

# Mental Health Promotion and the National Service Framework

## SUMMARY

This *Update* considers Standard One of the National Service Framework, within the context of the other government proposals around mental health and mental health promotion. It explores some of the issues implicated in mental health promotion and stigma and discrimination. It concludes by outlining the challenges for services, and society as a whole, in successfully implementing this Standard.

## BACKGROUND

In 1998 the Government published the Green Paper *Saving Lives: Our Healthier Nation*<sup>1</sup>. In this paper, mental health was acknowledged as one of the most significant causes of ill health and disability among the UK population, and was identified as a priority area for action. Following this, policies announced in the 1999 White Paper *Modernising Mental Health Services* set out a range of measures to 'drive up' quality and reduce unacceptable variations in service provision<sup>2</sup>.

In September 1999, the Government published *A National Service Framework for Mental Health: Modern Standards and Service Models*<sup>3</sup>, which fleshed out the policies set out in *Modernising Mental Health Services*. Standard One of the National Service Framework states that health and social services should:

- Promote mental health for all, working with individuals and communities
- Combat discrimination against individuals and groups with mental health problems, and promote their social inclusion.

## OVERVIEW OF THE PROPOSALS

The National Service Framework focuses on the mental health needs of working age adults up to 65 in England and Wales. Separate documents relating to Northern Ireland<sup>4</sup> and Scotland<sup>5</sup> have also been published. The Framework intends to:

- Set national standards and define service models for promoting mental health and treating mental illness
- Put in place underpinning programmes to support local delivery
- Establish milestones and a specific group of high-level performance indicators against which progress within an agreed time will be measured.

It sets standards in five areas: primary care and access to services; severe mental illness; carers; suicide; and mental health promotion. Within the context of mental health promotion in Standard One, the framework sets out interventions that include the following key areas:

- Action across whole populations

- Programmes for individuals at risk
- Programmes for vulnerable groups
- Combating discrimination and social exclusion.

In each of these areas, the evidence base and current examples of good practice are also given.

## THE ISSUES

The focus on enabling health and social services to promote mental health and reduce discrimination and social exclusion, is to be welcomed. It represents a significant shift in thinking around the development and delivery of effective mental health services in their widest context.

### *The concept of 'mental health'*

Psychiatry has been able to develop operational definitions and classifications for an enormous range of mental disorders<sup>6</sup> - even though the validity of these diagnoses are often challenged by those who receive them. Yet the planning of mental health promotion interventions has been hampered until relatively recently by the lack of a shared understanding of the concept of mental health. For practical reasons, an acceptance that there existed such a thing as 'good mental health' or 'mental well-being' was required. Only then would service provision be able to move beyond the goal of simply preventing specific mental illnesses, and recognise the benefits of promoting positive mental health strategies on a national level. The Framework demonstrates very clearly that it is possible to identify and promote factors that can contribute to general mental well-being.

### *Programmes for individuals and groups at risk*

Standard One makes specific provision for promoting the mental health of individuals at risk, and of vulnerable groups within society. The current recognition of the diverse needs of particular individuals and groups takes account of the mounting available evidence of effective interventions to help people develop and implement personal coping strategies. A Mental Health Foundation report, *Strategies for Living*, clearly demonstrates people's ability to take control of their own lives in managing mental distress<sup>7</sup>. The Framework also draws attention to interventions, which can reduce the risk of mental health problems developing as a result of traumatic or stressful life events, such as unemployment.

The Framework outlines those groups within society facing a high risk of developing mental health problems. Among others it includes street homeless people, the prison population and those who have problems with alcohol or drugs - all groups who have been well documented as being at a significantly increased risk of experiencing mental health problems<sup>8</sup>. However, the inclusion of black and minority ethnic groups in this context is a contentious issue. While rates of diagnosis and admission to hospital are very high relative to the white population, varying explanations are advanced for this<sup>9</sup>. What is clear is that services are not meeting the mental health needs of black and minority ethnic communities, and mental health promotion must be only one part of a comprehensive attempt to reduce the disparities in prevalence rates between groups of different ethnic origin.

It is widely recognised that mental health promotion is at its most effective when it works on several levels<sup>10</sup>. The evidence suggests that interventions aimed at vulnerable individuals to improve their emotional resilience and mental well-being must be anchored within the broader activities of health and social services within communities. Government departments and other agencies must ensure that they promote opportunities for people with mental health problems to access suitable employment, housing, education and welfare benefits, for example.

#### *Combating discrimination and social exclusion*

Current research by the Department of Health<sup>11</sup>, the Health Education Authority<sup>12</sup> and Mind<sup>13</sup> suggests that people who experience mental health problems are heavily discriminated against and stigmatised in society. Social exclusion is also an enormous problem for people who experience mental health problems<sup>14</sup>. In the light of this, the Mental Health Foundation carried out a survey of people's experiences of stigma and discrimination, as well as their views on how it could be tackled. *Pull Yourself Together*<sup>15</sup> reported that respondents had experienced discrimination from family and friends, healthcare professionals, in the workplace, and that many of them felt unable to disclose their mental health problems to others.

The most common results of discrimination as felt by individuals were lower self-esteem, social isolation and exclusion, and depression and anxiety. However, a corresponding issue is that fear of stigma, and lack of knowledge about mental illness among the general public, are enormous barriers to early recognition and treatment. This crucially prevents help-seeking at an early stage, when treatments and interventions can be far more effective. The Government spent only £2.5 million for mental health promotion and public information over the last two years. Although new interventions and increased spending are planned, public information and anti-stigma initiatives around mental health must be reinforced by other activities across society. In this case, a supporting priority is tackling negative media coverage of mental health, which surveys have shown is widespread<sup>16 17</sup>.

## THE IMPLICATIONS

The National Service Framework will have important implications for mental health services and society as a whole. These include:

- An emergence and acceptance of a broader model of mental health based on the principles of physical public health promotion
- Specific provision for individuals and groups most at risk, aimed at increasing people's ability to manage emotional distress
- An increased recognition of the importance of public education, and the need to build understanding of mental health problems in order to reduce the stigma and discrimination faced by people who experience mental health problems.

The implementation of Standard One also has implications for the way services work. For Standard One to be successful, there will need to be support from and joint working across all sectors. This is recognised in the standard, placing emphasis on the importance of specific interventions, which work alongside actions across whole communities. This will also require an acceptance that mental well-being can be promoted by broader and more diverse sources of support than previously thought.

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