



National Institute for
Mental Health in England

NIMHE -West Midlands
Mental Health Development Centre

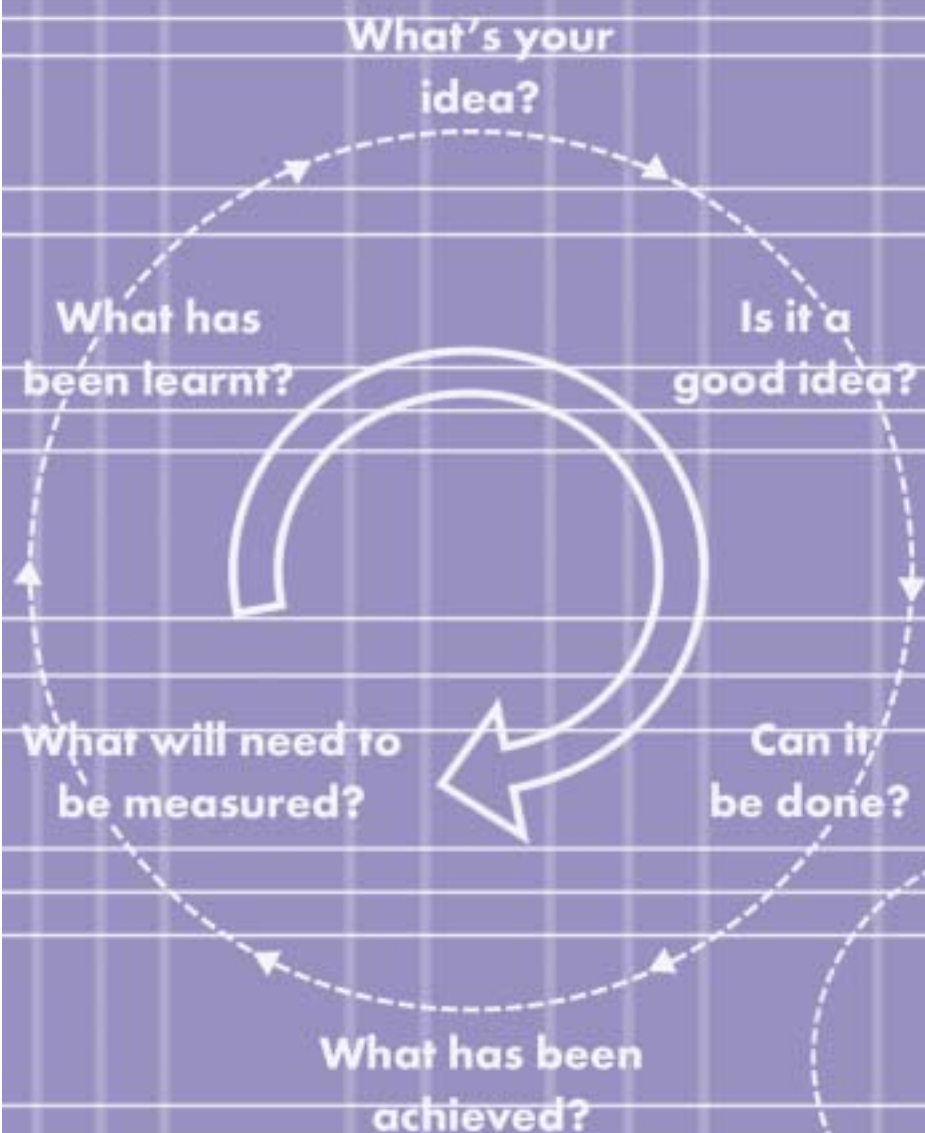
Mental Health Promotion

Project and Evaluation Planner

Mental Health Questions ?

Ask NIMHE

www.nimhe-westmidlands.org.uk



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Introduction

This planner has been developed to help you to plan and evaluate mental health promotion activity. It is perhaps more suited to helping you plan and evaluate mental health promotion projects but may also be valuable in thinking about **policy**¹. It takes you through a straightforward planning process, highlighting issues to consider and posing questions to answer about your project at each stage. You'll probably find that you've thought about these sorts of questions already, and the issues being raised are unlikely to be new to you. What the planner offers is simply a tool for formulating and organising your thinking in perhaps a more rigorous way.

The planner is in sections, each posing a specific question to be considered:

1. What's your idea?
2. Is it a good idea?
3. Can it be done?
4. What will need to be measured?

The final two sections are concerned with assessing, using and sharing evaluation results:

5. What has been achieved?
6. What has been learnt?

The planner is based loosely on Rowans' Research Cycle²(1981) and has been informed by tools in use by those working in mental health promotion in the West Midlands.

Why evaluate?

The overall aim of evaluation is to help those involved in promoting health to improve their practice. Evaluation, therefore, has a very practical function and should be an integral part of project planning and management. A key purpose of this planner is to help people promoting mental health across the region build evaluation into their project plans. This is important not only in terms of encouraging good practice, but also in developing the evidence base for mental health promotion³. Greater evaluation of mental health promotion in the West Midlands will help us to increase our knowledge of what works, and in turn to disseminate effective approaches.

Using the planner

With this in mind, we hope the planner will be used as a tool for planning projects and their evaluation, and as a means of collecting information on evaluated projects, which can be shared across the region.

We are therefore asking that completed planners be forwarded (by email if possible) to NIMHE West Midlands Mental Health Development Centre where project information can be held for access by those working in mental health promotion in the West Midlands. You will find the address at the end of the planner.

¹ For more information about the evaluation of policy, please see appendix c.

² Rowan, J. A Dialectical Paradigm for Research. In Reason, J and Rowan, J. (Eds.) (1981) Human Enquiry. John Wiley & Sons Ltd.

³ For information on evidence based interventions and a discussion on the types of evidence available, see *Making it Happen: A guide to delivering mental health promotion*. Department of Health 2001; www.nelh.nhs.uk/nsf/mentalhealth/whatworks/default.htm; www.hda-online.org.uk

1. What's Your Idea?

Project Overview

Project Title: _____

Target Group: _____

Setting * : _____

Timescale: _____

What do you aim to achieve through this project and why?

Where has this idea/project come from?

Brief description of what the project will involve:

* e.g. workplace, primary care, schools, media, community, mental health services

2. Is it a good idea?

Your project idea itself needs to be subject to some basic evaluation questions, so you can be sure it is worth taking further before moving on to action. The following considerations may be helpful.

Clarity

Consider: Are you clear about what, in the end, you are trying to achieve? This is different (and harder!) than asking what are you going to do to get there. Saying that you are trying to 'promote mental health' is probably too broad and ambiguous to be helpful. A better idea might be to say what you aim to achieve using a more specific conceptual framework such as the Ten Element Map, which is explained in appendix a.

Notes:

***Decide:* Are the aims of the project clear and specific enough, and is everyone involved clear about these?**

Effectiveness

Consider: Is this project likely to work? What do you know that makes you think your project will benefit people in the way that you intend? (E.g. you may be familiar with research that supports what you plan to do^{4,5,6}, or you may be aware that the project has been tried elsewhere and been found to be effective). This is a difficult question to answer, and very often, there will be no research evidence that directly relates to the project you have in mind. When this happens, you may have to rely on general evidence to support your case e.g. evidence that increasing self esteem improves mental health, increasing stress demotes it. Or you may want to identify theoretical reasoning for support, for example, argument drawn for psychotherapy theory, salutogenic theory, social capital theory etc. The sources listed at the bottom of the page may be helpful in considering the potential effectiveness of your project.

Notes:

***Decide:* Is the project is likely to be an effective way of promoting mental health?**

⁴ *Making it Happen: A guide to delivering mental health promotion.* Department of Health, 2001.

⁵ www.nelh.nhs.uk/nsf/mentalhealth/whatworks/default.htm

⁶ www.hda-online.org.uk

Ethics and principles for practice

Consider:

If the project is meeting people's needs - has consultation/needs assessment taken place?

If the project will contribute to reducing inequalities in health⁷

If the project is in line with the values and principles of mental health promotion (see appendix a). For instance, does the project:

- Take account of everyone's needs, including those of disadvantaged groups (e.g. people with disabilities, mental health problems)?
- Recognise, respect and celebrate difference (e.g. in culture, age, mental health status)?
- Have an equal opportunities policy or statement?

Notes:

Decide: *Is this project acceptable in relation to the ethics and principles for practice you want to uphold?*

Argument

Consider: What are the arguments needed that will really help your case? Who will need convincing and what will they want to know? What will be gained? What are the risks and costs? Is the time right? Is this old hat or cutting edge? What sort of evidence will people want or accept? Are there opportunities available that will allow you to implement the project? Are there any supporting structures? (E.g. for work with young people, is there a Health Promoting Schools scheme in your area? For work with communities, can you link with Local Strategic Partnerships?) Is there the money to do this? Does your project contribute to meeting the current priorities of your potential commissioners?

Notes:

Decide: *Do you have the arguments that are going to help you win your case?*

Decide: *On balance, if the project is worth doing. If it is, move on to the next stage, overleaf.*

⁷ You may wish to refer to the following:

Townsend, P., Whitehead, M. and Davidson, N. (1992) *Inequalities in Health*. Harmondsworth: Penguin Books. (Contains *The Black Report* and *The Health Divide*)

Acheson, D. 1998, *Independent Inquiry into Inequalities in Health Report*, London: The Stationery Office

3. Can it be done?

At this stage, you will want to consider who needs to be involved, what skills will be required and what resources will be necessary to get the project done.

Agencies/people

Skills

Resources

The Project Team

Answers to these questions should help you identify who should be part of your project team. This could be made up of people from within one organisation, but will often be a multi-agency group. It is therefore imperative to identify the key responsibilities of partner organisations and individuals. For most projects, you will need to identify:

- Who will lead/manage the project
- Who will manage the budget
- Who will be directly involved in delivery
- Who will take responsibility for evaluation
- Who will provide service user/customer input

Quality

What are the quality standards you aim to reach? Are there existing quality standards or mission statements for the organisations that will be involved that need to be addressed or referred to? (An example of some service standards for a project in North Staffordshire is provided in appendix b)

Risks

What are the risks to the project? For each of the key stages previously outlined, consider potential difficulties/barriers and how you will deal with them.

Links⁸

What national/local targets will you be contributing to? How will the project make links with groups and organisations in other sectors or 'settings'?

Next Steps

How sustainable is the project (e.g. does it depend on an individual 'champion')? How could you build on and mainstream the work? Do you need an exit strategy (e.g. for hand over of the project)?

Having worked through the above, consider: on balance can this be done? If so, please move on to the next section, overleaf.

⁸ For an overview of the policies/initiatives that mental health promotion projects can be linked to, see the West Midlands Regional Framework Document and www.nelh.nhs.uk/nsf/mentalhealth/whatworks/default.htm

4. What will need to be measured?

In planning your project evaluation, keep firmly in mind what your project is aiming to achieve and the benefits you expect it to generate. You need to be clear about what you want to measure, in order to select an appropriate method. (See appendix c for a list of possible methods). You also need to be clear about the purpose of your evaluation, to ensure you collect information that is relevant. Make sure that you gather all the information necessary to be able to judge whether your project was worthwhile.

There are four areas a project evaluation can cover - **input, process, impact and outcome**. If we take the example of a staff mental health awareness training programme then:

Input refers to the resources that went into the project. Recording 'inputs' will help you to judge whether the outcome was worth the investment (of time, money, materials) involved.

Input Measures

- Time e.g. allocation of time for in-house trainer/facilitators
- Money e.g. venue, external trainer/facilitators, programme evaluation
- Materials e.g. teaching materials, evaluation tools

Process refers to an assessment of the process of implementing the project. This will enable you to determine what contributed to its success or failure, and why. You may also wish to consider if the experience of participating in the project was a positive one. A simple method for assessing process is to ask for feedback from those involved. For instance, you can ask those responsible for running the project to reflect on how things worked in practice, while participants could be asked if they were satisfied with the standard of service they received.

Process Measure(s)/Methods

- What do you want to measure? (e.g. staff course satisfaction)
- How will you measure it? (e.g. staff course evaluation, trainer/facilitator questionnaire)

Impact refers to the immediate effects or benefits of the project.

Impact Measure(s)/Methods

- What do you want to measure? (e.g. development of positive mental health service provision/activity following staff mental health awareness training)
- How will you measure it? (e.g. service activity reports, client satisfaction questionnaire, activity evaluation)

Outcome involves assessing the project or programme in relation to its overall aim. Outcome measures should indicate the extent to which the original aim has been achieved.

Outcome Measure(s)/Methods

- What do you want to measure? (e.g. level of increase in positive mental health service development)
- How will you measure it? (e.g. assessing all of the above and specifically, service policy statements, changes in procedures, organisation, facilities and services)

As you develop your evaluation plan, consider the following 'practicalities'

Who will be involved - in collecting information?

Who will be involved - in collating/analysing the information?

What resources are available for evaluation?

5. What has been achieved?

Having implemented the project and collected evaluation data, consider what was achieved through the process you used, as well as achievements in terms of project impact and outcome.

In doing the project in the way it was done, the gains were...

The impacts resulting from the project were...

The outcomes resulting from the project were...

Were any of these unexpected (positive or negative)?

On balance: was it worthwhile?

6. What has been learned?

What lessons have been learnt and how can these be applied to improve future work?

Who else might benefit from this learning?

Has any evidence of effectiveness come to light since the project started that should inform its future development?

You may wish to capture this information in an evaluation report, including recommendations based on your findings. Consider your audience carefully however, as a formal evaluation report may not be accessible to everyone with an interest in your project.

Finally, use your findings to celebrate what has been achieved, and to recognise the efforts and contribution of all those involved.

Help us to help you

Having completed your project evaluation, we would be grateful if you could share with us some additional, practical information that will help us to help you.

Firstly, we are interested to know how much people are able to invest in evaluating their mental health promotion projects.

- What was the overall cost of your project evaluation?

- How much time overall was spent on evaluation?

Secondly, we are interested in the tools (e.g. questionnaires) that people are developing/using to collect evaluation information.

- If you used an existing tool, could you tell us what it was, where you got it from, and if you required/received any help in using it in practice.

- If you developed your own tool, please briefly describe it.

Finally, would you be willing to act as a contact for people planning to develop similar projects/evaluation approaches? If so, please provide your contact details.

Name: _____ Title: _____

Address: _____

Tel: _____ Email: _____

Please return to:

Sue James, NIMHE West Midlands, Mental Health Development Centre, Osprey House,
Albert Street, Redditch, B97 4DE

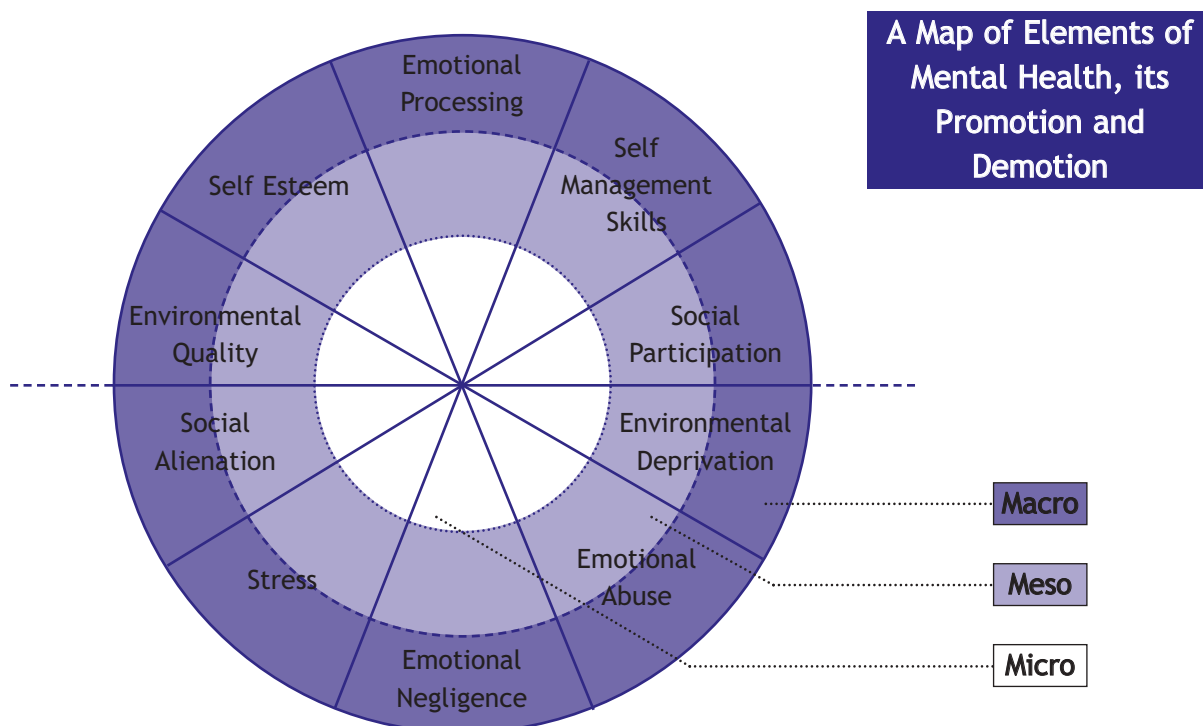
Email: sue.james@nimhe.wmids.nhs.uk

What is Mental Health Promotion?

Many localities across the West Midlands have adopted MacDonald and O'Hara's 'Ten Element Map' as a model to guide thinking and practice in mental health promotion. The map, shown below, identifies five elements that promote mental health and another five that undermine it. Improvements are made by strengthening the positive factors lying above the dotted line, and reducing the influence of the negative factors below it. The map also indicates three levels for action:

1. the Micro (individual) level,
2. the Meso (community, family or organisation) level
3. the Macro (policy, strategy or structural) level.

This feature of the model emphasises that mental health promotion must look beyond working with individuals, to address the social and structural determinants of mental health. Ideally, work will take place at all three levels.



Fundamental principles for mental health promotion are very clear within the model. These include a commitment to addressing social exclusion and the societal or organisational factors that give rise to it, a respect for difference and diversity and the promotion of social responsibility (ensuring that the needs of one group are not met at the expense of another).

Such principles must of course be observed if we are to promote mental health for all and reduce social exclusion and discrimination - the twin aims for mental health promotion outlined in the NSF (National Service Framework) for Mental Health. These aims are reflected in the Equalities Statement published by the West Midlands Regional Mental Health Promotion Group in their Guidance for Good Practice document.

“The WMRMHPG is committed to mental well-being for the whole population. We recognise the diverse nature of our society and our aim is to promote positive mental health for all.”

Applying the model in project planning and evaluation

The model can assist planning and evaluation in a number of ways:

Identifying ethical considerations

E.g. How ethical is our approach? If we are working at one level only, how ethical is this in the absence of work at further levels? For instance, how effective will stress management training be for individual employees, when no action is being taken at the organisational level to address the sources of workplace stress? Do we need to consider trying to influence activity at other levels, such as policy making?

E.g. Are there likely to be any negative impacts arising from the evaluation of the project? For instance, will the one-to-one interview approach to information gathering be stressful for participants? Are there alternative approaches that could be used?

Establishing project scope/boundaries

Which factors are we aiming to address and on what levels?

Mapping project benefits

When planning/conducting evaluation, using the model to map the benefits we expect to see or to help capture additional, perhaps unintended, benefits.

Reinforcing principles

Using the model to remind ourselves of the principles underpinning mental health promotion. Are we observing these?

Further information on the Ten Element Map can be found in the aforementioned Guidance for Good Practice document. A detailed description of the Map can be found in MacDonald, G. and O’Hara, K. (1996) *Position paper on mental health promotion* Society of Health Education and Promotion Specialists.

Quality Standards - Example

The standards below were developed for an exercise referral project in North Staffordshire, which is part of the area's mental health promotion strategy. They are based on the philosophies of the agencies involved and their existing service standards. When evaluation options were considered for the project, it was suggested that a clinical governance approach be taken. This involves the development of standards against which a project or service can be audited or evaluated.

Most of the standards developed for the exercise referral project relate to the quality of the service the project team aims to deliver, and so are a means of evaluating process. Questions associated with each of the standards have been built into an evaluation questionnaire, which will be completed by participants at the end of their exercise programme. Responses to this questionnaire will enable the project team to check if the project is being delivered to the standards agreed.

Quality Standard 1 - The pilot will be developed and evaluated with input from service users
Quality check: Presentations made to user group. Input is invited and acted upon.
 (Verification - minutes from meetings, scheme materials revised in line with comments received)

Quality Standard 2 - Participants will be encouraged and supported to gain skills and confidence in physical activity, and ultimately to exercise independently of the scheme. This is in line with the shared philosophy of the partner agencies involved, of enabling people to have the fullest possible control over their lives and their health.
Quality check: Post-programme evaluation questionnaire, follow-up evaluation to assess activity maintenance.

Quality Standard 3 - Exercise programmes will be tailored to the needs of each individual, taking account of their abilities, religious, cultural, gender and racial needs. Where gaps in provision are highlighted, these will be brought to the attention of the service provider.
Quality check: Post-programme evaluation questionnaire.

Quality Standard 4 - All staff involved will strive to ensure that participating in the exercise referral scheme is a positive experience for all service users. The guidelines for working with people experiencing mental distress will be observed.
Quality check: Post-programme evaluation questionnaire.

Quality Standard 5 - All participants will have their support needs assessed and an opportunity to discuss their support options. Support will be provided as appropriate by the Exercise Advisor, and CPN or REQUEST Facilitator. If appropriate to their needs, participants will be encouraged to exercise in small groups. However, if the participant wishes to exercise independently, this will of course be accommodated.
Quality check: Post-programme evaluation questionnaire.

Collecting Evaluation Information

The table below provides some examples of methods you might use to capture the benefits of your project.

Changes in...	Can be assessed by:
Health Awareness	<ul style="list-style-type: none"> ■ Monitoring changes in demand for health-related services and information ■ Analysis of media coverage ■ Questionnaires, interviews, discussion, observation involving individuals and groups
Knowledge or Attitude	<ul style="list-style-type: none"> ■ Observation of behaviour - does this show a change in knowledge and/or attitude? ■ Question-and-answer based interviews and discussion ■ Questionnaires
Behaviour	<ul style="list-style-type: none"> ■ Observation ■ Recording behaviour e.g. diaries kept by project participants
Policy	<ul style="list-style-type: none"> ■ Policy statements and implementation, such as the introduction of family-friendly policy and working practices by local organisations. ■ Legislative change ■ Changes in the availability of health promoting products, facilities and services such as low-cost recreational facilities or more counselling provision. ■ Changes in procedures or organisation, such as more time being given to patient education.
Mental Health Status	<p>Many 'mental health' questionnaires are in fact designed to detect mental illness, however, tools are available which aim to measure mental health:</p> <ul style="list-style-type: none"> ■ Sense of Coherence Scale (Antonovsky, 1987) ■ Psychological Well-being Scale (Ryff & Keyes, 1995) ■ Affectometer 2 (Kammann & Flett, 1983) ■ Affect Balance Scale (Bradburn, 1969) <p>For further information on these questionnaires, see: Stewart-Brown, S. (2002) Measuring the Parts most Measures do not Reach: A Necessity for Evaluation in Mental Health Promotion. <i>Journal of Mental Health Promotion</i>, Vol 1, Issue 2.</p>

Health Impact Assessment

At some stages of the project planner, you may decide that prior to, alongside, or after the development of the project, the mental health impact of existing policy needs to be evaluated. Alternatively, you may decide that new policy that is being considered also needs to have an assessment made of its likely impact on mental health.

Health Impact Assessment is a separate but complementary process to project planning and evaluation, but many of the same ideas and principles apply. It is concerned with judging the effects a programme or policy may have on people's health.

The first step in HIA is screening. Screening is a quick but systematic process for deciding whether a full HIA is needed.

The following screening tool takes the form of a quick to complete checklist. It will help you to identify how your project might affect people's health and to decide whether further work on HIA may be required.

Before proceeding, you will want to consider whether your project is suitable for HIA.

HIA will be most effective if your project fits the following criteria:

- Has a set timescale and is at an early stage of development.
- Has clear boundaries (geography, target group etc.)
- Has clear inputs (there is a limit on potential confounders, i.e. other strategies and projects)
- Is at a stage where HIA can contribute to decision making
- Involves a range of partners looking for other outcomes, but supporting the principle of added health value
- There is accessible information, appropriate information collection and knowledge management systems are developed.
- There is capacity to work on HIA

You may be involved in planning a number of projects, and it may not be possible to conduct a HIA for every one.

Consideration of the following factors will help you to prioritise projects for HIA:

- Scale of the project and existing resources to be employed
- Awareness/existing evidence of likely impacts
- Potential for change to project
- Time and funding available
- Capacity to conduct HIA
- Knowledge of area/community and topic
- Information sources/data available

Health Impact Assessment Screening Tool

1. What population groups could be affected by the project?

2. What are the possible direct health impacts on these groups?

3. What are the possible indirect health impacts on these groups?

Is the project likely to have an impact (positive or negative) on any of the following determinants of health?

		Tick box	
		-	+
Lifestyle factors	Diet	<input type="checkbox"/>	<input type="checkbox"/>
	Alcohol use	<input type="checkbox"/>	<input type="checkbox"/>
	Drug use	<input type="checkbox"/>	<input type="checkbox"/>
	Smoking	<input type="checkbox"/>	<input type="checkbox"/>
	Physical Activity	<input type="checkbox"/>	<input type="checkbox"/>
	Sexual behaviour	<input type="checkbox"/>	<input type="checkbox"/>
	Other	<input type="checkbox"/>	<input type="checkbox"/>
Individual factors	Stress	<input type="checkbox"/>	<input type="checkbox"/>
	Self-esteem	<input type="checkbox"/>	<input type="checkbox"/>
	Skills/resources (eg. parenting skills)	<input type="checkbox"/>	<input type="checkbox"/>
Physical environment	Natural environment	<input type="checkbox"/>	<input type="checkbox"/>
	Housing conditions	<input type="checkbox"/>	<input type="checkbox"/>
	Transport	<input type="checkbox"/>	<input type="checkbox"/>
	Access to services	<input type="checkbox"/>	<input type="checkbox"/>
	Safety	<input type="checkbox"/>	<input type="checkbox"/>
	Other	<input type="checkbox"/>	<input type="checkbox"/>
Socio-economic environment	Income	<input type="checkbox"/>	<input type="checkbox"/>
	Education	<input type="checkbox"/>	<input type="checkbox"/>
	Employment	<input type="checkbox"/>	<input type="checkbox"/>
	Social networks	<input type="checkbox"/>	<input type="checkbox"/>
	Recreation	<input type="checkbox"/>	<input type="checkbox"/>
	Other	<input type="checkbox"/>	<input type="checkbox"/>
Psychosocial environment	Social participation	<input type="checkbox"/>	<input type="checkbox"/>
	Community cohesion	<input type="checkbox"/>	<input type="checkbox"/>
	Stigma	<input type="checkbox"/>	<input type="checkbox"/>
	Discrimination	<input type="checkbox"/>	<input type="checkbox"/>
	Community safety	<input type="checkbox"/>	<input type="checkbox"/>
	Other	<input type="checkbox"/>	<input type="checkbox"/>

Is further health impact assessment required?

For each question, circle the appropriate answer

Favouring further appraisal	Question	Not Favouring further appraisal
Yes/Don't know	For some of the determinants of health, are some of the effects of the project unknown?	No
Yes/Don't know	Does the project affect in a negative way any of your population groups?	No
Yes/Don't know	Do you have an opportunity to influence or reverse the proposal?	No
Yes/Don't know	Do you need to understand more about the potential health impacts of your project to be confident to go ahead?	No

If you have answered 'Yes/Don't know' to three or more questions and **you have the opportunity to influence the proposal**, then further appraisal is recommended.

Further information and support

A growing number of organisations provide advice and support for HIA. Some of the most useful are listed below.

The website HIA Gateway at www.hiagateway.org.uk explains what health impact assessment is and provides some useful case studies and practical tools.

London's Health at

<http://www.londonhealth.gov.uk/resource.htm>

IMPACT (International Health Impact Assessment Consortium)

<http://www.ihia.org.uk>

The University of Birmingham Health Impact Assessment Unit at

<http://www.publichealth.bham.ac.uk/hiaru/us.htm>

This screening tool is based on a tool developed by Deborah Richardson (February 2003) on behalf of the North Staffordshire Health Impact Assessment Steering Group. It has been adapted from the following sources:

- Health Impact Assessment: A Screening Tool for the GLA (unpublished, 2001)
- Health Impact Screening and Scoping, ECHP, WHO (2000)
- Scottish Needs Assessment Programme, 2000
- Sustainable Development Appraisal, City of Stoke-on-Trent (unpublished)

GLOSSARY

Clinical Governance

A framework through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care.

(Taken from: NHS Confederation (1999) *The Pocket Guide to the new NHS*)

Health Promoting Schools Schemes

Aim to support schools in becoming safe and health-enhancing social and physical environments for pupils, teachers, non-teaching staff and the wider community.

(Adapted from: European Network of Health Promoting Schools website - www.who.dk/eprise/main/WHO/Progs/ENHPS/Home ENHPS Secretariat 2002)

Inequalities in Health

Research has shown that some groups experience worse health than others as a result of social and economic disadvantage. This 'health gap' applies to both physical and mental health. For instance, the suicide rate is higher among the lower social classes compared with those at the top of the social scale, and this gap has widened in recent years.

(See Acheson, D. 1998, *Independent Inquiry into Inequalities in Health Report*, London: The Stationery Office)

Local Strategic Partnership

A local strategic partnership (LSP) is a single body that brings together at a local level the public, private, business, community and voluntary sectors so that different initiatives and services support each other and work together. Core tasks of LSPs include:

- The preparation and implementation of a community strategy for the area.
- The development and delivery of a local neighbourhood renewal strategy to secure more jobs, better education, improved health, reduced crime, and better housing, closing the gap between deprived neighbourhoods and the rest and contributing to the national targets to tackle deprivation.

(Taken from *Local Strategic Partnerships - Government Guidance, Summary*. Office of the Deputy Prime Minister. www.local-regions.odpm.gov.uk/lsp/guidance/)

National Service Framework (NSF) for Mental Health

A Framework introduced by the Government in 1999 with the aim of improving mental health and mental health services. Standard One of the NSF is concerned with promoting mental health for all and reducing the discrimination and social exclusion associated with mental health problems.

West Midlands Regional Framework

A structure for a co-ordinated approach to the effective development and delivery of mental health promotion strategies across the region.