NHS Bristol

Avon and Wiltshire
Mental Health Partnership NHS Trust

Evaluation of Mental Health First Aid Training for Voluntary and Charitable Services working with Black and Minority Ethnic individuals in Bristol

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Introduction

Mental Health

The Department of Health (DOH) defines mental health as: "The emotional and spiritual resilience which enables enjoyment of life, and the ability to survive pain, disappointment and sadness; and as a positive sense of wellbeing and an underlying belief in our own and other's dignity and worth."

Good mental health is more than the absence or management of mental health problems; it is the foundation for well-being and effective functioning both for individuals and their communities.[1]

Mental health problems are extremely common: one in six adults will have a mental health problem at any one time, and for half of these people the problem will last longer than a year.[2] For some people, mental health problems last for many years, particularly if inadequately treated.[1]

The social and financial costs of mental health problems are immense.[3] The burden on individuals, families, communities and society as a whole includes the psychological distress, the impact on physical health, the social consequences of mental health problems, and the financial and economic costs.

Barriers

Many people do not come into contact with services due to stigma, lack of information of where to go for support, alternative support services are used or choose not to use the NHS service; for a range of reasons. The report, Moving forwards: Pathways to better Mental Health and Wellbeing states that stigma around mental health problems is a barrier to recognition, access and delivery.[4]

Stigma and discrimination can have negative effects on mental wellbeing resulting in people becoming discouraged from seeking help when they suspect something might be wrong. Stigma also makes it difficult for people to discuss mental health problems with friends and family, leading to social isolation, which can exacerbate mental health problems. [1]

The causes of mental ill health are complex but the impact can be reduced by intervening quickly and effectively when people are showing early signs of problems. This can be done by identifying and providing appropriate support to those at higher risk of mental health problems, and by the provision of timely and good quality services when people do become unwell. There is also increasing evidence of the importance of resilience, as the foundation on which is built the capacity of individuals and communities to cope with and support each other through life's adversities. [5- 6] The earlier a diagnosis and intervention is in place the quicker a person will be able to recover. Any prevention of mental ill health requires collaborative working across services. [1]

Mental Health promotion

The Department of Health (2001) defines mental health promotion as "any action to enhance the mental wellbeing of individuals, families, organisation or communities". [6]

One of the aims of the New Horizon is to improve the mental well-being of all individuals, families and communities. Interventions to promote mental health and well-being operate at three levels: individual, community, and structural/policy-making. Local initiatives to promote better physical and mental health in BME groups can reduce the harm that inequalities can cause. [7]

Stigma and discrimination can be addressed through social marketing campaigns, education, information and legislation. It is a fundamental

element of strategies to achieve social justice and equity for people with mental health problems.[1]

Mental health problems are best addressed by having sufficient people with appropriate skills wherever people with mental health problems present.[4]

The mental health promotion strategy in Bristol (2008-2011) which outlines a plan for further action by the Local Implementation Team and NHS Bristol's Public Health Directorate includes; working with others to reduce stigma, encourage help-seeking behaviour and to support the delivery of race equality in mental healthcare.[8] The document also suggests the use of Mental Health First Aid as one potential resource to work towards this.

Mental Health and Black and Minority Ethnic individuals

The population of Black and Minority ethnic individuals in England is an estimated of 6.4 million.[9]

An inquest into the death of David 'Rocky' Bennett led NHS mental health services to be labelled institutionally racist.[10] The outcome led to DOH producing the Delivering Race Equality in Mental Health Care (DRE) action plan for achieving equality and tackling discrimination in mental health services in England for all individuals of Black and Minority Ethnic (BME) status, including those of Irish or Mediterranean origin and east European migrants.[11]

There is significant evidence to confirm that BME individuals are more likely than their white counterparts to follow aversive pathways into specialist mental health care.[12] The count me in census's also evidences a disproportionate rate of admission of people from BME communities to psychiatric inpatient units, as well as other discriminatory aspects.[13]

The Race Relations (amendment) Act (2000) state all public authorities have an explicit duty to actively promote race equality.[14] General duty is to:

- Eliminate unlawful discrimination
- Promote equality of opportunity
- Promote good race relations between people of different racial groups (inside outside 62)

Department of Health guidelines for promoting Mental Health with Black and Minority Ethnic communities[15] emphasises the need for specific mental health promotion interventions that target BME communities. It also recognises that mental health is influenced by various factor such as culture, background, beliefs, faith and spirituality. As well as the importance to recognise the different values and belief systems held by different communities and the impact this has on the views of mental health.

Strategies on mental health promotion[15] can work towards providing training for a range of workers to improve the way in which people from BME communities experience services. As well as building the knowledge of mental health within communities through information of local services; enabling early access to services. The Delivering Race Equality[11] action plan includes building the capacity of BME communities, providing equitable care pathways, build links and capacity with BME communities, including faith organisations, support networks, service users and carers.

All communities can play a role in preventing mental health problems and provide a safe environment where individuals with mental ill health can recover and thrive. BME communities often have to go further, filling the gaps between their needs and NHS mental health service provision.[12]

Mental Health First Aid

Background

Mental Health First Aid (MHFA) was developed in Australia by Betty Kitchener and Professor Tony Jorm, with the aim of increasing the mental health literacy of the Australian community (Kitchener & Jorm, 2005). Since its original development in Australia MHFA has been adopted and adapted by several countries including Canada, Finland, Hong Kong, Singapore, Ireland, Scotland, Wales and England (Kitchener and Jorm, 2008).

In 2003 Betty Kitchener brought the course to Scotland and subsequently to England in 2006 with funding from the National Institute for Mental Health in England (NIMHE). The MHFA England materials have been adapted from the Scotland course whom adjusted their materials from the Australian content to meet the needs of individuals in Scotland; by changing some of the language, covering additional topics such as self-harm and recovery and the development of a DVD that includes testimonies from people who have experienced mental health problems (Robson & Bostock, 2010).

The original concept behind MHFA is to enable anyone in the public or workplace to support individuals experiencing mental health issues at the initial stage; in the same way as people from the public can support individuals experiencing physical health problems through training on physical First Aid. The course is clear from the start that it does not teach individuals to become therapists but to enable initial support and signposting.

The Royal Society for Public Health (RSPH) has accredited the Mental Health First Aid instructor training programme. MHFA England (A Community Interest Company) is also supported by the National Mental Health Development Unit (NMHDU) and endorsed by the Department of Health (DH).

MHFA content

The aims of MHFA are to:

- Preserve life where a person may be a danger to themselves
- Provide help to prevent the mental health problems developing into a more serious state
- Promote recovery of good mental health
- Provide comfort to a person experiencing mental ill health
- Raise awareness of mental health issues in the community
- Reduce stigma and discrimination

The course is delivered over a period of 12 hours, usually over 2 days with 1 or 2 instructors (Brandling & McKenna, 2010). The course explores common adult mental health issues; depression, anxiety, suicide, self-harm and psychosis. It also discusses the potential causes, signs and symptoms, initial support skills at a time of crisis, where to go for further professional help and other support skills to work towards recovery.

The range of materials used in the training are constructed by MHFA England, which include; PowerPoint presentation slides, MHFA manuals, case studies, role playing and video clips. The course must follow the given structure and make effective use of resources provided therefore instructors are unable to use other materials or case studies unless at their discretion.

MHFA uses the acronym 'ALGEE' which participants use as a tool of what to consider and do in order to support individuals at a crisis or showing signs of mental ill health; this is what sets MHFA apart from other mental health training.

ALGEE:

A- Assess the risk of suicide or self harm
L- Listen non-judgementally
G- Give reassurance and information
E- Encourage the person to seek appropriate professional help
E- Encourage self-help strategies

Bristol Project

BME communities in Bristol are estimated to make up around 13.5% of the population (2010).[10] NHS Bristol has estimated that within Bristol over 51,000 people will have a mental health problem at any one given time; almost 80,000 will have a mental health problem in the course of a year.[8]

NHS Bristol funding was set for the delivery of Mental Health First Aid Training for Voluntary and Charitable Services (VCS) working with BME individuals, whom normally would be unable to access such training due to the costs (£150 per person).

The aim and objective of providing the training was to build capacity within BME organisations and other VCS working with BME communities to better understand and recognise mental health problems, signs and symptoms, build the skill set of staff members and provide information of where to go to for support; from a cultural sensitive perspective.

Evaluation aim

The purpose of the evaluation is to explore:

1. The uptake of the course by voluntary and charitable organisations working with BME communities
2. MHFA suitability in its content for those working with BME communities
3. A summary of the MHFA evaluation forms
4. The logistics of the training

Method

Courses

6 MHFA training courses were delivered in the period of just over a year (April 2010 -May 2011), with a capacity of 16 participants per cohort. A total of 96 places were available.

Target audience

The target audience for this training was Black and Minority Ethnic VCS, social enterprises and individuals who have a specific BME remit in mainstream VCS.

Marketing

Potential participants were targeted through emails, posters and established existing contacts as well as VOCSUR website and Link Bulletin. *(Appendix 1)*

Instructors

Four instructors delivered a total of 6 MHFA training courses, with 2 instructors for each MHFA cohort. All were BME Mental Health Community Development Workers, based in 4 respective organisations; Avon and Wiltshire Mental Health Partnership Trust, Gloucester 2gether Trust, Bristol NHS and Rethink. *(Appendix 2)*

Procedure

Each participant attended one of the six MHFA cohort for two days, from 9.30am until 4.30pm. All were asked to complete the standard anonymous evaluation form at the end of the second day constructed by the MHFA training team. A copy which is sent to MHFA training team and a copy kept for this Project. *(Appendix 3 and 4)*.

Supplementary Royal College of Psychiatrist mental health information booklets were also supplied, which would underpin the learning from the training. *(Appendix 5).* Participants were also provided with 'Time to Change' mental health promotion materials. *(Appendix 6)*

The instructors took note and feedback of any questions or queries related specifically to mental health, race and culture; in order to gauge if the questions that are raised by participants are covered in the materials. The instructors would debrief after each MHFA training, discussing what went well, any limitations and problems.

Partnership work

The training was delivered as a partnership piece of work, involving Avon and Wiltshire Mental Health Partnership Trust, Gloucester 2gether Trust, Rethink and Bristol NHS.

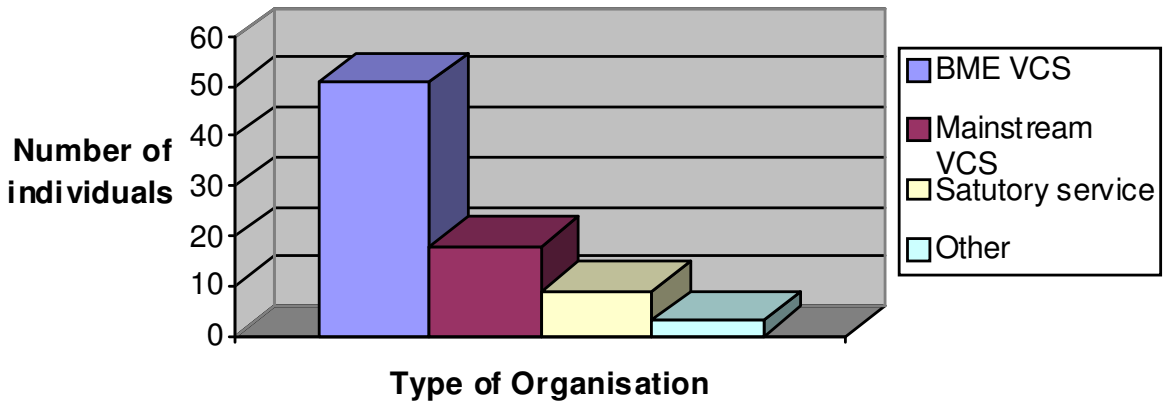
Outcomes

Participants

A large number of enquiries and registration forms were submitted for the course, ranging from BME VCS, social enterprises working with BME communities and statutory staff working with BME communities. Ninety seven were registered for the course, with 10 on the waiting list. Out of the 97 registered only 81 participants completed the 2 day training; the remaining 16 cancelled attendance last minute (less than 48 hours).

The participants came from a range of organisations which included Bristol Avon and Women's Chinese Group, Somali Mental Health Drugs Project, The Two Way Street, Refugee Action, Dekh Bhal, Bristol Avon and Women's Chinese Group, Second Step, Bristol Refugee of Women, Somali women voice, Nilaari, Bristol NHS health trainers, SARI, Off the Record. *(Appendix 7)*. The majority of participants did work within BME VCS organisations, which enabled this project to meet the target group. No other information about participants were collected such as age, gender, ethnicity, faith and/or spirituality and disability.

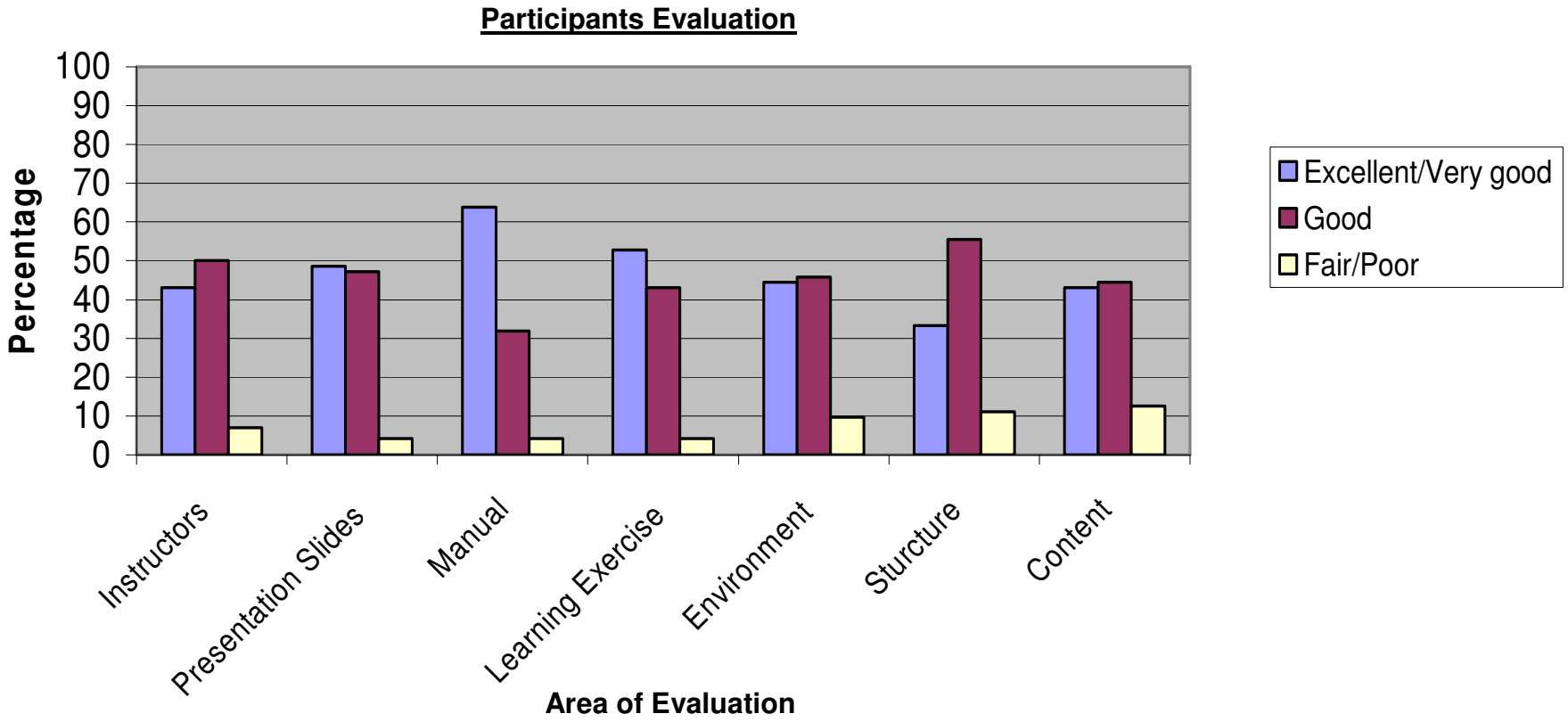
Participant Organisations



Evaluation forms

Each participant was required to complete an evaluation form at the end of day 2.

Overall the participants that completed the evaluation forms found the trainers and the course to be good; where the trainers, content materials, exercise and environment were mostly scored with Excellent/Very Good and Good.



Participant comments from section: 'How will you make use of what you have learned'

"I will be more confident in both volunteer and professional roles"

"Have a better understanding of how to deal with people suffering from mental health problems"

"I have a better understanding of metal health, so I can support more clients at my work place"

"More aware of symptoms when doing direct client work"

Participant comments from section: 'Do you have any other comments?'

"I found this all very useful and interesting"

"Thoroughly enjoyed the course and activities"

"Thank you for fantastic course and materials"

"An excellent course giving insights and raising awareness of mental health problems"

"I enjoyed working with a very participatory group of diverse people with a wide range of experience of working in this field. The training was tiring but interesting and engaging"

The comments above illustrate that individuals on the training did learn from the training and will put this into practice; as well as finding the training enjoyable.

MHFA and Black and Minority Ethnic context

Instructors

One of the main theme of each training was the need to deliver MHFA in a racially cultural context, with the trainers having enough knowledge and expertise in the field to be able to answer questions in relation to culture and mental health; not covered in existing MHFA materials. This was highlighted during the training sessions as participants would ask a range of questions which required further information and discussion such as; if something practiced within their culture was a sign of mental health problem, the barriers in access to mental health for BME communities and the misinterpretation of behaviour. All instructors ensured to address these questions and discuss the facts of mental health and mental health services for BME communities.

One main mental health diagnosis discussed was Post-Traumatic Stress, due to the nature of the client group most services worked with, i.e. newly arrived communities escaping war or persecution. MHFA mentions it as a form of diagnosis but the training package does not cover the depth of context required by the participants.

Participants and BME context

There was a range of different questions and comments posed by the participants in relation to BME culture. Some of these are listed below.

> *"It really depends on the context. What's abnormal in one community might be perfectly normal in another culture/society"*

> *"Black African Caribbean men can get very excited, enthusiastic when playing dominos and its seen as mad, crazy, mental health"*

A comment was also made on one of the slides and models in MHFA, which was an example of the stresses in a young persons life (stress bucket).

"The stress bucket is Eurocentric e.g., clubbing, debts but does not include race issues, hate crime..."

Logistics of the training

The trainers felt that the venue was suitable due to its location within the inner-city as well as it being a non-statutory building. Participants also felt having food was positive as it resulted in participants networking with each other and instructors on their work and how to build partnership work; as well as being punctual for returning after breaks.

A difficulty the instructors faced was the last minute (less than 24 hours) cancellation on the training course by participants which did not allow sufficient time to give the vacant space to anybody else on the waiting list.

Conclusions and Recommendations

Overall the MHFA training has received positive feedback in regards to its learning outcomes and the majority of the target group was achieved. Therefore it is recommended that the training continues to be provided to BME organisations and VCS working with BME communities.

Target group

1. BME organisations and communities were identified as a priority through this work and existing research, hence should be targeted for future training. The training should consider to be delivered in a more flexible approach; e.g. evenings, weekends or half-days; in order to meet the needs of individuals who can not attend full days.

2. Carers should also be targeted for this training in order to support them in understanding mental health and learning basic skills in supporting somebody when they become unwell.

3. Mental health training should be offered to faith and spiritual leaders and services, nevertheless MHFA should be used with caution as it does not discuss faith and/or spirituality in forms of signs and symptoms; however it does touch on it as a potential support towards recovery

Additional training

1. The MHFA training should be followed up with a half-day training on existing local mental health services, mental health staff roles and jargon words, enabling participants to gain a better understanding of how the system works and how to support a service user in that capacity.

2. BME community organisations and those working with BME communities should be offered a one day training in post-traumatic stress for those fleeing wars or persecution to enable them to gain a better understanding of this including supporting individuals in these circumstances.

Instructors

1. Any future MHFA Instructors should also have a thorough understanding of race, culture and mental health in order to ensure that signs, symptoms and recovery are seen in a racially cultural context.

2. Current and future MHFA Instructors should be provided with an opportunity to go on further trainers for training courses, such as Post-Traumatic Stress enabling them to deliver courses to BME services and services working with BME communities.

Logistics

1. Further training provided should ensure to capture data of age, gender, ethnicity, disability in order to ascertain the range of participants on the training.

2. Participants attending training who are based within statutory services should pay a contribution towards the training; due to their financial means in comparison to the VCS.

3. A cancellation payment clause should be imbedded in order to ensure last minute cancellations pay towards the cost of the training.

4. Due to the current financial climate it may not be possible to provide training for free, therefore other means should be explored such as asking participants to pay for the MHFA booklet.

Key publications

1. Department of Health (DOH) (2009) *New Horizons: Towards a Shared Vision for Mental Health*

2. Office for National Statistics (2001) *Psychiatric Morbidity among Adults living in Private Households*, *2000* www.statistics.gov.uk/ downloads/theme_health/psychmorb.pdf

3. Sainsbury Centre for Mental Health (2003) *The Economic and Social Costs of Mental Illness* www.scmh.org.uk/pdfs/costs_of_mental_ illness_policy_paper_3.pdf

4. Mental Health Care Pathway Groups (2008) *Moving Forwards: Pathways to better Mental Health and Well-being*

5. Friedli L (2009) *Mental Health, Resilience and Inequalities*. Mental Health Foundation and World Health Organization (WHO) Europe www.euro.who.int/document/e92227.pdf

6. Department of Health (DOH) (2001) *Making it Happen: A guide to Delivering Mental Health Promotion*

7. Department of Health (DOH) (2009) *New Horizons: Flourishing people, connected communities: A framework for developing well-being*

8. NHS Bristol (2008) *Promoting Positive Mental Health in Bristol: Strategic Framework 2008 – 2011*

9. Office for National Statistics www.statistics.gov.uk

10. An Independent Inquiry set up under HSG(94)27 (2003) *Independent Inquiry into the Death of David Bennett*

11. Department of Health (DOH) (2005) *Delivering Race Equality in Mental Health Care* www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4100773

12. National Institute for Mental Health in England (NIMHE) (2003) *Inside Outside: Improving Mental Health Services for Black and Minority Ethnic Communities in England*

13. Healthcare Commission (2010) *Count Me In Census* http://www.cqc.org.uk/sites/default/files/media/documents/count_me_in_2010_final_tagged.pdf

14. Race Relations (amendment) Act (2000) - http://www.legislation.gov.uk/ukpga/2000/34

15. Department of Health (DOH) (2004) *Celebrating Our Cultures: Mental Health Promotion with Black and Minority Ethnic Communities*

References

Brandling, J & McKenna, S (2010) Evaluating Mental Health First Aid Training for Line Managers working in the public sector, *Mental Health Research & Development Unit (MHRDU), University of Bath*

Kitchener, B.A & Jorm, A.F (2005) Mental health first aid: A review of evaluation studies, *Centre for Mental Health Research*

Kitchener, B.A & Jorm, A.F (2008) Early intervention in the real world. Mental Health First Aid: an international programme for early intervention. *Early Intervention in Psychiatry,* 2, 51-61

Robson, J & Bostock, J (2010) What Works in Reducing Negative Beliefs and Behaviour towards People with Mental Health problems? A Literature Review

Appendix 1 – Flyer

Free Mental Health First Aid Training

Who is the training for?

NHS Bristol, Avon and Wiltshire Mental Health Partnership Trust and Rethink are offering **FREE** Mental Health First Aid Training, to staff in Charitable or Voluntary Organisations, Social Enterprises, who work with individuals from **Black and Minority Ethnic** backgrounds.

What is Mental Health First Aid?

MHFA is the help given to someone experiencing a mental health problem before professional help is obtained. The aims are:

- to preserve life where a person may be a danger to themselves or others
- to provide help to prevent the mental health problems developing into a more serious state
- to promote the recovery of good mental health
- to provide comfort to a person experiencing a mental health problem

MHFA does not teach people to be therapists. However, it does teach people how to recognise the symptoms of mental health problems, how to provide initial help and how to guide a person towards appropriate professional help.

How long is the training?

This is a **2 day** training. **Both days must be attended.**

Training dates:

We are currently offering this training on these days (9.30am – 4.30pm).

Option 1: **2nd and 3rd March 2011**
Option 2: **30th and 31st March 2011**

For a booking form please email faiza.khaliq@awp.nhs.uk or call 0117 9556098

The recommended minimum price for the course is £150 per place. We are able to offer it to you for free as part of capacity building BME communities.

Appendix 2

Mental Health First Aid Trainers

Name	Organisation
Ms Faiza Khaliq	Avon and Wiltshire Mental Health Partnership Trust Inner City Mental Health Team Brookland Hall Conduit Place St Werburgh's Bristol BS2 9RU
Mr Farooq Ismail	Gloucester 2Gether Trust Midway House Staverton Technology Park Herrick Way Staverton Gloucester GL51 6TQ
Ms Narinder Chana	Bristol Rethink St Pauls Settlement 74-80 City Road St Pauls Bristol BS2 8UH
Mr Idris Mohamed	Bristol NHS Public Health Easton Community Centre Kilburn Street Bristol BS5 6AW

Appendix 3

The evaluation forms were edited between the MHFA delivery, below was used for the delivery of the first three cohorts (2010)

Mental Health First Aid - Evaluation Form

Dear Delegate

The purpose of this evaluation form is to hear from you about your experience of the 2 days, its content and usefulness and any thoughts you have on how to improve future events.

Please circle your responses and add any comment you feel may be useful.

Name of Instructor 1:
Name of Instructor 2:
Course dates:
____/____/____ and ____/____/____

1. How would you rate the presenters/ trainers?
Excellent/ very good/ good/ fair/ poor
Comments
……
……

2. How would you rate the presentation slides?
Excellent/ very good/ good/ fair/ poor
Comments
……
……..
.....

3. How would you rate the video clips?
Excellent/ very good/ good/ fair/ poor
Comments
……
……..
.....

4. How would you rate the information in the manual?
Excellent/ very good/ good/ fair/ poor
Comments
……
……..
……

5. How would you rate the learning exercises?
Excellent/ very good/ good/ fair/ poor
Comments
……
……..
.....

6. How would you rate the following overall from the day?
Environment Excellent/ very good/ good/ fair/ poor
Structure Excellent/ very good/ good/ fair/ poor
Content Excellent/ very good/ good/ fair/ poor
Facilitation Excellent/ very good/ good/ fair/ poor

7. How will you make use of what you have learnt?
……
……
……
8. Do you have any comments on how we might improve future events?
.....
.....
.....

Appendix 4

The evaluation forms were edited between the MHFA delivery, below was used for the delivery of the last three cohorts (2011)

Mental Health First Aid - Evaluation Form

The purpose of this evaluation form is to hear your views on the MHFA course. Please circle your responses and add any comments you feel may be useful.

Name of instructor 1: Name of instructor 2:
Location (City/Town):
Course dates: ____/____/____ and ____/____/____

On a scale of 1 - 10 please score your personal confidence of how best to support others with a mental health problem before and after the course: (where 0 is the lowest and 10 is the highest)
Before:
0 1 2 3 4 5 6 7 8 9 10
After:
0 1 2 3 4 5 6 7 8 9 10

On a scale of 1 - 10 please score your knowledge and understanding of how best to support others with a mental health problem before and after the course: (where 0 is the lowest and 10 is the highest)
Before:
0 1 2 3 4 5 6 7 8 9 10
After:
0 1 2 3 4 5 6 7 8 9 10

1a. How would you rate instructor 1?
Very poor/ poor/ neither poor nor good/ good/ very good
Comments:

b. How would you rate instructor 2?
Very poor/ poor/ neither poor nor good/ good/ very good
Comments:

2. How would you rate the presentation slides?
Very poor/ poor/ neither poor nor good/ good/ very good
Comments:

3. How would you rate the video clips?
Very poor/ poor/ neither poor nor good/ good/ very good
Comments:

4. How would you rate the information in the manual?
Very poor/ poor/ neither poor nor good/ good/ very good
Comments:

5. How would you rate the learning exercises?
Very poor/ poor/ neither poor nor good/ good/ very good
Comments:

6. Overall how would you rate the following?
Environment?
Very poor/ poor/ neither poor nor good/ good/ very good
Structure?
Very poor/ poor/ neither poor nor good/ good/ very good

Content?
Very poor/ poor/ neither poor nor good/ good/ very good

Overall Course?
Very poor/ poor/ neither poor nor good/ good/ very good

7. How will you make use of what you have learned?

8. Do you have any other comments?

Thank you for your time.
Are you happy for these comments to be used anonymously on our website and in promotional and marketing materials? (please circle) **Yes No**
If you wish to make any other comments please send them to:
michael@mhfaengland.org

(NB: the evaluation forms changed mid way through the delivery of this programme and hence only the same points in each evaluation have been kept).

Appendix 5

The Royal College of Psychiatrists is the professional and educational body for psychiatrists in the United Kingdom.

The Royal College of Psychiatrists is committed to improving the understanding of psychiatry and mental health. We want there to be a greater understanding of the interaction between mental and physical health and the social and cultural context in which people live. We are at the forefront in setting and achieving the highest standards through education, training and research. We lead the way in developing excellence and promoting best practice in mental health services. We promote research and publish the results in our world-class psychiatric journals.

As well as running its membership examination (MRCPsych), the College organises scientific and clinical conferences and lectures and continuing professional development activities. The College publishes books, reports and educational material for professionals and the general public. It also publishes the British Journal of Psychiatry, The Psychiatrist, Advances in Psychiatric Treatment and International Psychiatry.

http://www.rcpsych.ac.uk/default.aspx

Royal college of psychiatrists mental health information booklets provided *(in alphabetical order)*

1. Alzheimer's disease and other dementia
2. Anorexia
3. Bereavement
4. Bipolar disorder
5. Obsessive Compulsive Disorder
6. Spirituality and mental health
7. Personality disorder
8. Physical illness and mental health
9. Post-traumatic stress disorder

Appendix 6

Time to Change is England's most ambitious campaign to end the discrimination faced by people who experience mental health problems, as well as improve the nation's wellbeing.

This massive campaign includes local community projects and activities, a high-profile anti-stigma campaign, legal challenges, training for student doctors and teachers, and a network of grassroots activists combating discrimination.

Time to Change is shown to be having a positive impact on public attitudes and behaviour towards people with mental health problems. Since the campaign launched, there has been a 4% reduction in reported discrimination and a 2.2% improvement in public attitudes.

http://www.time-to-change.org.uk/

Time to Change mental health promotion campaign materials provided

- Coaster
- Mental Health information leaflet
- Celebrity Postcard
- Celebrity Poster
- Badge
- Myth/Fact leaflet
- Myth/Fact poster
- Its time to talk leaflet
- Its time to talk poster
- Myth/Fact concertina leaflet

Appendix 7

List of organisations attending Mental Health First Aid training in alphabetical order

Organisations	Organisation Type	Number of Participants
Anglo-Iranian Society	BME VCS	7
Asian Health and Social Care Association	BME VCS	5
Avon & Somerset Constabulary	Statutory	1
Barton Hill Settlement	Mainstream VCS	2
Bristol and Avon Chinese Women's Group	BME VCS	1
Bristol NHS Health Trainer	Statutory	7
Bristol NHS	Statutory	1
Bristol Deaf Christian Link BDCL	Mainstream VCS	1
Bristol Pakistani Community Welfare Organisation	BME VCS	2
British Red Cross	Mainstream VCS	5
Bushra Women's Group	BME VCS	1
Dekh Bhal	BME VCS	2
Easton Free Energy	Mainstream VCS	1
Full Circle St Paul's Youth & Family Project	Mainstream VCS	1
Nilaari	BME VCS	2
Novas Scarman Tenancy Sustainment Team	Mainstream VCS	1
Off the Record	Mainstream VCS	3
Other		3
Polish Psychologists' Association	BME VCS	3
Refugee Action	BME VCS	8
Refugee women of Bristol	BME VCS	4
Salvation Army Bridge Programme	Mainstream VCS	1
SARI	BME VCS	3
Second Step	Mainstream VCS	3
Somali Disability Elderly Association	BME VCS	1
Somali Mental Health Drugs Project	BME VCS	7
Somali Resource Centre	BME VCS	1
Somali Women Voice	BME VCS	2
The Two Way Street	BME VCS	2
Total		**81**

In partnership with

And

Report Author

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