

# ***SAMARITANS***

Emotional Health Promotion Strategy:  
***Changing our World***





**Samaritans' vision of society is one in which fewer people die by suicide, where people are able to explore their feelings and acknowledge and respect the feelings of others.**

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#### Poorer emotional health

Feeling of not being able to cope  
Not aware of emotions/feelings/thoughts  
Negative self-image  
Not self-confident / anxious  
Emotionally repressed/frustrated  
Feeling insecure

#### Positive emotional health

A feeling of being able to cope  
Self-awareness  
Positive self-image  
Self-confident (confidence)  
Emotionally literate  
Feelings of security

## What are we trying to do?

### The aim of this work is:

- To benefit society by improving people's emotional health, hence providing a greater sense of well being.

### In order to achieve our aim, we have set ourselves the following objectives:

- To encourage the recognition and sharing of difficult feelings of distress and despair, including those that may lead to suicide.
- To raise awareness of the consequences of emotional distress.
- To increase knowledge about effective coping strategies.
- To change attitudes, in particular groups, towards talking about emotional health.
- To increase resilience, enabling people to cope better with times/events they experience as difficult.

## What is emotional health?

**Emotional health** is the part of our overall health concerned with the way we think and feel. It refers to our sense of well-being and our ability to cope with life events. Emotional health is about our ability to acknowledge and respect our own emotions as well as those of others.

**Emotional health promotion** involves any activity designed to enhance the emotional well-being of individuals or groups. This may include giving information, bringing about social, structural or cultural change or enabling the development of personal skills.

In attempting to define emotional health it is helpful to consider the characteristics associated with positive and poorer emotional health. However, it is important to note that emotional health can be thought of as a sliding scale rather than being either 'good' or 'bad'.

Whilst emotional health is a difficult concept to 'pin down', it is clear that Samaritans may recognise many features of poor emotional health in people who use its helpline service. In essence, this emotional health promotion strategy is an attempt to reach people before they find themselves at the point of crisis. It aims not only to reduce the number of people who take their own lives, but to reduce the number who even contemplate that option.

### Why is it important?

**It can be argued that recognising one's own vulnerability to distress, self-harm or suicide is an important part of building resilience to these destructive feelings. Furthermore, a basic level of self-awareness must surely underpin the decision to seek help.**

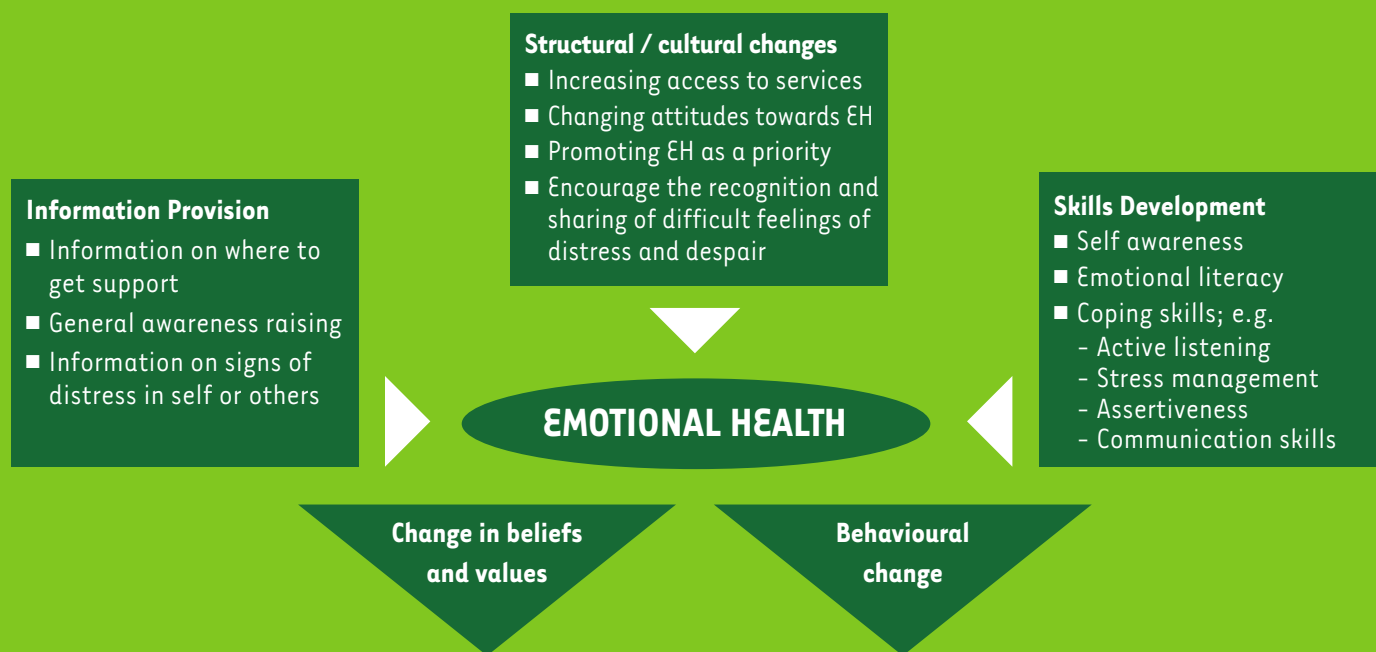
All too often emotional health is only referred to in a negative way; that is, only when a person feels they cannot cope or that they are in need of help. However, to be 'emotionally healthy' is to be in a very empowering position. Such a person is better placed to deal with stressful life events, they are more likely to be able to support others, be self-confident and have a better chance of achieving their ambitions. In short, an emotionally healthy society is likely to be stronger, more supportive, inclusive and psychologically resilient.

### Samaritans' vision is for a society in which:

**Fewer people die by suicide**

**People are able to explore their feelings**

**People are able to acknowledge and respect the feelings of others.**

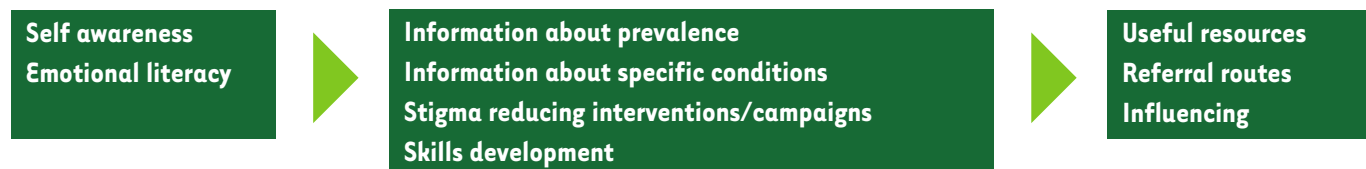


### How do we promote emotional health?

Emotional health promotion can be viewed as a combination of information provision, skills development and structural or cultural change. These factors, along with the emotional health of the individual, can reduce stigma and ultimately result in behavioural change.

Whilst emotional health promotion is a combination of information provision, developing skills and encouraging structural change; it is possible that these forms of 'input' are more or less useful dependant on the individual's attitudes and experience.

For example, it can be argued that the first step in promoting an individual's emotional health is to encourage self-awareness and emotional literacy. In this way, when we talk to people about emotional health they recognise that we are talking about people like them. After all, if we do not perceive ourselves as emotional beings then we cannot really address our stigmatising attitudes (such as all people who experience emotional problems are 'weak'). Equally, it is sensible to address the issue of where to get support, once information has been given about how to identify that a problem exists.



### What can Samaritans add?

**There are already a number of organisations, groups and campaigns offering information regarding mental or emotional health in a variety of ways and settings. The challenge is for Samaritans to contribute in a meaningful way that best deploys our unique strengths and expertise. Our strengths can be seen as:**

#### We are non-judgemental

Therefore we are able to work positively with marginalised groups. Equality and anti-discriminatory practice are inherent to our approach.

#### We are volunteer led

Therefore we are able to address issues that are of importance to a wide range of people across society. We are also able to evolve and adapt based on how our volunteers feedback on the progress of the strategy.

#### We are present across the British Isles and Republic of Ireland

Therefore we can develop a consistent organised strategy.

#### We have local representation

Therefore we can develop initiatives that are appropriate at a local level. We can prioritise on a local level to best meet the needs of the local community.

#### We are many

Therefore we have the opportunity to make real change in our society across a variety of levels. We also have the ability to work simultaneously in a range of settings, through multiple initiatives.

#### We have valuable experience

Therefore we are looked to by other organisations interested in the field of suicide prevention and emotional health. We have the credibility to organise and lead a movement that works for an emotionally healthy society.

#### We are known to be available 24/7

Therefore we send a strong message about our commitment to emotional health.

## **Emotional health promotion currently being undertaken by Samaritans**

It is clear that there are a number of volunteers already undertaking emotional health promotion work within Samaritans. It is hoped that a process of identifying such services will uncover important resources as well as examples of good practice which can be developed into national models which can be piloted and rolled out as services.

## **Emotional health promotion in specific settings**

Within particular settings, Samaritans must identify the priorities and key issues for our work. The following sections will set out our priorities and identify points for action.

**Emotional health promotion work currently being undertaken by Samaritans will be identified through a 'mapping exercise'. This exercise will involve gathering detailed information from each of our 203 branches across the British Isles and Republic of Ireland. The next version of the emotional health promotion strategy will incorporate the results of the mapping exercise.**


It has been widely accepted that in any health promotion strategy, the schools setting plays an important role. Not only because of the number of young people present in this setting and the amount of time they spend there, but also because of the future society these young people represent.

Schools are an ideal setting for reaching large numbers of young people from a range of ethnic and socio-economic backgrounds. Emotional health promotion in the schools setting should take account of the 'whole school' approach. Therefore, as well as individual attitudes and behaviours, the 'culture' of the school must be addressed as regards its impact on pupils, staff, parents and the local community.

## **Priority groups**

**Nursery School (aged under 4) and Infant School Pupils (aged 4-7)**

At present, the bulk of Samaritans experience rests in work with the two groups covered next in this section (Primary and Secondary aged pupils). With this in mind, the current version of the emotional health promotion strategy will not deal with work targeting children under seven years old in the schools setting. However, future versions of this strategy document will incorporate work with both nursery and infant school aged children.



**“Awareness of this issue raises the urgent question of what should be done to help adolescents so that they do not get to the stage of thinking that life is not worth living and also to help those who have not got as far as harming themselves.”**

**Youth and self harm : Perspectives (2003)**

### **Primary school pupils (aged 7-11)**

Whilst statistics suggest that suicides amongst this group are rare (as is self harm in under 12s<sup>1</sup>) there are a number of risk factors that have been identified as being particularly important to this age group. Research suggests that long term family problems, violence at home, sexual abuse and problems with friends at school can all negatively effect emotional health at this age<sup>2</sup>.

According to Childline<sup>2</sup> children contacting the helpline in 2002 about bullying, family tensions, physical abuse and concern for others account for 51% of all calls. The most common two reasons for calling were bullying (18%) and family tensions (17%). It must be noted that gathering information about why people call a helpline is

notoriously difficult. However, these themes do appear to fit with those identified in other research<sup>1</sup>.

It would appear that further research into these themes would be beneficial before undertaking work with this group. This would enable a better understanding of times and situations that primary school age children experience as difficult. Tied up in this question is what positive information can usefully be given to children in this group.

### **Secondary school pupils (aged 11-16):**

Samaritans recently published research<sup>3</sup> which had been undertaken in order to better understand emotional distress and self-harm amongst adolescents. The research found that the most common reason given for deliberate self-harm (DSH) by adolescents was to “get relief from a terrible state of mind”. In addition one of the conclusions of the research was that adolescents who engage in DSH or have suicidal thoughts tended to use less positive coping strategies than other young people. The report called for further development of school based emotional health promotion which focuses on the recognition of emotional problems and helps young people explore positive ways of dealing with them. This should include personal coping strategies as well as information about sources of support.

A further finding of the Samaritans’ commissioned research was that young people felt there was stigma associated with asking for help. This stigma and “feeling embarrassed” about asking for help combined with a fear that their problems were “trivial” means that many young people in distress don’t engage with services designed to support them at such times. In answer to this, Samaritans will actively work to fight the stigma associated with emotional distress whilst educating young people to understand that the sources of such distress can never be trivial.

- **There are approximately 7.2 million children of school age in the UK<sup>4</sup>.**
- **It is estimated that one in five children experience psychological problems at any given time<sup>5</sup>.**



### Young men

The rate of suicide amongst young people, particularly young men, is a growing concern with figures revealing that 29 young people under 14, and 757 aged 15-24, committed suicide in 2001<sup>6</sup>. Between 1970 and 1990 the rate of suicide in young men aged 15-19 increased by 72 percent and remained high throughout the 1990s<sup>7</sup>.

Recent research<sup>8</sup> has found that whilst general mental health education programmes in schools do impact on knowledge and

attitudes, they have the greatest effect on young women. There are initiatives that target disadvantaged young men who experience problems such as homelessness, drug and alcohol dependency, unemployment, school exclusions and emotional distress. However, it seems that there are few systematic, mainstream initiatives in the UK tackling young men's emotional health, knowledge of distress and help seeking behaviour.

### Action points in schools setting

#### Years 1-3

- Develop a consistent program which can be linked to the curriculum and/or relevant Government education strategy, incorporating support for teaching staff.
- Promote positive coping strategies amongst young people in secondary schools.
- Reduce the stigma associated with emotional distress and help-seeking amongst young people.
- Educate young people to understand that there are different sources of distress and all are equally valid.

#### Years 3-5

- Work to better understand risk factors specific to the different stages of the schools setting (nursery, primary, secondary, tertiary).
- Undertake work to better understand what forms of proactive work would be effective at the different stages (e.g. coping strategies at secondary).

**“As a secondary school teacher it is so encouraging to know that Samaritans recognise the difficulties young people face in today’s world. It is easy for adults to forget that children have the same fears, hopes, desires as we do but at the same time have little control over their lives.”**

**Deputy Head Teacher.**

# Workplaces

**There is a growing consensus amongst organisations involved in the field of emotional health promotion that the workplace is one of the most important and underdeveloped settings. The vast majority of people in the UK and Ireland are employed and in a recent Samaritans survey it was reported that over a third of people identified their work as being the main cause of them feeling stressed.**

It is important to recognise that the effects of work related emotional distress are not restricted to the workplace, they may affect the individual's relationships with family and friends as well as impact on their leisure activities and other aspects of their life.

## Organisational and individual levels

It is fairly well established that emotional health promotion in the workplace needs to be targeted at the individual as well as at the organisation.

On an individual level, Samaritans will work to encourage the development of workplace-appropriate coping skills, since it can be argued that an individual's capacity to deal

with pressure, change or stressors is determined by their coping skills (e.g. problem solving ability, cognitive style, anxiety management techniques etc.).

As well as encouraging the development of personal coping skills in the workplace, Samaritans will work towards encouraging good practice by employers with the aim of promoting more emotionally healthy work environments.

Initiatives aimed at promoting employee well-being have drawn criticism for being either 'anti-business' or a cynical attempt to get more from people at work. Samaritans believes that the solution is to involve a wide range of stakeholders in developing projects from the outset.

Consultation with business leaders suggests no lack of desire to promote emotional health in workplaces, but rather a perceived lack of any real service provision by those organisations considered 'expert'. In addition, rather than focus solely on reducing risk factors in the workplace, Samaritans will actively promote protective factors.

## Vocational groups

It has been well documented that some job specific factors can negatively impact on employee well-being and emotional health<sup>24, 25</sup>. It can be argued that the presence of risk factors such as long hours, poor physical environment, high workload and high turnover may be more likely in some vocations than others.

It is a fact that some vocational groups have a higher percentage of employees who are from certain socio-demographic groups. So for example, it is possible to target certain vocational groups within which there would be a high percentage of young men.

## Large employers

Whilst work with small employers is important, in order to best use resources, Samaritans must focus, in the short term, on work with large employers (i.e those with more than 1000 employees).

## Action points for the workplace setting:

### Years 1-3

- Better educate employers and employees about Samaritans' role as a support (rather than crisis) charity.
- Samaritans will encourage the development of positive coping skills amongst employees. Priority will be given to large employers and vocational groups with a high percentage of young (18-35) male workers.
- Consult to establish how Samaritans may best work with organisations from the voluntary, private and public sectors in a way which is acceptable to both employees and employers.
- Promote and share good practice between employers.
- Gather information to better determine which vocational groups are exposed to greater incidence of risk factors.

### Years 3-5

- Samaritans will encourage organisations to change / develop systems to protect and promote the emotional health of employees.



# Prisons

**This version of the strategy deals with prisons as a setting. However, future versions will conceptualise prisoners as a group within the 'community' setting.**

**It must be acknowledged that incarceration will always be distressing. However, Samaritans believes that prison should be survivable and that prisoners have the same rights and needs regarding their emotional health, as the rest of society.**

**The two times which are priorities for future Samaritans work are:**

## **Induction**

This period is when the individual adjusts to their surroundings and learns the routines and procedures of prison life. This stage is widely recognised as being crucial in determining the well-being of the new prisoner. It has been reported that between 1996 and 2000 32 percent of suicides took place in the first six days after the prisoner entered prison<sup>12</sup>. 'First night centres' run in many prisons aim to provide peer support to new prisoners and recognise that this time is particularly difficult for people. Samaritans

welcomes the first night centre scheme and works actively to encourage its take up and support its implementation. Samaritans would like to see this scheme made compulsory to all prisons and recommends that Samaritans Listeners are available at such centres. It is important to recognise that Samaritans Listeners should be present in addition to other peers who are involved in supporting first night centres.

## **The initial 48 hours following release**

This time has been identified as a major risk period for prisoners. It can be argued that reintegration into society may be a distressing transition for many people. It has been suggested that employment is a key factor in reducing reoffending<sup>9</sup> and is in turn made more likely by having stable accommodation, qualifications and being in receipt of advice or help on finding work. However, 76 percent of people nearing release, who have not got accommodation arranged, say that they have had no help in making the arrangements<sup>10</sup>. In addition, as many as 84 percent of prisoners are at or below the level of literacy expected of an eleven year old<sup>11</sup>.

## **Priority groups**

### **Prisoners (general)**

The findings reported in 'Psychiatric morbidity among prisoners in England and Wales'<sup>13</sup> show there is clear evidence that prisoners are more likely to experience distress than the general population. This report found that 96 percent of prisoners had experienced at least one stressful life event and over half had experienced five or more. The most commonly reported events were; running away, serious money problems, breakdown of a stable relationship or death of a friend/relative. It can be argued that experiencing such events may leave people feeling confused, hurt or distressed; feelings they may not have explored before they entered the criminal justice system. The widespread nature of these issues underlines the need to address them with prisoners. For example, half of all male prisoners and a quarter of all female prisoners have experienced violence at home. One in three women and one in ten men have experienced sexual abuse<sup>13</sup>.

Whilst the individual serves out their sentence they are particularly effected by events 'outside' such as family and friend relationships or life events (such as births, deaths, marriages etc). Samaritans recognise that when an individual is in prison their sense of helplessness and distance from such events / relationships can exacerbate their distress and increase their risk of suicide or self harm. The speed with which an individual can become suicidal has continued to shock all involved in prison work. An indication of this is the fact that of the prisoners who took their own lives between 1988 and 2000, 50 percent had never been on a care plan and only 26 percent were on a care plan at the time of their death<sup>14</sup>.



### Female prisoners

Between 2000-2001 the average number of female prisoners in England and Wales rose by 12 percent to 37,540<sup>9</sup>. A picture is emerging of a population that differs from their male peers both in terms of profile and need. It has been suggested that the female prison population is more vulnerable than their male peers<sup>15</sup> and this is certainly supported by many of the statistics. For example, it has been found that one in three of all women in prisons have experienced sexual abuse, half have experienced violence at home and female

prisoners whether on remand or sentenced, are much more likely to have contemplated suicide in the last week<sup>13</sup>. Female prisoners are also much more likely than their male peers to have a diagnosable mental health problem<sup>13</sup>. There is no evidence to explain why the suicide rates in prisons amongst women are higher than those for men when in the community men are two to four times more likely to kill themselves than women<sup>15</sup>. However the idea that women prisoners are more vulnerable or that prison is more damaging for them is one that does appear to be borne out by evidence.

**Samaritans' vision of society is one in which fewer people die by suicide. Where people are able to explore their feelings and acknowledge and respect the feelings of others.**

### Young offenders

In 2001 the average number of young offenders under sentence was 8,710 which is 50 percent higher than in 1991<sup>9</sup>. It has been found that young offenders are many times more likely to have a diagnosable mental health problem than their peers in the general population<sup>16</sup>.

#### Action points in prisons setting

##### Years 1-3

- Explore how 'organisational' factors impact on the emotional health of prisoners.
- Explore times / events when prisoners are at greater risk and what support can be made available.
- Target prisoners during first 48 hours following entry for contact with Listeners and investigate other forms of support and emotional health promotion.

##### Years 3-5

- Examine whether the Listener schemes are able to meet the needs of all women prisoners.
- Target people leaving prison and during the first 48 hours following release. Examine role in terms of skills development work and preparing prisoners for this important transition.

# Media

**“Programme Support at Channel 4 have always valued the co-operative relationship we enjoy with Samaritans. Being able to call on their expertise to support programmes as diverse as Brookside and Dispatches has enabled Channel 4 to fulfil our remit to provide the best possible support for viewers in crisis.”**

**Kate Norrish, Editor Programme Support, Channel 4 (taken from Guidelines for the Media. Samaritans 2002)**

**This strategy addresses media as a setting rather than simply a medium for communicating messages to other settings as this enables us to look at practice and structural issues as well as messages.**

Samaritans is often asked to act as consultant to various organisations in the media. However, Samaritans is also keen to utilise opportunities to educate people about its role as an emotional support charity. In this way, work in this area has always had two main themes; promoting Samaritans and enabling best practice of organisations and individuals operating in the media.

This strategy must therefore complement the aims and objectives of our existing work in the media setting. It is clear that emotional health promotion must go beyond simply promoting Samaritans and extend into attempting attitude change on a societal level.

**“When the biggest killer of young men in the UK is themselves, anything the band can do to draw attention to the issue of emotional health is worthwhile,”**  
**Phil Selway, Radiohead.**

## Future work

Samaritans work in this setting will differ from existing media campaigns in a number of ways:

- It will aim to reduce stigma and discrimination surrounding the whole notion of emotional health (i.e. not just distress or negative emotions).
- It will seek ways to be interactive rather than passive.
- It will not use terminology which is negative or has negative connotations (i.e. it will use language appropriate and accessible to the target groups).
- It will go beyond information provision and attempt to influence cultural change and skills development in its audience.

## Key issues

Samaritans will work towards promoting several key issues:

- The concept that everyone has emotional health. That emotional health is not a dichotomous construct, rather it can be thought of as a sliding scale.
- Being emotionally healthy is not the same as being happy.
- Young people are much more likely to be affected by mental health problems than by physical problems, which is surprising given how much preventative work is done on physical illness.
- Staying emotionally healthy is not just common sense and factors that affect it can be internal and external to the individual.

- Having the courage to attempt personal change does not imply weakness - it implies strength.
- We must communicate a concept of emotional health that is accessible to all people regardless of gender, age or ethnicity.

## Action points for the media setting:

### Years 1-3

- Incorporate the objectives of the emotional health promotion strategy into any existing media strategies / planning.
- Promote key issues to target groups through the media.
- Actively, promote use of Media Guidelines through a national event.
- Continue to build links in media industry and promote Samaritans consultancy role.

### Years 3-5

- Run a media campaign with the primary aim of emotional health promotion.

# Rural communities



**Samaritans have decided to conceptualise rural communities as a setting rather than a group due to the diverse range of groups within any such community. In addition, undertaking emotional health promotion work in this setting presents a common range of challenges in terms of, geographical isolation, cultural differences to urban areas, physical and economic environment.**

Research suggests that living in a rural area can result in an increased risk of experiencing emotional distress. It can therefore be assumed that groups identified as high risk by this strategy are at an even higher risk in rural areas. Furthermore, delivering any form of support is likely to encounter challenges unique to this setting.

## Priority groups

### Farming & agricultural families

It has been reported that two out of three farmers in Britain regularly work more than 61 hours a week<sup>17</sup>. Research has shown that one risk factor that is especially important to this group is occupational or financial difficulties<sup>18</sup>.

### Young people

Young people in all settings are an important target group. However, there is evidence to suggest that young people in rural communities are more likely to be exposed to certain risk factors. For example, research has indicated that agricultural students in the UK are also suffering many of the same problems as the older rural population and are subject to many of the same pressures<sup>19</sup>. Young people in rural areas are also far more likely to know someone who has taken their own life than their urban counterparts: 50 percent knew at least one person, rising to 70 percent for those from purely farming backgrounds. This compares with research carried out by Samaritans which showed only 30 percent of young people in urban areas knew of someone that had taken their own life<sup>19</sup>. Another important risk factor that is well established is drug and alcohol misuse<sup>20</sup>. Recent evidence suggests that there has been an increase in illegal drug availability in rural areas and that they are now widely used<sup>21</sup>. In addition to these points is the fact that young people have shown poor knowledge of where help can be obtained

with over half not knowing of any of the rural sector support groups that exist. Samaritans was the most widely known group cited by just over 30 percent of respondents<sup>21</sup>.

### Women

It must be acknowledged that this group encompasses a great deal of diversity. It is widely accepted that many women are the primary source of emotional support for their families and that their emotional health is key to the functioning and survival of the family unit. Research suggests that women with children<sup>22</sup>, pregnant women, women exposed to violence and unemployed women are at particularly high risk<sup>23</sup> of experiencing emotional health problems in any setting. The isolation and lack of services and transport in many rural communities increase the level of risk for women. Samaritans will prioritise work with women who are mothers, pregnant, exposed to violence or unemployed.

## Action points for rural communities setting:

### Years 1-3

- Funding will be made available every year for Rural Links Volunteers and their branches to apply for. Applications for funding will be dealt with by the emotional health promotion working party.
- Projects which are developed under the emotional health promotion strategy will be redeveloped as necessary for delivery in rural communities.
- Samaritans will consult stakeholders on how best to promote emotional health amongst our priority groups in rural communities.

### Years 3-5

- Address the need for greater basic awareness of emotional health issues, particularly addressing routes to support and attitudes towards seeking help.



# Summary of action points

## Years 1-3

### Schools

- Develop a consistent program which can be linked to the curriculum and/or relevant government education strategy, incorporating support for teaching staff.
- Promote positive coping strategies amongst young people in secondary schools.
- Reduce the stigma associated with emotional distress and help-seeking amongst young people.
- Educate young people to understand that there are different sources of distress and all are equally valid.

### Workplaces

- Better educate employers and employees about Samaritans' role as a support (rather than crisis) charity.
- Samaritans will encourage the development of positive coping skills amongst employees. Priority will be given to large employers and vocational groups with a high percentage of young (18-35) male workers.
- Consult to establish how Samaritans may best work with organisations from both the private, voluntary and public sectors in a way which is acceptable to both employees and employers.
- Promote and share good practice between employers.
- Gather information to better determine which vocational groups are exposed to greater incidence of risk factors.

### Prisons

- Explore how 'organisational' factors impact on the emotional health of prisoners.
- Explore times / events when prisoners are at greater risk and what support can be made available.
- Target prisoners during first 48 hours following entry for contact with Listeners and investigate other forms of support and emotional health promotion.

### Media

- Incorporate the objectives of the emotional health promotion strategy into any existing media strategies / planning.
- Promote key issues to target groups through the media.
- Actively promote use of Media Guidelines through a national event.
- Continue to build links in media industry and promote Samaritans consultancy role.

### Rural communities

- Funding will be made available every year for Rural Links Volunteers and their branches to apply for. Applications for funding will be dealt with by the Emotional Health Promotion Working Party.
- Projects which are developed under the emotional health promotion strategy will be redeveloped as necessary for delivery in rural communities.
- Samaritans will consult stakeholders on how best to promote emotional health amongst our priority groups in rural communities.

## Years 3-5

### Schools

- Undertake work to better understand risk factors specific to the different stages of the schools setting (nursery, primary, secondary, tertiary).
- Undertake work to better understand what forms of proactive work would be effective at the different stages (e.g. coping strategies at secondary).

### Workplaces

- Samaritans will encourage organisations to change / develop systems to protect and promote the emotional health of employees.

### Prisons

- Examine whether the Listener schemes are able to meet the needs of all women prisoners.
- Target people leaving prison and during the first 48 hours following release. Examine role in terms of skills development work and preparing prisoners for this important transition.

### Media

- Run a media campaign with the primary aim of emotional health promotion.

### Rural communities

- Address the need for greater basic awareness of emotional health issues, particularly addressing routes to support and attitudes towards seeking help.



# Developing projects

## Guiding principles

1. Projects must be targeted.
2. All projects will be evaluated.
3. Stakeholders will be involved in the development of projects.
4. Where Samaritans does not have the expertise to develop / deliver a project; external consultation / co-operation is essential.
5. A Working Party for the EHP strategy will agree a project.
6. A non-stigmatising and non-discriminatory approach will be adopted.

## Evaluation

The overall effectiveness of the programme will be roughly gauged by monitoring the public's awareness of specific emotional health issues. However, it is recognised that a more effective evaluation process will be required. One possible solution would be the development of a national emotional health audit.

**The viability of developing a national audit tool is being investigated.**

## Developing the emotional health promotion strategy

The next version of this strategy is due for publication in 2006. A number of key additions will be made to the next version.

### Results of the mapping exercise

Samaritans will identify ongoing emotional health promotion work being undertaken by its 203 branches across the UK and Ireland. The aim of this exercise is to identify learning points, establish best practice and explore different levels of service provision across geographical areas.

### Consulting more widely on the emotional health promotion strategy

Samaritans will build into the next version of the strategy the feedback from the consultation exercise run during 2004. Hundreds of organisations from statutory, private and voluntary sectors will be invited to comment on the strategy.

## Inclusion of additional settings and groups

It is intended that healthcare, community and family settings be added to the next version of the strategy.

### Samaritans local branch versions

Branch versions of the emotional health promotion strategy will include project planning guidance and workshops which will facilitate the creation of local projects. This work will ensure that the national and local elements of Samaritans are working together to implement the strategy.

### Evaluating the strategy

Samaritans will report in the next version of the strategy, on the results of a survey to measure attitudes towards emotional health and knowledge of coping skills.

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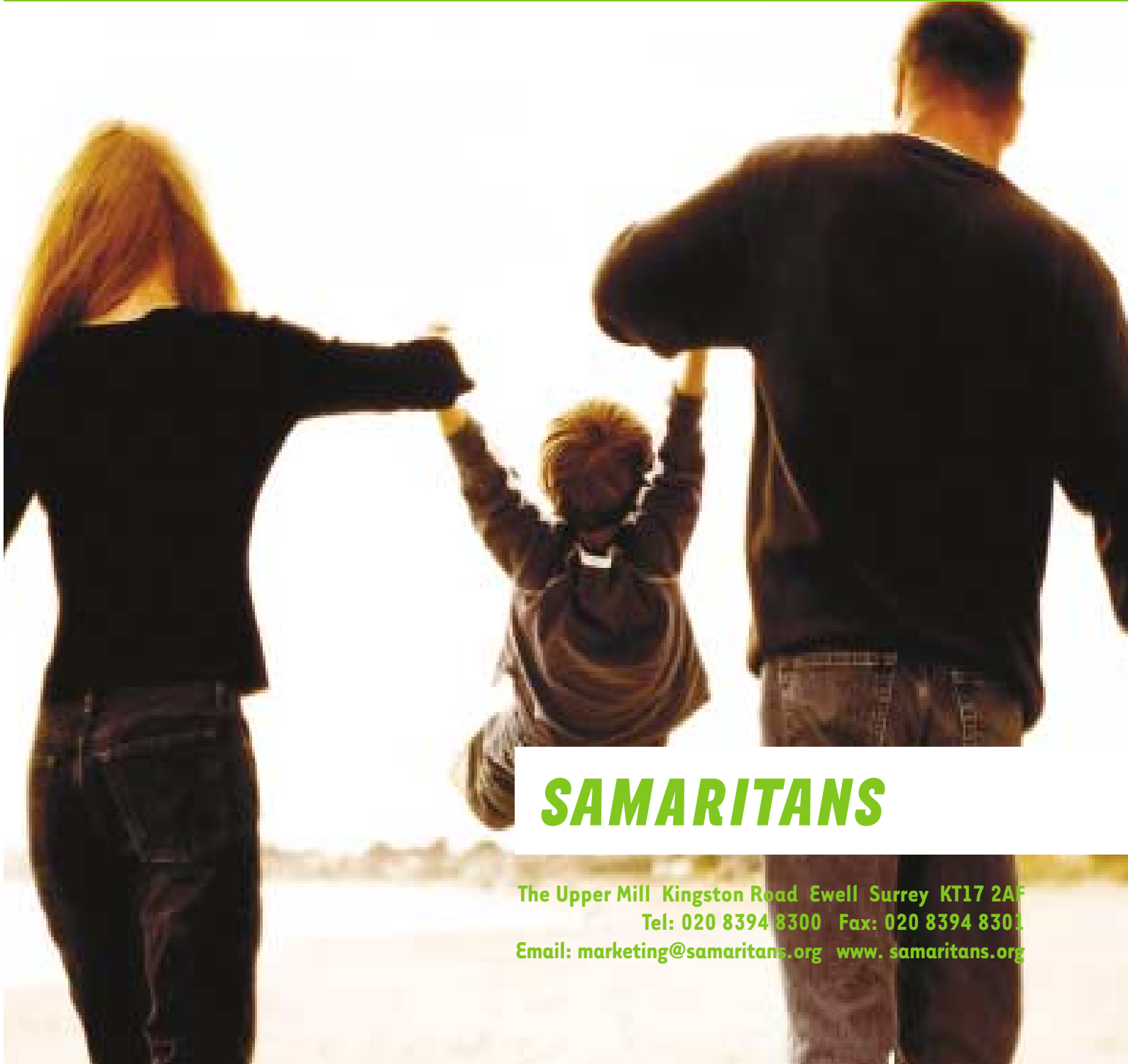
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