



# briefing.



National Mental Health  
Development Unit

www.nmhdu.org.uk

ISSUE 7

MARCH 2011

IAN MCPHERSON ON  
NMHDU'S CLOSURE

MENTAL HEALTH  
COMMISSIONING PROGRAMME

IMPROVING ACCESS TO  
PSYCHOLOGICAL THERAPIES

MENTAL HEALTH  
EQUALITIES PROGRAMME

PROMOTING SOCIAL INCLUSION  
AND SOCIAL JUSTICE

IMPROVING MENTAL HEALTH  
CARE PATHWAYS

PROMOTING WELLBEING  
AND PUBLIC MENTAL HEALTH

PERSONALISATION IN  
MENTAL HEALTH

## Welcome to the final edition of the National Mental Health Development Unit (NMHDU) news briefing.

Please note that all resources published on the  
NMHDU website will continue to be available after  
March 2011 at the usual address – [www.nmhdu.org.uk](http://www.nmhdu.org.uk)

### ON CLOSING NMHDU – THE ACHIEVEMENTS, THE LEARNING AND THE CHALLENGES AHEAD – IAN MCPHERSON

Two years ago, in April 2009, NMHDU was launched with funding from the Department of Health and the NHS and a clear brief – to provide national support for the implementation of mental health policy. Our role and purpose were, as our logo says, to put policy into practice and practice into policy.

Specifically, NMHDU was charged with delivering four objectives:

- specialist expertise in priority areas of policy and delivery
- effective knowledge transfer on research, evidence and good practice
- translation of national policies into practical deliverables that achieve outcomes
- co-ordination of national activity to help regional and local implementation.

We divided our work into seven key programme areas, though with much cross-programme collaboration. Two years later, as we complete our work, this briefing will attempt to review in far too few words how well we have achieved our aims, as demonstrated by the products and partnerships we have initiated and taken forward and which will continue to inform service development and delivery.

Our *modus operandi* has been to work with and build on the expertise and knowledge of the people out there delivering and managing services and, very importantly, those receiving mental health services, and their carers.

All our policy and practice development work has involved the key organisations representing health and social care and the voluntary, statutory and independent sectors. But these organisations and agencies have come not just from within the traditional mental health arena.

We have worked with housing associations, financial organisations, employment and many other agencies whose activities and concerns include aspects of the lives and healthcare of people with mental health problems. Our aim has been to take mental health into the mainstream, and to bring the mainstream (by that I mean the issues that are important to every one of us and contribute to our wellbeing, regardless of our mental health diagnosis, such as work, homes, relationships, money, family) into mental health care.

[Read more >>](#)



# briefing.



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IAN MCPHERSON ON  
NMHDU'S CLOSURE

MENTAL HEALTH  
COMMISSIONING PROGRAMME

IMPROVING ACCESS TO  
PSYCHOLOGICAL THERAPIES

MENTAL HEALTH  
EQUALITIES PROGRAMME

PROMOTING SOCIAL INCLUSION  
AND SOCIAL JUSTICE

IMPROVING MENTAL HEALTH  
CARE PATHWAYS

PROMOTING WELLBEING  
AND PUBLIC MENTAL HEALTH

PERSONALISATION IN  
MENTAL HEALTH

## ON CLOSING NMHDU – THE ACHIEVEMENTS, THE LEARNING AND THE CHALLENGES AHEAD – IAN MCPHERSON (continued)

Talk of mainstreaming mental health may be something of a cliché but it still needs to happen. Mental health is only partially about the commissioning and provision of specialist services by the NHS and social care. Yes, we need access to high quality, effective and timely services but they will not have the greatest impact on people's mental health.

So, to our objectives. Yes, we have provided specialist expertise and advice to government departments and policy-makers. Key examples include our public mental health and wellbeing programme that has informed the growing national public health and wellbeing agenda, and our employment and mental health work that has helped shape the welfare to work agenda. Learning from the equalities programme has been crucial in highlighting the challenges of the new Equalities Act commitment across public services for those who experience mental health problems.

Yes, we have amassed and disseminated quantities of information on mental health and social care, drawing not just on what's published in the research journals – a lot of our work has been about collecting and disseminating the practical information and knowledge that is inside the heads of the experts working out there on the frontline and in service development.

We have also supported major national and regional programme implementation – notably, NMHDU has led the IAPT programme that will continue to roll out access to talking therapies across all areas and all age groups, and draw in those with severe as well as mild and moderate mental ill health.

And last, but not least, we have provided a bridge between the Department of Health and the other major stakeholders in the mental health arena and have creatively used these stakeholders' expertise and their networks of influence to shape policy, practice and governance. We have worked with the Royal Colleges representing healthcare professionals, the NHS Confederation, the Association of Directors of Social Services, the National Survivor User Network and many, many more. This is, of course, a much more powerful approach than the traditional approach to policy implementation, often perceived by those on the receiving end as simply yet another top-down dictat.

When we were established there was a debate about whether an agency like NMHDU was needed at national level. I believe we have demonstrated by our actions that there was indeed a gap that needed to be filled.

This, it must be said, presents a challenge now – how to fill this gap between policy and practice when NMHDU has gone, especially during the coming period of transition while the new NHS structures are not yet bedded in and the new agencies responsible for monitoring and delivering on the policy aims are coming into being at a time of major financial constraints across the public sector.

The challenge to the Department of Health and also the whole mental health community is to make sure that mental health and wellbeing maintain the high profile to which NMHDU has contributed over the past two years.



# briefing.

policy into practice

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Development Unit

www.nmhdu.org.uk

ISSUE 7

MARCH 2011

IAN MCPHERSON ON  
NMHDU'S CLOSURE

MENTAL HEALTH  
COMMISSIONING PROGRAMME

IMPROVING ACCESS TO  
PSYCHOLOGICAL THERAPIES

MENTAL HEALTH  
EQUALITIES PROGRAMME

PROMOTING SOCIAL INCLUSION  
AND SOCIAL JUSTICE

IMPROVING MENTAL HEALTH  
CARE PATHWAYS

PROMOTING WELLBEING  
AND PUBLIC MENTAL HEALTH

PERSONALISATION IN  
MENTAL HEALTH

## MENTAL HEALTH COMMISSIONING PROGRAMME

### [Mental health commissioning programme >](#)

Partnership is key to commissioning and to the work of the NMHDU commissioning programme. All of the work has been developed with people directly involved in commissioning services in the NHS and in Local Authorities as well as those who use these services and those who care for them. Some key products have been:

#### **Practical mental health commissioning: a framework for local authority and mental health commissioners**

A very new product is the first of three publications written for commissioners of mental health and social care services – those currently in post but also the new GP commissioning consortia.

This framework sets the policy scene and changing commissioning landscape and describes how the commissioning process currently works, before going on to outline 'what mental health commissioners need to know' if they are to ensure they invest in provision that meets the breadth of local population need, including public mental health and preventive interventions, in the most cost-effective, cost-efficient and clinically effective way.

Partnership is key, through the new Health and Wellbeing Board structures, and between commissioners and clinicians on the frontline. It is envisaged that Parts 2 and 3 will be produced under the aegis of the Joint Commissioning Panel (see below).

[This will be available here when published >](#)

#### **Planning mental health services for young adults – improving transition**

This resource for health and social care commissioners is part of a suite of materials produced with the National CAMHS Support Service and SCIE to improve the care and support provided to young people aged 16–19 and their families as they make the transition between CAMHS and adult mental health (or other) services. This transition has been a long-standing problem in mental health services.

This guide has been written for commissioners to help them support the development of better models and systems so that vulnerable young people are not left without adequate and appropriate services to help them through this critical period in their lives.

[Download a copy >](#)

#### **Engagement in the commissioning cycle: a guide for service users, carers, the public, GPs, commissioners and other stakeholders in mental health care services**

Involving service users and carers in the commissioning process remains an important principle of the Coalition Government's reforms to the NHS commissioning system and structures. This guide to best practice is based on research carried out by the voluntary sector organisation Making Space for NMHDU and the Mental Health Improvement Programme. It gives an overview of real and perceived barriers to engagement and involvement in the commissioning cycle from the perspectives of service users, carers, GPs, commissioners, service providers and the general public, and makes recommendations on how best to embed user and carer involvement and engagement in the commissioning process.

[This will be available here when published >](#)

[Next page >>](#)



# briefing.

policy into practice

National Mental Health Development Unit

www.nmhd.org.uk

ISSUE 7

MARCH 2011

IAN MCPHERSON ON NMHDU'S CLOSURE

MENTAL HEALTH COMMISSIONING PROGRAMME

IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES

MENTAL HEALTH EQUALITIES PROGRAMME

PROMOTING SOCIAL INCLUSION AND SOCIAL JUSTICE

IMPROVING MENTAL HEALTH CARE PATHWAYS

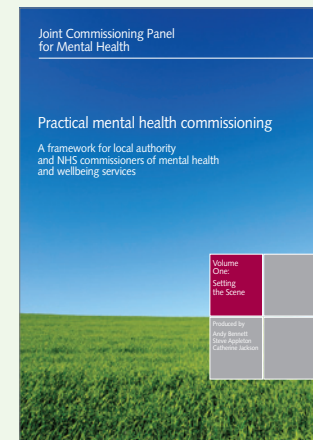
PROMOTING WELLBEING AND PUBLIC MENTAL HEALTH

PERSONALISATION IN MENTAL HEALTH

## MENTAL HEALTH COMMISSIONING PROGRAMME >

Our work on commissioning will be continued by the Joint Commissioning Panel (JCP) we have helped to establish. This is a collaboration between the Royal College of General Practitioners, the Royal College of Psychiatrists, the Association of Directors of Adult Social Services and the NHS Confederation and Mind and Rethink representing the Voluntary Sector.

Co-production with service users is seen as a priority, and the JCP works closely includes direct service user representation on the panel. The JCP are keen to take forward the programme work and build on its achievements to date.





# briefing.

policy into practice

National Mental Health  
Development Unit

www.nmhdu.org.uk

ISSUE 7

MARCH 2011

IAN MCPHERSON ON  
NMHDU'S CLOSURE

MENTAL HEALTH  
COMMISSIONING PROGRAMME

IMPROVING ACCESS TO  
PSYCHOLOGICAL THERAPIES

MENTAL HEALTH  
EQUALITIES PROGRAMME

PROMOTING SOCIAL INCLUSION  
AND SOCIAL JUSTICE

IMPROVING MENTAL HEALTH  
CARE PATHWAYS

PROMOTING WELLBEING  
AND PUBLIC MENTAL HEALTH

PERSONALISATION IN  
MENTAL HEALTH

## IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES

### Improving Access to Psychological Therapies >

NMHDU has led the development and roll-out of the IAPT programme to improve access to NICE-approved psychological therapies in primary and community settings for people with depression and anxiety disorders. Following the closure of NMHDU, a transitional team will continue this work into 2011/12 to take forward the next phase of development set out in the recent report **Talking Therapies: a four-year plan of action**.

A total of 3660 high and low intensity therapists have been trained to date, since the IAPT launch in 2008, and 147 out of 151 PCTs have a service in at least part of their area. In IAPT the patient's condition is formally assessed at every session. This allows patients to see the progress they are making towards recovery, and staff to benchmark their performance.

By December 2010, nearly half a million people had accessed IAPT services, with around 100,000 being helped to recover from depression and anxiety disorders and very nearly 18,000 people had moved off sick pay and benefits and started or returned to work following their treatment.

### Talking therapies: a four-year plan of action

The four-year plan of action (available on the [Department of Health website](#)) reports IAPT achievements to date and how it will complete roll-out of the programme through six core elements: expanding the training programme for therapists, improving access for older people, delivering improved quality standards, delivering improved choice and equity of access for all, and supporting employment and other activity.

### Developing IAPT

The Coalition Government has pledged continued investment in IAPT, both to continue to roll-out the programme to adults of all ages (it currently covers some 60% of the working age adult population), to ensure improved access for older adults, and to develop models of care for previously excluded groups. From 2011 IAPT will:

- complete the nationwide roll-out of IAPT services for adults of all ages, with a specific focus on ensuring access to people over 65
- introduce a stand-alone programme for children and young people
- extend talking therapies to people with physical long-term conditions or medically unexplained symptoms
- expand access to talking therapies services to people with severe mental illness.

The continued development will be supported up to 2015 by £400 million in Government funding on top of the current £173 million annual PCT baseline allocation.

### Learning and development support

Central to the IAPT programme is the support it provides to PCTs and practitioners developing their own services. [The IAPT website](#) contains a wealth of resources, training tools, materials, guidance, research and good practice examples. The site has recently been redesigned to make it easier to navigate and more user-friendly.



# briefing.

policy into  
practice

National Mental Health  
Development Unit

www.nmhdu.org.uk

ISSUE 7

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IAN MCPHERSON ON  
NMHDU'S CLOSURE

MENTAL HEALTH  
COMMISSIONING PROGRAMME

IMPROVING ACCESS TO  
PSYCHOLOGICAL THERAPIES

MENTAL HEALTH  
EQUALITIES PROGRAMME

PROMOTING SOCIAL INCLUSION  
AND SOCIAL JUSTICE

IMPROVING MENTAL HEALTH  
CARE PATHWAYS

PROMOTING WELLBEING  
AND PUBLIC MENTAL HEALTH

PERSONALISATION IN  
MENTAL HEALTH

## MENTAL HEALTH EQUALITIES PROGRAMME

### [Mental health equalities programme >](#)

One of the most significant achievements of the Mental Health Equalities programme has been its work to support understanding of the need for an integrated approach to promoting equality. Single characteristics – race, gender, age or sexual orientation – will continue to be significant factors in how people experience mental health care and treatment, but mental health is more often determined by overlapping factors such as identity and culture, and also social and economic circumstances and influences.

All documents below are available to [download from this link](#)

### **Race Equality Action Plan: a five year review**

Published late in 2010, this comprehensive report details the learning and achievements from the five-year national Delivering Race Equality action plan. It reports the projects initiated under the DRE umbrella and the progress towards improving the experience, access and outcomes from mental health treatment and services for people from BME communities, and ends with proposals for how the DRE programme work can inform current and future work to address inequalities in mental health and social care.

### **Delivering male: effective practice in male mental health**

Building on an earlier report on men's mental health needs, this publication, commissioned by NMHDU from Mind and Men's Health Forum, sets out some suggested solutions – a range of models and innovative ways to engage with men and help them recognise and seek help if they have mental health or emotional problems. The report covers primary and secondary care services, and community based work and informal support. Men also have gender-specific needs, the report argues, and men themselves can be an effective source of peer support.

### **National perinatal mental health project report**

This is a ground-breaking review of perinatal mental health service provision for black and minority ethnic women in England, Scotland and Wales. Based on surveys and existing research knowledge, the report concludes that the current patchy and fragmented provision affects all women, regardless of their backgrounds, but that BME women are more likely to find it hard to access services, due to a combination of structural factors, such as unavailability of BME therapists and lack of culturally-sensitive care pathways, and personal and cultural factors, such as attitudes and beliefs about mental health and illness. The project calls for more holistic care pathways to ensure BME women do not fall through the net.

[Next page >>](#)



# briefing.

policy into practice

National Mental Health Development Unit

www.nmhd.org.uk

ISSUE 7

MARCH 2011

IAN MCPHERSON ON NMHDU'S CLOSURE

MENTAL HEALTH COMMISSIONING PROGRAMME

IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES

MENTAL HEALTH EQUALITIES PROGRAMME

PROMOTING SOCIAL INCLUSION AND SOCIAL JUSTICE

IMPROVING MENTAL HEALTH CARE PATHWAYS

PROMOTING WELLBEING AND PUBLIC MENTAL HEALTH

PERSONALISATION IN MENTAL HEALTH

## MENTAL HEALTH EQUALITIES PROGRAMME

### Let's Respect care homes guide (to be published shortly)

Produced as part of the NMHDU Let's Respect initiative, this comprehensive, accessible guide for care homes and their staff covers the fundamental principles of person-centred care of older people with dementia, depression and other mental health difficulties.

It draws heavily on life story work and person centred approaches – a national network and resource originally supported by the NMHDU equalities programme and now stand-alone – and covers symptoms and treatments and also, importantly, environmental and social factors that can both cause and alleviate mental distress and behavioural problems, and the need to involve the family.

### Management of depression in older people fact sheet

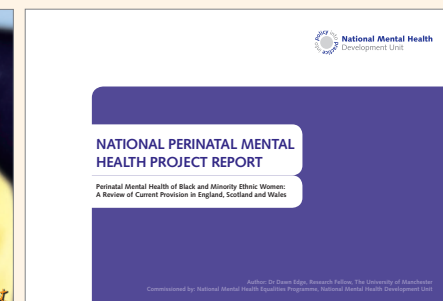
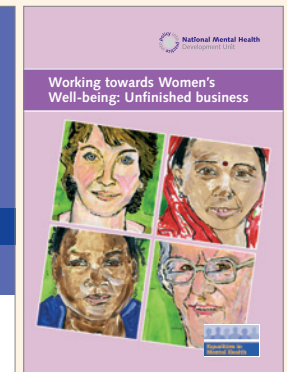
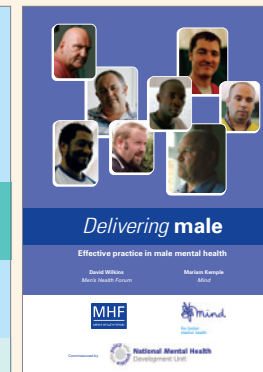
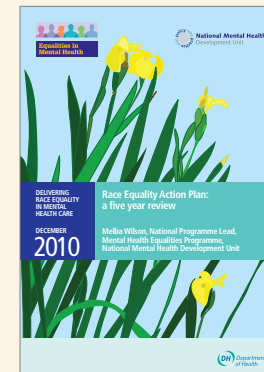
Produced for GPs and primary care staff. It has been widely disseminated including through the Royal College of GPs and the Royal College of Psychiatrists.

### Working Towards Women's Wellbeing

A report on achievements to date in improving services and support for women with mental health needs

### Deaf people and mental health services (to be published shortly)

A new leaflet which provides information to enable services to better meet the needs of Deaf people for whom accessing services at all levels is a major challenge.





# briefing.



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Development Unit

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ISSUE 7

MARCH 2011

IAN MCPHERSON ON  
NMHDU'S CLOSURE

MENTAL HEALTH  
COMMISSIONING PROGRAMME

IMPROVING ACCESS TO  
PSYCHOLOGICAL THERAPIES

MENTAL HEALTH  
EQUALITIES PROGRAMME

PROMOTING SOCIAL INCLUSION  
AND SOCIAL JUSTICE

IMPROVING MENTAL HEALTH  
CARE PATHWAYS

PROMOTING WELLBEING  
AND PUBLIC MENTAL HEALTH

PERSONALISATION IN  
MENTAL HEALTH

## PROMOTING SOCIAL INCLUSION AND SOCIAL JUSTICE

[Promoting social inclusion and social justice >](#)

### 1: HOUSING AND EMPLOYMENT

NMHDU was originally commissioned to provide national support to the implementation of Public Service Agreement (PSA) 16 on accommodation and employment outcomes for people in contact with secondary mental health services. Since May 2010, activity has focused on sustaining national and regional networks, whilst identifying opportunities within the new policy landscape to ensure the inclusion agenda (and legacy of the PSA 16 work) continues to be addressed within the Coalition Government NHS reforms, outcomes for public health and social care, localism, welfare reform and the ongoing NHS efficiency programme delivered through the QIPP agenda.

#### Home ownership guide

The National Housing Federation (NHF), in partnership with NMHDU, will shortly be publishing a guide outlining home ownership options for people with mental health problems, including the HOLD (Home Ownership for people with Long Term Disabilities) scheme. This will provide an update to the NHF 1998 publication, Mental Health and Home Ownership.

#### Commissioning for improved housing outcomes

NMHDU have commissioned a piece of work on how to locate housing in future commissioning structures, with a focus on QIPP and personalisation. This will be published in March as a web resource on the NMHDU website. Key products within this work include practical resources to support commissioners when making the case for supply chain integration between housing associations and NHS mental health

provider trusts, and a series of briefings that highlight good practice across the range of commissioning audiences, including the NHS, GPs and local authorities.

Measuring the effectiveness of housing support services for people with mental health problems This month (March) the University of York and the National Housing Federation will be publishing a review, commissioned by NMHDU, on how to demonstrate systematically the effectiveness and benefits of housing-related support for working age adults with mental health problems. The review, conducted by the University's Centre for Housing Policy and Hull York Medical School, outlines a range of existing validated measures and sets out a practical evaluation methodology that can be used by organisations with limited resources for research. [It can be viewed here](#)

#### Housing and housing support in mental health and learning disabilities: its role in QIPP

Commissioned by the Deputy Regional Director for Social Care in Yorkshire & Humber, in partnership with NMHDU, this report outlines the important contribution that housing and housing-related support can make to the QIPP agenda in mental health and learning disabilities.

It argues that effective mental health and learning disability commissioning must be a shared activity with many different partners, including housing. It identifies the key issues for commissioners and providers in relation to the provision of good quality housing and housing-related support, and demonstrates how housing can improve productivity, maximise recovery and reduce the need for inpatient, residential and nursing home care and out of area placements.

[Next page >>](#)



# briefing.



National Mental Health  
Development Unit

www.nmhdu.org.uk

ISSUE 7

MARCH 2011

IAN MCPHERSON ON  
NMHDU'S CLOSURE

MENTAL HEALTH  
COMMISSIONING PROGRAMME

IMPROVING ACCESS TO  
PSYCHOLOGICAL THERAPIES

MENTAL HEALTH  
EQUALITIES PROGRAMME

PROMOTING SOCIAL INCLUSION  
AND SOCIAL JUSTICE

IMPROVING MENTAL HEALTH  
CARE PATHWAYS

PROMOTING WELLBEING  
AND PUBLIC MENTAL HEALTH

PERSONALISATION IN  
MENTAL HEALTH

## PROMOTING SOCIAL INCLUSION AND SOCIAL JUSTICE

### Working for mental health website

We have launched, alongside No health without mental health, a new website on work and mental health at [www.workingformentalhealth.dh.gov.uk](http://www.workingformentalhealth.dh.gov.uk). The website contains a range of information to help support employment outcomes for people with mental health problems. The site, which is hosted by the Department of Health, creates a major database of tools, research, policy documents, training materials and regional information about what employment support services and initiatives are available. It will be invaluable both for making the case for investment in employment support and developing local employment support services.

### 2: SHIFT

SHIFT has been working to tackle the stigma and discrimination directed towards people with experience of mental health problems, with a focus on employment, the media, black and minority ethnic communities, young people, and sports and physical health. SHIFT products will continue to be available to the general public, employers, NHS services and the media from its website at [www.shift.org.uk](http://www.shift.org.uk), and key services, such as the Speakers Bureau and the Stigma Watch website, will continue to be provided by partner organisations.

### The Line Managers Resource

This is a guide for line managers on how best to manage and support people with mental health problems in the workplace. The Employers Forum on Disability and Mental Health First Aid are currently producing their own updated versions.

### Working it out

A staff training video on managing mental health at work can be viewed on [our website](#) and on YouTube.

### The SHIFT Speakers Bureau

The Speakers Bureau is a bank of people with experience of mental ill health who are available to do media interviews and speak at conferences. The Bureau will in future be hosted by the Mental Health Foundation and contactable through the MHF press office.

### Stigma watch

Wordsmatter is a website run by mental health charity ok2b for SHIFT that alerts subscribers to media stories they may wish complain about. This service will continue from [www.wordsmatter.org.uk](http://www.wordsmatter.org.uk)

Other useful guidance and reports that will remain available on the SHIFT website include:

- **What's the Story?** – a handbook for journalists on reporting mental illness and suicide
- **Making a Drama out of a Crisis** – a report on the depiction of people with mental health problems in TV drama
- **Giving a Voice** – guidance for organisations on how to meaningfully involve people with experience of mental health problems, based on SHIFT's own Expert Advisors group, who advised the programme over its five year life.



# briefing.

policy into practice

National Mental Health  
Development Unit

www.nmhdu.org.uk

ISSUE 7

MARCH 2011

IAN MCPHERSON ON  
NMHDU'S CLOSURE

MENTAL HEALTH  
COMMISSIONING PROGRAMME

IMPROVING ACCESS TO  
PSYCHOLOGICAL THERAPIES

MENTAL HEALTH  
EQUALITIES PROGRAMME

PROMOTING SOCIAL INCLUSION  
AND SOCIAL JUSTICE

IMPROVING MENTAL HEALTH  
CARE PATHWAYS

PROMOTING WELLBEING  
AND PUBLIC MENTAL HEALTH

PERSONALISATION IN  
MENTAL HEALTH

## IMPROVING MENTAL HEALTH CARE PATHWAYS

### Improving mental health care pathways >

Improving people's journeys through the mental health system is key both to recovery and to effective and efficient use of resources. We have worked with a range of partner organisations and agencies to research and produce guidance and resources for commissioners, service providers and users and carers across the breadth of mental health specialisms.

#### Efficiency in mental health services: supporting improvements in the acute care pathway

Managing bed use and ensuring that appropriate alternatives to hospital are available poses considerable challenges to the mental health system. This briefing, produced with the NHS Confederation Mental Health and Primary Care Trust Networks and the Audit Commission, offers guidance and a model for reviewing the acute care pathway to help commissioners and providers identify and analyse variations in bed use and make best use of resources.

#### Improving mental health service transitions for young people

A joint initiative with National CAMHS Support Service (NCSS) and the Social Care Institute for Excellence (SCIE), this ambitious project has produced a suite of guidance, information, learning and service development tools to help local commissioners, providers, practitioners and young people and their families tackle the long-standing problem of poor planning and poor management of transitions for young people aged 16–19 as they move from child and adolescent to adult mental health services. The products include a guide to improving transitions for health and social care commissioners; guides on policy and rights relating

to services and transition for professionals, young people and parents/carers (published with YoungMinds); research and good practice research reports and reviews, and online and e-learning tools, all available from the NMHDU website and from [www.chimat.prg.uk](http://www.chimat.prg.uk) and [www.scie.org.uk](http://www.scie.org.uk)

#### Unlocking pathways to forensic mental health services

Produced with the Centre for Mental Health, this new report details findings from research into care pathways between prisons and forensic mental health services. It looks at the current problems and blocks and suggests new ways to improve systems and flow, including alternative models. The report will address barriers, transfers, bed occupancy and bed management, cost-effectiveness, achieving the right balance between prison and secure provision for offenders with mental health needs, and forensic aftercare.

#### Scoping the potential of community and voluntary organisations (CVOs) to deliver Criminal Justice Liaison and Diversion (CJLD) services

This report, produced by GVA Grimley for NMHDU, arises from the Bradley report recommendations that more and better provision should be made to ensure people with mental health needs and those with learning disabilities are diverted out of the criminal justice system at an early stage and receive appropriate treatment in appropriate care settings. Based on research among existing CVOs to identify current good practice, the report highlights the potential for increased involvement of the community and voluntary sector in CJLD services.

Next page >>



# briefing.



National Mental Health  
Development Unit

www.nmhdou.org.uk

ISSUE 7

MARCH 2011

IAN MCPHERSON ON  
NMHDU'S CLOSURE

MENTAL HEALTH  
COMMISSIONING PROGRAMME

IMPROVING ACCESS TO  
PSYCHOLOGICAL THERAPIES

MENTAL HEALTH  
EQUALITIES PROGRAMME

PROMOTING SOCIAL INCLUSION  
AND SOCIAL JUSTICE

IMPROVING MENTAL HEALTH  
CARE PATHWAYS

PROMOTING WELLBEING  
AND PUBLIC MENTAL HEALTH

PERSONALISATION IN  
MENTAL HEALTH

## IMPROVING MENTAL HEALTH CARE PATHWAYS

### Recovery and resilience: African, African-Caribbean and South Asian women's narratives of recovering from mental distress

Commissioned by NMHDU and published by the Mental Health Foundation, this report suggests approaches to recovery that are shaped specifically to meet the needs of African, Caribbean and South Asian women. Based on in-depth interviews with 27 women about their experiences of recovery from mental or emotional distress and what helped them, it is accompanied by an online good practice guide, a booklet describing the journeys of recovery, and an anthology of the 27 narratives. It is available from the MHF website at [www.mhf.org.uk](http://www.mhf.org.uk)

### Implementing Recovery – Organisational Change

NMHDU have funded a major national study to identify the key organisational challenges which stand in the way of mental health services being more supportive of Recovery processes for those using them and their family, friends and carers. The study is titled 'Implementing Recovery – Organisational Change' across 30 sites in England.

Selected sites are being provided with consultancy support from a team of national experts to help them use an organisational challenge framework to identify locally relevant goals, implement actions and review progress. They will also receive specific help to develop local service users as trainers for staff and other service users in Recovery ideas and to explore the possibility of training service users to act as paid staff ('peer specialists') in mental health teams. Trusts will also have the opportunity to join 6 'learning sets' over the two years to share their experience and lessons learned with others who are trying to move towards more Recovery-oriented services.

The project is being delivered as a partnership between the Centre for Mental Health and the NHS Confederation who will continue in 2011/12.



# briefing.



National Mental Health Development Unit

www.nmhdu.org.uk

ISSUE 7

MARCH 2011

IAN MCPHERSON ON NMHDU's CLOSURE

MENTAL HEALTH COMMISSIONING PROGRAMME

IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES

MENTAL HEALTH EQUALITIES PROGRAMME

PROMOTING SOCIAL INCLUSION AND SOCIAL JUSTICE

IMPROVING MENTAL HEALTH CARE PATHWAYS

PROMOTING WELLBEING AND PUBLIC MENTAL HEALTH

PERSONALISATION IN MENTAL HEALTH

## PROMOTING WELLBEING AND PUBLIC MENTAL HEALTH

### Promoting wellbeing and public mental health >

Promoting wellbeing and public mental health feature strongly in the Coalition Government's health, social care and public health and mental health strategies. NMHDU has been working closely with a number of partner organisations to produce a body of resources to help inform and guide NHS, Public Health, GP and local government commissioners, a range of providers and the soon to be established Public Health England agency and local Health and Wellbeing Boards.

### The role of local government in promoting wellbeing

Jointly commissioned by Local Government Improvement and Development and NMHDU and written by the New Economics Foundation (nef), this report examines how local government can support and promote wellbeing, and help achieve a better life for local populations and build resilient communities, both now and in the long term.

### Commissioning mental wellbeing for all: a toolkit for commissioners

Commissioned by NMHDU and written by a team from the University of Central Lancashire, this toolkit identifies the ten key areas where evidence-based interventions have been shown to make a significant contribution to improving mental wellbeing at population level and lists key resources to support the commissioning processes. An accompanying Leadership Brief for Boards and Senior Managers provides those in leadership positions across the NHS, local government and other sectors with the evidence base to support arguments for investing in wellbeing and mental health promotion and the prevention of mental health problems.

### Assessing wellbeing impact

A toolkit and self-assessment programme, commissioned by NMHDU and produced by the English National Mental Wellbeing Impact Assessment Collaborative, has been recently extensively revised and updated. The toolkit is easily adapted to local circumstances and is useful for any organisation that wants to assess the impact of their work on the wellbeing of their service users and/or the local community. This resource is particularly helpful for emerging local Health and Wellbeing Boards.

[Next page >>](#)



# briefing.



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IAN MCPHERSON ON  
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CARE PATHWAYS

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AND PUBLIC MENTAL HEALTH

PERSONALISATION IN  
MENTAL HEALTH

## PROMOTING WELLBEING AND PUBLIC MENTAL HEALTH

### Mental wellbeing checklist

This is a simple checklist tool for use on its own or alongside the wellbeing impact assessment toolkit. The checklist identifies the major influences on and determinants of mental wellbeing and is designed to help inform local commissioning, development, review, delivery or evaluation of services and initiatives to promote mental wellbeing.

### Public mental health and wellbeing – the local perspective

Drawing on the views of more than 140 leaders across the NHS, public health, primary care and local government, this report, undertaken by the NHS Confederation in partnership with NMHDU, identifies a number of key themes for future work in public mental health and wellbeing. The report also describes five case studies from across England.

A number of publications are currently in production. They include:

- **Ways to wellbeing**

Jointly commissioned by the Department of Health and the Department of Business, Innovation and Skills (BIS), supported by NMHDU and written by nef, the final report on this piece of work will outline ways to communicate wellbeing messages to the general public and vulnerable groups.

- **The Big Society and mental health**

Commissioned by NMHDU from the user-led social enterprise Social Spider, this discussion paper will argue that mental health groups and organisations already have the social and entrepreneurial skills to take forward initiatives under the umbrella of the Big Society – not just in mental health provision but also in delivering improved public services to the wider local community.

- **Mental health, resilience and inequalities**

This influential report, originally published by WHO Europe in 2009, sets out the compelling evidence for action to tackle inequalities in mental health at national and local government levels. NMHDU, the NHS Confederation and WHO Europe have jointly commissioned the author, Dr Lynne Friedli, to update the report with the latest evidence from international studies and to add to it a framework for community action.

- **Public mental health reviews**

Eight comprehensive evidence reviews of effective public mental health interventions and programmes are to be published by the Department of Health with NMHDU support.

All these products will be available on the NMHDU website, and those of the partner commissioning organisations and others.



# briefing.

policy into practice

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AND PUBLIC MENTAL HEALTH

PERSONALISATION IN  
MENTAL HEALTH

## PERSONALISATION IN MENTAL HEALTH

### Personalisation in mental health >

This programme's energies have been focused on two main themes: promoting personalisation in mental health services, and supporting the roll-out of personal health budgets in mental health.

### Paths to personalisation

NMHDU has extensively reviewed and updated its well-used Paths to Personalisation guide. This is a comprehensive, multi-media resource designed to help anyone with any involvement in mental health to understand the concept of personalisation and how to make it a reality for people with mental health needs. It provides information about what personalisation means for mental health services, examples of what needs to be in place to make personalisation work, examples of good practice and sources of advice and information. Written for users of mental health services and carers, as well as practitioners, professionals, health and social care commissioners and senior executives and board members, it also encourages people to look across the system to identify the wide span of agencies and organisations whose sign-up to personalisation is needed if it is to make a real difference to the individual service user.

### Personal health budgets

The Department of Health's pilot personal health budget pilot programme ends in April 2012. NMHDU has been supporting practitioners and managers in the 23 PCTs piloting the budgets in mental health through two national learning sets, and contributing to a national learning network hosted on the [Department of Health website](#), where participants can exchange information, discuss problems and share good practice, and through individual consultancy, advice and support.

NMHDU with the NHS Confederation has also commissioned detailed surveys of the views of different groups on the introduction of personal health budgets, including CEO's and Directors in Trusts and Local Authorities, six different mental health professions and those of users and carers.

These suggest that while personal health budgets have support in principle there is still a lot of uncertainty about how they will work in practice to promote personalisation.

### Governance and personalisation

Work that will continue after March includes a joint project with the Royal College of Psychiatrists and Association of Directors of Adult Social Services to produce guidance on clinical governance and personalisation. The guidance will provide clinicians with clear information on risk and accountability in the context of the more fluid and varied world that will emerge as personalisation becomes embedded throughout mental health services.