

mentalhealth

June 2007

today

in this month's issue: Disability discrimination in the nursing profession
Supporting students' mental health Leadership and culture change



How **NOW,** brown cow?

Why green therapy
really works

June 2007

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'It's about giving you independence again'

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GREAT OUTDOORS

Catherine Jackson reports on a new Mind campaign to promote 'green' exercise

Waiting for a referral to see a CBT therapist? Why not take a walk instead, preferably in lovely green countryside? If you do it regularly, you may feel so much better you won't need the CBT after all. This, in essence, is the message of Mind's new 'ecotherapy' campaign. Launched last month in a flurry of kites on London's Primrose Hill, the campaign aims to persuade mental health and social services, PCTs and GPs to take seriously the emerging evidence that it isn't just exercise per se that is good for mental health: if you exercise outdoors, in green spaces, the effects are even better.

'Ecotherapy describes a whole range of green activities that can be beneficial to people's mental health and well-being – gardening, walking, cycling, conservation work,' explains Marcus Roberts, Mind's head of policy and author of the campaign report *Ecotherapy – the green agenda for mental health*. 'A lot of good work is being done by local Mind associations in this area, and if you talk to people who use these services, you come away quite clear that they are enormously beneficial.'

'Most people now accept that this kind of activity is good for you. There's nothing very radical about that. But we want these kinds of projects to be taken as seriously as drug treatments or psychology. GPs should be considering referring people to green exercise as a mainstream option. We want access to green space to be part of people's care plans. My sense is that a lot of care planning does make sure people have access to shops, leisure facilities, the gym, but they don't think about supporting people to do some activity that takes them somewhere green,' he says.

Mind has drawn its evidence to support the campaign from two sources. First there is the substantial body of evidence of the benefits of physical activity for both physical and mental health. Less well known are studies into the links between improved well-being and exposure to 'nature'. Professor Jules Pretty, head of the Department of Biological Sciences at the University of Essex, is a leading proponent for the mental health benefits of green activity. 'We looked at the effects of the view from the window while people were on a treadmill – green views and no green views. The outcomes were so compelling that we did before and after tests of people doing activities outside – gardening, horse riding, boating, fishing – and that again produced compelling beneficial effects. We think this really suggests there is a green therapy, or green care component. We've found this with cardiac patients, people with stress and mental health problems, people with high blood pressure – all have showed positive outcomes.'

His next study will be a controlled trial comparing outcomes for people with clinical depression from either weekly CBT sessions or taking a 'green' walk for the same length of time each week. 'This isn't to suggest CBT is a bad thing, but if people are facing a two-year wait for CBT, then maybe prescribing them organised green walks in the meantime will help them towards recovery, and they may need CBT at the end of it or not,' he says.

Professor Pretty carried out a small study for the Mind campaign. A group of service users from local Mind associations were taken on two walks: one in a



Top Barn Training Centre in Worcestershire offers skills for work and agricultural training to people with learning disabilities and physical and mental health problems, funded by Worcester social services. Says training manager Noelle Wilson: 'It's therapeutic psychologically and physically. I think for people who feel they are at the bottom of the pile, to have animals and plants that depend on them for life can help turn them around. We are always being pushed to move people on but, honestly, where to? It's only going to be the most able who can get a job.'



country park, the other in a big indoor shopping centre. Nearly three quarters (71%) of participants reported reduced depression after the green walk; after the shopping centre walk, 22% reported increased depression, and 33% reported no change. Similarly, 88% said their overall mood had improved after the green walk, while just 44.5% said their mood had improved after the shopping centre walk, and 44.5% said it had worsened.

Mind also surveyed 108 people involved in green activities – gardening, walking, conservation, running and cycling groups – run by local Mind associations. This similarly produced strong support for ecotherapy: 90% said the combination of nature and exercise had the strongest effect on how they felt, and 94% said the green exercise had benefited their mental health; 90% also reported physical health benefits.

Ken Fox, professor of exercise and health sciences at Bristol University, has been researching physical activity and mental health for many years. He says the main barrier to wider use of exercise as treatment for mental health problems is the medical profession: 'There is still a great deal of work to do to convince medics and health professionals that walking is as good as all the medication in the world when you are talking about enduring mental health problems. Lifestyle and holism aren't rife among the psychiatric world. It's more local councils and leisure services and mental health trusts that have done more in this area, and they scratch around for funds. I've been in this game a long time. The first wave was cardiovascular disease, then diabetes and obesity, and mental health isn't there yet. The evidence base isn't strong enough to convince the medics.'

One potentially promising source of evidence is a soon-to-be-published evaluation of green gyms, which were devised by Oxfordshire GP William Bird back in 1997 and now flourish nationwide under the aegis of the British Trust for Conservation Volunteers (BTCV). Typically, green gyms are open to anyone and offer weekly three-hour sessions involving warm-up exercises followed by conservation or gardening work. There are now some 70 in operation, mostly set up and run by local community groups, and the BTCV has just put in a bid for Lottery funding to set up a further 160 projects. Paul Yerrell, senior research fellow at Oxford Brookes University, has used the SF12 mental health status questionnaire to select out green gym participants with significant mental health problems. Two previous evaluations have claimed significant benefits of green gyms for mental health. He says: 'I am very cautious about saying that. It's a question of when and why, so we have used the SF questionnaire to demonstrate these changes. Intermediate results do suggest that people with SF scores below 40 or 50, their scores do improve over the months. The greatest change for mental health at the moment is around six or seven months, and physical fitness tends to improve first, at about four months.'

But the problem such evaluations face is collecting reliable evidence: administering questionnaires is not, understandably, high on the priorities of project leaders. Natural England (formerly English Nature) is currently working with NICE to try to find a way to collect the

kind of evidence that will meet its stringent standards of validity. 'We were rather shocked to find that what we thought were effective health interventions were ignored by NICE in its evaluations because the evidence wasn't to its standards,' says Peter Ashcroft, health policy adviser at Natural England. They are devising a simple questionnaire that can be used by any organisation promoting outdoor activities to collect a minimum core of information on changes in participants' activity levels over time, and demographic social and economic

Rain, shine or snow

One form of ecotherapy that is well-established elsewhere in Europe and is increasingly attracting interest in the UK is care farming. Stephanie Pedrick set up the Oak Park care farm on her parents' smallholding in Cornwall three years ago, and has recently also taken on the tenancy of a local authority owned farm nearby. Oak Park offers places to 14 people with physical and/or learning disabilities, who work with its herd of Aberdeen Angus cattle, sheep, re-homed battery hens and working horses, and tend the market garden, which supplies the local farmers market. 'Rain, shine or snow, people are out working. Some come for purely social reasons, others because they're interested in the horses, say, or gardening. Others want to progress into work. I think one of the biggest things for people is seeing a result. Everything fits together, and everyone is involved in every aspect, from growing the vegetables to selling them, from helping with lambing to curing the skins. I seriously considered making the new farm a mental health project, but I was advised there'd be no funding,' she says.

Pembrokeshire Mind started a beachcombing project in 2004 with a small grant from Keep Wales Tidy. Once a month a group of clients walks the beaches, picking up litter and searching for flotsam and jetsam, and ending (weather permitting) with a picnic or barbecue. Says project manager Jacky Hemming: 'Few of our clients would have the resources, financially or motivationally, to get out and do this by themselves. When you show them they can do that, the increase in their self-esteem is phenomenal. Being outside relaxes you and gets you thinking about different things. It broadens your horizons.'

characteristics. 'Having this core data will be enough [to provide evidence] because we already know that if people do become physically more active their health improves bit by bit, but we will also zoom in on some local projects to do more detailed health change research, including mental well-being,' he says. Later this year Natural England will launch a national green activity programme. Demonstration sites will be set up in every English region, to trial a range of activities for different population groups, and there will be a campaign to persuade GPs, practice nurses and public health practitioners of the benefits to their patients of outdoor activities.

'We aren't doing this in isolation; there is a movement building up here,' Marcus Roberts says. 'I think it will lead to quite significant changes in the way that services and commissioners think about these ecotherapy options. This agenda is building up a head of steam.'



Campaign details at www.mind.org.uk

'My first reaction was no way, I'm not going. I'm quite a private person. I didn't like the idea of talking about myself to a room full of strangers. I said I'd give it a try, but if I felt it wasn't me, I wouldn't go again.'

Eileen Morris says she was 'at rock bottom' when her community psychiatric nurse (CPN) suggested she sign up for an expert patient programme (EPP) course on self-management for her long-term depression. The course was one of five pilot schemes launched last autumn to trial a mental health specific version of the original course, which is intended more generally for people with long-term health conditions. Says Eileen, who has been off work with severe anxiety and depression for five years: 'I was really sceptical about it. It's daunting being in a room full of people. But when they sent me the letter about the course they said the two people running it actually had mental health issues themselves, and I thought, well at least you aren't speaking to somebody who doesn't understand. I thought, if they can recover and run a course, there's hope for me.'

She confesses that for the first couple of sessions she didn't say a word, but then gradually found herself joining in. 'I'm not saying they waved a magic wand and I felt better, but I have some good days now. I know there are going to be good days as well as the bad ones. My CPN and GP have been brilliant, but I think the course is essential. The GP can prescribe the tablets and give you 10, 20 minutes, but this course helps because it gives you time to talk and think, and it frees up the GP's time. It shows you there are solutions, and what works for one might work for someone else as well.'

The Expert Patient Programme was originally a Department of Health pilot initiative – the brainchild of the chief medical officer Sir Liam Donaldson – launched in 2002. The aim was primarily to help people with long-term chronic physical health problems and disabilities self-

manage their condition. The course was based on the chronic disease self-management program (CDSMP) developed by professor Kate Lorig at Stanford University, California. It runs over six consecutive 2.5 hour weekly sessions, and aims to improve participants' pain and stress management, self-confidence and self-image, and coping skills. The structured, manualised course is led by trained tutors, and covers topics including relaxation, diet, exercise, fatigue, breaking the symptom cycle, managing pain and medication, and communication with health care professionals.

The EPP was judged sufficiently effective (and cost-effective) to be rolled out nationally in 2005, with 12,000 places on courses provided through primary care trusts across England. However, while many of the EPP course participants had secondary mental health problems, and a few had a primary mental health diagnosis, it was explicitly and primarily intended for those with physical health conditions. Says Phil Cummings, mental health lead with the EPP: 'People were asking for a mental health specific course. They felt they would be more comfortable within a group with people who understood the issues they were living with.'

The resulting course, which Cummings adapted from the generic course, is now available nationally. It differs in a number of ways – one of which is that it runs over seven weeks, rather than six. Like the generic course, it is led by one tutor and a volunteer facilitator, at least one of whom will have direct personal experience of mental health problems, either personally or as a carer. Cummings describes the course as 'pragmatic'. Topics covered include relaxation and symptom management, depression and anxiety management, problem-solving, healthy eating and exercise, medication, set-back strategies, and making an action plan.

'The thing about self-management is that it's such a simple technique,' Cummings says. 'These skills can help anybody, but the course will particularly help someone who has felt stigmatised and discriminated against because of their condition. It gets people opening up in a comfortable way and realising they can do things for themselves. We are giving information, but that is not the point of the course. People have lost confidence in their own ability to self-manage. They begin to trust themselves again.'

Doing it for themselves

The Expert Patients Programme has been adapted for mental health service users. Catherine Jackson reports

'This isn't about telling people to discard their medical care. What we focus on is problems of daily living. There's no medical information at all in the course,' Cummings stresses. 'It's about helping them work effectively with their health care professional and deal with their problems. For many people, medication is a very important part of their life.'

The group approach is also beneficial. 'People have so much wisdom and they don't have much opportunity to share that with each other. People were saying they didn't realise that other people with mental health conditions were just like them. One of the main things participants fed back was the difference it made to them that all of us in the room were pretty much in the same boat, from experience rather than as professionals. It totally changes people's ability to engage. They are talking to people who have gone through this, and the people in front of them are modelling the difference it made.'

'To be honest, I'm very pleased with the way the pilots went. I had an incredibly positive response from the three groups I did.'

Cummings knows of what he speaks, having himself been off work for seven years with severe depression before inching his way back into work via Rethink and the EPP, where he has been for five years. 'Self-management is the key. If people aren't given incentive or encouragement to move forward, it's very easy to become a professional patient. You get stuck in a spiral of not wanting to do anything, because no one helps you, and your anxiety increases,' he believes.

With the manual now finalised, EPP is starting to train its national network of tutors and volunteers in leading courses across England. There are also plans to translate it into other languages, and to produce further modifications specifically for people with drug and alcohol problems, and people in prison. 'I think it is going to be one of the products that is going to move very quickly. Just from my own experience of living with a condition, when I was ill there wasn't anything like this at all,' Cummings says.

However, in April the EPP was cast adrift from the Department of Health, and is now a stand-alone 'community interest company' – basically, a non profit-making business – that must survive by its own commercial success. So it will need to persuade potential purchasers – primary care trusts, local authorities, the voluntary sector – to buy into its training packages. It costs some £4000 per course for 12 participants. 'We will have to market our service in a whole different way,' says acting joint managing director Jean Thompson. Faced with competition from the numerous equivalent packages on the market, she says what lifts the EPP above the rest is its 'strong quality assurance system'. All trainers receive a four-day training and ongoing continuous assessment. 'We have developed a record of consistency and quality over several years. No funder or commissioner is going to have any doubts that we can deliver.'

Marketing aside, Thompson says a key goal is to develop links with local service user, carer and voluntary sector groups. 'EPP is about community development. You train people and they become passionately committed and want to build it up themselves. We don't

want to just go in, deliver a seven-week course and go. We prefer to work with a local organisation so there is ongoing support after the intervention, and that is particularly important for mental health service users. Post-course activity is something we are looking at for all our groups. Anecdotally we have heard many people have continued to meet, either through an existing support group or they have set up their own.'

Certainly this is something that concerns pilot course participant Michelle Mathieson. She is diabetic, and was offered a choice of either the generic or mental health EPP course. 'I felt that, although I struggled badly with my diabetes because it isn't controlled, with my sugars going up and down my mental health was all over the place, and I felt if I could get a better understanding of what is going on in my mind, I could cope better with the diabetes. And I think I made the right choice. It's given me confidence to understand what is going on with me, and that I have a right to give my opinion to my consultant. Life is still difficult but I find I get myself out of it quicker now. I would recommend it to anybody. But it would be lovely to have a top-up every six months, just to regain that confidence.'

Another pilot course participant, Vicky Nicholls says it was 'like a breath of fresh air'. She has been unwell since she suffered post-natal depression more than two years ago. 'It's about giving you independence again, equipping you with a tool box and everyday coping strategies – things you can do on a day-to-day basis to help you with the condition. A lot of the support groups that helped you when you were back on the road to recovery but still needed a level of support, they all seem to have stopped because of lack of funding. The EPP helps you to recognise that you can do something for yourself. I feel you would benefit from having the course and follow up support very occasionally, so you don't feel abandoned by the system. My CPN can only offer support to the really serious cases.' ■

www.expertpatients.co.uk (see also interview with Anne Rogers pp14–15)

photo: somadljin@orangeie.com