Supporting Young People's Mental Health

Eight Points for Action: A Policy Briefing from the Mental Health Foundation

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Acknowledgements

Introduction

" It's easy to hide how I'm feeling if I don't feel I can talk to them or that they will understand or provide the right support **"**

Young person

Rates of mental health problems reported among children and young people have risen over the last fifty years[1]. Among teenagers, rates of anxiety and depression increased by 70% in the past 25 years[2] and the incidence of reported self-harm has also risen, with one in 15 young people now thought to be affected[3].

Left unresolved, mental health problems significantly affect children and young people's social and educational development. This can have a profound and lasting negative impact into adult life in terms of employment, relationships, and likelihood of disability. Paradoxically, the time at which most help is often needed- the period of transition from childhood into adulthood – is exactly the time at which services are currently least able to meet that need.

This paper outlines key areas for the development of support for young people and their mental health, focusing in particular on adolescence and young adulthood (the 11-25 age range). Recommendations within this paper are informed by ten years of Mental Health Foundation work on children and young people's mental health, including the Listen Up! project[4], which explored ways of providing person-centred support to young people experiencing mental health difficulties.

Why the mental health of young people matters

Good mental health is the foundation of young people's emotional and intellectual growth, underpinning the development of confidence, independence and a sense of self worth. Young people who are mentally healthy will have the ability to:

• Develop psychologically, emotionally, creatively, intellectually and spiritually
• Initiate, develop and sustain mutually satisfying personal relationships
• Use and enjoy solitude
• Become aware of others and empathise with them
• Play and learn
• Face problems and setbacks and learn from them[5]
• Enjoy and protect their physical health
• Make a successful transition to adulthood in due course

Consequences of poor mental health in young people

There is growing evidence that some types of mental health problems are predictive of negative outcomes later in life. For example, there is a strong, unfavourable relationship between childhood conduct disorder and social exclusion and poor inter-personal relationships, offending behaviour and erratic employment[6].

There is also a strong correlation between child and adolescent mental health issues and mental health problems in adulthood. In one study 50% of young adults with a mental health problem had been first diagnosed between the ages of 11 and 15[7].

The economic and social cost of failing to address the emotional problems faced by children and young people is vast. It is estimated that the costs of public services used through to adulthood by individuals with troubled behaviour as children are 10 times higher than for those with no significant problems[8].

Risk and protective factors

Factors or circumstances associated with the risk of children experiencing mental health problems include family structure (such as lone parent, reconstituted families, large families); educational attainment of parents, poverty and low socioeconomic status[9].

A Mental Health Foundation project identified four groups of young people as being particularly vulnerable to mental health problems. These groups were children with emotional and behavioural difficulties, homeless young people, looked after children and young offenders[10]. These groups are also less likely to have their problems diagnosed or to receive help to deal with them. Other groups recognised as vulnerable include young carers, refugees and asylum seekers and young people with learning disabilities.

It is clear that parenting style has a critical impact on children's emotional and cognitive development. Key protective factors include feeling loved, trusted and understood, having interest in life, optimism, autonomy, self-acceptance, and resilience[11]. In addition, the school environment has been found to play a role. Whole school approaches to mental health promotion, and well-evidenced forms of anti-bullying strategies, for example, have been found to be protective of children's mental health.

Further investment is needed in research to determine which interventions are most effective in reducing risk factors and strengthening protective factors, and this research should underpin policy.

Policy background

Recent Government policy, spearheaded by Every Child Matters[12], has placed increased focus on children's wellbeing and promoting mental health, with emphasis on early intervention and identification. Local Children and Young People's Plans have been introduced to provide support for more integrated and effective services. Strengthening health promotion in local communities and targeting resources to the neediest communities have been highlighted as priorities. Youth Matters[13], the Governments' strategy for youth published in March 2006 intends to build on this by empowering young people in shaping the services they need, encouraging their involvement and supporting better choices. In addition, it pressed for a single point of contact for young people experiencing difficulties. A further ten year strategy - Aiming high for young people[14] – was published in July 2007, to promote involvement in positive leisure activities and the development of resilience and social and emotional skills.

To integrate services for children, Children's Trusts have been developed, which are supposed to be in place in every local authority by 2008. The process of integrating support and services is to be supported by a common assessment framework, information sharing, a lead professional and common core competencies for those working with children.

A substantial policy review of children and young people, published by HM Treasury and the Department for Education and Skills in 2006, offered a sophisticated analysis of the factors that contribute towards good mental health with the intention of feeding in to the 2007 Comprehensive Spending Review. Building resilience is a major theme and there is a welcome recognition of the importance of good social and emotional skills in helping to protect children and families from poor outcomes later in life. The review also set out a variety of measures and additional investment to improve support for parents and for families trapped in a cycle of low achievement.

For services which seek to provide support and care for children and young people who need to use mental health services, either at a universal or specialist level, it was clear that policy levers needed to be set in place to drive development. To address this, the National Service Framework (NSF) for Children, Young People and Maternity services[15] was published in 2004, describing the support which children and young people should expect to be able to receive. Standard 9 of the NSF addressed the mental health and psychological wellbeing of children and young people. It stated that by 2014: "All children and young people from birth to their eighteenth birthday, who have mental health problems and disorder have timely access to timely, integrated, high quality, multi disciplinary mental health services to ensure effective assessment, treatment and support, for them and their families."

This meant that all levels - known as "tiers" - of Child and Adolescent Mental Health Services (CAMHS) services from universal to highly specialist, were in need of significant development. In addition, in 2003, a Public Service Agreement (PSA) was put in place stating comprehensive provision of CAMHS services should be available by 2006.

Since the PSA and the introduction of the NSF, there has been heavy investment in CAMHS, with expenditure rising by over 80% from 2002/3 to 2005/6. Staffing levels have also increased by 27% from 2003 to 2005[16]. However, these increases need to be set against the fact that they started from a low baseline, and a high proportion of children who could benefit are still not accessing appropriate services. For example, research has shown that only 25 per cent of children with a diagnosed psychiatric disorder were accessing mental health services during this period[17]. Although not all young people wish to access specialist services and often find support elsewhere, there is a question of whether this is even offered as an option for many young people experiencing mental health difficulties.

A two-year review of the implementation of Standard 9 was published in 2006[18] evaluating progress. It focused on three particular proxy targets: 24 hour cover for urgent needs and specialist assessments; CAMHS available to children and young people with learning disabilities; and services available for all 16 and 17 year olds. All showed significant progress in terms of the proportion of PCTs commissioning these services.

At this important time of development of policy for young people, and a time when CAMHS services are intended to have become "comprehensive", it is a good moment to take stock of what has been achieved and what still needs to be addressed.

Rethinking support for young people's mental health

" Lots of teenagers seem so mixed up, and a lot of adults can be quite patronising and not be as helpful just because we are young. I would like to see more youth groups that offer confidential advice or at least someone to talk to. **"**

Young Person

Despite the reports of significant progress, there is a question as to whether the reality of services on the ground matches up to the high aspirations of the NSF. Ways need to be found to ensure these aspirations can be met, with special consideration being given to what young people say they want, what is known to work, and the needs of 16-25 year olds.

This will mean a much greater emphasis on the support that is provided in non-mental health settings, the places where children and young people work and play, in primary care, and on enhancing family and peer support. Developing a research and development strategy coupled with knowledge management must be part of the agenda too, as should workforce development. And, critically, more needs to be done to protect the mental wellbeing of all children and young people by educating them and those who look after them about the factors that help and hinder mental health.

Further consideration of the following eight areas is needed as a priority:

1. Using CAMHS more effectively and shifting responsibility to the mainstream

Child and Adolescent Mental Health services are based around a 4-tier model, ranging from supporting universal services to providing highly specialist care. They have been small-scale, under-funded and under-resourced. Figures relating to developments since the PSA seem impressive. However there are anecdotal reports of problems in many areas caused by PCT funding cuts, for example, posts frozen, and new schemes not mainstreamed in full. There continue to be marked variations in how CAMHS work across the country, in terms of services, structures and the age range catered for. There is a lack of consistency in effective links between CAMHS and adult services, and only a small number of jointly commissioned services are providing for young people up to 25. Greater and more targeted investment will be needed to ensure that the gains made in the past three years are not compromised.

Furthermore, little information is available about service outcomes. CORC, which is part of the Evidence Based Practice Unit at University College London, is researching in this field. This area of work needs to be supported to improve understanding of the impact of CAMHS, so that services can be shaped according to best practice.

However, even with sustained investment, CAMHS services cannot be expected to bear responsibility for ensuring that all young people who need some form of support receive it. Most CAMHS services are highly specialised and essentially low volume, and historically often did not deal with issues relating to behaviour problems, which are now part of their caseload. They were not conceived with the intention of a providing a "comprehensive" service as we would now understand it. However, many CAMHS practitioners do now provide support for more generalist services, such as schools and GPs.

It was never intended that CAMHS practitioners themselves take responsibility for all aspects of children and young people's mental health. Despite this, universal services can tend to push responsibility back to CAMHS practitioners rather than supporting their own staff to develop skills and awareness. Because CAMHS, with extra resources, is arguably now more visible and has greater expectation placed upon it, it is easy for universal services to shy away from the issue. There is a risk that universal services do not acknowledge that they are also Tier 1 CAMHS, and seek to refer young people who can and should be supported in a universal setting, on to Tier 2 or 3. The drive to become comprehensive within this context, even with increased resource, has stretched many CAMHS services beyond the limit. It is unrealistic, and in fact undesirable, for CAMHS practitioners to provide a comprehensive mental health promotion and support service for all young people.

Future development needs to push forward the intentions within Every Child Matters and local Children and Young People Plans to place increased focus on prevention coupled with improved primary mental health care for all children and young people. This needs to be provided through universal services and located in the settings young people will access, with funding for this and any specialist advisory support from CAMHS effectively planned for and resourced.

2. Improving age-appropriate care for the 16-25 age group

"This is far from satisfactory. We currently offer a service to 16 to 18 year olds if in fulltime education. Those not in full time education are seen (if lucky) by colleagues in AMHS (Adult Mental Health Services)".
CAMHS Service Manager

This issue should be made a priority area of focus in any review of services. The period of transition into adulthood is a critical time in a young person's life. It is crucial to work towards breaking the cycle of mental ill health at this stage to avoid problems continuing into adulthood. Specialist care, tailored to address the needs of young people in these years, can be vital. In addition to treatment and care which addresses the mental health problem, young people need to be supported in planning a way out of services, and in building up skills and confidence to take with them into adulthood.

This issue has been recognised by Government. In 2005, the Social Exclusion Unit stated:

"… the ways in which young people become adults has become more complicated and diverse but policies have generally failed to keep up with such changes. The age structuring on which many policies are based is often complex, inconsistent and working against the principle of resources following need."[19]

Despite this, artificial barriers remain and young people find themselves having outgrown children's services, or being excluded from these on the basis of their age, but finding that adult services are not appropriate for their needs either.

Improved provision of age-appropriate services for young adults between the ages of 16-25 is urgently needed. There should be universal agreement as to the age range services for young adults should cover, as there remains a significant degree of inconsistency. Of 19 CAMHS services which the Mental Health Foundation contacted in June 2007, almost half offered no age-appropriate care and interventions specifically for 16–25 year olds. A small minority offered age-appropriate services between the ages of 16 to 19, and two services offered care and interventions to the 16 to18 age group, but only if they were in full-time education, otherwise the cut off age was 16. None of the services offered age-appropriate care past the age of 19.

A person-centred service for young people between the ages of 16-25 is needed to take account of changing care and support needs as young people move into adulthood. This should be available in all PCT areas.

Services for young adults must work within a range of generic care settings (e.g. sexual health clinics, GPs surgeries, youth centres and further and higher education settings) and engage further with the voluntary sector, schools and employers in order to provide the holistic support that many young adults need. In previous work undertaken by the Young Minds SOS project[20] and the Mental Health Foundation, young people facing problems said that the voluntary sector was the place they looked to for responsive, non-bureaucratic and welcoming services[21].

3. Ensuring Children's Trusts provide flexible and integrated services for young people

There is a question as to whether Children's Trusts will be flexible enough to plan and deliver the kind of mental health provision that young people say they want: provision that can be accessed at any time, with services that are flexible and can adapt easily to the sometimes volatile circumstances of young people's lives[22]. If young people are fully involved in the development of services, they are likely to suggest ideas for services which are creative and innovative and may require a degree of risk taking and moving away from traditional service structures.

There is also a risk that an unintended effect of the development of Children's Trusts may be to make joint working between adult and children's services more difficult to achieve. This may make vital work with families, or work across the transition years harder to co-ordinate. In addition, there is no clear understanding of how Child and Adolescent Mental Health Services (CAMHS) should fit within these structures.

Integrating (CAMHS) and Children's Trusts must be part of the picture, not just in respect of vulnerable children and their parents or carers, but also in the interests of all children and young people. However, given the complexity of provision in any one locality and historical tensions between agencies this poses considerable logistical challenges.

The voluntary sector has a key role to play in delivering the services young people want and has often proven to be responsive to their needs. Voluntary sector organisations must be directly involved in the commissioning process alongside social care, education and health. Unless this happens, there is a risk that their unique and much-needed interventions will not be properly recognised.

To make these new partnerships work, more will need to be done to break down boundaries between mental health professionals and other professional groups working with children and young people. In addition, all children's services will need to maintain or develop an awareness of mental health issues, particularly those in contact with the most vulnerable groups. Training on mental health and wellbeing issues must therefore be a priority.

Services must also adopt a more integrated approach. Although this is already theoretically in place in many areas, professionals still report a lack of clarity. Of the CAMHS services which the Mental Health Foundation recently contacted, half specifically mentioned confusion about partnership working and lack of effective commissioning when asked to name barriers to effective service provision.

"Transition services for young people moving from child and adolescent services to adult services poses a number of challenges in terms of protocols and pathways." CAMHS Service Manager

It is therefore not enough merely to bring services together structurally. Clear pathways of care need to be understood by practitioners in order to make sure young people receive the care they need without delay or confusion.

4. School-based support

"I think schools should be much more clued up on mental health issues" Young person

The Government has recognised that schools have an important role to play in protecting and promoting mental health. The proposed stronger focus on emotional health through the Healthy Schools Programme and the extension of the Social and Emotional Aspects of Learning (SEAL) to secondary schools is welcome, as is the stronger emphasis on supporting parents in understanding and promoting emotional health and resilience. However, there are important, additional considerations that must be taken into account.

The most positive evidence is for whole-school approaches implemented continuously for more than one year where the emphasis is on mental heath promotion (as opposed to mental ill-health prevention). Programmes that aimed to improve children's behaviour and were limited to the classroom were less likely to be effective[23] [24].

Receiving help from a school-based rather than an external counselling service is perceived to be less stigmatising[25]. Children are more willing to use a school-based service, and parents who had refused referrals to external mental health specialists are more willing to allow their child to see the school counsellor. When an in-school counsellor is available, teachers are more likely to refer pupils for help.

There are a range of anti-bullying strategies which have been robustly evaluated and found to be effective, such as the Campaign against Bully-Victim Problems[26]. While teachers feel that while there are many good initiatives available to schools, they also feel that these are often under-funded, inconsistently applied and reactive in approach[27]. There is clearly a need for greater resource, consistent support for all schools and creative thinking in regard to promotion and prevention.

Head teachers have a central role to play in developing positive mental health strategies in schools. They should recognise the need to develop a whole school awareness of mental and emotional health issues, and be supported to do so.

Schools need more support in developing and implementing effective anti-bullying strategies, for example, those which involve the whole school, parents and the community. Existing school-based work around anti-bullying strategies should be continued and strengthened, and the effectiveness of new interventions should be evaluated.

Healthy Schools Standard (England) and its equivalent in the other UK countries should be extended to the higher and further education sectors, where there is currently no over-arching policy for promoting positive mental health[28].

5. Workforce issues

The majority of CAMHS managers contacted by the Mental Health Foundation believed caseloads were too high and did not leave them adequate time to fully address the needs of each young person. Consequences included 'staff burn out', practitioners becoming overwhelmed and 'failure to plan strategy for engaging with commissioners, GP's, directors of public health and service users'.

One manager described their staff as:

"Fantastically well trained and knowledgeable, hardworking professionals, who are 100 % committed to providing as good a service as can be provided in impossible circumstances!" CAMHS Service Manager

Although most of the services said that their key strengths lay in their excellent staff who were 'skilled and committed' to the service they provide, 65% said that they lacked the necessary staff and 50% the necessary resources to enable them to achieve comprehensive CAMHS.

Investment is needed in the CAMHS workforce, both in terms of numbers of professionals available, the range of skills they can offer, and the resources available to them. If this is not provided, the progress which has been made in developing CAMHS is likely to be unsustainable.

6. Universal services

"One GP I saw did not have a clue about any of the issues. He seemed to be put off by the whole idea! The University's health service is located in a brand new building and really aims to cater for students. The doctor I saw was very helpful and guided me through what could be offered, and how I could find out more. They spoke to me very informally, and sympathetically." Young person

Standard 9 of the National Service Framework fails to provide clear strategies for the development of what are known as tier one services – those services which work with young people, but who are not mental health specialists, such as teachers, social workers and GPs. The review of the implementation of Standard 9 concluded that *"there is still a great deal to do to ensure all front-line professionals have the skills and access to more specialist support they need".* And, of course, Standard 9 does not address the needs of young people over the age of 18.

Without significant investment in the development of these skills within universal services, and an increase in support available to them, it is unlikely that these services can be designed in a way which will meet the needs of young people, and issues which could have been addressed early will continue to wait until young people and their families have reached breaking point.

The commissioning of universal services which young people find relevant needs considerable improvement. To establish what is needed locally, services should be supported in carrying out a thorough needs assessment of the population covering geographic, demographic and workforce issues, prevalence and type of problem and the identification of gaps in service provision. Young people and families should be central to any assessment process.

There is no data collected by Primary Care Trusts that specifically looks at young people's mental health in the 16 to 25 age range. Without this it is impossible to plan or commission services to meet the needs of this group.

PCTs should establish measures for this as a key part of meeting their commitments in relation to the PSA target of providing comprehensive services to meet the mental health needs of all young people.

There is a need to develop robust tools for young people to define what they want and need, and for practitioners to measure and evaluate service delivery. Outcomes defined by young people should be a core part of any evaluation tool. The Listen Up! report recommends that funders and commissioners work alongside voluntary sector organisations on this, and take an important lead in looking at flexible approaches to what they want from the sector in terms of monitoring and evaluation[29].

7. Young people's mental health in primary care

"My GP has been an invaluable resource for me, he is prepared to listen whenever I need help (…) He has also referred me to a psychologist for more in-depth help" Young person

The role of GPs is central to providing effective support for young people. Although not all GPs can be expected to have specialist knowledge in this area, they should have adequate training and experience to be able to identify problems early, provide initial support and be able to refer young people to appropriate other services if necessary.

However GPs generally report that they have few treatment options to offer people experiencing mental health problems, due to lack of local services or awareness of them, or long waiting lists[30]. Although a young person under 16 or 18 might be referred to CAMHS by a GP if it was felt they needed treatment for a mild to moderate mental health problem, there is rarely any specific service for those aged 16-25.

PCTs need to commission services that will not only provide non-stigmatising services at a primary care level which young people will feel able to use, but also need to provide support for GPs so that an effective comprehensive service which reaches young people early can be provided.

PCTs, in partnership with local authorities and others, should prioritise the development of centres specifically providing support for young people across different aspects of their lives, including physical and sexual health services, relationship advice, leisure, employment and academic support, and financial advice, providing support on either a one-off or ongoing basis. They should offer scope for the development of peer and social support, as well as including families. These centres could act as a source of advice as well as place of referral for GPs.

8. Providing services which young people want to use

"I would probably make it primarily telephone or email accessible with the option of face to face meetings. Young people find it much easier to be open via these mediums. This also reduces the fear of a lack of confidentiality as this would be in the control of the young person. I would also try to have it staffed by younger people (twentysomethings) who would be able to more easily relate to the people requiring help."
Young Person

Research carried out by the Mental Health Foundation confirmed that young people had strong views on how services needed to change to better meet their needs[31]. Unless services are designed in a way which young people actually want to engage with, they will not be successful. Young people can be involved in the selection of staff, in deciding how budgets are spent and in the organisation of external events.

Young people find this helps them develop confidence and skills as well as improving services. For example, in the Listen Up! Project, one young person who was involved in planning the service stated:

"It's a positive and empowering experience and provides the opportunity to voice our opinions"
Young person, Listen Up! project[32]

Some key needs identified by young people in the Mental Health Foundation's Youth Crisis project included:

• Places to go for young people that are informal; are open in the evenings; work on a drop-in rather than appointment basis; and are staffed by skilled youth workers with knowledge of mental health issues.
• Services targeted specifically at 16-25 year olds, which are 'young-people-friendly' in design and approach.
• Telephone helplines, available at night, in the evenings and at weekends, specifically for young people, that are staffed by skilled telephone counsellors, who know what local services are available for young people.
• Access to alternative treatments such as reflexology and acupuncture. These are available to many adults experiencing mental distress, but difficult to access for young people.
• Choice of workers so that young people can build a rapport with someone who meets their individual needs.
• Peer support in schools and youth work settings. More training for teachers in mental health issues would raise awareness of how to support the mental health of vulnerable young people[33].

Models of commissioning and delivering services for this age group should directly consult young people, and include them in as many aspects as possible. The young people's services involved in the Mental Health Foundation's Listen Up! Project found that where there was commitment to involving young people fully, young people responded well to the challenge and were positive about their involvement. Young Minds have developed commissioning guidelines for this age group as part of their Stressed Out and Struggling Project which can inform this process[34].

Involving young people meaningfully requires flexibility and commitment on the part of commissioners as well as front line staff. It is a crucial part of designing services which meet young peoples needs and which they feel they can identify with. This needs to be built in and resourced as a fundamental part of service planning.

Conclusions

The last five years has seen significant and much needed expansion in support for children and young people, not only at a policy level, but also in terms of funding and staff available through CAMHS. This still falls short of the "Comprehensive CAMHS" envisaged by the Public Service Agreement of 2003. In particular, the group most let down by current arrangements are those in the transitional age group from 16-25, for whom services are at best rarely designed around their needs, and at worst simply non-existent.

Building capacity and a clear understanding of responsibility for young people's mental health within universal services and primary care is urgently needed. However, the expertise provided by CAMHS for those with complex needs should be retained and supported. Making effective use of both universal and CAMHS services should help to ensure that the right services are provided for young people at the right time and place.

The Government's plans for greater integration may make a difference to support provided for young people, but only if young people's voices directly inform design and commissioning. Renewed focus needs to be placed on designing services which young people feel they can use, rather than fitting them around the requirements of existing structures and services.

Summary of Recommendations

1. An increased focus is needed on prevention, coupled with improved primary mental health care for all children and young people. This needs to be provided through universal services and located in the settings young people will access, with funding for this and any specialist advisory support from CAMHS effectively planned for and resourced.

2. A person-centred service for young people between the ages of 16-25 is needed to take account of changing care and support needs as young people move into adulthood. This should be available in all PCT areas.

3. To make Childrens' Trusts work, more will need to be done to break down boundaries between mental health professionals and other professional groups working with children and young people. All children's services will need to maintain or develop an awareness of mental health issues, particularly those in contact with the most vulnerable groups. Training on mental health and wellbeing issues must therefore be a priority.

4. Schools need more support in developing and implementing effective anti-bullying strategies, for example, those which involve the whole school, parents and the community. Existing school-based work around anti-bullying strategies should be continued and strengthened, and the effectiveness of new interventions should be evaluated.

   Healthy Schools Standard (England) and its equivalent in the other UK countries should be extended to the higher and further education sectors, where there is currently no over-arching policy for promoting positive mental health.

5. Investment is needed in the CAMHS workforce, both in terms of numbers of professionals available, the range of skills they can offer, and the resources available to them. If this is not provided, the progress which has been made in developing CAMHS is likely to be unsustainable.

6. PCTs should establish measures for young people's mental health in the 16 to 25 age range as a key part of meeting their commitments in relation to the PSA target of providing comprehensive services to meet the mental health needs of all young people.

7. PCTs, in partnership with local authorities and others, should prioritise the development of centres specifically providing support for young people across different aspects of their lives, including physical and sexual health services, relationship advice, leisure, employment and academic support, and financial advice, providing support on either a one-off or ongoing basis. They should offer scope for the development of peer and social support, as well as including families. These centres could act as a source of advice as well as place of referral for GPs.

8. Involving young people meaningfully requires flexibility and commitment on the part of commissioners as well as front line staff. It is a crucial part of designing services which meet young peoples needs and which they feel they can identify with. This needs to be built in and resourced as a fundamental part of service planning.

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Mental Health Foundation

About the Mental Health Foundation

Founded in 1949, the Mental Health Foundation is the leading UK charity working in mental health and learning disabilities.

We are unique in the way we work. We bring together teams that undertake research, develop services, design training, influence policy and raise public awareness within one organisation. We are keen to tackle difficult issues and try different approaches, many of them led by service users themselves. We use our findings to promote survival, recovery and prevention. We do this by working with statutory and voluntary organisations, from GP practices to primary schools. We enable them to provide better help for people with mental health problems or learning disabilities, and promote mental well-being.

We also work to influence policy, including Government at the highest levels. We use our knowledge to raise awareness and to help tackle stigma attached to mental illness and learning disabilities. We reach millions of people every year through our media work, information booklets and online services. We can only continue our work with the support of many individuals, charitable trusts and companies. If you would like to make a donation, please call us on 020 7803 1121.

If you would like to find out more about our work, please contact us.

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