Mental Health Foundation Strategy 2020-2025

Making Prevention Happen
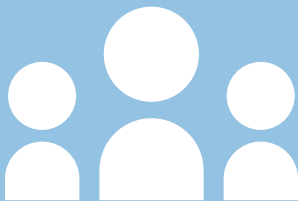
Find solutions
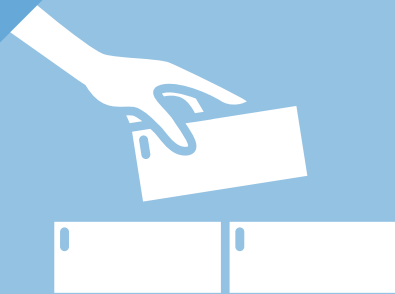
Inform & empower

Tell the world

Change policy & practice

Build a strong Foundation

Mental Health Foundation

I am proud and excited to present the Mental Health Foundation's new strategy for 2020-2025, Making Prevention Happen.

Like many social purpose organisations, we operate in a vital but complex and contested field. There are many views on the right language, the root causes and the priorities for action in mental health. That can lead to a fragmentation of activity that dilutes an organisation's effectiveness. For this strategy to be successful, we needed to walk towards the complexity and understand it to distil a simplicity of purpose and direction. The result is a clarion call for far greater action and investment into the prevention of mental health problems and real clarity on our role in responding to this call.

The following pages articulate a vision of a society which puts our mental health at its heart which if heeded, would see a sustained reduction in levels and severity of mental ill health and better mental health for all. Wherever you read this and whoever you are, we invite you to join us in making this vision a reality.

Mark Rowland
Chief Executive Mental Health Foundation

Prevention of poor mental health is not only possible, but urgently needed. Our strategy affirms our commitment to making prevention happen, so that people across the UK can live mentally healthier lives.

We are focusing on three key areas:

Impact

We will systematically consider how to scale ideas informed by evidence. We will build partnerships and alliances that increase the impact and reach of our work.

Influence

We will harness evidence and the voice of lived experience to advocate for preventive approaches and create campaigns which tackle the root causes of poor mental health.

Integrity

We will continue to build a strong organisation that lives its values - that is open, kind, outward-looking and sustainable.

Why does the Foundation exist?

We are hungry for change.

The unacceptably high level of mental ill-health is the public health challenge of our time.

We know the scale of the problem. In the UK, one in six adults and one in eight 5-19 year-olds meet the criteria for a common mental health problem every week. Suicide is the leading killer of men and women between the ages of 15-35. Fewer than one in eight adults say they are thriving. Mental health problems are the biggest contributor to ill-health.

Seventy years ago, our founder Derek Richter talked about the impact of issues like trauma, neglect and poverty on our mental health. Evidence over the last 30 years has shed more light on the causes of mental ill-health, illuminating how genetic, social, economic, family and emotional factors make us more or less likely to develop a mental health problem. Together, these factors interact and influence each other.

As we have understood how many of us experience mental health problems, the focus has been on finding and developing effective treatments. This is vitally important.

However, we can't treat our way out of the mental health crisis. Prevention in all its forms must become a national priority.

Whilst our genes play a role, we need to turn the lens around to examine and address the societal causes that are leading to poor mental health.

Prevention is absolutely worth working for. It will mean parents enabled to nurture their babies' emotional health, children protected from trauma, adolescents growing up better able to understand and manage their emotions, fewer adults exposed to toxic workplaces, fewer suicides, less loneliness, and more people feeling supported in recovery.

The choice is ours. Mental health problems of all kinds can be prevented. We must take the necessary action.

If we tackle the risk factors that damage our mental health, and promote the protective factors that enhance it, we can achieve this critical mission of reducing the level and severity of mental health problems. We can also improve resilience to difficult life events that aren't readily preventable.

Our role is to advocate for the societal changes needed as well as to co-produce, test and apply new solutions for our mental health beyond the health sector: in our workplaces, schools, homes, and in our communities and neighbourhoods that experience the greatest disadvantage.

This strategy is our next step in making prevention happen. We want to be a sustainable and potent force for change, positioning us as the mental health charity focused on prevention and good mental health.

"**Public Mental Health** - The art and science of improving mental health and wellbeing and preventing mental health problems through the organised efforts and informed choices of society, organisations, public and private, communities and individuals."

Our prevention approach

This strategy commits us to the development of prevention solutions – informed by the best evidence. We're placing this search for solutions in three key frames

FOR EVERYONE

Because we all have mental health, and with the right tools we can protect and promote this at every stage of life.

Finding prevention driven solutions

FOR SOCIETY

Because the levers that enable prevention are bigger than individuals and communities, they require structural changes in our world.

FOR THOSE AT RISK

Because the risk and the impact of mental health problems is greatest for those who experience inequality and disadvantage.

Our vision and mission

Our vision is good mental health for all.

Our mission is to help people understand, protect and sustain their mental health.

Since 1949, the Mental Health Foundation has been the UK's leading charity for everyone's mental health. With prevention at the heart of what we do, we aim to find and address the sources of mental health problems so that people and communities can thrive.

Our approach

We take a public mental health approach to prevention, finding solutions for individuals, those at risk and for society, in order to improve everyone's mental wellbeing.

The practical things we do

Community and peer programmes; we test and evaluate the best approaches to improving mental health in communities and then roll them out as widely as possible.

Research; we publish studies and reports on what protects mental health and the causes of poor mental health and how to tackle them.

Public engagement; we give advice to millions of people on mental health. We are most well known for running Mental Health Awareness Week across the UK each year.

Advocacy; we propose solutions and campaign for change to address the underlying causes of poor mental health.

What we don't do

- we are not an academic think tank or research institute. We generate and apply evidence in real world settings.

- we are not a mental health service provider for when people are unwell.

- we don't only focus on individual actions and steps - we look at both the personal and societal changes that can improve and protect everyone's mental health.
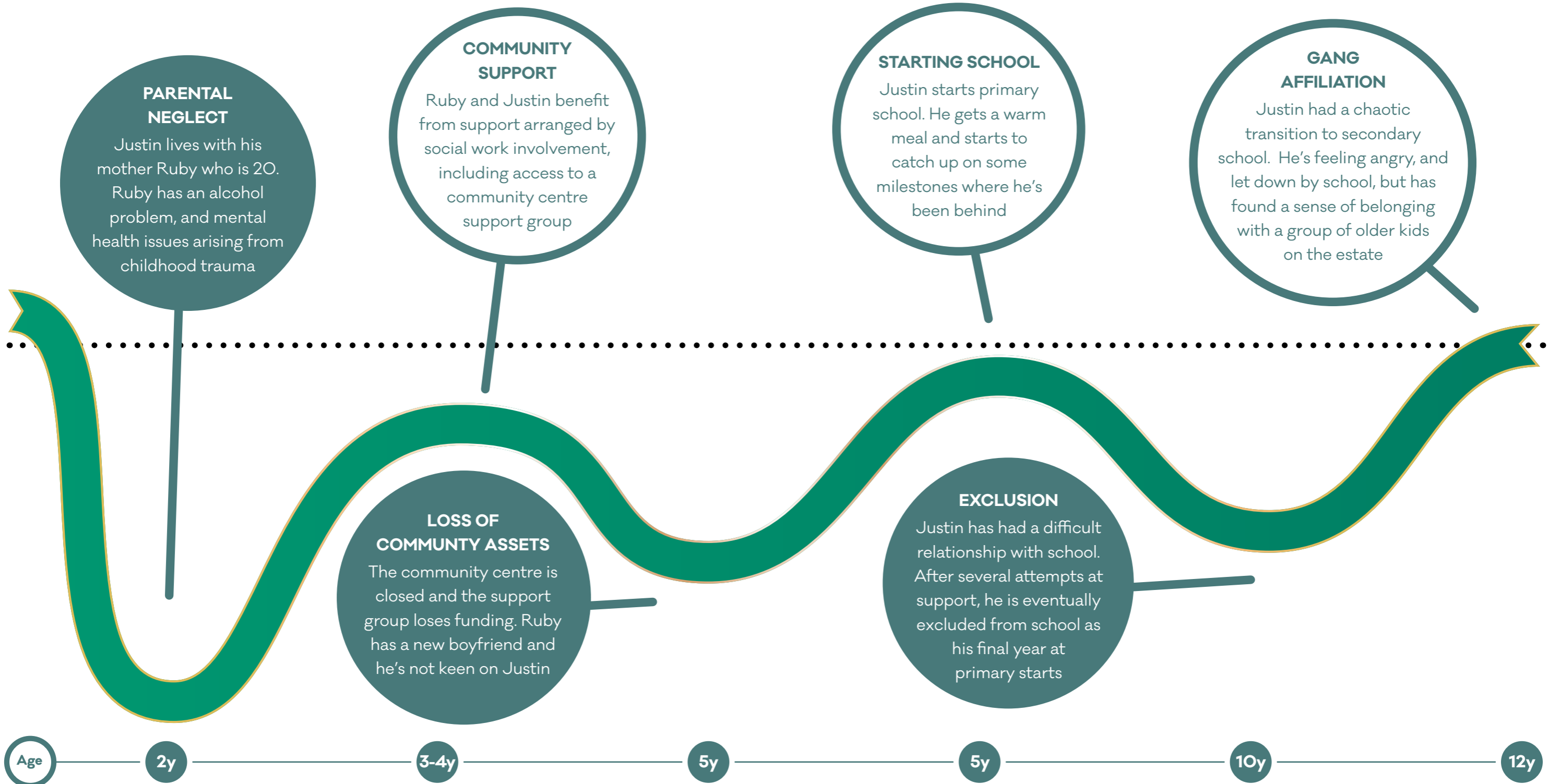
Where prevention works: Justin's Story

PARENTAL NEGLECT

Justin lives with his mother Ruby who is 20. Ruby has an alcohol problem, and mental health issues arising from childhood trauma

COMMUNITY SUPPORT

Ruby and Justin benefit from support arranged by social work involvement, including access to a community centre support group

STARTING SCHOOL

Justin starts primary school. He gets a warm meal and starts to catch up on some milestones where he's been behind

GANG AFFILIATION

Justin had a chaotic transition to secondary school. He's feeling angry, and let down by school, but has found a sense of belonging with a group of older kids on the estate

LOSS OF COMMUNITY ASSETS

The community centre is closed and the support group loses funding. Ruby has a new boyfriend and he's not keen on Justin

EXCLUSION

Justin has had a difficult relationship with school. After several attempts at support, he is eventually excluded from school as his final year at primary starts

Age — 2y — 3-4y — 5y — 5y — 10y — 12y

Our strategic aims

Ambition Statement for 2020-2025 Strategy

We work to prevent mental health problems. We will drive change towards a mentally healthy society for all, and support communities, families and individuals to live mentally healthier lives, with a particular focus on those at greatest risk.

1. **Tell the world** - why prevention is fundamental to effectively addressing the mental health crisis

2. **Find solutions** - innovate universal and targeted evidence-informed community programmes for large numbers of people, generating and sharing evidence of what works in practice to prevent mental health problems, rooted in lived experience

3. **Inform and empower** - enable mentally healthier lives through public information and engagement

4. **Change policy and practice** - build alliances and champion prevention in policies and changes to society that are adopted by Government and organisations

5. **Build a strong Foundation** - become an exemplar employer and build an organisation that is financially sustainable and thriving

Our Strategic Goals

Aim 1: Tell the world - why prevention is fundamental to effectively addressing the mental health crisis

   Goal 1a: evaluate public mental health programmes and demonstrate the real-world effectiveness of prevention and promotion activities, validate and share best practice

   Goal 1b; lead in publishing impactful research every year that reaches a wide audience and strengthens our understanding of the causes of mental ill-health and/or effective prevention

Aim 2: Find solutions - innovate universal and targeted evidence-informed community and peer programmes for large numbers of people, generating and sharing evidence of what works in practice to

prevent mental health problems, rooted in lived experience

Goal 2a: sustainably grow evidence-based universal mental health programmes, across the stages of the life course

Goal 2b: establish and expand evidence-based targeted programmes for those most at risk with measurable impact that are rolled out either via building capacity, commissioning, licensing or partnerships

Aim 3: Inform and empower - enable mentally healthier lives through public information and engagement

Goal 3a: expand access to our digital resources, information and advice and increase our brand profile

Goal 3b: build a movement around prevention, amplifying tens of thousands of people's voice and build our social media followers through ambassadors, personal stories and engaging content, working with supporters and experts by experience

Goal 3c: build Mental Health Awareness Week and the Scottish Mental Health Arts and Film Festival to have a UK-wide presence, enabling tens of thousands of engagement opportunities and growing their annual audiences

Aim 4: Change policy and practice - build alliances and champion prevention in policies and changes to society that are adopted by Government and organisations

Goal 4a: deliver demonstrable change in relation to key policies that are critical to preventing mental health problems

Goal 4b: champion people-powered campaigns to achieve positive changes in everyday life that reduce the risk of mental health problems within the four nations of the UK

Aim 5: Build a strong Foundation - become an exemplar employer and build an organisation that is financially sustainable and thriving

Goal 5a: achieve internal and independent validation and recognition of our progressive approach to mental health at work, staff wellbeing, morale and retention

Goal 5b: establish a robust financial basis for the Foundation by growing our restricted and unrestricted income

Goal 5c: grow our presence across the UK by expanding our work in Northern England, Wales and establishing a physical presence in Northern Ireland
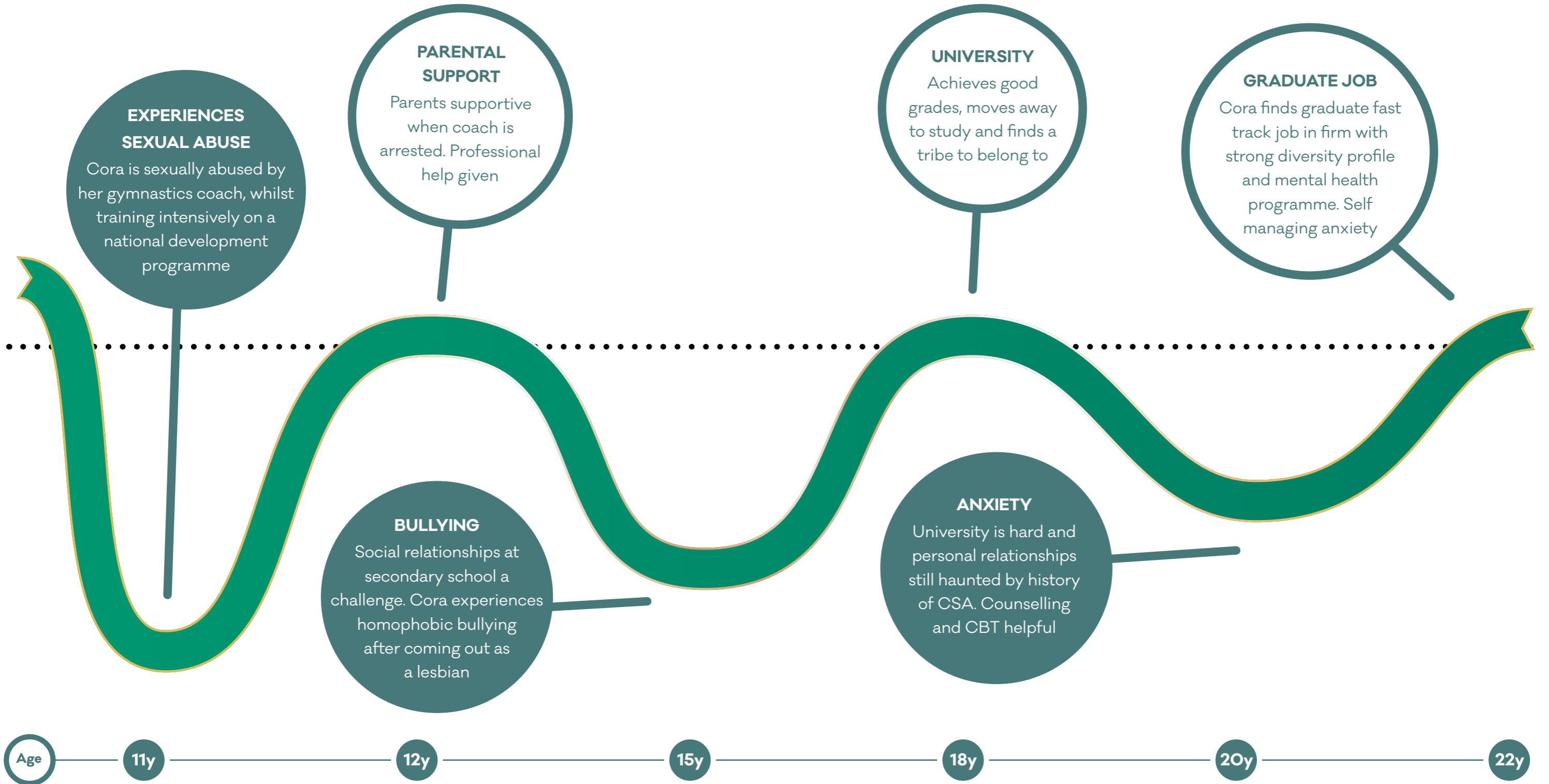
Where prevention works: Cora's Story

EXPERIENCES SEXUAL ABUSE

Cora is sexually abused by her gymnastics coach, whilst training intensively on a national development programme

PARENTAL SUPPORT

Parents supportive when coach is arrested. Professional help given

UNIVERSITY

Achieves good grades, moves away to study and finds a tribe to belong to

GRADUATE JOB

Cora finds graduate fast track job in firm with strong diversity profile and mental health programme. Self managing anxiety

BULLYING

Social relationships at secondary school a challenge. Cora experiences homophobic bullying after coming out as a lesbian

ANXIETY

University is hard and personal relationships still haunted by history of CSA. Counselling and CBT helpful

Age — 11y — 12y — 15y — 18y — 20y — 22y

Essential Principles

We want the Foundation to be a great place to work where people do great work.

Over the last year, we have distilled what staff, trustees and supporters have told us. To achieve our aims, we know we need:

Collaboration

We are committed to working together to get the best from our people through cooperation between teams, and building alliances with partners, to increase the chances of positive change.

Passion

We are committed to being passionate about the work we do. We want to harness our lived experience of both good and poor mental health in a way that inspires people to support our mission.

Sustainability

We are committed to sustainability in our practices from a people, financial and environmental perspective.

Authenticity

We are committed to creating a psychologically safe space that enables us to bring our full selves to work. We want to create the room for healthy challenge, encouraging a diversity of views in co-producing our work and being honest about differences.

Curiosity

We are committed to uncovering new evidence, finding new ways of doing things and taking risks. We are willing to try, and to learn from failure as well as from success. We will utilise new technologies, approaches and ideas to find what works.

Where prevention works: Owain's Story

TAKES OVER FAMILY FARM
Owain takes over running of family sheep farm in rural Wales – purpose in life and ambition from childhood

BUSINESS DEVELOPMENT
Features on TV programme about food heroes and demand increases

SUICIDE OF FRIEND
Death by suicide of neighbouring farmer, friend since primary school

DEATH OF FATHER
Father dies peacefully at home – loss of source of advice and validation and worries for mother who will stay with them

BREXIT
Uncertainty following Brexit vote, drop in market prices and consequences for farming and the business

Age — 41y — 45y — 46y — 48y — 49y

Priority matrix for prevention

Below are the areas of focus over the next two years (2020-22) where we will concentrate our resources. We will evaluate our progress during 2022 and agree the priorities for 2023-25.

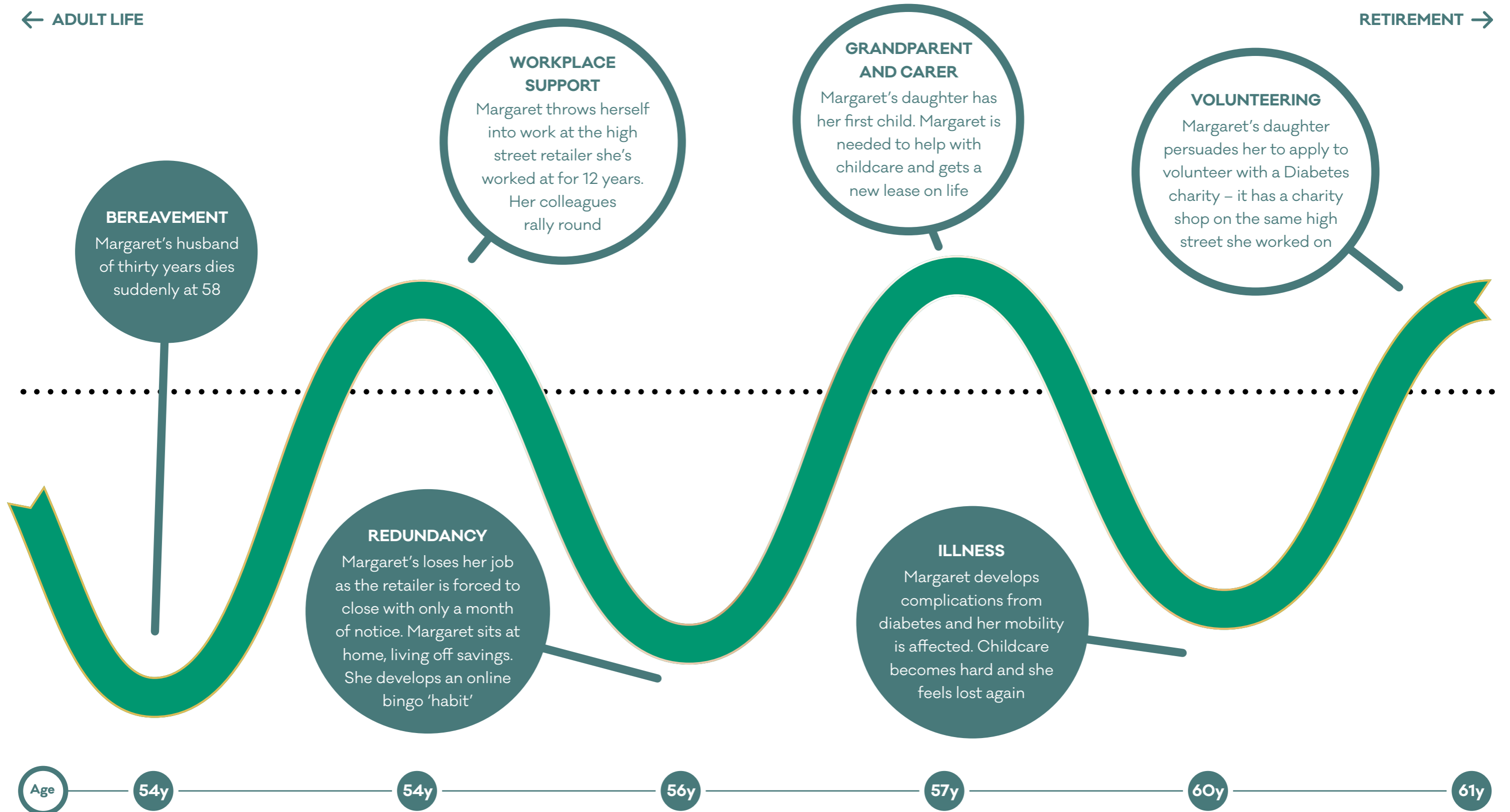|	Early Years	Children and Young People	Working age and Mid-life	Later Life
Solutions for society	Address impact of inequality on mental health Bring prevention in cross-government policies Focus on digital as both a cause and solution to poor mental health Measure the impact of prevention activity Influence more effective suicide prevention activities			
Solutions for everyone	Best start in life – focus on parenting, nurseries and home	Mentally healthy schools, colleges and universities – focus on peer education and addressing stress	Mentally healthy workplaces Focus on evidence-based campaigns, events and content to engage whole population	
Solutions for those at risk	Address Adverse Childhood Experiences – focus on schools, vulnerable parents, care leavers, youth violence, trauma-informed approaches		Support refugees Support people with long-term conditions Reduce loneliness	

Where prevention works: Margaret's Story

BEREAVEMENT
Margaret's husband of thirty years dies suddenly at 58

WORKPLACE SUPPORT
Margaret throws herself into work at the high street retailer she's worked at for 12 years. Her colleagues rally round

GRANDPARENT AND CARER
Margaret's daughter has her first child. Margaret is needed to help with childcare and gets a new lease on life

VOLUNTEERING
Margaret's daughter persuades her to apply to volunteer with a Diabetes charity – it has a charity shop on the same high street she worked on

REDUNDANCY
Margaret's loses her job as the retailer is forced to close with only a month of notice. Margaret sits at home, living off savings. She develops an online bingo 'habit'

ILLNESS
Margaret develops complications from diabetes and her mobility is affected. Childcare becomes hard and she feels lost again

Age — 54y — 54y — 56y — 57y — 60y — 61y

Glossary: 12 key terms and what we mean by them

1. Mental Health

A state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.

2. Public Mental Health

The art and science of improving mental health and wellbeing and preventing mental health problems through the organised efforts and informed choices of society, organisations, public and private, communities and individuals.

3. Prevention

Action which aims to increase the protective factors for good mental health and wellbeing or reduce the risk of experiencing poor mental health, including supporting people with and without mental health problems to stay well.

There are several different types of preventive approaches, which can be applied together to enable communities to protect everyone as well as give targeted support to those most at-risk. The different kinds of prevention approaches can be defined as:

Primary prevention: stopping mental health problems before they start

Stopping mental health problems before they occur and promoting good mental health for all. Often primary prevention work is 'universal' in that it targets and benefits everyone in a community.

Secondary prevention: supporting those at higher risk of experiencing mental health problems

Supporting those at higher risk of mental health problems (either because of biological characteristics they are born with or experiences they have had) by providing targeted help and support. This type of prevention is often called "selective" or "targeted" prevention. Examples include programmes which support those who have experienced trauma or been victims of hate crime.

Tertiary prevention: helping people living with mental health problems to stay well

Supporting those with high levels of distress or existing mental health problems to stay well and have a good quality of life. These types of programme often focus on those already affected by mental health problems and can aim to reduce symptoms that can be disabling, limit complications, and empower people experiencing problems to manage their own symptoms as much as possible and help to prevent relapse. Tertiary prevention is seen as distinct, but complementary to treatment for mental health problems and is often carried out in community, rather than clinical, settings.

4. Mental Health Literacy

Understanding how to obtain and maintain positive mental health; understanding mental health problems and their treatments; decreasing stigma related to mental health problems; and, enhancing help-seeking behaviours, including knowing when and where to seek help and using the skills, knowledge and actions needed to improve one's mental health care and self-management capabilities.

5. Wellbeing

Wellbeing, put simply, is about 'how we are doing' as individuals, communities and as a nation and how sustainable this is for the future.

We define wellbeing as having 10 broad dimensions which have been shown to matter most to people in the UK as identified through a national debate. The dimensions are: the natural environment, personal well-being, our relationships, health, what we do, where we live, personal finance, the economy, education and skills and governance.

Personal wellbeing is a particularly important dimension which we define as how satisfied we are with our lives, our sense that what we do in life is worthwhile, our day to day emotional experiences (happiness and anxiety) and our wider mental wellbeing.

6. Evidence-Based

The phrase "evidence-based" refers to any concept or strategy that is derived from or informed by objective evidence — most commonly, research or data. Among the most common applications are evidence-based practice, *evidence-based approaches, and evidence-based programmes or interventions*.

The goal of evidence-based practice is to eliminate unsound or outdated practices in favour of more effective ones, by shifting the basis for decision-making from tradition, intuition, and unsystematic experience to firmly grounded scientific research.

"Evidence-informed" practice is used to design activities using information about what works prior to expecting a systematic evaluation. It means using evidence to identify the potential benefits, harms and costs of any programme and also acknowledging that what works in one context may not be appropriate or feasible in another.

"Evidence" includes a variety of "quantitative" numerical data and "qualitative" observational information to inform decisions.

7. Health Inequalities

Any public health effort must reflect that, at a population level, there are some groups in society facing much greater risk than others. Tackling health inequalities means addressing this unequal distribution of risk to people's health and reducing the inequity in outcomes by ensuring a fairer opportunity for everyone to lead a mentally and physically healthy life.

Certain population subgroups are at higher risk of mental health problems because of greater exposure and vulnerability to unfavourable social, economic, and environmental circumstances. These intersect with factors such as gender, ethnicity and disability, in many cases with devastating consequences for individuals and their families.

"Proportionate universalism" Is an approach to addressing inequalities which means ensuring support for everyone, because we all have mental health, but focusing targeted support to address the greater risks that some groups face.

8. Recovery

In mental health, recovery may not always refer to the process of complete recovery from a mental health problem in the way that we might recover from a physical health problem.

Recovery can mean different things to different people. However, for many, recovery is about the realisation of goals, and the development of relationships and skills that support a positive life, with or without ongoing mental health problems.

While there is no universally accepted definition of recovery, one definition, often referred to as the "recovery model" argues for the importance of building the resilience of people with mental health problems and supporting their identity and self-esteem.

It is a strengths-based approach that does not focus solely on symptoms and which emphasises resilience and control over life's challenges. This model aims to help people with mental health problems move forward, set new goals, and benefit from relationships and activities that are meaningful.

Recovery is also often referred to as a process, and some of the important features of this recovery process can be described by the acronym "CHIME", which stands for: Connectedness, Hope and Optimism, Identity, Meaning and Purpose, and Empowerment.

9. Whole School / Community / Population Approaches

A comprehensive and co-ordinated series of actions that positively influences entire populations. Usually involves engaging all stakeholders, providing leadership, providing opportunities for all involved to be heard, supported, educated and developed, and establishing a culture, ethos and environment that is aligned with the desired outcome.

10. Adverse Childhood Events (ACEs)

Adverse Childhood Experiences include a range of stressful or traumatic events that children and young people can be exposed to.

ACEs range from experiences that directly harm a child, such as physical, verbal or sexual abuse, and physical or emotional neglect, to those that affect the environments in which children grow up, such as parental separation, domestic violence, mental illness, alcohol abuse, drug use or imprisonment.

ACEs harm children's developing brains and lead to changes in how they respond to stress and damage their immune systems so profoundly that the effects persist or show up decades later. ACEs cause much of our burden of chronic disease, most mental illness, and are at the root of most violent behaviours.

11. Peer-Support

Peer Support is the help and support that people with lived experience of a mental health problem or a learning disability are able to give to one another.

It may be social, emotional or practical support, but importantly this support is mutually offered and reciprocal, allowing peers to benefit from the support whether they are giving or receiving it.

Key elements of Peer Support in mental health include that it is built on shared personal experience and empathy, it focuses on an individual's strengths not weaknesses, and it works towards the individual's wellbeing and recovery.

Research has shown that peer-run self-help groups yield improvement in psychiatric symptoms, resulting in decreased hospitalisation, larger social support networks and enhanced self-esteem and social functioning.

Peer Support also has benefits for peer support workers themselves, increasing levels of self-esteem, confidence and positive feelings that supporters are doing good. Peer-support workers often experience an increase in their own ability to cope with mental health problems.

12. Later Life

Getting older and retirement both involve a change in lifestyle for most people and it's important to take care of your mental health as well as physical health.

There's an assumption that mental health problems are a 'normal' aspect of ageing, but most older people don't develop mental health problems, and they can be helped if they do. While a significant number of people do develop dementia or depression in old age, they aren't an inevitable part of getting older.

In our work, we define later life as being over 55 years old. Most people at the start of this age limit would not consider themselves in later life; however, taking this broad definition allows us to focus on important life transitions often occurring during this period, including experience of poorer physical health, becoming a grandparent, retirement and loss.