



MAKING THE CASE

FOR THE SOCIAL SCIENCES

No.9 MENTAL WELLBEING

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Foreword

Flourishing individuals, within flourishing households, across a flourishing society – it seems an obvious field for social research. Although the UK had led the world investigating positive wellbeing (creating for example the Oxford Happiness Index), throughout the 20th Century research on 'mental health' focused on dysfunction and mental illness. Turning points came with the launch of the Wellbeing Programme at the LSE in 2001 and the Royal Society conference 'The science of well-being: integrating neurobiology, psychology and social science' in 2004. In the USA, the 2001 terrorist attacks of '9/11' stimulated renewed interest in an old concept: mental resilience.

New insights emerged around the importance both of experiences early in life and of adult social relationships in maintaining wellbeing, even in the face of adversity.

Hillary Clinton personally championed the benefits of Early Head Start for long-term resilience among disadvantaged American children, leading the Blair government to invest in the Sure Start programme. One unexpected outcome after 10 years of Sure Start is that the most disadvantaged parents (in lone parent or workless households) develop better life satisfaction. Informal social networks may be important in developing mental wellbeing, for example Richard Layard's Action for Happiness programme has grown as a movement for social change. Early intervention in schools can work too, as we see with the case for school counselling. Among the case studies here are adapting the workplace to promote Wellness amongst the workforce and connecting conservation volunteers with their local environment as a community Ecotherapy. Here, in their Five Ways To Wellbeing, the new economics foundation (nef) begin with 'Connect'.

Many wellbeing initiatives use particular settings. For example, research on Social and Emotional Learning, the Roots of Empathy or the Penn Resilience programmes focus on early intervention in schools. For this rapidly developing field, Barnardo's highlight here their What Works website for practitioners. Some problems demand a trans-disciplinary approach to society, as exemplified by the Samaritans' research on the contribution of social inequalities to suicide. Members of this Academy from different disciplines contributed to this Government's 2011 strategy No Health Without Mental Health, around the value of mental wellbeing and resilience. ONS have begun National surveys of wellbeing, and in this era of Localism for planning public services it is exciting in 2013 to see Nobel laureate Amartya Sen's 'capability approach' form the basis of new Mental Wellbeing Impact Assessments.

This issue has been made possible through the kind support provided by the British Association for Counselling and Psychotherapy, the European Academy of Occupational Health Psychology and the British Academy of Management.



A handwritten signature in black ink, appearing to read 'C Cooper'.

Professor Cary Cooper
CBE AcSS
Chair of Council,
Academy of Social Sciences



A handwritten signature in black ink, appearing to read 'James Wilsdon'.

Professor James Wilsdon
Chair of the Campaign
for Social Science



A handwritten signature in black ink, appearing to read 'Mike Shooter'.

Dr Michael Shooter
CBE
President, British Association for
Counselling and Psychotherapy



Improving school children's mental wellbeing

International comparisons show that children in the UK fare worse than those in other countries on measures of psychological wellbeing. School-based counselling can play an important role in addressing such problems and, as a form of early intervention, reduce the prevalence of mental health problems in adult populations.

In 2007, the **British Association for Counselling and Psychotherapy (BACP)**, in partnership with the **University of Newcastle**, led a project to evaluate school-based counselling across the UK in order to help develop a national strategy in Wales.

The researchers looked at existing systems and determined what worked best. They made 10 key recommendations for successfully implementing counselling in schools, including that school counselling

services must have sustainable funding, employ professionally qualified counsellors, be easily accessible to young people, not be associated with stigma, and how these should be put into practice. These recommendations were taken on board when the 22 local authorities in Wales rolled out school-based counselling across all Welsh secondary schools.

In 2010 the Welsh Government asked **BACP** and the **University of Strathclyde** to evaluate the success of the first three years of the school-based counselling Strategy. The team found large reductions in psychological distress in the young people who used the counselling services, and school management teams agreed that school counselling was associated with improvements in pupil attendance, attainment and behaviour. The researchers also found evidence that all recommendations had been implemented and that all key stakeholders regarded it as successful.



The Welsh Government, in its Schools Standards and Organisation (Wales) Act (2013), placed a statutory duty upon local authorities to make counselling services available for all school-age children (11-16). BACP has been involved in discussions with the Westminster Department of Health and Department for Education as part of BACP's campaign to ensure a counsellor in every secondary school across the UK.

http://www.bacp.co.uk/research/publications/School_Counselling.php

<http://new.wales.gov.uk/topics/educationandskills>



Five Ways to Wellbeing

In 2008, the government's Foresight Programme carried out a major review of the factors that contribute to mental capital and wellbeing. A discussion with **Nic Marks** of the new economics foundation (nef) highlighted the potential to communicate this evidence in an accessible way, modelled on the successful public health message to eat 'five fruit and vegetables a day'. The aim was to help ordinary people take steps in their day-to-day lives to improve their wellbeing.

Marks and colleagues from nef's Centre for Well-being set about reviewing Foresight's substantial evidence on what determines wellbeing. They aimed to identify a set of individual-level, wellbeing-promoting actions that were supported by evidence, with wide appeal and variety. The final set of actions are the 'Five Ways to Wellbeing': Connect, Be Active, Take Notice, Keep Learning, Give.

Careful attention was paid to the language used – both for the headline actions and the accompanying messaging. In particular, the aim was to invite rather than instruct the audience. A set of postcards, using five appealing colours, was used to disseminate the messages.

The Five Ways have been used by hundreds of groups and organisations in the UK and beyond, including local government, health organisations, arts practitioners, faith groups, voluntary organisations, and civil service departments.

A survey carried out by nef and the NHS Confederation in 2010 found that the messages had been used to influence activities of individuals, groups and organisations, as well as the design of strategies.

Particularly prominent has been Liverpool City Council and Primary Care Trust's joint initiative: the 2020 Decade of Health and Wellbeing, where the Five Ways to Wellbeing has been used as an overarching framework for both policy action and city-wide communication.

www.fivewaystowellbeing.org



Five ways to wellbeing

Be active...

Go for a walk or run. Step outside. Cycle. Play a game. Garden. Dance. Exercising makes you feel good. Most importantly, discover a physical activity you enjoy and one that suits your level of mobility and fitness.

Five ways to wellbeing

Connect...

Connect with the people around you. With family, friends, colleagues and neighbours. At home, work, school or in your local community. Think of these as the cornerstones of your life and invest time in developing them. Building these connections will support and enrich you every day.

Five ways to wellbeing

Take notice...

Be curious. Catch sight of the beautiful. Remark on the unusual. Notice the changing seasons. Savour the moment, whether you are walking to work, eating lunch or talking to friends. Be aware of the world around you and what you are feeling. Reflecting on your experiences will help you appreciate what matters to you.

Five ways to wellbeing

Give...

Do something nice for a friend, or a stranger. Thank someone. Smile. Volunteer your time. Join a community group. Look out, as well as in. Seeing yourself, and your happiness, linked to the wider community can be incredibly rewarding and creates connections with the people around you.

Five ways to wellbeing

Keep learning...

Try something new. Rediscover an old interest. Sign up for that course. Take on a different responsibility at work. Fix a bike. Learn to play an instrument or how to cook your favourite food. Set a challenge you will enjoy achieving. Learning new things will make you more confident as well as being fun.



SAMARITANS

Helping to prevent suicides

It has been long known that divorce is associated with suicide risk. **Professor Jonathan Scourfield** and his team at Cardiff University investigated the social context of suicide and discovered some interesting findings about the problem, particularly with regard to gender differences. The researchers studied 100 suicides in depth, with a particular focus on relationship breakdown. They found that some cases involved over-dependence, others intense jealousy, some a desire to punish an ex-partner and others emotional turmoil about separation from children. There were very different circumstances for men and women, and middle-aged men were especially at risk of dying by suicide.

Following this study, Samaritans commissioned a report from Professor Scourfield and colleagues to help inform their campaign 'We're in your corner'. The research enabled Samaritans to generate significant media coverage across the UK and Republic of Ireland, including a mini-documentary and slot on Newsnight. They significantly shifted the media focus on suicide away

from younger men and mental health, to consideration of suicide in men in mid-life and the social, gender and inequalities aspects of suicide.

Samaritans evaluated the communication which was developed as a result of the research to reach men in this group who are often a difficult group to engage with. One in 3 of these men said the campaign made them think it can help to talk about things when you have problems; and nearly 1 in 3 said they would be more likely to call Samaritans if they needed to talk to someone. At local level, Samaritans branches have adapted their outreach activities in line with the research findings, to engage with men in local communities.

Samaritans have used the research to influence government suicide prevention strategies and their implementation across the UK and Ireland.

<http://www.samaritans.org/media-centre/our-campaigns/were-your-corner/were-your-corner-research>



Applying Positive Psychology to Alcohol-Misusing Adolescents

Alcohol misuse by adolescents can have adverse consequences for wellbeing.

Miriam Akhtar of Positive Psychology Training used mixed methods research to evaluate a pilot application of positive psychology to young people misusing alcohol. The group intervention consisted of 8 sessions based on positive psychology models including happiness, strengths, optimism and gratitude. The participants were adolescents attending an alcohol and drug treatment service for young people and were divided into two groups of 10 – an experimental group receiving the intervention, and a control group receiving no intervention.

The research found that the intervention led to an increase in adolescent wellbeing and a decrease in alcohol consumption.

The research also found significant increases in happiness, optimism and positive emotions and a significant decline in alcohol dependence. The investigation concluded that a positive psychology intervention can effectively contribute to the treatment of young people who misuse alcohol.

Until now, positive psychology has focused on prevention rather than cure, but this study has shown that it can be used to treat disaffected young people who have moved beyond risk of alcohol misuse into the reality of educational, health and social problems.

The research findings have influenced a number of wellbeing and resilience programmes of charities including In-Volve and Kid's Company, and organisations such as AA groups and Action on Addiction, along with health professionals, therapists and those working in social care who want to incorporate evidence-based tools into their work.

www.positivepsychologytraining.co.uk



Wellness at work

Currently there is a push for employers to integrate wellbeing and wellness into the workplace to help staff maximise their potential, reduce time taken from work with stress-related illness and stay in their job for longer with greater job satisfaction.

Dr Dawn Hillier of Accomplishing Wellness Ltd led a research team to explore the connection between employee health and performance and to identify new strategies that treat wellness as an investment that leads to greater organisational success. The team carried out a systematic review of computer databases and journals on research that identified the link between employee health and performance, and the impact of interventions to improve health risk, reduce health care cost, and improve worker performance.

This research was supplemented with an evaluation of a corporate wellness programme (called LIVE) in HSBC Card Services. HSBC had established a LIVE

Board responsible for planning and running the programme. Board members were from a diverse group of staff (for example secretaries, managers, call-centre operators). LIVE aimed to develop both physical and mental wellbeing through creating opportunities for staff to be more aware of health and wellness matters, encourage healthier behaviours and develop supportive and healthy working environments.

For example, employers provided fresh cold water on every floor of the building; fresh fruit to help meet the 'five a day' campaign; health notices on drinks machines; healthy food options in the staff cafeteria; maps of the local area for walks; and offered exercise, yoga and weight loss programmes.



LIVE Board members reported that making active choices helped improve employee health and morale while employers benefited due to reduced sickness and absenteeism, increased productivity and improved morale. The researchers found that the programme was valued by staff and their work experience had improved, and that managers now appreciated that they need to pay attention to physical and mental wellness at work. Interestingly respondents reported an improved home life as well.

A 'wellness@work' (W@W) survey tool was developed to assess mental wellbeing over time in the workplace which provided useful data for the HSBC. The tool comprises a simple questionnaire completed by employees to assess how they are feeling and their level of performance compared to the previous year and their predicted level of wellness and performance in the coming year. Analysis of the tool provides useful data from which the business can take the 'wellness temperature' of its

organisation and make decisions about strategies to improve or enhance the employee experience at work. Main findings by organisations from analysis of the W@W tool are that conducive, welcoming and supportive environments that enable staff to form social networks must be in place, but more importantly is the creation of trusting relationships and a sense of control over one's own working practices.

<http://www.accomplishingwellness.co.uk/PDF/Wellness%20at%20Work.pdf>





HSE Management Standards for work-related stress

Work-related stress is one of the most frequently report cases of work-related ill-health in the UK and it is estimated that stress-related illnesses are responsible for the loss of over 10 million working days in Britain annually, costing the economy more than £530 million each year.

The **HSE Stress Management Team** comprising psychologists, statisticians, epidemiologists and policy personnel developed a process based around a set of Management Standards to help employers, employees and their representatives to manage and reduce the levels of work-related stress. The Management Standards were produced on the basis of a series of research studies, consultation workshops with a wide range of experts, public consultation and trial tests with companies from the public and private sector.

The Management Standards for work-related stress refer to good management practice with regard to six main psychosocial risks in the workplace - job demands, control, support from management and colleagues, relationships at work, clarity of role, and

organisational change. The approach covers key areas of work design that, if not properly managed, are associated with poor health and wellbeing, lower productivity and increased sickness absence.

The HSE team developed a 'process and risk indicator tool' so that organisations could measure their performance and see how they were doing with regard to good practice and preventing work-related stress.

Results from a number of surveys following the Management Standards approach show that there has been an increased focus on the prevention of stress and sickness absence in the UK as well as an increase in work policies to deal with these issues. These successes led to management standards being adapted and implemented in Ireland, Italy and other countries beyond Europe.

<http://www.hse.gov.uk/stress/standards/>



World Health
Organization

Psychosocial risk management in the workplace – the Excellence Framework

Psychosocial risks, also commonly known as organisational 'stressors', have been identified as one of the major challenges for workers' health, safety and wellbeing nowadays and are linked to problems such as work-related stress, workplace violence and harassment. Approaches developed over the past 20 years to try to manage these issues have been dispersed with no 'joined-up' framework of action.

Dr Stavroula Leka of the University of Nottingham led a consortium of experts and stakeholders to promote a more unified approach and develop the Psychosocial Risk Management European Framework (PRIMA-EF) which incorporates and builds on available good practice methods across Europe. The researchers reviewed, assessed and harmonised existing UK and European approaches for managing work-related stress and promoting mental health in the workplace to develop the final Framework. PRIMA-EF includes key policies, principles, stages, indicators, and best practice interventions for managing psychosocial risks and promoting mental health in the workplace.

The consortium used the Framework to develop user-friendly guidance tools for policymakers, social partners, experts and practitioners. The Framework is applicable to all EU member states and has been used to develop, evaluate and adapt national, European and organisational approaches. The World Health Organization and national agencies in Europe, Brazil, and Japan have also adopted the Framework, which is now known as the Excellence Framework.

The consortium also worked with the British Standards Institution to incorporate PRIMA-EF into the first standard in the world on managing psychosocial risks in the workplace (PAS1010). Dr Leka and colleagues have also developed an online training course (PRIMAeT) on the basis of the Framework which is so far available in 6 languages and includes modules for employers, employees and their representatives and health and safety practitioners to promote good mental health in the workplace.

<http://www.prima-ef.org>



Increasing resilience in young people

There are increasing concerns about children's well-being in the UK, their behaviour, and the low academic attainment of a large fraction of the population. In 2006 **Professor Richard Layard** and his team at the Centre for Economic Performance, London School of Economics and Political Science (LSE), in collaboration with the Young Foundation and IdeA, developed a Wellbeing Programme with three local authorities. This was based on the American 'Penn Resiliency Programme', which had already been shown to have good results in small trials. The programme aims to improve children's psychological well-being by building resilience and promoting accurate thinking through participation in workshops. The researchers persuaded 22 English schools to introduce the programme.

Amy Challen and colleagues at LSE then conducted a 3 year evaluation of the programme. The research consisted of three main parts – a study of psychological and academic progress, comparing the children in the programme with a control

group; surveys of teacher and pupil satisfaction with the programme; and some qualitative case studies. The researchers found a significant short-term improvement in pupils' depression symptom scores, school attendance rates and academic attainment in English. For more deprived and lower-attaining pupils and those who started the year with worse psychological health, particularly girls, the impact of the workshops on their depression and anxiety scores was much larger.

Although the effect of the workshops tended to fade over time, some impact was still detectable when the children were later followed up, with the more disadvantaged pupils experiencing a meaningful impact in terms of their everyday lives, perhaps longer term as well as in the short run.

Both facilitators and pupils were positive about the programme and evidence showed that pupils had used the skills learned in real life situations.



The skills which they and their facilitators said they used most were the interpersonal skills around negotiation and assertiveness, and techniques for self-control. Since all schoolchildren are likely to experience conflict and problems around everyday social interactions it is likely that all pupils could benefit from the workshops, at least in these areas.

The programme is now being taught routinely in 60 schools in 10 local authorities and researchers at the LSE are now trialling an evidence-based programme for the whole Personal, Social and Health Education (PSHE) curriculum from ages 11-15 years.

www.gov.uk/government/uploads/system/uploads/attachment_data/file/197313/DFE-RB097.pdf



The 'mental capital' value of the outdoors

It is now well known that mental wellbeing is linked with people using outdoor environments and feeling connected to nature. **Dr Ambra Burls** of the UNESCO UK Man and Biosphere (MAB) Urban Forum researched the benefits of being fully engaged and regularly active in local green spaces. Her research case studies confirmed positive social and well-being outcomes for the community as a whole. They showed how colourful and interesting urban green spaces help build a sense of pride, capturing people's imagination, stimulating community spirit and promoting civil society.

Burls looked at projects in London and Essex involving people with mental health problems who did 'hands-on' maintenance of open public urban green spaces used by local communities. She gathered data from participant observations, diaries, and conversations with groups of up to 30 participants. Other individual interviews of participants and practitioners in 10 other similar projects across the UK were also carried out.

People reported that being close to nature made them more active and strengthened links between citizens and wildlife. In turn

this helped them give more of themselves to their community and to overcome common social barriers. Such paths to wellbeing – being active, taking notice, connecting with others, giving and learning – can be achieved in the outdoors and can lead to further resilience, enhance self-esteem, improve learning and develop emotional intelligence, thus building mental capital.

The findings, cited in systematic reviews, have been instrumental in staff training and sustainable health care programmes delivered within the NHS and including NHS Forest/Outer Space sites. These national initiatives, promoted by the Centre for Sustainable Healthcare, aim to improve the health of staff, patients and communities by increasing access to green space on or near to NHS land or services; and to encourage greater social cohesion between NHS sites/ services and their local communities.

<http://www.hphpcentral.com/wp-content/uploads/2010/09/5000-paper-by-Ambra-Burls.pdf>

www.nhsforest.org

www.sustainablehealthcare.org.uk/outer-space



Walking improves mental wellbeing

People with severe mental illness have poorer diets, take less exercise, smoke more and can gain weight due to their medication, with an increased risk of obesity, heart disease and diabetes. On average they die 15-20 years younger than the general population. Promoting activity in people with severe mental illness is therefore very important but little is known about the types of environments that can best support physical activity in this group, nor what types of environment help alleviate or aggravate their symptoms.

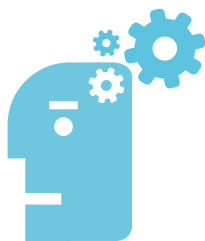
Dr Jenny Roe and **Professor Peter Aspinall** of Heriot Watt University carried out research to compare the restorative benefits of walking in urban and rural settings in a group of adults with a range of mental health problems, including adults with schizophrenia and other psychotic disorders. They examined two aspects of psychological restoration – mood and reflection on everyday life tasks.

Participants walked in small groups in a variety of urban and rural settings in

Central Scotland. As anticipated, a walk in a natural setting helped mood recovery and reflection on personal projects. Some participants also reported an improvement in their symptoms. However, contrary to expectations, the researchers found that an urban walk also improved mental wellbeing. The research team concluded that, as well as natural settings, facilitated walking in carefully chosen urban environments (for example with interesting building facades) can promote both physical activity and mental wellbeing in people with severe mental health problems.

These findings have informed UK health policy in general and in particular initiatives such as the Scottish Government's 'green prescriptions' and the Green Exercise Partnership between NHS Health Scotland, Forestry Commission Scotland and Scottish Natural Heritage, which are designed to promote greater use of the outdoors for better health and quality of life.

<http://www.york.ac.uk/sei/staff/jenny-roe/>



Talking therapies

Psychosis is a severe mental health problem, characterised by disturbances in perception and thinking. It typically affects people as they are on the threshold of adulthood, and can lead to ongoing problems and costs for individuals, for their families and for society. **Professor Elizabeth Kuipers AcSS** and colleagues of Kings College London developed and evaluated new psychological therapies for psychosis - an area previously thought not to be suitable for psychotherapy.

The research team completed the first randomised trial in family intervention for psychosis to be published in the UK. The National Institute for Health and Care Excellence (NICE) has used the evidence from this and a further 3 randomised trials, to recommend this type of family intervention as a treatment for those with psychosis who are in contact with or living with family members.

Subsequently, the research team developed and evaluated ways of talking to individuals- Cognitive Behavioural Therapy for psychosis

(CBTp), having shown that working with families was helpful. NICE has used the researchers' two CBTp trials in their evidence base, and now recommends such treatment for everyone with these problems in the UK. NHS mental health services can now offer these 'talking therapies' for families and individuals across the UK. A recent Department of Health initiative to increase access for therapies for severe mental illness has also used the research based treatment manuals to help to train mental health staff in these innovative therapies.

<http://guidance.nice.org.uk/CG82>





Delivering employability support in Northern Ireland

Professor Ronald McQuaid AcSS of the University of Stirling carried out a study on inter-agency co-operation on employability for Northern Ireland's Department of Employment and Learning. Professor McQuaid and colleagues at the Employment Research Institute (ERI), Edinburgh Napier University, considered the different approaches of agencies and how they co-operated in the delivery of employability support for a range of disadvantaged job seekers, including those with mental disabilities, in 15 countries across the world. The researchers brought together and co-ordinated local experts in each country and also carried out in-depth case studies, including field visits with face-to-face interviews, in the UK, Denmark, The Netherlands and the Republic of Ireland. The Department of Employment and Learning used the results to help develop and implement employment policies.

In a separate recent study, using desk-based research and also for the Department of Employment and Learning, Professor

McQuaid and colleagues at the ERI further considered how many different issues prevent those who are not employed from seeking or entering work, especially the long-term sick and disabled including those with mental disabilities. The research results have informed the new Departmental Strategy on reducing economic inactivity that is involuntary and not benefiting the person, and is caused by a combination of structural problems and the particular circumstances of the individual.

<http://www.delni.gov.uk/bestpracticereportemployability.pdf>

<http://www.delni.gov.uk/economic-inactivity-literature-review-project>



Promoting wellbeing in BME populations

'Wellbeing' has become a buzz word but older people from black and minority ethnic (BME) groups may have problems accessing support to help them achieve it. Health, social care and housing practitioners don't always feel they have the skills to work effectively with this expanding group of people. This is not just an issue for staff working in inner cities. More BME older people are moving from inner cities to other parts of the UK and the smaller numbers of BME people living outside cities are themselves growing older.

Professor Jill Manthorpe and colleagues at King's College London investigated these issues to find ways of improving the mental wellbeing of older people from BME groups. They interviewed practitioners in four UK areas and explored day to day practice in care homes, sheltered housing, day centres and community groups. They also focused on how staff could best support BME older people to stay well.

The researchers found that health, social care and housing practitioners are in a good

position to promote the mental wellbeing of BME older people but feel they don't have the relevant skills to do so, especially if they are based outside inner cities, and would welcome support from specialists. Preventive services promoting wellbeing already exist in a range of settings including the voluntary and community sector, but their staff need better links with mainstream services and the opportunity to discuss problems.

BME support networks are also often inter-generational so specialists in older people's mental health promotion and illnesses need to work with groups and centres that focus on all ages.

The Social Care Institute of Excellence (SCIE) produced a free online Practice Guide, also available in accessible film clips. Social work education has included practice examples from this research in their learning materials (for example in University of Hull



and in Kings College London). The Race Equality Foundation updated its online professional briefings to reflect the findings, which in turn made local community and Age UK volunteers more 'equality aware', especially regarding how they can promote mental wellbeing among BME older people.

<http://www.scie.org.uk/publications/reports/report38.pdf>



Workplace design for wellbeing

Wellbeing at work cannot be reduced to one factor - a range of elements within the job, the work environment and the organisation all combine to influence employee wellbeing and performance. **Dr Maria Karanika-Murray** of Nottingham Trent University examined what healthy work environments mean and how the workplace can promote employee wellbeing and organisational effectiveness.

This longitudinal research examined the effects of many different factors on health, wellbeing, and performance. The researchers looked at 17 UK public and private sector, small, medium and large organisations (over 5,000 employees).

They sent an online survey four times over a year to all employees and found that the strongest and most consistent factors impacting on wellbeing were workplace design and leadership. Job characteristics (specifically job demands) were also important, but much less so in comparison to workplace characteristics. They found that important workplace design factors were those that could support employee autonomy, competence, and relatedness

(developing meaningful relationships with others) as these helped employee motivation and well-being.

The overall results show that it is important for organisations to take a comprehensive approach to creating healthy workplaces that can help employees feel autonomous and competent and have positive relationships with others at work in order to have an engaged, motivated and healthy workforce. This concept is not new, but the research shows how healthy workplaces can now be measured so that they can then be put into practice.

From the research a 'tool' was produced to assess workplace design characteristics for wellbeing and motivation, which is supported by guidance for employers and is available for organisations to use. Dame Carol Black, the National Director for Health and Work at the time, opened a workshop for employers, employees, policymakers and academics to take forward these leading edge ideas in health and wellbeing at work.



What works for troubled children? – making good research accessible

An interactive website, using evidence-based research, has been set up to help childcare and social workers who work with children and young people with emotional and behavioural difficulties. The 'What Works for Troubled Children' site evolved from previous work carried out by **Professor Ann Buchanan MBE AcSS** of Oxford University who reviewed research for Barnados on successful interventions for children and adolescents with minor mental health concerns, which proved to be very helpful for those working in the field. The website has over 1,500 pages and aims to respond to the questions a practitioner might have about a particular case or group of cases. It is updated every year by Ann Buchanan and Paulo Fuller at Oxford, and Peter Fanshawe, previously of Wiltshire Social Services.

After signing in, the website asks: What is the emotional/behavioural problem? How old is the child you are worried about? The website takes the reader to an overview giving general information about the problem and possible related issues. It then suggests

immediate helpful steps to take. Finally, it lists evidence-based interventions and associated costs that can help the problem.

In 2012, there were more than 2000 visits to the What Works for Troubled Children website and this level of usage is continuing.

The site is now housed within the Research in Practice (RIP) website. RIP's mission is to foster a lasting culture shift in using evidence-informed practice to improve the lives of children, young people and families and the What Works for Troubled Children website greatly contributes to this aim.

http://www.barnardos.org.uk/what_works_for_troubled_children_-_summary_1_.pdf

<http://www.rip.org.uk/>



Open Arts

Professor Jenny Secker of Anglia Ruskin University looked at creative arts projects for people with mental health needs across Britain in 2007 and found that they could positively affect mental wellbeing. South Essex Partnership University NHS Foundation Trust took the best practice from the study and created Open Arts with support from local commissioning partners.

Many people recovering from mental ill health find the prospect of attending mainstream arts classes daunting.

Open Arts offers a stepping stone back into mainstream provision, with tutors who have training and understanding in mental health. Because it can accept self-referrals, Open Arts has also been able to help people in the early stages of mental distress, such as carers, who find it difficult to access the kind of support that meets their needs without having to wait for their condition to become severe.

By running groups with both service users and non-service users in non-clinical settings such

as community centres and colleges, Open Arts reduces the stigma of attending a mental health group, whilst enabling participants to tap into their local arts and social networks. In the 5 years Open Arts has been running, over 600 people have benefited.

People with mental health problems often experience low confidence and self-worth and feel isolated from the rest of society.

Anglia Ruskin University and the South Essex Service User Research Group evaluated Open Arts and found that mental wellbeing and social inclusion improved for course participants. Over 80% of participants also report improved confidence and motivation as a direct result of the project and over 70% move on to further learning, arts engagement, training or employment.

A 12-week Open Arts course, which can keep mentally distressed people out of hospital, costs just £800 per person, compared to over £2200 per week for a bed in an Adult Acute ward.

<http://www.sept.nhs.uk/Mental-Health/Open-Arts.aspx>



Reducing prisoner suicides

Successive UK governments have long been concerned with the issue of prisoners committing suicide, with rates of prisoner suicide in the past increasing year on year.

Professor Graham Towl AcSS of Durham University led research to identify prisoners at a higher risk of suicide to help reduce the number of prisoners taking their own lives.

Professor Towl's team analysed seven years' worth of files of prisoners who were recorded as self-inflicted deaths in prisons.

They found that it is during the first days within prisons where the length of stay is shorter than other prisons, that the risk is highest for prisoners with fixed term sentences and those held on remand; and that some types of offenders are overrepresented in prisoner suicide data, e.g. sexual and violent offenders (whether the prisoner is held on remand or sentenced). The researchers also found that social support and the quality of relationships between prisoners and staff are critical to successfully managing suicide risk amongst prisoners.

As a result of the research local prisons have invested more in suicide awareness.

There is more emphasis on focusing on prisons where the length of stay is likely to be significantly shorter than with other prisons, and resources are targeted at the early or 'induction' period of the individual prisoner's stay.

The findings have also helped inform decisions around how risk assessments and related interventions are undertaken in prisons.

As a direct result of the research findings, health professionals in prisons are now better placed to use their professional judgement on the risk of suicide and suicide rates are no longer on the increase in prisons.

<http://www.dur.ac.uk/psychology/staff/?id=6790>



Improving public policy by promoting wellbeing

In 2007, it was estimated that six million people were suffering from clinical depression or anxiety disorders but only a quarter of them were in treatment.

Professor Lord Richard Layard and his team at the LSE's Centre for Economic Performance carried out a cost-benefit analysis of cognitive behavioural therapy which showed that providing it more widely would actually result in a zero net cost to the Treasury. Savings made through treating people who are employed but struggling to cope and those who are not employed and unable to work due to mental health problems, would result in savings in benefits and creating extra taxes due to more people being able to work.

As a result of these research findings, the government launched the Improving Access to Psychological Therapies (IAPT) programme in 2007. Researchers evaluated the first two demonstration sites (at

Doncaster and Newham) and then the first year of the national roll-out. The evaluation found that results were best when the provision implemented the treatments proposed by NICE based on the research evidence. The programme is now treating 400,000 people a year, with over 45% recovery rates. It has been acclaimed by the science journal *Nature* as 'world-beating'.

On Layard's recommendation, the government then extended the IAPT programme in 2010 to include Children and Young People's services.

http://cep.lse.ac.uk/_new/staff/person.asp?id=970

www.iapt.nhs.uk/

<http://cep.lse.ac.uk/pubs/download/special/cepsp26.pdf>

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British Association for
Counselling & Psychotherapy

The British Association for Counselling & Psychotherapy (BACP) is a membership organisation and a registered charity that sets standards for therapeutic practice and provides information for therapists, clients of therapy, and the general public. It is the largest professional body representing counselling and psychotherapy in the UK, with over 40,000 members working within a range of settings, including the NHS, schools and universities, workplaces and private practice, as well as third sector environments including voluntary, community and pastoral settings.

BACP aims to increase public understanding of the benefits of counselling and psychotherapy, raise awareness of what can be expected from the process of therapy, and promote education and training for counsellors and psychotherapists.



The European Academy of Occupational Health Psychology is the European representative body for the discipline. The Academy was founded in 1999 to support research, education, and professional practice across Europe in Occupational Health Psychology. This is achieved through a biennial conference, academic and practitioner-oriented publications, and the provision of small grants to individuals and groups. Membership of the EAOHP includes psychologists, health and safety practitioners, ergonomists, physicians and allied health professionals and management professionals.



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