A WORLD WITH GOOD MENTAL HEALTH FOR ALL

A NEW WAY FORWARD

Mental Health Foundation
At the Mental Health Foundation, we believe that everyone has a right to good mental health. We commit ourselves to work for this right to become a reality.

We know that, at present, we are a long way from seeing this goal achieved. There has never been a more urgent need to change the ways we tackle mental health issues in our society.

Mental health problems cost the UK economy an estimated £70–100 billion each year. Mental health services are overstretched, waiting times are too long and some areas lack specialist services. Yet, public spending is focused almost entirely on coping with crisis and is lacking significant investment in prevention. At the same time, the human costs of mental health problems grow unabated. It is time to change the model and to move spending upstream to prevent problems from occurring.

This strategy sets out our case for a fresh emphasis on prevention, including understanding the causation and development of mental health problems, the pattern of risks, and the prevalence across different individuals and groups. Critically, we believe this has to be linked to service innovation and focused investment where solutions will have most impact.

The Foundation identifies patterns of mental health problems and their causes. We research promising approaches so that we can offer sound advice and information. Our aim is to achieve change through taking an issue; examining available research and practice; developing a fresh approach; piloting it at increasing scales; and, eventually, where the evidence is good, promoting the roll-out of service innovation, supported by advocacy for changes in policy, investment and practice.
We are committed to creating and sharing knowledge that empowers people to understand the steps they can take to reduce their risks, increase their resilience to mental health problems, and increase their positive mental health.

We will continue to develop and deliver techniques (including self-management and mindfulness) for people who have experienced mental health problems, to help them to sustain recovery and to prevent relapses.

We will promote research and understanding of how the different life experiences of groups and individuals are associated with mental health problems, drawing attention to the causes and ways to tackle these, using evidence-based approaches.

We are grateful for the support of our many supporters, partners and mental health champions from diverse walks of life. This enables us to campaign vigorously to ensure that the attention and resources of our parliaments, the National Health Service and all service providers are focused on mental health with the same urgency and importance that are given to physical health. We are determined to lead a changed direction in thinking and action to prevent mental ill health.

Jenny Edwards, CBE
Chief Executive
Despite the challenges of the present, it is important that we look towards the future and envision a world with good mental health for all. Such a world would enable us to realise our potential, control our lives, and actively contribute to our communities and society.

In this world, the people in our work, schools and communities respect and value us, stimulate and challenge us, empower us, and reward us; they encourage our development; and they respond quickly and well if we start to struggle. We would feel safe in our homes, communities, schools and work and have safe places to relax, learn and play.

A world with good mental health for all would help children to develop the skills to understand their emotions, how minds work, and how to grow and maintain healthy relationships. They would learn that everyone will face change, difficulty and loss in life but that there are strategies that can help them get through these. Children would grow up confident and secure, with mental and emotional resilience.

We would organise and support services and society to make repeated childhood abuse and neglect a thing of the past. Where people have experienced abuse or trauma, they would be entitled to the best available therapeutic support.

We would find help available to prepare us and to get us through key transition points in life: entering adulthood, becoming a parent, starting and ending relationships, losing a loved one, becoming ill, losing a job or retiring, approaching the end of life, or experiencing trauma.
The greater public knowledge and understanding about mental health would enable us all to choose the right actions to support our own mental health and to help others when needed. If pressures were to start to affect our mental wellbeing, we would find advice and assistance in getting through personal, work or financial issues. Mental health support would be available before people felt they had to resort to alcohol or drugs to cope.

If we were to experience mental health problems, we would feel confident to be open about these and would expect support and understanding, without fear of stigma or discrimination. Employers would know how to help staff and recognise early warning signs of mental health difficulties. Managers would be confident in discussing these issues, supporting staff in the workplace (or wherever it is most appropriate), and keeping in touch during sick leave to support their recovery and return to work.

People experiencing fluctuating mental health problems would receive benefits that were flexible to help them cope with the financial pressures of irregular work absences. Those with long-term mental health conditions would be supported to return to work when they were ready or supported to be actively engaged in their community, sustaining self-esteem, if work were not possible.

People seeking medical help for mental health problems would have a choice between various effective clinical and social interventions, available promptly within an acceptable amount of time. If they were to need specialist care, there would be high-quality services in their area. Robust, transparent and clear public data would enable people to be active citizens, working with others to advocate what is needed.

Governments and decision makers would understand the fundamental significance of mental health for their policies in many areas. They would ensure that mental health implications were considered in developing public policies and budgets.

People with significant insights into mental health through their own lived experience would be included at all levels of mental health-related occupations and in policy development.

A world with good mental health for all would support a wide range of research to improve our understanding of the many factors that influence our mental health. It would invest in the testing of promising approaches and the prompt roll-out of those which were effective, whether in prevention or treatment.

A world with good mental health for all is not the world we live in but it is a world within reach, given the right vision, champions, and commitment to sharing knowledge and innovation.
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.

Rachel, Single mum of two young children
Young Mums Together

Is a programme based on findings from a pilot project carried out with 27 young mums in Hackney, London, from 2011–13, which showed great levels of support needs among this group, including:

- Young mothers feeling isolated because of the lack of opportunities to meet others and to share their experiences
- Women experiencing difficulties adjusting to motherhood and planning for the future. Many lacked information about childcare options, encountered obstacles to re-enter education and work, and were at risk of poverty and social exclusion
- Fear of stigma and concerns about losing custody of their child, which prevented many young mothers from accessing the help they needed. This also extended to cases of domestic violence
- Low self-esteem and the perceived disapproval from society and relatives, which led many to lack confidence in their parenting skills.

We have worked alongside young mums aged 16–25 to develop 15 peer support groups across Haringey, Hackney and Islington.
Creating Connections

In partnership with Gingerbread, Mental Health Foundation supports vulnerable single parents in South Wales to:

- improve their mental health and wellbeing
- support the development of coping strategies
- enhance parenting skills
- improve life chances.

We have worked alongside single parents to develop peer support groups and to provide self-management training for 216 single parents who are at risk of mental health problems due to stress and isolation. Participants are being trained to become facilitators who can support future groups.

My Life, My Future

Is a programme working with young people in care and care leavers aged between 10 and 18 from the London Borough of Sutton. The programme aims to:

- increase self-confidence
- enhance emotional wellbeing
- build resilience
- improve aspirations.

Three workers and two volunteers work alongside young people to build knowledge through group-work exercises, peer support, activities and mentoring. Both of the volunteers are care leavers and provide valuable support to the young people on the programme. Their ability to empathise with these young people and to understand where they are in their lives has been a key component of the programme’s development.
PREVENTION REVOLUTION
MENTAL HEALTH FOUNDATION'S WORK:
CHILDREN AND YOUNG PEOPLE
We live in an age where mental health problems touch many lives. Headlines reveal the public’s concern about mental health, highlighted by personal testimonies and, sadly, sometimes tragedies. Sometimes, it seems that there are no answers to a system unable to cope with the growing call on mental health services. The United Kingdom is not alone: the World Health Organisation predicts that if we continue as we are, by 2030, mental health problems will be the greatest health burden on humanity.

Mental ill health problems can have a heavy impact on individuals and their friends, families, colleagues, and communities.
Most people with mental health problems are not using mental health services. If they did, current services would be overwhelmed. Only one in four people with a mental health problem receive services and, when they do, there is usually a long wait for therapy. Most people, most of the time, manage their own mental health or try to help the people they care about to manage theirs. Public mental health information and practical tools are vital towards helping people to better understand how their minds work, to recognise when problems are developing and to take early action.

The Foundation’s strategy sets out the case for a strong and multi-faceted focus on prevention, which recognises that different solutions are appropriate for different groups. 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.

It is time to build on the untapped possibilities of current knowledge; to investigate, test and validate innovative solutions; and to build public understanding of how more of us can stay well for longer. This will mean a revolution in the way we think about mental health: a Prevention Revolution.
PREVENTION REVOLUTION

FIVE STEPS TO A PREVENTION REVOLUTION

1. Prevention of mental ill health is possible. We need to share the evidence that exists and act upon it.

2. Create new knowledge about what works, drawn from academics, practitioners, and people with expertise from their lived experience.

3. Create simple and straightforward tools to use.

4. Ensure solutions are widespread and reach the people and communities who are at greatest risk of mental health problems.

5. Inform and encourage champions and trusted members of communities to advocate to others (including political leaders and the media) to inspire, motivate change, and to spread solutions.
Mental health is a universal asset that we all share. Good mental health helps us find joy in the good things in life and supports us in reaching our potential as individuals and communities. Poor mental health can lead to a downward cycle of problems, including poor physical health and damaged educational chances, with risks of losing our work, relationships or homes.

Mental health problems can affect anyone and any family. One in four of us experience them to some degree in any year. However, they are not equally distributed throughout society and prevalence varies. Higher prevalence is associated with poor physical health, socioeconomic disadvantage, and with other experiences such as trauma or discrimination. Poor mental health can be viewed as both a cause and consequence of socioeconomic and health inequalities.

The case for investing in the prevention of mental health problems and intervening early in childhood and adolescence is overwhelming; this is when much of our mental health is developed. The family we are born into, our upbringing, our early exposure to adversity and all other experiences play a strong part in shaping us and how we travel into adult life, prepared to cope with challenges and problems.

Poor mental health among young people can lead to reduced life chances, impacting on education, social participation and ability to find and sustain employment. The figures speak for themselves: 75% of mental health problems are established by age 24, and 50% by age 14. One in 10 of school-age children have a clinically diagnosable mental health problem, including depression, anxiety or psychosis.

As we journey through life, we encounter points of increased vulnerability or trauma. These can intersect with life transitions, such as becoming a new parent, losing a job, bereavement, injury, or illness, and can place our mental health at risk.

Good mental health requires clear local strategies that encourage and support effective community action, targeted at areas of greatest prevalence and risk. These, coupled with national strategies that address prevention as well as direct services, can reduce risks and ensure people receive the right support to improve their chances of staying mentally well.
Professor Dame Sally Davies, the Chief Medical Officer of England, identified particular groups of young people at risk of developing mental health problems:

- Children with parents who have mental health or substance misuse problems
- Children experiencing personal abuse or witnessing domestic violence
- Looked-after children
- Children excluded from school
- Teen parents
- Young offenders
- Young lesbian, gay, bisexual and transgender (LGBT) people
- Young black and minority ethnic (BME) people
- Children living at a socioeconomic disadvantage.

She also identified adults who have higher vulnerabilities to experiencing mental health problems:

- People with past mental health problems
- People who have been homeless
- Adults with a history of violence or abuse
- Adults who misuse alcohol or other substances
- Offenders and ex-offenders
- LGBT adults
- Travellers, asylum seekers and refugees
- Adults with a history of being looked after/adopted
- People with learning disabilities
- Isolated older people
- People from Black, Asian, Minority Ethnicity (BAME) communities.

There is a wealth of robust evidence for public health approaches to mental illness prevention and mental health promotion.

Annual Report of the Chief Medical Officer for England 2013
Feeling Down

Is a programme of work aimed at improving the mental health of people with learning disabilities. An estimated 25–40% of people with learning disabilities have mental health problems, making them a key group at risk of developing mental health problems. The programme has created practice improvement guides for services supporting people with learning disabilities. These have been informed and developed with over 200 people with learning disabilities, families, and organisations, who told us about what would work to improve the mental health and life chances of people with learning disabilities.

Dementia Empowerment and Engagement Project (DEEP)

Is funded by JRF and Comic Relief and operates in partnership with Innovations in Dementia. To date, DEEP has engaged over 50 independent groups led by or actively involving people with dementia across the UK – raising awareness, informing, lobbying, speaking, offering peer support, activism, etc.

Amaan

Is a programme aimed at supporting women refugees and asylum seekers who have experienced pre-migration trauma. It is supported by the Lankelly Chase Foundation and Comic Relief.

Our work, through “Community Conversations,” explores mental health, self-management and stigma with the women. They are being supported to develop peer-led approaches. We co-produce training programmes with the women, focused on mental health, migration and trauma. These were provided to a range of key organisations identified by the women, including the UK Border Agency, social services, primary care teams, the Department of Work and Pensions, teachers, and bus drivers.
PREVENTION REVOLUTION
MENTAL HEALTH FOUNDATION’S WORK:
EMPOWERMENT TACKLING MENTAL HEALTH INEQUALITIES
Women are 75% more likely than men to report depression and 60% more likely to report anxiety.

Suicide is the largest cause of death for men aged 20-49 years. More than three quarters of deaths by suicide in 2012 were by men. Men are two and a half times more likely to report substance misuse problems.

Depression affects one in five older people living in the community and two in five in care homes.

1 in 10 children and young people between the ages of 5-16 years have a diagnosable mental health condition; and up to 1 in 12 self harm.

People with learning disabilities have six times the risk of mental health problems and 3 to 4 times the risk of developing dementia, in particular those with Downs Syndrome.

Up to 1 in 7 men who become unemployed are likely to develop depressive ill health within 6 months.
Depression affects one in five older people living in the community and two in five in care homes. Up to 1 in 7 men who become unemployed are likely to develop depressive ill health within 6 months. Long term conditions account for 80% of GP consultations. 30% of people with long term conditions have a mental health problem.

Living alone increases the risk of premature death by 32%.

Adults with the lowest 20% of income are at treble the risk of mental ill health than those with the highest 20% of income.

Depression affects nearly half of women exposed to domestic violence. Post-traumatic stress disorder (PTSD) affects almost two-thirds.

Have 5 times the risk of mental health problems. Parental mental health is a significant factor for entering care.

Half of carers consider that their mental health has suffered due to their caring role. There are 225,000 young carers in England. 68% of them have been bullied at school.
Perinatal depression, anxiety and psychosis carry a total long-term cost to society of about £8.1 billion for each one-year of children born\(^{28}\).

Early intervention and home-based care to support people with mental health problems are estimated as having the potential to save £38 million through the reduction in acute hospital admissions (700 per annum), shorter lengths of hospital stay (25% reduction) and less use of high-cost intensive interventions (NHS West Midlands, 2010).

Lost output and missed employment opportunities associated with mental health problems cost £23.1 billion per year in England (Perkins, 2009) and, each year, over 200,000 people with a mental illness move onto incapacity benefits (Black, 2008).

---

\(\text{World Health Organization 2004}\)
Prevention is the key to tackling the great mental health challenge of our age. When we fail to prevent, years are lost and lives damaged. When the right evidence-based solutions are made available, promoted and adopted widely, people can fulfil their potential and live well.

Prevention may be focused on different groups of people based on their risk profile:

**Universal** – for everyone

**Selective** – for people in groups, demographics or communities with higher prevalence of mental health problems

**Indicated** – for people with early detectable signs of mental health stress or distress and for children of parents with a serious mental health problem

Prevention can also operate at different phases in the development of mental health problems and recovery from them:

1. **Primary prevention** - aims to stop ill-health occurring entirely by using ‘upstream’ approaches for the majority of the population, coupled with selective and indicated interventions focused on people and communities most at risk

2. **Secondary prevention** – aims to identify the earliest signs of health problems through awareness, self-identification, help from friends and colleagues etc., ensuring effective early intervention is provided to minimise progression into a full mental health condition

3. **Tertiary prevention** - works with people who have had established mental health problems to prevent relapse and ensure sustainable recovery.

The Foundation will develop specific tailored models and programmes targeted at groups and circumstances with higher risk of prevalence of mental health problems, alongside creating and sharing knowledge and tools to support good mental health for all. We place value on peer-reviewed studies, on the expert opinions of those with lived experience, and on solutions shown to work in real-life settings. We will share knowledge and advocate investment in research to enable effective change among the public, policymakers, commissioners and services.
Can we prevent mental health problems? Of course ... the evidence is incontrovertible. So why don’t we? The problems often start in childhood but we spend most of our resources on dealing with the consequences - in hospitals and prisons. The Mental Health Foundation believes we can change this and has developed a strategy to do so - we need to get behind it.

Dr David Kingdon, Professor of Health Care Delivery, University of Southampton
Opportunities to prevent through life

75% mental health problems set by age 24\(^2\)  
Lost employment opportunity cost £23.1 billion\(^3\)  
Half of people aged 75+ live alone\(^4\)
The Foundation applies a life-course approach to our work. This includes a focus on childhood development and early years, when experiences form the foundation for mental health and resilience throughout life. In these years, good services can promote and protect our mental health with a lifetime benefit.

The life-course approach includes a focus on the transition to adulthood, which can be a time fraught with challenges. It also investigates opportunities to intervene to support mental health at points of risk through adulthood, including in later life.

We aim to develop the evidence base, to draw out and promote existing evidence, and create effective tools that empower individuals and communities to take steps to overcome the major risks to their mental health that they face.

“The way in which we nurture children, the way in which we bring children into the world, and the way in which we look after them in the first years of life, is absolutely critical to the creation of physical, mental and social health.”

Sir Harry Burns,
Chief Medical Officer for Scotland 2012
1. Maternal Mental Health

An evidence base has been emerging that supports the case to provide support during the perinatal period to improve mental health outcomes for mothers, including reducing the prevalence of postnatal depression. This would place new mothers in the best position to be able to nurture their babies effectively. Promising interventions include nurse home visits and telephone-based peer support. Work to support the mental health of parents more generally identifies a family systems approach to improving mental health outcomes for both parents and babies.

2. Early Years and Family

Early attachment and effective parenting plays 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 are a key time for interventions to prevent mental health problems from developing. Video feedback has been shown to be effective in promoting maternal sensitivity to the child’s needs, which supports effective bonding. A range of family-based interventions are available that are showing promising results, including Triple P, the Solihull Approach and the Incredible Years, among others.

3. School Aged Children

There is good evidence to support the implementation of multi-component mental health programmes within schools. These are:

- Systemic, including teacher training, changes to school ethos, policies and environment, and links and referral pathways to other communities or specialist organisations
- Universal for all pupils with curriculum-based interventions: promotion of pro-social behaviour and emotional literacy, and anti-bullying programmes
- Targeted, with a focus on children who are displaying signs of an emerging mental health problem or behavioural problem (which can include being a bully)
Children who have parents with mental health problems are considered to be three to four times at higher risk of developing mental health problems. Parental education programmes for these families have been shown to lead to a reduction in parental shame and guilt and an increased willingness to engage with prevention programmes to support their children.

4. Adults of Working Age

The Foundation’s partnership work within the European Network for Workplace Health Promotion led to a consensus on the value of adopting a multimodal approach to workplace mental health and the development of whole workplace guidance.

Areas of interest 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.

5. Later Life

Loneliness puts older people at risk of depression. Interventions to reduce isolation can be effective. 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. For many of these, the improvement is most significant for those who had long-term conditions or a pre-existing mental health problem, such as dementia.

Exercise has been shown to have similar benefits. There is emerging evidence of the impact of exercise on cognition for people with mild cognitive impairment. Understanding the causality of different types of dementia and how to prevent it 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 the services and support that they need to live well.
6. The Cumulative Effects of Mental Health Inequalities Across the Life Course

Socioeconomic disadvantage places people at greater risk of developing mental health problems. Children and adolescents living in the 20% lowest income households are two to three 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 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. Mental health stigma, combined with issues such as ageism, can compound intersectional discrimination as we grow older.

While long-term conditions can begin early in life, there is an increased prevalence as we age. Living with long-term conditions places people at more than twice the risk of developing mental health problems. The benefits of working to improve mental health have been shown to be beneficial across a wide range of conditions. Tailored Cognitive-Based Therapy and programmes that provide psychological interventions alongside education have been shown to reduce anxiety in people with Chronic Obstructive Pulmonary Disease and cardiovascular disease.

People with co-morbidities, including physical and mental health problems, can gain particularly large benefits from inclusion in self-management support programmes. Peer support may also play an important role in empowering people with co-morbid mental health problems to manage their own condition.

“...It is inaction that cannot be afforded, for the human and economic costs are too high. The health and well-being of today’s children depend on us having the courage and imagination to rise to the challenge of doing things differently...”

Sir Michael Marmot, Fair Society, Healthy Lives
**Increased understanding about how to prevent mental health problems**

We will promote research to learn and share what works to prevent and reduce the incidence of mental health problems, including through the Foundation’s multi-stage Prevention Evidence Reviews.

We will engage with people with the right expertise in mental health, including experts by experience, experts in practice and experts through knowledge, to create a three-dimensional perspective on fresh thinking and promising developments.

We will work with partners who share our vision to develop a collaborating centre, potentially leading to the development of a Public Mental Health Observatory focused on Prevention.

**New evidence-based solutions**

We will develop, test and deliver solutions that help individuals and communities to sustain good mental health, to take early intervention to prevent problems from developing, to reduce the risk of relapse, and to improve quality of life for those who have already experienced mental ill health.

We will share the results of our evaluations, including the challenges of implementation.

We will develop resources, including toolkits and training, which will support commissioners and services to intervene across a range of settings.
Make practical and accessible support available

We will create an online knowledge centre and portal where people from all walks of life can access information, digital interventions and tools to support good mental health and prevent mental health problems from taking hold.

We will use digital technology to enable people to find accurate, accessible information they can rely on, backed up by evidence and lived experience. We will look ahead, identify where there are emerging or unmet needs for solutions, and set out to research the potential answers.

Advocate for change

We believe that we are strongest in alliance. We work closely with other leading charities to make the case at the highest government levels. We will continue to work alongside the growing movement of our supporters and people with lived experience, with other charities, with employers, with educational institutions, and with all champions to ensure that, at long last, mental health receives its due attention and the same importance as our physical health.

As an independent charity, backed by supporters, we are not reliant on public-sector funding or service delivery contracts. We are free to advocate change to our parliaments, policymakers, local government, the National Health Service, health service providers and related sectors across the UK.

We will take the messages in this strategy to senior policymakers with a call for a national strategy to prevent mental ill health, backed by the key evidence and research findings. We believe this approach could mark a watershed in our national understanding and effectiveness of approach.
The commitment of the Foundation’s supporters is second to none. They debate, challenge and inform our work and reach out across their networks and connections to challenge stigma and change ideas. They are champions and local advocates for change who are passionate and determined.

The Foundation relies on the generosity of its supporters to ensure its work continues, grows and develops. We can only achieve transformative change with the backing of supporters at every level, from our dedicated individual fundraisers to supporters who commit to giving regularly or who entrust us with a legacy.

The case for change is pressing and the opportunities are substantial. In the fields of cancer and heart disease, it was the public’s commitment that provided the foundation for research, new practice and transformative progress. Now, we need a similar public movement for mental health.

Our Friends of the Foundation and Foundation Business Circle are building support for our work and gaining the backing for our research, pilot programmes and solutions.

We are very grateful, also, for the generosity of the growing number of trusts and foundations, and the Big Lottery, which back our pilot programmes, enabling us to test and evaluate new models so that we can recommend them with confidence.

The Foundation also raises income through its online courses, consultancy, workplace services, training, and events. These generate unrestricted income to invest in trialling new approaches.

A strong base in research and practice is essential for making progress and influencing policy. This relies on our recruiting and retaining a team of expert staff, able to lead challenging discussions in their field.

The Foundation encourages our staff to undertake rewarding and innovative challenging work, keeping our employees passionate about being part of a team that has real impact on people’s lives.
WHAT’S SPECIAL ABOUT THE MENTAL HEALTH FOUNDATION?

The Mental Health Foundation has a UK wide perspective, with an added track record of international work

Decades of expertise in research, evaluation and translating evidence into solutions that enhance wider work in the field

An objective viewpoint distinct from major service providers or organisations speaking for their membership

On the ground experience of identifying practical and innovative solutions

A reputation as a trusted partner, experienced in bringing together networks and alliances

A diverse funding base that empowers it to speak honestly and openly

Extensive expertise in high level research and policy work at local, national and international levels
MENTAL HEALTH FOUNDATION
DEVELOPMENT CYCLE

PREVENTION REVOLUTION

RESEARCH
Review current knowledge and gaps

DISSEMINATE
Knowledge and ADVOCATE change

PILOT
To test concept

EVALUATE
Larger scale programmes and evaluations
WHAT’S SPECIAL ABOUT THE MENTAL HEALTH FOUNDATION?

65 years of working with academic partners to help ensure research translates into practical solutions that improve people’s lives.

A track record of being one of the first organisations to promote the voice of those with lived experience to research and influence policy as well as services.

An understanding of the prevalence of mental health problems in different communities and the links to other domains of people’s lives (such as housing, education, community safety, employment, social connections and long term physical conditions).

An online presence that is visited and valued around the world, and for many people is the first port of call for authoritative information.

Unique expertise in the relationship between mental health and learning disability.

A longstanding commitment to promoting clear public information on mental health, including Mental Health Awareness Week and World Mental Health Day.
The Foundation was created in 1949 by Dr Derek Richter, Ian Henderson and Sir Geoffrey Vickers VC. These dedicated people understood that our mental health is influenced by a complex mix of genetic, social and environmental factors. Our founders saw mental health as a “many-sided subject” and brought together experts from different fields to pioneer an integrative approach that remains at the heart of our work. They believed that research would discover better evidence-based solutions. That remains our conviction today.

The Foundation is uniquely well placed to take learning from one part of the UK and translate it across different contexts. As an organisation, we continue to look beyond UK borders to grow our understanding of the most promising international practice and to share our own learning. This leads us to work from time to time with partners in Europe, North America, Asia and Africa.

A world with good mental health for all is a vision that will take a global movement to achieve. It can only be achieved by a fundamental reassessment of the power of prevention to support mental health. The Mental Health Foundation is working with its supporters, allies and partners to lead the way.

We move forward with knowledge, experience and passion as the driving forces for change. We invite you to join us on the journey towards a world with good mental health for all.
REFERENCES


23. IPV Women’s Aid, 2009, Domestic violence FAQs, www.womensaid.org.uk


MINDFULNESS - Be Mindful online, a University of Oxford study published in the Lancet shows a 58% average reduction in anxiety, 57% average reduction in depression and a 40% average reduction in stress of all participants involved in the study. The same Be Mindful online course that is used in studies is available to everyone at...

BeMindful.co.uk

We are currently, with the support of a generous supporter, funding a PhD at the University of Oxford that is looking at the effects of online mindfulness courses and their benefits for mothers during pregnancy and for the first year of after birth (the ‘perinatal’ period).

"As I read more about mindfulness, several aspects of the practice stood out. The first was the focus on being non-judgmental - I am pretty hard on myself, so it felt like mindfulness gave me permission to treat myself a bit more kindly. I was also comforted by the fact that you can’t do mindfulness ‘wrong’ so there was no danger of me ‘failing’ at it. Mindfulness is one of those things you actually have to experience to understand."

Andrea, Lives with Borderline Personality Disorder
In response to the Twitter question: What would a world with good mental health look like?

@ErinMarieRoyer
Societies where people can talk openly about Mental Health, rely on health care/others for help/support, & freely give/receive peer support.

@bdogrunner
A world where mental health gets the same recognition (and money) as physical health.

@MyLearningCloud
A world of acceptance and understanding. Knowledge is key!