

A NATIONAL CONTRACT ON MENTAL HEALTH

MENTAL HEALTH: Social and economic interventions

<i>POLICY</i>	<i>SYSTEMATIC REVIEWS OF RELEVANT EVIDENCE</i>	<i>REFERENCES</i>
Government and National Players can:		
M1 Tackle joblessness and social exclusion	<p>Rates of mental ill health are consistently associated with indicators of poverty and deprivation.^a</p> <p>Pre-school day care increases the chance of being in well paid employment over 20 years later.^b</p>	<p>a. NHS Centre for Reviews and Dissemination. Mental health promotion in high risk groups. <i>Effective Health Care</i> 1997;3(3).</p> <p>b. Zoritch B, Roberts I, Oakley A. Day care for pre-school children [Cochrane Review]. In: <i>The Cochrane Library, Issue 1, 2000. Oxford: Update Software.</i></p>
M2 Consider the mental health impact when developing policy on employment, education, social welfare, child abuse, children in care and leaving care, refugees and substance misuse	<p>Factors associated with low income (poor housing, overcrowding, high rise living, dissatisfaction with housing) are also associated with poor physical and mental health.^a</p> <p>Supported employment within a normal working environment, for those recovering from serious mental illnesses, is more acceptable and effective at keeping people in employment, than work within especially designed 'sheltered' institutions.^b</p> <p>Psychosocial rehabilitation within community support appears to be successful in reducing symptoms, increasing community adjustment, medication compliance, preventing relapse and reducing use of hospitals and other restrictive settings, for persons with severe mental illness. Such interventions also appear to be cost-effective.^c</p> <p>There is no experimental evidence of the effects of income supplementation on physical or mental health.^d</p> <p>Extended home visitation can prevent physical abuse and neglect among disadvantaged families.^e</p> <p>Group treatment for sexually abused children and adolescents may be effective, but reviews on which these conclusions rest may have over estimated treatment effects.^f</p>	<p>a. Hwang S, Fuller-Thomson E, Hulchanski JD, Bryant T, Habib Y, Regoeczi W. Housing and population health: a review of the literature. University of Toronto: Centre for Applied Social Work, May 1999.</p> <p>b. Crowther R, Marshall M, Bond G, Huxley P. Vocational rehabilitation for people with severe mental disorders. [Cochrane Review] In: <i>The Cochrane Library, Issue 1, 2000. Oxford: Update Software.</i></p> <p>c. Barton R. Psychosocial rehabilitation services in community support systems: a review of outcomes and policy recommendations. <i>Psychiatric Services</i> 1999;50:525-34.</p> <p>d. Connor J, Rodgers A, Priest P. Randomised studies of income supplementation: a lost opportunity to assess health outcomes. <i>Journal of Epidemiological Community Health</i> 1999;53:725-30.</p> <p>Lafave HJ, de Souza HR, Prince PN et al. Partnerships for people with serious mental illness who live below the poverty line. <i>Psychiatric Services</i> 1995;46:1071-98.</p> <p>e. MacMillan HL, MaMillan JH, Offord DR. Primary Prevention of child physical abuse and neglect: A critical review. <i>Journal of Child Psychology and Psychiatry and Allied Disciplines</i> ;35:835-56.</p> <p>f. Recker J, Ensing D, Elliott R. A meta-analytic investigation for group treatment outcomes for sexually abused children. <i>Child Abuse and Neglect</i> 1997;21:669-80.</p>

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M3	Develop <i>New Deal for Communities</i>	No systematic reviews were identified in this area.	
M4	Ensure responsible media reporting of suicides and homicides	<p>Experimental studies randomly allocating students to a film about violence or suicide, or a neutral film suggest that the media may either increase or decrease suicidal behaviour in vulnerable people.^a</p> <p>Research before and after reports of suicide in the media suggest that self-harm may be increased but evidence is not conclusive.^b</p>	<p>a. Biblarz A, Brown RM, Biblarz DN, Pilgrim M, Baldree BF. Media influence on attitudes toward suicide. <i>Suicide and Life-Threatening Behavior</i> 1991;21:374-84.</p> <p>b. Platt S. The aftermath of Angie's overdose: is soap (opera) damaging to your health? <i>BMJ</i> 1987;294:954-7.</p>
M5	Improve provision of mental health systems and collection of information	No systematic reviews were identified in this area.	
M6	Tackle alcohol and drug misuse (<i>cont</i>)	<p>Brief interventions in primary care including assessment of alcohol intake, and provision of information and advice can reduce alcohol consumption in those with consumption levels above recommended guidelines.^a Brief interventions are as effective as more expensive specialist treatment in this context.^b</p> <p>Outpatient treatment is as effective as in-patient or residential treatment in reducing alcohol abuse.^c</p> <p>Family management is a promising intervention in decreasing the severity and rate of drug abuse.^d</p> <p>Pre-school education can decrease arrests and arrests specifically for drug dealing behaviour.^e</p> <p>Current research evidence is inadequate to allow confident recommendations to plan and implement substance abuse policies for young people. No specific intervention programmes for substance misuse prevention in young people have been shown to be effective in the long term.^f</p> <p>However, substance abuse interventions using educational approaches have a positive effect on knowledge and attitudes but have little success in changing behaviour patterns in key target groups such as adolescents.^g</p> <p>Social reinforcement and developmental behaviour modification methods seem</p>	<p>a. Ashenden R, Silagy C, Weller D. A systematic review of the effectiveness of promoting lifestyle change in general practice. <i>Family Practice</i> 1997;14:160-75.</p> <p>NHS Centre for Reviews and Dissemination. Brief interventions and alcohol use. <i>Effective Health Care</i> 1993;1(7).</p> <p>Poikolainen K. Effectiveness of brief interventions to reduce alcohol intake in primary health care populations. <i>Preventive Medicine</i> 1999;28:503-9.</p> <p>b. NHS Centre for Reviews and Dissemination. Brief interventions and alcohol use. <i>Effective Health Care</i> 1993;1(7).</p> <p>c. Mattick RP, Jarvis T. In-patient setting and long duration for the treatment of alcohol dependence. Out patient care is as good. <i>Drug and Alcohol Review</i> 1994;13:127-35.</p> <p>d. Stanton MD, Shadish WR. Outcome, attrition and family-couples treatment for drug abuse: a meta-analysis and review of the controlled comparative studies. <i>Psychological Bulletin</i> 1997;122:170-91.</p> <p>e. Zoritch B, Roberts I, Oakley A. Day care for pre-school children. [Cochrane Review] In: <i>The Cochrane Library, Issue 1, 2000. Oxford: Update Software.</i></p> <p>f. White D, Pitts M. Health promotion with young people for the prevention of substance misuse. London. Health Education Authority, 1997.</p> <p>Foxcroft DR, Lister-Sharp D, Lowe G. Alcohol misuse prevention for young people: a systematic review reveals methodological concerns and lack of reliable evidence of</p>

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M6 (cont) Tackle alcohol and drug misuse (cont)

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to be more effective than traditional awareness programmes for informing adolescents about the health risks associated with tobacco and alcohol abuse.^h

Peer-led programmesⁱ seem to have a superior effect on students' knowledge, attitudes and behaviour than teacher-led initiatives. Also interactive peer-led interventions^j seem to be more effective than non-interactive didactic lecture programmes led by teachers or researchers.

The effects of naltrexone treatment remain uncertain, but may be useful as an adjunct in people for whom the consequences of relapse are severe (parolees, health care professionals).^k

No systematic reviews of the effects of fiscal interventions relating to alcohol advertising, age limits for drinking and the opening hours of pubs/clubs were identified.

Relapse prevention (a cognitive-behavioural technique) appears to be most effective when applied to alcohol and poly-substance use disorders, combined with the adjunctive use of medication.^l

Contingency management reduces supplemental drug use for people on outpatient methadone treatment.^m

A range of effective interventions are available for reducing recidivism and more generally reducing alcohol consumption in those convicted of a drink/drive offence.^a For example, psychotherapy/ counselling, education and contact based interventions, probation, Alcoholics Anonymous, Antabuse, primary care based treatment and advice and combinations of these interventions may reduce rates of recidivism.ⁿ

There is no evidence that any particular programme is more effective than any other in people with severe mental illness and substance abuse.^o

Attending conventional Alcoholics Anonymous meetings is worse than no treatment or alternative treatment but several components of Alcoholics Anonymous were supported (recovering alcoholics as therapists, peer-led, self-help therapy groups, teaching the Twelve Step process, and doing an honest

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- k. **Kirchmayer U, Davoli M, Verster A. Naltrexone maintenance treatment for opioid dependence [Cochrane Review]. In: The Cochrane Library, Issue 1, 2000. Oxford: Update Software.**
- l. Irvin JR, Bowers CA, Dunn ME, Wang MC. Efficacy of relapse prevention: A meta-analytic review. *Journal of Consulting and Clinical Psychology* 1999;67:563-70.
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<p>M6 (cont) Tackle alcohol and drug misuse</p>	<p>inventory).^p</p> <p>Interventions aimed at drink-drivers are effective in reducing suicide attempts, domestic violence, falls, drinking-related injuries and injury hospitalisations and deaths.^q</p>	<p>n. Wells-Parker E, Bangert-Drowns R, McMillen R, Williams M. Final results from a meta-analysis of remedial interventions with drink/drive offenders. <i>Addiction</i> 1995;90:907-26.</p> <p>o. Ley A, Jeffery DP, McLaren S, Siegfried N. Treatment programmes for people with both severe mental illness and substance misuse [Cochrane Review] In: The Cochrane Library, Issue 1, 2000. Oxford: Update Software.</p> <p>p. Kownacki R.J, Shadish WR. Does Alcoholics Anonymous Work? The results from a meta-analysis of controlled experiments. <i>Substance Use and Misuse</i> 1999;34:1897-916.</p> <p>q. Dinh-Zarr T, DiGuseppi C, Heitman E, Roberts I. Interventions for preventing injuries in problem drinkers [Cochrane Review]. In: The Cochrane Library, Issue 1, 2000. Oxford: Update Software.</p>
Local Players and Communities can:		
<p>M7 Work with health improvement programmes to develop local mental health initiatives on prevention, better identification and treatment, including help for at-risk groups such as recently bereaved, lone parents, unemployed people, refugees (cont)</p>	<p>Psychological debriefing (“counselling”) after disasters may increase long term distress.^a</p> <p>Multiple community agency home visiting programmes for prenatal or postnatal women and babies decreases re-hospitalisation, and promotes factors associated with bonding and positive child development.^b</p> <p>Professional emotional support of pregnant women caring for additional young children can decrease rates of post-natal depression.^c</p> <p>Home based social support for pregnant women at high-risk of depression improves the mental well being of mothers and their children.^d</p> <p>Support and teaching of coping skills to newly separated people can improve mental health over the long term.^e</p> <p>A variety of cognitive behavioural and socially based interventions are effective with children who experience adverse life events such as parental separation, divorce and bereavement.^e</p> <p>The use of social support and problem solving or cognitive behavioural training in unemployed people can improve mental health and employment</p>	<p>a. Wessely S, Rose S, Bisson J. Brief psychological interventions (“debriefing”) for the treatment of immediate trauma related symptoms and the prevention of post-traumatic stress disorder. [Cochrane Review] In: The Cochrane Library, Issue 1, 2000. Oxford: Update Software.</p> <p>b. Ciliska D, Mastrilli P, Ploeg J, Hayward S, Brunton G, Underwood J. The effectiveness of home visiting as a delivery strategy for public health nursing interventions to clients in prenatal and postnatal period: a systematic review. Prepared by the Effective Public Health Practice Project for the Public Health Branch, Ontario Ministry of Health, 1999.</p> <p>c. Ray KL, Hodnett ED. Caregiver support for postpartum depression. [Cochrane Review] In: The Cochrane Library, Issue 1, 2000. Oxford: Update Software.</p> <p>d. Hodnett ED. Support during pregnancy for women at increased risk [Cochrane Review] In: The Cochrane Library, Issue 1, 2000. Oxford: Update Software.</p> <p>e. NHS Centre for Reviews and Dissemination. Mental health promotion in high risk groups. <i>Effective Health Care</i> 1997;3(3).</p>

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M7 (cont) Work with health improvement programmes to develop local mental health initiatives on prevention, better identification and treatment, including help for at-risk groups such as recently bereaved, lone parents, unemployed people, refugees

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outcomes.^e

The available research is inadequate to assess the effects of interventions providing support for women and families following perinatal death.^f

The available evidence is insufficient to know if health visitors can reduce the risk of child abuse in at risk parents. There is no evidence on the effectiveness of treatments for victims of child sexual abuse.^g

There is insufficient evidence to support routine grief therapy in the UK.^h

The effects of any form of medical, nursing, social or psychological support and/or counselling to mothers and families after perinatal death is unknown.ⁱ

Screening of patients in geriatric homes has not been demonstrated to have effects on mental health.^j

Respite care only temporarily alleviates mental health problems commonly experienced by long term carers but there is some evidence that it may delay institutionalisation.^k

Studies, predominantly from the USA, suggest that psychological interventions may prevent marital/couple distress or ameliorate it once it occurs. There is a need, however, to evaluate these interventions with more diverse couples than has hitherto been the case and in real-world settings.^l

Home-based social support for socially disadvantaged mothers appears to result in a slight reduction in injuries to children and may contribute to reductions in child abuse and neglect, and associated psychological sequelae.^m

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Thompson C, Briggs M. Supporting carers of people with Alzheimer's type dementia. [Cochrane Review] In: The Cochrane Library, Issue 1, 2000. Oxford: Update Software.
- l. Christensen A, Heavey CL. Interventions for couples. Annual Review of Psychology 1999;50:165-90.
- m. **Hodnett ED Roberts I. Home-based social support for socially disadvantaged mothers. [Cochrane Review] In: The Cochrane Library, Issue 1, 2000. Oxford: Update Software.**

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M8	Tackle inequity and social exclusion	Interventions to improve the mental development of children through training of parents have been shown to be successful. ^a	a. Gepkens A, Gunning-Schepers LJ. Interventions to reduce socio- economic health differences: An evaluation of Dutch and foreign interventions to reduce socio-economic health differences. Institute of Social Medicine, Amsterdam 1995.
M9	Encourage positive local media reporting to reduce stigma surrounding mental illness	No systematic reviews were identified in this area.	
M10	Develop job and volunteering opportunities for people with mental illness	<p>Supported employment, within a real working environment, is more effective than sheltered workshops in helping severely mentally ill people to obtain competitive employment.^a</p> <p>Supported employment schemes help integrate those with severe mental illness into the world of work. Integration of mental health and vocational services within a single service team and the avoidance of pre-placement training appear to be particularly important.^b</p> <p>Community team management can increase the likelihood that people with mental illness are able to work.^c</p> <p>‘Assertive community treatment’, as a complete community care package, helps the seriously mentally ill find employment and live independently. It also reduces hospital re-admission rates.^d</p> <p>Implementing a policy of short stays (eg 28 days maximum) for mentally ill people needing admission to hospital can improve care and also help people stay in or gain employment.^e</p> <p>Existing studies have not shown that providing education and support to the families of people with schizophrenia improves employment rates.^f</p> <p>There is no evidence that the ‘care plan approach’ for serious mental illness (currently a statutory obligation in UK) is effective in helping unemployed, mentally ill people back to work, and it doubles hospital admission rates.^g</p>	<p>a. Crowther R, Marshall M, Bond G, Huxley P. Vocational rehabilitation for people with severe mental disorders. [Cochrane review] In: The Cochrane Library, Issue 3, 2000. Oxford: Update Software.</p> <p>b. Bond GR, Drake RE, Mueser KT, Becker DR. An update on supported employment for people with severe mental illness. <i>Psychiatric Services</i> 1997;48:335-46.</p> <p>c. Tyrer P, Coid J, Simmonds S, Joseph P, Marriott S. Community mental health teams (CHMTs) for people with severe mental illnesses and disordered personality. [Cochrane Review] In: The Cochrane Library, Issue 1, 2000, Oxford: Update Software.</p> <p>d. Marshall M, Lockwood A. Assertive Community Treatment for people with severe mental illness. [Cochrane Review] In: The Cochrane Library, Issue 1, 2000. Oxford: Update Software.</p> <p>e. Johnstone P, Zolese G. Length of hospitalisation for people with severe mental illness. [Cochrane Review] In: The Cochrane Library, Issue 1, 2000. Oxford: Update Software.</p> <p>f. Pharoah F, Mari JJ, Streiner D. Family intervention for schizophrenia. [Cochrane Review] In: The Cochrane Library, Issue 1, 2000, Oxford: Update Software.</p> <p>g. Marshall M, Gray A, Lockwood A, Green R. Case management for people with severe mental disorders. [Cochrane Review] In: The Cochrane Library, Issue 1, 2000, Oxford: Update Software.</p>

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<p>M11 Develop local strategies to support the needs of mentally ill people from black and minority ethnic groups</p>	<p>There is evidence both of unmet need and referral problems in respect of psychological disorders and mental health within ethnic minority groups, therefore making GPs and other primary health care professionals aware of the risk status of high risk groups, such as south Asian women, may improve mental health and reduce suicide.^a</p>	<p>a. NHS Centre for Reviews and Dissemination. Ethnicity and health: Reviews of literature and guidance for purchasers in the areas of cardiovascular disease, mental health and haemoglobinopathies. Report 5. University of York: NHS Centre for Reviews and Dissemination 1996.</p>
People can:		
<p>M12 Develop parenting skills</p>	<p>Support visits for new parents can improve mental health in children and parents in disadvantaged communities.^a</p> <p>School based interventions and parent training programmes for children with behavioural problems can improve both conduct and mental well being.^a</p> <p>Professionally led, parental empowerment groups promote positive parenting styles over time (children under 6 years old).^b</p> <p>Group parental skills programmes are more cost-effective than individual family training.^b</p> <p>Continuous support from a trained laywoman during childbirth can improve obstetric and psychosocial outcomes. Labour support by fathers does not appear to produce similar benefits.^c</p> <p>Parent-training, particularly cognitive-behavioural or social learning based interventions, can improve parenting in high risk groups, including parents with intellectual disabilities and parents who are abusive or neglectful or at risk of abuse or neglect.^d</p>	<p>a. NHS Centre for Reviews and Dissemination. Mental health promotion in high risk groups. Effective Health Care 1997:3(3).</p> <p>b. Thomas H, Camiletti Y, Cava M, Feldman L, Underwood J, Wade K. Effectiveness of parenting groups with professional involvement in improving parent and child outcomes. Prepared by the Effective Public Health Practice Project for the Public Health Branch, Ontario Ministry of Health 1999.</p> <p>c. Scott KD, Klaus PH, Klaus MH. The obstetrical and postpartum benefits of continuous support during childbirth Journal of Women's Health and Gender-Based Medicine. 1999;8:1257-64.</p> <p>d. Barlow J. Systematic review of the effectiveness of parent-training programmes in improving behaviour problems in children aged 3-10 years. Oxford, Health Services Research Unit, Institute of Health Sciences. ISBN: 1874551251.</p> <p>Macdonald G, Winkley A. What works in child protection? Barnardo's Barkingside. 1999.</p> <p>Feldman MA. Parenting education for parents with intellectual disabilities: a review of outcome studies. Research in Developmental Disabilities 1994;15:299-332.</p>
<p>M13 Support friends at times of stress – be a good listener</p>	<p>There is some evidence that informal social support can reduce the risk of postpartum depression.^a</p> <p>Social support by lay mothers can prevent declines in levels of mental well-being.^b</p>	<p>a. Ray KL, Hodnett ED. Caregiver support for postpartum depression. [Cochrane Review] In: The Cochrane Library, Issue 1, 2000, Oxford: Update Software.</p> <p>b. NHS Centre for Reviews and Dissemination. Mental health promotion in high risk groups. Effective Health Care 1997:3(3).</p> <p>Ray KL, Hodnett ED. Caregiver support for postpartum depression. [Cochrane Review] In: The Cochrane Library, Issue 1, 2000, Oxford: Update Software.</p>

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<p>M14 Work to understand the needs of people with mental illness</p>	<p>No systematic reviews were identified in this area.</p>	
<p>M15 Participate in support networks and self-help groups</p>	<p>Family interventions alleviate the burden of relatives of psychiatric patients. Interventions of more than 12 sessions are more effective than shorter programmes.^a</p>	<p>a. Cuijpers P. The effects of family interventions on relatives' burden: A meta-analysis. <i>Journal of Mental Health</i> 8(3): 275-85. Pharoah F, Mari JJ, Streiner D. Family intervention for schizophrenia. [Cochrane Review] In: The Cochrane Library, Issue 1, 2000, Oxford: Update Software.</p>
<p>M16 Take opportunities to improve their education, training and employment</p>	<p>High quality pre-school education can increase children's IQ, and has beneficial effects on behavioural development and school achievement. Long-term follow up demonstrates increased employment, lower teenage pregnancy rates, higher socio-economic status and decreased criminal behaviour. There are positive effects on mothers' education, employment and interaction with children.^a</p>	<p>a. NHS Centre for Reviews and Dissemination. Mental health promotion in high risk groups. <i>Effective Health Care</i> 1997:3(3). Zoritch B, Roberts I, Oakley A. Day care for pre-school children. [Cochrane Review] In: The Cochrane Library, Issue 1, 2000, Oxford: Update Software.</p>

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Government and National Players can:		
M17 Continue to invest in housing, supported housing, to reduce discrimination and stigmatisation and reduce homelessness	Over-crowding is associated with high rates of suicide. ^a There is little reliable research on the effects of re-housing on health, but there is some evidence that it can reduce mental illness in those who identified housing as a cause of their anxiety and depression. ^b	a. http://www.doh.gov.uk/pub/docs/doh/housing21.pdf b. Marshall M, Gray A, Lockwood A, Green R. Case management for people with severe mental disorders. [Cochrane Review] In: The Cochrane Library, Issue 1, 2000, Oxford: Update Software. NHS Centre for Reviews and Dissemination. Review of the research on the effectiveness of Health Service interventions to reduce variations in health. : Report 3. University of York: NHS Centre for Reviews and Dissemination, 1995.
M18 Encourage employers to develop workplace health policies which address mental health	Evidence suggests that organisation-wide approaches (targeting the structure and management of organisations, not simply individuals or groups within the workforce) are the most effective response to occupational stress management. ^a	a. Van der Hek H, Plomp HN. Occupational stress management programmes – a practical overview of published effect studies. <i>Occupational Medicine</i> 1997;47:133-41.
M19 Reduce isolation through equitable transport policy	At present, there is little good evidence on the impact of transport policy on social isolation.	
M20 Promote healthy schools and include mental as well as physical health education (<i>cont</i>)	Curriculum-based suicide prevention programmes may improve suicide-related knowledge and attitudes as well as increase self-esteem. ^a Negative effects of curriculum-based suicide prevention programmes have been identified, especially for males who may be at higher risk of suicide (eg socially isolated, multiple family problems, past history of self harm). ^a School-based programmes aimed at primary prevention of child sexual abuse help change knowledge and self-protection skills in children of all ages. Programmes that include specific behavioural training in self-protection skills are more effective than others, younger children and children from lower socio-economic groups appear to show greater gains than others, and longer, more intensive programmes achieve better results. For all groups, gains fade over time and ‘booster’ sessions may be necessary to maintain gains. There is, as yet, no evidence on the transferability of knowledge and ‘proxy’ skills to real life situations in which children are at risk of sexual abuse. ^b	a. Ploeg J, Ciliska D, Brunton G, MacDonnell J, O'Brien M. The effectiveness of school-based curriculum suicide prevention programs for adolescents. Prepared by the Effective Public Health Practice Project for the Public Health Branch, Ontario Ministry of Health. 1999. b. Rispens J, Aleman A, Goudena PP. Prevention of Child Sexual Abuse Victimization: A Meta-Analysis of School Programs. <i>Child Abuse and Neglect</i> 1997;21:975-87. MacMillan H.L, MacMillan J.H, Offord DR, Griffith L, MacMillan A. Primary Prevention of Child Sexual Abuse: A Critical Review. Part 2' <i>Journal of Child Psychology and Psychiatry and Allied Professions</i> 1994; 34:857-76. c. Lister-Sharp D , Chapman S, Stewart-Brown S, Sowden A. Health promoting schools and health promotion in schools: two systematic reviews. Health Technology Assessment 1999;3:(22).

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<i>POLICY</i>	<i>SYSTEMATIC REVIEWS OF RELEVANT EVIDENCE</i>	<i>REFERENCES</i>
<p>M20 (cont) Promote healthy schools and include mental as well as physical health education</p>	<p>School health promotion initiatives can have a positive impact on children's health and behaviour but do not do so consistently. Interventions are able to increase children's knowledge but changing attitudes and behaviour is harder. A multifaceted approach is likely to be most effective.^c</p>	
<p>M21 Promote healthy prisons and address mental illness in prisons</p>	<p>Mental disorders among offenders is common.^a</p> <p>Treatment in juvenile residential facilities can improve psychological and institutional adjustment.^b</p> <p>Intensive treatments in prison can improve behaviour of less serious psychopaths when they are less than 30 years of age and have no drug abuse problem.^c</p> <p>Cognitive restructuring programmes reduce prisoners' impulsive thinking and behaviour.^d</p> <p>Therapeutic communities have a positive effect on prisoners' behaviour.^e</p> <p>There are limited data on the effectiveness of strategies designed to treat mentally disordered offenders.^f</p> <p>Services in secure psychiatric settings either provide gender blind services (in which the particular needs of women are not considered) or include women as an 'afterthought' and do not address their needs, who often have histories of physical and sexual abuse. Research has not addressed the impact of available services on women and the effects of psychiatric care for women in secure accommodation.^g</p> <p>Risk assessment of mentally disordered offenders can be enhanced with more attention to the social psychological criminological literature and less reliance on models of psychopathology.^h</p> <p>Available evidence does not support the use of anti-libidinal drugs in the diversion of sex offenders.ⁱ</p> <p>The value of group support/therapy, as an intervention in the diversion of sex offenders, is unclear.ⁱ</p>	<p>a. NHS Centre for Reviews and Dissemination. Systematic Review of the International Literature on the Epidemiology of Mentally Disordered Offenders. Report 15. University of York: NHS Centre for Reviews and Dissemination, 1999.</p> <p>b. Garrett C. Effects of residential treatment on adjudicated delinquents: a meta-analysis. <i>Journal of Research in Crime and Delinquency</i> 1985;22:287-308.</p> <p>c. Garrido V, Esteban C, Molero E. The effectiveness in the treatment of psychopathy: a meta-analysis. <i>Issues in Criminological and Legal Psychology</i> 1996;24:57-9.</p> <p>d. White JB. An efficacy study of the laws of living cognitive restructuring program for the rehabilitation of criminals, using an historical-descriptive meta-analysis method. <i>Dissertation Abstracts International: Section B: the Sciences and Engineering</i> 1999;59:3729.</p> <p>e. NHS Centre for Reviews and Dissemination. Therapeutic Community Effectiveness: A systematic International Review of Therapeutic Community Treatment for People with Personality Disorders and Mentally Disordered Offenders. Report 17. University of York: NHS Centre for Reviews and Dissemination, 1999.</p> <p>Rawlings B. Therapeutic communities in prisons: a research review. <i>Therapeutic Communities: the International Journal for Therapeutic and Supportive Organizations</i> 1999;20:177-93.</p> <p>f. NHS Centre for Reviews and Dissemination. Scoping Review on the Health and Care of Mentally Disordered Offenders. Report 16. University of York: NHS Centre for Reviews and Dissemination, 1999.</p> <p>g. NHS Centre for Reviews and Dissemination. Women and secure psychiatric services: a literature review. Report 14. University of York: NHS Centre for Reviews and Dissemination, 1999.</p> <p>h. Bonta J, Law M, Hanson K. The Prediction of Criminal</p>

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Local Players and Communities can:		
M22	Develop effective housing strategies which meet the needs of local communities	Over-crowding is associated with high rates of suicide. ^a There is little reliable research on the effects of re-housing on health, but there is some evidence that it can reduce mental illness in those who identified housing as a cause of their anxiety and depression. ^b
M23	Reduce stress in workplace	Evidence suggests that organisation-wide approaches (targeting the structure and management of organisations, not simply individuals or groups within the workforce) are the most effective response to occupational stress management. ^a
M24	Develop school programmes for mental health promotion including coping strategies, social supports and anti-bullying strategies, substance misuse, detection and treatment (<i>cont</i>)	Programmes that modify school environments, provide individually focussed mental health promotion, and attempt to help children negotiate stressful transitions yielded significant changes in success rates. ^a Programmes addressing skills and knowledge that oppose the use of violent and abusive behaviour toward intimate partners cause positive changes in violence-related attitudes and knowledge, reductions in self-reported dating violence. ^b School-based / community based programmes targeting illicit use of drugs (including alcohol and tobacco) have, at best, only a small impact, with dissipation of programme gains over time. Interventions targeting hard to reach groups have not been evaluated adequately. ^c

and Violent Recidivism Among Mentally Disordered Offenders: A Meta-Analysis. *Psychological Bulletin* 1998;123:123-42.

- i. **White P, Bradley C, Ferriter M. Managements for people with disorders of sexual preference and for convicted sexual offenders [Cochrane Review] In: The Cochrane Library, Issue 1, 2000. Oxford: Update Software.**

a. <http://www.doh.gov.uk/pub/docs/doh/housing21.pdf>

- b. **Marshall M, Gray A, Lockwood A, Green R. Case management for people with severe mental disorders. [Cochrane Review] In: The Cochrane Library, Issue 1, 2000, Oxford: Update Software.**

NHS Centre for Reviews and Dissemination. Review of the research on the effectiveness of Health Service interventions to reduce variations in health. : Report 3. University of York: NHS Centre for Reviews and Dissemination, 1995.

a. Van der Hek H, Plomp HN. Occupational stress management programmes – a practical overview of published effect studies. *Occupational Medicine* 1997;47:133-41.

a. Durlak JA, Wells AM. Primary prevention mental health programmes for children and adolescents: A meta-analytic review. *American Journal of Community Psychology* 1997;25:115-52.

b. Wekerle C, Wolfe DA. Dating violence in mid-adolescence: theory, significance and emerging prevention initiatives. *Clinical Psychology Review* 1999;19:435-56.

c. White D, Pitts M. Educating young people about drugs: a systematic review. *Addiction* 1998;93:1475-87.

d. Tobler NS, Lessard R, Marshall D, Ochshorn P, Roona, M. Effectiveness of school based drug prevention programs for marijuana use. *School Psychology International* 1999;20:105-37.

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POLICY	SYSTEMATIC REVIEWS OF RELEVANT EVIDENCE	REFERENCES
<p>M24 (cont) Develop school programmes for mental health promotion including coping strategies, social supports and anti-bullying strategies, substance misuse, detection and treatment</p>	<p>Programmes which foster the development of social competencies (as opposed to enhancing knowledge or targeting affective components of drug use) result in greater reductions in drug <i>use</i>, particularly when aimed at populations at risk.^d</p> <p>Cognitive-behavioural interventions help people with problems of anger management.^e</p> <p>School-based counselling and psychotherapy, provided on a group basis, can provide effective support to children and adolescents.^f</p> <p>See Education Reviews (chapter 5) on Health Promotion, Sexual Health, Tackling Drugs (Alcohol, Smoking, Other Substances), Nutrition and Diet</p>	<p>school-based drug use prevention: a review. <i>Addiciones</i>, 9:601-16.</p> <p>e. Beck R, Ephrem F. Cognitive-behavioral therapy in the treatment of anger: a meta-analysis <i>Cognitive Therapy and Research</i> 1998;22:63-74.</p> <p>f. Prout S, Thompson H. A Meta-analysis of school-based studies of counseling and psychotherapy: An update. <i>Journal of School Psychology</i> 1998;36:121-36.</p>
<p>M25 Encourage use of open spaces for leisure and social events</p>	<p>No systematic reviews were identified in this area.</p>	
<p>M26 Develop local programmes to tackle dyslexia in schools</p>	<p>There is little evidence available on how best to tackle dyslexia. Only one systematic review was identified, which showed that piracetam may help the acquisition of reading skills for children with dyslexia and other reading difficulties.^a</p>	<p>a. Wilsher CR. Pharmacological Treatments of Dyslexia. In: Van den Bos, Kees, Siegel et al, <i>Current Directions in Dyslexia Research</i>, Lisse, The Netherlands, Swets and Zeitlinger. 1994;135-45.</p>
<p>M27 Develop local initiatives to reduce crime and violence and improve community safety</p>	<p>Police crackdowns or sudden increases in officer presence and activity for specific offences or specific places can have initial, but very short-term effects.^a</p> <p>Crime prevention measures such as removing or modifying the target for criminal activity (ie measures taken by retail stores or businesses) are the most likely to succeed.^b</p> <p>Precisely targeted increases in street lighting generally have crime reduction effects.^c</p> <p>Closed-circuit television (CCTV) can be effective in deterring property crime, but its effects are mixed in relation to personal crime, public order offences and fear of crime.^d</p>	<p>a. Sherman LW. Police crackdowns: initial and residual deterrence. Michael Tonry and Norval Morris (eds.) <i>Crime and Justice: An Annual Review of Research</i> Chicago: University of Chicago Press 1988;12:1-48.</p> <p>b. Poyner B. What works in crime prevention: an overview of evaluations. Ronald VG. Clarke (ed.) <i>Crime Prevention Studies</i>. NY: Criminal Justice Press 1993;1:7-34.</p> <p>c. Pease K. A review of street lighting evaluations: crime reduction effects. Kate Painter and Nick Tilley (eds.) <i>Surveillance of Public Space: CCTV, Street Lighting and Crime Prevention</i>. Crime Prevention Studies, Monsey, NY: Criminal Justice Press 1999;10:47-76.</p> <p>d. Phillips C. A review of CCTV evaluations: crime reduction effects and attitudes toward its use. Kate Painter and Nick Tilley (eds.) <i>Surveillance of Public Space: CCTV, Street Lighting and Crime Prevention</i>. Crime Prevention Studies, volume. Monsey, NY: Criminal Justice Press 1999;10:123-56</p>

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<i>POLICY</i>	<i>SYSTEMATIC REVIEWS OF RELEVANT EVIDENCE</i>	<i>REFERENCES</i>
People can:		
M28 Improve workload management	Evidence suggests that organisation-wide approaches (targeting the structure and management of organisations, not simply individuals or groups within the workforce) are the most effective response to occupational stress management. ^a	a. Van der Hek H, Plomp HN. Occupational stress management programmes – a practical overview of published effect studies. <i>Occupational Medicine</i> 1997;47:133-41.
M29 Support colleagues	No systematic reviews were identified in this area.	
M30 Visit elderly friends and family who are isolated	Older people who volunteer can enhance their sense of well-being. Most older people who receive services from an older volunteer (eg peer counselling of nursing home residents) are less depressed than those in similar circumstances who do not. ^a	a. Wheeler FA, Gore KM, Greenblatt B. The beneficial effects of volunteering for older volunteers and the people they serve: A meta-analysis. <i>International Journal of Aging and Human Development</i> 1998;47:69-79.
M31 Encourage children to read	<p>Parents reading to pre-school children promote growth of language, literacy and reading achievement.^a</p> <p>Reading helps incidental word learning^b and the skill of deriving the meaning from context.^c</p> <p>Multimedia personal and video game computerised phonological awareness training enhances reading ability.^d</p> <p>Reading ability is enhanced through use of alternative grouping formats (student pair, small groups, combinations of different formats) compared to whole class instruction.^e</p> <p>The reading abilities of people with moderate and severe disabilities is improved by 'Site Word Instruction' in general education classes, using either heterogeneous groups or peer tutoring.^f</p>	<p>a. Bus AG, Van Ijzendoorn MH, Pellegrini AD. Joint book reading makes for success in learning to read: a meta-analysis of intergenerational transmission of literacy. <i>Review of Educational Research</i> 1995;65:1-21.</p> <p>b. Swanborn MSL, de Gloppe K. Incidental word learning while reading: a meta-analysis. <i>Review of Educational Research</i> 1999;69:261-85.</p> <p>c. Fukkink RG, de Gloppe K. Effects of instruction in deriving word meaning from context. <i>Review of Educational Research</i> 1998;68:450-69.</p> <p>d. Bus AG, Van Ijzendoorn MH. Phonological awareness and early reading: a meta-analysis of experimental training studies <i>Journal of Educational Psychology</i> 1999;91:403-14.</p> <p>f. Elbaum B, Vaughn S, Hughes M, Moody SW. Grouping practices and reading outcomes for students with disabilities. <i>Exceptional Children</i> 1999;65:399-415.</p> <p>Browder DM, Xin YP. A meta-analysis and review of sight word research and its implications for teaching functional reading to individuals with moderate and severe disabilities. <i>Journal of Special Education</i> 1998;32:130-53.</p>
M32 Encourage children to adopt a healthy diet and take physical activity (<i>cont</i>)	<p>Dietary interventions have been shown to lower fat intake slightly but have had no impact on intake of fibre, fruit or vegetables has been detected.^a</p> <p>Computer generated nutrition education is more likely to be read, remembered and experienced as personally relevant than are standard educational materials.^b</p>	<p>a. Roe L, Hunt P, Bradshaw H, Rayner M. Health promotion interventions to promote healthy eating in the general population: a review. London: Health Education Authority, 1997.</p> <p>b. Brug J, Campbell M, van Assema P. The application and impact of computer generated personalised nutrition education: a review of the literature. <i>Patient Education and</i></p>

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<i>POLICY</i>	<i>SYSTEMATIC REVIEWS OF RELEVANT EVIDENCE</i>	<i>REFERENCES</i>
<p>M32 <i>(cont)</i> Encourage children to adopt a healthy diet and take physical activity</p>	<p>School-based interventions encouraging healthy eating behaviours of 9-10 year old children have significant positive effects in attitude and knowledge,^c but only slight changes in changes in eating habits.^d</p>	<p>Counselling 1999;36:145-56.</p> <p>c. McArthur DB. Heart healthy eating behaviors of children following a school-based intervention: a meta-analysis. <i>Issues Comprehensive Pediatric Nursing</i> 1998;21:35-48.</p> <p>Levy SR, Iverson BK, Walberg HJ. Nutrition-education research: An interdisciplinary evaluation and review. <i>Health Education Quarterly</i> 1980;7:107-26.</p> <p>d. Hursti UK, Sjoden P. Changing food habits in children and adolescents: experiences from intervention studies. <i>Scandinavian Journal of Nutrition</i> 1997;41:102-10.</p>
<p>M33 Be alert to bullying at school</p>	<p>A systematic review of interventions to reduce violence in schools is in preparation.^a</p>	<p>a. Mytton J, DiGiuseppi C. School based prevention programmes for reducing violence [Protocol for a Cochrane Review]. In: The Cochrane Library, Issue 1, 2000. Oxford: Update Software.</p>
<p>M34 Be alert to glue sniffing and substance misuse in schools <i>(cont)</i></p>	<p>Current research evidence is inadequate to allow confident recommendations to plan and implement substance abuse policies for young people. No specific intervention programmes for substance misuse prevention in young people have been shown to be effective in the long term.^a</p> <p>However, school based intervention programmes aimed at preventing the use of various harmful substances (tobacco, alcohol, marijuana) have a positive effect on students' knowledge and attitudes but a very limited effect on changing behaviour.^b</p> <p>Social reinforcement and developmental behaviour modification methods seem to be more effective than traditional awareness programmes for informing adolescents about the health risks associated with tobacco and alcohol abuse.^c</p> <p>Peer-led programmes^d seem to have a superior effect on students' knowledge, attitudes and behaviour than teacher-led initiatives. Also interactive peer-led interventions^e seem to be more effective than non-interactive didactic lecture programmes led by teachers or researchers.</p> <p>For evidence on smoking cessation see C27 and H22.</p>	<p>a. White D, Pitts M. Health promotion with young people for the prevention of substance misuse. London. Health Education Authority, 1997.</p> <p>Foxcroft DR, Lister-Sharp D, Lowe G. Alcohol misuse prevention for young people: a systematic review reveals methodological concerns and lack of reliable evidence of effectiveness. <i>Addiction</i> 1997;92:531-7.</p> <p>b. Bruvold WH. A meta-analysis of the California school-based risk reduction programme. <i>Journal of Drug Education</i> 1990;20:139-52.</p> <p>Bangert Drowns RL. The effects of school-based substance abuse education--a meta-analysis. <i>Journal of Drug Education</i> 1988;18:243-64.</p> <p>c. Rundall TG, Bruvold WH. A meta-analysis of school-based smoking and alcohol use prevention programs. <i>Health Education Quarterly</i> 1988;15:317-34.</p> <p>d. Bangert Drowns RL. The effects of school-based substance abuse education--a meta-analysis. <i>Journal of Drug Education</i>. 1988;18:243-64.</p> <p>Black DR, Tobler NS, Sciacca JP. Peer helping/involvement: an efficacious way to meet the challenge of reducing alcohol, tobacco and other drug use among youth: a meta-analysis. <i>Journal of School Health</i> 1998;68:87-93.</p> <p>Tobler NS. Meta-analysis of 143 adolescent drug prevention programs - Quantitative outcome results of program participants compared to a control or comparison</p>

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<i>POLICY</i>	<i>SYSTEMATIC REVIEWS OF RELEVANT EVIDENCE</i>	<i>REFERENCES</i>
<p>M34 <i>(cont)</i> Be alert to glue sniffing and substance misuse in schools</p>		<p>group. <i>Journal of Drug Issues</i> 1986;16:537-67.</p> <p>Schaps E, Churgin S, Palley CS, Takata B. Primary prevention research: a preliminary review of programme outcome studies. <i>International Journal of Addiction</i> 1980;15:657-76.</p> <p>e. Tobler NS, Lessard T, Marshall D, Ochshorn P, Roona M. Effectiveness of school-based drug prevention programmes for marijuana use. a meta-analysis. <i>School Psychology International</i> 1999;20:105-37.</p> <p>Ennett ST, Tobler NS, Ringwalt CL, Flewelling RL. How effective is drug abuse resistance education? A meta-analysis. <i>American Journal of Public Health</i> 1994;85:873-4.</p>
<p>M35 Engage in regular parent-teacher dialogue</p>	<p>Regular parent-teacher contact was a major component of research on the effects of pre-school day care, which has a variety of beneficial effects.^a</p>	<p>a. Zoritch B, Roberts I, Oakley A. Day care for pre-school children [Cochrane Review]. In: The Cochrane Library, Issue 1, 2000. Oxford: Update Software.</p>
<p>M36 Ensure children have safe access to public open space</p>	<p>No systematic reviews were identified in this area.</p>	

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<i>POLICY</i>	<i>SYSTEMATIC REVIEWS OF RELEVANT EVIDENCE</i>	<i>REFERENCES</i>
Government and National Players can:		
M37 Increase public awareness and understanding of mental health and mental illness	No systematic reviews were identified in this area.	
M38 Reduce access to means of suicide	Changing access to means of self-harm changes total suicide rate. ^a	a. Lester D. Effects of the detoxification of domestic gas on suicide rates in six nations. <i>Psychological Reports</i> 1995;77:294. Lester D. A study of opportunity-based suicide rates: the use of guns. <i>Psychological Reports</i> 1990;67:498.
M39 Develop healthy living centres	No systematic reviews were identified in this area.	
Local Players and Communities can:		
M40 Support people with severe mental illness and ensure their access to other mainstream services for physical health as well as the mental health care they need	Contact with health services, prior to death by suicide, is commonplace. Whether these people show characteristic patterns of care and or particular risk factors to allow a targeted approach to be developed is in urgent need of research. ^a Persons with severe mental illness are at greatly increased risk of HIV infection due to increased likelihood of high-risk sexual behaviours and intravenous drug use. ^b	a. Pirkis J, Burgess P. Suicide and recency of health care contacts. A systematic review. <i>British Journal of Psychiatry</i> 1998;173:462-74. b. Sullivan, G, Koegel, P, Kanouse, DE, Courmos, F, McKinnon K, Young, AS, Bean D. HIV and people with serious mental illness: the public sector's role in reducing HIV risk and improving care. <i>Psychiatric Services</i> . 1999;50:648-52.
People can:		
M41 Use opportunities for relaxation and physical exercise and try to avoid using alcohol/ smoking to reduce stress	Regular exercise has a modest beneficial effect on cognitive function. ^a Regular exercise can reduce mental illness. ^b Gentle exercise improves mental health in the elderly. ^c Aerobic exercise is associated with reductions of anxiety. ^d	a. Etner JL, Salazar W, Landers DM, Petruzzello SJ, Han M, Nowell P. The influence of physical fitness and exercise upon cognitive functioning: a meta-analysis. <i>Journal of Sport and Exercise Psychology</i> 1997;19:249-77. b. Nicholl JP, Coleman P, Brazier JE. Health and healthcare costs and benefits of exercise. <i>Pharmacoeconomics</i> 1994;5:109-22. Weyerer S, Kupfer B. Physical exercise and psychological health. <i>Sports Medicine</i> 1994;17:108-16. c. Burckhardt C. The effect of therapy on the mental health of the elderly. <i>Research in Nursing and Health</i> 1987;10:277-85. d.

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<i>POLICY</i>	<i>SYSTEMATIC REVIEWS OF RELEVANT EVIDENCE</i>	<i>REFERENCES</i>
M42 Increase understanding of what good mental health is	No systematic reviews were identified in this area.	d. Petruzzello SJ, Landers DM, Hatfield BD, Kubitz KA, Salazar W. A meta-analysis on the anxiety-reducing effects of acute and chronic exercise. Outcomes and mechanisms. <i>Sports Medicine</i> 1991;11:143-82. Weyerer S, Kupfer B. Physical exercise and psychological health. <i>Sports Medicine</i> 1994;17:108-16.
M43 Contribute to the creation of happy and healthy work and school environments	Evidence from the USA suggests that day-care and pre-school education increases children's IQ and has beneficial effects on behavioural development, school achievement and other social outcomes within disadvantaged groups. Long-term follow up also demonstrates increased employment, lower teenage pregnancy rates, higher socio-economic status and decreased criminal behaviour. Such interventions also have a positive effect on mother's education, employment and interaction with children. ^a	a. Zoritch B, Roberts I, Oakley A. Day care for pre-school children. [Cochrane Review] In: The Cochrane Library, Issue 1, 2000, Oxford: Update Software.

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<i>POLICY</i>	<i>SYSTEMATIC REVIEWS OF RELEVANT EVIDENCE</i>	<i>REFERENCES</i>
Government and National Players can:		
M44 Develop the <i>National Service Framework for Mental Health</i>	<p>Audit and feedback can be effective in improving the practice of health care professionals, in particular in prescribing and diagnostic test ordering. However, it should not be relied on to improve practice.^a</p> <p>A significant proportion of cases classifiable as major depression are currently unrecognised. Educational programmes for GPs can be used to improve the diagnosis of depression in primary care.^b</p> <p>Mental health care can be improved by making physicians aware of the problem of diagnostic overshadowing (failure to recognise the presence of multiple disorders because one disorder is prominent) in the assessment of patients showing both mental retardation and further psychiatric complications.^c</p> <p>If it is possible to identify local opinion leaders, they may be important change agents for some problems. However, the evidence is not strong.^d</p>	<p>a. Thompson MA, Oxman AD, Davis DA, Haynes RB, Freemantle N, Harvey EL. Audit and feedback: effects on professional practice and health care outcomes. [Cochrane Review] In: The Cochrane Library, Issue 1, 2000. Oxford: Update Software.</p> <p>b. NHS Centre for Reviews and Dissemination. The treatment of depression in primary care. Effective Health Care 1993;1(5).</p> <p>c. White MJ, Nichols CN, Cook RS, Spengler PM, Walker BS, Look KK. Diagnostic overshadowing and mental retardation: a meta-analysis. <i>American Journal on Mental Retardation</i> 1995;100:293-8.</p> <p>d. Thompson MA, Oxman AD, Davis DA, Haynes RB, Freemantle N, Harvey EL. Local opinion leaders: effects on professional practice and health care [Cochrane Review] In: The Cochrane Library, Issue 1, 2000. Oxford: Update Software.</p>
M45 Provide incentives to emphasise good mental health care	<p>Small financial incentives for patients (including parents of behaviourally disordered children and cocaine addicts) encourages compliance with treatment.^a</p> <p>Different policies of payment of professional caregivers are under review.^b</p>	<p>a. Giuffrida A, Torgerson DJ. Should we pay the patient? Review if financial incentives to enhance patient compliance. <i>BMJ</i> 1997;315:703-7.</p> <p>b. Gosden T, Forland F, Kristiansen I, Sutton M, Pedersen L, Leese B, Giuffrida A, Sergison M, Oxman A. Capitation, salary, fee for service and mixed systems of payment: effects on the behaviour of primary care physicians [Protocol for a Cochrane Review]. In: The Cochrane Library, Issue 2, 2000. Oxford: Update Software. Giuffrida A, Leese B, Forland F, Gosden T, Kristiansen I, Sergison M, Pedersen L, Sutton M, Oxman A. Target payments in primary care: effects on professional practice and health care outcomes [Protocol for a Cochrane Review]. In: The Cochrane Library, Issue 2, 2000. Oxford: Update Software.</p>
M46 Audit all suicides and learn the lessons for prevention (the Confidential Inquiry into Suicide and Homicide) (<i>cont</i>)	<p>To date very few interventions have been shown to have any impact on suicide rates.^a</p> <p>For those who harm themselves, problem solving techniques appear to be less cost-effective than alternative and less time consuming interventions.^b</p>	<p>a. Gunnell D, Frankel S. Prevention of suicide: Aspirations and evidence. <i>BMJ</i> 1994;308:1227-33.</p> <p>Hawton K, Townsend E, Arensman E, Gunnell D, Hazell P, House A, van Heeringen K. Psychosocial versus pharmacological treatments for deliberate self harm. [Cochrane Review] In: The Cochrane Library,</p>

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<i>POLICY</i>	<i>SYSTEMATIC REVIEWS OF RELEVANT EVIDENCE</i>	<i>REFERENCES</i>
<p>M46 (cont) Audit all suicides and learn the lessons for prevention (the Confidential Inquiry into Suicide and Homicide)</p>	<p>Suicide prevention programmes for adolescents can be used to improve knowledge and understanding about suicide, but they have not been shown to induce any behavioural change or improvement in levels of depression or coping skills.^c</p> <p>Curriculum-based suicide prevention programmes may improve suicide-related knowledge and attitudes as well as increased self-esteem but may also have negative effects, especially for males, who may be at a higher risk of suicide (eg socially isolated, multiple family problems, past history of self harm).^c</p>	<p>Issue 1, 2000, Oxford: Update Software.</p> <p>b. NHS Centre for Reviews and Dissemination. Deliberate self-harm. <i>Effective Health Care</i> 1998;4(6):1-12.</p> <p>c. Gunnell D, Frankel S. Prevention of suicide: aspirations and evidence. <i>BMJ</i> 1994;308:1227-33.</p> <p>Hawton K, Townsend E, Arensman E, Gunnell D, Hazell P, House A, van Heeringen K. Psychosocial versus pharmacological treatments for deliberate self harm In: [Cochrane Review] In: The Cochrane Library, Issue 1, 2000. Oxford: Update Software.</p> <p>Ploeg J, Ciliska D, Brunton G, MacDonnell J, O'Brien M. The effectiveness of school-based curriculum suicide prevention programs for adolescents. Prepared by the Effective Public Health Practice Project for the Public Health Branch, Ontario Ministry of Health. 1999.</p>
<p>Local Players and Communities can:</p>		
<p>M47 Provide advice and practical help on financial, housing, day care, and work problems</p>	<p>No systematic reviews were identified in this area.</p>	
<p>M48 Implement the <i>National Service Framework for Mental Health (cont)</i></p>	<p>Audit and feedback can be effective in improving the practice of health care professionals, in particular in prescribing and diagnostic test ordering. However, it should not be relied on to improve practice.^a</p> <p>A significant proportion of cases classifiable as major depression are currently unrecognised. Educational programmes for GPs can be used to improve the diagnosis of depression in primary care.^b</p> <p>Mental health care can be improved by making physicians aware of the problem of diagnostic overshadowing (failure to recognise the presence of multiple disorders because one disorder is prominent) in the assessment of patients showing both mental retardation and further psychiatric complications.^c</p> <p>If it is possible to identify local opinion leaders, they may be important change agents for some problems. However, the evidence is not strong.^d</p>	<p>a. Thompson MA, Oxman AD, Davis DA, Haynes RB, Freemantle N, Harvey EL. Audit and feedback: effects on professional practice and health care outcomes. [Cochrane Review] In: The Cochrane Library, Issue 1, 2000. Oxford: Update Software.</p> <p>b. NHS Centre for Reviews and Dissemination. The treatment of depression in primary care. <i>Effective Health Care</i> 1993;1(5).</p> <p>c. White MJ, Nichols CN, Cook RS, Spengler PM, Walker BS, Look KK. Diagnostic overshadowing and mental retardation: a meta-analysis. <i>American Journal on Mental Retardation</i> 1995;100:293-8.</p> <p>d. Thompson MA, Oxman AD, Davis DA, Haynes RB, Freemantle N, Harvey EL. Local opinion leaders: effects on professional practice and health care outcomes [Cochrane Review] In: The Cochrane Library, Issue 1, 2000. Oxford: Update Software.</p>

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<i>POLICY</i>	<i>SYSTEMATIC REVIEWS OF RELEVANT EVIDENCE</i>	<i>REFERENCES</i>
M48 (cont) Implement the <i>National Service Framework for Mental Health (cont)</i>	<p>Interventions designed to improve provider recognition and management of mental disorder in primary care may be effective in improving diagnosis, treatment and clinical outcome in psychiatric symptoms and functional status.^c</p> <hr/> <p>Children - hyperactivity</p> <p>The results of the large, as yet unpublished, Multisite Multimodal trial may effect all conclusions related to the use of stimulant drugs.^a</p> <p>Currently available evidence suggests:</p> <p>Studies with longer follow-up show a trend to general improvement over time regardless of treatment.^a</p> <p>Stimulant drugs decrease the symptoms of attention deficit disorder in children in the short and medium term. Methylphenidate reduces behavioural disturbance among attention-deficit hyperactivity disorder children as long as it is taken but many children discontinue medication.^a</p> <p>There are few short term differences in effectiveness of methylphenidate (MPH), dextroamphetamine and pemoline. Stimulants (particularly MPH) are more effective than non-pharmacological interventions. There is a not evidence to support the superiority of combination therapy.^b</p> <p>Many of the adverse effects associated with stimulant use are mild, of short duration, and respond to dosing or timing adjustments. Long-term data are inadequate.^a</p> <p>Tricyclic antidepressants are only effective in the short term. Tricyclic antidepressant drugs (desipramine) are more effective than placebo and lithium does not appear to be an effective alternative for children that do not respond to stimulants.^a</p> <p>Carbamazepine may offer an alternative to stimulants.^c</p> <p>Both social skills training and health visitor home visits are also effective</p>	<p>e. Kroenke D, Taylor-Vaissey A, Dietrich AJ, Oxman TE. Interventions to improve provider diagnosis and treatment of mental disorders in primary care A critical review of the literature. <i>Psychosomatic</i> 2000;41:29-52.</p> <hr/> <p>a. Jadad A, Atkins D. McMaster University Evidence-based Practice Center http://www.ahcpr.gov/clinic/adhdsum.htm.</p> <p>b. Treatment for children diagnosed with attention deficit hyperactivity disorder. Health Technology Assessment Brief No 1, 2000.</p> <p>c. Silva RR et al. Carbamazepine use in children and adolescents with features of attention-deficit hyperactivity disorder: a meta-analysis. <i>Journal of the American Academy of Child and Adolescent Psychiatry</i> 1996;35:352-8.</p> <p>d. Wilens TE, McDermott SP, Biederman J, Abrantes A, Haheesy A, Spencer TJ. Cognitive therapy in the treatment of adults with ADHD: A systematic chart review of 26 cases. <i>Journal of Cognitive Psychotherapy</i> 1999;13:215-26.</p>

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<i>POLICY</i>	<i>SYSTEMATIC REVIEWS OF RELEVANT EVIDENCE</i>	<i>REFERENCES</i>
<p>M48 (cont) Implement the National Service Framework for Mental Health (cont)</p>	<p>(single trial only).^b</p> <p>The effects of psychotherapeutic interventions for adults with attention-deficit hyperactivity disorder are unknown but there is some evidence of the positive effects of medication in combination with cognitive therapy.^d</p> <p>Dementia</p> <p>Although screening tests for dementia are available, their use needs to take into account that there are currently no known effective treatments for dementia.^a</p> <p>There is insufficient evidence to support the use of validation therapy,^b reminiscence therapy,^c music therapy,^d oestrogen therapy,^e dehydroepiandrosterone,^f lecithin,^g nicotine,^h piracetam,ⁱ nimodipine,^j and aspirin.^k Reality orientation and memory training has promise in improving both cognition and behaviour.^l</p> <p>High dose rivastigmine may have a modest effect on cognition and activities of daily living, but not on clinical global impression for patients with mild to moderate Alzheimer's disease, but the drug has significant side effects.^m</p> <p>Donepezil may provide modest improvements in cognitive function and study clinicians rated global clinical state more positively in treated patients.ⁿ</p> <p>Ginkgo may improve cognition but its clinical value is not proven.^o Cytidinediphosphocholine (CDP choline) may have a short term effect on memory and behaviour.^p</p> <p>Selegiline^q and hydergine^r may have benefit, but the evidence remains inconclusive.</p> <p>Very limited data are available to support the use of thioridazine in the treatment of dementia and if it were not currently in widespread clinical use, there would be inadequate evidence to support its introduction.^s</p>	<p>a. Arrieta J, Lewington S, Szeto S. Tacrine for Alzheimer's disease. [Cochrane Review] In: The Cochrane Library, Issue 1, 2000. Oxford: Update Software.</p> <p>Birks JS, Melzer D. Donepezil for mild and moderate Alzheimer's Disease [Cochrane Review] In: The Cochrane Library, Issue 1, 2000. Oxford: Update Software.</p> <p>Birks J, Grimley Evans J, Hermans D. Ginkgo biloba for dementia. [Protocol for a Cochrane Review] Forthcoming in: The Cochrane Library, Issue 3, 2000. Oxford: Update Software.</p> <p>Birks J, Flicker L. Selegiline for Alzheimer's disease. [Cochrane Review] In: The Cochrane Library, Issue 1, 2000. Oxford: Update Software.</p> <p>Flicker L, Grimley Evans J. Piracetam for dementia or cognitive impairment. [Cochrane Review] In: The Cochrane Library, Issue 1, 2000. Oxford: Update Software.</p> <p>Higgins J, Flicker L. Lecithin for dementia and cognitive impairment. [Cochrane Review] In: The Cochrane Library, Issue 1, 2000. Oxford: Update Software.</p> <p>Huppert FA, Van Niekerk JK, Herbert J. Dehydroepiandrosterone (DHEA) supplementation for cognition and well-being [Cochrane Review] In: The Cochrane Library, Issue 1, 2000 Oxford: Update Software.</p> <p>Kirchner V, Harvey R, Kelly C. Thioridazine for dementia. In: The Cochrane Library, Issue 1, 2000. Oxford: Update Software.</p> <p>Koger SM, Brottons M. Music therapy for dementia symptoms [Cochrane Review]. In: The Cochrane Library, Issue 1, 2000. Oxford: Update Software.</p> <p>Lopez Arrieta J, Birks J. Nimodipine in the treatment of primary degenerative, mixed and vascular dementia. [Cochrane Review] In: The Cochrane Library, Issue 1,</p>

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M48 (cont) Implement the
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M48 (cont) Implement the
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MENTAL HEALTH: Services interventions

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M48 (cont) Implement the National Service Framework for Mental Health (cont)

SYSTEMATIC REVIEWS OF RELEVANT EVIDENCE

Depression

Non-drug treatments

There is some evidence that home visiting before and after childbirth can, among other benefits, improve the mental well-being of mothers and their children.^a

Cognitive therapy has been shown to be as useful as more standard primary care treatments in the management of depression,^b and may also reduce relapse rates in primary^c and secondary care,^d and in adolescents.^e Cognitive, cognitive behavioural and behavioural therapy are probably of similar effectiveness, are cost effective compared to no treatment, and are superior to psychodynamic psychotherapy.^b

There is no evidence supporting the effectiveness of counselling alone in the treatment of depression or related problems.^c

Psychosocial interventions can be effective in treating primary care patients with depression or anxiety.^f

Individual psychological therapy for depression is superior to group therapy.^b

Outreach programmes designed to make available help to depressed elderly

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MENTAL HEALTH: Services interventions

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M48 (cont) Implement the *National Service Framework for Mental Health (cont)*

SYSTEMATIC REVIEWS OF RELEVANT EVIDENCE

people living in the community are effective in increasing their access to mental health care.^g Psychological treatments offered to depressed elderly in the community are effective, and cognitive behavioural therapies are more effective than other psychological therapies.^g

Drug treatments

Antidepressant drugs are effective treatments for depression.^h

Refractory depression is usefully treated with tricyclic antidepressants augmented by triiodothyronine.ⁱ

Selective serotonin re-uptake inhibitors (SSRIs) have not been shown to be more effective than tricyclic antidepressants.^j

Compliance is better with the newer drugs, but extrapolating from the secondary care data, one needs to transfer^j patients from the older to the new drugs to prevent one treatment discontinuation.

There is no evidence that progestogens help in postnatal depression.^k

Extracts of hypericum (St John's Wort) are more effective than placebo for short-term treatment of mild to moderately severe depression. Current evidence is inadequate to establish whether hypericum is as effective as other antidepressants.^l

Continued treatment with an antidepressant for at least 6 months decreases the risk of relapse by 70%.^m

Other

A forthcoming review will assess the relative merits of psychological versus pharmacological interventions in the elderly.ⁿ

A forthcoming review will determine whether or not drugs and psychological treatments should, or should not, be used together.^o

Electroconvulsive therapy can be effective in treating the depressed phase of bipolar depression.^p

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	<i>SYSTEMATIC REVIEWS OF RELEVANT EVIDENCE</i>	<i>REFERENCES</i>
<p>M48 (cont) Implement the National Service Framework for Mental Health (cont)</p>		<p>Agency for Health Care Policy and Research. Treatment of Depression—Newer Pharmacotherapies. Summary Evidence Report/Technology Assessment. Agency for Health Care Policy and Research, Rockville, MD. http://www.ahrq.gov/clinic/deprsumm.htm. 1999;7.</p> <p>k. Lawrie T, Herxheimer A, Dalton, K. Oestrogens and progestogens for preventing and treating postnatal depression. [Cochrane Review] In: The Cochrane Library, Issue 1, 2000. Oxford: Update Software.</p> <p>l. Linde K, Mulrow CD. St John’s Wort for Depression. [Cochrane Review] In: The Cochrane Library, Issue 1, 2000. Oxford: Update Software.</p> <p>m. Agency for Health Care Policy and Research. Treatment of Depression—Newer Pharmacotherapies. Summary Evidence Report/Technology Assessment. Agency for Health Care Policy and Research, Rockville, MD. http://www.ahrq.gov/clinic/deprsumm.htm. 1999;7.</p> <p>n. Wilson K, Mottram P, Nicholson M. Long-term pharmacotherapy versus psychotherapy for elderly people with depression. [Cochrane Review] In: The Cochrane Library, Issue 2, 2000. Oxford: Update Software.</p> <p>o. Churchill R, Wessely S, Lewis G. Effects of combining pharmacotherapy and psychotherapy for the treatment of depression. [Cochrane Review] In: The Cochrane Library, Issue 1, 2000. Oxford: Update Software.</p> <p>p. Zornberg GL, Pope HG. Treatment of depression in bipolar disorder: New directions for research. <i>Journal of Clinical Psychopharmacology</i> 1993;13:397-408.</p>
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<i>POLICY</i>	<i>SYSTEMATIC REVIEWS OF RELEVANT EVIDENCE</i>	<i>REFERENCES</i>
<p>M48 (cont) Implement the <i>National Service Framework for Mental Health (cont)</i></p>	<p>Learning disability</p> <p>Functional analysis/behavioural assessment reduces problem behaviours in individuals with mental impairment.^a</p> <p>Antipsychotic medication is commonly used for people with both learning disability and challenging behaviour, but there is no reliable evidence to support or refute their value.^b</p> <p>Antipsychotic medication is also used to help those with both learning disability and schizophrenia, but this is a poorly researched area and relevant data have not been found.^c</p>	<p>a. Didden R, Duker PC, Korzilius H. Meta-analytic study on treatment effectiveness for problem behaviors with individuals who have mental retardation. <i>American Journal of Mental Retardation</i> 1997;101:387-99.</p> <p>b. Brylewski J, Duggan L. Antipsychotic medication for challenging behaviour in people with learning disability [Cochrane Review]. In: The Cochrane Library, Issue 1, 2000. Oxford: Update Software.</p> <p>c. Duggan L, Brylewski J. Antipsychotic medication for people with both schizophrenia and learning disability [Cochrane Review]. In: The Cochrane Library, Issue 1, 2000. Oxford: Update Software.</p>
	<p>Schizophrenia</p> <p>Family intervention is effective in improving relapse rates but present evidence does not show that it reduces suicide in those with schizophrenia.^a</p> <p>Interventions providing support but no additional resources for non-professional carers in families with a member with schizophrenia have not been shown to be effective in reducing perceived care-giver burden or expressed anger/frustration within families.^a</p> <p>‘Assertive community treatment’ - a community care package for those with serious mental illnesses - has been shown to have a range of beneficial effects on outcome.^b</p> <p>On the other hand, case management approaches to severe mental illness increase the rate of hospital re-admission and do not appear to improve mental state outcomes.^c</p> <p>There is some evidence that the use of community mental health teams can reduce the risk of suicide in people with severe mental illness in comparison to hospital based care.^d</p> <p>Co-ordinating the input from psychiatric, psychological and social services is known to improve outcomes in schizophrenia and may have a similar impact on other mental illnesses.^e</p>	<p>a. Pharoah F, Mari JJ, Streiner D. Family intervention for schizophrenia [Cochrane Review] In: The Cochrane Library, Issue 1, 2000. Oxford: Update Software.</p> <p>b. Marshall M, Lockwood A. Assertive community treatment for people with severe mental illness. [Cochrane Review] In: The Cochrane Library, Issue 1, 2000. Oxford: Update Software.</p> <p>c. Marshall M, Gray A, Lockwood A, Green R. Case management for people with severe mental disorders. [Cochrane Review] In: The Cochrane Library, Issue 1, 2000. Oxford: Update Software.</p> <p>d. Brooker C, Repper J, Booth A. The effectiveness of community mental health nursing: a review. <i>Journal of Clinical Effectiveness</i> 1996;1:44-50.</p> <p>Tyrer P, Coid J, Simmonds S, Joseph P, Marriott S. Community mental health teams (CHMTs) for people with severe mental illnesses and disordered personality. [Cochrane Review] In: The Cochrane Library, Issue 1, 2000. Oxford: Update Software.</p> <p>e. Danish Medical Research Council and the Danish Hospital Institute. Schizophrenia, Consensus statement (Skizofreni, Konsensus-konference) Copenhagen: Danish Hospital Institute, 1993.</p> <p>f. Johnstone P, Zolese G. Length of hospitalisation for people with severe mental illness. [Cochrane Review] In: The Cochrane Library, Issue 1, 2000. Oxford: Update Software.</p> <p>g. Ahonen J, Cheine M, Wahlbeck K. Beta blocker</p>

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M48 (cont) Implement the
*National Service
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SYSTEMATIC REVIEWS OF RELEVANT EVIDENCE

There is some evidence that implementing a policy of short stays for those needing admission to hospital may improve both care and outcomes.^f

A range of drug regimens are already well known to relieve the symptoms of schizophrenia, albeit with attendant side effects. Evidence on the effectiveness and cost effectiveness of novel regimens is rapidly becoming available.^g

The new generation of antipsychotic drugs are an improvement but not a revolution in the management of those with schizophrenia.^h

Older, inexpensive, poorly publicised drugs may have similar benefits as novel expensive atypicals.ⁱ

Supplementing drug treatment with other drugs such as beta-blockers or carbamazepine has not been shown to be helpful.^j

Fish oil derivatives may have antipsychotic effects but more will be known when ongoing studies are completed.^k

Cognitive therapy may have benefits for those with depression but is not widely accessible at present.^l

Electroconvulsive therapy can provide short term palliative care in schizophrenia.^m

The use of life skills training as a component of rehabilitation programmes for people with schizophrenia is not supported by evidence.ⁿ

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M48 (cont) Implement the
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<i>POLICY</i>	<i>SYSTEMATIC REVIEWS OF RELEVANT EVIDENCE</i>	<i>REFERENCES</i>
<p>M49 Develop range of comprehensive and culturally sensitive mental health services in accordance with <i>Modernising Mental Health Services</i></p>	<p>Specialist training for primary care teams could usefully emphasise psychological services for ethnic minorities since these are presently under-utilised as a treatment option in this context.^a</p> <p>Presently a disproportionate number of ethnic minority referrals to mental health care come through the Criminal Justice System.^a</p>	<p>a. NHS Centre for Reviews and Dissemination. Ethnicity and health: Reviews of literature and guidance for purchasers in the areas of cardiovascular disease, mental health and haemoglobinopathies. University of York: NHS Centre for Reviews and Dissemination 1996:5.</p>
People can:		
<p>M50 Contribute information to service planners and get involved</p>	<p>No systematic reviews were identified in this area.</p>	
<p>M51 Contact services quickly when difficulties start</p>	<p>Community crisis intervention teams, for those with acute relapse of serious mental illnesses, may find it difficult to avoid hospital admission during their treatment period.^a</p> <p>Crisis home care may reduce loss to follow-up at 6 and 12 months and family burden, and is a more satisfactory form of care for both patients and families.^a</p>	<p>a. Joy CB, Adams CE, Rice K. Crisis intervention for severe mental illnesses. [Cochrane Review] In: The Cochrane Library , Issue 2, 2000. Oxford: Update Software.</p>
<p>M52 Increase knowledge about self-help</p>	<p>No systematic reviews were identified in this area.</p>	

