A NATIONAL CONTRACT ON MENTAL HEALTH

MENTAL HEALTH: Social and economic interventions

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<th>POLICY</th>
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<tr>
<td>Government and National Players can:</td>
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<tr>
<td><strong>M1</strong> Tackle joblessness and social exclusion</td>
<td>Rates of mental ill health are consistently associated with indicators of poverty and deprivation.(^a)</td>
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<td></td>
<td>Pre-school day care increases the chance of being in well paid employment over 20 years later.(^b)</td>
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<td><strong>M2</strong> 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</td>
<td>Factors associated with low income (poor housing, overcrowding, high rise living, dissatisfaction with housing) are also associated with poor physical and mental health.(^c)</td>
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<td></td>
<td>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.(^d)</td>
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<td>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.(^e)</td>
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<td></td>
<td>There is no experimental evidence of the effects of income supplementation on physical or mental health.(^f)</td>
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<td></td>
<td>Extended home visitation can prevent physical abuse and neglect among disadvantaged families.(^g)</td>
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<td></td>
<td>Group treatment for sexually abused children and adolescents may be effective, but reviews on which these conclusions rest may have over estimated treatment effects.(^h)</td>
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\(^a\) NHS Centre for Reviews and Dissemination. Mental health promotion in high risk groups. Effective Health Care 1997:3(3).


\(^e\) Barton R. Psychosocial rehabilitation services in community support systems: a review of outcomes and policy recommendations. Psychiatric Services 1999:50:525-34.


\(^g\) Lafave HJ, de Souza HR, Prince PN et al. Partnerships for people with serious mental illness who live below the poverty line. Psychiatric Services 1995:46:1071-98.

## MENTAL HEALTH: Social and economic interventions

### Policy

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<tr>
<th>M3</th>
<th>Develop New Deal for Communities</th>
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<td>M4</td>
<td>Ensure responsible media reporting of suicides and homicides</td>
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<tr>
<td>M5</td>
<td>Improve provision of mental health systems and collection of information</td>
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<tr>
<td>M6</td>
<td>Tackle alcohol and drug misuse (cont)</td>
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### Systematic Reviews of Relevant Evidence

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<td>M5</td>
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<td>M6</td>
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### References

- 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
MENTAL HEALTH: Social and economic interventions

Policy

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

Systematic Reviews of Relevant Evidence

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

Peer-led programmes\i 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.\n 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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**POLICY**

M6  (cont) Tackle alcohol and drug misuse

**SYSTEMATIC REVIEWS OF RELEVANT EVIDENCE**

inventory). Interventions aimed at drink-drivers are effective in reducing suicide attempts, domestic violence, falls, drinking-related injuries and injury hospitalisations and deaths.\(^q\)

**REFERENCES**


Local Players and Communities can:

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)

Psychological debriefing ("counselling") after disasters may increase long term distress.\(^a\)

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.\(^b\)

Professional emotional support of pregnant women caring for additional young children can decrease rates of post-natal depression.\(^c\)

Home based social support for pregnant women at high-risk of depression improves the mental well being of mothers and their children.\(^d\)

Support and teaching of coping skills to newly separated people can improve mental health over the long term.\(^e\)

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.\(^e\)

The use of social support and problem solving or cognitive behavioural training in unemployed people can improve mental health and employment


e. NHS Centre for Reviews and Dissemination. Mental health promotion in high risk groups. Effective Health Care 1997;3(3).
MENTAL HEALTH: Social and economic interventions

**SYSTEMATIC REVIEWS OF RELEVANT EVIDENCE**

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

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.

There is insufficient evidence to support routine grief therapy in the UK.  
The effects of any form of medical, nursing, social or psychological support and/or counselling to mothers and families after perinatal death is unknown.

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

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

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.

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.

**REFERENCES**


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<td><strong>M8</strong> Tackle inequity and social exclusion</td>
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<td><strong>M9</strong> Encourage positive local media reporting to reduce stigma surrounding mental illness</td>
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<td><strong>M10</strong> Develop job and volunteering opportunities for people with mental illness</td>
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## SYSTEMATIC REVIEWS OF RELEVANT EVIDENCE

| **Interventions to improve the mental development of children through training of parents have been shown to be successful.**<sup>a</sup> |
| No systematic reviews were identified in this area. |

| **Supported employment, within a real working environment, is more effective than sheltered workshops in helping severely mentally ill people to obtain competitive employment.**<sup>a</sup> |
| 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.<sup>b</sup> |

| **Community team management can increase the likelihood that people with mental illness are able to work.**<sup>c</sup> |
| '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.<sup>d</sup> |

| **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.**<sup>e</sup> |
| Existing studies have not shown that providing education and support to the families of people with schizophrenia improves employment rates.<sup>f</sup> |

| **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.**<sup>g</sup> |

## REFERENCES

| **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.** |
| **b. Bond GR, Drake RE, Mueser KT, Becker DR. An update on supported employment for people with severe mental illness. Psychiatric Services 1997;48:335-46.** |
MENTAL HEALTH: Social and economic interventions

### POLICY

| M11 | Develop local strategies to support the needs of mentally ill people from black and minority ethnic groups |

### SYSTEMATIC REVIEWS OF RELEVANT EVIDENCE

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.⁷

### REFERENCES


People can:

### M12

Develop parenting skills

Support visits for new parents can improve mental health in children and parents in disadvantaged communities.⁴

School based interventions and parent training programmes for children with behavioural problems can improve both conduct and mental well being.⁴

Professionally led, parental empowerment groups promote positive parenting styles over time (children under 6 years old).⁶

Group parental skills programmes are more cost-effective than individual family training.⁶

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.⁸

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.⁹


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.


### M13

Support friends at times of stress – be a good listener

There is some evidence that informal social support can reduce the risk of postpartum depression.⁵

Social support by lay mothers can prevent declines in levels of mental well-being.⁵


b. NHS Centre for Reviews and Dissemination. Mental health promotion in high risk groups. Effective Health Care 1997;3(3).

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<tr>
<td>M14 Work to understand the needs of people with mental illness</td>
<td>No systematic reviews were identified in this area.</td>
<td>a. Cuijpers P. The effects of family interventions on relatives’ burden: A meta-analysis. Journal of Mental Health 8(3): 275-85.</td>
</tr>
<tr>
<td>M15 Participate in support networks and self-help groups</td>
<td>Family interventions alleviate the burden of relatives of psychiatric patients. Interventions of more than 12 sessions are more effective than shorter programmes.a</td>
<td>Pharoah F, Mari JJ, Streiner D. Family intervention for schizophrenia. [Cochrane Review] In: The Cochrane Library, Issue 1, 2000, Oxford: Update Software.</td>
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<tr>
<td>M16 Take opportunities to improve their education, training and employment</td>
<td>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</td>
<td>a. NHS Centre for Reviews and Dissemination. Mental health promotion in high risk groups. Effective Health Care 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.</td>
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| 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](http://www.doh.gov.uk/pub/docs/doh/housing21.pdf)  

| 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. Occupational Medicine 1997;47:133-41.](http://www.occupmed.org/journals/occupmed/1997-47/133.pdf) |

| 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 (cont) | 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 (e.g. socially isolated, multiple family problems, past history of self harm).\(^b\)  
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, Clisika 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.](http://www.ophp.on.ca/oprwp/content/suicideprevention)  
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).]
### MENTAL HEALTH: Environmental interventions

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<tr>
<td><strong>M20</strong> (cont) Promote healthy schools and include mental as well as physical health education</td>
<td>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.</td>
<td>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.</td>
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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 (cont)

- 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.\(^c\)

## REFERENCES

- Pereiro ML, Fraguela JA, Martin MAL. Meta-analysis and

\(^a\) http://www.doh.gov.uk/pub/docs/doh/housing21.pdf


MENTAL HEALTH: Environmental interventions

**POLICY**

M24 (cont) Develop school programmes for mental health promotion including coping strategies, social supports and anti-bullying strategies, substance misuse, detection and treatment

**SYSTEMATIC REVIEWS OF RELEVANT EVIDENCE**

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 use, particularly when aimed at populations at risk.

Cognitive-behavioural interventions help people with problems of anger management.

School-based counselling and psychotherapy, provided on a group basis, can provide effective support to children and adolescents.

See Education Reviews (chapter 5) on Health Promotion, Sexual Health, Tackling Drugs (Alcohol, Smoking, Other Substances), Nutrition and Diet

**REFERENCES**


M25 Encourage use of open spaces for leisure and social events

M26 Develop local programmes to tackle dyslexia in schools

M27 Develop local initiatives to reduce crime and violence and improve community safety

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.

Police crackdowns or sudden increases in officer presence and activity for specific offences or specific places can have initial, but very short-term effects.

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.

Precisely targeted increases in street lighting generally have crime reduction effects.

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.

See Education Reviews (chapter 5) on Health Promotion, Sexual Health, Tackling Drugs (Alcohol, Smoking, Other Substances), Nutrition and Diet

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<td>People can:</td>
<td>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)</td>
<td>a. Van der Hek H, Plomp HN. Occupational stress management programmes – a practical overview of published effect studies. Occupational Medicine 1997;47:133-41.</td>
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<td>M28 Improve workload management</td>
<td><strong>M28</strong></td>
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<td>M30 Visit elderly friends and family who are isolated</td>
<td>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)</td>
<td>a. Wheeler FA, Gore KM, Greenblatt B. The beneficial effects of volunteering for older volunteers and the people they serve: A meta-analysis. International Journal of Aging and Human Development 1998;47:69-79.</td>
</tr>
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<td></td>
<td>Reading helps incidental word learning(^b) and the skill of deriving the meaning from context.(^c)</td>
<td>b. Swanborn MSL, de Glopper K. Incidental word learning while reading: a meta-analysis. Review of Educational Research 1999;69:261-85.</td>
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<td></td>
<td>Reading ability is enhanced through use of alternative grouping formats (student pair, small groups, combinations of different formats) compared to whole class instruction.(^e)</td>
<td>d. Bus AG, Van Ijzendoorn MH. Phonological awareness and early reading: a meta-analysis of experimental training studies Journal of Educational Psychology 1999;91:403-14.</td>
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<td>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)</td>
<td>e. Elbaum B, Vaughn S, Hughes M, Moody SW. Grouping practices and reading outcomes for students with disabilities. Exceptional Children 1999;65:399-415.</td>
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<tr>
<td>M32 Encourage children to adopt a healthy diet and take physical activity (cont)</td>
<td>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)</td>
<td>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.</td>
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</table>
| | Computer generated nutrition education is more likely to be read, remembered and experienced as personally relevant than are standard educational materials.\(^b\) | b. Brug J, Campbell M, van Assema P. The application and impact of computer generated personalised nutrition education: a review of the literature. Patient Education and
MENTAL HEALTH: Environmental interventions

**POLICY**

M32 (cont) Encourage children to adopt a healthy diet and take physical activity

**SYSTEMATIC REVIEWS OF RELEVANT EVIDENCE**

School-based interventions encouraging healthy eating behaviours of 9-10 year old children have significant positive effects in attitude and knowledge, but only slight changes in changes in eating habits.

Encourage children to adopt a healthy diet and take physical activity

A systematic review of interventions to reduce violence in schools is in preparation.

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.

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.

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.

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

For evidence on smoking cessation see C27 and H22.

**REFERENCES**

Counselling 1999;36:145-56.


Tobler NS. Meta-analysis of 143 adolescent drug prevention programs - Quantitative outcome results of program participants compared to a control or comparison
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<td>M34 (cont) Be alert to glue sniffing and substance misuse in schools</td>
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<td>M35 Engage in regular parent-teacher dialogue</td>
<td>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)</td>
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<tr>
<td>M36 Ensure children have safe access to public open space</td>
<td>No systematic reviews were identified in this area.</td>
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### MENTAL HEALTH: Personal behaviour

#### POLICY

**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.\(^a\) |
| 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.\(^b\) |

**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.\(^d\) |

#### SYSTEMATIC REVIEWS OF RELEVANT EVIDENCE


#### REFERENCES

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<td>M43 Contribute to the creation of happy and healthy work and school environments</td>
<td>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.</td>
<td>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.</td>
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## MENTAL HEALTH: Services interventions

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| **M44** Develop the National Service Framework for Mental Health | 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.\(^a\) 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.\(^b\) 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.\(^c\) If it is possible to identify local opinion leaders, they may be important change agents for some problems. However, the evidence is not strong.\(^d\) | 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.  
| **M45** Provide incentives to emphasise good mental health care | Small financial incentives for patients (including parents of behaviourally disordered children and cocaine addicts) encourages compliance with treatment.\(^a\) Different policies of payment of professional caregivers are under review.\(^b\) | a. Giuffrida A, Torgerson DJ. Should we pay the patient? Review if financial incentives to enhance patient compliance. BMJ 1997;315:703-7.  
| **M46** Audit all suicides and learn the lessons for prevention (the Confidential Inquiry into Suicide and Homicide) (cont) | To date very few interventions have been shown to have any impact on suicide rates.\(^a\) For those who harm themselves, problem solving techniques appear to be less cost-effective than alternative and less time consuming interventions.\(^b\) | a. Gunnel D, Frankel S. Prevention of suicide: Aspirations and evidence. BMJ 1994;308:1227-33.  
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,  |

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\(^b\) NHS Centre for Reviews and Dissemination. The treatment of depression in primary care. Effective Health Care 1993;1(5).  

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**Mental Health 18**
MENTAL HEALTH: Services interventions

**POLICY**

- **M46 (cont)** Audit all suicides and learn the lessons for prevention (the Confidential Inquiry into Suicide and Homicide)

**SYSTEMATIC REVIEWS OF RELEVANT EVIDENCE**

- 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.\(^c\)

- 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).\(^c\)

**REFERENCES**

- Issue 1, 2000, Oxford: Update Software.

**Local Players and Communities can:**

- **M47** Provide advice and practical help on financial, housing, day care, and work problems

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

- 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.\(^a\)

- 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.\(^b\)

- 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.\(^c\)

- If it is possible to identify local opinion leaders, they may be important change agents for some problems. However, the evidence is not strong.\(^d\)

- No systematic reviews were identified in this area.

**REFERENCES**

MENTAL HEALTH: Services interventions

**POLICY**

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

**SYSTEMATIC REVIEWS OF RELEVANT EVIDENCE**

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.\(^e\)

**Children - hyperactivity**

The results of the large, as yet unpublished, Multisite Multimodal trial may effect all conclusions related to the use of stimulant drugs.\(^a\)

**Currently available evidence suggests:**

Studies with longer follow-up show a trend to general improvement over time regardless of treatment.\(^a\)

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.\(^a\)

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.\(^b\)

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.\(^a\)

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.\(^a\)

Carbamazepine may offer an alternative to stimulants.\(^c\)

Both social skills training and health visitor home visits are also effective

**REFERENCES**


\(^c\) Treatment for children diagnosed with attention deficit hyperactivity disorder. Health Technology Assessment Brief No 1, 2000.


MENTAL HEALTH: Services interventions

**POLICY**

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

**SYSTEMATIC REVIEWS OF RELEVANT EVIDENCE**

(single trial only).\(^b\)

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.\(^d\)

**Dementia**

Although screening tests for dementia are available, their use needs to take into account that there are currently no known effective treatments for dementia.\(^a\)

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.\(^l\)

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.\(^m\)

Donepezil may provide modest improvements in cognitive function and study clinicians rated global clinical state more positively in treated patients.\(^n\)

Gingko may improve cognition but its clinical value is not proven.\(^o\) Cytidinediphosphocholine (CDP choline) may have a short term effect on memory and behaviour.\(^p\)

Selegiline\(^q\) and hydergine\(^r\) may have benefit, but the evidence remains inconclusive.

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.\(^s\)

**REFERENCES**


**MENTAL HEALTH: Services interventions**

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MENTAL HEALTH: Services interventions

POLICY

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

SYSTEMATIC REVIEWS OF RELEVANT EVIDENCE

REFERENCES

Oxford: Update Software.


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.

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

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

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

Individual psychological therapy for depression is superior to group therapy.

Outreach programmes designed to make available help to depressed elderly


NHS Centre for Reviews and Dissemination. Mental health promotion in high risk groups. Effective Health Care 1997;3(3).


## MENTAL HEALTH: Services interventions

### POLICY

| 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. Psychological treatments offered to depressed elderly in the community are effective, and cognitive behavioural therapies are more effective than other psychological therapies.

### Drug treatments

- **Antidepressant drugs** are effective treatments for depression.

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

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

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

- There is no evidence that progestogens help in postnatal depression.

- 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.

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

### Other

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

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

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

### REFERENCES

### References


### Eating disorders

There is provisional evidence that cognitive behavioural psychotherapy reduces binge eating in bulimia.\(^a\)
MENTAL HEALTH: Services interventions

**POLICY**

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

**SYSTEMATIC REVIEWS OF RELEVANT EVIDENCE**

**Learning disability**

Functional analysis/behavioural assessment reduces problem behaviours in individuals with mental impairment.a

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

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

**Schizophrenia**

Family intervention is effective in improving relapse rates but present evidence does not show that it reduces suicide in those with schizophrenia.a

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.b

‘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.c

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

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

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

**REFERENCES**


e. Danish Medical Research Council and the Danish Hospital Institute. Schizophrenia, Consensus statement (Skizophreni, Konsensus-konference) Copenhagen: Danish Hospital Institute, 1993.


g. Ahonen J, Cheine M, Wahlbeck K. Beta blocker
MENTAL HEALTH: Services interventions

POLICY

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

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.\(^\text{1}\)

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.\(^\text{6}\)

The new generation of antipsychotic drugs are an improvement but not a revolution in the management of those with schizophrenia.\(^\text{8}\)

Older, inexpensive, poorly publicised drugs may have similar benefits as novel expensive atypicals.\(^\text{1}\)

Supplementing drug treatment with other drugs such as beta-blockers or carbamazepine has not been shown to be helpful.\(^\text{3}\)

Fish oil derivatives may have antipsychotic effects but more will be known when ongoing studies are completed.\(^\text{8}\)

Cognitive therapy may have benefits for those with depression but is not widely accessible at present.\(^\text{4}\)

Electroconvulsive therapy can provide short term palliative care in schizophrenia.\(^\text{1}\)

The use of life skills training as a component of rehabilitation programmes for people with schizophrenia is not supported by evidence.\(^\text{8}\)

REFERENCES


NHS Centre for Reviews and Dissemination. Drug treatments for schizophrenia. Effective Health Care 1999;5(6).
MENTAL HEALTH: Services interventions

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MENTAL HEALTH: Services interventions

### Policy

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<tr>
<th>M49</th>
<th>Develop range of comprehensive and culturally sensitive mental health services in accordance with Modernising Mental Health Services</th>
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**Systematic Reviews of Relevant Evidence**

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. Presently a disproportionate number of ethnic minority referrals to mental health care come through the Criminal Justice System.

**References**


### People can:

<table>
<thead>
<tr>
<th>M50</th>
<th>Contribute information to service planners and get involved</th>
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No systematic reviews were identified in this area.

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<th>M51</th>
<th>Contact services quickly when difficulties start</th>
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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. 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.

**References**


<table>
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<th>M52</th>
<th>Increase knowledge about self-help</th>
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No systematic reviews were identified in this area.