
Summary Briefing:

Findings from the Mental Health Fellowships



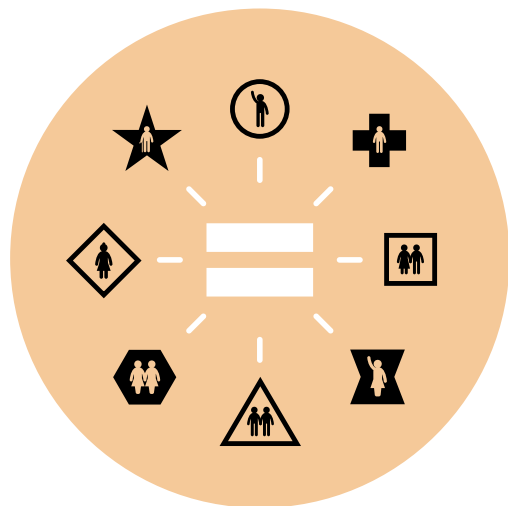
Trauma and adversity



Growing up and growing old



Creativity and innovation



Equality and diversity

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The Winston Churchill Memorial Trust runs the Churchill Fellowships, which support UK citizens to travel the world in search of innovative solutions for today's most pressing problems. Any UK adult citizen can apply, regardless of qualifications, age or background. They are chosen not for their past achievements, but for the power of their ideas and their potential to be change-makers. Applications can be made annually from May-September at www.wcmt.org.uk.



The vision of the Mental Health Foundation is good mental health for all. We work to prevent mental health problems, to drive change towards a mentally healthy society for all, and to support communities, families and individuals to live mentally healthier lives, with a particular focus on those at greatest risk. The Foundation is the home of Mental Health Awareness Week.

To find the full body of research produced by all 59 Churchill Fellows, or to listen to the series of podcasts, please visit the Mental Health Foundation and Winston Churchill Memorial Trust websites.

To get in touch with a Fellow included in this briefing, or for more details on any of the case studies featured, please contact the Winston Churchill Memorial Trust at office@wcmt.org.uk.

Acknowledgements

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We thank all the individuals and organisations who hosted the Churchill Fellows during their time abroad, welcoming

them into their homes and workplaces, giving freely and generously of their time, sharing ideas and enabling the Mental Health Fellowships to be so successful.

We are also grateful to the Fellows for their dedication to finding community-based solutions for improving the mental health and wellbeing of our population. The innovative ideas each Fellow returned with will help shape UK policy and practice for years to come.

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The views expressed by the Fellows are their own, not necessarily those of the Winston Churchill Memorial Trust nor the Mental Health Foundation.

Foreword

While mental health is increasingly receiving more attention, recognition of the risks to our mental health and how we can protect it is still far too little understood, despite mental health problems posing one of the greatest public health and social challenges of our time.

We have been delighted to work together for the past three years to support many talented people with a wide range of expertise to travel the world in search of new knowledge and greater insights into how community-based approaches to mental health can reduce the distress caused by poor mental health. These Churchill Fellows have done important research into examples of best practice and innovation in other countries, and their work is vital in helping us to look at new ways of tackling difficult and under-researched issues.

Before the coronavirus pandemic, an estimated one in six people in England experienced a common mental health problem every week, and prevalence is similar in other parts of the UK. Evidence shows that coronavirus and the lockdown measures that have been used to prevent its spread are worsening existing mental health inequalities and that more people will have poor mental health as a result of

the pandemic, unless bold preventative action is taken.

Although these Fellowship visits took place before the pandemic, the global knowledge on mental health problems that has been brought back from 17 countries by the 59 Churchill Fellows is an invaluable resource for the UK, and their findings are highly relevant to addressing the mental health challenges we now face.

Importantly, this work highlights vital learning about the need for mental health responses to be built around the culture and experiences of the many diverse individuals and groups affected by poor mental health. We are pleased to be able to share it online with everyone who has an interest in mental health, through a special series of podcasts and briefing papers available on our websites, which we hope will be widely shared.

The Mental Health Fellowship Programme (2016-2019) has raised the profile of mental health, and has also facilitated the development of future leaders in this

field, whose energy and commitment are already helping us to make the UK a mentally healthier place for future



Julia Weston

Chief Executive

Winston Churchill Memorial Trust

generations. We commend them, and we know that they will continue to do so.



Mark Rowland

Chief Executive

Mental Health Foundation

Introduction

From 2016 to 2019 the Winston Churchill Memorial Trust ran the Mental Health Fellowships programme, funding individuals to travel abroad to learn more about how community-based solutions are being developed to respond to some of today's most pressing mental health challenges.

The Mental Health Foundation was the expert partner in this programme, helping to shape its aims, select the successful candidates from hundreds of applicants and provide mentoring to the successful Churchill Fellows. In total, 59 Fellows were chosen to investigate best practice in 17 countries and bring back new evidence and ideas to create positive change in their profession, practice and communities in the UK.

Scope

This summative briefing condenses the findings from four themed briefing papers which in turn presented the key findings from the Fellows' rich body of learning on the overarching themes of: trauma and adversity, creativity and innovation, growing up and growing old, and equality and diversity. Individual summaries of each of the themed briefing papers are presented below. The conclusion draws together common insights from the fellowships and identifies high-level recommendations for policy and practice in the UK. Additional analysis,

recommendations and case-study examples can be found in the Fellows' reports, available in the links in the Appendix.

What do we mean by community-based solutions?

In the context of health, the term "community" has been defined by the National Institute for Health and Care Excellence (NICE) as "shorthand for the relationships, bonds, identities and interests that join people together or give them a shared stake in a place, service, culture or activity".¹

NICE uses community as an umbrella term to cover groups of people sharing a common characteristic or affinity, such as living in a neighbourhood, or being in a specific population group, or sharing a common faith or set of experiences.

NICE, Public Health England (PHE), the NHS and the World Health Organisation (WHO) have all identified communities as foundational sites for activity to promote health and wellbeing.^{2,3,4,5} The WHO's

Mental Health Action Plan 2013-2020 identified the provision of comprehensive, integrated mental health and social care services in community-based settings as one of the plan's four major objectives.⁶

PHE has argued that there is a compelling case for a shift to more people- and community-centred approaches to health and wellbeing. According to PHE, only

through involving communities can health inequalities be addressed. Further, the assets within communities are important building blocks for health that "cannot be ignored".⁷ The term "community-based" is therefore being used in its broadest sense, to include non-clinically based work addressing mental health problems, as well as approaches that involve clinicians.

Theme one: Trauma and adversity

The experience of trauma is widespread, with upwards of 70% of adults saying that they have had at least one traumatic experience.⁸

Two Churchill Fellows researched international approaches to trauma-informed care in the USA, Norway and Sweden (Dr Karen Treisman and Daniel Johnson), and four Fellows visited a range of international programmes in the USA, Australia, New Zealand, Canada and Bosnia & Herzegovina that are providing holistic, community-based approaches to supporting the mental health of veterans (Simon Edwards, Dr Amanda Wood, Charlie Morley and Alison O'Connor

Trauma-informed care

Trauma-informed care is focused on creating conditions within services and/or organisations that reduce harm, avoid retraumatisation and promote healing, especially for individuals who have already experienced trauma.⁹ It recognises that past experience of trauma can affect how a person perceives and responds to their environment in the present. For example, aspects of a situation that may seem benign to someone with no history of

trauma can trigger overwhelming feelings of distress in a trauma-survivor.

Key findings:

No single model provides an appropriate approach that can be effectively transferred to all UK public services and organisations. Instead of a one-size-fits-all approach, the Fellows identified that best practice in trauma-informed care is most usefully defined in terms of agreed and consistent approaches, values and principles, rather than fixed procedures. Such values and principles are being used by services abroad as a framework in which to organise their own service-appropriate approaches to delivering trauma-informed care.

Trauma-informed responses require persistence, determination and reflection on the part of each service or organisation. To implement trauma-informed responses means developing and moving towards system-wide cultural transformation in relation to understanding, skills,

values, attitudes, policies and cultures. Implementation requires a commitment by an organisation to engage meaningfully, in each of these areas, in a continuous process of adaptation.¹⁰

Supporting veterans living with trauma

The term “veteran”, as defined by the UK Government, applies to anyone who has served for at least one day in HM Armed Forces, whether as a regular or as a reservist.¹¹ In 2016, it was estimated that there were approximately 2.5 million veterans residing in the UK, with this figure being expected to drop to 1.6 million by 2028.¹² Many veterans will have had their lives enriched by their service, and are able to transition back into civilian life, together with their families, without

significant difficulty. For some, however, this transition is brought to the point of failure by mental health problems, which range in complexity and severity, and due to factors affecting them before, during and after military service.

Key finding:

Whilst traditional treatment approaches, such as medication and talking therapies, are well-evidenced and have the potential to be effective for many, a number of the Fellows drew attention to **a rich variety of alternative approaches being used internationally to effectively support the mental health needs of veterans.** These include a wide range of programmes involving mindfulness, yoga, performing arts, holistic retreats and equine-facilitated learning and therapy, amongst others.

Theme two: Growing up and growing old

In recent years, there has been increasing recognition from UK healthcare providers, decision-makers and the general public that people in both the early and later stages of life are facing considerable challenges in relation to their mental health.

Research suggests that a large proportion of mental health problems develop in childhood and adolescence, with around half developing by age 14, and three-quarters by age 24,¹³ and for older people depression was found to affect around 22% of men and 28% of women aged 65 years and over.¹⁴ Despite this, 85% of older people with depression receive no help at all from the NHS.¹⁵

Four Churchill Fellows travelled abroad to visit a wide range of community-based approaches being used in the USA, Australia, New Zealand, Canada and Ireland to support the mental health of children and young people and their families (Annette Hargreaves, Olivia Richards, Dan Trevor and Dr Sarah Maxwell). Other Fellows also visited projects working with this age group, such as Dr Kat Taylor, who visited an arts-based project in Finland working with the mothers of babies, as part of her focus

on the use of creative arts in supporting people's mental health.

Four Fellows travelled abroad to visit a wide range of community-based approaches being used in Canada, Japan, Ireland and the USA to support the mental health of older people and their families (Martin Malcolm, Pam Schweitzer, Agnes Houston and David Humphreys).

Growing up

Within the growing up category, Fellows' research focused primarily on interventions aimed at the 0 to 18 year old age group, from the first 1,000 days of life and early-years community settings to the school years that follow.

Key findings:

Parents can be encouraged, enabled and empowered in the first 1,000 days of a child's life. Annette Hargreaves visited community-based programmes aimed at empowering and supporting

parents to build responsive and nurturing relationships with their children in the first 1,000 days of their lives. The programmes she visited provide a wide range of approaches to support and encourage the vital relationship between the child and their primary caregiver in families from a diverse range of social and ethnic backgrounds. In particular, Annette learned about a promising intervention: Filming Interactions to Nurture Development (FIND), a video mentoring programme developed by the Center on the Developing Child at Harvard University, which aims to develop and improve positive social interactions between parents, caregivers and their young children.

Innovative approaches can support children's and adolescents' mental health in schools.

Olivia Richards' Fellowship explored how reading and writing can be used to teach children and young people social and emotional skills, that is emotional literacy, as well as help them to fulfil academic objectives. Olivia's research found that social and emotional learning can be effectively and easily integrated into UK classrooms through the reading and writing lessons that will already be taking place. This is demonstrated by approaches such as the RULER programme.

Dan Trevor investigated mindfulness and dialectical behaviour therapy (DBT) interventions for children and young people in schools. He found that it can improve pupils' emotional regulation and

decrease self-harming behaviour.

Dr Sarah Maxwell learned about the HYPE (Helping Young People Early) programme when researching effective community-based treatment for young people with borderline personality disorder (BPD). The model has been well evaluated, and has led to positive outcomes for young people, including reductions in suicidal behaviour and increased social and occupational functioning.¹⁶

Growing old

Within the growing old category, Fellows' research focused primarily on interventions aimed at the 65+ age group, and those who have stopped living independently to move into other community settings, such as care homes.

Key findings:

Older people can be better connected to their communities and their families.

Some Fellows focused on approaches to reducing social isolation and loneliness, and increasing older people's connections with their families, friends and communities. These included programmes enabling community involvement in care homes and residential care settings, multi-generational interventions involving both older people and young children, and the use of digital technology to connect older people living in rural communities.

Relationships, including with family members, are vital.

Some Fellows, not only in the growing old category, focused on the role that families can play in providing and encouraging community-based support

for people with mental health problems. Whilst not all older people will have families available to help provide support, and some may not wish to be involved, for those that do, family members can have an important role and function in the life of someone with mental health problems. This might be as a carer, offering day-to-day care and support, and/or as someone providing context, stability and a sense of belonging. David Humphreys travelled to Canada and the USA to explore ways of improving family-member involvement in community mental health treatment through General Practice (GP), with findings suggesting that GP practices, as a focus for healthcare and treatment in the community, are in a unique position to develop collaborative family involvement. Pam Schweitzer

investigated how care homes and residential settings abroad are opening their doors to the community to foster greater family involvement in the lives of older people once they move into care.

Digital solutions can support social connectedness among older people.

Martin Malcolm travelled to Canada and New Zealand to find technological solutions for reducing social isolation in rural communities. Whilst his report is still in its development stages, a number of early findings have emerged highlighting the potential for digitally based mental health applications (apps) to provide both social and health benefits, for example by aiding social connections among older people through a social-based app.

Theme three: Creativity and innovation

The past 30 years have seen a community-based care model replacing much of the acute and long-term care provided by in-patient settings, with increasing focus being given to prevention and early intervention, rather than treatment at a later stage of someone's mental health problem.

Whilst there are, of course, many reasons for such a radical transformation, one thing is certain: we would not be where we are today without the vital contribution that creative approaches and innovative thinking have played in helping to find appropriate solutions to the wide range of challenges that our mental health system has faced. Four Fellows travelled abroad to visit a wide range of community-based approaches being used in Canada, Japan, Ireland and the USA to support the mental health of older people and their families (Martin Malcolm, Pam Schweitzer, Agnes Houston and David Humphreys).

However, today far too many people with mental health problems do not receive effective and timely treatment. For example, figures from the Adult Psychiatric Morbidity Survey found that six out of ten people diagnosed with

bipolar disorder are not receiving any current medication or treatment (59.2%);¹⁷ similarly, nearly one in five people with a psychotic disorder, such as schizophrenia, are not receiving treatment.¹⁸

Such statistics are clearly troubling, and the Fellows' work therefore comes at a time when further creativity and innovation is needed if we are to find solutions to the most pressing problems that our current mental health system faces.

The creative arts

Two Churchill Fellows (Dr Kat Taylor and Alison O'Connor) visited a wide range of programmes in Finland, the USA and Bosnia & Herzegovina, which are using the creative arts to support people's mental health. Both Fellows found that the arts can connect people – commenting on their potential for bringing people together and reducing social isolation and loneliness. Both Fellows also highlighted

the potential of the creative arts for providing more holistic approaches for supporting people's mental health, in addition to more traditional methods such as talking therapies, and the prescribing of medication. Kat Taylor also found that the arts can be used to reduce the stigma surrounding mental health. Visiting New York, one of the Thrive cities, she saw how the city is using the arts to share positive messages about mental health in order to influence mainstream culture.

Finding new models of care

Fellow Luke Skelton travelled to Australia, Canada and the USA to look at a new care model for people with complex needs. He found that people with complex needs would benefit from having their services brought "under one roof" and that this "wraparound" service worked well when organised by a community mental health organisation.

Harnessing the potential of digital technology

Digital health, or e-health as it is sometimes known, is a wide and varying concept that includes the use of technology for digital record keeping, online booking systems, online repeat prescriptions and also for support,¹⁹ such as online resources, social media and smartphone applications.²⁰ The NHS Long Term Plan (2019) recognised the need to increase access to mental health support for millions of people, and as the NHS Topol Review (2019) made clear, digital technology is increasingly being cited as an effective way to do this.

Four Fellows considered the potential for digital technologies being used in mental health provision in Australia and the USA (Rebecca Cotton, Marcus Gardiner, Dr Erin Hope Thompson and Dr Ajay Thapar).

Key findings

Digital technology can provide scalable options for prevention, self-help and peer support. In speaking to clinicians, academics and non-profit leaders, a major theme that emerged through many of the Fellows' conversations was that of the opportunities provided by digital technology. Rebecca Cotton met with many colleagues in Australia and the USA, particularly from the non-profit sector, who were leading work to enable more people to access good quality information and to support one another online.

In researching innovative approaches to treating people with sleep problems, Dr Ajay Thapar found other examples from abroad of digital apps providing scalable, low-cost, first-line interventions offering cognitive behavioural therapy for insomnia (CBT-I) for people with sleep problems. CBT-I is a multi-faceted treatment for insomnia and involves a number of different components, both cognitive and behavioural.

Digital technologies can support the mental health of employees. Marcus Gardiner found that there is no one-size-fits-all approach to digital mental health implementation in organisations, and instead recommends that employers tailor assessment and implementation based on the needs of their employees

accessing the support. Marcus specifies considerations for any organisation redesigning their e-mental health support and identifies important steps in the implementation process.

Digital technology can bring people together. As highlighted by the Fellows, digital technology has the power to connect people, bringing them together and providing a platform for individuals to share their stories and life experiences.

Talking to others, and finding commonality in experience, can be very important for people who are experiencing mental health problems, and for those at risk of developing them. Some Fellows picked up on this theme, and Dr Erin Hope Thompson, in her travels to the USA to research best practice in bereavement support, identified The Dinner Party project as an example of good practice.

Theme four: Equality and diversity

The risks of developing mental health problems are not equally distributed across the UK population; some groups of people are more likely to develop mental health problems than others.

People from minority groups that are exposed to discrimination and social exclusion based on race, gender, sexual orientation and other characteristics protected by the Equality Act 2010 are at greater risk. In general, minority groups are at risk of developing mental health problems due to having a greater vulnerability to experiences such as racial discrimination, bullying, hate crime, domestic violence or abuse, or other types of trauma.

Reducing mental health inequalities for minority groups

Three Churchill Fellows (Dr Erica Mapule McInnis, Jacqui Jobson and Allison O’Kelly) looked at innovative ideas from the USA, Australia and Canada for how we as individuals, families and communities can work together to support each other in respectful, inclusive and culturally appropriate ways, valuing our rights and enabling us all to feel appreciated for who we are, in all our diversity.

Key findings

A minority stress model can improve trauma-informed services for people from minority groups. The term minority stress (MS), from Meyer’s minority stress model,²¹ describes the high levels of stress experienced by minority groups, such as those who are LGBT+, as a result of living in Western societies that, despite progress being made, can often still be homophobic, biphobic and transphobic. Jacqui Jobson learned that the MS model is being used to support the development of trauma-informed approaches that recognise the impact of MS and the lasting effects of trauma on LGBT+ communities. There is scope for the MS model to play a more central role in informing practice with the LBGT+ community in the UK than it has done to date.

A key finding from all three Fellows’ research is **the need for community mental health support to be culturally competent.** Cultural competence, as

defined by the Health Policy Institute at Georgetown University, is the “ability of providers and organisations to effectively deliver healthcare services that meet the social, cultural, and linguistic needs of patients.”²² In essence it means creating healthcare systems that are appropriately sensitive, responsive and tailored to meet the varying needs of different cultural and ethnicity groups within a society. Dr Erica Mapule McInnis visited programmes providing evidence-based African-centred psychotherapy - a modality of psychotherapy that works with Black-African people, recognising their lived experience and considering their unique history of multi-generational trauma from nearly 400 years of enslavement, slave trading and colonisation.

Protecting the human rights of vulnerable groups

It is also the case that once someone has a mental health problem, protection of their human rights can be at risk. Too many people with a mental health problem end up in the criminal justice system, where their needs may not be fully met. For others, it is difficult to have their voice heard in decisions about their treatment or circumstances.

Two Fellows (Geraldine O’Hare and Jan Killeen) looked at approaches being used in Australia and the USA to protect people’s human rights in the context of mental health. Geraldine looked at how problem-solving courts can help people with mental health problems who come into contact with the criminal justice

system, while Jan looked at approaches to supported decision-making for those with impaired capacity.

Key findings

Problem-solving courts can be an alternative to custody, for individuals with mental health problems who find themselves within the criminal justice system, though it is important to avoid unnecessary coercion in the operation of such courts. Judges and court staff do not always have the specialist knowledge of problems affecting offenders or victims, such as drug addiction, mental health or domestic violence. Therefore, to facilitate individualised justice, problem-solving initiatives invite community providers to share the court room, in order to create a centralised and collaborative, joined-up approach. The enhanced information and guidance provided by specialist staff can help improve the decision-making process among judges, legal teams and other justice officials.

Supported decision-making (SDM) must be put in place in order to fulfil the human rights of people with impaired decision-making capacity. Australia has become a world leader in developing research programmes to find effective ways of supporting people with decision-making difficulties. Their pilots offer a wide range of empirical evidence of what constitutes effective practice for both the decision-maker and the supporter. In particular, Australia has led the way in piloting culturally appropriate approaches to supported decision-making.

Cross-cutting findings

While Fellows' projects involved a wide diversity of community-based responses to mental health problems, some common insights emerged that may be useful for developing new service models in the future. Promising solutions often involved going to new service sites, widening the definition of mental health beyond traditional diagnoses, moving upstream to catch people before mental health problems develop and utilising new approaches, as set out below.

1. Moving to previously unserved locations

One way of innovating mental healthcare is to situate it within previously unserved locations. Daniel Johnson saw how trauma-informed responses could be integrated into residential and secure services for young people. Olivia Richards explored how emotional literacy could be taught to young people in the ordinary classroom setting, through reading and writing classes. Dan Trevor discovered programmes for teaching mindfulness and dialectical behavioural therapy in school settings. Geraldine O'Hare showed how a mental health perspective could be brought into the court system through problem-solving courts, and Dominic Kelly saw how mental health programmes could be brought to staff within the prison system. All these solutions introduced mental health support into new settings, thereby reaching people who might not

otherwise learn how to improve their mental health. For example, bringing mental health support directly into the prison system helps to address the high levels of trauma, corrections-fatigue and suicide among prison staff, who might not otherwise reach out for professional mental health services.

2. Widening the focus of support beyond traditional diagnostic categories

Traditionally, mental health services were targeted at individuals with diagnosable conditions. However, Fellows' visits to trauma-informed services showed that attention to the broader experience of trauma can prevent mental health problems, by recognising that many people may have experienced trauma and may be responding in ways that are consistent with this. Alison O'Connor and Simon Edwards identified "moral injury"

as an emerging concept relevant to the mental health problems experienced by veterans, while Jacqui Jobson found that “minority stress” can give rise to mental health problems among those who have experienced racism or discrimination in relation to their sexual identity. It seems that a natural consequence of the move from institutional to community-based settings is the development of new concepts of mental health problems through coming into contact with the wider population. Alison O’Connor’s exposure to “moral injury” is typical of this process: by coming into direct contact with veterans, she was introduced to this concept, which goes beyond traditional post-traumatic stress disorder to represent “a deeper, spiritual condition, a ‘soul wound’ (Tick, 2005) encompassing shame, guilt and loss of identity.” So too, Simon Edwards’ work on post-traumatic growth showed how trauma can result in positive growth from discovering inner resilience, gratitude for life, compassion for others and a new sense of purpose.

3. Moving upstream

A wider trend within mental health is to move “upstream”, seeking to prevent mental health problems long before they turn into a crisis or severe condition that requires treatment, by taking a public mental health approach. For example, Annette Hargreaves visited programmes that seek to support good relationships between children and their primary caregiver in the first 1,000 days of the child’s life, a period that is known to be enormously important for the

child’s long-term emotional, mental and physical development. Dan Trevor and Olivia Richards both found interventions for children of school age, identifying dialectical behavioural therapy (Trevor) and emotional literacy training (Richards) to help them manage their emotions better. Amanda Wood identified the children of veterans as an important but neglected group for mental health support, for whom there is a dearth of trained therapists in the UK. By addressing the mental health needs of veterans’ children, longer-term mental health problems may be prevented. Elsewhere, Sarah Maxwell’s visit to Australia yielded an early intervention programme, the Hype programme, for young people with borderline personality disorder. This showed positive outcomes for young people, including reductions in suicidal behaviour and increased social and occupational functioning.

4. Using new methods and models

Many Fellows explored solutions that involved utilising new methods of support. In some cases, these involved new therapeutic approaches, such as mindfulness for veterans, mindfulness and dialectical behavioural therapy for young people, and reminiscence work with older people. In others it involved new modes of support (creative arts), or new technologies (e-mental health), and also bringing a new lens to traditional mental health services (trauma-informed care and cultural competency), while

in others it involved connecting mental health support to people in new models of care, such as problem-solving courts, and wraparound services for people with complex needs.

The creative arts appear to be a relatively under-utilised mode of mental health support in the UK. Fellows Kat Taylor and Alison O'Connor found that the arts can connect people, provide a more holistic approach to supporting mental health, and provide access points for groups who might otherwise not engage with traditional health services.

Similarly, Fellows found that digital technology could help to provide mental health support to people who might not otherwise receive it, as well as enabling people to connect to others, thereby reducing their social isolation.

5. Involving families

At least five Fellows (Louis Boyd, Amanda Wood, Annette Hargreaves, David

Humphreys and Alison O'Connor) found that it is valuable to involve families in mental health interventions. The medical approach to treating mental health problems has tended to focus on the individual with the condition, very often to the exclusion of families. However, families can often be vital for helping to prevent mental health problems as well as a resource to support an individual's recovery. Recognising the wider impact of an individual's traumatic experience on their families, as Amanda found in looking at services for the children of veterans, as well as bringing families into the process of recovery, can also prove fruitful. For example, Louis looked at substance misuse services and recommended that these services should seek to avoid treating individual family members in isolation and instead look to provide a range of benefits to all members of the family. He recommends the use of "resilience-focused care plans" for all family members.

Conclusion

The Winston Churchill Memorial Trust has enabled Fellows to search the world for innovative and community-based solutions to some of the UK's pressing mental health problems.

Fellows' visits have pointed the way towards many promising approaches for responding to mental and emotional distress. Already, some Fellows are beginning to share their learning across the UK, bringing about and supporting the implementation of new approaches here. Findings from the Fellows provide new ideas for how we can embed mental health awareness, understanding and support into our communities in diverse community

settings, from schools to courts to residential care homes and people's own homes, for the benefit of a wide range of people with particular individual and collective experiences that have increased their risk of developing mental health problems. Given the huge scale of mental health problems in the UK, Fellows' research makes a valuable contribution to finding the ways to reduce the prevalence and impact of mental health problems in the future.

To find the full body of research produced by all 59 Churchill Fellows, or to listen to the series of podcasts, please visit the Mental Health Foundation and Winston Churchill Memorial Trust websites.

To get in touch with a Fellow included in this briefing, or for more details on any of the case studies featured, please contact the Winston Churchill Memorial Trust at office@wcmt.org.uk.

Appendix

In total, 59 Churchill Fellows were chosen to investigate mental health best practice in other countries and bring back new evidence and ideas to create positive change in their professions, practices and communities in the UK. A list of Fellows, along with links to reports and a brief description of their project, can be found below.

2016

Patricia Jarrett

Reducing Stigma in Perinatal Mental Health

Patricia Jarrett travelled to the USA and Australia to research ways of reducing stigma in perinatal mental health.

Lou Boyd

Supporting Children and Families Through Parental Substance Misuse Treatment Journeys

Lou Boyd travelled to Canada and the USA to investigate supporting children and families through parental substance misuse treatment.

David Humphreys

Improving Family Member Involvement in Community Mental Health Treatment

David Humphreys travelled to Canada and the USA to explore ways of improving family member involvement in community mental health treatment.

Shirley Smith

Specialist Support for Persons Bereaved by Suicide

Shirley Smith travelled to the USA to research specialist support for persons bereaved by suicide.

Dominic Kelly

Surviving in Prison Work: Prison Staff Wellness Programmes

Dominic Kelly travelled to the USA to study prison officer wellness programs.

Amanda Wood

Improve Psychological Support for Military Families, in Particular Children

Dr Amanda Wood travelled to the USA to explore ways of improving psychological support for military families, particularly children.

Sara Preston

Eating Disorders: Breaking the Silence and Combating Stigma Together

Sara Preston travelled to Canada and the

USA to research best practice in helping young people with eating disorders.

Sarah Maxwell

How to Work with Teenagers Presenting with Emerging Personality Disorders

Dr Sarah Maxwell travelled to Australia to explore how to work with teenagers presenting with emerging personality disorders.

Jennifer Chigwende

Improving Black and Ethnic Minority Mental Health Care

Jennifer Chigwende travelled to the USA, South Africa and Zimbabwe to investigate ways of improving black and ethnic minority mental health care.

Adele Owen

Mental Health, Policing, Peer Support

Adele Owen travelled Norway and the USA to investigate mental health peer support networks within the police force.

Olivia Richards

The Story Project: Supporting Young Peoples' Mental Health Through Literacy

Olivia Richards travelled to the USA and Canada to explore supporting young peoples' mental health through literacy.

Annette Hargreaves

Adult and Child Mental Health in Child Development

Annette Hargreaves travelled to Australia, New Zealand and the USA to research adult and child mental health in Child Development.

Simon Edwards

An International Perspective of PTSD: Root Causes and Treatment

Simon Edwards travelled to Australia and the USA to investigate the root causes and treatment of PTSD.

Agnes Houston

Dementia and Sensory Challenges

Agnes Houston travelled to Canada and Ireland to meet with people who, like her, have a diagnosis of dementia. She collected lived experience of sensory challenges and coping strategies.

Jan Killeen

Best Practice in Supported Decision-Making for Adults with Incapacity

Jan Killeen travelled to Australia to research best practice in supported decision-making for adults with incapacity.

Dr Erica Mapule McInnis

UK Model of Afrikan Centred Psychotherapy for Well-Being

Dr Erica Mapule McInnis travelled to the USA to investigate the Afrikan Centred Psychotherapy for well-being.

Daniel Johnson

Identifying a Best-Fit Model of Care for Traumatized Children

Daniel Johnson travelled to Norway, Sweden and the USA to research models of care for traumatized children.

Alison O'Connor

Can Theatre Help Transform Trauma for Veterans and Families?

Alison O'Connor travelled to Bosnia & Herzegovina and the USA to investigate the impact of theatre on families and veterans affected by trauma.

Sarah Amani

Improving the Mental Health of Young People in Transition

Sarah Amani travelled to Australia to explore improving the mental health of young people in transition.

Geraldine O'Hare

Achieving the Right Balance: Mentally Disordered Offenders and Public Protection

Geraldine O'hare travelled to the USA to research models of diversion and treatment for offenders with mental illness.

2017**Martin Malcolm**

Tackling Social Isolation and Loneliness in Rural Communities

Martin Malcolm travelled to Canada to explore approaches to tackling social isolation and loneliness in rural communities.

Dan Trevor

Mindfulness Interventions for Children and Young People in School and Family Settings

Dan Trevor travelled to Ireland and the USA to investigate mindfulness interventions for children and young people.

Pam Schweitzer

Reminiscence Arts: Improving Social Cohesion and Increasing Communication in Japan

Pam Schweitzer travelled to Japan to study arts projects for families living with dementia.

Geraldine Esdaille

The 'Toxic Trio': Developing Culturally Competent Services for Black Women

Geraldine Esdaille travelled to the USA to research culturally appropriate services for black women with multiple complex needs.

Jacqui Jobson

LGBTQ Mental Health: Exploring Advocacy Approaches to Health Inequalities

Jacqui Jobson travelled to Australia and Canada to explore advocacy approaches addressing mental health among LGBTQ communities.

Rosie Tressler

Exploring Preventative Mental Health Interventions for University Students

Rosie Tressler travelled to Australia and Canada to explore preventative mental health interventions for university students.

Ajay Thapar

Improving The Management of Sleep Problems

Dr. Ajay Thapar travelled to the USA to study innovative approaches to treating people with distressing sleep problems.

Amy Wolstenholme

High Impact High Cost Patients: Delivery Principles and Economic Evaluation

Amy Wolstenholme, a Project Manager and PhD Candidate in addiction, travelled to the USA to investigate approaches to improving care for patients with complex needs who frequently use health services.

Angela Samata

Welcoming the Outside In: Bringing Outsider Art into the Mainstream

Angela Samata travelled to Japan and the USA to investigate attitudes to artists with diagnosed mental health conditions.

Kat Taylor

Arts in Healthcare Pioneers: Informing and Supporting the Greater Manchester Devolution

Dr Kat Taylor travelled to Finland and the USA to study initiatives embedding the arts in health care.

Rebecca Cotton

Mental Health and Digital Technology

Rebecca Cotton travelled to Australia and the USA to research approaches to using digital technology in mental health services.

Niki Powers

Improving Services for Teenagers Affected by Trauma and Disrupted Attachment

Niki Powers travelled to the USA to investigate services for teenagers affected by trauma.

Caroline Hearst

Peer Provision and Partnership in Supporting Autistic Adults

Caroline Hearst travelled to Australia, New Zealand and the USA to investigate autistic engagement in peer support and advocacy, and peer research into autism practice.

Rebecca Amissah

Art and Music to Support Mental Health in the Community

Dr Rebecca Amissah travelled to the USA to study approaches to using art and music to improve mental health outcomes for people with mental health conditions.

Sophie Hodge

Approaches to Treating First Episode Psychosis

Sophie Hodge travelled to Finland, Australia and New Zealand to explore approaches to early intervention in cases of psychosis.

Barbara Bloomfield

Relationship Help for Adult Couples and Families with Autism or Asperger's

Barbara Bloomfield travelled to Australia, Canada and the USA to explore approaches to supporting adult couples affected by autism or Asperger's.

Erin Hope Thompson

Shaping Cancer Bereavement Care: Developing a Framework for Action

Dr Erin Hope Thompson travelled to the USA to research best practice in bereavement support.

Rebecca Moore

Innovative Practice in Psychological Birth Trauma: Bringing Knowledge to the UK

Dr Rebecca Moore travelled to the USA to investigate approaches to treating psychological birth trauma.

2018**Laura Beswick**

Introducing Mental Health and Wellbeing in University Curricula

Laura Beswick travelled to the USA to research mental health and wellbeing programmes for university students.

Alex Holmes

How Happy Are We?

Alex Holmes travelled to Australia, New Zealand and the United Arab Emirates to explore approaches to increasing happiness and wellbeing in schools.

Charlie Morley

Beyond Mindfulness: Best Practice for Veterans with PTSD

Charlie Morley travelled to Canada and the USA to study mindfulness-based treatments for veterans with PTSD.

Angela El-Zeind

Using Comedy Improvisation to Treat Anxiety and Social Phobias

Angela El-Zeind travelled to Australia, Canada, New Zealand and the USA to explore comedy improvisation as a means of treating anxiety.

Patrick Vernon

Black Heritage and Mental Wellbeing

Patrick Vernon travelled to Barbados, Jamaica and the USA to explore arts and cultural interventions aimed at supporting good mental health in African and Caribbean communities.

Cheryl-lee Brown

Co-Productive Use of Trauma Informed Practice in the Early Years

Cheryl-lee Brown travelled to Australia and the USA to investigate trauma-informed early years intervention.

Sabrina Kamayah

Mental Health and Black, Asian and Minority Ethnic Groups

Sabrina Kamayah travelled to Australia, New Zealand and the USA to explore models aimed at improving access and intervention to care and treatment, for Black and Minority Ethnic communities experiencing mental health difficulties.

Natalia Clifford

Parenting in the Digital Age: Family Approaches to Digital Resilience

Natalia Clifford travelled to Sweden, Denmark and the USA to explore approaches to fostering healthy online behaviours for children.

Shane Ryan

Future Men

Shane Ryan travelled to South Africa and the USA to explore approaches to developing positive narratives around masculinity within black and other minority ethnic communities.

Sarah Bates

Implementing National Frameworks for Suicide Support and Innovative Community Care

Sarah Bates travelled to Hong Kong and Japan to investigate support for people bereaved by suicide.

Clare Canning

Sacred Wounds: Innovative Uses of Mindfulness to Treat Self Harm

Clare Canning travelled to Canada and the USA to explore mindfulness interventions for people who self harm.

Allison O'Kelly

Improving Dementia Services for People Who Are LGBT

Allison O'Kelly travelled to Australia to investigate support for LGBT people with dementia.

Luke Skelton

Health Care Homes: A Brighter Future for Mental Health?

Luke Skelton travelled to Australia and the USA to explore the impact of the Health Care Homes model on patients' mental health.

Martin Lally

Peer Support in Modern Day Policing

Martin Lally travelled to Australia, Canada and the USA to research peer support for police officers who have experienced trauma.

Debbie Frances

Identifying Successful Early-Intervention Initiatives Promoting Mental Wellbeing in Young People

Debbie Frances travelled to Australia and Finland to explore early-intervention initiatives promoting mental wellbeing in young people.

Tod Sullivan

Introducing a Trauma Informed Approach to Mental Health in Lowestoft

Tod Sullivan travelled to the USA to research trauma-informed approaches to supporting good mental health.

Marcus Gardiner

Transforming Workplace Mental Health Using Innovative Ideas and Digital Technology

Marcus Gardiner travelled to the USA to explore the use of digital technology to support good mental health in the workplace.

Lucy Duggan

Exploring Ecotherapeutic Approaches to Community Mental-Health Promotion and Prevention

Lucy Duggan travelled to Japan and the USA to explore eco-therapeutic approaches to community mental-health promotion.

Hayley Thompson

Veteran Community Mental Health: Family Models of Support

Hayley Thompson travelled to Canada and

the USA to explore support for families of veterans affected by PTSD.

Karen Treisman

*Becoming a Trauma-Informed
Organisation: Practices And Principles*

Karen Treisman travelled to the USA to research approaches to integrating trauma-informed principles at an organisational level.

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