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Reaching Out

Evaluation of three mental health promotion pilots to reduce suicide amongst young men

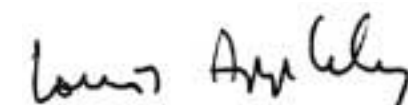
Foreword

Over 1,300 young men in England take their own life each year. It is now the commonest cause of death in young men under 35. The national suicide prevention strategy for England therefore identified young men as one of its key target groups.

A review of the available research highlighted very little evidence on effective approaches to health promotion in young men. We needed to know more about why men find it difficult to talk about their problems, why they are more resistant than the general population to health promotion messages, and why they are reluctant to seek help when in distress. That is why the National Institute for Mental Health in England funded three pilot projects to encourage young men to seek help earlier, develop or encourage emotional literacy amongst young men and to identify barriers that may discourage young men from seeking help.

Each pilot project, in developing and delivering a mental health promotion programme, identified some common themes and issues but they have addressed these in different ways. This report outlines the structure and aims of the three pilot projects, the components of the projects and the evidence of effectiveness of the measures adopted, and sets out key lessons and policy implications for the future.

Although the suicide rate amongst young men is showing a welcome decline, the rate is much higher than in the general population. We need to build on the knowledge and experience gained through these pilot projects to help practitioners and other partners to develop effective approaches to engaging with young men. I would urge commissioners of services to use the good learning from the pilots as they develop their own programmes of work to engage more effectively with, and in delivering appropriate services for, young men.



Professor Louis Appleby
National Director of Mental health

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We would like to thank all the projects that expressed an interest in undertaking this work and in particular, the three successful pilot sites in Camden, Bedfordshire and Manchester for their work over the period of this project.

We would also like to thank Christine Oliver and Pamela Storey from the TCRU for their work in conducting this evaluation and drafting the report.

Evaluation of Three Mental Health Promotion Pilots to Reduce Suicide Amongst Young Men

Background

Despite a recent fall in the rate of suicide amongst young men under the age of 35, the death rate in this group remains high in comparison with the general population. In response to this, the National Institute for Mental Health in England (NIMHE) funded in 2004 three specific mental health promotion pilots. The projects, in Bedfordshire, Camden and Manchester, were funded for twelve months, to develop and deliver mental health promotion programmes to enhance the mental health and well-being of young men and to identify and act on the barriers that discourage young men from using services and from seeking help at times of suicide risk. The projects aimed to improve the knowledge and skills of key individuals from the statutory and voluntary sector and to help them promote the health and wellbeing of the young men with whom they worked. In addition, the projects expected to work directly with young men to develop their programmes, increasing awareness of health promoting issues and lifestyle factors. It was hoped that the lessons learned from the pilot projects would inform the development of a national mental health strategy to reduce the risk and incidence of suicide in this vulnerable group.

The pilot programmes

All three projects identified the need to work in partnership with statutory and voluntary agencies that worked directly with young men. The Bedfordshire and Camden projects delivered training to partners in a wide variety of service settings, including education, social services, youth services, counselling, drug and alcohol agencies, employment services and agencies working with the homeless. The Camden project also worked directly with young men themselves by providing training sessions in settings where they had previously provided training to staff. The Manchester project targeted its training programme solely at young men perceived to be at high risk of mental ill-health, by working through agencies that supported the unemployed and offenders.

The Bedfordshire project drew on external sources of expertise from independent consultants to develop and deliver a training course of four sessions. The Camden project consulted with other mental health professionals and discussed training needs with its partners before developing its own, single session, training package. Manchester similarly reviewed other packages before devising a four session course for young men.

The Bedfordshire training programme recruited 30 participants from partner agencies, the majority of whom attended all four sessions of the programme. In Manchester, a total of 43

young men attended four courses, with 60% attending three or more sessions. The Camden team conducted eleven training sessions, eight attended by 84 staff from partner agencies and three attended by 26 young men.

In addition, the Camden programme focused on developing a range of locally relevant mental health promotion materials, a booklet, website and short animated film designed to appeal to young men. The project team reviewed existing mental health promotion materials and held focus groups to help 'test' and refine the promotional materials to improve their appeal, relevance and accessibility to young men. The materials were launched at a high profile promotional event and were also used in the training sessions with young men.

All three projects considered the issue of how the progress achieved during the pilot period might be sustained once the programme finished. Participants in the Bedfordshire course were each offered a £500 grant for developing a mental health promotion project that worked directly with young men using their agency. Camden, having delivered training to partners and young men then worked towards training the partners to deliver the young men's training themselves. Manchester, having tested the course for young men produced a packaged course that could be delivered directly by partner agencies.

Involving and working with young men

Feedback from young men taking part in the focus groups and training sessions provided valuable pointers to developing and refining the content and delivery of future training.

In their work with young men, the projects found that;

- developing a 'generic' training or range of health promotion materials that 'fits all' is not appropriate since 'young men' are not a socially homogenous group and that class, culture and age are key factors influencing life circumstances and experiences.
- younger men were more difficult to engage in the project programmes and more research is required to develop methods and approaches that address their interests, cognitive capacities, and peer group cultures.
- training sessions and courses that adopted overly formal 'classroom' type settings proved less likely to engage young men, especially the more vulnerable and those for whom problems with literacy were a significant barrier to participation.
- social disadvantage, such as unemployment, crime, gang activity, social isolation and poor housing conditions shaped young men's views of what contributed to mental health problems. Support from friends and family was perceived as a positive factor.

- community-based locations, such as youth centres and youth-oriented services offered a more successful means of engaging with young men, rather than expecting them to attend more formal service settings such as GP surgeries. Additionally, by locating training in partner agencies, the projects benefited from the support of local staff in helping manage group dynamics during training sessions or discussion groups.

Improving young men's access to health (including mental health) services

The young men who took part in focus groups and in training sessions had ideas and opinions about mental health and mental health services that offer valuable and alternative perspectives to those of the mental health professionals. Their perceptions of statutory health services remain a significant barrier to improving access, and included the fear of the potentially stigmatising label of having a mental health problem. They expressed distrust of GPs and other health providers, particularly in relation to matters of confidentiality. They were reluctant to seek help because they anticipated a lack of empathy by GPs towards mental health problems and expected that the only treatment offered would be a prescription for drugs.

To improve young men's access to health services generally, and mental health services in particular, the projects established that:

- health professionals need to synthesise and take seriously what young men tell them about their beliefs, ideas and experiences of mental health and mental health services.
- alternative terms to 'mental health', such as 'stress management' or 'well-being' need to be adopted to encourage young men (and partner agencies) to engage with future projects and to ensure that mental health issues are discussed in a non-stigmatising way.
- concepts of mental health promotion should be integrated into the everyday work of non-health service agencies, such as employment services, Connexions and other youth-oriented agencies.
- pro-active and community-based outreach programmes should be established as these approaches were perceived by young men as more acceptable, less threatening to their self-esteem and less risky, since staff were perceived as less likely to share information with other agencies, such as the police.
- accessible information and advice needs to be available for family members and friends of young men, since they are likely to provide a more immediate and trusted source of support.

Working in partnership

All three projects worked in partnership with agencies identified as key to promoting young men's mental health in their local area. Establishing and developing these partnerships took more time and commitment than the projects initially anticipated. Project teams stressed the importance of investing time to go out to meet partners and to maintain links by keeping in regular contact.

Working with partners provided the opportunity to sustain mental health promotion beyond the life of the pilot projects by undertaking capacity-building within partner agencies. A number of strategies were identified to achieve this, such as offering brief follow-up sessions to address specific issues or training needs, training professionals who work with young men to be trainers, promoting the use of mental health promotion resources as a focus for discussion in a variety of contexts, and seed-funding small-scale health promotion initiatives in partner agencies.

The following positive lessons for working in partnership emerged from the evaluation:

- Partners must have evidence of substantive benefits from their participation, such as projects providing their staff with skills and resources to help them directly in their day to day work, offering a service that the partner alone could not provide, or financially recompensing them for the time or resources they commit to participation.

- Partners need to be made aware of the important role they play, but may not formally recognise, in promoting the well-being of young men in their day-to-day work. The skills, professional knowledge and experience of partner agencies provides a valuable resource. Opportunities need to be created to ensure that this is shared, both within and between agencies.
- The support of partner agencies remains key to gaining access to the otherwise hard-to-reach young men that partners regularly work with, and in assisting mental health teams in their direct work with young men.

With regard to training courses to enhance the capacities of non-mental health professionals to promote young men's mental health, the evaluation indicated that these should:

- ensure that partners are consulted about the design and content of training courses, so that they match experiences and needs, taking account of differences in levels of awareness and skills among partners and also the severity of mental health problems of the young men with whom they work.
- offer a menu of 'generic' courses, exploring understandings of mental health promotion, preventive approaches, problem-solving skills, strategies for engaging

young men in discussions about mental health, and information on referrals to sources of expert help, but also courses that address specific issues in young men's mental health, such as depression or post-traumatic stress disorder.

- select training methods that are most likely to appeal to the intended audience. Partners taking part in training generally expressed a preference for group discussions and interactive methods over more didactic approaches.

Policy implications

The three pilot projects evaluated in this study undertook only brief interventions in localised settings. In the light of the mainly qualitative and cross-sectional methods employed by the evaluation, the extent to which the study can inform lessons for the future strategy for mental health promotion for young men is limited. Nevertheless, a number of key themes emerged from the evaluation that are of general relevance to health promotion initiatives for young men, issues with specific relevance to the development of training courses and the production of health promotion resources.

- Future policy developments should acknowledge the important role played by non-statutory and youth-oriented agencies in supporting young men's mental health in an informal way.

- The findings highlight the need for more action to raise awareness among primary care and mental health professionals of young men's perceptions of service provision, and of the professional attitudes and responses that young men would perceive as acceptable.
- Whilst pilot initiatives provide short-term drivers for projects, more sustained support is required if partner agencies, and particularly non-statutory agencies, are to maintain their involvement in future policy and service developments.
- Future health promotion initiatives must be tailored to the specific needs of target audiences.

Evaluation

The Thomas Coram Research Unit, Institute of Education, University of London conducted the evaluation over twelve months from October 2004 until September 2005. The evaluators held regular meetings with project teams to monitor progress and to review project documentation. Semi-structured interviews were conducted with partner agencies. Staff and young men attending training sessions were interviewed or completed questionnaires. The small scale of the intervention in each of the three projects limited the extent to which impact and improved practice could be evaluated. Two of the three projects obtained additional funding so that the pilot work continued beyond the period of evaluation and it is possible that further outcomes will emerge at a later stage.

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