target for the Mental Well-Being Improvement Strategy.

People with good mental well-being, with self-esteem who feel positive about themselves and their future, are more likely to choose healthy lifestyles.

Public Health Strategy for Oxfordshire 2007-2012¹⁰

The strategy addresses an ageing population, breaking the cycle of deprivation, preventing obesity and fighting infectious disease. It aims:

- To improve life expectancy in all parts of Oxfordshire by one year by 2012.
- To tackle health inequalities and so reduce the gap in all-age, all-cause mortality rates by 10% by 2012 between the top 20% and bottom 20%.
- To 'add life years' by improving health and well-being as measured by a range of specific indicators.

Director of Public Health for Oxfordshire, Annual Report II¹¹

This identifies mental health and mental well-being as priority areas for action. The report identified three gaps: a lack of planning to promote mental wellbeing; the need to raise the profile and priority given to mental health across all organisations; and a gap in current service provision particularly in Primary care.

Oxfordshire Local Area Agreement 2008-2011¹²

The Local Area Agreement is directly related to the priorities identified in Oxfordshire's Sustainable Community Strategy. It contains 34 priority outcomes grouped around four areas. These areas are children and young people; economic development and the environment; healthier communities and older people; safer and stronger communities. Each outcome has indicators for measuring performance. The health outcomes are:

- Reduce health inequalities in Oxfordshire.
- Promoting a Healthy and Active Lifestyle.
- Enhance the independence and quality of life for older & vulnerable people to sustain independent living.
- Integrated approach to preventive services and intermediate care across agencies.

Oxfordshire Children and Young People's Plan 2006-2009¹³

This sets out a single plan for all services for children and young people in Oxfordshire. It covers the age range 0-19 years and up to 25 years for some groups of young people. It aims for Oxfordshire to be a place where every child and young person receives the help they need to:

- Be healthy: enjoy good physical and mental health.
- Stay safe: Be protected from harm and neglect, grow up able to look after themselves.
- Enjoy and achieve: Achieve educational success and enjoyment, have good opportunities for play and leisure, and develop self-confidence and life skills for a creative and positive adulthood.
- Positive contribution: Make a positive contribution to the community and society.
- Economic well-being: Live free from poverty, achieve their potential and make the most of their lives.

8. Mental well-being in Oxfordshire today

To understand the level of mental well-being in Oxfordshire and what affects this, a Mental Well-Being Needs Assessment took place in 2008/9¹⁴. Its objectives were:

- To gain a deeper understanding of what we mean by mental well-being.
- To understand what influences the public's mental well-being/common mental health problems and the level of these influences in Oxfordshire.
- To identify groups at high risk of poor mental well-being/common mental health problems and understand why they are at high risk.
- To scope current activity by Oxfordshire's statutory and voluntary/community sectors to promote mental well-being and prevent common mental health problems among the general population and high risk groups.
- To map this activity against best practice as identified via an assessment of the literature.
- To inform the mental well-being promotion strategy and action plan.

The needs assessment was concerned with primary prevention. It excluded secondary prevention activities (e.g.: services for people with common mental health problems) and tertiary prevention activities (e.g.: social inclusion and physical health promotion for people with severe and enduring mental health problems).

Four types of data were collected:

Data type	What this is	How it was collected
Epidemiological	Level of risk factors for poor mental well-being and common mental health problems	Review of literature/government policy
Comparative	How does the level of these risk factors compare to national figures and figures for the South East	Review of literature/government policy
Public experience and opinion	What people tell us are the issues	Questionnaire completed by 700+ members of the public
Professional experience and opinion	What professionals working in the community across sectors tell us are the issues and what is required	Stakeholder workshop

This data was assessed against information on current activity in Oxfordshire to improve mental well-being. The aim was to identify gaps in activity and make recommendations. Potential actions were included as recommendations if they passed one or more of the following criteria:

- Recommended by best practice guidance
- Highlighted by stakeholders
- Highlighted in the questionnaire
- Little or no activity currently takes place

Appendix 1 shows the results of this analysis.

The needs assessment followed the framework for mental well-being promotion as recommended in the government guidance document 'Making it Possible: Improving Mental Health and Well-Being in England'⁸. The key action areas were a) individuals and communities, b) age groups, c) Settings (work places, schools, prisons), d) Stigma and discrimination

9. Mental well-being improvement key action areas

CROSS CUTTING PRIORITY FOR ACTION: RAISING THE PROFILE OF MENTAL WELL-BEING

Outcome 1: Cross sector partnerships throughout the county will improve and develop their work following mental well-being best practice guidance

To achieve this we need to:

- Explore Mental Well-Being ‘champions’ to raise the profile of mental well-being among key Oxfordshire partnerships.

PRIORITY FOR ACTION: INDIVIDUALS AND COMMUNITIES

Outcome 2: People with the emotional resilience to cope with stress and manage life-changing situations. People who feel content and that they fulfil a meaningful place within society.

To achieve this we need to:

Year one:

- Pilot Mental Health First Aid training for staff working with vulnerable groups e.g.: probation, police, housing support workers, health advocates.
- Develop a programme to raise the general public’s knowledge of how to improve their own mental well-being, to increase their self help behaviour and to challenge stigma associated for asking for help.
- Extend the self-help books on prescription service and publicise widely to the public.

Year two:

- Explore interventions to improve the mental well-being of men, especially older men.

Year three:

- Commission training for vulnerable adults on emotional literacy. I.e: how to precisely identify and communicate feelings. This will help people ask for support and be able to support others.
- Develop interventions to improve the mental well-being of men, especially older men.
- Improve talking therapies for offenders in the community and prison, in particular continuity of talking therapy for re-offenders.

Outcome 3: Strong communities where negative influences on mental well-being such as poor housing, debt and unemployment are low and protective factors such as spending time in green space, social support and participation in learning are high.

To achieve this we need to:

Year one

- Work with District Councils to ensure improving use of green space is in their Sustainable Community Strategies.
- Explore a programme to increase support for people with debt problems.

Year two

- Work with local planners to develop a set of mental well-being standards for new developments. These standards are to be met before planning permission is granted to new developments in areas of deprivation and regeneration projects.
- Develop a programme to increase support for people with debt problems.

Year three:

- Commission research to understand the barriers (particularly internal psychological barriers) faced by people in deprived areas to using existing green space.
- Implement a programme to increase support for people with debt problems.

PRIORITY FOR AREA: AGE GROUPS

Outcome 4: Children, young people and older people who feel happy, confident and satisfied with their lives.

To achieve this we need to:

Year one:

- Ensure mental well-being is a key priority in the Children and Young People's plan 2009/2010.
- Ensure mental well-being is a key priority in the older people's prevention strategy.

Year two:

- Undertake a needs assessment of support services for children, young people and families experiencing relationship breakdown.

Year three:

- Commission appropriate services for children, young people and families experiencing relationship breakdown
- Work with local parish councils to develop processes for consulting with young people when planning community facilities.

PRIORITY FOR ACTION: SETTINGS (WORK PLACES, SCHOOLS, PRISONS)

Outcome 5: Workplaces, schools and prisons which fully enable their staff/pupils/prisoners to be happy, healthy and productive.

To achieve this we need to:

Year one:

Workplaces

- Develop a Mentally Healthy Workplaces programme focused on Oxfordshire's major employers.
- Develop standards for mental well-being to be included in contracts between PCT, Oxfordshire County Council, OBMH, Districts and their suppliers. These standards will ensure suppliers look after the mental well-being of their own staff.
- Pilot Mental Health First Aid training for key staff in two workplaces: line managers, HR departments, occupational health etc.

Prisons:

- Train one member of staff from HMP Bullingdon and one from Huntercome YOI as Mental Health First Aid instructors to deliver MHFA to prison staff.

Year two:

Workplaces

- Pilot a Mentally Healthy Workplaces programme with Oxfordshire's major employers.

Prisons

- HMP Bullingdon Healthy Prison Strategy to follow best practice guidance in improving mental well-being.
- Huntercombe YOI to follow best practice guidance in improving mental well-being and take forward actions identified in the Healthy Schools standard audit on emotional health and well-being and the needs assessment.

Schools:

- Promote and support schools in implementing Social and Emotional Aspects of Learning, particularly secondary schools.
- Map current provision of counselling services in schools and identify gaps as part of the needs assessment of support services for children, young people and families experiencing relationship breakdown.

Year three:

Schools

- Extend Mental Health First Aid training for school staff and key young people (dependent on results of the year one pilot)
- Extend a mentally healthy workplaces programme for school staff (dependent on results of the year two pilot).

Prisons

- Mental Health First Aid training and suicide prevention training to be a part of induction training for prison officers, with regular refresher training for all staff.
- Improve services to help prisoners prepare for release, and develop and enhance support for prisoners re-adapting to life following release.
- Pilot a mentally healthy workplaces programme for prison staff.

PRIORITY FOR ACTION: STIGMA AND DISCRIMINATION

Outcome 6: Reduced stigma and discrimination towards people with mental health problems so they can work, participate in communities, enjoy family life and seek help like anyone else.

To achieve this we need to:

Year one:

- Develop a proactive carefully targeted multi-agency campaign to change public attitudes and behaviour towards people with mental health problems.
- Continue and expand work to promote positive reporting of people with mental health in the local media.

Year two:

- Implement the multi-agency campaign to change public attitudes and behaviour towards people with mental health problems.
- Commission training for GPs, other health professionals and people volunteering/working in the voluntary sector to deliver best practice in working with people with mental health problems. This is to reduce stigma and discrimination.

Year three:

- Ensure all key statutory organisations cover mental health and mental well-being within training on the Disability Discrimination Act.

10. Governance, monitoring and evaluation

Governance and monitoring

Oxfordshire PCT's Public Health department will be responsible for overall co-ordination and project management of the strategy and will report to a core group of stakeholders. Each project will be overseen by a dedicated Task and Finish Group.

Monitoring of progress will take place on a project by project basis and will be reported to:

- Health and Well-Being Board and the Mental Health Strategy Implementation Group.
- The Children and Young People's Board for work relating to children and young people.

Yearly implementation reports will be produced and project evaluation reports will be available throughout the time period.

Evaluation

Success will be measured on a project by project basis because:

- Mental well-being is a broad concept with ill defined boundaries. There are no clearly identifiable measures of mental well-being as there are for obesity (eg: weight), or CHD (eg: blood pressure).
- Potential proxy indicators of mental well-being such as admissions for self-harm, unfit housing and employment rates are not reliable measures. They are heavily influenced by other circumstances, eg: the economic climate and the provision of services, hence changes in these measures could not be attributed to this strategy. In addition the direction of causality is not clear eg: does unemployment cause people to have poor mental well-being, or does poor mental well-being cause people to be unemployed?
- Questionnaires which assess the level of an individual's mental well-being, such as the Warwick-Edinburgh scale are available. These have been tested for validity, reliability and responsiveness. However it is not feasible, both in terms of time and finances, to develop a new data collection procedure for the population of Oxfordshire, and currently no questionnaires exist to measure children's mental well-being.

As a result this strategy will:

- Rigorously measure the success of each project via detailed output and outcome measures. For example the Mental Health First Aid pilot will assess Mental Health First Aider's knowledge, skills and help giving behaviour before, immediately post training, and three, six and twelve months post training.
- Explore use of sentinel GP practices to deliver questionnaires on mental well-being to a representative proportion of the population.

11. Delivery plan: Year 1(2009/2010)

	Deliverable by end of year 1	Lead agencies	Outcome	Resources
1.	Explore a Mental Well-Being 'champions' programme to raise the profile of mental well-being among key Oxfordshire partnerships.	PCT	1	Predominantly within current resources but some resources to be identified.
2.	Pilot Mental Health First Aid training for staff working with vulnerable groups in one geographical area, in two public sector workplaces, and train two MHFA instructors in prisons.	PCT	2,5	Finances for budget sourced.
3.	Develop a programme to raise the general public's knowledge of how to improve their own mental well-being, to increase their self help behaviour and to challenge stigma associated for asking for help.	PCT	2	LAA bid submitted. Dependent on resources being identified.
4.	Extend the self-help books on prescription service. Publicise widely to public.	PCT/OCC (Libraries service)	2	Resources to be identified.
5.	Improving use of green space to be in the District Council's Sustainable Community Strategies.	Districts	3	Within current resource.
6.	Explore a programme to increase support for people with debt problems.	PCT/OCC/Districts	3	Lead officer resources to be identified
7.	Mental well-being to be a key priority in the Children and Young People's Plan 2009/2010.	PCT/OCC/Districts	4	Within current resource.
8.	Mental well-being to be a key priority in the Older People's Prevention Strategy.	PCT/OCC/Districts	4	Within current resource.
9.	Develop a Mentally Healthy Workplaces programme focused on Oxfordshire's major employers.	PCT/OCC/Districts	5	LAA bid submitted. Dependent on resources being identified.
10.	Develop standards in mental well-being to be included in contracts between PCT, Oxfordshire County Council, OBMH, District Councils and their suppliers. These standards will ensure suppliers looks after the mental well-being of their own staff.	PCT/OCC/Districts	5	Within current resource.
11.	Develop a proactive, carefully targeted multi-agency campaign to change public attitudes and behaviour towards people with mental health problems.	PCT/OCC/Districts	6	Resources to be identified.
12.	Continue and expand work to promote positive reporting of people with mental health in the local media.	OBMH- tbc	6	Within current resource.

12. Delivery plan: Year 2 (2010/2011)

	Deliverable by end of year 2	Lead agencies	Outcome	Resources
13.	Explore interventions to improve the mental well-being of men, especially older men.	PCT/OCC/Districts	2	Resources to be identified.
14.	Work with local planners to develop a set of mental well-being standards for new developments. These standards are to be met before planning permission is granted to new developments in areas of deprivation and regeneration projects.	PCT/OCC/Districts	3	Within current resource
15.	Develop a programme to increase support for people with debt problems.	PCT/OCC/Districts	3	Resources to be identified.
16.	Undertake a needs assessment of support services for children, young people and families experiencing relationship breakdown. Include mapping of current provision of counselling services in schools and identify gaps	PCT	4,5	Within current resource
17.	Pilot a Mentally Healthy Workplaces Programme with Oxfordshire's major public sector employers.	PCT/OCC/Districts	5	Resources to be identified.
18.	HMP Bullingdon Healthy Prison Strategy to follow best practice guidance in improving mental well-being.	PCT	5	Within current resource
19.	Huntercombe YO1 to follow best practice guidance in improving mental well-being and take forward actions identified in the Healthy Schools Standard Audit on Emotional Health and Well-being and the needs assessment	PCT	5	Within current resource
20.	Promote and support schools in implementing Social and Emotional Aspects of Learning, particularly secondary schools.	OCC (HOST) - tbc	5	Within current resource
21.	Implement the multi-agency campaign to change public attitudes and behaviour towards people with mental health problems.	PCT/OCC/Districts	6	Resources to be identified.
22.	Commission training for GPs, other health professionals and people volunteering/working in the voluntary sector to deliver best practice in working with people with mental health problems. This is to reduce stigma and discrimination.	PCT	6	Resources to be identified.

13. Delivery plan: Year 3 (2011/2012)

	Deliverable by end of year 3	Lead agencies	Outcome	Resources
23.	Commission training for vulnerable adults on emotional literacy. I.e: how to precisely identify and communicate feelings. This will help people ask for support and be able to support others.	PCT/OCC/Districts	2	Resources to be identified.
24.	Develop interventions to improve the mental well-being of men, especially older men.	PCT/OCC/Districts	2	Resources to be identified.
25.	Improve talking therapies for offenders in the community and prison, in particular continuity of talking therapy for re-offenders.	PCT	2	Within current resource
26.	Implement a programme to increase support for people with debt problems.	PCT/OCC/Districts	3	Resources to be identified.
27.	Commission research to understand the barriers (particularly internal psychological barriers) faced by people in deprived areas to using existing green space.	PCT/OCC/Districts	3	Resources to be identified.
28.	Local parish councils to develop processes for consulting with young people when planning community facilities.	Districts	4	Within current resource
29.	Commission appropriate services for children, young people and families experiencing relationship breakdown. Extend counselling services in schools where appropriate.	PCT	4	
30.	Extend Mental Health First Aid training for school staff and key young people (dependent on results of the pilot).	PCT/OCC (HOST) - tbc	5	Resources to be identified.
31.	Extend the Mentally Healthy Workplaces Programme for school staff (dependent on results of the public sector pilot)	PCT/OCC (HOST) - tbc	5	Resources to be identified.
32.	Mental Health First Aid training and suicide prevention training to be a part of induction training for prison officers, with regular refresher training for all staff.	PCT	5	Within current resource
33.	Improve services to help prisoners prepare for release, and develop and enhance support for prisoners re-adapting to life following release.	PCT	5	Within current resource
34.	Pilot a Mentally Healthy Workplaces Programme for prison staff (dependent on results of the public sector pilot)	PCT	5	Resources to be identified.
35.	All key statutory organisations to ensure mental health and mental well-being is covered within training on the Disability Discrimination Act.	PCT/OCC/Districts	6	Within current resource

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Appendix 1

	Best practice	Stakeholders	Survey	No/low current activity
Outcome 1				
Develop Mental Well-Being 'champions' to raise the profile of mental well-being among key Oxfordshire partnerships. Champions will facilitate the partnerships to ensure mental well-being is a key element of strategies such as Carers Strategy, Domestic Violence Strategy etc	x			
Outcome 2				
Pilot Mental Health First Aid training for staff working with vulnerable groups.	x	x		x
Develop a programme to raise the general public's knowledge of how to improve their own mental well-being, to increase their self help behaviour and to challenge stigma associated for asking for help.	x	x		x
Extend the self-help books on prescription service. Publicise the books widely to the public.		x		
Commission training for vulnerable adults on emotional literacy.	x	x		x
Develop interventions to improve the mental well-being of men, especially older men.		x		x
Improve talking therapies for offenders in the community and prison, in particular continuity of talking therapy for re-offender.		x		
Outcome 3				
Improving use of green space to be in District Council Sustainable Community Strategies	x		x	x
Work with local planners to develop a set of mental well-being standards for new developments. These standards are to be met before planning permission is granted to new developments in areas of deprivation and regeneration projects	x	x		x
District Councils and County Council to develop a programme to increase support for people with debt problems		x	x	x
Commission research to understand the barriers (particularly internal psychological barriers) faced by people in deprived areas to using existing green space. Develop appropriate interventions.	x	x	x	x

	Best practice	Stakeholders	Survey	No/low current activity
Outcome 4				
Mental well-being to be a key priority in the Children and Young People's Plan 2010.	x	x		
Mental well-being to be a key priority in the older people's prevention strategy.	x	x		
Develop support services for children, young people and families experiencing relationship breakdown. Commission appropriate services.	x	x	x	x
Local parish councils to develop processes for consulting with young people when planning community facilities.	x	x		
Outcome 5				
Workplaces:				
Develop a Mentally Healthy Workplaces programme focused on Oxfordshire's major employers.	x	x	x	x
Develop standards in mental well-being to be included in contracts between PCT, Oxfordshire County Council, OBMH and their suppliers.	x	x	x	x
Pilot Mental Health First Aid training for key staff in workplaces: line managers, HR departments, occupational health etc.	x	x	x	x
Prisons:				
Train one member of staff from HMP Bullingdon and one from Huntercombe YOI as Mental Health First Aid instructors.	x	x		x
HMP Bullingdon Healthy Prison Strategy to follow best practice guidance in improving mental well-being.	x	x		x
Huntercombe YOI to follow best practice guidance in improving mental well-being and take forward actions identified in the Healthy Schools standard audit on emotional health and well-being and the needs assessment.	x	x		
Mental Health First Aid training and suicide prevention training to be a part of induction training for prison officers, with regular refresher training for all staff.				
Improve services to help prisoners prepare for release, and develop and enhance support for prisoners re-adapting to life following release.		x		x
Pilot a mentally health workplaces programme for prison staff.	x	x		x
Schools:				
Map current provision of counselling services in schools and identify gaps.	x	x		x
Promote and support schools in implementing SEAL, particularly secondary schools.	x			x
Pilot Mental Health First Aid training for school staff and key young people.	x	x		x
Pilot a mentally health workplaces programme for school staff.	x	x		x

	Best practice	Stakeholders	Survey	No/low current activity
Outcome 6:				
Develop a proactive carefully targeted multi-agency campaign to change public attitudes and behaviour towards people with mental health problems.	x	x		x
Continue and expand work to promote positive reporting of people with mental health in the local media continues.	x	x		
Commission training for GPs, other health professionals and people volunteering/working in the voluntary sector to deliver best practice in working with people with mental health problems. This is to reduce stigma and discrimination.	x	x		
All key statutory organisations to ensure mental health and mental well-being is covered within training on the Disability Discrimination Act.		x		x