Promoting Mental Health Improvement
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Contents

Introductory notes for trainers 3

Module 1 – Understanding mental health improvement 9
  Trainer’s outline (slides 1 to 16, Module 1) 10
  Introductory activities 13
  Activity 1.1 19
  Handout 1.1 21
  Activity 1.2 24
  Handout 1.2 27
  Activity 1.3 36
  Handout 1.3 39
  Activity 1.4 41
  Activity 1.5 43
  Activity 1.6 44
  Activity 1.7 45

Module 2 – Exploring mental health 47
  Trainer’s outline (slides 1 to 18, Module 2) 48
  Activity 2.1 51
  Handout 2.1 53
  Activity 2.2 55
  Handout 2.2 56
  Activity 2.3 62
  Activity 2.4 64

Appendices 69
**Introductory notes for trainers**

This updated version of the Promoting Mental Health Improvement course is intended to appeal to as wide an audience as possible. The material is flexible with a range of choices built in.

There are two modules in the course, each of which can be presented in either two or three hours.

Trainers may choose to use just one or both of the modules depending on the needs of participants.

Each module is presented here in the two-hour version.

Additional activities and discussion points are provided to extend the learning to three hours.

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Each module contains a set of materials as follows:

- Trainer’s outline with guidance on timing and discussion points
- Activities with instructions
- Handouts for participants – these can be read online or printed out as preferred
- PowerPoint presentations

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Additional materials are available as appendices:

- Course references
- Useful websites
- Further resources

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**Course content**

**Module 1 – Understanding mental health improvement**

This module can be used as a stand-alone basic introduction to the topic of mental health improvement.

- Aims
- The meaning of mental health improvement (MHI)
- Concepts in MHI
- Positive mental health for all
• Introduction to factors that influence mental health
• Values and attitudes

Module 2 – Exploring mental health

This module covers some elements of Module 1 in more depth. It can be used as a stand-alone session for mental health awareness where an audience already has an understanding of health improvement.

• Values and attitudes – further thoughts
• Benefits of positive mental health
• Risk factors to mental health
• Protective factors
• Investing in mental health
Good practice in training

Individuals vary a lot in the way that they learn. Sometimes as trainers we make the mistake of assuming that the method that suits us is the best method for everyone. For example, if we have succeeded in a learning setting where we sat and listened to someone talking to us we may choose to present training materials by talking to the group for lengthy periods of time. If we do this approximately three quarters of the group will struggle to remain interested and may even become troublesome or argumentative.

Put very simply, the population is divided into those who learn by:

• listening and/or reading
• action or trying things out for themselves
• discussion
• problem solving or thinking about practical application.

Similarly, some people need to:

• know the background or theory behind a topic
• know how to apply it practically
• think about it for a while to make sense of it
• just get on and do it.

When we realise this we immediately ‘get it’ that a good training session has to include a range of different learning methods to make it a success for everyone.

The materials in this pack include a range of different activities to get you started. Over time you might want to develop new and interesting methods of your own to get the message across.

Please note: PowerPoint slides are given as a reference. Please do not feel that you must use every slide. Use a few that help illustrate what you are putting across, mixed with other methods of presenting key material. One way is to ask the group what they think the answer to a question is, put the answers on a flip chart and then compare the answer with the PowerPoint slide. This reassures the group that they know a lot of the material and that the training is raising awareness and focusing thoughts.

Happy training!
Room layout

Many participants like to take notes, to doodle on paper or to fiddle with something like a blob of Blu-Tack or a stress ball. All of these things aid concentration.

To make participants comfortable having a desk or table available to lean against is ideal. However, try to avoid a boardroom layout where people can’t get up and move into different groups for discussion or creative work.

Many training rooms are too small to allow much movement but if you can possibly manage it, cabaret style (as shown below) is a good way to lay the room out. This gives participants the opportunity to work with different people and on different tasks with the minimum of disruption.
Materials
To run these training sessions you will need:

- Laptop
- Digital projector
- Flip chart paper and stand
- Flip chart pens (variety of colours)
- Post-it notes
- Blu-Tack
- Handouts

Optional:
- Remote control presenter for PowerPoint
- Sweets or small give-aways, e.g. pens, stress reducers
- Pack of thick felt tip pens (multi-coloured)
- Glue
- Selection of newspapers (ideally with some mental health references inside)
- String
- Buttons
- Craft bits and pieces
*Please note: Timings are for guidance only. All handouts should be printed one-sided for training sessions.

<table>
<thead>
<tr>
<th>Action</th>
<th>Notes</th>
<th>Time *</th>
</tr>
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<tbody>
<tr>
<td>Introductions</td>
<td>See <strong>Introductory activities</strong>. Select a method of group introduction from the list. Introduce yourself. <strong>Slide 1:</strong> Aims of the course Introduction to mental health improvement (MHI) <strong>Working together</strong> activity <strong>Slide 2:</strong> Learning aims</td>
<td>5–20 minutes</td>
</tr>
<tr>
<td>Who is this course for?</td>
<td><strong>Slide 3:</strong> Who is this course for? Anyone with responsibility for other people, whether staff, colleagues, pupils or volunteers. Having responsibility for other people puts us on the front line of mental health improvement.</td>
<td>5 minutes</td>
</tr>
<tr>
<td>What is mental health?</td>
<td><strong>Slide 4:</strong> Mental health promotion and improvement. Explain the different elements of the promotion of mental health improvement. Offer chance for questions.</td>
<td>5–10 minutes</td>
</tr>
<tr>
<td>What is mental health?</td>
<td><strong>Activity 1.1</strong> Select the short or longer version of this activity to explore the meaning of the term mental health. The key outcome of this activity is for the group to recognise that mental health is not an alternative term for mental illness. <strong>Handout 1.1</strong> should be kept until after the activity as it gives the answers! <strong>Slide 5:</strong> Understanding mental health. This clarifies the key messages and gives one definition of mental health. Other definitions are in <strong>Handout 1.1</strong>.</td>
<td>10–20 minutes</td>
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<tr>
<td>Dual axis model</td>
<td>Describe the old idea that mental health and mental illness are on the same axis (see <strong>Handout 1.2</strong>). Discuss the problems with this idea.</td>
<td>15 minutes</td>
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| Action                  | Notes                                                                                                                                                                                                 | Time  *
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<tr>
<td>Slide 6: The dual axis model of mental health. Describe the dual axis (mental health continuum) idea. Mental health and wellbeing is separate from mental illness and everyone can have better mental health whether they have a diagnosis or not.</td>
<td>Slide 6: The dual axis model of mental health. Describe the dual axis (mental health continuum) idea. Mental health and wellbeing is separate from mental illness and everyone can have better mental health whether they have a diagnosis or not.</td>
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<tr>
<td>Slide 7: A new approach to mental health. This slide demonstrates the impact of mental health improvement and recovery-oriented practice. Discuss or invite participants to think of a time when their own mental health has fluctuated.</td>
<td>Slide 7: A new approach to mental health. This slide demonstrates the impact of mental health improvement and recovery-oriented practice. Discuss or invite participants to think of a time when their own mental health has fluctuated.</td>
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</tr>
<tr>
<td>Optional activity</td>
<td>If there is time available, use Activity 1.2 to confirm understanding of the dual axis model.</td>
<td>10 minutes</td>
</tr>
<tr>
<td>Scope of mental health improvement</td>
<td>Slide 8: Mental health promotion. Mental health improvement happens across separate yet interconnected levels. People who work in any of these areas can be involved in promoting mental health improvement.</td>
<td>5 minutes</td>
</tr>
<tr>
<td>MacDonald and O’Hara</td>
<td>Slide 9: Mapping mental health: MacDonald and O’Hara (1998). Show the MacDonald and O’Hara diagram and discuss briefly.</td>
<td>10 minutes</td>
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<td></td>
<td>Slide 10: Promoting and diminishing mental health: 10 elements. Ten interrelated elements of mental health promotion or demotion. Allow time for discussion.</td>
<td></td>
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<td></td>
<td>Slide 11: Areas of influence: mental health promotion. This gives examples of mental health promotion work at the different levels.</td>
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<tr>
<td>Optional activity</td>
<td>Activity 1.3</td>
<td>20 minutes</td>
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<tr>
<td></td>
<td>Discuss mentally healthy organisations or communities based on Friedli’s work.</td>
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<td></td>
<td>Handout 1.3 should be given out after the activity.</td>
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<tr>
<td>Recovery</td>
<td>Slide 12: Understanding recovery. Activity 1.4 (two possible activities) Slides 13 (Recovery) and 14 (Promoting Recovery) explain the basic idea behind the recovery message. Make clear connections with promoting mental health improvement (PMHI).</td>
<td>20–30 minutes (including activity)</td>
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<tr>
<td>Action</td>
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</table>
| Values and attitudes          | **Slide 15:** Values and attitudes.  
Inviting discussion of the impact of stigma and discrimination on mental health.  
Many groups experience stigma.  
People with mental health problems have particular challenges as there is stigma attached to the problem and this makes it worse.  
Invite the group to come up with ways in which MHI activity can address this.  
What can we do?  
Acknowledge and validate all suggestions.  
**Slide 16:** Mental health promotion.                                                                                                          | 20 minutes |
| Optional activities           | **Activity 1.5** is designed to get groups thinking about the language of stigma and its impact.  
**Activity 1.6** invites participants to think about the benefits of improved mental health and so to value promoting it.  
**Activity 1.7** considers the impact of media messages on our view of mental health. Can we use their language and turn the message around? |       |
| End session                   | Ask participants to name one or two things that have stood out from the session.  
**or**  
Ask how people are feeling.  
**or**  
Ask how they are going to look after their own mental health for the rest of the day.  
Say thanks and end the session.                                                                                                                                                     |       |
Introduction activities

Please choose an ‘icebreaker’ and a ‘working together’ activity from the following lists. Note that your selection should be based on the group’s needs and the length of time you will be working with them. A single two-hour workshop can only support a very brief introduction. A full course needs longer.

Icebreakers

(These icebreakers are suitable for groups that don’t know each other.)

1. Introduce your partner (10 minutes)
   Split the group into pairs and ask them to find out as much as they can about each other in three minutes each. Pairs should then introduce each other to the whole group.

2. Social Bingo (7 minutes)
   Give each participant a Social Bingo sheet and tell them they have five minutes to fill in as many names on their sheets as possible. The winner is the one with the most names.

3. Mixed-up name badges (5 minutes)
   Randomly hand out prepared name badges and ask people to find the person whose badge they have been given.

4. Speed dating with a Strip the Willow feel (20 minutes)
   (This is suitable for groups that can cope with a bit of noise. It is unsuitable if anyone in the group has a hearing difficulty.)
   - Split the group into two and ask them to stand in two rows (A and B) facing one another.
   - Row A will be the one that moves. Row B should stay still.
   - Facing pairs will talk to one another for three minutes. Both should get the chance to speak in that time.
   - After three minutes, the trainer calls ‘Time!’ and Row A moves along one person. The one on the top end of the row peels off and rushes down to the bottom.

5. Lies and truth (15–20 minutes)
   Participants should work in pairs. Each person should tell the other something that is true and something they have made up about themselves.

   The whole group now gets together and each person introduces their partner by saying their name and the two things they have been told. At this point they should say which ‘fact’ they believe to be true and which they think is a lie. Their partner will say whether they are correct.
(These icebreakers are suitable for groups who already know each other.)

1. **The toilet paper game** (15 minutes)
   Pass a new roll of toilet paper round the group asking participants to take some and then pass it on.

   Once everyone has some paper tell them that they must tell the group one thing about themselves for each piece of toilet paper they have taken.

   At least one of the things they say should be something that the majority of the group don’t know.

2. **Little known facts** (10–15 minutes)
   Hand out small pieces of paper and ask each participant to write something down on their paper that no-one in the room knows about them. They should put their name on the paper and then fold it and hand it back to the trainer.

   The trainer reads each fact out and asks the group to try to guess to whom it belongs.
Working together

Longer version

Most participants will have had considerable experience of establishing ground rules in training. This is an alternative method of developing a code of practice for the training.

Hand out the following guidelines for working together by printing out the list and cutting it into separate guidelines.

Put the participants into small groups of three or four. Give some Blu-Tack and a sheet of paper to each group along with a set of guidelines.

Ask them to decide on an order of importance for the guidelines and stick them on the paper.

Invite them to add any they think should be included.

Invite each group to explain to everyone:

- Why they think the first on the list is the most important?
- The reason for any additions.
<table>
<thead>
<tr>
<th>Everyone has the right to speak and to be listened to.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respect one another.</td>
</tr>
<tr>
<td>Take care of yourself and don’t share anything you will later regret.</td>
</tr>
<tr>
<td>Turn off mobile phones.</td>
</tr>
<tr>
<td>Keep to time.</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Mistakes are an opportunity to learn.</td>
</tr>
<tr>
<td>Each person is responsible for their own learning.</td>
</tr>
</tbody>
</table>
Short version

Simply ask the group to call out ground rules and record them on a flip chart. The flip chart should be left visible for the whole course.
Trainer’s notes

• These activities are designed to make sure that participants understand the meaning of the term mental health.

• Handout 1 supports this learning. It is better to wait until the end of the activity before giving it to participants.

• There is a short and longer version of this activity.

Key learning points

• Mental health is an umbrella term that covers all aspects of mental wellbeing.

• It is not only about people with mental health problems.

• Everyone has mental health and we can all find ways to improve our mental health just as we can improve our physical health.

• Positive mental wellbeing helps us to be more resilient to the things that threaten our mental health just as good physical health helps us to be resistant to illness.

Short version

(Allow 10 minutes for this activity)

Ask members of the group to quickly note down two or three things that come to mind when they hear the term mental health.

Ask them to share their thoughts with one another in pairs or threes and then invite people to share some of their ideas with the whole group.

Now ask the group to say what comes to mind when they hear the term physical health.

Most times you will find that the group sees mental health as a negative term with emphasis on illness. Physical health is usually considered to be about fitness and wellbeing.

If most members of the group have already had their awareness raised to the positive aspects of mental health, you can congratulate them and tell them that the majority of people see it negatively.

Make sure that the key learning points (above) have been picked up.
Longer version

(Allow 15 to 20 minutes for this activity)

Split the group into two (or four if it’s a big group).

Give the two teams a piece of flip chart paper each and some coloured pens.

Tell them that this is a competition.

One group should mark the top of their paper ‘Mental health’ and the other group ‘Physical health’.

Each group should write down as many terms and ideas that they can think of related to their heading.

Tell the group that they have five minutes to do this and that more than one person can write at the same time.

When the time is up, ask each group to share the things that they have written down.

The chances are that there will be a lot more illness-related ideas on the mental health sheet than the physical health one. If not, you can congratulate them and tell them that the majority of people see it negatively.

Get the group to discuss their findings.

Make sure that the key learning points (above) have been picked up.
Aims of this course

This course offers a set of two modules designed to:

- increase understanding of mental health improvement
- explore concepts of mental health and how it can be promoted
- consider individuals’ roles and responsibilities in terms of promoting mental health improvement in the workplace
- develop skills in planning and evaluating mental health promotion activities.

You do not need to attend both modules in order to benefit from this course and course leaders will select the modules most appropriate for the audience.

Introduction

Our health and wellbeing is a major influence on our quality of life. When we are well we can cope better with the demands of life and find enjoyment in relationships and leisure activities. Traditionally, public health information about fitness and wellbeing has tended to emphasise physical health, with information about diet, lifestyle and exercise being high on the health education agenda.

Mental health is of equal importance to our quality of life and wellbeing. However, when we think about mental health we tend to view it through an illness lens whereas physical health is often viewed through a fitness lens. In other words, when people hear the words mental health they may think of problems and illnesses such as depression, anxiety and schizophrenia. When people hear the words physical health they are more likely to think of keeping well and fit, eating properly and doing the right amount of exercise.

This mismatch between the two terms has its roots in the stigma that has surrounded mental health problems. Government-led initiatives to dispel this stigma, such as the See Me Campaign, have been helpful in raising awareness but the emphasis has usually been on our response to people who have a mental illness. What is needed now, perhaps more than at any other time, is a raised awareness of the ways in which we can all take steps to improve our mental health.

When asked to define **physical health** the majority of people talk about fitness and wellbeing.

When asked to define the term **mental health** people often talk about ‘depression’ or ‘anxiety’. Most people relate the term **mental health** to mental illness.

Everyone needs to take care of their mental health.
Promoting mental health improvement plays a vital role in changing the perceptions that cause us to resist or avoid thinking about our own mental health. When we think about mental health improvement we are not considering ways of treating mental illness. We are thinking about ways we can all improve mental health so that quality of life is better and we all have greater resilience in facing life's challenges.

**What is mental health improvement?**

The term mental health improvement is an umbrella term that includes action to protect and promote the mental health and wellbeing of everyone in the population by:

- raising awareness of the benefits of building resilience and strength to help cope with all that life brings
- preventing mental illness by reducing risk factors and learning coping strategies
- supporting those experiencing mental illness to increase their wellbeing by developing the things that protect and improve mental health
- promoting the recovery message
- reducing stigma and discrimination.

When we talk about promoting mental health improvement we are touching on a wide range of issues that relate to individuals, groups, organisations and the whole of society.

Mental health improvement includes any activity that has a positive influence on people’s mental health. It may consist of encouraging people to become aware of the things that have a beneficial effect on mental health. In doing so we recognise that we are individuals and therefore often differ from one another in the things that make us feel good.

Mental health improvement also involves addressing the things that diminish mental health or put it at risk. Again, there is a need to support those who have not had the opportunity to consider these things before, helping them to recognise the triggers that have a negative impact on their mental health.

One important message we must always bear in mind is that mental health improvement is about everyone, including ourselves. It is not only about the people who have already got mental health problems, nor is it only about those who are facing significant problems or challenges. We all need to think about our mental health and to spend time considering ways to maximise the benefit from things that increase our wellbeing while minimising the impact of the things that threaten our mental health.
Who is this course for?

This course will be useful for anyone whose role involves responsibility for the wellbeing of others. This might be a clear part of your job description, e.g. if you are a nurse, a doctor, a care worker or a social worker, but it also applies to you if you have management responsibility for other workers or support volunteers. If you have responsibility for others in either a professional or voluntary capacity then you are on the front line in terms of promoting mental health improvement.

You can make a difference.
Where do each of the following fit into the diagram?

Tom was a music teacher whose wife died suddenly from a stroke 18 months ago. Tom has been treated for anxiety and depression and has recently been given early retirement from his work on health grounds. Initially Tom was distressed by the realisation that he could not return to work, especially as all his friends were in the workplace. His feelings of isolation following his wife’s death were hard to bear but he made the effort to join a self-help group and also a local group of amateur musicians who meet to play music together and for social events. With the help of medication and support from these two groups he tells you he is now enjoying life again and particularly the new opportunity to enjoy music again.

Sandra is very heavily overweight and feels embarrassed about going out to socialise with her family. She has not worked since her children were born and now that they are in high school she says she ought to find work to help the family finances but doesn’t have the confidence to apply for any positions because of her size. She has very low mood and poor self-esteem. Recently she confided in you that she thinks her family would be better off without her because she is so unwilling to go out and can’t help to provide for her children. Her 12-year-old son asked her why she wasn’t like the other mums and she felt worthless and hurt by the question even though she knows he didn’t mean to hurt her.

Aysha has not worked since she was married 15 years ago. Her self-confidence was very low when she first thought about returning to work so she decided to do some voluntary work to develop her skills and get used to being around people that she doesn’t know well. To her surprise she found that her organisational skills and ability to keep things in order were easily transferable to administrative tasks and six months after starting on the voluntary project she was offered a part-time, paid administrative role. She has discovered that working is very beneficial to her self-esteem and she is enjoying making new friends. She tells you that the best part is the feeling that she is really making a difference by working on a worthwhile project.

James is a colleague who is normally sociable and fun to be around. Recently you notice that he is subdued and not wanting to go for coffee with others in his team. Finally you ask him if he is feeling alright and he tells you that his long-term relationship has broken up and that he feels sad and lonely. He knows the feeling will pass but he needs time to recover.
Mental health dual axis activity (answer sheet)

- Tom: Flourishing mental wellbeing
- Aysha: No mental illness
- Sandra: Poor mental wellbeing
- James: No mental illness
Mental health can be difficult to define. We have already established that it is not helpful or accurate to use the term mental health as an alternative to mental illness, although this is still common practice.

Here are some definitions of the term mental health that give us a helpful basis on which to build our thinking.

‘Mental health is the emotional and spiritual resilience which allows us to enjoy life and to survive pain, disappointment and sadness. It is a positive sense of well-being and an underlying belief in our own, and others’, dignity and worth.’ (Department of Health, 2001)

The World Health Organization (WHO) defines mental health as ‘a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community’. (WHO, 2005)

‘… (we) acknowledge that mental health and mental well-being are fundamental to the quality of life and productivity of individuals, families, communities and nations, enabling people to experience life as meaningful and to be creative and active citizens. We believe that the primary aim of mental health activity is to enhance people’s well-being and functioning by focusing on their strengths and resources, reinforcing resilience and enhancing protective external factors.’ (Mental Health Declaration for Europe, 2005)

Concepts in mental health improvement

Mental health is a complex issue because it is connected to every aspect of our lives. In the past we may have believed mental health to be mainly related to emotion or behaviour. Although these are some of the visible signs of the state of a person’s mental health, we might consider them to be the tip of the iceberg. There are a number of ideas or concepts that can help us to understand mental health better, helping us to be aware of the many factors that influence our own and other people’s mental health and wellbeing.
The dual axis model

In the past most people assumed that mental health was on a spectrum with illness on one end and wellbeing at the other.

![Diagram of dual axis model]

Most people would assume that the majority of the population would be on the wellbeing end of the spectrum with a few unfortunate people at the illness end. The assumption was also made that those people who did have a mental illness were easily recognisable because they behaved strangely or appeared unstable.

This assumption is at the heart of much of the stigma that still exists in society.

The dual axis model shows that mental illness and wellbeing are not on the same spectrum at all and that many of the assumptions made about mental illness and wellbeing are both inaccurate and unhelpful.

Look at the diagram of the dual axis model on the next page.

The horizontal axis represents the presence or absence of mental illness. We could define having a mental illness as having diagnosable symptoms of a mental health problem.

The vertical axis represents mental health and wellbeing. We could define flourishing mental health and wellbeing as being able to take part in meaningful activity, form and keep positive relationships, and have positive self-esteem. When our mental health is flourishing we feel good about ourselves and our environment.

When looked at in this way mental health looks very different from the original single spectrum (above).
The mental health dual axis model

The four quadrants that are created by this dual axis show that we can have no mental illness but still have poor mental health and wellbeing (bottom-right quadrant). This may be because we are struggling with work or relationship stress, have poor physical health or have recently experienced loss or bereavement.

Similarly we can have a diagnosis of a mental illness and have positive mental health and wellbeing (top-left quadrant). This would be the situation if a person with a diagnosis of a mental illness has the right treatments and supports in place to be able to take part in pursuits that are meaningful, whether that be work or other voluntary or leisure activities. Many people are surprised to discover that lots of people with a diagnosis of a severe and enduring mental health problems are employed in a wide variety of occupations, including those that involve a great deal of responsibility.

The best possible situation is to have no diagnosis of symptoms of mental illness and to have flourishing mental health (top-right quadrant). Most people would admit that they are not in this optimum situation all of the time and that life events can cause our mental health and wellbeing to decline.
The final quadrant (bottom left) is possibly the least favourable situation when a person has diagnosable symptoms of a mental health problem and also poor mental health and wellbeing. This is often the situation for people when they are first diagnosed or first notice distressing symptoms before treatment and support is in place.

From a mental health improvement viewpoint the key learning points from this concept are as follows:

- Mental wellbeing is not the same as the presence or absence of mental health problems, although the two are related.
- Everyone can improve their mental wellbeing whether they have a mental health problem or not.
- Mental health improvement aims to help everyone improve their mental health and wellbeing.
- People with serious mental health problems can function well in both work and personal life.
Mental health improvement: a practical model

MacDonald and O’Hara (1998)² produced a useful model for mental health improvement that describes 10 elements that can either promote or diminish mental health in individuals and communities. This idea is very useful to help us ground theories of mental health into practical thought.

MacDonald and O’Hara identified the 10 elements and showed how the interaction between them can promote or diminish mental health and wellbeing.
The elements can be defined as follows:

**Environmental quality — Environmental deprivation**

Environmental quality refers to factors such as good housing, an adequate social infrastructure and sufficient access to services.

Environmental deprivation includes poverty, debt, toxic pollutants and the impact of a range of inequalities on people’s lifestyles and environment.

**Self-esteem — Emotional abuse**

Self-esteem is learned in a social environment beginning in early life in the family. When we have positive self-esteem, we believe in our worth and significance as a person. We have realistic and appropriate awareness of our skills and abilities and can use these effectively while accepting our limitations and not feeling diminished by them.

Emotional abuse undermines feelings of self-worth and so destroys self-esteem.

**Emotional processing — Emotional negligence**

Emotional processing means recognition of our own and other people’s emotions as valid and important. It means paying attention to emotions and acknowledging them as real.

Emotional negligence implies that feelings are weak and peripheral to life. Emotions can be disregarded, ridiculed or challenged by individuals, in social settings or in institutions. Such attitudes and behaviour are destructive to mental health and wellbeing.

**Self-management skills — Stress**

Developing self-management skills involves adopting a holistic, proactive stance that enables us to take control of our life. Self-management is closely linked with the other elements in the model, especially self-esteem, emotional processing and socially supportive behaviour. Stress can come from a variety of sources and it cannot be universally defined because individuals vary in their reaction to different situations. A certain amount of stress can be helpful and certainly we do not do well if there is nothing to stretch or challenge us in life. As a general rule, stress refers to mental, emotional or physical strain caused by factors in the environment. People will often suffer the negative effects of stress in situations where demands are greater than resources, whether these be demands of work, emotions or threats to emotional or physical wellbeing.
Social participation — Social alienation

Receiving support and acceptance from others, having a sense of belonging and the ability to influence your environment all have a positive effect on mental health. Being excluded, alienated or treated as different all have a negative effect on wellbeing. Social exclusion is a particular problem when thinking about mental health because of the impact of social stigma on people with mental health problems. The fear of developing a mental health problem may prevent people from seeking support when experiencing mental distress, thus creating greater risks to health.

The diagram above shows the different levels at which these factors can operate.

At an **individual or family** level, emotional resilience can be built up by promoting self-esteem and life and coping skills. Resilience has been shown to be a key factor in individual mental health.

At **community or local** level, increased social participation, improved local environments and good access to health and other services all work towards improving mental health.

In **organisations**, improving workplace health, encouraging participation in decision making, promoting anti-bullying strategies and balancing awareness and promotion of wellbeing with task-orientated management can all protect the mental health of workers, pupils or volunteers.

At a **population or national** level, initiatives to reduce discrimination, address inequalities and increase access to education and training, accompanied by a commitment to promote mental and physical healthy living, all have an impact on the mental health of society.

The MacDonald and O’Hara model provides a useful and practical approach to planning health improvement activities.

**Recovery**

Recovery in mental health is a relatively new concept that is led in Scotland by the Scottish Recovery Network (SRN). The network was formally launched in 2004 as an initiative designed to raise awareness of recovery from mental health problems. Since then interest in the concept of recovery has increased greatly in Scotland. We now understand more about what recovery means to people and are thinking carefully about the implications for the way we support people with mental health issues.
What is recovery?

Recovery is being able to live a meaningful and satisfying life, as defined by each person, in the presence or absence of symptoms. It is about having control over and input into your own life. Each individual’s recovery, like his or her experience of mental health problems or illness, is a unique and deeply personal process.3

There are a number of reasons why it is vital to think about recovery when we consider mental health promotion.

- The idea that people can and do recover from mental health issues and problems is new to many people.
- One of the reasons for stigma about mental health problems is the false notion that a diagnosis is for life.
- When we promote good mental health we also promote recovery.
- Factors that support recovery are implicit in the health improvement message.

A number of factors both define and support recovery from mental health problems. These factors were identified by listening to the stories of people in recovery, a concept that is at the heart of the whole recovery message.

Recovery is a journey in which the person is active in managing and controlling their own illness. A person in recovery needs to rediscover their identity which is not defined by their illness. She or he aims to live a satisfying and fulfilling life whether or not there are symptoms.

Recovery is not simply the absence of symptoms but a way of embracing life and living it as fully as possible. It is not the same for everyone and it involves going forwards not backwards to the way things were before. It is often past situations and environments that led to the person’s illness so recovery means developing a new way of living life. Like every other situation in which we make demands on ourselves and develop new skills and ways of being, recovery is not a smooth and linear process. There are times where there are setbacks and times of rapid development.

We all have experiences of recovery from mental and physical issues and problems. When we acknowledge and support the recovery of others we make a vital contribution to the promotion and development of their mental health and wellbeing.
Promoting recovery

Recovery of positive mental health can be promoted in simple and practical ways. The following factors have been found to help recovery:

- Belief in yourself and developing a positive identity.
- Knowing that recovery is possible.
- Having meaningful activities in life.
- Developing positive relationships with others and your environment.
- Understanding your illness, mental health and general wellbeing.
- Actively engaging in strategies to stay well and manage setbacks.

Recovery is closely connected to other concepts in mental health and wellbeing and can usefully be taken into account when considering mental health promotion activities.

Each of the factors listed above can be considered when planning mental health promotion activities and indeed when thinking about our own and other people’s mental health.


3 www.scottishrecovery.net/
Mentally healthy communities and organisations

Objective: To consider the factors influencing the mental health of communities and organisations.

Materials: Flip chart, paper, pens.

Activity handouts:
   a. ‘Characteristics of mentally healthy communities’.
   b. ‘Characteristics of mentally healthy organisations’.

Activity: Split the group into smaller groups of three or four. Have half the small groups consider communities while the other half consider organisations. Each group should record their findings on a flip chart.

Questions: Look at the points on the handout.

   Is this what you would expect a mentally healthy community to be like?
   Is the community you live in (or work in) like this?
   (10 minutes)
   or
   Is this what you would expect a mentally healthy organisation to be like?
   Is your organisation like this?
   (10 minutes)

Each group should give feedback to the larger group.
(5 minutes per group)

Discussion: In pairs discuss what elements from the list you contribute to in your role.

How can you make a difference to the mental health of your community or organisation?
a. Characteristics of mentally healthy communities

- Equitable access to resources and services.
- Support for parents and carers.
- Activities that bring members of the community together.
- Effective sharing of local information.
- Tolerance and trust.
- Friendly physical environment.
- Dealing effectively with crime and anti-social behaviour.
- Robust local democracy and opportunities to participate.

b. Characteristics of mentally healthy organisations

- Effective communication and consultation processes.
- Family-friendly workplace policies promoting job control, training and work/life balance.
- Personal development plans for staff.
- Environmental quality: office facilities, transport, location, leisure.
- Equal opportunities/anti-discrimination legislation.
- Income parity/fairness.

To promote positive mental health we need to think about what protects our mental health and also be aware of things that can diminish it. We may not have complete control of the things that diminish our mental health, either because they have already happened or because they are caused by societal or social issues. For instance, those who started life in a family that did not encourage self-confidence and used ridicule as a means of controlling children’s behaviour may have grown up with a tendency towards low self-esteem. Similarly, the impact of the current economic downturn is inevitably going to expose more people to risk factors to their mental health.

Promoting positive mental health cannot change the reality of people’s life experience but it can help develop resilience and therefore minimise the risks associated with life events. Being vulnerable to health risks, both physical and mental, is part of the experience of being human. Health promotion and health improvement are means of maximising protective factors and minimising the impact of risk factors.

When our mental health and wellbeing is good we can cope with more stress, we know methods of alleviating stress and we can make use of previously learned ways to stay well. Promoting mental health improvement is an integral part of this process. It raises awareness of the things that keep us well, it builds up skills and resilience and it can create communities and organisations that support this process when things get tough.

Mental health improvement works at three levels and each level is relevant to everyone.

- **Individual**: Where people are helped to develop greater resilience by developing life skills, coping strategies and greater self-esteem. Examples of this kind of work might be:
  - providing training and education in parenting, communication or relationship skills
  - developing the understanding of psychological needs and finding ways of meeting them.

- **Community**: Increasing social support, inclusion and participation; improving neighbourhood safety and environments; promoting networks of self-help and shared resources; promoting strategies that support mental health in local settings, e.g. anti-bullying policies in schools and work places.
• **Society:** Actively promoting inclusion and reducing inequalities and discrimination. Promoting access to education, meaningful activity and employment.

While much of the thinking around mental health improvement emphasises the needs of those who are vulnerable through poverty, exclusion and discrimination, it is important to recognise that vulnerability to mental health problems is not confined to people in these groups. Everyone can benefit from action to promote and improve mental health.

**Values and attitudes**

Social exclusion, stigma and discrimination all have a negative effect on mental health. People who experience these things are at greater risk of developing mental health problems. Raising awareness of the real impact of inequality is one way in which mental health can be promoted.

Mental health problems fall under the heading of disability in the protected characteristics defined in the *Equality Act 2010*. This means that employers and service providers cannot by law discriminate either directly or indirectly against those with mental health problems.

While this legislation is important because it offers vital protection to people who have historically been excluded or treated differently, it does not in and of itself alter people’s perceptions or create more understanding or acceptance.

In a survey of business leaders by the *Shaw Trust (2010)* it was found that 40 per cent of business leaders believed that employing a person with a mental health problem poses ‘significant risk’. It was also found that 72 per cent of work places have no mental health policy in place and almost half of all managers underestimate the likely number of people in their current workforce who will have mental health problems or issues.

These findings demonstrate that legislation does not in and of itself change attitudes.

Most people are well aware of the taboo surrounding mental health issues and therefore are influenced by it. When applying for jobs, college places, entry to clubs or societies or when making new friends most people find it difficult to disclose any mental health problems they may have. The ongoing impact of this is that we do not discuss mental health issues and therefore people who are concerned about their health and wellbeing have limited access to support and comfort.

Addressing taboos by talking openly about mental health issues, including our own, and finding non-threatening ways of changing attitudes through modelling and training are key elements of mental health promotion work.

Aim: To clarify the meaning of the term recovery and to open the discussion on its relevance to mental health promotion.

Materials: Post-it notes, pens.

Activity: Show the first recovery slide and ask people for immediate reactions to it.

Invite everyone to write a few words on a post-it note in answer to the question ‘What does recovery mean to you?’.

When everyone is finished, ask people to come up one at a time and put their post-it note on the flip chart after reading it out to the whole group.

Discussion: Recovery is not the same as cure. When we experience a setback, illness or injury we rarely return to exactly the same as we were before. Sometimes people report that negative experiences or life events help them to grow and become stronger.

What do these ideas mean to the group and are they represented in the comments that have been put on the flip chart?
Recovery activity 2

Aim: To encourage participants to think of the things that help us recover from any setback or illness and to recognise the common nature of the experience of recovery.

Materials: Paper, pens, flip chart.

Activity: Give everyone a sheet of paper and invite them to think about something they have recovered from. This can be an illness, a setback or a major disappointment. Give them five minutes to write down as many of the things that helped them recover as they can think of. Encourage them to work quickly and put down every idea that comes to them.

Give five minutes to share some of their thoughts with one other person.

Gather up the things that have helped people recover by asking the group to call them out and put them on a flip chart.

You may notice that medication does not feature very highly and that social support, friendship and encouragement is often mentioned first.

After gathering up all the ideas, point out that these things also help people recover from mental health problems.

Keep the flip chart to use in a later activity (protective factors in mental health).
Aims: To look at the impact of stigma in language.

Materials: Flip chart, several pens.

Activity: Split the participants into two or four groups, depending on the size of the group. As many as eight people can work together in a group.

Give half the group the heading ‘mental illness’ and the other half ‘mental health’ and ask them to write, as quickly as possible, any terms they have heard used to describe their heading. All political correctness can be temporarily shelved for this activity. Encourage fast work and several people writing at once.

After five minutes invite one person from each group to stand up holding their paper.

One other member of the group should read out the comments beginning with ‘You are …’

Ask each person how it felt to have these labels assigned to them.

Discussion: What is the impact of negative attitudes to mental health issues?

Knowing that these things can be said about you if you disclose a mental health problem, would you be willing to tell a possible future employer?

Does equality legislation help?

Finish by inviting those who had negative comments to make a ceremony of tearing up the paper. Those who had positive comments might want to keep them.

Notes: If the group has taken on the learning from the session, all the stigmatising remarks about madness should be confined to the mental illness heading.

The mental health group may find that the task is challenging as far less remarks are made about positive mental health.
Benefits of positive mental health

Aims: To encourage participants to be motivated by mental health promotion.

Materials: Pens and paper.

Activity: Invite participants to work alone and to complete the following two statements:
1. When I am feeling good about myself and my life, I can ....
2. When my mood and self-esteem are low, I ......

After completing the statements invite pairs to discuss their answers.

Questions for discussion:
Are there any things people have in common with one another?
How big an impact does mood and self-esteem have on your life?
How might discussion of mental health be a mental health promotion activity?
Aims: To take a closer look at media messages about mental health and to consider its impact.

Materials: A number of newspapers, scissors, paper, glue, large sheets of paper (at least A3).

Activity: Working in pairs or threes, participants should search the newspapers for articles with any reference to mental health and wellbeing (both negative and positive). The references can be subtle or indirect. Headlines or key words should be cut out and then when a number have been collected a collage should be developed to show the language of mental health as it is presented in the media. Each small group should present their collage to the whole group.

Discussion: Lead a brief discussion about the findings, encouraging participants to express any surprises or concerns.
*Please note: Timings are for guidance only.

Trainers wishing to complete this module in two hours will need to make careful decisions about content. Three hours gives plenty of time for discussion and activity. All handouts should be printed one-sided in preparation for training sessions.

<table>
<thead>
<tr>
<th>Action</th>
<th>Notes</th>
<th>Time *</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opening</td>
<td>If it’s a new group, choose one of the introductory activities from Module 1. If the group has completed Module 1, invite participants to mention one thing that they remember from the module. What stood out? <strong>Slide 1</strong>: Learning aims. Any questions?</td>
<td>5–10 minutes</td>
</tr>
<tr>
<td>Revise key messages from Module 1</td>
<td>• Mental health and wellbeing is not the same as the presence or absence of mental health problems, although the two are related. • Everyone can improve their mental wellbeing whether they have a mental health problem or not. • People with serious mental health problems can function well in both work and personal life. • Mental health improvement aims to help everyone improve their mental health and wellbeing.</td>
<td>5 minutes</td>
</tr>
<tr>
<td>Values and attitudes: further thoughts</td>
<td><strong>Activity 2.1</strong> This activity is designed to make the link between mental health and society’s values and attitudes. If time is short, a discussion could replace this activity. <strong>Slide 2</strong>: Promoting mental health improvement. The connection between promoting mental health improvement and raising awareness of values and attitudes. <strong>Handout 2.1</strong> supports this section.</td>
<td>20 minutes</td>
</tr>
<tr>
<td>Action</td>
<td>Notes</td>
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<tr>
<td>The importance of mental health improvement</td>
<td><strong>Slide 3</strong>: The importance of mental health improvement. Information about mental health and why we need to promote its improvement.</td>
<td>5 minutes</td>
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<td></td>
<td><strong>The remainder of this module is supported by Handout 2.2 except where marked.</strong></td>
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</tr>
<tr>
<td>What is needed for good mental health?</td>
<td>Choose either <strong>Activity 2.2</strong> or 2.3. The aim of these activities is to explore the notion of mental health risk and protective factors and how we can respond to them.</td>
<td>20 minutes</td>
</tr>
<tr>
<td>Benefits of positive mental health</td>
<td>Invite the group to say what they think the benefits of having good mental health are. Show <strong>Slide 4</strong> (Benefits of positive mental health) and compare the responses. Are people surprised by the wide range of benefits?</td>
<td>10 minutes</td>
</tr>
</tbody>
</table>
| How can we measure mental health and wellbeing? | **Slide 5** (Mental health and psychological wellbeing) shows one set of criteria for measuring mental health and wellbeing. Explanations of the headings can be found in **Handout 2.2**. 
Either offer time to read or explain more fully. 
(If there is time, offer time for discussion, possibly giving pairs or threes different headings to discuss.) | 5–15 minutes |
| Risk factors to mental health               | Invite participants to say what they think puts mental health at risk. Their answers can be based on personal experience and the activities in this workshop. 
Show **Slide 6** (Risk factors to mental health) which covers a broad range of risk factors. 
Be certain to affirm all responses from the group as no list of factors is ever complete. | 10 minutes |
<p>| More on poverty and deprivation (Optional)  | Show <strong>Slide 7</strong> (Poverty and deprivation—impact on mental health) and explain the impact of poverty on educational outcomes (see <strong>Handout 2.1</strong> for further information). | 0–5 minutes |
| The economic downturn                       | <strong>Slide 8</strong> (Impact of economic downturn) shows the expected impact of the current economic downturn. Invite questions and discussion.                                                                 | 5–10 minutes |</p>
<table>
<thead>
<tr>
<th>Action</th>
<th>Notes</th>
<th>Time</th>
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</table>
| More on protective factors     | Protective factors are the key to promoting mental health and therefore it is useful to spend time thinking about how we might capitalise on these.  
**Slides 9 to 16** (Protective factors) give examples of protective factors in: individuals, local community, workplace or education, and wider society.  
**Activity 2.4** This activity brings the protective factors into the real world by inviting participants to think about how they currently support these factors and how they might make greater use of them in the future. | 15 minutes |
| Protective activities:         | **individuals**                                                                                                                                                                                                                                                                                                                   |       |
|                               | Invite participants to brainstorm activities that might protect mental health for individuals. One example is taking more exercise.  
Gather ideas together and then compare with **Slide 17** (Protective activities).  
Once again, affirm ideas and acknowledge that the contents of the slide are suggestions.  
**NB** For shorter workshops you may need to miss out the brainstorm activity. In this case go straight to the slide. | 5–10 minutes |
| Investing in mental health:    | **Slide 18** (Investing in mental health) suggests ways in which public and local services can support mental health.  
These are broad categories.  
If there is time, allow some discussion of what might be involved in some or all of these investments. | 5 minutes |
| local and public services      |                                                                                                                                                                                                                                                                                                                                      |       |
| Endings                        | Check out feelings and levels of energy.  
Invite people to go away thinking about how they can improve their own mental health.  
Invite final questions.                                                                                                                                                                                                                                                                                                             |       |
This activity is a useful way of linking ideas of values and attitudes with mental health. As with all other activities, the trainer must make decisions based on the time available and the needs of the group.

**Aim:** To make a connection between values and attitudes and mental health.

**Materials:** Three flip chart papers. Ideally have these on flip chart stands, otherwise place on tables. Different coloured pens (thick).

Head each paper as follows:
1. To be mentally healthy we need...
2. Society discourages ...
3. Society values ...

**Task:** Participants should have a pen each and should move between the papers, adding ideas to each sheet. Time limit this task and encourage some fast thinking and creativity.

Put the completed flip charts up in a clearly visible place.

Invite participants to look at the three charts and, working in pairs or threes, make some connections between society's attitudes and values and people’s mental health needs.

Be prepared to help people get the idea of this activity as it involves thinking ‘out of the box’. Encourage any connections made.

**Example:** Society values people who are financially successful and disapproves of those who appear unkempt or, at worst, unfashionable. One of our mental health needs is to be financially secure. Do society’s values encourage people to get into debt and therefore risk their mental health?

See notes on the following page with suggestions of content for the flip charts. These could be added during the discussion stage.

**Discussion:** Invite pairs to feedback. Be prepared to draw out people’s thinking and allow some discussion.

How might these ideas inform our thinking about improving mental health?
Suggestions:

<table>
<thead>
<tr>
<th>To be mentally healthy we need...</th>
<th>Society discourages...</th>
</tr>
</thead>
<tbody>
<tr>
<td>• social networks and support</td>
<td>• being poor</td>
</tr>
<tr>
<td>• trust</td>
<td>• unusual clothes</td>
</tr>
<tr>
<td>• tolerance</td>
<td>• smacking children</td>
</tr>
<tr>
<td>• inclusion and participation</td>
<td>• being gay</td>
</tr>
<tr>
<td>• relationships</td>
<td>• being scruffy</td>
</tr>
<tr>
<td>• emotional resilience</td>
<td>• talking to yourself</td>
</tr>
<tr>
<td>• optimism</td>
<td>• being old</td>
</tr>
<tr>
<td>• to feel valued</td>
<td>• appearing uncertain</td>
</tr>
<tr>
<td>• security</td>
<td>• failure</td>
</tr>
<tr>
<td>• autonomy/independence</td>
<td>• unemployment</td>
</tr>
<tr>
<td>• competence</td>
<td>• being off sick from work.</td>
</tr>
<tr>
<td>• financial security</td>
<td></td>
</tr>
<tr>
<td>• physical safety</td>
<td></td>
</tr>
<tr>
<td>• positive environments at home, work and school</td>
<td></td>
</tr>
<tr>
<td>• a healthy lifestyle.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Society values...</th>
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</thead>
<tbody>
<tr>
<td>• wealth</td>
</tr>
<tr>
<td>• success</td>
</tr>
<tr>
<td>• fashion</td>
</tr>
<tr>
<td>• health</td>
</tr>
<tr>
<td>• youth</td>
</tr>
<tr>
<td>• intelligence</td>
</tr>
<tr>
<td>• being like others</td>
</tr>
<tr>
<td>• cleanliness</td>
</tr>
<tr>
<td>• appropriate behaviour</td>
</tr>
<tr>
<td>• working hard</td>
</tr>
<tr>
<td>• social drinking</td>
</tr>
<tr>
<td>• consumerism</td>
</tr>
<tr>
<td>• independence</td>
</tr>
<tr>
<td>• individualism.</td>
</tr>
</tbody>
</table>
Values and attitudes – part two

We know that stigma and discrimination have a negative effect on mental health. As a general rule it is being different from the social norm that puts people at risk of experiencing stigma and discrimination. Fitting in with others is held in high regard in society and being different poses a number of challenges.

Having a mental health problem puts a person at risk of experiencing stigma and discrimination, yet mental health problems are far more common than most people realise.

Having a mental health problem is not in and of itself unusual or ‘different’ but the fear that surrounds mental health conditions is so great that it remains a taboo subject, meaning that it is hidden, thought of as shameful and therefore difficult to discuss.

At its most basic level, mental health is about how people feel.

‘How people feel is not an elusive or abstract concept but a significant public health indicator.’

When we talk about how people feel we include:

- emotional responses, such as mood
- levels of optimism and hope for the future
- feelings of personal value or self-worth.

In order to improve the mental health of the population of Scotland we need to address attitudes that create fear of mental health issues and therefore keep them out of the public consciousness.

Promoting positive mental health therefore involves two key factors:

- addressing the stigma associated with mental health issues
- valuing and finding ways of meeting psychological needs.

There is no avoiding the connection between the way society functions and the way people feel about themselves.

Mental health problems are very common. Although the statistic ‘one in four’ is now commonly expressed, it may not include unreported problems such as the many people who have short but troubling periods of mental distress, symptoms of mental health problems that they never seek help for or long-term conditions that have remained undiagnosed. One in four is a very conservative estimate of the incidence of mental health problems in the lifetime of the population.
Approximately one third of all morbidity and disability in Scotland relates to mental ill health.\(^4\) The wide cost to society of mental health problems amounts to more than £8 billion per year.\(^5\)

It has been estimated that improving mental health and wellbeing increases life expectancy by 7.5 years, providing a similar degree of protection to giving up smoking. Other outcomes include reduced use of alcohol and cannabis and increasing job performance and productivity.\(^6\)

Mental health problems cannot be seen as separate from society's structure and the inequalities that exist within it. People who experience poverty, disadvantage and discrimination are far more likely to experience mental health problems than the rest of the population. Not only does individual poverty pose greater risks to mental health, but living in deprived neighbourhoods increases risk of mental health problems.\(^7\)

It is therefore necessary to change attitudes and values at every level.

As individuals, we need to change our attitudes so that we are willing to think about mental health as meaningful to each of us and to take steps to stay mentally healthy.

Communities and organisations need to be aware of the benefits of paying attention to mental health and to finding ways of encouraging it.

Society can benefit from improving everyone's mental health by putting policies into place that protect vulnerable groups.

Regardless of our role in the workplace and in local society we can make a difference to our own and other people's mental health.

---


Aim: To get participants to identify the things that improve or detract from their own mental health.

Materials: Pens and paper or wipe-clean paddles and marker pens

Activity: Two methods:

1. Invite participants to write a list of the things that improve their mood or self-esteem and another list of things that diminish their mood or lower their self-esteem. Compare lists in small groups and gather a full picture from the group.

2. Ask participants to use any creative method for showing the things that improve or diminish their mental health (as above). This can be pictures, cartoons, words, poetry. In small groups, share what has been produced. Ask groups to gather common themes of what improves and what diminishes mental health.

Questions:

1. Is it easy to recognise our own risk and protective factors based on our feelings and responses?

2. If so, how can we make use of this knowledge, e.g. to make ourselves feel better after a stressful day?

3. If not, how can we raise awareness of these factors?

Notes for trainers:

As a general rule, most people are aware of many of the factors that enhance or diminish their mental health. The problem lies in giving ourselves permission to take care of our mental health as most of us have been trained to think of some of the things that enhance our mental health as self-indulgent.

Allow time for discussion.
Benefits of positive mental health and wellbeing

Promoting positive mental health has a range of benefits and advantages to individuals and society. Recent research shows that there is a strong correlation between positive mental and physical health as well as benefits to personal relationships, productivity and social cohesion.

Friedli\textsuperscript{1} identified the following benefits of positive mental health:

- Healthier lifestyles
- Better physical health
- Improved recovery from illness
- Fewer limitations in daily living
- Higher educational attainment
- Greater productivity, employment and earnings
- Better relationships
- More social cohesion
- Better quality of life

In order to promote positive mental health we need an understanding of what mental health and wellbeing is and how we can minimise risks and enhance protective factors to our own and others’ mental health.

Traditionally, work on mental health has focused on the prevention, diagnosis and treatment of mental ill health. More recently, work on how to measure positive mental health has been undertaken as a means of assessing the impact of Scottish Government policies on mental health improvement.\textsuperscript{2} Using a range of existing measures of mental health, this work has developed the means to describe positive mental health.
**Personal and psychological wellbeing**

Positive mental health refers to a range of characteristics and attributes that are associated with feelings of wellbeing and the ability to cope in times of stress or adversity.

The Ryff wellbeing scale\(^3\) included the following indicators:

**Self-acceptance** is a state of realistic self-awareness in which one is self-confident. A person who accepts themself has a positive attitude to her or his abilities and positive qualities while accepting the reality of limitations and faults. This includes being able to look back at his or her past life with all its positive and negative experiences.

**Positive relationships with others** means being able to form and maintain warm and trusting interpersonal relationships. This includes the ability to feel and express empathy, affection and intimacy where appropriate.

**Environmental mastery** refers to the ability to change and shape one's environment to meet one's needs. Examples of environmental mastery are the ability to take advantage of opportunities, to take part in work and social activities and to feel competent in managing everyday activities.

**Autonomy** is the sense of being an individual and the ability to maintain that individuality and independence in the wider social world. Resisting social pressure where appropriate, making decisions for oneself and having an internal locus of control\(^*\) are all elements of autonomy.

**Purpose in life** means finding meaning in one's actions and choices and having goals and a sense of direction. This leads to a sense that life is meaningful.

**Personal growth** is connected to self-acceptance in that it involves recognising one's strengths and abilities and making the most of them. It also means being open to new experiences, being willing and able to face challenges and recognising that individuals grow and develop over time.

**The wider picture: personal, social and structural factors**

Mental health cannot be described solely in individual terms. Evidence shows that the social and structural environment in which people live, work and study also has an impact on mental health.

\(^*\) Having an internal locus of control means to have the belief that the outcome of our actions is within our own control rather than some external force over which we have no control. People who have an internal locus of control feel a sense of empowerment and personal competence, whereas people who assume that outside forces are in control of the outcomes of their lives feel helpless and therefore less competent.
Individuals can make a difference to their own mental health but the structures that support such changes must be in place to enable this to happen. Similarly, environmental factors can influence the mental health of individuals independently of the actions and emotional state of the individuals concerned.

We know, for example, that a positive experience in the learning environment and successful educational outcomes have a positive influence on mental health but we also know that poverty has a negative impact on educational outcomes.

Children who grow up in poverty and have poor emotional wellbeing have the lowest educational outcomes. Children growing up in poverty who have positive emotional wellbeing have better outcomes but the children who do best are from richer environments regardless of their level of emotional wellbeing. In other words, poverty has a greater detrimental effect on educational outcomes than emotional wellbeing.

**Risk factors to mental health**

It is difficult to unpack the wide range of factors that influence mental health, and particularly the things that are a risk to wellbeing, because of the variety of different influences and experiences individuals may encounter.

Risks to mental health can be considered both internal and external. Unmet psychological needs and emotional problems, and also difficulties forming and sustaining warm and supportive relationships, all represent risk to mental health and wellbeing.

External issues such as poverty, deprivation and debt are reported as a major concern for people using mental health services. Evidence shows that financial stress puts people at significantly increased risk of depression and anxiety.

Anxiety about job security and increased stress in the workplace, particularly in the current economic downturn, represents a further risk to mental health.

Deficits in the factors that protect mental health create additional risk, meaning that when a person lacks social support and a sense of belonging to the local community, or when there is little or no potential to take part in meaningful activity, risk is increased.

When we think about protective factors for mental health it is important to remember that when these factors are not in place significant risk to mental health is present. Supporting protective factors for mental health is not an ideal, it is a necessity.

**Protective factors to mental health**

When we consider protective factors to mental health through the triple lens of personal, social and structural experiences we can see how complex the picture is. Individuals differ in their resilience and psychological makeup and although it is
tempting to assume that some people are simply better equipped to cope with life there is no doubt that life experiences and exposure to other risk factors will influence long-term resilience.

Individual and psychological protective factors include:

**Emotional intelligence** which is the ability to recognise and respond appropriately to one’s own and other people’s emotional states. When people have a high level of emotional intelligence they are better equipped to form and maintain relationships with others.

**Resilience and ability to cope** is the ability to adapt to difficult and challenging situations and to find ways to cope with them. One example might be the ability to cope with unemployment by maintaining outside interests, budget effectively and learn new ways of preparing healthy food that is less expensive. Resilience is not so much a personal trait as a process developed through life experience and learned behaviour.

**Optimism** is the tendency to look forward with hope and to recognise the benefits in a situation. An optimistic person will tend to believe that people are good, that life is good and that a positive outcome is likely. Optimism is strongly correlated with **self-esteem** which is a positive attitude to oneself based on a realistic understanding of both strengths and weaknesses. A person with healthy self-esteem sees her or himself as competent and in control of her or his life.

**Autonomy** is the ability to maintain a sense of self, even in the face of social demands to follow the crowd. An autonomous person makes decisions and holds values based on individual thought rather than social pressure.

**Spirituality** is a broad concept that might include, yet is separate from, religious belief and practice. A spiritual person may describe themself as having a strong inner life or hold to a set of values and meanings that are individually inspiring. Spirituality may lead to strong social or communal relationships, an appreciation of the natural world, a desire to work for the common good or the pursuit of spiritual practices. Spirituality can be life-enhancing and strongly protective.

**Social capital** refers to the social networks and community relationships that support positive mental health. It includes the following:

- **Formal and informal networks** create a sense of common identity in which a person can find **social support**. Networks can be helpful in finding ways of solving problems and creating better environments.

- **Positive relationships**, where they exist in social networks, help to develop **trust** between individuals and groups, **safety** through a sense of belonging to a community that is helpful and supportive and **tolerance** in learning to share social spaces with people of other cultures and experiences.
Participation and inclusion is an important element of social capital that helps to protect against the negative effects of stigma and discrimination.

The third ‘lens’ through which we can view protective factors is that of wider society and the structures that support and develop it.

Government influences that support mental health involve the promotion of financial security, physical safety, environmental issues and equality and inclusion.

Environmental factors in the local area, the workplace and in education have a strong influence on mental health and they are not limited to the physical environment. Policies and procedures in the workplace and in education can minimise the risk of bullying, provide proper forums where individual worker’s or pupil’s voices can be heard and provide the opportunity for change to happen.

Work commissioned by the World Health Organization\textsuperscript{6} recommended:

- support of family and community life
- education that equips children to flourish emotionally and economically
- employment conditions that promote and protect mental health
- partnerships between health and other sectors to address social and economic problems
- reducing barriers to social contact.

In making these recommendations, Friedli points out that governments need to shift away from thinking of mental ill health as solely an individual event that requires individual interventions. They need to encourage policy makers to consider action and policy in terms of the impact on mental health in organisations, communities and society.

Investing in mental health

When looking at the case for investing in protective activities, the following have been identified as effective and representing ‘best value’:\textsuperscript{7}

**Learning:** Including parenting skills, pre-school education, lifelong learning and health promoting schools. In all these environments an emphasis on the promotion of positive mental health and on personal development will enhance outcomes and help to prevent long-term problems.

**Healthy living:** Including support for improvements in diet, the use of exercise and the promotion of sensible drinking.
Meaningful activity: This provides important protection for mental health and helps recovery. Such activity could include volunteering, which is helpful in providing social support, healthy activity and a focus on others; and creativity and spirituality, which provide vital social and emotional outlets. Unemployment is a known risk for mental health problems, and work, where it is safe and meaningful, is a strong protective factor. Social groups provide social capital, support and self-development. A sense of belonging protects against feelings of isolation and discrimination.

Current evidence all suggests that far from being a risk that we have little or no control over, mental ill health can be protected against, supported and recovered from in the right environments and where awareness of its importance has been raised.

What do we need to be mentally healthy?

(Please note: This activity is an alternative to Activity 2.2)

Aim: To explore the notion of psychological needs and what happens when these needs are not met.

Activity: In pairs, or individually, invite participants to brainstorm everything they can think of that is needed to be mentally healthy.

Hopefully participants will have understood the idea that mental health involves individual, communal and societal factors, but remind people of this as they work on the activity, if necessary.

Allow plenty of time for this initial stage, e.g. 10 minutes.

Hand out list of things that support and protect mental health.

Questions: Did your answers cover all of the things on this list?

Did you find other things that are not on this list?

Choose one or two items from the list that seem particularly important and discuss the impact of this need not being met.

What mental health improvement activity might help to meet the need or reduce the impact of this unmet need?
Things that support and protect mental health

- Social networks and support
- Trust
- Tolerance
- Inclusion and participation
- Relationships
- Emotional resilience
- Optimism
- Feeling valued
- Security
- Autonomy/independence
- Competence
- Financial security
- Physical safety
- Positive environments at home, work and school
- Healthy lifestyle
Aim To explore ways in which protective factors can be encouraged in different settings.

Materials Hand out lists of protective factors:

- Individual
- Community
- Workplace or education
- Wider society

Activity Ask participants to work in four groups, ideally with people who work in a similar setting.

Allocate the four lists to the groups so that each list is covered at least once.

Questions:

1. Think of an activity that you are already involved in that supports or encourages one of these protective factors. How might you improve that activity and/or encourage more people to take advantage of it?

2. Think of a way in which you personally can support one or more of these protective factors in the way you work or in your social networks.

3. Which of the factors on the list do you think is the most important and why?

(10 minutes)

Feedback One person from each group should feed back briefly to the whole group.

Invite comment.

(10 minutes)
Individual – protective factors

• Feeling safe
• Self-determination
• Financial security
• Resilience and problem-solving skills
• Feeling in control
• Confiding relationships
• Access to social networks
• Meaningful activity and roles
• Creativity
• Spirituality

(Please note: No list of protective factors is ever complete. Feel free to offer other suggestions or experiences in the discussion.)
Community – protective factors

- Social capital: networks, supports and resources
- Stable and supportive environment
- Participation and influence: local democracy
- Cultural life
- Tolerance and trust
- Opportunities for lifelong learning
- Amenities and services
- Hopefulness
- Opportunity for arts and creative activities
- Access to faith groups

(Please note: No list of protective factors is ever complete. Feel free to offer other suggestions or experiences in the discussion.)
Workplace or education – protective factors

- Feeling safe, not bullied or harassed
- Effort/reward balance
- Ability to make decisions
- Opportunities for development and learning
- Job/task control
- Reasonable adjustments
- Social support – vertical and horizontal
- Respect for diversity

(Please note: No list of protective factors is ever complete. Feel free to offer other suggestions or experiences in the discussion.)
Wider society – protective factors

- Socio-economic conditions: income, financial security
- Economic stability
- Participation and influence
- Absence of marked social and economic inequalities
- Tolerance and trust
- Absence of discrimination
- Tolerance and respect for diversity

(Please note: No list of protective factors is ever complete. Feel free to offer other suggestions or experiences in the discussion.)
Appendices
Course references


Useful websites

Audit Scotland: Overview of mental health services

Edspace is an online information service for anyone with an interest in mental health and wellbeing
http://edspace.org.uk/

Health Working Lives has mental health and wellbeing information for the workplace

The Living Life to the Full website contains a life skills course that aims to provide access to high quality, practical and user friendly training in life skills. It is based on cognitive behavioural therapy and many people find it a useful and user friendly resource.
www.llttf.com/

Mental health and wellbeing in later life
Information from NHS Health Scotland.
www.healthscotland.com/topics/stages/healthy-ageing/mental-health-later-life.aspx

NHS Inform contains a range of health information including mental health, lifestyle issues and substance use.
www.nhsinform.co.uk/

The Positive Living Team provides an easily accessible counselling service which is available to all undergraduate and postgraduate students at Glasgow Caledonian University.
www.gcu.ac.uk/positiveliving/index.html

Scottish Recovery Network
www.scottishrecovery.net/

The Stafford Centre is a resource for people with mental health problems in Edinburgh.
www.staffordcentre.org.uk/

Steps for Stress is a Scottish Government resource giving information, resources and general advice about stress, its impact and how to act positively to reduce its harmful effects.
www.stepsforstress.org/

Young Scotland in Mind is a voluntary sector forum for children and young people’s mental health and wellbeing.
www.youngscotlandinmind.org.uk/default.asp