

Practice example: NI communication strategy - positive messages about mental health

Recommendation 1 - Signposting and access

Background

In implementing the first recommendation, the project team considered how best to provide information for service users, their children and family members, and the general public in a structured and positive way without further stigmatisation of this client group. We felt that whilst there was a range of organisations - including voluntary sector providers and the Public Health Authority - with information on their websites about mental health conditions and support, we wanted to communicate a positive message about parenting and mental ill health.

Intended outcomes

- provide information to address public perception about mental health and children's services
- address staff perceptions and develop staff awareness of the full spectrum of services available relating to mental health, parental support and support for children
- help professionals and organisations to identify resources, gaps and duplication of service provision
- promote a positive message about accessing support as a means of addressing the stereotypes, stigma and fears that the public may have about accessing mental health and children's services.

Practical actions

At the outset, we discussed the messages we wanted to convey to our target audiences and a work plan to progress this. We wanted to make sure we got the right information to the right people, which included practitioners as well as the public. In promoting a positive message about accessing support, we also aimed to highlight the project and the Think Family approach to health and social care. We identified who needed to be involved and set up a communications sub-group. This included the project leads, communications personnel within the health and social care trusts, voluntary organisations, the Public Health Agency, and the Department for Education Northern Ireland (DENI). We also ensured there was IT representation to advise on technical issues. Engaging relevant personnel allowed the project to use existing structures.

What actually happened

We developed our communications strategy (see appendix 1), which was then written by the project manager and the chair of the sub-group. A communications

template/framework was provided to assist us in developing our strategy. The strategy clearly identified the aims and objectives of the project from an information sharing perspective. The messages that the project was sending to services were coordinated with ongoing existing health promotion activities relating to mental health and children's services within the relevant organisations, such as the trusts, NSPCC, Action Mental Health and Action for Children etc. The strategy was signed off by the Project Board and shared with the five Project Locality Teams (PLTs). An extensive range of actions were developed to ensure the public were informed of the aims of the project and how they could participate. We mapped what information trusts were providing about conditions and relevant services. We identified areas of good practice that could be replicated regionally across the five PLTs. For example, the South Eastern Health and Social Care Trust have a database of mental health services which can be accessed by the public through their website, and we recommended that this be replicated by other PLTs. We ensured that the trusts included a signpost to the 'Mind your head' website and links from each trust intranet site to the Health and Social Care Board's (HSCB) 'Think Family Project' web page. Our project webpage included additional local information relating to the project, i.e. local contacts, events and changes to services delivery. Similarly, Aware Defeat Depression set up a hyperlink between the trust and voluntary organisation pages and the HSCB 'Think Family Project' web page. We set up a regional public information campaign to support mental health and reduce stigma. This information was presented in the local press, and we made links with other events, e.g. No Smoking Day, Mental Health Day, Defeat Depression Day and national campaigns. We set up a series of monthly press releases on relevant topics. For example, in June we presented good news stories on debt and gambling, in July we focussed on managing and dealing with depression and accessing support services, and in September it will be mental health and pregnancy, including post-natal depression. We coordinated other activity using existing material and information. For example, we put leaflets in clinic settings, GP surgeries, and used hospital TVs' banners to promote positive messages about mental health, staying healthy, and getting help if you don't feel well, and also provided information on how to access services for individuals and their families. We also used this process and the media to assist us with engaging service users. We involved service user views and feedback to help inform service improvements.

Advice for others

- It is important to secure communications, health improvement/promotion and IT expertise.
- It is useful to develop a strategy at the beginning phase of the project: we really found it be to an invaluable and essential piece of work.

- Be flexible as the strategy will be altered as things progress, but this process is helpful in developing the needs of the project and provides a structure for forward planning.
- It also helps to identify engagement with relevant stakeholders and ensures that no one is left out. It also makes sure that key stakeholders are informed on a continual and regular basis.
- Involving existing communications personnel within organisations is helpful. They are aware of information and dissemination processes, and will have a list of service user organisations, councils and public interest groups etc. This also helps to share the workload and makes information sharing more effective.