
Growing up and growing old:

Findings from the Mental Health Fellowships



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The Winston Churchill Memorial Trust runs the Churchill Fellowships, which support UK citizens to travel the world in search of innovative solutions for today's most pressing problems. Any UK adult citizen can apply, regardless of qualifications, age or background. They are chosen not for their past achievements, but for the power of their ideas and their potential to be change-makers. Applications can be made annually from May-September at www.wcmt.org.uk.



The vision of the Mental Health Foundation is good mental health for all. We work to prevent mental health problems, to drive change towards a mentally healthy society for all, and to support communities, families and individuals to live mentally healthier lives, with a particular focus on those at greatest risk. The Foundation is the home of Mental Health Awareness Week.

To find the full body of research produced by all 59 Churchill Fellows, or to listen to the corresponding podcasts for **Growing up and growing old**, please visit the Mental Health Foundation and Winston Churchill Memorial Trust websites.

To get in touch with a Fellow included in this briefing, or for more details on any of the case studies featured, please contact the Winston Churchill Memorial Trust at office@wcmt.org.uk

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The views expressed by the Fellows are their own, not necessarily those of the Winston Churchill Memorial Trust nor the Mental Health Foundation.

Introduction

From 2016 to 2019 the Winston Churchill Memorial Trust ran the Mental Health Fellowships programme, funding individuals to travel abroad to learn more about how community-based solutions are being created in response to some of today's most pressing mental health challenges.

The Mental Health Foundation was the expert partner in this programme, helping to shape its aims, select the successful candidates from hundreds of applicants and provide mentoring to the successful Churchill Fellows. In total, 59 Fellows were chosen to investigate best practice in 17 countries and bring back new evidence and ideas to create positive change in their profession, practice and communities in the UK.

This is one of four briefings that distil the key findings from this rich body of learning, and make recommendations for policy and practice in the UK. Each briefing focuses on an aspect of the Mental Health Fellowships' overarching theme '**community-based solutions**', and an overview of the learning from this Fellowship can be found in the programme's summative briefing.

Scope

This briefing on Growing Up and Growing Old brings together learning from eight Fellows' research in Australia, New Zealand, Canada,

the USA and Ireland, that focuses on how community-based approaches are being used to effectively support the mental health of people in the early and later stages of life.

The learning from this category is grouped into two main sections:

Section 1: Growing Up focuses on "growing up" and provides a number of case studies and findings from four Fellows' research, detailing approaches for supporting young children and families in the first 1,000 days of life, and during the school years.

Section 2: Growing Old focuses on "growing old" and provides a number of case studies and findings from four Fellows' work and presents a range of community-based initiatives being used abroad to support the mental health of this age group.

Fellows' recommendations

Growing up

Local commissioners and planners should:

- Invest in parenting programmes that promote positive attachment, ensuring that primary caregivers are supported with parent-child bonding.

All pre-schools, and primary and secondary schools should:

- Adopt a wide range of interventions that effectively support the varying mental health needs of pupils.
- Assign a clear set of Social and Emotional Learning (SEL) objectives to lessons and the curriculum, which are given as much importance as their academic objectives. These objectives should also be communicated to students.
- Provide teachers, teaching assistants and parents with guidance and training on how to encourage children and young people to recognise emotions and feelings when reading fiction.

Growing old

Local commissioners and planners should:

- Encourage intergenerational programmes and regular shared activity between people in the early and later stages of life.

Care homes and residential settings should:

- Open their doors to family members to allow them to play a continuing role in the lives of their relatives and support the professional staff in providing person-centred care.
 - Open their doors to their local communities, including schools, community groups and local associations such as choirs, allotment and gardening clubs, to enrich the lives of all involved. The care home should be regarded as part of the community, and an important resource for the community.
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Why growing up and growing old?

In recent years, there has been increasing recognition from UK health care providers, decision makers and the general public that people in both the early and later stages of life are facing considerable challenges in relation to their mental health.

Research suggests that a large proportion of mental health problems develop in childhood and adolescence, with around half developing by age 14, and three-quarters by age 24,¹ and for older people, depression was found to affect around 22% of men and 28% of women aged 65 years and over.² Despite this, 85% of older people with depression receive no help at all from the NHS.³

At present, effective and timely support is not always available for these age groups, and times in our life when we should feel valued, supported and fulfilled, are instead, due to a wide range of factors, leaving

some feeling at their most vulnerable, alone and isolated.

The Churchill Fellows' research is therefore welcome and comes at an important time. As the radical revolution of mental health provision continues, with the ambition of community-based care models largely replacing the acute and long-term care provided in in-patient settings, the Fellows' findings provide new ideas for how our existing community-based settings, such as schools and care homes, can help to ensure that both young and older people's mental health is protected, valued and cared for, as we move through our lives, growing up and growing old.

Section 1: Growing up

Context

Who do we mean by growing up?

We often refer to people growing up between the ages of 0 to 25. This is the time in our lives when our earliest relationships are formed, when we first go to school, develop peer and other relationships and transition to working professionally or attend university or college.

Within the growing up category, however, the Fellows' research focuses primarily on interventions aimed at the 0 to 18 age group, from the first 1,000 days of life and early-years community settings to the school years that follow.

What factors affect children and young people's mental health?

There is strong evidence of a wide range of factors that increase the risk of children and young people developing mental health problems. Some of these are individual, such as personality trait and genetics, some are located in families and communities, such as family relationships and the school environment, while others are more systemic, such as experiencing disadvantage and/or discrimination.⁴ Any individual can be affected by one or several of these factors.

More specific examples of adversity include: trauma, abuse and neglect, academic

pressure, challenges in relation to identity and transition and, increasingly, bullying and cyber bullying. Some research estimates that between 20% and 40% of adolescents have experienced cyberbullying,⁵ with studies finding links between experiences of bullying and cyberbullying, lower self-esteem and a higher risk of depression, self-harm and suicidal behaviour in children and young people.^{6,7}

Why is this issue important?

As stated above, research has shown that a large proportion of mental health problems are developed in childhood and adolescence with around 50% of mental health problems developing by age 14, and 75% by age 24.⁸

The number of children and young people in England affected by mental health problems is also slowly rising: rates among 5 to 15-year olds increased from 9.7% in 1999 to 10.1% in 2004 to 11.2% in 2017.⁹ This mirrors research in Scotland, which has found an increase in emotional problems and peer relationship problems among children over time.¹⁰

The prevalence of mental health problems for older young people is also high. In England, research in 2014 found that 11.2% of 5 to 15-year olds and 18.9% of 16 to 24-year olds experienced a

mental health problem such as anxiety or depression.^{11 12} However, the latest research found that nearly one in four children, 24.1%, with a mental health

problem had no professional or informal support , such as family or friends, for coping with worries about their mental health.¹³

Good practice from abroad

Four Churchill Fellows travelled abroad to visit a wide range of community-based approaches being used to support the mental health of children and young people, and their families. The Fellows were:

Annette Hargreaves

Report Title: Children and Family Wellbeing in the Community

In 2016, Annette Hargreaves, a university tutor at Manchester University, travelled to Australia and New Zealand to research adult and child mental health in the first 1,000 days of children's development.

Olivia Richards

Report title: The Story Project: Using Reading and Writing to Support Young People's Mental Health and Academic Attainment in Literacy

Olivia Richards, a teacher at St Paul's C of E Primary School in Addlestone, Surrey and leader of The Story Project, travelled to the USA and Canada in 2016 to explore how reading and writing can be used to teach young people social and emotional skills.

Dan Trevor

Report Title: Mindfulness and Dialectical Behaviour Therapy: Skills Training for Children, Young People and Families in Schools and Communities

Dan Trevor, a psychotherapist from Conwy, Wales, travelled to Ireland, the USA and Canada in 2017 to investigate mindfulness and dialectical behaviour therapy interventions for children and young people at school, and in communities.

Dr Sarah Maxwell

Report title: How to Work with Teenagers Presenting with Emerging Borderline Personality Disorder: Lessons from Hype

Dr Sarah Maxwell is a consultant child and adolescent psychiatrist working for the Norfolk and Suffolk Foundation NHS Trust (NSFT); in 2016 she travelled to Australia to research effective community-based treatment for young people with Borderline Personality Disorder (BPD).

Key findings

The findings below are split into two important periods in child development: the first 1,000 days, and the school years that follow.

The first 1000 days

Parents can be encouraged, enabled and empowered

Annette Hargreaves visited a number of community-based programmes aimed at empowering and supporting parents to build responsive and nurturing relationships with their children in the first 1,000 days of their lives.

It is widely held that the first 1,000 days of a child's life are incredibly important for supporting both their physical and mental development, and that the effects of adversity, including trauma, neglect and abuse or harsher styles of parenting, can affect them for the rest of their lives.^{14 15}

An important aspect of this is the quality of relationship developed between the child and the primary care giver,¹⁶ with extensive research showing that secure

attachment supports positive emotional and social development, enabling children to be better able to cope with stress, have a higher sense of self-worth and a greater ability to adjust to and cope better with adversity and change.¹⁷ In contrast, insecure, and particularly disordered, attachment relationships in early childhood are associated with a higher risk of depression, anxiety, self-harm and suicidal tendencies and post-traumatic stress disorder, among other mental health problems.^{18 19 20 21}

The programmes she visited, including the case study below, provide a wide range of approaches and insights into how these vital relationships can be supported and encouraged in primary caregivers and families from a diverse range of social and ethnic backgrounds.

CASE STUDY

The FIND Programme, Center on the Developing Child, Harvard University, Massachusetts

Filming Interactions to Nurture Development (FIND) is a video mentoring programme that aims to develop and improve positive social interactions between parents, caregivers and their young children.

Who does the project work with?

The programme was primarily aimed at supporting foster parents and children in care, though due to its early success, it is now also being offered to birth parents whose situation is considered to increase the vulnerability of their children. It occurs primarily through home visits and, in the USA, fathers on low incomes have been one of the main target groups.

How does it work?

A FIND coach films the adult and the child interacting together for a short period of around 10 minutes, usually in the form of a social activity or through play. The video footage is then watched by both the coach and the adult, and short clips demonstrating instances of positive interaction between the adult and the child are identified and recognised as examples of good practice. The caregiver is then encouraged during a weekly coaching programme to replicate these behaviours in order to support both their child's development and their bonding with their child.

Has it been evaluated?

FIND is currently being evaluated in the USA in a wide range of settings. Projects include three ongoing randomised control trials and multiple smaller scale studies designed to adapt and test the programme in particular contexts and with specific populations. This includes child welfare-involved families, young parents, fathers, mothers with postpartum mood symptoms, child-care providers and parents with cognitive disabilities.

UK use of FIND

Adoption of the programme in the UK is in the early stages. Dr Alistair Cooper, a clinical psychologist with more than 11 years' experience of working with children in care and their families, piloted the programme with foster parents, care providers and early year's practitioners at the Michael Rutter Centre for Children and Adolescents based at Maudsley Hospital in London.

Going to school

Over recent years, more has been done at a national level to enable schools to effectively protect and support the mental health of their pupils. In 2017, for example, the UK Government published a Green Paper for Transforming Children and Young People's Mental Health, which detailed proposals for expanding access to mental health care for children and young people in England, including establishing new Mental Health Support Teams (MHSTs) in schools. These reforms are now being rolled out and evaluated in 20 to 25% of secondary schools.

As the opportunities for integrating new approaches in schools continue, the Fellows' findings provide three innovative approaches for supporting young people's mental health in this important setting.

1. Emotional literacy can be developed through reading and writing

Olivia Richards' Fellowship explored how reading and writing can be used to teach children and young people social and

emotional skills (emotional literacy), as well as help them fulfil academic objectives.

What is emotional literacy?

Emotional literacy is a term given to a set of skills related to recognising and managing emotions. It includes the ability to identify and understand your own feelings, develop healthy strategies for coping with those feelings, and recognising the feelings of others.²² Such skills are important, as they allow the individual to manage their own emotions and build better connections with others.²³ Conversely, a number of studies have found that children and young people who are unable to identify and express their own emotions, are more likely to express symptoms of anxiety and depression.^{24 25 26}

Olivia's research found that social and emotional learning can be effectively and easily integrated into UK classrooms through the reading and writing lessons that will already be taking place. This is demonstrated by approaches such as the RULER programme.

CASE STUDY

RULER programme, Yale University, New Haven, Connecticut, USA

Yale's Center for Emotional Intelligence is rolling out RULER into the pre-school environment. RULER is an acronym that stands for Recognising, Understanding, Labelling, Expressing and Regulating emotions. Yale has identified these key steps as being important for developing emotional skills and sought to provide training for teachers to support their students in achieving them.

What does it involve?

At the Friends Center Pre-School, one of RULER's flagship schools, teachers read books and ask relevant questions to pupils as they read, such as: "How do you think the cat felt, when he was squashed by that giant squash?" If they are unsure, children are encouraged to look at the cat's facial expression and think how they would be feeling. This is the "recognising emotions" stage of the RULER process, and students are repeatedly given previews of different emotions in the stories, to enable them to recognise a range of emotions in themselves and others.

As part of the programme, children are also encouraged to ask their teachers, parents or caregivers to share their experiences of the emotions that have been discussed in stories. For example, if students have learnt about sadness then they may speak to their family about a time they have felt sad.

Programme evaluation

RULER has been well evaluated, and classrooms in RULER schools have been rated as having higher degrees of warmth and connectedness between teachers and students, more autonomy and leadership among students, and teachers who focused more on students' interests and motivations.²⁷ The same study also found the RULER programme to demonstrate effectiveness in improving connectedness between teachers and pupils and decrease anxiety and depression in students.²⁸

What is happening in UK schools?

In England, the teaching of social and emotional skills is currently optional; however, from September 2020 it will be mandatory for both primary and secondary schools to teach these as part of their health and wellbeing curriculum.²⁹

As things stand, schools have been provided with the flexibility to deliver this teaching in the format that works best for their school and pupils.

Schools in Scotland already have a health and wellbeing strand of their curriculum, and in Wales, a curriculum review has resulted in health and wellbeing,

including social and emotional learning, as being one of six areas of learning due to be implemented from 2022. In all UK countries there is an opportunity for social and emotional learning to be integrated into classrooms through reading and writing lessons.

Impact in the UK

Since her return to the UK, Olivia has used funding from The Shine Trust to start building a bank of resources based on her fellowship findings that support teachers to integrate social and emotional learning and academic literacy lessons. Her resources cover the new statutory requirements for

health and wellbeing, and she is currently encouraging schools to trial them via her website www.story-project.co.uk.

2. Mindfulness and Dialectical Behaviour Therapy (DBT) can improve pupils' emotional regulation and decrease self-harming behaviour

Dan Trevor travelled to Ireland, the USA and Canada to investigate mindfulness and dialectical behaviour therapy interventions for children and young people in schools.

Dialectical Behaviour Therapy (DBT) is a specific type of cognitive-behavioural psychotherapy developed in the late-1980s to help treat Borderline Personality Disorder (BPD). BPD, also known as Emotional Unstable Personality Disorder (EUPD) is, according to the National Institute of Mental Health, a condition marked by "ongoing patterns of varying moods, self-image and behaviour, resulting in impulsive actions and problems with relationships with others."³⁰

Since DBT's development, it has also been used for the treatment of other mental health problems, and more recently has been taught as a preventive measure for protecting our mental health. The skills-based model has four modules: mindfulness, distress tolerance, emotional regulation and interpersonal effectiveness. The approach has a strong emphasis on the core skills of mindfulness throughout, including relating to ourselves and the present moment with acceptance and learning to identify emotions and increase

mindfulness of our present emotional state.

How is DBT being used in schools abroad?

Adaptations of DBT programmes for adolescents in non-clinical settings, such as schools, have only recently been established in the USA, with the longest-standing international examples operating for around 10 years. The programmes are delivered by both teachers and counsellors depending on the complexity of the teaching material.

Jim Hanson, a School Psychologist and pioneer of the DBT programmes developed in the USA, implemented a DBT programme in Lincoln High School in Portland, Oregon, which has been shown to reduce suicidal and self-harm behaviours, improve interpersonal effectiveness and help young people with emotional regulation.³¹

What is happening in UK schools?

In the UK, DBT is accessible through a range of Child and Adolescent Mental Health Services (CAMHS), though not widely available to support children and young people in schools. In returning to the UK, and based on the findings from the Fellowship, Dan implemented an evidence-based best practice DBT skills training programme in schools in Denbighshire, Wales. The programme is presently in its third reiteration, and will be evaluated by Bangor University.

3. Helping Young People Early (HYPE)

Dr Sarah Maxwell identified the HYPE programme when researching effective

community-based treatment for young people with BPD.

What is HYPE?

The HYPE programme was set up in 2000 by Andrew Chanen and Louise McCutcheon, as part of Orygen Youth Health in Melbourne, to provide prevention and early intervention for BPD. The goal of the service is to offer optimal effective treatment as early as possible in the course of BPD, ensuring that the intervention is appropriate to the phase of the disorder. It is an integrated model with several key elements, including: diagnosis, individual Cognitive Analytical Therapy (CAT) sessions, psychological education sessions for families, general psychiatric care, a crisis team and inpatient care. The model has been well evaluated, and has led to positive outcomes for young people, including reductions in suicidal behaviour and increased social and occupational functioning.³²

Following her return to the UK, Sarah developed a programme at the Norfolk NHS Youth Service, where she works, which uses many of the features of the HYPE mode. The programme provides a more thorough assessment process for young people, allowing for BPD to be identified and treated earlier.

What is happening in UK schools?

Whilst HYPE was initially developed for use in clinical settings, Sarah's research found that the onset of BPD in young people can be tackled more effectively at an earlier stage, thus reducing the need for complex, resource-intensive treatment in specialist settings. Such support could, as far as possible, be replaced by briefer interventions being delivered by non-specialists in accessible settings familiar to recipients, such as schools and colleges.

To this end, Sarah and her team were awarded £350,000 from the National Institute for Health Research to run a pilot project that will see non-specialist staff within colleges and schools deliver a programme of mental health support for young people. The programme, Brief Education Supported Treatment for BPD (BEST), will include interventions modelled on HYPE's treatment approach.

BEST is now up and running and involves training staff from eight schools and colleges in Norfolk to work with mental health professionals, in order to deliver a treatment package to more than 60 teenagers aged 13 to 18. The results from this pilot will be available in 2021.

Section 2: Growing old

Context

Who do we mean by growing old?

The Mental Health Foundation broadly defines growing old as a process that starts at the age of 55 years. While we acknowledge that many people this age do not consider themselves as “old”, we use this definition to describe the period of life when many people begin to plan more seriously for their retirement, or take early retirement. It is also a time that people may begin to be discriminated against in relation to their age. For example, a study conducted by University College London found that 25% of over-50s felt they had been unfairly treated in shops, restaurants and hospitals due to their age.³³

Within the growing old category, however, the Fellows’ research focuses primarily on interventions aimed at the 65+ age group, and those who have stopped living independently to move into other community settings, such as care homes.

What factors affect older people’s mental health?

People in later life are at risk of developing mental health problems due to a wide range of factors including bereavement, a reduction in their socio-

economic status due to retirement, and, increasingly, loneliness. A recent YouGov survey found that the death of loved ones (36%), people’s own ill health (24%) and financial worries (27%) are the most common triggers for mental health problems in later life.³⁴

In considering older people’s own ill health, long-term physical or mental health conditions, such as Parkinson’s or dementia, are also a common cause of mental health problems. There are approximately 850,000 people with dementia living in the UK,³⁵ and one study estimated that 40% of them are also experiencing depression.³⁶

Why is this issue important?

There is a high prevalence of mental health problems within this age group. One study, for example, found that depression affects around 22% of men and 28% of women aged 65 years and over.³⁷ Despite this, it is estimated that 85% of older people with depression receive no help at all from the NHS.³⁸ There are also large numbers of older people affected by risk factors for developing mental health problems, such as loneliness and social isolation, with more than two million people in England over the age of 75 living alone, and

more than a million older people saying they often go for more than a month without speaking to a friend, neighbour or family member.³⁹ With older people being at risk of developing mental health problems, and a rapidly ageing UK

population, there are many questions about how people are able to live well in later life, and how we can effectively support the mental health of our ageing population.

Good practice from abroad

Four Churchill Fellows travelled abroad to visit a wide range of community-based approaches that are being used to support the mental health of older people, and their families. The Fellows were:

Martin Malcolm

Report title: Tackling Social Isolation and Loneliness in Rural Communities (report in development stages)

Martin, Head of Public Health Intelligence at NHS Western Isles in Scotland, travelled to Canada in 2017 to find digital technological solutions for reducing social isolation. People in later life provided one of the main focuses for the research.

Pam Schweitzer

Report title: Reminiscence and Arts for Older People in Japan

Pam is Director of the European Reminiscence Network and an Honorary Research Fellow at the University of Greenwich. In 2017 she travelled to Japan to study reminiscence arts projects for families living with dementia.

Agnes Houston

Report title: Think Dementia, Think Sensory

Agnes travelled to Canada and Ireland in 2016 to meet with people who, like her, have a diagnosis of dementia. She collected their lived experience of sensory challenges.

David Humphreys

Report title: Family Involvement in Collaborative Adult Community Mental Health Treatment

In 2016 David, a family therapist, travelled to Canada and the USA to explore ways of improving the involvement of family members in community mental health treatment.

Key findings

Older people can be better connected to their communities and families

A number of the Fellows focused on approaches being used abroad to reduce social isolation and loneliness, and increase older people's connections to their families, friends and communities. These included programmes enabling community involvement in care homes and residential care settings, multi-generational interventions involving both older and younger people, and using digital technology for connecting older people living in rural communities.

Care homes and residential settings

For an older person living in the UK, moving from their own home and familiar surroundings into a care home or residential setting can be a challenging and isolating time, with one study suggesting that severe loneliness among older people living in care homes is at least double that of people living independently: 22-42% for the care-home population, compared to 10% for the independent population.⁴⁰

Both Pam Schweitzer and Agnes Houston visited a number of care homes and residential facilities aiming to ensure that their residents are kept well connected to

their families, friends and communities. In Japan, for example, care homes open their doors to the local community and encourage volunteers to set up initiatives such as gardening groups, choirs and cooking clubs, allowing individuals in the community to interact and build connections with residents.

In Canada, Agnes visited Schlegel Villages' offering of residential living that combines long-term care with retirement villages. The design of Schlegel Villages mimics that of a town, with recognisable places such as a Town Square, Main Street, Town Hall and Community Centre. There is also a strong emphasis on community involvement from the surrounding areas, with the Community Connections programme involving neighbours regularly being invited into the village from the surrounding communities to participate in social, recreational and fitness programmes alongside the residents of each Schlegel Village.⁴¹

There were also examples of intergenerational programmes being used abroad to help reduce social isolation and loneliness for older people, such as the Kotoen Intergenerational Home in Japan, visited by Pam Schweitzer.

CASE STUDY

Kotoen Intergenerational Home, Tokyo, Japan

Kotoen Intergenerational Home was established as a care home for the elderly in 1962. Since then it has broadened its focus to include childcare, disabled care and community/residential welfare, including a nursery school for 60 infants and young children up to the age of six that has been integrated with a care home for elders.

The intergenerational model was introduced in 1987, and is one of the most famous intergenerational programmes in the world. Their mission has always been to support their local community, providing the highest levels of care for the elderly, people with disabilities, and children, enabling a place where anyone can live without the risk of discrimination.

What happens?

The children do their morning exercises with the elders and ask in unison: "How are you feeling today, grandparents?" "We are healthy and happy to see you," the elderly respond. Later in the day, the children have meals and play indoor games, while some of the elderly volunteers help to look after them alongside an assigned member of staff.



The photo above shows a shared exercise session at the Kotoen Intergenerational Home.

Rural communities

Older people living in rural communities can face particular challenges with regard to loneliness and social isolation due to limited transport, low access to services and poor broadband connections.⁴²

Martin Malcolm travelled to Canada and New Zealand to find technological solutions for reducing social isolation in rural communities. Whilst his report is still in draft, a number of early findings have emerged highlighting the potential for digitally-based mental health applications (apps) to provide both social, and health benefits. For example,

the Ageing Gracefully Laboratory at Toronto University has a variety of social-based apps including their InTouch digital application for aiding the social connections of older people, which is being made available in care homes in rural Ottawa.

Martin's preliminary research also found that effective implementation of applications in rural contexts needs to consider the following: its ease of use for older people, co-production of content with the communities served, and the availability of technical support for older people once it is launched.



Applying the learning in the UK

Martin Malcolm

Since returning to the UK, Martin has, in partnership with NHS Western Isles, set up a social prescribing scheme in the islands of Uist called ConnectingUists, offering social support plans to socially isolated older people. These include the provision of personally tailored digital prescriptions that support access to a range of common digital technologies for connecting people socially, such as social messaging, digital storytelling, digital upskilling training and participation in digital events, for example an intergenerational concert between care homes and schools.

Relationships, including with family members, are vital

A number of the Fellows, not only in the growing old category, focused on the role that families can play in providing and encouraging community-based support for people with mental health problems. Whilst not all older people will have families available to help provide support, and some may not wish for their involvement, for those that do, family members can have an important role and function in the life of someone with mental health problems. This might be as a carer, offering day to day care and support, and/or as someone providing context, stability and a sense of belonging.

The Fellows' research explored ways of improving family-member involvement for a range of community mental health settings, including general practice and care homes, for which opportunities in the UK are sometimes limited. David Humphreys travelled to Canada and the USA to explore ways of improving family member involvement in community mental health treatment through General Practice, with findings suggesting that GP practices, as a focus for health care and treatment in the community, are in a unique position to

develop collaborative family involvement. Similarly, Pam Schweitzer investigated how care homes and residential settings abroad are opening their doors to the community to ensure greater family involvement in the lives of older people once they move into care. Further analysis and case study examples can be found in the Fellows' reports detailed above.

Potential for the UK?

Older people aged 65 and over have been found to be the least satisfied with their personal relationships of any age group, with only 46% of over-65s reporting that they spent time with their family most or every day, compared with 65% to 76% reported by the other age groups. For almost half of over-65s, their main source of company was reported as their television or pets.⁴³

Clearly, in the UK there is a need to develop, with participant consent, effective ways for connecting older people to their existing family networks, and both David and Pam's findings detail a number of opportunities for doing so in our existing community settings, including primary care and care homes.

Conclusion

Whether it be the first 1,000 days of life, or supporting people in care homes in the later stages of life, there is a growing recognition from UK health care providers, decision makers and the general public that members of the population in both the early and later stages of life are facing considerable challenges in relation to their mental health.

In aiming to address some of these problems, the Fellows' research provides an important contribution to the work that is currently underway in the UK in relation to finding solutions at a community level. These include approaches which we would traditionally associate more with clinical settings, such as Mindfulness Dialectical Behaviour Therapy that is being used in schools in the USA, and the HYPE programme that was developed to support young people with BPD, which is being adapted and rolled out in schools in the UK. It also includes initiatives aimed at enabling better social connections for older people living in care homes, residential settings and rural communities, and multi-generational programmes, involving children and older people, which can be mutually beneficial for both age groups.

During the past 30 years, we have witnessed a radical transformation in how we, as a society, think about and respond

to mental ill-health, with a community-based care model largely replacing the acute and long-term care provided by in-patient settings, and increasingly more attention being given to prevention and early intervention, rather than treatment further down the line.

This direction of travel has been reflected in the findings from the Fellows, providing new ideas for how we can embed mental health awareness, understanding and support into our communities, including community settings such as schools and care homes. With so many older and younger people needing support, getting it right in our communities is vital. Whilst there is a long way to go before this is fully realised in the way that it can and needs to be, in providing examples of good practice, detailing innovative approaches and identifying challenges for successful integration, the Fellows' research makes a valuable contribution to this important area of work.

To find the full body of research produced by all 59 Churchill Fellows, or to listen to the corresponding podcasts for **Growing up and growing old**, please visit the Mental Health Foundation and Winston Churchill Memorial Trust websites.

To get in touch with a Fellow included in this briefing, or for more details on any of the case studies featured, please contact the Winston Churchill Memorial Trust at office@wcmt.org.uk.

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