



HeadsUpScotland

National Project for Children and Young People's Mental Health

DATABASE DEVELOPMENT PROJECT

INTRODUCTION

HeadsUpScotland was set up in 2004 to contribute to the range of work already underway to improve the mental health and well-being of all children and young people. As one of its strands of work, it had been considering how information might be gathered about programmes, initiatives or projects, and be held on an accessible database. In this way, practitioners could have access to information about work that was being done (and which had been through a testing process) and be able to implement effective work of their own. However the issues of development, maintenance and quality assurance were challenging.

At the same time, it became known that a European project was already involved in similar work. 'Implementing Mental Health Promotion Action' (IMHPA¹) was involved in several activities, but had a particular interest in the development of an electronic searchable database. The reason for this was clear. There is good evidence for work to promote mental health and prevent mental disorder, but the reality is that only a small number of countries have access to the information needed to implement effective programmes. The purpose of IMHPA's database development project was to gather and outline evidence-based programmes, with information about their outcomes and effective ingredients. Countries across Europe would then have access to information which they could use with confidence.

In April 2005, the National Programme for Improving Mental Health and Well-being made funding available to HeadsUpScotland to set up and run a 'country pilot' of the IMHPA database. It would focus on work being done with children and young people, across the age range 0-22, and in any setting. At the start, the only criterion was that for a programme to be included on the database it had to have the improvement of mental health and well-being as its primary focus.

This report describes the context, process and outcome of this Project, and to make recommendations for any future similar work.

CONTEXT

The National Programme for Improving Mental Health and Wellbeing (The National Programme) was launched in 2001, with the aim of raising the profile of, and stimulating action in, mental health improvement. Its early work focused on two key priorities: the elimination of stigma and preventing suicide. By the time the Action Plan 2003-06 was published, the main aims and areas of activity had developed considerably. The National Programme took forward a range of actions and initiatives both independently and in partnership with a wide group of agencies and interests. The see me campaign was well recognised, Choose Life (the suicide prevention strategy) was being implemented in every Community Planning Partnership in Scotland, and Breathing Space (a telephone helpline particularly aimed at young men) had been established. Local areas were encouraged to develop and adapt their own plans for action with the National Programme providing support in a range of ways. 'Children and Young People' was one of the priority areas, with the National Programme encouraging and supporting work which aimed to promote mental health and prevent mental disorder. HeadsUpScotland was established in April 2004 to contribute to the range of activity already underway to improve the mental health and wellbeing of children and young people. Among its aims was recognition of the need to develop and strengthen partnerships, and to develop and improve the capacity of the workforce to support more appropriate interventions. The establishment of an accessible database was seen as one way of addressing these aims. It was obvious that a wide range of activity was taking place across Scotland. It was also felt however that although people working to improve the mental health of children and young people had already established strong networks, everyone would benefit from a wider sharing of information. If this could be done in a way which would be accessible, it would not only minimise the risk of people re-inventing wheels, but would also add to the body of evidence of effective practice.

WHY WAS THIS PROJECT IMPORTANT?

It is important here to show why the establishment of an accessible database was seen as a key part of the work of HeadsUpScotland.

Mental health is an integral part of overall health. It allows us to realise our abilities, to cope with the normal stresses of life, to work, to make and maintain relationships – in other words, an essential resource for everyday life.

'Positive mental health is a value in its own right; it contributes to the individual's wellbeing and quality of life.'²

Poor mental health, mental health problems and disorders are not exclusive to any one group, and represent an enormous burden on the individual, their families, and on society as a whole.

Good mental health is much more than the absence of symptoms of mental illness. It involves the whole person – their physical health and life circumstances as well as their emotional well-being. Promoting mental health and preventing mental disorder, therefore, is relevant to everyone, whether or not they currently have mental health problems.

The importance of the first few years in a child's life for later development is well recognised. Similarly, the mental health of young people is of crucial importance to their adolescence as well as to their later adult development.

The Needs Assessment Report on Child and Adolescent Mental Health (commonly referred to as 'The SNAP Report') notes the difficulty of assessing the prevalence of mental health problems in communities. It quotes one study, conducted in 2000, of over 10,000 children aged 5-15, which found that 9.5% had a 'mental disorder' – which was described as 'a problem of sufficient severity and persistence as to have a significant impact on the child's functioning or relationships'.³ The SNAP report concludes that 'significant numbers of children and young people in every community experience mental health problems and these rates are substantially increased by several factors, many of which are now referred to as the components of social exclusion'.

Turning to the development of interventions, the SNAP Report recommends that they should be 'directed at risk and protective factors, rather than at specific problems'. In this way, those who work with children, young people, their families and carers, will be able to build on the strengths already there, as well as working on risk reduction. But they should also make use of the available evidence of effectiveness 'which is at least comparable to other interventions in the medical and social science fields'.

An intervention is simply any action that can improve the mental health of an individual, family or community. Work done in recent years by Lynne Friedli⁴ and Eva Jané-Llopis⁵, among others, provides a convincing case for believing that there is enough knowledge now to move evidence into practice, and to make that evidence as widely known and accessible as possible.

Finally, the Framework for Promotion, Prevention and Care⁶ is predicated on the idea that there is a need to work across that continuum (of promotion, prevention, and care), that all agencies have a role in supporting mental health, and that good mental health involves the whole child.

PROCESS

Essentially this Project was about gathering information from across Scotland on initiatives related to children's and young people's mental health in order to test and establish a searchable database of evidence-based programmes.

As noted above, one of the strands of the IMHPA project was the development of an electronic searchable database. Work had already begun at the University of Nijmegen⁷ to identify projects and programmes from across Europe, and an Evidence Taskforce established, with the remit to examine submissions for inclusion. Working together would have benefits for both IMHPA and HeadsUpScotland: IMHPA would have the opportunity to refine the data collection methods, and HeadsUpScotland would be able to establish its own Scottish database, linked to an established and quality assured system.

The objectives for the Project were clear: to create criteria for the inclusion of programmes, identify programmes for inclusion, test the database template, and record the process. Close contact between IMHPA and HeadsUpScotland would be essential throughout the process.

The funding was sufficient to provide one officer for two days per week for a year. Given that constraint, it was agreed that one person should not attempt to undertake the work single-handedly, and a Reference Group was established.⁸ Contact was mostly by email and telephone and the Group provided advice and support throughout.

The project fell into two stages: developing the database template package, and agreeing submissions for inclusion on the database.

DEVELOPING THE DATABASE TEMPLATE PACKAGE

First steps

Action plans and timescales were agreed, and an early list of contacts drawn up. These were people who were experienced in the field, and who had wide networks of their own. They were representative of both the statutory and voluntary sectors, and worked with children and young people, using a range of approaches. The idea of the project was discussed, and a request made that they might distribute the template when it was available. The first telephone calls and emails elicited a generally interested response, and colleagues across a range of organisations and agencies were willing to support the process, seeing the database as a useful resource for everyone's work. The timescale allowed six months for preparation (developing the template, defining the criteria for inclusion, sourcing programme contacts), three months for collecting the information, and two months for writing the report.

Finding the tone

IMHPA had already developed a template for its database, and this was to be used as the basis for the Scottish one. However when read in the context of the Scottish project, it was felt to be complex and written in academic language. The target audience for this project was to be practitioners rather than academics, and it was thought that the language it used would be unfamiliar to them, reducing the likelihood of them taking the time to complete it. The first challenge then was to hold the intention of the IMHPA template but write it in user-friendly language.

Criteria and Evidence

The second challenge was in the areas of criteria for inclusion of programmes, and evidence. Work had already been undertaken in Scotland⁹ to illustrate how practice might enhance the evidence-base, and how practice might be informed by evidence from research or other effective work. That work had shown that when inviting people to complete a template providing information about their work, it was important to say what criteria would be used for final inclusion. Separate, but linked, was the question of evidence: the diversity of work being done presented challenges in capturing evidence effectively. If an intervention were to be included on the IMHPA database, what level of evidence would be required? This required both a clear articulation of levels and quality of evidence required by IMHPA, and an understanding of the practical processes which IMHPA used.

Actions

The IMHPA template was re-drafted and comments made by the Reference Group. Introductory sections were written to give background and the Scottish context. The questions of criteria and evidence were discussed. Given the relatively short life of this project, it became obvious that detailed discussions with the IMHPA Team were key to progress. A meeting with the Team at the University of Nijmegen proved invaluable, with the main challenges clarified. As noted above, much of these related to language, but others related to selection criteria, and definitions of mental health promotion and mental disorder prevention. The rationale behind changes to the template was agreed, and criteria for inclusion discussed for agreement with the Reference Group. A new factor was introduced: the IMHPA Team was keen that 'risk and protective factors' was a clearly defined category in the template and a way of doing that had to be developed and agreed.

Finalising the template package

The development of the template was done in agreement with the IMHPA team and the Reference Group, and it was tested for usability by a range of colleagues across Scotland. Six months after the start of the Scottish Project, the template package was distributed widely by email and through the HeadsUpScotland website.

And then a final challenge emerged. The structure of IMHPA was about to change, with the Project Director moving to Denmark and the Team in Nijmegen disbanded; inevitably there would be a delay in a new Team coming into place, with implications for the HeadsUpScotland project. The final submissions to IMHPA were made two months behind the original schedule.

Recording the process

The process was logged by means of a diary and notes. Regular reports were made to the Director of HeadsUpScotland.

RATIONALE

The separate introductory section was designed to give people the opportunity to be familiar with the purpose of the template and the language it used. It outlined the definitions of mental health, mental health promotion, and mental disorder prevention as used in the template. Other terms were described as they applied to the IMHPA database, for example 'programme' simply referred to the work that had been done. This section also contained the criteria for inclusion.

The reasons for changes to the IMHPA template have been outlined above. The template which was distributed had 15 questions, each requiring a text answer. They could be grouped under broad headings: establishing the programme, carrying it out (including changes made to the original ideas), and the outcomes (including evaluation and any publications). Some of the information sought would not be held by, for example, community projects. However the Reference Group and the IMHPA Team agreed on the need to get as much information as possible in order to preserve the integrity of the IMHPA template. It was also hoped that electronic distribution would make it easier for people to complete the template, since it had been set up specifically for that purpose. The only extra documentation that was requested was from any evaluation that had been done.

As noted earlier, the IMHPA Team wanted specific reference made to 'risk and protective factors' since that was a key element in the database information. After much discussion it was agreed that it should be included as a one-page Appendix, since to include it as, for example, check boxes would be likely to limit the information given.

The final paper in the package was a short letter which tried to explain very briefly the purpose of the project, outline the other papers, and provide contact details for more information.

Criteria for inclusion

It was agreed that we would select programmes which

- Work with children and young people between the ages of 0-22
- Have as their main focus work that promotes mental health or prevents mental disorder
- Have clear aims and objectives
- Show an attempt at assessment of the programme

The first two of these criteria are part of the rationale for HeadsUpScotland, and were basic to this project. It was agreed that further criteria had to be achievable by people working in the field, or the process would exclude potentially useful information. Some initiatives would be able to provide detailed information, but others would be limited to the completion of the template. All had to be filtered through equitable selection criteria, and the last two criteria are indicative of that view.

Identify initiatives for inclusion

11 submissions were received by mid-February for inclusion. It is sufficient to note here that this is disappointing, and suggestions will be discussed below. National groups agreed to circulate the information through their networks.¹⁰ The submissions that came back were reasonably spread across Scotland, and a mix of programmes, from NHS-based services to school initiatives.

DISCUSSION

A certain paradox has become apparent in this project. Anecdotally, people who attend conferences and seminars feel that the main benefit of these events is in the networking and sharing-of-experience element. The value of Special Interest Groups is felt to be in learning from each other. The growth of particular elements of work (for example, the Health Promoting School) comes about largely because people learn from each other. Informally, practitioners say that they want to know what is going on, and who is doing what, so that they can tap into the experience and learning.

There is a rich diversity of activity in promoting mental health and preventing mental disorder. In Scotland the National Programme has provided impetus (and funding) for much of this work. Discrete components, such as seemescotland and Choose Life, have given practical support to statutory and community groups in developing work. Their links to the National Programme mean that in effect these programmes are based on the principles of inclusion, partnership, collaboration, and of seeing mental health in the round rather than

compartmentalised. This approach is clearly illustrated diagrammatically in the Action Plan of the National Programme.¹¹

With all this activity going on then, why are there so few submissions to the database? This report is not (nor was it intended to be) an in-depth research project, and therefore it is based on discussion and experience.

The database template asked for a great deal of information. As has been noted above, many programmes arise from the experience, and sometimes instinct, of practitioners. They have a sense of what is needed in their area, funding is found, and the activity takes place. They do not always start from a rigorous examination either of need or of the evidence of what is effective in addressing the need. They are busy 'doing'. There is a difference between the approaches of the social scientist and the more intuitive practitioner. Evidence and evaluation are not always seen as valid activities; rather they are a luxury for other people who are not so involved.

As a result, and inevitably, a cyclical effect builds up. Practitioners are inexperienced in evaluation and often they do not incorporate it into their work, either before they start, or in the process. They do the work, finish it, and move on to the next commitment. This is not to criticise – many practitioners are skilled and experienced people who are working very hard to improve the mental health of the children and young people. It is simply to identify the process which leads to the gap between doing and learning.

Practitioners often criticise the short-term funding world in which they live. But it is difficult to argue for sustainability, or mainstream funding, if there is no evidence of the effectiveness of their programme. Surely it must be better, in times of competing demands for budgets, to invest in programmes that have been shown to be effective, or at least offer promise? One way to do that is to be able to refer to the available information on effective programmes. And the body of available information will only be developed when practitioners play their part in building it up.

Evaluation must be built in from the very first discussion of a programme. It should be made easier to join forces with experienced evaluators. As long as there are clearly defined aims and objectives, the steps to be taken can be broken down and measured. The subsequent exchange of learning could be a major contribution to improved knowledge and understanding, and of improved mental health and well-being.

'Over-asking'.

Informal conversations about the response to the Project indicated that people felt they were being asked too often to fill in (large) forms giving information about their work. It has been

pointed out that if people have already written up their work for one purpose, they are unlikely to want to rewrite it for another. Unsurprisingly perhaps, it was suggested that the people who are looking for the information might like to get together and leave the practitioners to do their work. It is probably true that busy people do not have time to consider the details of difference among the various requests that are made for information.

It is worth noting the suggestion that even when people are familiar with web-based searching processes, they still largely prefer verbal and visual contact with others.

Lack of identification.

This Project was clearly linked to a wider European initiative. It is possible that people working in the field in Scotland do not identify closely with Europe, and saw no benefit to them in taking part in this work. Additionally, it is at least possible that some people did not identify their work as 'promoting mental health and/or preventing mental disorder'. In spite of the huge developments in recent years, as noted above, there is still an uncertainty about the language of mental health. Equally it is important to note that if programmes start out without clear aims and objectives, it will be difficult for people to identify their purpose as promoting mental health or preventing mental disorder.

Timeframe

As noted earlier, the timeframe of the Project was tight, which meant that it was difficult to widen contact beyond that described above. It is possible that if ways of widening the search, or discussion of the Project in more detail, had been possible, then a wider response would have resulted. It was suggested in a personal conversation that incentives for submission should be considered, but it was not clear what this might mean in practice.

It is interesting to note at this point, that the system of information-gathering used by the IMHPA Team in the Netherlands was quite different. There, a dedicated member of staff examined the information that was submitted, and 'translated' it on to the database, going back to the submitter for further information as required. This process suggests an open-ended timeframe for their work, as distinct from the time-limited nature of this Project.

The Scottish psyche.

It has been suggested that there is a lack of confidence in putting one's work in writing, and into the public domain. Carol Craig makes valuable points about the nature of Scottishness.¹² Scots have somehow developed the idea that 'criticism (and blame) are helpful and lead to improvement'. Linked to that (unsurprisingly) is the idea that Scots are fearful of making mistakes, and of drawing attention to themselves. It is 'wrong to think highly of yourself and .. you should just see yourself as the same as others'. It may be that people do not value the work they are involved in, in spite of it being innovative, exciting, and effective. At best, they

are too busy doing the work to take time to offer it to others. At worst, they do not want to risk exposure.

RECOMMENDATIONS

Evidence of effective programmes is available to researchers and people familiar with the language, but wider accessibility is uneven.¹³ HeadsUpScotland should continue to look for ways of providing access to reliable information about effective work, in order to achieve its aims of supporting local work, and of improving the capacity of the workforce to support more appropriate interventions,

- Information should be gathered at a level that would be straightforward to provide, would be sufficiently tested for evidence of effectiveness, and would be easy to access.
- Nationally in Scotland, work should continue which will develop the capacity of those working with children and young people, to help them understand the language and concepts of mental health promotion and mental disorder prevention.
- Equally, work to increase understanding of the validity of a systematic approach to programme planning, and of the absolute necessity of evaluation, should continue.
- Commissioners and funders, nationally and locally, should use the systematic approach referred to above, when considering applications for funding.
- Networking should be encouraged at regional and local level, to provide the opportunity for informal learning and sharing.
- Project workers should be encouraged to link with experienced evaluators to help develop skills in this area.
- Consideration should be given to identifying a range of ways of gathering information for a database such as this, for example through personal interviews.
- Work to develop linkages among agencies should continue, and these linkages should be exploited for information-gathering as well as for partnership projects.

CONCLUSION

We need to get better at supporting people working in the field if we are to improve the mental health of children and young people. We need to do more to share information about effective programmes.

The purpose of this Project was to test an already developed, web-based, searchable database of programmes to help to provide that information. That meant working with its intentions, but seeking to make it usable in the Scottish context.

A second part of the purpose was to conduct a 'country-pilot'. It was felt that the concept and practice of mental health promotion in Scotland was well developed, and more advanced than in some other European states, with strong networks in place.

Although further work would be required to identify the reasons more clearly, the discussion has offered suggestions for the low response. The experience suggests that people do want access to information about other programmes, but are reluctant to share their own. This does not seem to be out of a sense of preciousness. It seems rather that lack of time, and lack of systematically held information hindered them from completing a template which they saw as too long and complicated, and a Project which was not relevant to them.

END-NOTES

¹ At that stage, IMHPA was financially supported by the EU Public Health Programme, the Ministry of Health in The Netherlands and the Ministry of Social Welfare and Health in Finland.

² Jané-Llopis, E et al (2005) Mental health promotion works: a review. *Promotion and Education: supplement 2 2005*

³ Office of National Statistics. (2000) quoted in Needs Assessment Report on Child and Adolescent Mental Health. Public Health Institute of Scotland (2003)

⁴ Friedli, L. (2002) Mental Health Improvement: What Works? Briefing for the Scottish Executive.

⁵ Jané-Llopis, E et al (2005) *ibid*

⁶ The Mental Health of Children and Young People: A Framework for Promotion, Prevention and Care (2005) Scottish Executive

⁷ Now renamed Radbouds University, Nijmegen

⁸ Group members were seen as people who were familiar with current thinking in Scotland in relation to mental health promotion and disorder prevention, and who had expertise in different areas

⁹ Mental Health Improvement: Evidence and Practice Case Studies. (2004) NHS Health Scotland and Scottish Development Centre for Mental Health

¹⁰ Examples of these groups include the National Advisory Group for the National Programme for Improving Mental Health and Wellbeing, the Health Promotion Managers and the Special Interest Group of Mental Health Promotion Officers. A second route was through specific elements of the National Programme, namely seemescotland, Choose Life, and the Scottish Recovery Network. A third distribution network was through national organisations in the voluntary sector, for example Penumbra, Barnardos and the CHEX e-newsletter.

¹¹ National Programme for Improving Mental Health and Well-Being. Action Plan 2003-06. (2003) Scottish Executive

¹² The Scots' Crisis of Confidence. Ten Key Messages. www.carolcraig.co.uk Accessed March 2006

¹³ Mental Health Improvement: Evidence and Practice Evaluation Guides (2005) NHS Health Scotland and the Scottish Development Centre for Mental Health

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Nan Newall
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