



Public Health
England

NHS
Health Education England

Mental health promotion and prevention training programmes

Emerging practice examples

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. It does this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. PHE is an operationally autonomous executive agency of the Department of Health.

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About Health Education England

Health Education England (HEE) exists for one reason and one reason only: to support the delivery of excellent healthcare and health improvement to the patients and public of England by ensuring that the workforce of today and tomorrow has the right numbers, skills, values and behaviours, at the right time and in the right place.

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Introduction

Improving the population's mental health and wellbeing and preventing mental illness and suicide is a key priority for public health. Like much public health, this priority requires action across many sectors, including those working across early years, education, health and social care, business, welfare and housing, criminal justice, neighbourhoods and communities.

Training staff with the knowledge and skills to improve mental health and wellbeing and prevent mental illness and suicide is a specific recommendation within the **NHS Five Year Forward View for Mental Health** (1) and Public Health England's (PHE) **public mental health leadership and workforce development framework** (2). PHE's review of the **public health workforce** (3) identified resilient communities and better public mental health as key drivers affecting the public health workforce in the future.

This resource is a collation of emerging practice examples of mental health promotion and prevention training programmes available in England for the core¹ and wider² public health workforce. Its purpose is to support those who wish to commission or deliver such training as part of building a public health system capable of meeting the growing mental health challenge.

The examples provided here have been identified from a literature review and consultation with the field (2). PHE is not validating the courses included but providing information on recognised and emerging practice, including any written evaluations and also which competencies of the **public mental health leadership and workforce development framework** (2) it meets (page 54). These competencies, together with the core principles (page 55) can be used to commission public mental health training.

Evidence of the impact of training on population health remains a challenge and PHE encourages robust evaluation to be incorporated into training. The examples of training given are available for commissioning within England or have significant spread and reach within England. Very localised programmes are not included. However, it is recognised that sharing learning on delivering and evaluating high-quality, cost-effective training is needed, based on the competencies required for the workforce to meet new public health challenges (3). Further resources are included at the end of the document.

¹ Core workforce defined by Centre For Workforce Intelligence as all staff engaged in public health activities who identify public health as being the primary part of their role.

² Wider public health workforce defined by Centre For Workforce Intelligence as any individual who is not a specialist or practitioner in public health, but has the opportunity or ability to positively impact health and wellbeing through their (paid or unpaid) work.

Training programmes

Below is a list of the training programmes included, grouped by PHE’s public mental health leadership and workforce development framework ambitions.

Leaders and senior staff	
Ambition: Our leaders advocate for the mental health of citizens as a valuable resource for thriving communities and economies	1. Mental Wellbeing Impact Assessment Facilitators Training
Ambition: A public health specialist workforce that has expertise to lead mental health as a public health priority	2. Warwick Public Mental Health course
Frontline workers	
Ambition: Frontline staff are confident and competent in communicating with people about mental health and supporting them to improve it	3. Connect 5 Greater Manchester
	4. Wheel of Wellbeing
	5. Mindfulness
	6. Living Life to the Full train the trainers
	7. Royal Society for Public Health (RSPH) Understanding mental health and wellbeing
Ambition: Frontline staff are confident and competent in recognising signs of mental distress and supporting children, young people, parents and adults appropriately	8. Mental Health First Aid
	9. safeTALK
	10. Applied Suicide Intervention Skills Training (ASIST)
	11. STORM
	12. Connecting with People suicide prevention
	13. PABBS: Postvention: Assisting those bereaved by suicide training

1. Mental Wellbeing Impact Assessment Facilitators training

About this training

Aim: To build capacity in the public health workforce and beyond to undertake mental wellbeing impact assessments (MWIA) in order to enhance the positive and minimise adverse impacts of policies, commissioning, services and programmes on mental wellbeing.

Summary: Two training programmes are offered:

1. Introduction to MWIA and Screening (two days) – one-day theory, ½ day practical facilitation of a screening and ½ day review and reflection – to enable participants to understand how best to apply and be able to use the first stage of MWIA
2. Accredited and certificated MWIA facilitators course (over 12 weeks) – delivered in taught days and action based learning (three days), practical completion of an MWIA as part of a team (one day), literature review, team report writing, training journal, follow-up and mentoring (up to two days)

Who benefits and how?

The training will be of interest to those working in health and wellbeing such as:

- commissioners of services or strategies that need to have a wellbeing focus
- managers with a responsibility for health and wellbeing
- people who apply for grants and funding streams for their services or projects and want to understand the impact these can have on mental wellbeing
- frontline workers who want to understand the wellbeing impacts the service or project is having on their users
- anyone with an interest in promoting and protecting mental wellbeing

Learning outcomes:

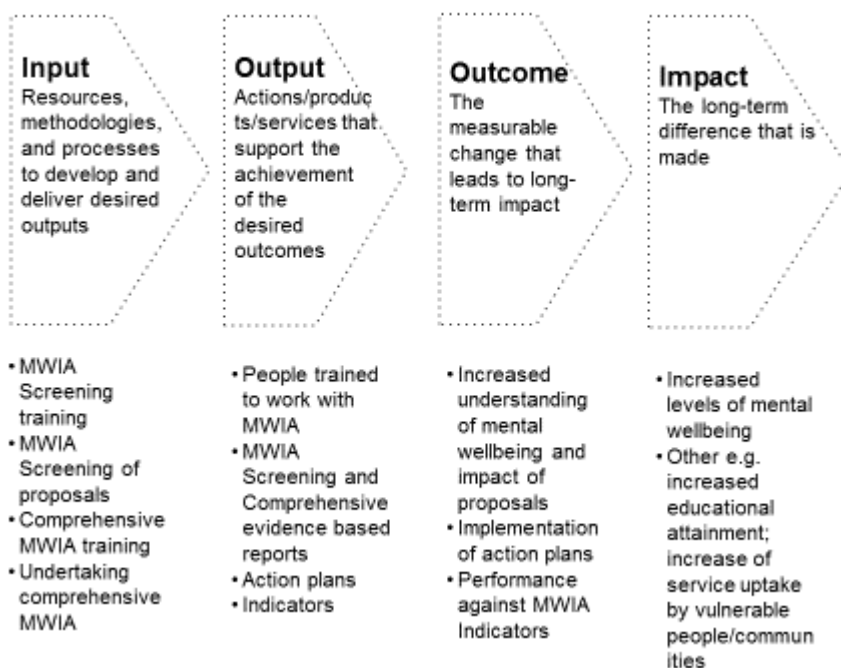
- an enhanced understanding of the determinants and protective factors for mental wellbeing and how population characteristics can be both drivers and risk factors
- knowledge, skills and experience to undertake a robust Mental Wellbeing Impact Assessment or Screening of a policy, service, programme or project and identify recommendations for change

Effectiveness – quality, outputs, outcomes

The programmes have been developed over a period of 10 years in a number of regions of England. In 2013 it was accredited by the Royal Society for Public Health (RSPH). The trainers are key authors of the MWIA Toolkit and the training programme, experienced facilitators and practitioners of MWIA.

To date approximately 300 people have been trained in MWIA. Over 1000 MWIAs have been conducted within the UK, Europe and further afield such as Australia and Chile.

MWIA theory of change:



Commissioning this training

It has been used by public health commissioners:

- as a means of 'proofing' commissioning proposals to maximise impact on mental wellbeing
- as a means of providers assessing and auctioning their service delivery to have maximum positive impact on mental wellbeing
- a tool to assist with support and development to promote workplace mental wellbeing of the workforce
- a tool/process for engaging with 'stakeholders' to identify mental wellbeing needs, impacts and ways of improving service delivery
- a tool to help identify measures for monitoring impacts and outcomes of services on mental wellbeing
- a tool for providing evidence of impact on mental wellbeing of fund raising proposals
- a tool to assist with evaluation of services and others

It aligns to the public mental health leadership and workforce development framework competencies:

1.1 Leadership and advocacy: Integrate mental health within all policy and take action to mitigate any negative impacts of policy on mental health

2.1 Public health expertise: Assess and describe the mental health and illness needs of specific populations and the inequities experienced by populations, communities and groups

Supports the other competencies in 1.0, 2.0 and 3.0

Written reports and case studies:

<http://www.apho.org.uk/resource/view.aspx?RID=70542>

Independent evaluation:

<http://www.tavinstitute.org/news/mental-wellbeing-impact-assessment/>

Booking a course:

Contact Ermias.alemu@slam.nhs.uk for training details

Cost:

MWIA Screening training: £6,000 for whole course of up to 16 people or £400 per individual

MWIA Facilitators course: £13,000 for whole course of up to 16 people or £950 per individual

Further information:

Contact tony.coggins@slam.nhs.uk or anthea.cooke@inukshukconsultancy.com for more details on MWIA

2. Warwick University Masters in Public Health: Public Mental Health module

About the programme

Aim: To offer knowledge and skills to master's level in the practice of public mental health. To enable MPH students to include mental health in their masters' education.

Summary: Five days' study offered in 2 x 2.5 days two to three weeks apart, a 4000-word assignment for those wanted to gain a PGA or contribute to MPH. Small group teaching and discussion; experiential learning re own mental health and wellbeing.

Curriculum includes:

Understanding Mental Health and Wellbeing:

- definition and measurement
- social and cultural determinants
- family influences
- environmental influences
- economics of mental health

Interventions to Promote Public Mental Health:

- mental Wellbeing Impact Assessment (MWIA)
- parenting and family-focused supports
- school and community-based approaches
- workplace wellbeing
- primary care mental health
- complementary and alternative approaches
- recovery and Integration
- the UK policy context, commissioning and delivery mechanisms

Who benefits and how?

The course is for established public health professionals and practitioners. They must have at least a second class degree or equivalent.

Learning outcomes:

- the epidemiology of mental health problems as they affect adults, adolescents and children
- determinants, risk and protective factors for mental health at different stages in the life course

- different discourses on the nature of mental wellbeing and different approaches to measurement
- a range of approaches to mental health promotion and mental illness prevention
- the evidence regarding interventions for public mental health
- critical evaluation of public mental health interventions

Effectiveness – quality, outputs, outcomes

The course is Quality Assured by Warwick University.

Approximately 100 people have been trained to date.

If participants do the assignment they are required to write a timed and costed plan for implementing some aspect of public mental health. This is assessed at master's level. Warwick University also conducts a module evaluation through a questionnaire to all participants.

Daily evaluations by students are collated and submitted to university
Independently evaluated every year at the end of the course in a focus group with students.

Commissioning this course

It aligns to the public mental health leadership and workforce development framework competencies:

- 1.0 Leadership and advocacy
- 2.0 Public health expertise

This course is aimed primarily at those working in public health departments in local authorities rather than on the ground either 1:1 or as community practitioners.

Cost: £1,100 for module of 20 credits if part of a post-graduate certificate or MSc; or £1320 as a standalone post-graduate award.

Further information:

http://www2.warwick.ac.uk/fac/med/study/cpd/module_index/md941

3. CONNECT 5

About the programme

Aim: to increase the confidence and skills of frontline staff so that they can be most effective in having conversations about mental health and wellbeing, and so help people to manage mental health problems and increase their resilience and mental wellbeing through positive changes.

Summary: Connect 5 is an incremental three-session/ day programme. The programme underpins the principle of 'Every Contact Counts' and supports the aim of making the best use of the skills and local contacts of frontline staff. Some staff will just undertake session 1 whilst others go on to do all three sessions.

Session 1 (half day) is Brief Mental Wellbeing Advice designed to help participants better understand mental health, mental wellbeing and mental illness. Participants will also learn about local services and resources that enable people to help themselves. Participants will become confident to offer wellbeing advice within their everyday work role.

Session 2 (one day) is Brief Mental Wellbeing Interventions to help participants develop their understanding, skill and confidence to work with people on their troubling or difficult feelings. Participants will learn how to support greater insight into these feelings and how to help people to take first steps to manage them and to make themselves feel better.

Session 3 (one day) is Extended Mental Wellbeing Interventions designed to help participants learn different ways to motivate and support people to make changes that last.

Who benefits and how?

Suitable for frontline workers and volunteers who are in support/ helping roles.

Learning outcomes:

By the end of session one participants will be able

- to understand mental health, wellbeing and illness through specific public health models
- to be aware of qualities and attitudes needed for working with mental health and wellbeing
- to improve their skills and confidence to talk with people about their mental health and wellbeing

- to appreciate the value of self-help and understand the resources available to support people
- to understand how local mental health and wellbeing services support people and how to help people to seek support from them
- to deliver very brief intervention (five-minute conversation).

By the end of session two, participants will be able:

- to use the 'five areas' model in conversations about mental health and wellbeing
- to apply the 'five areas' model to understand your own and others' experience of distress
- to establish the nature and extent of a person's distressing situation including the potential for harm
- to use a number of methods to help people unravel their troubling feelings and experiences
- to practice skills needed to start, follow and end a conversation about mental health and wellbeing
- to make the connection to the promotion and use of self-help resources
- to deliver very brief intervention

By the end of the session three participants will be able:

- to integrate existing knowledge, skills and techniques to offer more effective support to people
- to facilitate the use of self-management strategies by others to support successful change
- to demonstrate and share practical techniques relating to the use of the 'five areas' mode
- to work collaboratively with a person to make an action plan they are likely to complete
- to make the use of self-help interventions and resources integral to your own practice
- to deliver extended brief interventions

Effectiveness – quality, outputs, outcomes

The original programme (Interventions for Mental Health in Everyday Practice) was designed by the University of Manchester and was an adaptation of training delivered to primary care mental health and Increased Access to Psychological Therapy (IAPT) trainees.

In 2013-2015 there are 81 trainers in Connect 5 and approximately 2,500 participants have attended the Connect 5 training courses. Of these:

- 65% participated only in session one
- 25% participated also in session two
- 10% participated in all three sessions

Outcomes and Impact include:

- changes in understanding, confidence and skills just before and just after training is delivered
- differences in practice and service delivery, this evaluation takes place a few months after the training

In 2013/14:

88.7% of all participants report that their understanding of mental health and mental wellbeing has significantly improved,

86.1% self-reported an increased knowledge in using and promoting self-help and

87% reported an increase in their abilities to explore and respond to difficulties experienced by their clients, including risk of self-harm and suicide.

Based on a two- to six-month follow-up, it is estimated that participants of the session one training each engaged 10 people in 'wellbeing' conversations within six months of the training ending. Based on the number of 2013/14 participants, it is therefore estimated that 8,820 residents of Manchester, Bolton and Stockport were offered evidence-based mental wellbeing advice and information about local services and how to access them and community assets. At follow-up, participants also reported:

- an increased use and focus on self-help materials and Connect 5 models within teams
- the use of the five ways to wellbeing as an essential support tool
- policies and procedures had developed based on risk conversations encouraged in Connect 5
- the use of the tools to maintain staff wellbeing, encouraging case reflection and guiding supervision

Commissioning this training

Connect 5 training course has been commissioned by public health in Stockport and Manchester since 2008 and in Bolton and Rochdale since 2011 and 2012 respectively. Dissemination of the programme to other Greater Manchester boroughs was supported between 2010 and 2012 by a Health Innovation and Education Cluster (HIEC) project. Stockport, Manchester and Bolton currently continue to develop the programme as a single package, maintaining links with other programme providers and training trainers in other localities outside of these three areas.

Connect 5 is currently being disseminated to boroughs in Cheshire and Merseyside. Liverpool, Knowsley and Warrington have begun delivery of the programme in their areas.

Large scale delivery of Connect 5 is an important part of the strategic approach to public mental health in all these localities, and as such has wider impact on organisational and system outcomes.

Evaluation report of the Manchester programme available at: <http://goodhealth-manchester.nhs.uk/downloads/publicMentalHealth/Connect%205%20Evaluation%20April%202013-March%202015.pdf>

It aligns to the public mental health leadership and workforce development framework competencies:

- 4.1 Encourage and enable individuals and families to identify the things that are affecting their mental health, now and in the future, and the things they can do to improve it
- 4.2 Use appropriate tools and approaches that support people to build their skills and confidence in staying mentally well
- 4.3 Help people to develop and implement a personal or family action plan to improve their mental health
- 4.4 Enable people to get hold of up to date appropriate information and advice when they need it and access opportunities in their community
- 5.1 Recognise when someone may be experiencing mental distress, including self harm and suicidal thoughts and intentions

Cost: courses tailored to needs. An example for delivering a Train the Trainers programme with training materials for between 12-20 participants is £5,500 (two days training plus participation on the full 2.5 days Connect 5). Support, evaluation, venue, travel costs are extra.

Further information: A Train the Trainers programme can be commissioned.
Contact: Elysabeth.williams@stockport.gov.uk

4. Wheel of Wellbeing

About this training

Aim: To train staff in using a simple framework to promote positive health & wellbeing

Summary: The Wheel of Wellbeing (WOW) framework is based on the Five Ways to Wellbeing and includes a sixth theme of planet to understand the context of global sustainability to wellbeing. It was devised in 2009 and includes a website, Do-It-Yourself Happiness game and two training programmes:

Wheel of Wellbeing workshop (one day) – to introduce participants to practical information and free, easy-to-use resources designed to enable them to promote mental health & wellbeing throughout their local communities, groups and organisations.

DIY Happiness Training (eight weekly half-day sessions) – to build capacity in the public health workforce to promote positive mental health and wellbeing in communities and workplaces. It includes:

- exploring some of the key concepts of positive psychology and their importance to human flourishing.
- learning about food and mood, how to cope with stress, happy activities that are good for health and the wheel of wellbeing framework
- practical application of the wheel
- using the DIY Happiness game and other tools
- experimenting by sharing ideas and learning with others
- learning how to apply in communities and workplaces
- post-course support, resources and events kit
(<http://www.wheelofwellbeing.org/community/wondering-how-wow-community-event>)

Who benefits and how?

The training will be of interest to those working on health and wellbeing, particularly those with an interest in promoting and protecting mental wellbeing, teachers, youth workers and those working with young people, Human Resource and Occupational health professionals who want to support positive mental health and flourishing at work, Community development and front line workers who want to understand how they can promote wellbeing for their communities, Public mental health professionals.

Learning outcomes:

Wheel of Wellbeing workshop:

- to introduce an integrated approach to understanding mental health & wellbeing

- to increase participants' awareness of practical activities and attitudes that contribute to sustainable communities and flourishing lives
- to provide an introduction to the Wheel of Wellbeing framework, the WOW website (www.wheelofwellbeing.org) and its range of associated practical resources

DIY Happiness training participants will be able to:

- understand and describe mental wellbeing
- understand the importance and role of positive emotions
- understand what contributes to happiness and wellbeing
- understand why mental wellbeing is important
- understand the science and findings behind mental wellbeing
- describe and apply the wheel of wellbeing framework
- understand and apply the 6 ways to wellbeing in their work
- understand how experiential activities work in proactive to assist learning
- understanding behaviour change theory
- effectively use the free WoW on-line resource materials

Effectiveness – quality, outputs, outcomes

The programme has been developed over a period of seven years, initially across London with local residents as part of the Well London programme and now adapted for the public health workforce.

The trainers are experienced facilitators and mental health promotion practitioners, part of the long-standing mental health promotion service at South London and Maudsley NHS Foundation Trust.

To date approximately 400 people have been trained in the eight-week programme and many more in the one-day WoW workshop. There is a WoW capacity building programme running in Queensland, Australia and WoW has been adopted by Surrey and Kent County Councils as part of major mental health promotion campaigns. The website has been accessed by over 145 countries and the free downloadable resources are being used both nationally and internationally.

The original programme with female residents was independently evaluated and found it effective in enhancing people's mental and subjective wellbeing. It motivated, inspired and assisted participants to acquire a greater understanding of their mental health and wellbeing, how to enhance it and their role in protecting it.

Commissioning this training

The training has been commissioned since 2010 for the public health workforce in both the statutory and voluntary sector within England and latterly Australia.

Independent evaluation of the Well London programme is available at:

<http://webcache.googleusercontent.com/search?q=cache:5J1wCfEm40MJ:www.wellondon.org.uk/files/1214+&cd=1&hl=en&ct=clnk&gl=uk>

It aligns to the public mental health leadership and workforce development framework competencies:

- 4.1 Encourage and enable individuals and families to identify the things that are affecting their mental health, now and in the future, and the things they can do to improve it
- 4.2 Use appropriate tools and approaches that support people to build their skills and confidence in staying mentally well
- 4.3 Help people to develop and implement a personal or family action plan to improve their mental health
- 4.4 Enable people to get hold of up to date appropriate information and advice when they need it and access opportunities in their community

Cost:

Wheel of Wellbeing one-day workshop: £2,900 for whole course of up to 30 people or £150 per individual

DIY Happiness eight-week course: £21,000 for whole course of up to 20 people or £1,200 per individual.

Contact for training: Ermias.alemu@slam.nhs.uk

Further Information:

DIY Happiness - <http://www.wheelofwellbeing.org/community/want-do-it-yourself-happiness>

Wheel of Wellbeing - www.wheelofwellbeing.org

Contact tony.coggins@slam.nhs.uk

5. Mindfulness in schools

There are many providers of mindfulness courses; this is an example of applying mindfulness in schools to improve staff and student wellbeing and resilience at the Bright Futures Educational Trust (BFET).

About the programme

Aims: To promote a mindful culture and ethos across the nine schools within the multi-academy trust. To support staff and student wellbeing and resilience. To promote mindfulness across our teaching school alliance of fifty schools.

Summary:

Introductory staff taster sessions – 60-90 minutes.

8-week group course for up to 20 staff. Mindfulness Based Stress Reduction (MBSR) or a contextualised adult curriculum (.b Foundation) developed for school staff by the **Mindfulness in Schools Project (MiSP)**. This is a lighter introduction to mindfulness for school staff and is run after school, typically 4-5.30pm. Home practice of up to 30 minutes is encouraged between sessions.

Teachers who develop a personal mindfulness practice as a result of the course can apply to teach children an eight-week course in their school. (Curriculums have been developed by MiSP for primary and secondary age students – *paws b* and *teen b*). Teachers can also train to teach adult mindfulness (MBSR) through attendance at training run by **Bangor Centre for Mindfulness Research and Practice (CMRP)** and more recently with MiSP to deliver the *.b Foundation* course. The programme can then become a self-sustaining model in the schools and across the wider alliance of schools. A mindful leadership course has also been introduced for school leaders on the development of a mindful school culture.

Who benefits and how?

Open to all school staff. To train to teach children or staff, teachers need to demonstrate their personal commitment to practice over an elongated timespan and agree to quality assurance and regular supervision.

Benefits:

Participants gain skills to allow them to develop a personal practice. Over the courses, both for adults and children they gain access to a wide variety of practices so they can find something that suits them.

There is excellent feedback from both staff and students.
If they take further training they can train to teach mindfulness to others.

Effectiveness – quality, outputs, outcomes

All adult teachers engage with a supervisor who is an experienced mindfulness teacher.
All classroom teachers are subject to lesson observations followed by a discussion on their lesson.

About 3,500 children (around 750 per year) and 350 adults have been trained (This is over 50% of staff and students)

Studies have shown impact on wellbeing (Willem Kuyken <http://bjp.rcpsych.org/content/203/2/126.short>) and attention span in primary school age students, in publication).

Links for children and teacher research:

<http://mindfulnessinschools.org/research/research-evidence-mindfulness-schools-project/>
<http://mindfulnessinschools.org/research/research-evidence-mindfulness-young-people-general/>

Commissioning this training

It aligns to the public mental health leadership and workforce development framework competencies:

- 1.2 Promote the value of mental health and wellbeing and the reduction of inequalities across settings and agencies
- 4.3 Help people to develop and implement a personal or family action plan to improve their mental health

This is a train the trainer model and started in 2011. Some start-up funding is required for both internal training and use of external expertise in the early days.

Cost: 90-minute taster session for a group or whole school staff approximately £250; A full course for up to 20 staff £110-180 per staff member; training to deliver the .b curriculum to children costs around £450 for a 3-day primary teacher course to £600 for the 4-day secondary teacher course, including all teaching materials; For mindfulness to become self-sustaining having a teacher trained to deliver mindfulness courses to adults is key and this costs from £700 - £1100 per person depending on the provider plus ongoing supervision and CPD costs.

Contact: amanda bailey amanda_bailey@hotmail.co.uk

Further information: The Centre for Mindfulness Based Research and Practice has more information about courses and training <https://www.bangor.ac.uk/mindfulness/>

MBSR described here is to address stress within a general population

MBCT (Mindfulness Based Cognitive Therapy) is used within Health and Social Care services (as recommended in NICE guidelines) with people with specific conditions or vulnerabilities.

More information at <http://mbct.co.uk/>

There is a major research study called MYRIAD with Oxford Uni looking at a large scale Randomised Control Trial (RCT) of 6,000 students over 5 years to look at resilience.

Funded by the Wellcome Trust. <http://www.oxfordmindfulness.org/learn/myriad/>

6. Living Life to The Full training course

About the programme

Aim: To train staff to deliver an evidence-based 8-session Living Life to the Full (LLTTF) Life Skills course with the individuals they are supporting.

Summary: LLTTF training can be delivered as a 1 or 2 day event. The 2-day practitioner training offers the enhancement of practicing the classes, with attendees working in small groups to deliver part of one of the classes on day 2.

Based on the evidence-based Cognitive Behavioural Therapy (CBT) approach, the training mirrors the eight course sessions:

- why do I feel so bad?
- I can't be bothered doing anything (reduced activity)
- why does everything always go wrong? (thinking)
- I'm not good enough
- how to fix almost everything (problem solving)
- the things you do that mess you up (unhelpful behaviours)
- are you strong enough to keep your temper? (irritability and anger)
- and finally 10 things you can do to feel happier straight away (positive psychology and healthy eating/activities)

The LLTTF course reduces anxiety and depression significantly, is highly recommended by attendees, and has positive impacts on social function/ability to live life free of mood symptoms. It also helps people reconnect with others, breaking down social isolation, building confidence and healthy friendships. Variants of the course have been successfully run in schools, libraries, mosques, prisons, homeopathic hospital settings, and as part of large local and national public health initiatives in Canada, as well as health and social care across the UK.

Who benefits and how?

The training is suitable for anyone wanting to teach key tools and techniques in a small group setting and one to one with young people, adults and older adults. Trainers must be able to facilitate small groups, understand and communicate clearly the course content in a competent manner, and have a background knowledge and understanding of common mental health disorders such as low mood or stress.

The Living Life to The Full course covers all the major life skills that people need to move forward. Each class teaches key skills in a fun way, using a linked attractive CBT book series and linked colour worksheets. Learning outcomes include:

- evidence underpinning supported self help
- increased knowledge of background and evidence underpinning the Five Areas Model and LLTTF course/tools
- how to engage individuals using this approach
- how to advertise and set up the LLTTF classes/1:1

Effectiveness – quality, outputs, outcomes

The course has been developed by Professor Chris Williams, Professor of Psychosocial Psychiatry at the University of Glasgow, an expert in cognitive behavioural therapy approaches, and President of the British Association for Behavioural and Cognitive Psychotherapies (www.babcp.com).

In the UK, there are over 250+ teams licensed to deliver the LLTTF classes.

The course has been widely researched and there is funded randomised controlled trial evidence that the classes improve depression and reduce anxiety in an effective and cost-effective way (www.fiveareas.com/evidence-base).

Commissioning this training

The course is already used by many public health programmes across the UK, Ireland and North America, along with the linked free access website.

Examples include:

- wide use of LLTTF classes across cities and areas (eg projects supported by Manchester Public Health).
- a new funded programme being developed in Liverpool based around zero-suicide rates.
- widespread dissemination of linked DVD resources across British Columbia as part of the award-winning Bounceback Programme www.bouncebackbc.ca
- city-wide access to the licenced version of the website www.lltffyp.com which includes additional resources such as online books – as used in Stockport school and other sites used by Public Health and Moray Health.
- country-wide phone based support for anyone self-referring for help from NHS24 (part of the NHS Living Life Service- Scotland only).
- partnerships and dissemination through the third sector partners – eg the major programmes led by the charity AWARE in both Northern Ireland and Ireland. For example, 72 courses have run in the preceding 12 months in NI (www.aware.ie/life-skills-group-programme). Participants self-refer from local and online adverts.
- older adult projects led by Age Concern and the Young Foundation (Full of Life) <http://youngfoundation.org/publications/full-of-life-video/>

It aligns to the public mental health leadership and workforce development framework competencies:

- 4.1 Encourage and enable individuals and families to identify the things that are affecting their mental health, now and in the future, and the things they can do to improve it
- 4.2 Use appropriate tools and approaches that support people to build their skills and confidence in staying mentally well
- 4.3 Help people to develop and implement a personal or family action plan to improve their mental health

Written reports/ evaluations:

- a community-based pilot randomised controlled study of life skills classes for individuals with low mood and depression. BMC Psychiatry.2015, 15:17. DOI: 10.1186/s12888-015-0384-2. <http://www.biomedcentral.com/1471-244X/15/17>
- pilot study: A randomised controlled trial of a community-based group-guided self-help intervention for low mood and stress: <http://www.trialsjournal.com/content/14/1/392>
- briefing of a large funded research trial of the classes including a health economic analysis: http://www.csot.nhs.uk/wp-content/uploads/Focus_MH_CZH-4-738.pdf
- older adult course evaluated in Canada: <http://ontario.cmha.ca/public-policy/knowledge-exchange/living-life-full-older-adults-ontario-pilot-project/>
- Canadian Mental Health Association: Outcome report: <http://ontario.cmha.ca/news/living-life-to-the-full-project-final-report-published/#.VgVTBMtVhBc>

Cost: Practitioner training is £125 including VAT

The cost of the licence is:

NHS/not for profit/schools £200 +VAT= £240 including vat

Commercial single private practitioner £350 +VAT = £420

Larger commercial use is available by agreement

Further information:

Email: training@fiveareas.com or telephone: 01360 661078

www.fiveareas.com.

The free access online course is available at www.lltff.com

Other courses include:

- reclaim Your Life: Aimed at helping staff to support individuals who are living with a long term condition. These resources can be delivered by staff as a six-week course or 1:1
- Enjoy Your Baby: Aimed at helping staff to support new mums. These resources can be delivered by staff as a five-week course or 1:1
- enjoy your Bump: for pregnant mums to be and their partners –building resilience and attachment with the developing baby

- SPIRIT (Structured Psychosocial Interventions In Teams): Aimed at helping staff to support individuals via more detailed interactive workbooks, tackling key life difficulties such as; relationships, assertiveness, problem solving, unhelpful thinking, alcohol, sleep and more

7. Level 2 Award: Understanding Mental Wellbeing

About the programme

Aim: To provide candidates with a knowledge and understanding of the principles of mental wellbeing, the effect of mental wellbeing on the individual and community, and how mental wellbeing can be maintained or improved. The qualification will provide learners with an understanding of the importance of mental wellbeing, the theoretical models that can be used to describe it and factors that may affect it.

Summary: A one-day accredited course (seven Guided Learning Hours, credit value 1, Ofqual Qualification Number 601/3116/0). The qualification has been mapped to the following National Occupational Standards of Skills for Health:

- SFHMH39 Enable individuals and families to identify factors affecting, and options for optimising, their mental health and wellbeing.
- SFHMH62 Determine the concerns and priorities of individuals and families in relation to their mental health and mental health needs
- SFHMH77 Raise stakeholders' awareness of the value of leisure activities for people with mental health needs.

The qualification is also mapped to the following dimensions of the NHS Knowledge and Skills Framework: Dimension HWB1: Promotion of health and wellbeing and prevention of adverse effects on health and wellbeing

Assessment is by either a multiple-choice examination or a work-book.

Who benefits and how?

This qualification is specifically designed for people who work with individuals and families in a health or social care environment. This includes people working in Local Authorities, Housing Associations, voluntary organisations, sports centres, care homes, colleges or schools. In short, anyone who is concerned with the mental wellbeing within their community or workplace

No prerequisite training required.

Learning Outcomes include:

- know how mental wellbeing affects individuals and communities, by being able to meet the following assessment criteria:
 - identify current concepts of mental wellbeing

- outline the importance of mental wellbeing to the individual
- outline how the community can affect and be affected by mental wellbeing
- know how mental wellbeing can be improved and maintained, by being able to meet the following assessment criteria:
 - identify the evidence base for mental wellbeing
 - outline methods for the promotion of mental wellbeing
 - determine applications of mental wellbeing in practical situations

Effectiveness – quality, outputs, outcomes

RSPH is recognised and regulated to award accredited qualifications by the Office of the Qualifications and Examinations Regulator (Ofqual) and is widely acknowledged for its high level of quality assurance, stability, experience and expertise.

To date 99 candidates have been trained for the Understanding Mental Health and Wellbeing, and 183 candidates for Understanding Mental Wellbeing.

Any changes in knowledge can be measured by the participants pass rate for this qualification, as it is an accredited assessment.

Commissioning this training

Previous commissioners have built this training into mental health and health trainer contracts as a national training requirement for all frontline and community practitioner and included it as part of the Health Champions development pathway.

It aligns to the following competencies in the public mental health leadership and workforce development framework:

- 1.1 Promote the value of mental health and wellbeing and the reduction of inequalities across settings and agencies
- 3.3 Enable communities to develop their capacity to advocate for mental health and wellbeing
- 4.1 Encourage and enable individuals and families to identify the things that are affecting their mental health, now and in the future, and the things they can do to improve it

There are currently 28 RSPH centres, including Training Solutions, which have registered to deliver this qualification nationally.

Cost: £200 per person plus £20 for those wanting to go on to do the qualification

Contact: <https://www.rsph.org.uk/qualification/level-2-award-in-understanding-mental-health-and-wellbeing.html>

8. Adult Mental Health First Aid two-day course

About the programme

Aim: To increase an individual's mental health literacy by giving them the skills to:

- spot the early signs of a mental health issue
- feel confident helping someone experiencing a mental health issue
- provide help on a first aid basis
- help prevent someone from hurting themselves or others
- help stop a mental illness from getting worse
- help someone recover faster
- guide someone towards the right support
- reduce the stigma of mental health issues

Summary: The programme is delivered over two days to audiences between 8-16 delegates. This ensures personal safety is maintained whilst delivering sensitive subject matter. The learning objectives are achieved through various blended learning styles such as instructor led, group discussions, group work, videos and activities. The course is split into four sessions as follows:

Session one:

- why Mental Health First Aid?
- the Mental Health First Aid action plan
- what is mental health?
- impact of mental health issues
- stigma and discrimination
- what is depression?
- symptoms of depression
- risk factors for depression
- depression in the workplace

Session two:

- suicide figures
- alcohol, drugs and mental health
- first aid for suicidal crisis
- non-judgmental listening skills
- first aid for depression
- treatments and resources for depression

self-careSession three:

- what is an anxiety disorder?
- first aid for anxiety disorders

- crisis first aid after a traumatic event
- alcohol, drugs and anxiety disorders
- treatment and resources for anxiety disorders
- cognitive distortions and Cognitive Behavioural Therapy
- personality disorders
- eating disorders
- self-harm

Session four:

- what is psychosis?
- what causes psychosis?
- alcohol, drugs and psychosis
- schizophrenia
- bipolar disorder
- warning signs of developing psychosis
- crisis first aid for acute psychosis
- treatment and resources for psychosis
- recovery and building resources
- action planning for using Mental Health First Aid

Who benefits and how?

The programme is open to the whole population and no previous experience is necessary. The course has a very practical approach to learning and after the course delegates will receive a certificate to confirm that they are a Mental Health First Aider.

Delegates develop a greater understanding of mental health issues and how to help in situations on a first aid basis. For example, they will learn techniques to help someone experiencing a panic attack or confidently start a supportive conversation around mental health with someone they are concerned about. They will also have the chance to gain an increased understanding of common mental health issues such as anxiety, depression, suicidal thoughts and psychosis, and learn how to look after their own mental health.

Effectiveness – quality, outputs, outcomes

Every delegate on a Mental Health First Aid course will be required to complete an evaluation form at the end of the course. Indicators that are measured include quality of instructor, confidence, knowledge, materials and overall course experience. All evaluation forms are monitored through a robust Quality Assurance process at the MHFA Head Offices.

All MHFA instructors are required to attend and pass a seven-day instructor training programme before being able to deliver a course. The instructor training programme is

accredited by the Royal Society for Public Health. Instructors are required to deliver a minimum of two courses per year, attend a CPD and pay an annual membership to remain registered with MHFA England.

As of June 2016, more than 135,000 people have been trained in Mental Health First Aid skills across England. There are 850 registered instructors delivering this training in England. Over one million Mental Health First Aiders have been trained worldwide.

Coventry University and the University of Birmingham evaluated all the MHFA course feedback forms submitted between October 2011 and December 2012 (11,502) and asked the question: "Is improving the mental health literacy of the population contributing to a public health priority and is this achieved through MHFA?"

The results of this evaluation found that people's confidence and knowledge increased significantly after attending an Adult MHFA two-day course.

Commissioning this training

MHFA courses have been delivered to many NHS CCG's including NHS Ealing, NHS Kernow, NHS Sutton and NHS Central Southern Commissioning Support. Each CCG had their own set of objectives and approach in terms of their Wellbeing Strategy, which included a diverse range of roles such as front line staff, practitioners, clinical, doctors.

It aligns to the public mental health leadership and workforce development framework competencies:

- 5.1 Recognise when someone may be experiencing mental distress, including self harm and suicidal thoughts and intentions
- 5.2 Judge risks and follow appropriate procedures and guidelines
- 5.3 Apply an early intervention or suicide intervention model
- 5.4 Link people to appropriate sources of support, especially to address social causal factors

Reports and independent evaluations:

- Mental Health First Aid: addressing mental health as a public health priority, Perspectives in Public Health, Kroll H, January 2015
- Promoting Wellbeing and Reducing Stigma about Mental Health in the Fire Service, Journal of Public Mental Health, Moffitt J et al., June 2014

Organisations can commission instructor training programmes, which train internal staff members to deliver the course. Alternatively, it can be delivered by an experienced Associate Instructor who is booked through the MHFA England Workplace team. Cost: MHFA is £300 per person and the instructor training programme is £2,658. Annual membership for instructors is £65.

Contact:

www.mhfaengland.org, email info@mhfaengland.org.uk or call 020 7250 8062

Further information:

MHFA England delivers a range of courses tailored for specific sectors including schools and colleges, Higher Education settings, the Armed Forces community and corporate organisations.

9. safeTALK (suicide alertness for everyone)

About this training

Aim: safeTALK's goal is to help participants become more alert so that they can identify suicidal thoughts in others, reach out to these people and ask directly about the possibility of suicide, and then connect them to trained intervention resources (people) who can help them keep safe from suicide. In this way, safeTALK is part of a layered approach to training that aims to increase the use and reach of community suicide prevention resources.

Summary: safeTALK is a half-day training focusing on suicide alertness. The programme is structured around stigma-driven barriers that perpetuate miss, dismiss and avoidance behaviours in suicide-related communications. It focuses on participants learning the four TALK steps (Tell, Ask, Listen, and KeepSafe) and how participants can use them to help someone stay safe from suicide. The format uses presentations, audiovisual materials, dialogue simulations and participant workbook. safeTALK complements (ideally) smaller numbers trained in longer suicide first aid programmes in the locality.

Who benefits and how?

safeTALK can be learned by anyone 15 years or older, including members of the public as well as teachers, students, counsellors, athletes, coaches, social workers, doctors, professors, first responders, construction workers, volunteers, police, faith communities, corporations, and members of the armed forces, among others.

In addition to knowledge about the demographics and preventability of suicide, participants gain competencies structured around the four TALK steps:

- **Tell:** Participants learn ways of telling people who may have thoughts of suicide that they are worried about them, based on others' invitations to help (sometimes termed "warning signs"). They learn an extensive list of these possible invitations and discuss ways of communicating their concern compassionately and non-judgementally. This step also aims to help participants to reach out and tell others as openly and directly as possible if they are having thoughts of suicide
- **Ask:** Participants learn about the importance of asking directly and openly about the possibility of suicide. They are taught that there is no risk in doing this—for example, that asking about suicide does not inspire thoughts of suicide
- **Listen:** Participants are taught to have in-the-moment presence, listen to the person at risk talk about their thoughts of suicide and engage in a supportive conversation

to learn more. This listening demonstrates that the safeTALK participant is alert, compassionate and interested in helping

- **KeepSafe:** Once the seriousness of suicide has been shared safeTALK participants take collaborative actions to help the at-risk person keep safe. They are taught what resources are available in their area, including professionals, crisis lines, medical centers, intervention caregivers, and others trained in suicide intervention. They help facilitate a rapid connection with these resources while ensuring that the person at-risk stays safe in the meantime

Effectiveness – quality, outputs, outcomes

Quality:

safeTALK quality assurance is overseen by LivingWorks Education, the international company responsible for developing and implementing the training. Their quality control team assess each trainer through Quality Assurance reviews. Trainers who do not meet the minimum annual training requirement are assigned to inactive status with remedial conditions required for reactivation.

safeTALK is based on the foundational knowledge base that was used in developing ASIST: adult learning, group work, attitude influences, knowledge transfer, social R&D, current suicidology literature and multi-disciplinary practice experience of the core developers. See ASIST section below for more detail. The programme is not accredited by an external accrediting body but it has been vetted as a member of the US Best Practice Registry.

Outputs:

The safeTALK program, initiated in 2003 at the request of the Australian Defense Force, was widely launched in 2006 and continues to expand around the world. For the past three years, more than 45,000 people have been trained each year, and there are close to 2500 active safeTALK trainers in over 20 countries and territories. More than 200,000 safeTALK participants have been trained worldwide since the program's implementation.

Outcomes:

Independent evaluations have found that safeTALK improves participants' knowledge about suicide and its prevention, their competencies in intervening with someone at risk, and their confidence in doing so. Studies have also found that these increases persists for a significant amount of time beyond the date of training.

Commissioning this training

SafeTALK grew out of a long history of programme development aligned with community development principles. Evaluation suggests increases in intervention

knowledge and skills, that suicide prevention training is relatively easy to mainstream and helps in building community capacity. Other added-value outcomes include increased awareness of suicide as an important public health issue, changes in organisational policy and procedures, improved inter-agency cooperation and coordination, and ongoing continuity of care initiatives.

It aligns with the public mental health leadership and workforce development framework competencies:

- 5.1 Recognise when someone may be experiencing mental distress, including self-harm and suicidal thoughts and intentions
- 5.4 Link people to appropriate sources of support, to address psychological need and social causal factors

Independent reports:

- a Review of Operation Life Suicide Awareness Workshops: Report to the Department of Veterans' Affairs, 2012, Australian Institute for Suicide Research and Prevention
- evaluation of suicide awareness programmes delivered to veterinary undergraduates and academic staff, 2010, Journal Veterinary
- evaluation of the Scottish safeTALK Pilot, 2007, Scottish Development Centre for Mental Health

A two-day Training for Trainers (T4T) allows local trainers to present their own half-day safeTALK workshops.

Cost: £65 per individual or £755 for a whole course of up to 30 people (voluntary sector and smaller organisations get a reduced rate); plus any travel/ expenses;

Contact: Whole course commissions and Training for Trainers (T4T) in England is available through *Grassroots Suicide Prevention*

office@prevent-suicide.org.uk

<http://www.prevent-suicide.org.uk/index.html>

10. ASIST (Applied Suicide Intervention Skills Training)

About this training

Aim: to prepare participants to intervene with someone at risk of suicide. Often an ASIST intervention is enough to help overcome a suicidal crisis and put the person at risk in a place where they can begin focusing on recovery, but ASIST also includes discussion of how to conduct a further referral/connection to natural support resources and treatment services, or both, if required, to provide life-assisting help.

Summary: ASIST is a two-day comprehensive workshop that includes trainer-led discussions, audiovisuals, interactive practice simulations and training workbook. The content includes an overview of suicide information, theory, statistics, the importance of attitudes and applying the unique Pathway for Assisting Life (PAL) model.

This process includes noticing invitations for help (sometimes called “warning signs”), asking about the possibility of suicide, talking to the person at risk, hearing and understanding their story, searching for a turning point in their ambivalence between living and dying, and developing a collaborative safe plan that helps them stay safe. ASIST also includes a discussion of referral and collaboration processes with other caregivers, as well as self-care to support caregiver wellbeing.

Who benefits and how?

ASIST is available to anyone 16 years or older, including members of the public, counsellors, social workers, doctors, professors, first responders, teachers, students, construction workers, athletes, coaches, volunteers, police, faith communities, corporations, and members of the armed forces, among others.

Learning outcomes:

In addition to knowledge about the topic of suicide and an exploration of their own attitudes toward it, ASIST participants gain competencies relating to their use of the unique Pathway for Assisting Life (PAL) model:

- understanding and noticing invitations for help (sometimes called “warning signs”)
- asking open and directly about the possibility of suicide
- talking to the person at risk and understanding their story in a compassionate and non-judgemental way.

- developing a safe plan
- evaluating risk and protective factors within a safety assessment framework
- effectively collaborating with the person at risk, finding the right level of guidance to support them
- establishing concrete action commitments to ensure safety
- referring or connecting with other people or caregiver

Effectiveness – quality, outputs, outcomes

ASIST was developed from literature and experiential evidence in the 1970s and 80s. The current curriculum is the 11th edition, following numerous revisions to align with the latest knowledge in suicidology and suicide prevention as well as extensive feedback.

Quality:

ASIST has a quality assurance process overseen by LivingWorks Education, the international company responsible for developing and implementing the training. The programme is not accredited by an external accrediting body but it has been vetted as a member of the US Best Practice Registry and has been approved for final vetting to be listed on the US National Registry of Evidence-based Programs and Practices (NREPP).

Outputs:

Since ASIST's implementation in 1983, over 1.25 million people have been trained worldwide. 93,312 were trained in over 20 countries and territories in 2014. LivingWorks has a network of over 6,000 trainers and a team of more than 80 T4T instructors.

Outcomes:

There have been significant impacts on participant' knowledge, skills, and practice as a result of the ASIST program. Two recent major studies have found significant positive impacts for the people they intervene with, with one of those studies attributing the positive outcomes specifically to elements of the ASIST model. Studies have found increased knowledge of suicide and its preventability, increased competence in identifying invitations to help and being willing to reach out, and increased confidence in their ability to carry out an intervention.

Commissioning this training

ASIST can be commissioned as a training programme or as a five-day Training for Trainers (T4T) to build local capacity to deliver ASIST.

ASIST is complemented by safeTALK training (see above) and suicide2Hope to help ongoing care professionals and clinicians provide complementary treatment services beyond first aid safety. Using all three programmes could help commissioners create sustainable suicide-safer communities.

It aligns with the public mental health leadership and workforce development framework competencies:

- 5.1 Recognise when someone may be experiencing mental distress, including self harm and suicidal thoughts and intentions
- 5.2 Judge risks and follow appropriate procedures and guidelines
- 5.3 Apply an early intervention or suicide intervention model
- 5.4 Link people to appropriate sources of support, especially to address social causal factors

Reports/ independent evaluations:

- [Analysis of the Benefits and Costs of CalMHSA's Investment in Applied Suicide Intervention Skills Training \(ASIST\), 2015:](#)
- [Impact of Applied Suicide Intervention Skills Training on the National Suicide Prevention Lifeline, 2013](#)
- [The Use and Impact of Applied Suicide Intervention Skills Training \(ASIST\) in Scotland: An Evaluation, 2008](#)

Cost: £239 per individual or £3145 for a whole course of 12-16 people (voluntary sector and smaller organisations get a reduced rate); plus any travel/ expenses; Trainer coaching and support is also available.

Contact: Whole course commissions and Training for Trainers (T4T) in England available through *Grassroots Suicide Prevention*

office@prevent-suicide.org.uk

<http://www.prevent-suicide.org.uk/index.html>

11. STORM skills training

About this training

Aim: To raise awareness and develop core skills in suicide prevention, suicide postvention and self-harm

Summary: STORM Suicide prevention, suicide postvention and self-harm mitigation training courses can be delivered in two ways:

A. Cascade (train-the-trainer) model for large scale dissemination

Suicide Prevention (includes four-day facilitator training for between 4-6 Student Facilitators). The course includes:

- understanding self-harm
- assessing risk of suicide
- suicide safety planning
- problem solving
- future safety planning

Complete Self-harm Mitigation (includes five-day facilitator training). The course includes:

- understanding self-harm
- assessing risk of suicide
- suicide safety planning
- problem solving
- future safety planning
- assessing self-injury
- self-injury safety planning

The suicide postvention module is optional, and can be added to both these packages

B. Direct-to-Participants (D2P) model for small scale dissemination and individuals:

One-day suicide prevention course:

- understanding self-harm
- assessing risk of suicide
- suicide safety planning

Two-day suicide prevention course:

- understanding self-harm
- assessing risk of suicide
- suicide safety planning
- problem solving

- future safety planning
Two-day self-harm mitigation course, which includes:
- understanding self-harm
- assessing risk of suicide
- suicide safety planning
- assessing self-injury
- self-injury safety planning

The suicide postvention module is optional, and can be added to both these packages.

Each course is designed to develop skills utilising a proven methodology. Delivered in modules, each module follows a format of brief lecture, demonstration & Active Observation, filmed role-rehearsal, triad/dyad role-rehearsal, reflexive feedback, facilitator and group feedback, translation into practice, and professional Supervision – encouraged post training. There are content and context specific adaptations for work with adults, children & young adults, prisons.

Who benefits and how?

All frontline staff can benefit from STORM training, from a range of services across the sectors including: Health care, social care, criminal justice, education, defence forces and veterans services, small and medium enterprises and corporates

Learning outcomes:

Participants gain competencies specific to the core micro-skills learned in each module. This includes:

- understanding self-harm
- assessing risk of suicide
- suicide safety planning
- problem solving
- future safety planning
- assessing self-injury
- self-injury safety planning

Facilitators will also gain competencies in the Facilitation of the training, and must be assessed as 'competent' before they are authorised STORM Facilitators.

Effectiveness – quality, outputs, outcomes

STORM training is evidence based, and has undergone its own research and evaluation over many years. All courses delivered by the STORM Team or STORM Consultants directly are CPD accredited. It is a prerequisite that Facilitators and STORM Facilitators have knowledge and experience working in mental health and/or suicide prevention.

They must also have experience facilitating small group training. All of our Consultants are highly trained practitioners working in (or retired from) mental health services.

Outputs:

STORM training has been delivered extensively since 1997. To date, there is in excess of 1,200 Facilitators delivering training across their respective organisations in the UK & Northern Ireland, British Isles, Republic of Ireland, Malta and Australia.

Outcomes:

STORM training methods have been researched and proven to improve attitudes to suicide and self-harm, increase confidence, and more importantly, develop the essential skills to risk assess and safety plan.

Commissioning this training

Any of the packages can be commissioned from STORM CIC. Some localities may already have accredited trainers within specific organisations who are training their own staff.

It aligns with the public mental health leadership and workforce development framework competencies:

- 5.1 Recognise when someone may be experiencing mental distress, including self harm and suicidal thoughts and intentions
- 5.2 Judge risks and follow appropriate procedures and guidelines
- 5.3 Apply an early intervention or suicide intervention model
- 5.4 Link people to appropriate sources of support, especially to address social causal factors

Reports:

- Robinson, J., Green, G., Spittal, M.J., Templer, K. and Bailey, E. (2016) 'Impact and acceptability of delivering skills-based training on risk management (STORM) in Australian secondary schools', *Health Behavior and Policy Review*, 3(3), pp. 259–268. doi: 10.14485/hbpr.3.3.7.
- Gask G, Lever-Green G, Hays R. *Dissemination and implementation of suicide prevention training in one Scottish region*. BMC Health Services Research. 2008;8:246. <http://www.biomedcentral.com/1472-6963/8/246>
- Hayes AJ, Shaw J, Lever-Green G, Parker D & Gask L. *Improvements to Suicide Prevention Training for Prison Staff in England and Wales*. *Suicide and Life-Threatening Behavior*. 2008;38(6):708-713.
- Gask L, Dixon C, Morriss R, Appleby L, Green G. *Evaluating STORM skills training for managing people at risk of suicide*. *Journal of Advanced Nursing*. 2006;54: 739-750.

- Appleby L, Morriss R, Gask L, Green, G et al. An educational intervention for front-line health professionals in the assessment and management of suicidal patients (The STORM Project) *Psychological Medicine*. 2000;30(4):805-812.
- Morriss, R., Gask, L. & Battersby, L. et al *Teaching frontline health and voluntary workers to assess and manage suicidal patients*. *Journal of Affective Disorders*. 1999;52:77-83.
- Gask G, Green G, Coupe N. Evaluation of a National Dissemination across Scotland: utilising STORM® training as part of a National Suicide Prevention Training Strategy. In process.
- Gask G, Green G, Coupe N. *Evaluation of suicide prevention gatekeeper training: utilising STORM® in a British University setting*. In process.

Costs: Costs are dependent on customer training needs and delivery solutions. The STORM Team are happy to discuss particular requirements and to create a package that suits.

Contact: www.stormskillstraining.com

Since spinning out of the University of Manchester 3-years ago, STORM Skills Training CIC has re-invested excess income into other community projects.

12. Connecting with People: Suicide Assessment Framework e-tool and training programme

About this programme

Aim: The Connecting with People approach to suicide prevention combines compassion and governance with the aim of improving the assessment of people at risk of suicide by enhancing the quality, consistency and documentation of assessments, care plans and safety plans. The Connecting with People approach ensures that every person experiencing suicidal thoughts or following self-harm is taken seriously and supported to co-produce an immediate safety plan. These programmes build clinicians' knowledge and confidence to help them assess suicidal patients, and provide them with the tools to not only keep the patient safe by responding appropriately, but to do so in a compassionate, inclusive and non-stigmatising manner.

Summary: Connecting with People is an evidence-based suicide assessment framework, including e-tool (SAFETool) which allows for real-time research to be translated into evidenced based person-centred clinical practice. This is supported by training in suicide and self-harm awareness, mitigation and emotional resilience and resourcefulness. The training includes a number of clinical tools that provide a robust framework to identifying and responding to suicide risk and contributing towards excellent clinical governance. The programme aims to support the development of a common language and approach, promoting more consistent documentation of the assessment process and a more integrated response across statutory services, third sector providers and communities.

A web-based app of the SAFETool is available in addition to a paper based version. The web-based app can be fully integrated securely with NHS IT systems. The SAFETool Triage is suitable for use in primary care, the general hospital and mental health services during an initial triage assessment by a practitioner in a first point of contact role or by a first responder professional.

The training is delivered in two-hour modules:

- suicide awareness – aims to create empathy and challenge stigma by helping participants develop their understanding of suicidal behaviour, suicide mitigation and promotes their role in suicide prevention
- suicide response part 1 – covers safe assessment, triage, providing an immediate response, instillation of hope, third sector and community support and co-production of a safety plan

- suicide response part 2 – how to develop a collaborative and transparent approach to mitigating suicide risk and how to increase your patient's resilience and resourcefulness to suicidal thoughts. Participants will deepen their knowledge of practical and therapeutic ways to instil hope, uncover reasons for living and enhance social support for people at risk of suicide in the longer term
- self-harm awareness – aims to encourage empathy, develop understanding, compassion and challenge stigma
- self-harm response – aims to provide a range of tools and techniques for health and social care practitioners, service users and carers

A two-day Core Train-the-Trainer Programme is designed to prepare practitioners to train colleagues in two Connecting with People Modules. Additional 1-day top-up programmes prepare practitioners in other modules.

Who benefits and how?

The awareness modules are suitable for frontline professionals working in health and social care or anyone with a special interest, including the general public.

The response modules are suitable for any frontline professionals working in health and social care with an ongoing relationship with people experiencing suicidal thoughts or who self-harm.

The Train the Trainer programmes are suitable for experienced clinical practitioners or trainers who have an interest in mental health and have already attended the relevant Connected with People modules. Delivery of the suicide response modules, are only suitable for experienced health and social care practitioners.

Learning outcomes:

- suicide awareness – participants will be able to develop a compassionate approach suitable for a demanding and time-pressured environment. They will know their role in suicide prevention and be able to respond to someone in distress. They will also be able to use the resources provided to know how to seek help from Statutory and third sector services
- suicide response part 1 – participants will be able to use the clinical resources to enhance their assessment and safe triage of a suicidal individual. They will have the skills to co-produce an immediate safety plan
- suicide response part 2 – participants will be able to create a comprehensive, person-centred bio-psychosocial suicide mitigation plan and be able to help their patients develop strategies to increase their resilience to suicidal thoughts
- self-harm awareness – participants will be able to understand the implications of new research demonstrating a relationship between self-harm and suicide; understand the reasons why people self-harm and the biological and psychological

effects of self-harm on an individual; the resources available to support someone who is living with self-harm

- self-harm response – participants will be able to understand the role of psychological therapies: use the Bank of Hope including problem-solving approach and the ABC approach and how to use it. They will understand ways to develop resilience including mindfulness approaches. Participants will understand the role of social support mapping when co-creating an immediate and long-term Safety Plan and the structure and process of experiencing the co-creating of an immediate and long-term Safety Plan
- core Train the Trainer – participants will be able to deliver two of the Connecting with People Modules in-house

Effectiveness – quality, outputs, outcomes

Quality:

The Clinical Tools have been developed in collaboration with leading international academics, people with lived experience and practitioners and have been subject to a thorough peer-review process. The SAFETool is an evidence based suicide assessment framework.

The Training licence to offer the training on an unlimited basis is subject to our simple quality standards. This standard of quality must be attained before we grant the licence and a small number of people may not meet this standard

Outputs:

Over 7,000 people have received the Connecting with People training

Outcomes:

Following the training sessions participants are asked to complete anonymous feedback forms:

- 98% rated the quality of the presentation as ‘very good’ or ‘good’
- 93% increased their understanding of self harm and suicidal thoughts
- 92% increased self reported empathy (some commented that they were already empathic)
- 93% increased their belief that they had a role in suicide prevention

An independent evaluation by STORM CIC (in publication) showed improvements post training in attitudes, self-reported knowledge and confidence in assessing patients. An independent evaluation by Bangor University of the Connecting with People training in the Emergency Department showed improvements post training in attitudes, self-reported knowledge in assessing patients and compliance with NICE Guidelines.

Commissioning this training

Connecting with People offer two modes of delivery:

- ‘Direct to Participant’ modules for up to 30 delegates

- 'Train the Trainer' programmes are a more cost-effective approach for larger organisations to develop a team of in-house licenced trainers

Connecting with People has been commissioned by several NHS Trusts, Clinical Commissioning Groups, Public Health Departments, Local Councils and Health Boards throughout England, Scotland and Wales and by the Jersey and South Australian governments.

It aligns with the public mental health leadership and workforce development framework competencies:

Awareness modules:

5.1 Recognise when someone may be experiencing mental distress, including self harm and suicidal thoughts and intentions

Response modules:

5.2 Judge risks and follow appropriate procedures and guidelines

5.3 Apply an early intervention or suicide intervention model

5.4 Link people to appropriate sources of support, especially to address social causal factors

Reports and information:

- Cole-King, Green, Gask, Hines & Platt. 2013 Suicide mitigation: a compassionate approach to suicide prevention, *Adv Psychiatric Treat* 19 (4)
- Cole-King A. 2012 Suicide Mitigation in Primary Care. Mental health chapter from the BMJ Masterclass for GPs: General Update course handbook. ISBN number is 978-1-905545-60-5
- Cole-King A, Walton I, Gask L, Chew-Graham C Platt 2012 RCGP/RCPsych Suicide Mitigation Primary Care Forum Factsheet:
http://www.rcgp.org.uk/mental_health.aspx
- Cole-King, A; Green, G; Peake-Jones, G Gask, L. Suicide mitigation. 2011 *InnovAiT* 2011; doi: 10.1093/innovait/inr018 first published online May
- Cole-King A, Green G, Wadman s, Peake-Jones G, Gask L. 2011 Therapeutic assessment of patients following self-harm *InnovAiT* (2011) 4(5): 278-287 first published online May
- Knipe M, Thornton C, Cole-King A, Slegg G, Hughes H, Peake-Jones G C. 2010 Emergency Department professionals' compliance with nice guidelines for patients presenting with suicidal thoughts or self harm. Accepted *Royal College of Psychiatrists, Faculty of Liaison Psychiatry, Annual Residential Conference Cardiff*
- Cole-King A, Platt S. 2016 Suicide prevention for physicians: identification, intervention and mitigation of risk, *Medicine* (in press)
- Dickens C, Evaluation of a whole system approach to suicide and self-harm mitigation in Wolverhampton University. In process

Costs: One-day training for up to 15 people is £2500 or for up to 30 people is £4000.

Contact:

Open Minds Alliance CIC
33 St James's Square
London
SW1Y 4JS
Telephone: +44 (0)203 1708328
E-mail: Louise@ConnectingWithPeople.org
Or visit <http://www.connectingwithpeople.org/healthcare-front>

Further information:

A three-minute film called 'Breaking down the stigma of suicide' capturing their ethos of compassion and governance <http://www.connectingwithpeople.org/wspd>

13. PABBS (Postvention³: Assisting those Bereaved by Suicide) training

About this programme

Aim: To offer health professionals an opportunity to build confidence and skills in caring for those bereaved by suicide

Summary: The training is evidence-based theory-driven and has been informed by a three-year study, funded by the National Institute for Health Research (NIHR) Research for Patient Benefit Programme, which identified the vulnerability and perceived needs of parents bereaved by suicide and health professionals who were responsible for their care. It is a collaboration between the University of Manchester and Pennine Care NHS Foundation Trust.

It is a highly interactive one-day workshop and includes a workbook, nine film clips and a 60-page manual for future reference.

Who benefits and how?

Originally designed for health professionals, specifically GPs and mental health professionals, but findings from the pilot phase have revealed that the training is relevant to a much wider audience.

Learning outcomes:

- recognise that supporting those bereaved by suicide is a key component of suicide prevention; enable health professionals to increase their knowledge, confidence, skills and provide a framework and service-response plan for immediate and ongoing support for parents bereaved by suicide
- increase the need to ensure parents remain engaged with health professionals and services after their child's death
- encourage health professionals to consider and recognise their own emotional or self-care needs and develop a strategy or support structure that will be available to them if they lose a patient to suicide

³ Postvention is an intervention given after a suicide to those directly affected as they are at increased risk of suicide themselves.

Effectiveness – quality, outputs, outcomes

To PABBS knowledge this evidence-based suicide bereavement training is the first of its kind internationally as it has been informed by a three-year study which explored the vulnerabilities and perceived needs of parents bereaved by suicide and health professionals responsible for their care.

The research team consists of leading academics, clinicians and individuals working in the field of suicide prevention and suicide bereavement [Dr. Sharon McDonnell (Principle investigator), Professor Nav Kapur, Professor Carolyn Chew-Graham, Professor Jenny Shaw, Barry McGale, Shirley Smith and Dr. Lis Cordingley]. Two have been personally bereaved by suicide. Several have significant experience of developing evidence-based training. All have considerable knowledge of delivering suicide prevention training. One is an international suicide prevention trainer.

PABBS training has been informed by the following:

- three-year study (Ref: RfPB: PB-PG-0110-21047) which explored the experiences and perceived needs of parents bereaved by suicide and health professionals responsible for their care
- visits to Australia, New Zealand and America to identify good practice in this newly developing field (sponsored by a Winston Churchill Fellowship)
- detailed analysis of literature and evidence on existing postvention training
- the researcher attended Greater Manchester Survivors of Bereavement by Suicide (SOBS) self-help group (invitation by its members) for four years (2011-2015) to advance understanding of their perceived needs and to inform the development of the PABBS training

Outputs:

- the development of the PABBS training was completed October 2015. The training includes a workbook, a sixty page academic manual for future reference and nine film clips.
- four PABBS pilot workshops were conducted between August 2015 – February 2016. Sixty-four delegates (from diverse professions) attended and completed an extensive evaluation. Publication of findings in process.

Commissioning this training

The training will be launched nationally in Autumn 2016.

Reports and information:

- Foggin, McDonnell, Cordingley, Kapur, Shaw and Chew-Graham (Accepted) GP experiences of Dealing with Parents Bereaved by Suicide: A Qualitative Study. British Journal of General Practice.

- Lascelles, K. Pitman, A. McDonnell, S. Elvidge, H. Garnham, H. and Hawton, K. (2016). Help for People Bereaved by Suicide in England. In *Postvention in Action: The International Handbook of Suicide Bereavement Support*. Göttingen: Hogrefe & Huber Publishers. (in publication)

Cost: approximately £250 per person

Contact: Dr. Sharon McDonnell, Honorary Research Fellow, Centre for Mental Health and Safety, University of Manchester

Email: sharon.j.mcdonnell@manchester.ac.uk

Tel: 01706 827 359

http://suicidebereavementuk.com/Suicide_Bereavement_Conference_2016.pdf

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1. The Mental Health Taskforce. Five Year Forward View for Mental Health. London: NHS England; 2016 <https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf>
2. Public Health England. Public Mental Health Leadership and Workforce Development Framework. London: PHE; 2015 <https://www.gov.uk/government/publications/public-mental-health-leadership-and-workforce-development-framework>
3. Public Health England. Fit for the Future – Public Health People: A review of the public health workforce. London: PHE; 2016 <https://www.gov.uk/government/publications/fit-for-the-future-public-health-people>

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Atkins, s. & frazier, l. 2011. Expanding the toolkit or changing the paradigm: are we ready for a public health approach to mental health? *Perspectives on psychological science*, 6, 483

Bhugra, d. 2013. Mental health promotion and illness prevention: epa guidance and strategies. *European psychiatry*, 28

Brady, l. & barron, t. 2011. Suicide prevention training in ayrshire and arran: a collaborative gain. *British journal of wellbeing*, 2, 14

Byrne, k., mcgowan, i. & cousins, w. 2015. Delivering mental health first aid: an exploration of instructors' views. *International journal of mental health promotion*, 17, 3

Chew-graham, c., burroughs, h., hibbert, d., gask, l., beatty, s., gravenhorst, k., waheed, w., kovandzic, m., gabbay, m. & dowrick, c. 2014. Aiming to improve the quality of primary mental health care: developing an intervention for underserved communities. *Bmc family practice*, 15

Dimoff, k., kelloway, e. K. & burnstein, d. 2015. Mental health awareness training (mhat): the development and evaluation of an intervention for workplace leaders. *International journal of stress management*,

Foster, c., birch, l., allen, s. & rayner, g. 2015. Enabling practitioners working with young people who self-harm. *Journal of mental health training, education and practice*, 10

Gray, b. 2013. Third sector facilitation of lived experience in research : a case study of service user and carer involvement in the primrose project. *Journal of mental health training, education and practice*

Hoyle, c. & emslie, l. 2010. Delivering awareness training to staff in the criminal justice system. *Mental health practice*, 13, 21

Jones, r. 2010. The development of nurse-led suicide prevention training for multidisciplinary staff in a north wales nhs trust. *Journal of psychiatric & mental health nursing*, 17, 178-184,

Terry, j. 2010. Experiences of instructors delivering the mental health first aid training programme: a descriptive qualitative study. *Journal of psychiatric and mental health nursing*, 17, 594

Thomas, s. G. & jones, i. 2015. "no health without mental health"-the importance of perinatal mental health education for midwives. *Archives of women's mental health*, 18

Walker, l., perkins, r. & repper, j. 2014. Creating a recovery focused workforce: supporting staff wellbeing and valuing the expertise of lived experience. *Mental health and social inclusion*, 18, 133

Resources supporting public mental health workforce development

Building Community Capacity: introductory toolkit for Health Visitors
http://www.ihv.org.uk/uploads/iHV_BCC%20Toolkit.pdf

Building Community Capacity Health Visitor Case Studies HEE East Midlands
https://heeo.ee.hee.nhs.uk/sites/default/files/1410863281_rrnz_bcc_booklet_-_july_14_-_final.pdf

DIY Happiness, SLAM training <http://www.wheelofwellbeing.org/>

Faculty of Public Health Better Mental Health for All website -
http://www.fph.org.uk/better_mental_health_for_all And publication
<http://www.fph.org.uk/uploads/Better%20Mental%20Health%20For%20All%20FINAL%20low%20res.pdf>

Local authority mental health challenge and member champions
<http://www.mentalhealthchallenge.org.uk/>

Leadership for Healthy and Empowered Communities
<https://www.nsasocialcare.co.uk/programmes/leadership-for-empowered-and-healthy-communities-programme>

Liverpool Public Health Observatory Rapid evidence review of suicide prevention training
<https://www.liverpool.ac.uk/media/livacuk/instituteofpsychology/researchgroups/lpho/LPHO,Suicide,Prevention,Training,Final.pdf>

Making Every Contact Count Training and Resources
<http://www.makeeverycontactcount.co.uk/Training%20and%20Resources/default.html>

Mindful nation report http://themindfulnessinitiative.org.uk/images/reports/Mindfulness-APPG-Report_Mindful-Nation-UK_Oct2015.pdf

Mental Health 4 Life <http://mentalhealthforlife.org/>

Mental Health Core skills framework <http://www.skillsforhealth.org.uk/projects/item/332-mental-health-core-skills-education-and-training-framework>

Perinatal mental health champions (IHV) network and resources <http://www.ihv.org.uk/>

PHE's Public Mental Health Leadership and Workforce Development Framework
<https://www.gov.uk/government/publications/public-mental-health-leadership-and-workforce-development-framework>

Quality Assurance framework for PH content in undergraduate curriculum – includes MH competencies (HEE, NW in process)

School nurse and health visitor E-learning <http://www.e-lfh.org.uk/programmes/childrens-emotional-and-additional-health-needs/>

Skills for Care workplace resilience toolkit <http://www.skillsforcare.org.uk/Skills/Mental-health/Resilience.aspx>

Skills for Care Community Skills Development <http://www.skillsforcare.org.uk/Learning-development/Community-skills-development/Community-skills-development.aspx>

Skills for Care community assets toolkit <http://socialwelfare.bl.uk/subject-areas/services-activity/social-work-care-services/skillsforcare/167690skills-around-the-person-web.pdf>

Social prescribing at a glance HEE <https://hee.nhs.uk/hee-your-area/north-west/news-events/news/social-prescribing-glance>

TLAP Building Community Capacity <http://www.thinklocalactpersonal.org.uk/Browse/Building-Community-Capacity/>

What works centre for wellbeing www.whatworkswellbeing.org

Youth Health Champions <https://www.rsph.org.uk/en/resources/videos/youth-health-champions.cfm>

E-Learning courses

E-Learning for Healthcare: mental illness awareness <http://www.e-lfh.org.uk/programmes/mental-health-awareness-programme/>

EMenthe (European) E-Learning materials on mental health <http://content.ementhe.eu/>

Massive Open Online Courses on mental health and wellbeing <https://www.mooc-list.com/tags/mental-health> and <https://www.mooc-list.com/tags/wellbeing>

Mental Health 4 Life <http://mentalhealthforlife.org/>

MindEd e-Learning on children and young people's mental health www.minded.org.uk

NHS Scotland's Virtual Learning Environment, includes mental health and wellbeing, health inequalities <https://elearning.healthscotland.com/course/view.php?id=6>

RCGP Suicide Prevention <http://elearning.rcgp.org.uk/course/info.php?popup=0&id=166>

Openlearn Public Health and Mental Health Promotion course <https://www.open.edu/openlearn/health-sports-psychology/health/public-health/public-health-and-mental-health-promotion/content-section-0>

Core principles for Public Mental Health practice from PHE's Public Mental Health Leadership and Workforce Development Framework

Know	Believe	Act
1. Know the nature and dimensions of mental health and mental illness.	5. Understand own mental health, what influences it, its impact on others and how you improve it.	9. Communicate effectively with children, young people and adults about mental health.
2. Know the determinants at a structural, community and individual level.	6. Appreciate that there is no health without mental health and the mind and body work as one system.	10. Integrate mental health into own area of work and address mental and physical health holistically.
3. Know how mental health is a positive asset and resource to society	7. Commitment to a life-course approach and investment in healthy early environments.	11. Consider social inequalities in your work and act to reduce them and empower others to.
4. Know what works to improve mental health and prevent mental illness within own area of work.	8. Recognise and act to reduce discrimination against people experiencing mental illness;	12. Support people who disclose lived experience of mental illness;

Key competencies from PHE’s Public Mental Health Leadership and Workforce Development Framework

Leaders	PH specialists, consultants and senior staff	Frontline staff			
		Working with communities	Improving mental wellbeing	Intervening early in distress	Improving health and wellbeing of people with mental illness
1.1 Integrate mental health within all policy and take action to mitigate any negative impacts of policy on mental health and wellbeing	2.1 Assess and describe the mental health and illness needs and assets of specific populations and the inequities experienced by some populations, communities and groups	3.1 Identify the existing resources and strengths within a community and the expertise within the voluntary and community sector 3.2 Offer appropriate support to change, development and capacity building in the community, based on asset approaches	4.1 Encourage and enable individuals and families to identify the things that are affecting their mental health, now and in the future, and the things they can do to improve it 4.2 Use appropriate tools and approaches that support people to build their skills and confidence in staying mentally well 4.3 Help people to develop and implement* a personal or family action plan to improve their mental health 4.4 Enable people to get hold of up to date appropriate information and advice when they need it. and access opportunities in their community	5.1 Recognise when someone may be experiencing mental distress, including self harm and suicidal thoughts and intentions 5.2 Judge risks and follow appropriate procedures and guidelines 5.3 Apply an early intervention or suicide intervention model 5.4 Link people to appropriate sources of support, especially to address social causal factors	6.1 Support people experiencing mental illness to make and maintain informed choices about improving their health and wellbeing as part of recovery, including: - health behaviour and physical health - mental health and resilience - control and participation - welfare support, eg, financial management, benefits uptake, employment, housing 6.2 Deliver care holistically, through integrating physical, psychological, spiritual and social factors within all care pathways 6.3 Support individuals and communities in the articulation of their priorities and advocating for health and wellbeing
1.2 Promote the value of mental health and wellbeing and the reduction of inequalities across settings and agencies	2.2 Translate findings about mental health and illness, and needs and assets, into appropriate recommendations for action, policy decisions and service commissioning/delivery/provision	3.3 Enable communities to develop their capacity to advocate for mental health and wellbeing 3.4 Engage, empower and work alongside volunteers, lay workers, community leaders and community members, especially the most marginalised and excluded	*especially for extended interventions, to support people in implementing action		
1.3 Advocate for mental health and address mental illness as central to reducing inequalities and creating thriving communities and economies	2.3 Influence political/partnership decision making to maximize the application and use of evidence in achieving change				
1.4 Create organisations that nurture and sustain the mental health of employees	2.4 Set strategic direction and vision for mental health and communicate it effectively to improve population health and wellbeing 2.5 Advise strategic partners to determine priorities and outcomes to achieve improvements in quality and cost-effectiveness of treatments for mental illness and associated co-morbidities				