Report of the Mental Well-Being Promotion Stakeholder Workshop
October 2008

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Glossary

GP General Practitioner
LAA Local Area Agreement
OBMH Oxfordshire and Buckinghamshire Mental Health Care trust
OCC Oxfordshire County Council
PCT Primary Care Trust
1. Introduction

1.1 Context

Mental well-being is rising up the government agenda. Advice on developing mental well-being promotion has been published by the Care Services Improvement Partnership, the National Institute of Clinical Excellence, and independent reviews on mental well-being at work have taken place.

Mental well-being is high up Oxfordshire’s agenda. It is one of the Oxfordshire Health and Well-Being Board’s strategic priorities and was identified as a key action area in the Director of Public Health Annual Report II (2008). The Annual Report requested a mental well being promotion strategy for Oxfordshire be developed.

This report documents the results of a stakeholder workshop which took place in October 2008. This workshop was the method used to gather the views of professionals and other key stakeholders about mental well-being. It was a fundamental part of a mental well-being needs assessment which will inform the mental well-being promotion strategy.

Views of the general public were captured via a questionnaire which was circulated in summer 2008. These results are reported separately.

1.2 What is mental health and mental well-being?

When ‘mental health’ is discussed it is often used as a proxy term for mental ill-health. Mental well-being is actually a positive concept of mental ‘health’. It is “a state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.” (World Health Organisation)\(^1\)

Mental well-being refers to a range of emotional and cognitive attributes associated with a self-reported sense of well-being and/or resilience in the face of adversity.\(^2\) It is concerned with the experience of pleasant emotions or satisfaction with life, and also functioning and growth, at both a personal and a social level.\(^1\)

Research suggests three main influences on well-being\(^1\):

- Genetics: accounts for 50% of the variation in people’s well-being although there are interactions between genetics, upbringing and environment.
- Life circumstances: including income, material possessions, marital status and neighbourhood environment. Because people adapt quickly to circumstances it is estimated this accounts for 10% of the variation in well-being.
- Intentional activities: Pursuits we actively engage in account for 40% of variation in happiness. For example working towards our goals, socialising, exercising, and engaging in meaningful activities and work. This is the area where well-being can be influenced most.

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1.3 Aims and objectives of the event

Aim
To involve as many key stakeholders as possible in developing a strategy for mental well-being in Oxfordshire

Objectives
- To gather information on cross sector strategies and work programmes
- To identify where there is no work around mental well-being taking place, and where work is taking place what additional activity is needed
- To generate ideas for action
- To identify barriers and opportunities

1.4 Attendees

Around 160 people were invited to attend the event. These people work across the county for a wide range of organisations in the public, community and voluntary sectors. The aim was to have attendance from stakeholders whose work area is either a protective factor for mental well-being, challenges a risk factor or stakeholders who work with or represent groups at risk of poor mental well-being.

1.5 The workshops

The workshops followed the structure planned for the mental well-being needs assessment and proposed strategy. This format was based on the main government guidance document ‘Making it Possible: Improving Mental Health and Well-being in England’. The breakout groups for each workshop were:

- Empowering individuals
- Vulnerable groups
- Communities: deprivation; child poverty; housing; debt; unemployment; neighbourhood culture; violence/crime; access to green spaces
- Communities: education; adult learning; social networks; social support; social/community participation
- Children, young people and families
- Older people
- Settings: prisons, work places, schools
- Stigma and discrimination

There were two workshops during the morning, each 45 minutes in length. Each workshop had the same breakout groups. Participants were asked to join a different breakout group for workshop two.

Participants were able to choose which breakout group they joined. For the first workshop the organisers suggested individuals join certain groups based on their area of work. No suggestions were made for the second workshop.

Both workshops covered the same questions. This was to give people the chance to have two opportunities to give their views and to gain different outcomes due to a new combination of people around the table.
The questions asked in each breakout group were:
1. What work do you think we should be doing to improve mental well-being?
2. What 'gaps' are there currently? How can we fill them?
3. How can we work together effectively to do this?
4. What are the barriers?
5. Can you identify any existing resources (i.e. time, expertise, partnership work, money) that could be redirected to help address this issue?
6. What are the opportunities?

1.6 Graffiti wall

Time was allocated in the agenda for participants to complete a graffiti wall of work they or others do which contributes to improving mental well-being in Oxfordshire. Information on the graffiti wall was sent to participants before the event to allow people to complete the information in advance if they wished.

2. Results: key themes

2.1 What should we be doing? What are the gaps? How can we fill them?

A number of key themes emerged regarding activity which stakeholders felt should take place in Oxfordshire to improve mental well-being. These were:

- Focus on young people, the family and the unemployed
- Focus on improving intergenerational communication and understanding
- Develop a sense of ‘community’ within geographical communities
- Challenge stigma and discrimination. In particular make it socially acceptable to ‘talk’ or ask for help before things get too bad.
- Promote ‘how to look after your own mental well-being’ to the general public
- Create a one stop shop for information/other services (on all aspects of life), especially for rural areas
- Develop a healthy workplaces programme focusing on one or two large employers
- Get mental well-being onto the agenda of major partnerships e.g. Oxfordshire Economic Partnership

2.2 How can we work effectively together to do this?

There was a unanimous agreement that a great deal of work takes place in Oxfordshire to improve mental well-being but this is fragmented, uncoordinated and can still be built on. Stakeholders focused on the need to combine resources and efforts, and work in a more ‘joined up’ way. To be more ‘joined up’ they suggested keeping the channel of communication open between agencies, improving networking, identifying and communicating partnership targets and frameworks.

Stakeholders reported the importance of prioritising work around mental well-being and ensuring mental well-being is on all organisations’ agendas. A strategy with clear targets for all sectors was identified as vital to enabling this.

2.3 What are the barriers?

The barriers identified applied to all breakout group topic areas. These were either internal i.e. things relating to an individual’s feelings, or external i.e. factors often out of the individual’s control.
2.3.3 Barriers internal to the individual

Although few internal barriers were identified, these are significant. The stigma around mental illness can prevent individuals from admitting to themselves and others that there may be a developing problem, such as stress or mild depression. This in turn can prevent them from seeking help.

People’s busy lives mean they have less time to focus on protective factors for mental well-being such as time with family and friends, and being involved in their local community.

2.3.4 Barriers external to the individual

Stigma. The stigma surrounding mental illness can make it more difficult to deliver initiatives to improve mental well-being. Work to improve young people’s mental well-being can difficult due to this stigma coupled with societal stigma around young people and people’s general fear of young people.

Funding. There is either lack of funding or short term funding. As a result pilot projects rarely develop into longer term projects. Funding therefore needs to be more reliable, dependable and predictable. In addition, on funding applications it is difficult to provide concrete evidence that interventions improve mental well-being.

Communities. Effective communities are fundamental to mental well-being but in Oxfordshire these are fragmented. There are many challenges involved in working with deprived communities and these also influence work to improve mental well-being.

Partnerships. It is hard to engage the education sector in other issues as they are, understandably, focused on educational results.

Structural factors. There was widespread recognition that the elements with the greatest impact on mental well-being are difficult to change, for example unemployment and economic stability. The impeding recession means more people are at risk of poor mental well-being.

2.4 Can you identify any existing resources (i.e. time, expertise, partnership work, money) that could be redirected to help address this issue? What are the opportunities?

Upon analysis it was evident that resources which could be redirected to overcome barriers were opportunities. These opportunities were:

- Oxfordshire has a number of good partnerships e.g. Oxfordshire Economic Partnership. These should be used and extended.
- There is extensive green space within Oxfordshire.
- There are a number of effective community venues e.g. libraries and Children’s Centres
- The LAA is a potential avenue for combining efforts across sectors
- Schools, especially extended schools, could be used to develop community cohesion
- Extensive consultation has taken place with young people (by OCC) and older people (by Age Concern) and could be capitalised on.
- The Healthy Schools Programme and school nurses are resources for improving mental well-being within schools
3. Results: specific to each topic area

A number of suggestions for improving mental well-being were specific to the topic areas of each breakout group. These actions were:

3.1 Empowering individuals

- Improve emotional literacy, interpersonal and communication skills
- Develop people's skills to cope with relationship breakdown, anticipate problems and manage change
- Improve literacy of both adults and children
- Include mental health in First Aider training
- Extend the Health Walks programme
- Focus attention on well-being for carers

3.2 Vulnerable groups

The vulnerable groups breakout group chose to discuss issues relating to children and young people, and prisons. As there were specific breakout groups discussing these issues, the information from the vulnerable groups breakout group has been included in the children, young people and families section, and the settings section below.

3.3 Communities

- Challenge unequal access to the countryside
- Reduce fear, both fear of other communities/groups and fear of crime
- Expand and improve the housing stock. Encourage an environment where council tenants can give feedback without fear of losing their homes
- Local authorities should co-ordinate a programme to improve the local environment e.g. litter picking and tree planting

3.4 Children, young people and families

- A whole family approach is needed. Work needs to take place with parents and children together
- A deeper understanding of what drives young people is needed.
- Teach parenting skills
- Develop positive role models for young people, especially young men
- Encourage positive shared family experiences e.g. visits to the countryside
- Create formal play facilities for children in rural areas
- Develop initiatives to prevent or limit damage from family relationship breakdown, bullying (especially out of school bullying) and domestic violence. Improve access to sources of support and develop people’s skills to manage these difficulties.
- Develop intergenerational activities
- Engage young people in making decisions about facilities in their local area
- Extended services from schools and in schools improve access to sources of support

3.5 Older people

- Facilitate older people’s mental well-being onto the political agenda through partnership targets and frameworks. As part of this develop older people’s champions in services at a political/board level.
• Social isolation and physical health are challenges to mental well-being for older people. Focus on improving physical health, carers issues, encouraging volunteering and improving transport in rural areas.
• Older people of working age (and younger people) are a key target group for mental well-being promotion. Encourage them to: engage in community activities/hobbies to prevent isolation in later years; plan for their old age, for example financial planning; invest in their mental well-being now for the future.
• Improve signposting towards source of support
• Create direct payments to allow more innovative use of services and activities

3.6 Settings

There was a resounding recognition that cultural change in each setting would be needed to truly improve mental well-being, and that facilitating cultural change is difficult.

3.6.1 Workplaces

The main suggestion was to develop a ‘healthy workplaces programme’ using a whole workplace approach. This should include:
• A problem solving based approaches to reducing stress
• Changes to employment practice including challenge rigid working patterns, work with each level of management improve support for staff, training staff and managers in listening skills, and facilitating staff to gain the skills needed to do their jobs
• Promoting activities which support mental well-being e.g. socialising, exercising, relaxing
• Promoting Health Walks with employers and advocating for an extended lunch break to allow time for the walks

Other suggestions were:
• Ensuring staff are aware of their legal rights
• Health and safety inspections to include mental well-being
• PCT/OCC/Districts Councils/OBMH to include well-being standards in contracts

3.6.2 Schools

• Use the school curriculum to develop mental well-being.
• Extend Social and Emotional Aspects of Learning to all primary and secondary schools
• Make school counsellors available in all schools

3.6.3 Prisons

• Prison inspector reports to include standards on mental well-being
• Train prison visitors in Mental Health First Aid

3.7 Stigma and discrimination

• Develop an integrated multi-agency communications strategy. This should take a proactive approach to anti-stigma and include campaigns which are carefully targeted at the different groups to be reached. This should be underpinned by social marketing.
• Communicate the message that 1 in 4 people experience mental health problems at some point in their lives
• Develop positive stories about service users. Communicate these with local media e.g.: parish newsletters and ensure appropriate language is used.
• Work in schools, workplaces and with GPs/primary care to develop a programme of training to improve knowledge of mental health
4. Conclusion

4.1 Limitations

Mental well-being is a broad topic area and is influenced by many things. There is already a great deal of work taking place across Oxfordshire which improves mental well-being. Documenting this work is a challenge as many professionals do not understand the link between their work and mental well-being.

Due to limitations of cost and venue size it was not possible to invite all relevant stakeholders to the event. Therefore it is inevitable that the views of some stakeholders have not been captured and gaps in information on current work taking place in Oxfordshire to improve mental well-being exist.

In addition, not all professionals are aware of the work their colleagues in other organisations and sectors are doing. Therefore for some suggestions documented here, work is already taking place.

4.2 Next steps

The workshop was well attended and stakeholders engaged well with the need for mental well-being promotion in Oxfordshire. This momentum must be maintained and built on, both at a cross-sector practitioner level but also among key partnerships and at a political level.

The information gained from this workshop will form an important part of the mental well-being needs assessment, which will inform the mental well-being promotion strategy. The strategy is expected to be complete by spring 2009.
# Appendix 1: Workshop attendees

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
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<tbody>
<tr>
<td>Adrian Chant</td>
<td>Oxfordshire County Council</td>
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<tr>
<td>Andy Buckland</td>
<td>Age Concern</td>
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<td>Angela Baker</td>
<td>Oxfordshire PCT</td>
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<tr>
<td>Ann Cox</td>
<td>Vale of White Horse District Council</td>
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<tr>
<td>Anna Kennedy</td>
<td>Oxfordshire Rural Community Council</td>
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<td>Beccy Clacy</td>
<td>Oxfordshire PCT</td>
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<td>Ben Lloyd-Shogbason</td>
<td>Oxfordshire PCT</td>
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<td>Benedict Leigh</td>
<td>Restore</td>
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<td>Carrie Anne Wade</td>
<td>OBMH</td>
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<td>Cath Dale</td>
<td>South Oxfordshire District Council</td>
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<td>Collin Edwards</td>
<td>Samaritans</td>
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<td>Craig Allen</td>
<td>Oxfordshire PCT</td>
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<tr>
<td>David Carthy</td>
<td>19 Beaumont Street Practice</td>
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<td>Devand Mahabir</td>
<td>Oxfordshire County Council</td>
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<tr>
<td>Fenella Trevillion</td>
<td>Oxfordshire PCT</td>
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<td>Francia Kilgarriff</td>
<td>Oxfordshire PCT/Oxfordshire County Council</td>
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<td>Geoffrey Ferres</td>
<td>Oxfordshire County Council</td>
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<td>Giti Paulin</td>
<td>Oxfordshire County Council</td>
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<td>Hilary Wheelton</td>
<td>Oxfordshire County Council</td>
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<tr>
<td>Ian Porter</td>
<td>Ridgeway Partnership</td>
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<tr>
<td>Jane Bell</td>
<td>Oxfordshire PCT</td>
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<tr>
<td>Jane Brylewski</td>
<td>West Oxfordshire Citizen Advice Bureau</td>
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<td>Jennifer Siu</td>
<td>Oxfordshire PCT</td>
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<tr>
<td>Jeremy Spafford</td>
<td>Oxfordshire Outside Partnership</td>
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<tr>
<td>Jon Hyslop</td>
<td>Mental Health Matters</td>
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<td>Jonathon Horbury</td>
<td>OBMH</td>
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<td>Kwai Coll</td>
<td>Oxfordshire PCT</td>
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<tr>
<td>Lajla Johansson</td>
<td>Oxfordshire County Council</td>
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<td>Lan Jenner</td>
<td>Oxfordshire PCT</td>
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<tr>
<td>Lisa Duff</td>
<td>Campsfield House</td>
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<tr>
<td>Liz Danowski</td>
<td>OxPip</td>
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<tr>
<td>Maggie MacKenzie</td>
<td>Oxfordshire PCT</td>
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<tr>
<td>Martin Avis</td>
<td>Oxfordshire Carers Forum</td>
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<tr>
<td>Meryl Smith</td>
<td>Playing Fields Association</td>
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<tr>
<td>Nicky Brodie</td>
<td>Oxfordshire County Council</td>
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<tr>
<td>Nigel Carter</td>
<td>Oxfordshire PCT</td>
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<tr>
<td>Pam Wolley</td>
<td>Carers Centre</td>
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</tbody>
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Appendix 2: Background information provided to each breakout group

**Group 1: Empowering individuals**

**What is mental well being?**

Good mental well-being is having a sense of purpose, meaning and fulfilment in life; positive thoughts and the emotional resilience to deal with life’s difficulties; feeling at ease, and belonging to a respectful community. If not addressed, poor mental well-being can develop into common mental health problems such as depression and anxiety.

**What we would like your group to do.**

You have been asked to look at the mental well-being of the general public and empowering individuals. You have not been asked to look at vulnerable groups or specific age groups.

We would like you to consider the knowledge and skills individuals need to develop and maintain mental well-being. These include:

- **Emotional literacy**
- **Resilience**
- **Problem solving**
- **Communication**
- **Confidence**
- **A person’s perception of their ability to reach a goal**
- **Optimism**
- **Hopefulness**

We would also like you to consider adverse life events such as bereavement, and divorce.

Healthy lifestyle choices can promote mental well-being: good social relationships, physical activity, a good diet, not drinking in excess, getting involved or making a contribution, helping/caring for others, learning new skills and creative activities.

**Group 2: Vulnerable Groups**

**What is mental well being?**

Good mental well-being is having a sense of purpose, meaning and fulfilment in life; positive thoughts and the emotional resilience to deal with life’s difficulties; feeling at ease, and belonging to a respectful community. If not addressed, poor mental well-being can develop into common mental health problems such as depression and anxiety.

**What we would like your group to do.**

We would like you to consider groups at particular risk of poor mental well-being - people experiencing violence, abuse and limiting long term illness; BME groups; homeless people; new mothers; middle aged and older men; service personnel; refugees and asylum seekers; carers; lesbian, gay, bisexual, transgender; offenders in the community; people with learning disabilities.

Work with vulnerable groups should span all areas of the mental well-being strategy.
**Group 3: Communities**

**What is mental well being?**

Good mental well-being is having a sense of purpose, meaning and fulfilment in life; positive thoughts and the emotional resilience to deal with life’s difficulties; feeling at ease, and belonging to a respectful community. If not addressed, poor mental well-being can develop into common mental health problems such as depression and anxiety.

**What we would like your group to do.**

Social and economic factors have a strong influence on mental well-being. Poor mental well-being is consistently associated with unemployment, less education, low income or material standard of living.

We would like you to consider how communities influence mental well-being. In particular we would like you to consider deprivation; child poverty; housing; debt; unemployment; neighbourhood culture; violence and crime and access to green spaces.

**Group 4: Communities**

**What is mental well being?**

Good mental well-being is having a sense of purpose, meaning and fulfilment in life; positive thoughts and the emotional resilience to deal with life’s difficulties; feeling at ease, and belonging to a respectful community. If not addressed, poor mental well-being can develop into common mental health problems such as depression and anxiety.

**What we would like your group to do.**

Social and economic factors have a strong influence on mental well-being. Poor mental well-being is consistently associated with unemployment, less education, low income or material standard of living.

We would like you to consider how communities influence mental well-being. In particular we would like you to consider education; adult learning and development; social networks and social support and social/community participation.

**Group 5: Children, Young People and Families**

**What is mental well being?**

Good mental well-being is having a sense of purpose, meaning and fulfilment in life; positive thoughts and the emotional resilience to deal with life’s difficulties; feeling at ease, and belonging to a respectful community. If not addressed, poor mental well-being can develop into common mental health problems such as depression and anxiety.

**What we would like your group to do.**

We would like you to consider the mental well-being of children and young people of all ages.
Poor mental well-being in childhood can affect educational performance and absenteeism. It is often the underlying factor behind unhealthy behaviours such as smoking, health outcomes such as teenage pregnancy and eating disorders, and anti-social behaviours.

Over the last 30 years the life satisfaction of young people has risen in most European countries but not in the UK and our young people often feel that they do not get ‘a good press’.

Of the rich nations the UK has the lowest percentage (43%) of young people aged 11, 13 and 15 who say they find their peers “kind and helpful” and 35% report being bullied in the previous two months. In addition, 43% report being involved in fighting in the last 12 months making the UK in the worst five of rich nations on this indicator.

Groups at particularly high risk of poor mental well-being are: boys and young men; teenage parents; children and young people not in school; looked after children; young offenders and young carers.

**Group 6: Older People**

*What is mental well being?*

Good mental well-being is having a sense of purpose, meaning and fulfilment in life; positive thoughts and the emotional resilience to deal with life’s difficulties; feeling at ease, and belonging to a respectful community. If not addressed, poor mental well-being can develop into common mental health problems such as depression and anxiety.

*What we would like your group to do.*

We would like you to consider the mental well-being of older people, those aged 50 to 65, 65-80 and 80+.

Britain is experiencing a fast growth in the older population. Older people are vulnerable to poor mental well-being as a result of poverty, isolation, social exclusion, bereavement, caring and poor physical health. Falls can have serious physical effects but also lead to low mental well-being through loss of self confidence and reduced quality of life.

**Group 7: Settings**

*What is mental well being?*

Good mental well-being is having a sense of purpose, meaning and fulfilment in life; positive thoughts and the emotional resilience to deal with life’s difficulties; feeling at ease, and belonging to a respectful community. If not addressed, poor mental well-being can develop into common mental health problems such as depression and anxiety.

*What we would like your group to do.*

We would like you to consider how the environment of workplaces, prisons and schools could be altered to improve the well-being of the people who live/work/study there.

Work in workplaces, schools and prisons can be more than simply a way to reach employees, offenders and pupils with interventions. Evidence tells us that taking a ‘whole organisation’ approach can be more effective. By this we mean changing policies, working practices, the
way the organisation is run, how people are managed, considering the staff as well as managers/prisoners/pupils etc.

Workplaces:
The work place is an important source of support, providing social and information networks, a sense of purpose and personal identity. It can also be a source of stress and have a negative affect on mental well-being. For example, through lack of control, over-work, under-utilisation of skills, low task variety, high uncertainty and low pay. Commuting, long hours and bullying are particular issues of concern.

Prisons:
Prisons house some of the most vulnerable and troubled people in society, many of whom experienced poor mental well-being before being convicted. For example many have experienced violence or abuse, are from areas of deprivation, have been long term unemployed, lived in poor housing, been in debt etc. Almost half of prisoners suffer anxiety or depression, especially those on remand due to the uncertainty of their situation. Imprisonment has adverse effects on prisoners and staff delaine with difficult prisoners can experience work place induced stress.

Schools:
Experiences at school can have a long term impact on an individual’s mental well-being, for example: bullying and peer rejection; low literacy is a risk factor for depression in adults. Promoting emotional health and well-being is an essential criterion for National Healthy School status.

Group 8: Stigma and Discrimination

What is mental well being?
Good mental well-being is having a sense of purpose, meaning and fulfilment in life; positive thoughts and the emotional resilience to deal with life’s difficulties; feeling at ease, and belonging to a respectful community. If not addressed, poor mental well-being can develop into common mental health problems such as depression and anxiety.

What we would like your group to do.
Many people with mental health problems continue to face discrimination which can be one of the most debilitating aspects of their daily lives. Fear of stigma and discrimination can prevent people from seeking help.

Discrimination is particularly powerful in the areas of employment, housing and access to services. A number of studies suggest that many BME communities, particularly refugees, asylum seekers and newly arrived communities attach a great deal of stigma to mental health problems.

Mental health coverage in the press remains, overall, highly prejudicial. The strong association between severe mental health problems and narratives of risk, violence and dysfunction persists. Those with severe mental health problems do not have a voice in the press.