

# **Manchester Mental Health Promotion Strategy. 2004-2010**

## **National Service Framework for Mental Health, Standard One Implementation. (August 2004.)**

### **Summary**

Manchester has some of the highest levels of mental ill health and social and economic deprivation in the country.

There are complex links between poverty, poor housing, poor education, unemployment, isolation and ill health.

No one set of actions or initiatives will resolve this complex problem. Equally, no one agency can be held accountable for improving the quality of life in the city.

There is action that every organisation can undertake, in order to promote good mental health in Manchester. To plan such action, organisations and individuals require access to high quality information and support.

This strategy aims to identify a range of action, based on best evidence, which could provide a starting point for organisations that subscribe to the Manchester Community Strategy to play their part in promoting mental health for the people of Manchester.

It also aims to identify the role of health and social care services, especially those that are specialists in mental health, in providing information and support both to individuals with mental health problems and to organisations able to promote mental health.

As such the strategy supports the Greater Manchester Strategic Health Authority's "Strategic Framework for Mental Health Services" by identifying that every service and member of staff has a role to play in promoting mental health and social inclusion.

This document is intended to provide the basis for agreement on long term strategy. It will be followed by an action plan that outlines agreed action to meet the objectives.

## Introduction

Manchester has some of the highest levels of mental ill health in England and Wales. It also has some of the highest levels of economic deprivation in the country with four of the city's wards in the top ten most deprived wards in the country. The city is ranked as the 3<sup>rd</sup> most deprived city in the country, with the 3<sup>rd</sup> lowest income and 3<sup>rd</sup> lowest employment figures in the country. (*English Indices of Deprivation 2004 published by the North West Public Health Observatory*)

This strategy supports the Manchester Community Strategy's objective to make Manchester a place where people want to live and work.

## **Principles**

### 1. Good mental health is important to everyone

- Good mental health is important to everyone and there are actions that everyone can take to promote good mental health in the city.
- There are things that people can do to look after their own mental health and that of their friends, family and neighbours. Equally, every individual should have access to high quality information and support in order to be able to look after their own mental health and to help them find support when this is not possible.
- Mental ill health is closely associated with physical ill health and can be a barrier to participating as fully and positively as possible in society.

### 2. Mainstream organisations need to deliver services to everyone in the city including people with mental health needs

- Organisations that are competent and confident in dealing with people's mental health needs are better placed to meet their organisational objectives.
- Organisations that develop person centred approaches to service delivery and that engage people with mental health problems are better placed to deal with all excluded communities.

### 3. Mental health services need to support organisations to deliver services to people with mental health problems

- Mental health services have a responsibility to support other organisations to deliver effective services to people with mental health problems, e.g. housing agencies for housing needs, Job Centre Plus for employment needs; colleges for educational needs etc.

Support may include the provision of information, staff development, training and support to develop networks between front line staff from differing organisations.

4. Mental health services need to address the mental health needs of individuals so that they have the skills, motivation and support needed to engage with mainstream organisations.

- People who experience mental health problems should have the most involvement possible in their own care and in shaping the development of services in Manchester.
- Mental health services have a responsibility to support individuals to have access to other relevant specialist services to meet their housing, educational, employment, social, spiritual or physical health needs.
- Mental health services have a responsibility to ensure individuals have the skills and or support required to use services to meet their housing, educational, employment, social, spiritual or physical health needs.

**This strategy aims to:**

- Establish that promoting good mental health is an important responsibility that must be shared across a wide range of organisations and partnerships across the city
- Establish that all mental health services and staff have a responsibility to deliver services in a manner that promotes the mental health of individuals and communities and supports the social inclusion of those with mental health problems.
- Promote recognition of mental ill health as a significant public health priority for Manchester.
- Promote improved public awareness about mental health in order to improve the mental health of the population and to reduce discrimination and social exclusion of people with mental health problems.
- Ensure that all organisations deliver services that are accessible to people with mental health needs and are delivered free from stigma and in an inclusive manner.
- Ensure that people with mental health needs are physically and emotionally able to gain access to mainstream services and participate in the community even if they require additional support to achieve this

- Ensure that the seven themes of the Community Strategy are responsive to the needs of people with mental health problems and understand how their work affects the promotion of good mental health
- Ensure that the seven themes of the Community Strategy effectively respond to the complex economic and social conditions that contribute to mental ill health and social exclusion
- Increase the ability of people to manage their own mental health and the mental health of those they care for
- Ensure that all organisations in Manchester offer high quality services to their users by being able to respond to their mental health needs
- Support organisations to develop a workforce that is reflective of the local community and includes people who have experienced mental illness

**The strategy will meet these aims by:**

- Making, good mental health everyone's business
- Promoting increased understanding of the relationship between mental health, physical health and social circumstances.
- Supporting staff from all organisations / agencies become confident and competent in offering effective services to people regardless of their level of mental health need
- Supporting organisations / agencies to develop working practices that do not exclude people with mental health needs and ensures that people with mental health need receive a high quality service
- Supporting individuals to use high quality services from the same organisations / agencies as any other Manchester resident.
- Supporting organisations to develop shared targets across the city that promote whole system working as part of the Community Strategy
- Supporting the development of shared targets that include people with mental health needs on an equal basis as any other excluded community
- Contributing to the Community Strategy to promote the development of the city in a way that includes people with mental health problems

**In order to reflect the Community Strategy, detailed aims and objectives have been developed under seven thematic headings in the Community Strategy. These are detailed below.**

### **What has been done so far?**

This strategy is based on a series of meetings about promoting mental health, each based on the seven themes of the Community Strategy.

The meetings identified the range of issues organisations have to deal with when delivering services to members of the public many of whom have varying levels of mental health need. A number of common themes emerged including the need for:

1. Organisations to target services at people with mental health needs to ensure that they meet their organisational targets.
2. Services to develop person centred and solution focused working methods to ensure that they offer high quality and effective services to people with mental health needs.
3. Specialist mental health services to support other organisations to work with people with mental health problems
4. The identification of shared targets to drive partnership working
5. Each organisation to concentrate its resources and expertise on its area of responsibility
6. Each organisation to recognize the skills, knowledge, experience and statutory responsibilities of other organisations
7. Each organisation to understand how its services impact on other organisations' agendas.

### **Terms used in this strategy**

**Social Exclusion** has been defined by the Government's Social Exclusion Unit as "a shorthand term for what can happen when people or areas suffer from a combination of linked problems such as unemployment, poor skills, low incomes, poor housing, high crime environments, bad health and family breakdown".

**Mental Health Promotion** refers to a very wide range of action to increase positive mental health and resilience, prevent mental ill health and reduce discrimination against people with mental health problems.

Mental Health Promotion is most effective when it;

- Builds social networks
- Intervenes at crucial points in people's lives
- Strengthen individuals' ability to enhance their psychological well-being
- Supports communities to tackle factors that undermine mental health

**The National Service Framework for Mental Health**, (*Ref 1*) the Department of Health's key national strategy. **Standard One (NSF1)**, says 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.

**The National Service Framework Standard Seven (NSF 7)** and the **National Suicide Prevention Strategy** (*Ref 2*) point to the importance of mental health promotion and the implementation of NSF 1 in action to reduce suicide.

**The Manchester Community Strategy** (*Ref 3*) is a multi agency plan that aims to make Manchester a place where people chose to live and work and to combat the range of issues that contribute to social exclusion.

The Community Strategy has been divided into seven themes:

- Competing in a global economy
- Investing in children, young people and families
- Creating sustainable communities
- Making Manchester safer
- Tackling health inequalities
- Creating a modern transport infrastructure
- Enhancing the cultural base

**Manchester Mental Health Joint Commissioning Executive** is the body that holds all funding for mental health in the city and makes decisions about which services to purchase. It is comprised of representatives from each Primary Care Trust and Manchester City Council.

**Primary Care Trusts (PCT)** are the local health authorities for Manchester which assess local health needs and provide or purchase services to meet them. There is a PCT for each of Central, North and South Manchester.

## The Manchester Mental Health Promotion Strategy

### **Aims and Objectives presented under the thematic headings for the Manchester Community Strategy**

#### **Theme One: Competing in a Global Economy**

Theme one of the Community Strategy aims to ensure that all of the city's residents can benefit from sustained economic growth in terms of both employment and quality of life. It acknowledges that the workplace can be both a major cause of mental ill health and can actively promote good mental health. This theme deals with the creation of jobs, the creation of a productive and skilled workforce, the development of healthy working environments and reversing the growing number of economically inactive residents and households in the city.

#### **In Manchester:**

- Over 40% of residents of working age are not in employment compared to 25% as a national average

#### **This equates to:**

76,200 people are workless

- 17,000 people are registered unemployed
- 59,200 people are economically inactive
- 40,000 people are in receipt of Incapacity Benefits

#### **Nationally:**

- 27% of Incapacity Benefit claimants state a desire to work
- 23% of Incapacity Benefit claims are for mental health reasons
- Studies of mental health service users have found that as many as 90% of people with mental health problems who are unemployed would like to work
- Research shows that after 6 months off work there is a 50% chance of ever returning to work, after 12 months there is 25% chance of return, and after 2 years the chance of return is practically nil (*Ref 4*)

#### **Aims**

- To increase the range and number of opportunities for people with mental health problems to engage with employment.
- Ensure that organisations develop workforces that are reflective of the whole community in which they are based
- Ensure that people with mental health problems have the necessary skills, knowledge, experience and self confidence to secure and maintain employment as a valued employee with additional support where required to achieve this
- Support employers and employees to maintain employment when mental health problems develop

- Support employers to develop and promote healthy workplaces and healthy working practices
- Increase the supports offered to people who are absent from work due to mental ill health to maintain employment

### **Measures for Progress**

- Monitoring of the economic inactivity rate amongst people with identified mental health needs compared to the population as a whole
- Increased employment and training opportunities for people with mental health needs
- Reduced sickness absence due to mental ill health / stress
- Increased access to training and personal development for people with mental health needs.
- Reduce the numbers of people who move from employment to Incapacity Benefit.

## **Theme Two: Investing in children, young people and families**

Theme two of the Community Strategy aims to improve all aspects of the education, welfare and future development of all those up to their nineteenth birthday, and their families. Mental health is an important aspect of aspirations for Manchester's young people and this is reflected in the key relevant strategy of this partnership, The Preventive Strategy. The NSF for mental health deals primarily with adults, but Standard One acknowledges the importance of mental health promotion for children and young people, as do previews of the Children's NSF.

In the 1999 Mental Health of Children and Adolescents in Great Britain (Office National Statistics),

- Among children 5-15 years, 10% had a mental or behavioural disorder.
- This increases to 20% in families without a working parent, 14% for parents in unskilled occupations as compared to 5% for children in professional families.
- Over 30% of children with mental disorder had not been seen by a GP or secondary health care service. *(Ref 5)*

The association between poor mental health and unemployment/low income means that the incidence of poor mental health for children and adolescents in Manchester will be very high. A 1998 study indicated likely overall prevalence for Manchester as 15% with about 7% requiring specialist intervention. *(Ref 6)*

### **Aims**

- Activity and resources proposed within this strategy are compatible and complementary with those in The Preventive Strategy. All mental health promotion activity should recognize the primary importance of targeting children and young people for increasing resilience and preventing mental health problems.
- There are problems associated with the transition from support through children's services and support through adult services. Some services providing for young people extend the age range to 25 or beyond. Action to promote adult mental health that results from this strategy will, where appropriate, be adapted to the needs of the younger adult age range.
- The work of the Preventive Strategy will be complemented through action to promote the mental health of parents and carers, in particular by action to support parents with recognized mental health problems, including perinatal depression.
- The development of action to promote adult mental health within this strategy will support and benefit from the development of "whole service school" development.

## **Measures for Progress**

- An evaluation of the effectiveness of this strategy in relation to The Preventive Strategy.
- Action to promote mental health is sufficiently adapted to the needs of younger adults (19-25 years).
- An increase in the availability of support to parents with mental health problems.

### **Theme Three: Creating Sustainable Communities**

Theme three of the Community Strategy aims to make Manchester neighbourhoods desirable places to live, reversing patterns of decline and increasing deprivation. It links closely to programmes for regeneration in a number of areas and also concerns more specific strategies for housing. The issues and priorities for this thematic partnership are at the heart of any strategy for promoting mental health in Manchester.

Reducing deprivation, improving housing, creating safe neighbourhoods with strong supportive networks, improving access to green spaces, and many of the other aspirations of this thematic partnership, are all factors known to be associated with improved mental health. It cannot, however, be assumed that the processes for achieving these benefits will promote people's mental health. An important aspect of success within this part of the community strategy will therefore be to ensure that the development of local communities takes account of the impact of change on the mental health of residents and on the social status of people with mental health problems.

Manchester Housing's Supporting People strategy deals directly with support to people with mental health problems in finding and maintaining suitable accommodation.

A Health Development Agency study of social capital and health found that social participation reduced the risk of the onset of common mental illness whilst a high extent of crime and low neighbourhood attachment increased the risk. Social participation increased the likelihood of recovery while low contact with friends and low social support decreased it. (Ref 7)

A new survey from MIND indicates that 84% of people with mental health problems feel isolated. 80% of respondents said that isolation impedes their recovery from mental health problems. 58% said that discrimination on mental health grounds was a factor in their mental distress. The most isolated people in this survey were young people and people from black and ethnic communities. (Ref 8)

A Manchester University study in 2001 of the impact on residents' mental health of the regeneration initiative in Wythenshawe concluded that economic and infrastructure improvement will not improve peoples' feelings of restricted life opportunities and "entrapment" that affects their mental health. (Ref 9)

#### **Aims**

- People with mental health problems will have equal access to homes suited to their needs and aspirations, including appropriate support in maintaining their occupancy.
- Area regeneration and ward co-ordination partnerships consider the impact of their plans on the mental health of the local population and the needs of people with mental health problems.

- Support is available to community and voluntary sector organisations that are able to provide practical and social support to people with mental health problems and people vulnerable to poor mental health.

### **Measures for Progress**

- Mapping, over time, the increase in support to people with mental health problems available in local communities.
- Mental health impact assessment undertaken in relation to implementation of local plans.

## **Theme Four Making Manchester Safer**

Theme four of the Community Strategy aims to reduce levels of crime and disorder in the city. It covers policing, crime prevention, anti social behaviour, public perceptions of crime and elements of the criminal justice system. This remit has important associations with mental health. As with the work of other partnerships, we can assume that an improvement of the quality of life in the city will have benefits for the mental health of residents. Here though, there are further considerations that relate more directly to the psychological impact of crime and to the mental health of offenders.

*The Psychiatric Morbidity study for prisoners in England and Wales (1997)* found

A prevalence of personality disorder of 78% for male remand, 64% for male sentenced prisoners and 50% for women prisoners. 10% of male remand, 7% of male sentenced and 14% of female prisoners had a psychotic disorder. (Ref 10)

The consultation on the Manchester Health Plan in 1999 found that people in Manchester see crime as one of the main factors that influences their health for the worse. (Ref 11)

### **Aims**

- Develop and support interventions to promote the mental health of victims of crime.
- Promote public understanding of mental ill health in order to reduce discrimination against and victimization of people with mental health problems.
- Promote an improved understanding of the psychological impact of crime and the fear of crime and the role these play in individual health and the sustainability of communities.
- Develop and support interventions to promote the mental health of offenders at appropriate points in their contact with the criminal justice system.
- Develop and support mental health promoting interventions appropriate to people diagnosed with personality disorder.

### **Measures for Progress**

- Mapping increased availability of support to people who are victims of crime.
- Evaluation of initiatives that promote public awareness about mental ill health.
- Evaluation of planning and interventions aimed at offenders.

## **Theme Five: Tackling Health Inequalities**

Theme five of the Community Strategy aims to improve the health of Manchester residents in order to reduce the far higher rates of ill health and early death in comparison with national averages. Mental health is a significant element of public health in this context, not only because there are large numbers of people with mental ill health in the city, but also because of the recognized role of stress and poor mental health in a wide range of physical illnesses and the persistence of behaviours dangerous to health.

People with physical illnesses, particularly those that are chronic and long term, are especially vulnerable to poor mental health. Improving physical health and physical activity and functioning is an important means to improving mental health for individuals.

The overall national measure for improving mental health is our success in reducing suicides, aiming for a reduction of 20% by 2010. Mental health promotion activity is seen as an important component in achieving this aim, both in the National Service Framework for Mental Health and in the National Suicide Prevention Strategy. This is also an important aspect for local action to reduce health inequalities as suicide is more prevalent in Manchester than national averages and is a factor in statistics for early death in the city.

The Partnership's Strategic Health Plan is significant for understanding the role of mental health promotion activity in relation to the provision of mental health services.

Manchester Strategic Health Plan's vision for mental health, "There will be a refocusing of the mental health system, bringing a greater emphasis on the importance of self care and work within the community and voluntary sector. This will reduce the incidence of poor mental health in Manchester, particularly the high rates of low level mental stress; this in turn will reduce the demand on primary care, enabling an improved quality of service to be provided; which will consequently reduce the demand on secondary care." (Ref 12)

The Psychiatric Morbidity survey of 2000 found that, About one in six adults were assessed as having a neurotic disorder, mixed anxiety and depression being the most common.

One in 25 were assessed as having personality disorder of some kind.

One quarter were assessed as having a hazardous pattern of drinking.

One in 200 people had a probable psychotic disorder. (Ref 12)

The strong association between poor mental health and deprivation means that these figures will be higher for Manchester.

One study of people with common mental health problems found that one in four of them avoid seeking professional help. (Ref 13)

A study of disability (total number of days of disability) caused by illness shows depression and anxiety to be ranking second and fourth highest amongst all illnesses.

*(Quoted in Ref 14)*

The Mental Health Needs in Manchester report 2003 pointed out that, “Epidemiological evidence indicates that common psychiatric disorders, mostly treated in primary care, are more common in the population of Manchester than in any other area in England” and “Epidemiological evidence indicates that for severe mental illness, usually requiring secondary care services, Manchester has the highest rate in England.”

And that,

There is a strong association between physical illness and poor mental health, e.g. one study estimated that 28% of people reaching mental health services in Manchester do so through the general hospital. *(Ref 14)*

## **AIMS**

Following the dual aims of the National Service Framework, mental health promotion strategy within this theme can be understood under two headings

1. Building personal resilience and preventing poor mental health for targeted groups
2. Improving the health of people with recognized mental health problems

**Aims** (Building personal resilience and preventing poor mental health for targeted groups)

- Develop a coherent range of services for easy access to help and support for people who have mental health problems or who are vulnerable to poor mental health. These services should be developed within the community and voluntary sector (see Strategic Health Plan above) and should be complementary to, or in working partnership with, statutory services. Such services should be “person centred” and provide access to as wide a range of support as is required.
- Specialist mental health services in primary and secondary care promote self care and management for users through provision of information, self management techniques and service user consultation and involvement.
- Training about mental health is available to all agencies working with the public.
- Programmes and projects for promoting mental health are targeted at groups of people within the population who are most likely to be vulnerable to poor mental health, (e.g. homeless people, drug and alcohol misusers, carers etc) in collaboration with agencies already engaged with these groups.
- Those supporting and treating people with chronic physical illnesses are able to recognise and respond to deterioration in mental health and support their patients in managing their own mental health.

- Development of programmes and projects for promoting mental health of older people.
- Development of programmes and projects for promoting mental health appropriate to the needs of different black and minority ethnic communities in the city and for refugees and asylum seekers.
- Establishment of standing or annual campaign (e.g. World Mental Health Day or Recovery Festival) to promote awareness of mental health to the general public, involving all sectors of city organisation and recognized as part of the city's corporate programme.
- Information about mental health is made available to the general public through local publication (e.g. directories, self help materials) and distribution (e.g. General Practice, Manchester Public Libraries)

**Aims** (Improving the health of people with recognised mental health problems)

- Initiate health promotion programmes targeted at people with mental health problems.
- Support to service user led initiatives that promote physical and mental health.
- Programmes of training for specialist mental health professionals in assessing physical health problems and making appropriate referral.
- Training for primary care professionals in assessment and management of physical health of people with mental health problems.
- Routine review of prescription of psychoactive medication including provision of information about physical health effects.
- Support action to reduce the prescription of Benzodiazepine medication
- Develop initiatives to improve access to opportunities for physical activity for people with mental health problems.
- Develop mental health promotion and social inclusion strategies for people with enduring mental health problems within models of chronic disease management

**Measures for Progress**

- Research views of people with experience of mental health problems
- Monitor effectiveness of voluntary sector provision and partnerships in complementing statutory service provision.
- Monitor improved access to help and support.
- Monitor increased availability of mental health information.

## **Theme Six: Creating a modern transport infrastructure**

Theme six of the Community Strategy aims to improve the city's transport infrastructure. Like other improvements to the quality of life in the city, are likely to have an overall tendency to improve people's mental health. There is a complex and dynamic relationship between green transport plans, social inclusion and mental and physical well being.

Reduced dependency on private transport improves the physical well being of the population by promoting walking and cycling. Reduced dependency also promotes greater equality of access for those unable to travel by private car.

Access to services is also an essential feature in offering patients choice about where they receive services.

In the MIND survey on mental health and isolation, 42% of respondents said that lack of transport was a factor causing isolation, which leads to poor mental health. (Ref 8)

### **Aims**

- Support the development / planning of services to recognise the links between transport and equality of access to services for those who do not have access to private vehicles.
- Support GMPTS to develop individual journey planning systems for patients. Mental health services should ensure that appointments are coordinated with realistic journey plans.
- Support the continued access to free bus passes for people with mental health problems
- Support the public health agencies that are examining the links between transport and health to understand the impact on mental health and respond to the findings where appropriate.

### **Measures for Progress**

- Monitor levels of DNAs related to lack of transport
- Monitor mental health service users views on access to services and amenities
- Monitor levels of access to journey plans at point of booking appointments for services

## **Theme Seven: Enhancing the cultural base**

Theme seven of the Community Strategy aims to develop Manchester as a national and regional centre for cultural activity, including sports. This is seen as part of the City's economic development as well as the cultural contribution to the quality of city life. Access to cultural opportunities, as participants, spectators, creators and innovators, should be available to all Manchester residents. Cultural, creative and sporting activities are most relevant to promoting mental health.

Supporting individuals to participate in society, pursue their personal interests and achieve personal objectives is an essential part of combating the discrimination people experience. To achieve this mental health services need to ensure that individuals have the confidence and ability or the support to access amenities that are confident and competent to engage people regardless of their level of mental health problems.

The Manchester campaign for World Mental Health Day, for one week in 2002, featured 33 events across the city, directly involving 85 organisations and 2,500 counted participants.

### **Aims**

- People with mental health problems have access to the full range of cultural activities in the city, bearing in mind the possible need to develop and support such access.
- People who have experienced mental health problems have a significant contribution to make to the cultural life of the city. Initiatives to facilitate this contribution will be developed and supported.
- Promoting mental health through information available through the Manchester Library and Information Service
- Support for campaigns of public awareness about mental health through the Cultural Strategy in recognition of the importance of the media, creative activities and sport in effective public promotion.

### **Measures for Progress**

- The availability of support to individuals and groups of people who have experienced mental health problems to facilitate full participation in the cultural and sporting life of the city. For example participation in faith communities, creative, sporting or social activities.
- Members of the public are able to have easy access to information about mental health and mental health services in all public libraries.
- The availability of financial, organisational and promotional resources for the establishment of annual public campaigns to promote mental health.

### **What Will Happen Next with this Strategy?**

1. This proposed broad and long term strategy will be circulated for consultation and common additional themes added
2. An action plan will be written, listing the contributions of different organisations to meeting the aims of the strategy.
3. A plan will be written to monitor the implementation of the strategy.
4. Methods to evaluate the impact of implementing the strategy will be devised.

***To comment upon this proposed strategy, or for more information, contact or write to,***

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## References

1. National Service Framework for Mental Health. Dept. Health. 1999. See also "Making It Happen, A guide to delivering mental health promotion" Dept. Health 2001. [www.doh.gov.uk/mentalhealth](http://www.doh.gov.uk/mentalhealth)
2. National Suicide Prevention Strategy for England. Dept. Health, 2002.
3. Manchester Community Strategy. Manchester City Council. 2002. [www.manchester.gov.uk](http://www.manchester.gov.uk)
4. BSRM 2000
5. The Mental Health of Children and Adolescents in Great Britain. 1999. H. Metzler & R. Gatward. Office for National Statistics. [www.statistics.gov.uk](http://www.statistics.gov.uk)
6. Child and Adolescent Mental Health. Epidemiological Needs Assessment for Manchester. J. Lucy. 1998.
7. Social Capital for Health. Health Development Agency. D. Pevalin & D. Rose. [www.had.nhs.uk](http://www.had.nhs.uk)
8. Not Alone? Isolation and Mental Distress. MIND 2004. [www.mind.org.uk](http://www.mind.org.uk)
9. Impact of a Major Regeneration Scheme on Mental Health. A. Rogers et al. 2001. National Primary Care Research and Development Centre. [www.npcrdc.man.ac.uk](http://www.npcrdc.man.ac.uk)
10. The Psychiatric Morbidity study for Prisoners in England and Wales. 1997. Singleton et al. Office for National Statistics. [www.statistics.gov.uk](http://www.statistics.gov.uk)
11. Manchester Health Plan. Report on the Consultation on the draft plan. Manchester Health Authority 1999.
12. Manchester Strategic Health Plan. [www.manchester.gov.uk/health/healthplan](http://www.manchester.gov.uk/health/healthplan)
13. The Psychiatric Morbidity (Adults) Survey. 2000. H. Metzler et al. Office for National Statistics. [www.statistics.gov.uk](http://www.statistics.gov.uk)
14. "A quarter of patients with neurotic disorders don't seek help" British Medical Journal 2003 (17<sup>th</sup> May), from International Journal of Psychiatry 2003, 15.
15. Mental Health Needs in Manchester. Working Group Report, September 2003. Manchester Mental Health and Social Care Trust. [www.mmhsc.man.ac.uk](http://www.mmhsc.man.ac.uk)