



Mental Health
Foundation

Annual Report 14/15



Annual Report and Financial Statements

31 March 2015

Company Limited by Guarantee
Registration Number
02350846 (England and Wales)

Charity Registration Numbers
801130 (England and Wales)
SC 039714 (Scotland)

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Reference and administrative information about the charity, its Trustees and advisers

Patron	HRH Princess Alexandra The Hon Lady Ogilvy KG GCVO
Trustees	Dr Stephen Beyer Douglas Blausten Kyla Brand Paul Hodgkinson CBE Karen Jackson Professor David Kingdon Kay Laurie Keith Leslie (Chair) Diane Moore James O'Leary Stephen Park (Honorary Treasurer) Adrian Stott
Secretary	Chris Hughes
President	Professor Dinesh Bhugra CBE
Vice Presidents	Lord Dholakia OBE JP Lady Euston Tessa Baring CBE Robert Loder CBE Sir Neville Macready Bt. CBE David Sachon Charles Walsh Mike Wilson
Chief Executive	Jennifer Edwards CBE
Registered and principal office	Colechurch House 1 London Bridge Walk London SE1 2SX
Website	www.mentalhealth.org.uk
Twitter	@MHF_tweets
Facebook	www.facebook.com/mentalhealthfoundation

Reference and administrative information about the charity, its Trustees and advisers

Company registration number 2350846 (England and Wales)

Charity registration numbers

England and Wales

801130

Scotland

SC 039714

Auditor

Buzzacott LLP
130 Wood Street
London
EC2V 6DL

Bankers

Coutts & Co
440 Strand
London
WC2R 0QS

Investment managers

CCLA Investment Management Ltd
COIF Charity Funds
Senator House
85 Queen Victoria Street
London
EC4V 4ET

Solicitors

Bates Wells Braithwaite LLP
10 Queen Street Place
London
EC4R 1BE

The Trustees present their statutory report together with the financial statements of the Mental Health Foundation (the "Foundation") for the year ended 31 March 2015.

The report has been prepared in accordance with Part VIII of the Charities Act 2011 and constitutes a directors' report for the purpose of company legislation.

The financial statements have been prepared in accordance with the accounting policies set out on pages 41 and 42 of the attached financial statements and comply with the charitable company's memorandum and articles of association, applicable laws and the requirements of the Statement of Recommended Practice on "Accounting and Reporting by Charities" issued in March 2005.

STRUCTURE, GOVERNANCE AND MANAGEMENT

Constitution

The Mental Health Foundation is constituted as a company limited by guarantee, Company Registration No. 2350846 (England and Wales), and is a registered charity, Charity Registration Nos. 801130 (England and Wales) and SC 039714 (Scotland).

Members' liability

In the event of the charitable company being wound up during the period of membership or within the year following, company members are required to contribute an amount not exceeding £10.

Trustee appointment and recruitment

The appointment of Trustees is recommended by the Appointments Committee and finally determined by the Board as a whole. New Trustees are sought through a number of different routes and initial interviews are conducted by the Chair and Chief Executive. From time to time Trustee posts may be advertised. An annual skills audit is carried out for Trustees and this is used to identify gaps in the collective experience and knowledge of the Board.

Induction and training of Trustees

New Trustees' induction is carried out by the Chief Executive and they are invited to spend time with any Department of the Foundation in which they are interested. In addition, they undergo a collective annual self-appraisal together with the skills audit. Training is provided as required.

Project delivery by the charity

Projects are delivered through a combination of in-house and external research, practice development, publications and other dissemination activities. Projects are supported by advisory committees of experts, if required. The Foundation has well-developed links with central Government, the Scottish and Welsh Governments, health, housing and social services agencies across the United Kingdom, as well as professional bodies, academic research centres and voluntary sector organisations. It is committed to partnership work wherever this will maximise effectiveness and impact.

The Trustees

The Trustees constitute directors of the charitable company for the purposes of the Companies Act 2006.

Trustees are elected by company members at the Annual General Meeting. Each trustee serves for a period of three years and may be re-elected for a second three-year period. At any one time there must be a minimum of 10 Trustees and a maximum of 30.

The following Trustees were in office up to the date of signing the financial statements and served throughout the year except where shown:

Trustees	Appointed/ Resigned
Dr Stephen Beyer	
Professor Dinesh Bhugra CBE (Chair)	Resigned July 2014
Douglas Blausten	
Kyla Brand	
Paul Hodgkinson CBE *	
Karen Jackson	Appointed July 2014
Professor David Kingdon	
Kay Laurie	
Keith Leslie (Chair)*	
Harry MacAuslan	Resigned February 2015
Catherine McLoughlin CBE	Resigned August 2015
Diane Moore *	
James O'Leary	
Stephen Park *	Appointed July 2014
Adrian Stott	

*Denotes membership of the Finance and Resources Committee, which is a sub-committee of the Board of Trustees.

No Trustee received any remuneration during the year (2014 – £nil). Expenses totalling £4,073 (2014 - £2,320) were reimbursed to, or paid on behalf of, 3 (2014 – 3) Trustees during the year.

No Trustee had any beneficial interest in any contract with the Foundation during the year.

Statement of Trustees' responsibilities

The Trustees (who are also directors of the Mental Health Foundation for the purposes of company law) are responsible for preparing the Trustees' report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

Company law requires the Trustees to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the charity and of the incoming resources and application of resources, including the income and expenditure, of the charity for that period.

In preparing these financial statements, the Trustees are required to:

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Statement of Recommended Practice (Accounting and Reporting by Charities) (the Charities' SORP);
- make judgments and estimates that are reasonable and prudent;
- state whether applicable United Kingdom Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements; and
- prepare the financial statements on a going concern basis unless it is inappropriate to presume that the charity will continue in operation.

The Trustees are responsible for keeping adequate accounting records that disclose with reasonable accuracy at any time the financial position of the charity and enable them to ensure that the financial statements comply with the Companies Act 2006, the Charities and Trustee Investment (Scotland) Act 2005 and the Charities Accounts (Scotland) Regulations 2006. They are also responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The Trustees are responsible for the maintenance and integrity of financial information included on the charity's website. Legislation in the United Kingdom governing the preparation and dissemination of accounts may differ from legislation in other jurisdictions.

Each of the Trustees confirms that:

- so far as the Trustee is aware, there is no relevant audit information of which the charity's auditor is unaware; and
- the Trustee has taken all the steps that he/she ought to have taken as a trustee in order to make himself/herself aware of any relevant audit information and to establish that the charity's auditor is aware of that information.

This confirmation is given and should be interpreted in accordance with the provisions of s418 of the Companies Act 2006.

Senior executives		Appointed/Resigned
Jennifer Edwards CBE	Chief Executive	
Isabella Goldie	Director of Programmes and Delivery	Appointed September 2014
Matthew Sousa	Director of External Affairs	Appointed October 2014 and Resigned May 2015
John Trampleasure	Interim Director of External Affairs	Appointed July 2015
Chris Hughes	Director of Finance and Resources	Appointed December 2014

Employment policy

The Mental Health Foundation aims to ensure that it is an equal opportunities employer and applies objective criteria to assess merit. It aims to ensure that no job applicant or employee receives less favourable treatment on the grounds of age, race, colour, nationality, religion, ethnic or national origin, gender, marital status, sexual orientation or disability.

Selection criteria and procedures are reviewed to ensure that individuals are selected, promoted and treated on the basis of their relevant merits and abilities.

Pension arrangements

The Foundation operates an individual money-purchase scheme for all eligible members of staff, contributing 10% of pensionable salary to each employee's fund.

Connected charities and related parties

The Foundation has working relationships with a multiplicity of organisations, as described in 'Activities'. These are selected in order to add value to the nature and content of the programmes as effectively as possible.

Risk management

The Trustees regularly assess the major risks to which the charity is exposed through use of a risk register. Particular attention is paid to those risks relating to specific operational areas of the Foundation and its finances.

OBJECTIVES

The Mental Health Foundation is one of the UK's leading charities working to promote good mental health and to improve the lives of people affected by mental health problems or learning disabilities. The Foundation's vision is "To help us all live mentally healthier lives" and (through the Foundation for People with Learning Disabilities (FPLD) which forms part of the Mental Health Foundation) "To help people with learning disabilities live their life to the full". Its mission is "We put research into practice to help people survive, recover from and prevent mental health problems".

The strategic objectives of the Mental Health Foundation are:

Objective 1: The Foundation will work to make mental health a core issue in the UK by

- a) helping people to understand mental health and learning disabilities and challenging stigma;
- b) advocating mental health as being a key part of wider agendas (e.g. workplace, education);
- c) growing the amount and quality of mental health research at the Foundation and elsewhere.

Objective 2: The Foundation will work to improve services and community support for people with learning disabilities and people with mental health problems. Within this we will prioritise groups that have been neglected (e.g. young people, older people, carers/family carers, people from diverse communities) by policy and practice.

In addition, it aims to sustain its development through excellent management and high quality fundraising and support services. The Trustees are conscious that the Charities Act 2011 emphasises the requirement that all charities of every kind must be able to demonstrate that their work is of direct benefit to the public. The Trustees have considered the guidance on public benefit issued by the Charity Commission and believe that the aims of the charity and the activities that it provides are demonstrably of public benefit.

Activities

The activities of the Foundation are as follows:

- research and evaluation that identifies and explores issues in the mental health and learning disability fields;
- developing new models of practice, or helping roll out promising new models, in the mental health and learning disability fields;
- dissemination of research, good practice and service improvement work, in order to influence service providers, communities and public agencies in all parts of the UK and to develop appropriate policy and effective practice on the basis of the best available evidence;
- providing information on mental health and learning disabilities for professionals and the general public;
- providing education, training, analytic or policy materials and development support for those who work with people with mental health problems and learning disabilities; and
- providing support to enable service providers and commissioners to implement good practice.

Introduction and welcome by the Chief Executive, Jennifer Edwards CBE

This is an important time for the Mental Health Foundation and for the championing of better mental health in the UK. The scale of the problem is clear. The human cost to individuals and their loved ones is beyond measure. In addition, mental health problems cost the UK economy an estimated £70 – £100 billion each year. There is so much more that can and should be done to challenge and address this problem.

Traditionally, the focus has been on improving access to mental health services for those in need of support or crisis care and there is undoubtedly an imperative for improved public funding for services. However, as a society we also need to focus on bringing down the need for these services by aiming to achieve better mental health for all.

We rightly celebrate the substantial improvements that have been made over recent decades to provide prompt and high quality health care to people who develop cancer or heart disease. Outcomes for these conditions have improved as a result and we know that we owe much of this progress to the research efforts that have contributed to our knowledge about how to prevent these illnesses.

As a society we have become increasingly comfortable challenging and changing the factors that increase the likelihood of experiencing poor health. We now need to apply this approach to mental health by researching and growing our understanding of what leads to mental health problems. It will also be important to understand more about the patterns of risk different individuals and groups encounter, as mental health problems are not evenly distributed across society. Critically this knowledge has to be linked to practical models of service innovation and investment focused where solutions will have most impact.

This annual report outlines how the Mental Health Foundation is rising to the prevention challenge. It sets out how we research promising approaches, like self-management and mindfulness, so that we can offer sound advice and information.

The report also highlights how our reach extends beyond policy makers and practitioners to many communities with lived experience and expertise - using our networks and online resources and wider promotions such as Mental Health Awareness Week and World Mental Health Day. We are committed to sharing what we learn to enable people to take the necessary steps to reduce the risks for themselves and their families and to increase their resilience to life's challenges.

Finally, this report sets out our plans for the future and how we will develop and build on our expertise and existing programmes.

We have a stake in preventing future problems arising. I hope that you find this report helpful and that ultimately you are encouraged by the ways in which we are working and that you join us in being part of the movement to prevent mental health problems.

Mission

Our mission is to “put research into practice to help people survive, recover from and prevent mental health problems”. For over 65 years across the UK, the Mental Health Foundation has been securing better mental health for all. Our work is centred on prevention because we believe there is far more scope for interventions that prevent people developing mental health problems and help sustain recovery. Through research and evaluation we expand our understanding of how we can improve mental health. We then share this knowledge with decision makers and the public, advocating for supportive policies and the roll out of best practice more widely.

To help achieve good mental health for all across the nations of the UK, the Mental Health Foundation:

- Promotes research and understanding of how different group and individual life experiences are associated with mental ill health, drawing attention to the causes and ways to tackle these factors using evidence-based approaches.
- Creates and shares knowledge that empowers people, communities and organisations to understand the steps that can be taken to reduce the risks and increase resilience to mental health problems.
- Develops and delivers supportive techniques, including self-management and mindfulness, for people who have experienced mental health problems to help sustain recovery and prevent relapse.

How We Work

The Foundation identifies patterns of mental health problems and their causes. We research promising approaches so that we can offer sound advice, guidance and information. Our aim is to achieve change through taking an issue, examining available research and practice and where needed developing a fresh approach. We pilot this at increasing scale and eventually, where the evidence is good, promote the roll out of service innovation. This is supported through advocating for changes in policy, investment and practice. We place value on peer reviewed studies, on the expert opinion of those with lived experience and on solutions shown to work in real life settings.

Mental Health Through Life – 6 Key Areas of Focus

We apply a life-course approach to our work. Effective prevention has to take account of individual needs at different stages of life, differing levels of risk, the degree to which people may be struggling to cope, and the settings where messages can best reach them. To that end our activities focus on a number of specific areas. Some of which are presented below. In these we aim to develop the evidence base and create effective tools that empower individuals and communities to take steps to overcome the risks they face to their mental health.

Maternal Mental Health

There is a clear need to provide mothers with greater support to improve mental health outcomes. Maternal perinatal (pregnancy and the first year postnatal) mental health problems are the most common serious health complications of having a child in the UK, and one of the top three causes of maternal death. They have severe long-term negative effects on mothers, infants and wider family, but availability of care and support is often non-existent. As well as avoidable human suffering and long-term harm, economic costs exceed £8bn annually in the UK, of which 70% relate to effects on children.

Early Years and Family

Early attachment and effective parenting play a pivotal role in protecting the mental health and wellbeing of children. Half of all lifetime prevalence of mental health problems is established by age 14. The early years offer important opportunities for interventions to prevent mental health problems developing. It is a time when there is a high level of service engagement with families. Approaches that consider the family environment and parental education programmes have been shown to be effective. Taking account of the mental health of parents alongside children is vital, as children who have parents with mental health problems are considered to be at 3-4 times higher risk.

Children and Young People

There is good evidence to support the implementation of multi-component mental health programmes within schools. These programmes include teacher training, changes in school ethos, policies and environments and links to other community or specialist organisations. Universal programmes for all pupils can include curriculum-based interventions, promotion of pro-social behaviour and emotional literacy and anti-bullying programmes. Programmes can be progressive and tailored to take account of higher levels of need and risk amongst individual pupils, classes or schools. Targeted programmes include a focus on children who are displaying signs of emerging mental health or behavioural problems. There is also potential to apply this model across further education settings to support young people in transitions and within residential services to improve mental health outcomes for looked after young people.

Adults of Working Age

As we journey through life we encounter points of increased vulnerability or adversity that place our mental health at risk. The workplace is an important setting where the mental health of staff can be influenced for better or for worse. 'Whole workplace approaches' can usefully be applied to work progressively from universal approaches for all through to enhanced support for employees who experience mental health problems. Specific areas for improving mental health in the workplace include organisational strategies to increase employee control, Cognitive Behavioural Therapy, Mindfulness Based Cognitive Therapy, Mindfulness Based Stress Reduction and Problem Solving Therapy to facilitate return to work following mental health related absence.

Later Life

Loneliness puts older people at risk of depression. Interventions to reduce isolation can be effective preventative measures. Peer support, participatory arts and reminiscence therapy are promising interventions. They show a range of positive outcomes, including reduction in depression and improved self-esteem. Exercise has also been shown to have similar benefits. Understanding the causality of different types of dementia and how to prevent these is a major public concern. In the short and medium-term a full understanding and solutions are unlikely. However, much can be done to improve the wellbeing of people living with dementia, including advocating for the services and support that they need to live well.

The cumulative effects of mental health inequalities across the life course

Socio-economic disadvantage places people at greater risk of developing mental health problems. Children and adolescents living in the 20% lowest income households are 2 to 3 times more likely to develop mental health problems than those in the highest. This can set the scene for a spiral of disadvantage, deepening across the life course. There is also increasing awareness of the significance of social identity in mental health, coping and health outcomes. Long term experience of discriminatory attitudes such as racism or homophobia can place mental health at risk. Finally, people with co-morbid conditions, including physical and mental health problems, can gain particular benefits from self-management programmes and peer support provided by someone who has 'walked in their shoes' may also play an important support role.

Activities, Achievements and Performance 2014/15

Our work

Over the past year we have refocused our attention on the key area of prevention. We recognise that mental health services are critical but we know that a strong and effective lobby already exists for these. We consider that the Foundation can make the most difference by learning and sharing key lessons. In particular, what we can do as a society to prevent mental health problems occurring; to reduce risk for those most likely to experience them; and to reduce the impact on people's lives for those who have experienced mental health problems. Over the past year and across the coming five years we aim to work to influence policy makers, services and society as a whole to implement changes that have the strongest chance of reducing the prevalence of future mental health problems.

To build the prevention agenda we will engage with communities and public services to influence determinants of mental health. These will include those with an interest in social welfare, schools, and businesses. We have begun this work by developing our networks of practitioners and public service providers, academics, policy makers and those with a lived experience of mental health problems.

UK Wide Coalitions & Service User Forums

Our engagement work includes our creation of an empowerment network for people with dementia (DEEP); our ongoing coordination role for the Children and Young People's Coalition and our continued work to support people with a lived experience to have a voice through hosting VOX in Scotland and developing the Welsh Service Users' Forum.

Our UK-wide position gives us a unique perspective to translate learning from one nation to another across a range of settings and to join up initiatives and networks to achieve greater impact. As a result, over the last year, our self-management approaches have evolved into settings and places from prisons in Wales to young people living with long term conditions in Scotland.

Europe and Further Afield

Over the years we have worked on a number of European programmes, which has meant that we have been able to influence practice more widely but has also provided many opportunities to bring back knowledge that has enabled us to shape and influence thinking in the UK. A prime example of this is our anti-stigma work in Scotland – See Me. Here we created a model in partnership with the Scottish Association for Mental Health, shaped by our knowledge as one of the lead partners on the European anti-stigma programme – ASPEN.

Over the past year we completed our work to build advocacy capacity in Malawi and to support the replacement of long-stay psychiatric hospitals with less isolated community mental health services - for people with learning disabilities in Turkey. Here we brought our best thinking to apply a rights based advocacy approach. In turn, the process of co-production with people in Turkey and Malawi taught us much about working with the strengths and assets of the most marginalised communities.

Capacity for Change

Our new strategic direction means we have adapted to ensure we have the capacity required for the future. Therefore, we have reshaped our organisational structure and now have three departments operating at a national level: Development and Delivery, External Affairs and Finance and Resources. In addition, we have extended further our reach into Wales with the development and relocation of our Welsh Office to Cardiff and recruitment of a Head of Wales.

We have brought together research and policy to support an evidence-based approach to our policy messages and to create a research strategy informed by what we learn about the gaps in current knowledge and evidence from our work with the most senior policy makers.

Bringing together our Communications and Fundraising functions into an External Affairs Department is designed to help us build deeper relationships with our many different groups and networks of supporters. It is helping us to extend our engagement through many forms of communications and to reach out to new groups, including our growing business contacts. It is vital to the success of our work going forward that our supporters feel that they have ownership and a stake in our work – that they remain informed and connected and know that they are playing a key role in working alongside us to prevent mental health problems.

Policy Influence

The last year has brought with it some unprecedented policy influence, including our work as a member of the English Mental Health Policy Group, where we have collectively been successful in ensuring that mental health featured in the manifestos of all of the major parties for the first time in a general election. We also worked as part of an alliance to advocate for greater investment and focus on mental health research. Through the Children and Young People's Coalition we have provided input into the CAMHS taskforce in England, we worked with others to create the Learning Disability Alliance England and supported the development of the NHS England's Mental Health Taskforce. We have forged a key partnership with Public Health England and are working closely with them to provide expertise on prevention to the Mental Health Taskforce and to create a drive for a greater focus on preventive actions more generally. We continue to work with ministers and officials in a range of policy areas and to present and contribute to the work of parliamentary groups, including the All Party Parliamentary Group on Mindfulness.

In Wales we have provided expert advisory support for the development of the public mental health strategy and worked to ensure that the experiences of service users and carers is taken into account within policy development in Wales through our work to support the Welsh Service User and Carer Forum. The Forum meets three times a year and members contribute to the National Partnership Board and the seven Local Partnership Boards responsible for implementing the Welsh Government's mental health strategy.

In Scotland we work closely with the Scottish Government to support the implementation of a range of key commitments within the Scottish Mental Health Strategy (2012-15) including leading on Commitment 1 - the 10 year on review of mental health services. We are members of a wide range of cross party groups within the Scottish Parliament and work alongside others in the sector to collectively lobby for change through the Scottish Mental Health Partnership. Our Mental Health in All Policies Approach has led us into a range of different policy arenas in Scotland including working to embed mental health into the Integration Strategy for Asylum Seekers and Refugees and providing evidence at Committee level on health inequalities.

Research based

We have recognised that to be effective in shaping policy and practice that supports mental health prevention then it is vital that we are able to make the case well. To this end further investment in our research function has been necessary. We are now in a good position to bring an evidence based approach to our work and confident that we can take up a thought leadership role in preventing mental health problems. We are fortunate to have nine researchers in the Foundation and other senior staff with substantial research experience. Applying research to create practical solutions is an approach we will expand in the coming year.

We have been establishing the foundations that will enable us to reach more widely into communities, including those that experience most adversity and are working to create place based solutions. To achieve this we have begun to grow our engagement strategy and have put in place some of the building blocks to allow us to achieve maximum impact, including refining our practice development model and bringing together our teams that work to develop new approaches. These teams include those that work across the life course – families, children and young people and later life and those that work with people who are at high risk of developing mental health problems such as people with learning disabilities.

Public Engagement

An important element of our work is to ensure that the public know what they can do to support their own mental health and that of those around them. We had the most successful Mental Health Awareness Week so far on the theme of Anxiety. More generally the changes in our communications have allowed us to ensure that mental health has had a good share of media coverage and that we have reached more people than ever before through our social media profile. Senior staff have appeared regularly in radio, television and the print press including providing expert advice on a BBC series on Loneliness – Up My Street.

After a year that has required much focus on building our strategic direction and reshaping to allow us to give this the necessary attention, we are now creating a movement for change: one which will see us embed mental health prevention deeply into the pivotal areas of our lives that influence mental health.

Workplace Mental Health

Fulfilling work is one of the most important determinants of mental health, and one of the best ways to build resilience. The workplace is therefore a key setting for mental health improvement, and for prevention at the primary level (for everyone), at the selective level (for those at risk) and at the indicated level (to support those people experiencing mental ill health).

Over the last decade we have developed an approach that seeks to scope and understand the mental health of a company community, and to develop approaches to support positive wellbeing, and support those people who experience mental ill health. Whether it is to improve wellbeing in the work environment, or to help employers get people back to work, our systems based approach has changed the way organisations view mental health within their workforce.

We have engaged at local, national and international level with business, policy makers and the academic community to bring together practice, research and policy in this field. We are now ready to develop our activity in this field, creating and mobilising evidence to support workplaces in addressing mental health and maximising the potential of their people.

Spotlight – See Me

See Me is Scotland's national programme to tackle mental health stigma and discrimination. Funded by The Scottish Government and Comic Relief, it is led and managed by The Mental Health Foundation and the Scottish Association for Mental Health. See Me was re-launched in late 2013 and adopts an ambitious and transformational approach to addressing deep-seated discrimination and prejudice - seeking to mobilise all sections of the community in a social movement.

Several national initiatives focus upon areas of life identified as important by people with lived experiences including workplaces, young people and health and social care settings. This is accompanied by extensive community development and organising activities to achieve change in communities that can experience multiple disadvantages; and strengthened by a series of national change networks and through supporting community champions.

The Mental Health Foundation is proud to be at the heart of this groundbreaking programme. In addition to providing leadership input, we host some of the staff, advise on development, and deliver a strengthened arts and cultural programme. Our research team also plays a lead role in ongoing evaluation to support the development of evidence based activities.

Children, Young People and Families

- Our Babies in Mind project was delivered on the ground in Sutton and we continue to work with young people in the area, providing support through the Children in Need funded programme: My Life, My Future. The knowledge gained from this project will be rolled out more widely across the country in the coming years.

Trustees' report Year to 31 March 2015

- We have successfully delivered the Right Here! programme, supported by the Paul Hamlyn Foundation. This is a five year project to improve access to mental health services for young people, through their direct engagement.
- In association with the Foyer Federation, the Healthy Conversations programme was completed, using the skills and energy of young people to act as Health Ambassadors providing peer training in mental health.
- We host the Children and Young People's Mental Health Coalition and support its advocacy of policies and services, which improve the mental health of children and young people nationally. This has included seconding a staff member to develop guidance for the Department of Health on 'Whole School Approaches' to mental health.
- In Scotland we expanded our work on Project 99, co-producing digital solutions alongside young people in partnership with Young Scot and funded by NHS Greater Glasgow & Clyde.
- Our work in partnership with NHS Lothian and a range of long term conditions organisations has enabled us to work to create self-management approaches in partnership with young people.

Case study - Rachel:

Rachel is a stay at home single mum, with two young children; Jake (2) and Evan (10 months).

Rachel struggled when Jake was born and again after the birth of her second child, Evan. She felt lonely and sad and wasn't confident that she was doing a good job as the main caregiver for her two sons. She also felt under strain trying to manage with two very young children with different but constant needs.

With the help of an Early Years Expert from the Foundation, Rachel learned to focus on her best and most pleasurable moments with Evan. She thought these were when she was feeding him, as he's a good eater and she finds it a relaxing moment for them both.

Rachel and Evan were filmed by our expert during feeding, as well as doing other everyday things like playing. The following week, Rachel watched all the good moments of her and Evan together in selected video clips. We showed her that Evan was interested in the toys she was holding for him and was looking at her with loving smiles. Rachel immediately felt relieved and uplifted and started noticing all the tiny details that actually showed how closely bonded they were, such as looks, gestures and smiles.

This technique of being filmed, being shown selected positive moments and reflecting on these moments is called [Video Interaction Guidance](#) (VIG) and is proven to be a very effective tool in shifting people's perception of themselves and their relationships.

Over time, the VIG sessions helped Rachel to feel more secure that she was a good parent, increasing her self-esteem and developing a more positive image of herself and of her baby. In the following weeks Rachel found that she had become more aware of their relationship. She was noticing all the good things that happened between her and Evan more and more every day, and realised that Evan responded positively to her inputs.

She slowly started to feel less stressed and unhappy because the evidence from the VIG confirmed that she was developing the best possible relationship with her children. She knew that being able to recognise the good moments, and the positive cues that Evan was communicating, made an enormous difference to their wellbeing and gave her new hope for the future of her family.

Rachel says; "I've had a very positive experience in just the short time I've been on this programme. I'm walking on cloud nine, to be honest. It's given me the confidence that even though things can get distracting, me and my kids are communicating. They are understanding me, I'm understanding them, there's not a problem, and I know what I need to continue to work on."

Workplace Mental Health

- We worked with BAM Construction UK to undertake scoping work to develop a strategic approach to mental health in the business based on maximising wellbeing and supporting staff. We conducted a major staff survey on mental health and wellbeing, interviewed regional HR leads and used the research report to construct a 'direction of travel' for the company in planning its approach to mental health.
- We were also commissioned by Royal Mail Group to produce a series of five short films for use on internal TV channel RMTV, and in formal and informal staff development settings. The five films were designed to provide a broad introduction to key topics relating to the workforce.
- Working with Aegon UK we developed a half-day training module for their management talent development programme. We worked with the company HR department and their policies and procedures to create a realistic scenario based training module. This focused on recognising and managing distress, supporting people with mental health problems in work, and related mental health at work to the company mission and performance management structures.

Later Life

- In collaboration with Housing Care 21, a social housing provider, we set up, facilitated and evaluated three self-help peer support groups for people in early stages of dementia and their partners living in extra care and sheltered housing schemes in London. The project Standing Together – Later Life Self-help Groups in Supported Housing was successfully piloted and two of the groups were sustained beyond the lifetime of the project. The evaluation showed positive outcomes in participants' mental health and well-being, ability to cope with aspects of their dementia and a reduction in feelings of loneliness and isolation. An evaluation report was launched in July 2014 together with a resource pack produced for other organisations wishing to set up similar groups.
- We also commenced or completed eight other projects on issues relating to later life, dementia or mental capacity as well as having two other large scale dementia projects (DEEP and Dementia, Different Realities and Truth-telling) running throughout the year. Projects included working to help improve awareness of the Mental Capacity Act 2005; safeguarding in health care teams working in London's nine prisons and young offender institutions; beginning to develop a national alliance of advocacy providers; and extensive consultations on the use of nature and outdoor activity by people with dementia and on dementia friendly communities across Europe.

Case study – Jack's story:

I have recently been diagnosed by my GP as having early stage Alzheimer's.

I live in extra care sheltered accommodation and the other members of the [Dementia Self-help Group](#) are tenants there too. We meet weekly, because we all worry about our memory. We support each other, discuss, share and learn. Despite this tricky subject we decided to call ourselves the 'Happy Days Memory Group'. Life isn't always easy but having a happy positive attitude helps.

There are twelve of us with an average age of 86. The oldest in the group is 96 and I'm actually the youngest! Three people help us run the group; Barbara a fellow tenant, Tom a psychology graduate wishing to gain experience, and Cindy from the Mental Health Foundation who set up the group.

Each meeting there is a different activity or theme; for example we talked about our names, and discovered everyone has a relative called 'John'! And we discussed how it's hard to remember names and ideas to help us. I've learnt a lot about my mind, memory and also how to do Sudoku, which keeps my mind active.

And we've had some really interesting guests to visit us. As the meetings progressed we decided to write about them on a blog.

We've all learnt a lot from Cindy, visiting guests and from each other. Together we came up with lots of ideas about how we can take more control of our own lives and enjoy our later years. One of them is to produce a 'welcome guide' for new people coming to live here to make it easier for them to feel at home. I look forward to meeting up each week, making plans, sharing stories and concerns, as well as enjoying the company of the group.

Learning Disability

- Baroness Sheila Hollins hosted our launch of *Feeling Down: Improving the mental health of people with learning disabilities* report and *Feeling Down Guide: Looking after my mental health*. The report is about the mental health needs of people with learning disabilities and offers information to commissioners about how they can improve support offered to people with learning disabilities. The guide is an easy read tool for people with learning disabilities to help them think about and take more control of their mental health, as well as helping them to provide information to take to their GP.
- We launched the findings of our project 'An ordinary life' which addressed the needs of children and young people with complex health care needs and their families. These are a group of children who are increasing in number and are now moving into adulthood. A number of resources were produced and a few of the stories featured in the guides were reproduced in the new Think Local Act Personal 2015 guide *'My life, my support, my choice: a narrative for person centred coordinated care and support for children and young people with complex lives.'*

Policy

- As members of the Mental Health Policy Group, we lobbied the Government on mental health funding and the unfair tariff deflator applied to mental health trusts compared to acute trusts. This successfully led to a commitment of increased funding and a commitment to introduce access standards and waiting times for mental health services in England. We also attended all party conferences, organised roundtables and participated in meetings with Secretaries of State, ministers, opposition leads and leading political figures.
- We submitted written evidence to a number of consultations, including the London Commission on Mental Health; Parity and Public Health for the Parity All Party Parliamentary Group on Mental Health; Access to Psychological Therapies for Vulnerable Groups (British Association for Counselling & Psychotherapy); the House of Commons Health Select Committee Inquiry on Children's and Adolescent Mental Health; the Northern Ireland Department of Health, Social Services and Public Safety consultation on Research for Better Health and Social Care; and a joint response with other mental health sector organisations to the Fifth Independent Review of the Work Capacity Assessment Call for Evidence.
- We completed the review of mental health services for the Scottish Government – Commitment 1 of the Scottish Mental Health Strategy (2012-15) and supported the implementation of a range of commitments including on later life, carers and veterans.
- We gave evidence on mental health inequalities and on the mental health legislation to the Scottish Health Committee.
- In Wales we provided expert advice and support for the development of the new Public Mental Health Strategy.

Research

- We published the final evaluation report on *Your Way*, a self-directed community support service for people with mental health problems, delivered by Together for National Wellbeing.
- Other work included providing evaluation support to the Dementia Truth National Inquiry, Talking Mats project, and the Creating Connections project focused on single mothers in partnership with Gingerbread in Wales; production of two papers for peer-review on self-management and on mental health and psoriasis; and production of reports on supported accommodation models for people with complex needs, and Independent Mental Health Advocates (with funding through the Mental Health Providers Forum).

- In working to enhance our promotion of the role of mindfulness we have supported initiatives that have included working with the University of Surrey to examine the effectiveness of online mindfulness as an occupational health intervention to address workplace rumination. We also supported a PhD in Oxford University, which will report in November 2015, to evaluate the effectiveness of our Bemindful online course for pregnant women.

Communications

- The Foundation was referenced or quoted in over 100 news articles, with a combined circulation of over 61,000,000. During the year we hosted both Mental Health Awareness Week 2014 and promoted World Mental Health Day 2014 (10 October) on the theme of schizophrenia.

Spotlight – Mental Health Awareness Week

Mental Health Awareness Week 2014, held between 12-18 May, focused on raising awareness of anxiety. We published a supporter kit featuring information about anxiety; created posters and a booklet on anxiety, hosted an activity map for supporters to promote their public or private event; shared case study stories throughout the week on the [Mental Health Awareness Week](#) website and Facebook pages; and we commissioned a report on Anxiety, exploring the impact of anxiety on our daily lives and featuring recommendations.

Over 170 organisations listed events on our activity map, and secured media coverage on [ITV](#), alongside articles in The Sun, [Daily Mail](#), [Huffington Post](#), [Daily Telegraph](#), [Independent](#), and Daily Express. During the week our CEO Jenny Edwards attended and spoke at the Joint Meeting of All Party Parliamentary Groups on Debt and Mental Health at the House of Lords.

Our online presence was bigger than ever. Our website saw a 100% rise in traffic compared to 2013. Over 10,000 pocket guides were distributed, in online and print. 1,800 copies of our report on the state of anxiety in the UK were downloaded. On Facebook, more than 1 million people read about Mental Health Awareness Week and more than 50,000 got involved by sharing our Facebook posts and talking about anxiety. On Twitter, we were mentioned more than 2,500 times and gained 1,000 new followers.

Spotlight - The Arts Anxiety Festival

The Festival was a new arts festival created and curated by the Mental Health Foundation. It took place in London 2014 between May and mid-July. The Mental Health Foundation created the festival, drawing on its long experience of the Scottish Mental Health Arts and Film Festival.

We partnered with leading arts organisations; community centres and NHS organisations; artists; mental health service users, academics, clinicians and NHS professionals to create a major festival with 76 different events. These took place in leading arts centres such as Wigmore Hall, Barbican, South London Gallery and Dulwich Picture Gallery, community centres like Dragon Café and institutions such as Bethlem Royal Hospital, Brixton Prison and the House of Lords

The festival attracted 15,000 attendees from 15 to 90 years of age. Events included films, talks, concerts, workshops, discussions, plays, exhibitions and performances. There were a number of new commissions including UK and world premières with the highlight event being Jocelyn Pook's Anxiety Fanfare premiered at the Wigmore Hall.

An evaluation of the audience reaction to the different events found 87% positive reactions including happiness, excitement, connectedness, and fascination. Audiences reported increased awareness of anxiety and other mental health issues and reported finding events 'incredible', 'courageous', 'intense' and 'moving', leaving them 'excited and inspired'.

Case study – [Anna Williamson's story](#) (Mental Health Awareness Week)

Anxiety is an important emotion and reaction to dangerous and unpleasant things. After all, if we didn't get an anxious feeling crossing the road, we'd naively stroll in front of a passing car without thinking about the possible consequences. The right level of anxiety is good for us, it keeps us safe. However, it's when the anxiety triggers are over sensitive and over stimulated that it can become a real problem – I know, I've suffered from [GAD](#) and Panic Disorder for the past 10 years.

I know only too well the feelings of dread, irrational thinking about everything, not wanting to go out for fear of having a [panic attack](#), the lonely debilitating rut you find yourself in – the sweaty palms, the heart flutter, the dry throat, rabbit in headlights eyes... I've been there. It sucks. At the time you feel like you're going crazy and that no one will understand. Let me tell you now, I understand, and so do the millions of other anxiety sufferers too.

It was after a tough few months in a controlling relationship that my nerves had had enough and I experienced what I now know to be a panic attack. The most horrible experience in the world. The severity of the attack caused a constant state of anxiety, which during the following months would be peppered with yet more panic attacks when I least expected it. Night time was the worst, it's a lonely time at the best of times and I used to lie awake all night worrying about being ok for my show the next day – I was presenting for GMTV at the time and loved my job so much, yet I put even more pressure on myself as I feared failure or anyone spotting I was suffering in silence.

Three months of a cycle of panic attacks, insomnia, anxious feelings about the most trivial of things (I remember choosing my dinner off a menu caused one at the height of it) took its toll and after yet another sleepless night, I arrived at ITV and dissolved into floods of tears in front of my co-presenter. It turns out it was the best thing I could have done as it was from this moment I asked for 'help'. I felt very exposed and embarrassed, the [stigma](#) around mental health is wrong and unfair, especially as so many suffer – mostly in silence. My aim is to kick this stigma into touch. I have so many people contacting me to say 'they are me' and asking for help and advice. We all need to start talking, understanding and not judging others, it could so easily be you. Anxiety can happen to anyone.

I was fortunate to get some incredible life changing help from a Consultant Psychiatrist who really helped me understand what I was going through, [talking therapies](#) are essential in my opinion.

I am very proud, that in addition to my telly and journalistic work, I am a supporter of [Mental Health Awareness Week 2014](#), a Childline Counsellor and I'm most proud to have proven that mental health sufferers can beat it, having been the last girl standing and the only one off the 10m board in the recent series of ITV's Splash.

Fundraising

- Total fundraised income, excluding restricted grants, was £2,462,373, an increase of £370,663 or 17.7% on 2013/14.
- Donations and gifts at £1,030,910 were 1.8% higher than in 2013/14.
- Legacy income was £1,135,454, £364,890 or 47% higher than last year.
- Fundraising events and community fundraising income was £296,009 or 4% lower than the previous year, though costs were greatly reduced by around £23,000, so the net result was much improved.
- Restricted grants totalled £1,283,647, £58,895 or 4% less than last year, though three Big Lottery Fund grants totalling over £1m secured during this year will only start to impact on our income during 2015/16 which will see a significant increase.
- The total true cost of fundraising at £703,063 including proportionate central overheads was virtually unchanged. However, costs are now 40% less than 5 years ago, and it is a more efficient operation, with overall net income significantly higher.
- A total of 1,179 gifts of all types were received from new or reactivated donors. Of these, 875 were one off cash gifts, the majority of which came from a BBC Radio 4 Appeal and a donor recruitment mailing. 304 gifts were from regular donations. There was little change in Payroll Giving recruitment with 173 new donors choosing to support the Foundation in this way.
- The average regular gift including Gift Aid was £10.48 and the average cash gift was £34.48.

Spotlight - the London Marathon

On the 26 April, 83 runners took to the streets to support the Mental Health Foundation in the Virgin Money London Marathon. Their incredible efforts have so far raised over £115,000 to help people with mental health problems. But it wasn't just about raising money. Our runners all have personal reasons for supporting us.

Here Sarah Miles tells us why she ran the Marathon for mental health.

I'd had depression in my early twenties. After counselling, I thought I had beaten it. However, following the birth of my child, I was diagnosed with post-natal depression. At 27, I felt ashamed by my inability to cope. My support network was brilliant, and with the help of Cognitive Behavioural Therapy I healed, though I still have to check regularly to make sure I don't slip down again.

Running really improves my mental health. When I decided to run the Virgin Money London Marathon, supporting the Mental Health Foundation seemed a natural choice as I feel so passionate about the work the charity does. The whole experience has had an incredible effect on me. I was overwhelmed by the support I received from friends and family. I hosted a cake sale, charity car boot sale, soul night and pub crawl with my friends (all dressed as grannies!), and even managed to get support from my local theatre group. The soul night was brilliant. It sold out well in advance and as well as raising a lot towards my target it also raised awareness for mental health in my local community.

As a side effect of depression, I find it very difficult to ask for help, but I have discovered that people are amazingly generous and generally don't mind being asked. "I have always spoken out about my depression. If someone else is silently suffering I want them to know that they are not alone and there is no need to be ashamed. During my Marathon journey, I have been even more candid, and really cannot believe the response I have received, not just in sponsorship, but with how many people came forward and said they had been feeling the same or have mental health problems of their own. It has been a humbling experience, and I am a changed person for it, in the best way.

Race day was one of the best days of my life. The atmosphere was incredible – people cheering my name, handing out sweets, music playing. I was running one of the most iconic events in the world, passing all these incredible sights. At mile 18 the Mental Health Foundation cheer squad were there to give me an extra boost. By the end, I hurt more than I had ever hurt in my life.

I couldn't wear shoes or walk up stairs for two days. But would I do it again? In an instant!

Our Supporter Promise

Our supporters are at the heart of everything we do. And it is thanks to them that the Mental Health Foundation is able to undertake its work. We promise our supporters that:

- ◆ For every [£1 donated, 83p is made available](#) to help continue our vital research, policy and campaigning work. 17p is directly invested in raising the next pound.
- ◆ With their permission, supporters are kept up to date on how their money is spent via our newsletter [Talkback](#) and monthly [e-newsletter](#) updates.
- ◆ We do not share contact details with other organisations.
- ◆ We will make it easy for supporters to tell us how they want us to communicate with them and we provide the option to opt out from future communications.
- ◆ We only work with professional fundraising organisations that meet our high standards.
- ◆ We will always adhere to fundraising best practice as laid down by the [Institute of Fundraising](#), [Fundraising Standards Board](#) and [Public Fundraising Regulatory Association](#).
- ◆ We adhere to the [Institute of Fundraising guidance on treating donors fairly](#) and are especially careful and sensitive when engaging with vulnerable people or those affected by mental illness or a learning disability.
- ◆ We provide ways for supporters to contact us and provide feedback.

PLANS FOR THE FUTURE

The Mental Health Foundation is committed to promoting widespread understanding of what contributes to mental health and to developing practical resources, solutions and tools that prevent mental health problems. We have set four key goals to achieve by 2020 in our new organisational strategy A New Way Forward. These are: to increase understanding about prevention; to find evidence-based solutions; to build on the support already available; and to advocate for change. Looking to the future, we are taking on new projects and engaging with networks to help us work towards our overarching commitment and goals.

Increase our understanding on how to prevent mental health problems

We are adding to the prevention evidence base in a number of ways:

- by reviewing the literature on mental health improvement interventions that show most promise across the life course and in places and populations that experience highest prevalence rates and exposure to risk;

- influencing our research leaders of tomorrow by awarding the Janice Sinson Prize to post graduate students working on projects that have potential to move prevention thinking on;
- reviewing the literature and building the case for a Mental Health in All Policies approach to ensure that we are working to influence policy that impacts on the issues that determine mental health (housing, education, health);
- disseminating *Mental Health Today ... and Tomorrow*, a book written by past and current Foundation staff that explores current and future trends in mental health care;
- working with The Winston Churchill Memorial Trust to support the creation of a Fellowship Programme to develop international mental health prevention thought leadership;
- updating *Fundamental Facts* and publishing this annually as a key resource of public mental health statistics across the UK.

We have been commissioned to support Public Health England to outline effective interventions for preventing mental ill health as part of their work of the NHS Mental Health Task Force. Within this we have reviewed key evidence and made the case for prevention across the life course, with a focus on areas of high prevalence and mental health inequalities.

The Foundation is holding a major inquiry into our understanding of some of the most challenging and distressing symptoms of dementia memory loss, *The Dementia- What is Truth?* Inquiry. We want to consider not only the practical and ethical issues involved in situations where people's perception of time and reality differs from that of others, but also the meaningfulness of these experiences to people living with dementia. Can we rethink dementia to enable responses which are more supportive, therapeutic and possible even empowering for people living with dementia? The inquiry involves a panel of experts, including people living with dementia and their carers, and is considering evidence from a variety of sources. These include a literature review, an online survey, oral hearings and site visits to services with innovative practice in this area. We will publish a report, along with practical advice, information and guidance for carers, staff and services providing care and support to people living with dementia, in 2015.

We have also published a number of papers in peer reviewed publications, edited and co-published an authoritative handbook on mental health and contributed to World Mental Health Day events on living with a diagnosis of schizophrenia in a number of countries across Europe.

Commissioned by the Joseph Rowntree Foundation, we are also preparing a policy discussion paper and hosting a round table event on rights, disability and dementia. Through this we aim to provide greater awareness and understanding of conceptualising dementia in terms of the social model of disability and a rights based approach.

Find new evidence-based solutions

We are leading a variety of strategic programmes built around a life course approach and that allow us to take progressive action where there is increased exposure to adversity. In furthering our mission of working to prevent mental health problems from being established, a central focus will also be on the points in people's lives where they are at greatest risk due to transition but also the places and times where there are opportunities to achieve greatest impact.

Across the year we will aim to further apply our development model whereby we work to create evidence based solutions that can be tested in real life situations and, through working alongside service providers and commissioners, can be scaled up to create ongoing mental health improvement outcomes. We will support roll out of the programmes that are most beneficial to mental health through providing training, ongoing support and a range of implementation support resources.

A sample of the Programmes that are planned or in early development for 2015/16 include:

- The Young Mums Together project which aims to improve the mental health of isolated young mums and to support them to bond with their babies, using youth-led education to address topics relevant to young parents, including social support and physical activity. We will also seek to expand this approach to take account of the role and support needs of young fathers.
- Our work with young people aged between 10 and 18 who are either in care or care leavers will continue into a second phase of the 18 month programme; exploring the role of peers in helping young people to build emotional resilience and to raise their aspirations for the future.
- Continuing our work in Scotland on mental health and long term conditions we will work alongside young people to further explore what works in this context for them and to co-produce creative solutions. We will also seek opportunities to share learning and extend this work more widely across the UK.
- Our focus on adults will include prioritising our mental health in the workplace programme, working with partners such as the Work Foundation and In Business for Good to ensure that we reach small and medium sized employers who encounter particular barriers to addressing mental health in the workplace. We will aim to build a substantial programme of workplace support across the year including a suite of resources to enable employers to prevent the losses experienced through mental health problems amongst employees.
- Through our new Welsh office we will continue to develop and extend our self-management model by building on existing partnerships such as with Gingerbread and Parc Prison and are in the process of seeking funding to explore the potential of self-management for people with eating disorders and their families. The next phase of our self-management work will ensure sustainability of the model through our

influencing work with commissioners and Welsh Government. We are also working with local partners to develop our 'asks' for the Welsh Assembly Elections in 2016.

- We will continue to innovate, test, evaluate and roll out solutions to stigma and discrimination across Scotland as a management partner of the See Me programme. This will be achieved through work with a wide range of strategic and community partners and the programmes' Change Networks and by focusing on 4 priority themes: communities; health and social care settings; workplaces; and children and young people.
- In Scotland we are developing a Self-Directed Support Capacity Building Programme that will run across the next few years to improve the capacity of the mental health (third) sector to engage with personalised care.
- Our Scottish Amaan programme final report will be launched at the Scottish Parliament in September marking the end of this phase of work to support asylum seeking and refugee women who have experienced trauma. To date this work has been supported by Comic Relief and Lankelly Chase and we will aim to seek funding to continue to work with women to establish self-management and collective advocacy programmes alongside looking to apply our Community Conversation approach in a range of different settings and for people who are least well served by traditional services.
- Mapping European Dementia Friendly Communities is a project that we will run that aims to collect and disseminate information and learning about the potential of dementia friendly communities and similar initiatives for improving the lives of people living with dementia across Europe (including the UK).
- Through our associated work as the Foundation for People with Learning Disabilities we have a long history of working to address the mental health inequalities experienced by people with learning disabilities and their families. In the coming year we will aim to continue to ensure that people with a learning disability have a voice on the issues that most impact on their mental health and to work to improve services that can help them to reach their potential. This will include seeking support to build a significant and innovative programme to tackle stigma and discrimination and to continue to work to address the inequity in access to services that improve mental health such as access to psychological services.
- We offer an online mindfulness course (www.bemindfulonline.com) and a teacher's directory (www.bemindful.co.uk) as part of our mindfulness programme. While Be Mindful has been a part of the Foundation's products and services since 2010, we have now placed it at the heart of our prevention strategy, re-launching the brand (and online course) during Mental Health Awareness Week 2015. Working with partners such as Grow Mindfulness and the Mindfulness Initiative, we are contributing to the conversation in both government and the mindfulness sector about the future of mindfulness in the UK, and how this translates to more accessible and appropriate support to the public.

Build on the amount of practical and accessible support available

If we are to make progress in preventing mental health problems, working to address the mental health of mothers (and fathers) and working with families to support positive parenting in the early years will be vital. Therefore a priority for the Foundation will be to build a programme of work that supports the roll out of evidence based approaches to family, children and young people's mental health. This will include a working partnership with the Maternal Mental Health Alliance on Mums and Families in Mind. This project is funded through the Big Lottery and will start in September 2015 and run for 3 years in 4 places around the country: Blackpool, Haringey, Southend and Gloucestershire. Midwives, health visitors and other professionals will be trained in perinatal mental health, so they can work together as local champions promoting the proven ways of supporting mothers and babies that we have been developing within pilot projects.

Our work on parenting will continue more generally, building on learning from Babies in Mind. This will include looking for opportunities to roll out our work on VIG and other evidence based initiatives in recognition of the important impact of bonding and positive parenting experiences on child development.

We will continue to promote a 'Whole School Approach' to help to ensure that all young people get the best start in life and that school is viewed as an important developmental setting. This will be achieved in part through our support role with the Children and Young People's Coalition but we will also work more directly with organisations that work with young people such as Highgate School in London to co-produce approaches with young people themselves.

We will continue to support young people from an early age and families, schools and employers to address and challenge the assumptions which currently prevent people with learning disabilities aspiring to enter the workforce. Through our When I Grow Up programme we will create an environment where schools feel equipped to encourage and support young people with learning disabilities to access work and employers are committed to creating opportunities to enable this. This will prevent the life-long legacy of lost opportunities, emotional distress and poverty that follows when people leave compulsory education.

We have engaged with a range of businesses and aim to continue to build our mental health in the workplace model which will include co-producing practical support resources alongside employers. This will build on our previous initiatives such as the development of a suite of mental health videos for Royal Mail and production of bespoke training programmes and resources for BAM Construction and Aegon.

In partnership with Housing and Care 21 we will launch Standing Together to create 25 self-help and peer-support groups for those in later life and socially isolated in extra care and sheltered housing across London.

We will develop the VERDe Network (Values, Equalities, Rights and Dementia) to embed different thinking and a rights based approach for people with dementia into policy and practice. This will involve creating a learning network whereby a series of events will be held that will bring together influencers, community activists, project providers, practitioners, people living with dementia and their families and friends. This network will initially be formed by those that were supported by Joseph Rowntree Foundation's (JRF) Dementia Without Walls (DWW) programme but will expand to share the learning from DWW more widely. The network will aim to identify and wherever possible, implement, practical and achievable ways to have a lasting positive impact on the lives of people with dementia.

The Foundation for People with Learning Disabilities will prepare and disseminate briefing sheets for use by staff in the criminal justice system on how to communicate simply and clearly with offenders (25% of whom may have a learning disability) as a way to promote better understanding and treatment of this group. We will disseminate these across the UK.

We have been working with Increasing Access to Psychological Therapy (IAPT) services to ensure equal access for people with learning disabilities. However, there remains much to do to ensure that people with learning disabilities are able to access support to improve their mental health. Therefore, we will aim to seek funding to continue to expand this work on IAPT but also on other evidence based approaches such as Mindfulness.

Advocate for change

We have achieved unprecedented success in our work to advocate for mental health improvements over 2014/15 and aim to continue to work through partnerships such as the Mental Health Policy Group in England and the newly formed Scottish Mental Health Partnership to affect change. Moreover in the coming year we will aim to extend beyond mental health policies through taking a Mental Health in All Policies approach to reach those areas of public policy that have an influence on the factors that determine mental health, such as housing, education, employment. We are working closely with Public Health England and aim to build on the partnership further to build momentum for a focus on mental ill health prevention.

We have secured funding from Creative Scotland to develop new work to coincide with the 10 year anniversary of the Scottish Mental Health and Arts Film Festival (SMHAFF) in 2016. SMHAFF uses film and performing arts to explore mental health and promote social change. This funding will also mean further development of the film strand of the Festival, including expanding our year round film programme to include more regional reach and curating mental health film programmes for other key festivals and events in Scotland.

Each year we host Mental Health Awareness Week, using it as an opportunity to gain greater public awareness and advocate change. In 2015 the campaign focuses on Mindfulness. By engaging other charities (such as Stepchange Debt Charity and Action for Happiness), public bodies (such as NHS England) and businesses (such as ASDA and Boots) in partnership, we spread messages of the benefits of mindfulness throughout the UK, with a social media reach of 1.7m people.

We have also secured funding to work with partners to develop a Human Rights Festival in Scotland, and continue to work with See Me - Scotland's Programme to tackle mental health stigma and discrimination, which we manage together with the Scottish Association for Mental Health.

In Wales the Foundation continues to work with Hafal, Bipolar Cymru and Diverse Cymru and this year's national campaign had a focus on improving the physical health of people using mental health services. The campaign held 22 events across Wales and reached thousands of people using a range of media to engage people in improving their physical health.

In acknowledgement that people with learning disabilities are amongst the most disadvantaged people in society and that around 40% experience mental health problems, we will continue to ensure that we advocate for changes that will improve their mental health and as a result their life chances. Compared to the general population they are more likely to experience social exclusion, harassment and abuse as well as being affected by socio-economic disadvantages such as unemployment, low income and poor housing. Being viewed in a more positive way by society is crucial and we will work to promote this through the Voice and Community campaign which aims to improve the media portrayal of people with learning disabilities alongside the provision of our Learning Disability Awareness training.

The empowerment department continued to work to strengthen the voices and impact of people with direct experience, and the families and friends who support them. Our work on national standards for service user involvement, in partnership with the National Survivor User Network (NSUN) and others has been adopted by a wide range of service providers nationally and enabled people to share positive practice around involvement in service and community settings.

Our work on suicide over the past year has included working with partners Wilson Sheriff on the evaluation of the Camden Suicide Pathways. We are aware that if we are to be successful in preventing suicide we need to consider how we better support people in distress. Work of the Government and partners in Scotland on this issue is showing promise and we aim to promote similar approaches across the UK. This will include focusing on those with the most complex needs.

For older people we have led the way in helping to ensure that people with dementia have a voice through working with partners Innovation in Dementia on the DEEP project. This significant work will remain a priority across the year alongside the other key networks that we support such as the Advocacy Action Alliance in England, VoX in Scotland and the service user forum in Wales. An important aspect of our approach in the coming years will be to grow our engagement networks further to ensure that we remain grounded in the reality of people's lives and that where needed we use our mental health leadership role to ensure that those who have least voice are heard.

FINANCIAL REVIEW

Financial results

At the end of the financial year 2014/15 the Foundation recorded a surplus of £40,683 compared to a deficit of £50,392 the previous year. This comprised a surplus of £12,454 on the Foundation's unrestricted funds and a surplus of £28,221 on the Foundation's restricted funds.

Total income for the year amounted to £4,459,219 which was £240,790, or 5.7% higher than the previous year (£4,218,429). This was predominantly due to higher legacy income offset slightly by lower income arising from statutory grants.

Donations and gifts at £1,030,910 were £18,356, or 1.8% higher than those received in 2013/14 (£1,021,554).

Legacy income at £1,135,454 was 47% higher than in 2013/14 (£770,564) which reverses the recent decline seen in this vital income stream.

The pipeline of outstanding legacy notifications is strong at £630,247 (£567,133 in 2013/14) which suggests that legacy income will be higher in 2015/16.

There was a slight fall in the value of grants received £1,283,647, a decrease of £58,895, or 4.3%. This decrease was due to a fall of £189,130 in statutory grants offset by an increase in other grants of £130,235.

Investment income decreased by £1,569 reflecting the continued reduction in base rates.

Total resources expended at £4,418,536 were £149,715 higher than in 2013/14. This was mainly due to an increase in expenditure incurred in the delivery of the Foundation's charitable activities, in particular for the mental health programmes that were funded by restricted funds. Costs of Governance continued to fall, down by 9.5% on the previous year.

Reserves policy

As explained above, the charity carries out a diverse range of activities, some of which comprise short-term and externally funded projects whilst others comprise long-term projects requiring significant continuing financial commitment and investment. The Trustees have examined the requirement for free reserves i.e. those unrestricted funds not invested in tangible fixed assets, designated for specific purposes or otherwise committed. The Trustees consider that, given the medium to long-term nature of the charity's work, the level of free reserves should be equivalent to 3 months' unfunded expenditure (a reduction from the previous target of 6 months). At 31 March 2015 free reserves totalled £321k against a target of £789k. The current level of free reserves is equivalent to approximately five weeks unrestricted expenditure. It is the intention of the Trustees through tight cost control, new income generation and targeted investment to achieve the target level of free reserves within 24 months.

Financial position

The balance sheet shows total funds of £944,451.

These funds include permanent endowment funds of £44,762 which are invested and held indefinitely by the charity.

Also included in total funds is an amount of £551,160 which is restricted. These monies have either been raised for, and their use restricted to, specific purposes, or they comprise donations or legacies subject to donor-imposed conditions. Full details of these restricted funds can be found in note 14 to the financial statements together with an analysis of movements in the year.

General funds of the charity at 31 March 2015 totalled £348,529.

Approved by and signed on behalf of the Trustees



Chair

Approved by the Trustees on 16 October 2015

Independent auditor's report to the Trustees and members of the Mental Health Foundation

We have audited the financial statements of the Mental Health Foundation for the year ended 31 March 2015 which comprise the statement of financial activities, the balance sheet, the cash flow statement, the principal accounting policies and the related notes. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

This report is made solely to the charity's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006 and to the charity's Trustees, as a body, in accordance with Section 44 (1) (c) of the Charities and Trustee Investment (Scotland) Act 2005 and Regulation 10 of the Charities Accounts (Scotland) Regulations 2006. Our audit work has been undertaken so that we might state to the charity's members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charity, the charity's members as a body and the charity's Trustees as a body, for our audit work, for this report, or for the opinions we have formed.

Respective responsibilities of Trustees and auditor

The Trustees are also directors of the charitable company for the purposes of company law. As explained more fully in the statement of Trustees' responsibilities set out in the Trustees' report, the Trustees are responsible for the preparation of financial statements which give a true and fair view.

We have been appointed as auditor under section 44 (1) (c) of the Charities and Trustee Investment (Scotland) Act 2005 and under the Companies Act 2006 and report in accordance with regulations made under those Acts.

Our responsibility is to audit and express an opinion on the financial statements in accordance with applicable law and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practices Board's (APB's) Ethical Standards for Auditors.

Scope of the audit of the financial statements

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the charity's circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the Trustees; and the overall presentation of the financial statements. In addition, we read all the financial and non-financial information in the Trustees' report to identify material inconsistencies with the audited financial statements and to identify any information that is materially incorrect based on, or materially inconsistent with, the knowledge acquired by us in the course of performing the audit. If we become aware of any apparent material inconsistencies we consider the implications for our report.

Opinion on the financial statements

In our opinion the financial statements:

- give a true and fair view of the state of the charity's affairs as at 31 March 2015 and of its incoming resources and application of resources, including its income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the Companies Act 2006, the Charities and Trustee Investment (Scotland) Act 2005 and regulation 8 of the Charities Accounts (Scotland) Regulations 2006.

Opinion on other matter prescribed by the Companies Act 2006.

In our opinion the information given in the Trustees' report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception

We have nothing to report in respect of the following matters where the Companies Act 2006 or the Charities Accounts (Scotland) Regulations 2006 (as amended) requires us to report to you if, in our opinion:

- the charity has not kept proper and adequate accounting records; or
- the financial statements are not in agreement with the accounting records and returns; or
- certain disclosures of Trustees' remuneration specified by law are not made; or
- we have not received all the information and explanations we require for our audit; or
- the Trustees were not entitled to take advantage of the small companies exemption from the requirement to prepare a strategic report.

Buzzacott LLP

Amanda Francis, Senior Statutory Auditor
for and on behalf of Buzzacott LLP, Statutory Auditor
130 Wood Street
London
EC2V 6DL

21 October 2015

Statement of financial activities Year to 31 March 2015

	Notes	Unrestricted funds £	Restricted funds £	Permanent endowment funds £	Total 2015 funds £	Total 2014 funds £
Income and expenditure						
Incoming resources						
Incoming resources from generated funds						
- Donations and gifts		1,024,582	6,328	—	1,030,910	1,012,554
- Legacies		1,135,454	—	—	1,135,454	770,564
- Fundraising events		296,009	—	—	296,009	308,591
- Investment income and interest		2,229	—	8	2,237	3,806
Incoming resources from activities in furtherance of the charity's objectives						
- Statutory grants receivable	1	—	337,195	—	337,195	526,325
- Other grants		—	946,452	—	946,452	816,217
- Charitable trading income		710,962	—	—	710,962	780,372
		<u>3,169,236</u>	<u>1,289,975</u>	<u>8</u>	<u>4,459,219</u>	<u>4,218,429</u>
Resources expended						
Cost of generating funds	2	703,063	—	—	703,063	696,775
Charitable activities						
- Mental Health Programmes	3	1,462,927	1,032,124	—	2,495,051	2,270,592
- FPLD		423,512	191,630	—	615,142	759,658
- Information, education, dissemination and advisory services programme		549,790	38,000	—	587,790	523,367
Governance	4	17,490	—	—	17,490	18,429
Total resources expended		<u>3,156,782</u>	<u>1,261,754</u>	<u>—</u>	<u>4,418,536</u>	<u>4,268,821</u>
Net movement in funds i.e. net income (expenditure) for the period	6	12,454	28,221	8	40,683	(50,392)
Balances brought forward at 1 April 2014		<u>336,075</u>	<u>522,939</u>	<u>44,754</u>	<u>903,768</u>	<u>954,160</u>
Balances carried forward at 31 March 2015		<u>348,529</u>	<u>551,160</u>	<u>44,762</u>	<u>944,451</u>	<u>903,768</u>

All of the charity's activities derived from continuing operations during the above two financial periods.

The charity has no recognised gains and losses other than those shown above and therefore no separate statement of total recognised gains and losses has been presented.

Balance sheet 31 March 2015

	Notes	2015 £	2015 £	2014 £	2014 £
Fixed assets					
Tangible assets	10		27,394		86,288
Investments	11		393,377		391,669
			<u>420,771</u>		<u>477,957</u>
Current assets					
Debtors	12	346,898		407,328	
Cash at bank and in hand		576,682		495,655	
		<u>923,580</u>		<u>902,983</u>	
Creditors: amounts falling due within one year	13	<u>(399,900)</u>		<u>(477,172)</u>	
Net current assets			523,680		425,811
Total net assets			<u>944,451</u>		<u>903,768</u>
Represented by:					
Funds and reserves					
Income funds					
Unrestricted funds					
- General funds			348,529		336,075
Restricted funds	14		551,160		522,939
			<u>899,689</u>		<u>859,014</u>
Capital funds					
Permanent endowment funds	15		44,762		44,754
			<u>944,451</u>		<u>903,768</u>

Signed on behalf of the
Trustees by:



Chair

Mental Health Foundation, Company Limited by Guarantee
Registration Number 02350846 (England and Wales)

Approved by the Trustees on 16 October 2015

Cash flow statement Year to 31 March 2015

	Notes	2015 £	2014 £
Net cash inflow from operating activities	A	80,498	131,329
Returns on investments and servicing of finance	B	2,237	3,806
Capital expenditure and financial investment	B	(1,708)	186,833
Increase in cash	C	81,027	321,968

Notes to the cash flow statement for the year to 31 March 2015

A Adjustment of net movement in funds to net cash inflow from operating activities

	2015 £	2014 £
Net movement in funds	40,683	(50,392)
Depreciation charge	58,894	96,834
Interest receivable	(529)	(350)
Investment income receivable	(1,708)	(3,456)
Decrease (increase) in debtors	60,430	(66,477)
(Decrease) increase in creditors	(77,272)	155,170
Net cash inflow from operating activities	80,498	131,329

B Gross cash flows

	2015 £	2014 £
Returns on investments and servicing of finance		
Interest received	529	350
Investment income received	1,708	3,456
	2,237	3,806
Capital expenditure and financial investment		
Payments to acquire tangible fixed assets	—	(10,915)
Payments to acquire investments	(1,708)	(2,252)
Receipts from the disposal of investments	—	200,000
	(1,708)	186,833

C Analysis of changes in cash

	At 1 April 2014 £	Cash flows £	At 31 March 2015 £
Cash at bank and in hand	495,655	81,027	576,682

Basis of accounting

The financial statements have been prepared under the historical cost convention, as modified by the inclusion of investments at market value, and in accordance with the requirements of the Companies Act 2006, the Charities and Trustee Investment (Scotland) Act 2005 and the regulations thereunder. Applicable United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice) and the Statement of Recommended Practice "Accounting and Reporting by Charities" (SORP 2005) have been followed in the preparation of these financial statements.

Incoming resources

Incoming resources, including grants, are recognised in the period in which the charity is entitled to receipt and the amount can be measured with reasonable certainty. Income is deferred only when the charity has to fulfil conditions before becoming entitled to it or where the donor or funder has specified that the income is to be expended in a future accounting period.

Grants from government and other agencies have been included as income from charitable activities where these are for a specified area of work or amount to a contract for services, but as donations where the money is given in response to an appeal or with greater freedom of use, for example monies for core funding.

Resources expended and the basis of apportioning costs

Expenditure is included in the statement of financial activities when incurred and includes any attributable VAT which cannot be recovered.

Resources expended comprise the following:

- a. The costs of generating funds include the salaries, direct costs and overheads associated with generating donated income.
- b. The costs of charitable activities comprise expenditure of the charitable company's primary charitable purposes as described in the Trustees' report, including grants payable.

Grants payable are included in the statement of financial activities when approved and when the intended recipient has either received the funds or been informed of the decision to make the grant and has satisfied all related conditions. Grants approved but not paid at the end of the financial year are accrued for. Grants where the beneficiary has not been informed or has to meet certain conditions before the grant is released are not accrued for but are noted as financial commitments in the notes to the financial statements. Grants for which there is not secured funding are fully provided for.

- c. Governance costs are the costs associated with the governance of the charitable company and its assets. Included within this category are costs associated with the strategic, as opposed to day to day, management of the charitable company's activities.

Resources expended and the basis of apportioning costs (continued)

The majority of costs are directly attributable to specific activities. Certain shared support costs are apportioned as described in note 5.

Tangible fixed assets

All assets costing more than £1,000 and with an expected useful life exceeding one year are capitalised.

Expenditure on the purchase and replacement of fixtures, fittings and equipment is capitalised and depreciated, on a straight line basis, over a period ranging from 3 to 10 years in order to write off each asset over its estimated useful life. At the end of this period, assets are eliminated from the accounts on the basis that their value is negligible.

Investments

Cash deposits held in interest earning accounts and held for the long term are classified as fixed asset investments.

Investments in unlisted companies are included on the balance sheet at a valuation determined by the Trustees, calculated having regard to the net asset value of the relevant company at the balance sheet date.

Fund accounting

The general fund comprises those monies which may be used towards meeting the charitable objectives of the charity and may be used at the discretion of the Trustees.

The restricted funds are monies raised for a specific purpose, or donations subject to donor-imposed conditions.

The permanent endowment funds comprise monies which must be held as capital indefinitely. The income therefrom is used in accordance with the terms of each individual endowment (note 15).

Pension contributions

Contributions in respect of defined contribution pension schemes are charged to the statement of financial activities in the period in which the premiums become payable to the scheme.

Leased assets

Rental applicable to operating leases, where substantially all the benefits and risks of ownership remain with the lessor, are charged to the statement of financial activities as incurred.

1 Incoming resources from charitable activities

	Unrestricted funds £	Restricted funds £	Total 2015 £	Total 2014 £
Statutory grants				
Department of Health IESDF	—	95,800	95,800	122,292
Scottish Government	—	199,880	199,880	341,760
Welsh Government	—	41,515	41,515	62,273
Total statutory grants	—	337,195	337,195	526,325
Other grants				
Arts Council (Visual Arts - Anxiety Festival)	—	24,450	24,450	24,450
Baily Thomas Charitable Trust (Thinking Ahead)	—	—	—	10,000
BBC Children in Need (My Life My Future)	—	39,396	39,396	—
Big Lottery Fund England - Reaching Communities (When I Grow Up)	—	83,954	83,954	62,864
Big Lottery Fund England – Reaching Communities (Self-help & Isolation)	—	25,613	25,613	—
Big Lottery Fund England – Reaching Communities (Young Mums Together)	—	3,000	3,000	—
Big Lottery Fund England-Awards For All (My Life My Future)	—	7,106	7,106	—
Big Lottery Fund Scotland-Young Start (Wellbeing of Young People)	—	27,500	27,500	—
Big Lottery Fund Scotland - Investing in Communities (Peer Support for Carers)	—	92,364	92,364	33,328
Big Lottery Fund Wales - People and Places (Parc Prison)	—	74,678	74,678	55,436
Big Lottery Fund Wales - People and Places (Creating Connections)	—	116,382	116,382	32,304
City Bridge Trust (Self-help & Dementia)	—	—	—	28,500
Comic Relief (VOX)	—	86,783	86,783	84,452
Comic Relief (Amaan - Refugees and Asylum Seekers)	—	9,426	9,426	21,853
Comic Relief (Innovations Lab)	—	5,000	5,000	5,000
Constance Travis (My Life My Future)	—	10,000	10,000	—
Design Council – Knee High Design (Babies in Mind)	—	—	—	11,000
Donald Forrester Trust (Psoriasis - Researching the Benefit of Psychological Therapy)	—	—	—	5,000
Economic and Social Research Council (Big Society)	—	17,267	17,267	17,267
Edinburgh and Lothian Health Foundation (Young People with Long Term Conditions)	—	—	—	8,890
Eveson Charitable Trust (Foetal Alcohol Syndrome)	—	—	—	5,000
Forbes Charity Fund (Thinking Ahead)	—	2,000	2,000	—
Foyer Federation (Healthy Conversations)	—	98,076	98,076	61,277
Housing 21 (Self Help and dementia)	—	—	—	11,511
Institute of Psychiatry (Psychiatrist)	—	—	—	16,000
Institute of Psychiatry (State of Psychiatry)	—	—	—	8,000
Lee Bolton Trust (Oxford Philosophy Handbook)	—	—	—	5,280
Maudsley Charity (Anxiety: London Arts & Film Festival 2014)	—	—	—	85,281
Mental Health Consortia (Mental Health Consortia)	—	12,000	12,000	—
NHS Lothian (Well Being of Young People)	—	17,778	17,778	—
Robertson Trust (Well Being of Young People)	—	12,500	12,500	—
Carried forward	—	765,273	765,273	592,693

1 Incoming resources from charitable activities (continued)

	Unrestricted funds £	Restricted funds £	Total 2015 £	Total 2014 £
Brought forward	—	765,273	765,273	592,693
Maudsley Charity (Anxiety: London Arts and Film Festival 2014 - Gas Works)	—	—	—	11,570
NIHR School of Social Care Research (Mental Capacity & Direct payments)	—	—	—	42,479
Peter Minet Trust (Anxiety: London Arts and Film Festival 2014 – Balance and imbalance)	—	—	—	4,100
Pixel Fund (Psoriasis – Researching the benefits of psychological therapy)	—	—	—	5,000
PRS Foundation (Anxiety: London Arts and Film Festival 2014 - Anxiety Fanfare)	—	—	—	5,370
Salters Company (Self-help and Dementia)	—	—	—	9,076
Scottish Association for Mental Health (See Me)	—	105,589	105,589	69,554
SP Bennett (My Life My Future)	—	600	600	—
South West London Academic Health and Social Care System (Visual Impairment)	—	4,990	4,990	—
Zurich Community Trust (Children and Young People's Mental Health Coalition)	—	70,000	70,000	76,376
Total other grants	—	946,452	946,452	816,218
Total statutory and other grants	—	1,283,647	1,283,647	1,342,543
Charitable trading	710,962	—	710,962	780,372
Total	710,962	1,283,647	1,994,609	2,122,915

The incoming resources from statutory and other grants related to the following charitable activities:

	Unrestricted funds £	Restricted funds £	Total 2015 £	Total 2014 £
Mental Health Programmes	—	838,231	838,231	1,101,119
FPLD	—	103,221	103,221	212,423
Information, education, dissemination and advisory services programme	—	5,000	5,000	29,000
	—	946,452	946,452	1,342,542

1 Incoming resources from charitable activities (continued)

Statutory grants receivable comprise:

	Unrestricted funds £	Restricted funds £	Total 2015 £	Total 2014 £
Department of Health				
Thinking Right	—	—	—	24,736
Ordinary Life	—	—	—	49,128
IAPT: Access for All	—	48,200	48,200	48,428
Mental Capacity Act	—	47,600	47,600	—
	—	95,800	95,800	122,292
Scottish Government				
VoX	—	110,000	110,000	110,357
Glasgow & Edinburgh	—	17,500	17,500	42,137
Self Directed Supported	—	52,380	52,380	92,380
Review of Mental Health	—	—	—	76,886
Scottish Film Festival	—	20,000	20,000	20,000
	—	199,880	199,880	341,760
Welsh Government				
Welsh office core grant	—	41,515	41,515	62,273
Total	—	337,195	337,195	526,325

In accordance with the accounting policy, the following have been included within donations and gifts within the statement of financial activities as they relate to core funding:

	2015 £
Dylan Schlosberg	16,590
Peacock Charitable Trust	27,000
Promotor Stiftung	16,794
Joan Ainslie Charitable Trust	10,000

2 Cost of generating voluntary income

	Unrestricted funds £	Restricted funds £	Permanent endowment funds £	Total 2015 £	Total 2014 £
General fundraising (including staff costs)	703,063	—	—	703,063	696,775

3 Charitable activities

	Direct costs £	Support costs (note 5) £	Total 2015 £	Total 2014 £
Mental Health Programmes	1,999,312	495,739	2,495,051	2,270,592
FPLD	482,668	132,474	615,142	759,658
Information, education, dissemination and advisory services programme	483,148	104,642	587,790	523,367
	2,965,128	732,855	3,697,983	3,553,617
	Staff costs £	Other costs £	Total 2015 £	Total 2014 £
Direct costs included above comprise:				
Mental Health Programmes	1,108,857	890,455	1,999,312	1,819,172
FPLD	354,604	128,064	482,668	628,941
Information, education, dissemination and advisory services programme	263,339	219,809	483,148	417,819
	1,726,800	1,238,328	2,965,128	2,865,932

At 31 March 2015 the charity had no commitments in respect to future grants (2014 – none).

4 Governance costs

	Unrestricted funds £	Restricted funds £	Permanent endowment funds £	Total 2015 £	Total 2014 £
Legal and professional fees	12,875	—	—	12,875	12,776
Trustees' expenses and other trustee related costs	4,615	—	—	4,615	5,653
	17,490	—	—	17,490	18,429

5 Support costs

	London Office £	IT £	Finance £	Human Resources £	Total 2015 £
Costs of generating voluntary income	76,235	19,196	34,168	29,985	159,584
Mental Health Programmes	236,822	59,632	106,143	93,142	495,739
FPLD	63,285	15,935	28,364	24,890	132,474
Information, education, dissemination and advisory services programme	49,989	12,587	22,405	19,661	104,642
	426,331	107,350	191,080	167,678	892,439

Support costs are allocated to the activities they are supporting on the basis of the number of staff working on each activity.

6 Net movement in funds

This is stated after charging:

	2015 £	2014 £
Staff costs (note 7)	2,395,006	2,563,568
Depreciation	58,894	96,834
Auditor's remuneration		
- Audit	12,875	12,750
- Other services	10,070	8,268
Operating lease rentals		
- Land and buildings	122,220	121,486
- Equipment	19,980	17,488

7 Staff costs

	2015 £	2014 £
Staff costs during the year were as follows:		
Wages and salaries	2,023,720	2,153,797
Social security costs	198,169	219,439
Other pension costs	172,209	190,332
	2,394,098	2,563,568
Agency and temporary staff	908	—
	2,395,006	2,563,568

The average monthly number of employees (including temporary staff) during the year was 56 (2014– 62).

The number of employees who earned £60,000 per annum or more (including taxable benefits but excluding employer pension contributions) during the year was as follows:

	2015	2014
£60,000 - £70,000	—	1
£70,000 - £80,000	1	—

7 Staff costs (continued)

Employer contributions made to a money purchase scheme in respect of the above employee during the year amounted to £7,426 (2014 - £3,933).

8 Trustees' remuneration and expenses

No Trustee received any remuneration in respect of their services as a trustee during the year (2014 - £nil).

Expenses reimbursed to, or paid on behalf of, Trustees during the year were as follows:

	2015		2014	
	No of Trustees	Aggregate amount £	No of Trustees	Aggregate amount £
Travel, Expenses and Other	3	4,073	3	2,320

The Trustees have taken out trustee indemnity insurance to cover the liability which by virtue of any rule of law would otherwise attach to the Trustees in respect of any negligence, default, breach of trust or breach of duty of which they may be guilty in relation to the Foundation. The premium paid by the charity during the year amounted to £2,806 (2014 - £2,806) and provided cover of £1,000,000 (2014 - £1,000,000).

9 Taxation

The Mental Health Foundation is a registered charity and, therefore, is not liable to income tax or corporation tax on income derived from its charitable activities, as it falls within the various exemptions available to registered charities.

10 Tangible fixed assets

	Fixtures, fittings and equipment £
Cost	
At 1 April 2014 and at 31 March 2015	233,161
Depreciation	
At 1 April 2014	146,873
Charge for year	58,894
At 31 March 2015	205,767
Net book values	
At 31 March 2015	27,394
At 31 March 2014	86,288

11 Investments

	Unlisted investments £	Cash deposits £	2015 Total £
Market value/valuation			
At 1 April 2014	73	391,596	391,669
Interest reinvested	—	1,708	1,708
At 31 March 2015	<u>73</u>	<u>393,304</u>	<u>393,377</u>

Unlisted investments comprise shares in Helpcards Limited. The shares have been valued by the Trustees having regard to the company's net assets as at 31 March 2015.

12 Debtors

	2015 £	2014 £
Trade debtors	170,925	193,176
Prepayments	109,568	76,482
Grants receivable	59,189	99,376
Other debtors	7,216	38,294
	<u>346,898</u>	<u>407,328</u>

13 Creditors: amounts falling due within one year

	2015 £	2014 £
Expense creditors	159,821	118,879
Other creditors	133,624	145,285
Service delivery deferred income	93,580	200,258
Accruals	12,875	12,750
	<u>399,900</u>	<u>477,172</u>

14 Restricted funds

The income funds of the charity include restricted funds comprising the following donations and grants held on trust to be applied for specific purposes:

	At 1 April 2014 £	Incoming resources £	Resources expended £	At 31 March 2015 £
Children and Young People – Mental Health Problems	117,336	228,178	201,812	143,702
Foundation for People with Learning Disabilities	138,580	103,221	112,777	129,024
Research prize fund	8,000	—	—	8,000
Department of Health				
- Thinking Right	316	—	316	—
- Ordinary Life	8,403	—	8,403	—
- IAPT: Access for All	20,161	48,200	59,841	8,520
- Mental Capacity Act	—	47,600	28,668	18,932
Other restricted funds	230,143	856,448	849,937	236,654
Maternal Mental Health Alliance	—	6,328	—	6,328
	522,939	1,289,975	1,261,754	551,160

The specific purposes for which the funds were received and applied are as follows:

Children and Young People – Mental Health Problems

Research and development to help vulnerable children and young people, for example those who are looked after in residential settings and children living on the streets.

Foundation for People with Learning Disabilities

The Foundation is an integral part of the Mental Health Foundation, which supports a range of research, policy, practice and information activities across the UK which seek to enhance the well-being and quality of life of people with learning disabilities.

Research prize fund

This fund represents an original donation of £10,000 in memory of Dr Janice Sinson, which is to be used for prizes in ongoing research competitions.

Department of Health

Thinking Right: Adapting the basic tried and tested programme 'Enhanced Thinking Skills' for use with offenders with learning disabilities, working through prisons and local learning disability services.

Ordinary Life: Identifying innovative solutions that will support families with a disabled child with complex needs dependent on technology by enabling them to develop personalised and family-centred methods of care.

IAPT: Access for All: Finding ways through action learning to ensure access to IAPT (psychological therapies) for people with learning disabilities, autism and Asperger's Syndrome, up to 40% of whom have mental health problems but are largely excluded.

14 Restricted funds (continued)

Mental Capacity Act – Training for Dementia Care Staff

This is a workplace development project which involves delivering and coordinating a training intervention aimed at equipping the social care workforce with a better understanding of the Mental Capacity Act as it relates to effective dementia care practice.

15 Permanent endowment funds

	At 1 April 2014 £	Additions £	At 31 March 2015 £
Wilke Fund	12,093	—	12,093
Lander Fund	32,661	8	32,669
	<u>44,754</u>	<u>8</u>	<u>44,762</u>

The above funds represent permanent endowment which must be retained indefinitely and held as capital. Both funds are constituted under separate trust deeds. Under the deed of trust relating to the Wilke Fund, all income arising from the capital sum may be used for the general purposes of the charity and it is credited, therefore, to general funds on receipt. Under the terms of the deed governing the Lander Fund, 25% of the income generated by the fund each year must be added to the capital sum and be retained as part of the permanent endowment. The remaining 75% of the income may be credited to general funds on receipt and used for the general purposes of the charity.

16 Analysis of net assets between funds

	Unrestricted funds £	Restricted funds £	Permanent endowment funds £	Total funds £
Tangible fixed assets	27,394	—	—	27,394
Investments	393,377	—	—	393,377
Net current (liabilities) assets	(72,242)	551,160	44,762	523,680
	<u>348,529</u>	<u>551,160</u>	<u>44,762</u>	<u>944,451</u>

17 Operating lease commitments

At 31 March 2015 the charity had the following annual commitments under non-cancellable operating leases:

	Land and buildings		Other	
	2015 £	2014 £	2015 £	2014 £
Operating leases which expire:				
- Less than one year	36,920	—	—	—
- Within one to two years	16,500	105,720	—	—
- Within two to five years	29,000	16,500	19,980	17,488
	<u>82,420</u>	<u>122,220</u>	<u>19,980</u>	<u>17,488</u>



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