



New Directions in Social Policy: Health Policy for museums, libraries and archives

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“Health begins with individuals in their family and social setting and embraces the whole range of human activities from education to culture and the arts, from the provision of safe physical living and working environments to the securing of optimal food supply and safe food and water, from the relationships which we have with each other to those which we have with the environment which sustains us and from personal security to the possibilities of growth and personal development which comes from the successful mastery of challenge and risk.”

Professor John R Ashton, Director, North West NHS Trust

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Contemporary public health agendas call for multi-agency work across the sectors and open new opportunities for engagement by museums, libraries and archives. Recent good practice initiatives begin to sketch out the scope for involvement. There is a need to disseminate good practice and build advocacy within and outside the sector to optimise the role the sector can play. Brief guidance for local involvement is provided.

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Introduction

Health is and will always be a high public policy priority. If anything, its importance is set to grow – just witness the scale of public health challenges society as a whole is facing today and the need for determined action. The World Health Organisation, for example, stresses that “mental health – neglected for far too long – is crucial to the overall well-being of individuals, societies and countries” (World Health Organisation, 2001).

To tackle these challenges the health sector is taking steps toward a momentous longer-term transformation of the way we as a society look at health – a way that prioritises prevention over treatment, a way that embraces a multi-agency approach open to partners beyond the health and social sectors.

This is an important time for museums, libraries and archives to articulate and communicate the unique contribution they already make and have the power to make to health agendas and to become recognised partners for the new developments.

Health and mental health policies, programmes and infra-structures are of a bewildering complexity for non-specialists. Local government priorities and a number of social and educational policies and programmes also prioritise health. This mapping report does not even attempt to analyse them all. It will, instead, focus on key policies and programmes and point to the real opportunities they provide museums, libraries and archives to become actively engaged in promoting the health and mental health of society. There is no one-size-fits-all approach, as each local context frames a specific set of opportunities.

For many museums, libraries and archives engagement with health and mental health agendas may be a new venture. To be fruitful, it always requires setting up a dialogue with the health and social sectors in which common premises can be established and creative ideas nurtured.

1. Challenges to physical health and mental health

Contemporary society faces significant challenges to physical health and mental health. Together they represent a phenomenal loss of personal and collective well-being. Their economic cost is huge.

This section lists the priorities of key delivery and action plans which aim at addressing these challenges. Each time, examples of challenges are given to highlight their magnitude. These provide a good overview of government priorities for physical health and mental health.

The priorities for the Department of Health delivery plan for 2005-2008 *Delivering Choosing Health, making healthy choices easier* (2005) are:

- **Tackling health inequalities**

For example, children born to teenage mothers have nearly double the infant mortality rate than average. The number of people with mental health problems in groups at risk of social exclusion is above average – often well above average. This includes black and minority ethnic groups, deaf people, people with learning difficulties, children who have been abused, looked after children, homeless people, offenders, substance abusers and refugees (*Stockport Mental Health Promotion Strategy 2002*). Health inequalities and educational inequalities are linked, for example more than one-third of people with poor or very poor health had literacy skills of entry level 3 or below (*Choosing Health: Making healthier choices easier* (2004)).

- **Reducing the numbers of people who smoke**

Smoking kills more than 13 people an hour, every hour, every day (*Choosing Health: Making healthier choices easier* (2004)).

- **Tackling obesity**

Obesity rates in children aged 2 to 10 years has increased from 9.6% in 1995 to 15.5%. Obesity is expected to reduce life expectation of males by 5 years by 2050. One in five children does not eat any fruit in a week – which is low calorie, vitamin and fibre rich food (*Choosing Health: Making healthier choices easier* (2004)).

- **Improving sexual health**

Choosing Health: Making healthier choices easier (2004) cites examples of increase in sexually transmitted diseases, for example chlamydia, with which one in ten sexually active young women may be infected, can lead to infertility if untreated.

- **Reducing harm and encouraging sensible drinking**

Up to 35% of all accident and emergency attendances and ambulance costs are estimated to be alcohol related (*Choosing Health: Making healthier choices easier* (2004))

- **Improving mental health and well-being**

GPs spend a third of their time on mental health issues (Social Exclusion Unit, *Mental health and Social Exclusion* (2004)). One in six people have a mental health problem at any one time (Mind).

The *Mental Health Anti Stigma Action Plan* for 2005-2010 of the National Institute for Mental Health Education focuses specifically on challenging the:

- **Stigma associated with mental health problems**

83% of respondents to the SEU *Mental Health and Social Exclusion* consultation identified stigma as a key issue and 55% as a barrier to employment. 50% of people with mental health problems said it stigma had a negative impact on their mental health. Yet media images appear to reinforce stigma, with two thirds of all British press and television coverage on mental health problems including a (mostly unfounded) association with violence.

The **economic cost** of physical ill-health and mental health problems is significant. The Sainsbury Centre for Mental Health estimates the annual costs of mental health problems alone in England to be £77.4 billion. The impact on quality of life, including premature mortality, accounted for well over half the figure (£41.8 billion) (The Sainsbury Centre for Mental Health (2003), *Policy Paper 3: The economic and social costs of mental illness*).

Physical inactivity is estimated to cost the economy at least £2 billion a year, cites the Department of Health and NHS consultation document *Choosing Health? choosing activity* (2004). This also reports on the positive impact of employer health management programmes. For example the programme developed for staff by Standard Life Healthcare and Unilever resulted in a 29 % decrease in stress for employees, a 72% decrease in sleeping problems, reduced staff turnover, reduced sickness absence and improved productivity.

The challenges to individual and community health are far wider and include e.g. the quality of housing, of community involvement, as well as of urban and countryside spaces, which are all addressed in a range of social policies.

2. Definitions

A holistic view of health

There are many definitions of health, mental health and well-being, all influenced by individual experience and expectations; cultural, religious and professional beliefs; as well as the context for specific policy development. In as much as our beliefs about health are an expression of our life beliefs, it is no surprise that these should be diverse.

Traditional health systems such as Ayurveda and Chinese medicine have always emphasised what today's policy talk calls the "preventative agenda" and recognise the close connection between physical and mental well-being. Health is today being understood as more than just physical health and just the absence of illness. It is intimately wound up into our personal circumstances, nutrition, emotions and social life and what we make of them, using the resilience and responsiveness we have got.

The World Health Organisation has long ago adopted this wider understanding of health, which it defines as a "*complete state of physical, mental and social well-being...*" (WHO 1948). Although it has been criticised for being "woolly", this definition continues to inspire and has the enormous advantage that it recognises the interconnectedness between individual physical and mental health and community health, as well as the necessary links to be made between health, social and educational policies – and indeed every area of policy making.

In this policy mapping, we shall focus on the working definitions and priorities used in the key health and mental health policies and programmes of government departments and agencies, which to a large extent frame the opportunities for engagement of museums, libraries and archives. However, there are clearly other government policies which address health challenges. As an example, commitment to cultural diversity and respect for diverse belief systems which will be promoted by the new Human Rights and Equalities Commission (HREC) to be established by the end of 2006 (+ref) invites an approach which is not solely focused on Western concepts of health and medicine. This no doubt widens the scope for engagement of memory institutions.

Physical health

Physical health is the health of the body. The bulk of NHS' current work focuses on restoring physical health and stemming or minimising the effects of ill-health. However the major focus of *Delivering Choosing Health*, the Department of Health's and the NHS' delivery plan for public health (see priorities in section 1) is preventative: healthier live styles can be achieved through improved health information, increased physical activity and healthy eating.

We live in a fast ageing society. By 2030 some 30% (40%) of the population will be over 65. This has sizeable and as yet little unravelled implications for the way museums, libraries and archives plan, tailor and provide services. As a general rule, ageing brings with it reduced body strength and greater frailty. These effects can be slowed down through regular exercise and healthy eating, but cannot be halted. It is also known that activity and social contact help reduce feelings of loneliness and depression. A number of chronic and degenerative ill health conditions are age related and affect e.g. mobility, dexterity, eye sight, hearing and memory. For example 90% of the two million visually impaired people in the UK are over 65. The majority of the 8.6 million people with a hearing impairment are older people. Arthritis is one of the most widespread diseases and affects

one out of seven people in the US. Another challenge for museums, libraries and archives as memory institutions is to better understand how their services can provide enjoyment and support to people with degenerative conditions which lead to memory loss, such as dementia and Alzheimer.

On the whole, service providers pay insufficient attention to the needs users with chronic ill health conditions, because the resulting impairment is often invisible. Another reason for not tailoring services sufficiently towards older people's interests is that for too long the prevailing assumption was that older people are naturally more passive and resignation to the "vagaries of old age" was an expected behaviour. Excessive glorification of youth and the youthful body has triggered a corresponding level of age discrimination – another behaviour which will be addressed by the HREC soon to be established.

Mental health

Just as health is far more than the absence of a physical illness, so mental health is far more than just the absence of mental ill-health. "Mental health is the emotional and spiritual resilience which enables us to enjoy life and to survive pain, disappointment and sadness. It is a positive sense of well-being and an underlying belief in our own and others' dignity and worth." (Health Education Authority 1997)

Factors influencing an individual's mental health are varied and their combination is unique to each individual. "..... our mental health also depends to a great degree on our personal experiences, our life-styles and the ability to cope with events that we see as being distressing. Events known to have a negative impact on our mental health include the death of a loved one, a relationship breakdown, losing a job, etc. These events happen to all of us. Poverty and social exclusion are known to raise vulnerability to mental ill-health and need to be challenged in all arenas." (*Stockport Mental Health Promotion Strategy 2002*).

The *Ashton, Leigh and Wigan Mental Health Promotion Strategy* (2003) describes what happens to individuals with good mental health. They:

- develop emotionally, creatively, intellectually and spiritually
- initiate, develop and sustain mutually satisfying personal relationships
- face problems, resolve them and learn from them
- are confident and assertive
- are aware of others and empathise with them
- use and enjoy solitude
- play and have fun
- laugh, both at themselves and at the world

This way of defining health reveals unsuspected commonality with the definition of learning adopted by *Inspiring Learning for All*, the sector's transformational framework for learning and access in museums, libraries and archives sector.

Mental health is a wide field, and within it a sub-set of definitions have appeared. **Mental well-being** is almost synonymous with mental health.

The term **emotional health**, used in the social sector, is defined as “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 our own emotions as well as those of others.” (Emotional Health Promotion Strategy – Changing our World, Samaritans, 2004). Emotional intelligence and emotional literacy are relatively new concepts and cover similar ground. They are being used e.g. in the education sector. **Emotional literacy** has been defined as “the ability to recognise, understand, handle and appropriately express emotions” (SELIG). Teachernet states that “Emotions impact productivity, relationships, creativity and achievements..... Schools that specifically seek to promote emotional literacy amongst pupils have provided evidence that it helps to raise achievement.” In a very real way, every learning activity provided by a museum, library and archive needs to build on an understanding of emotional intelligence or health. It underpins every successful project with people and groups at risk of social exclusion, for example prisoners, refugees and looked after children.

Mental health is a continuum, in which “a state of total mental health” - as mentioned in the WHO definition – is an aspiration, rather than the every-day reality. Mental health and well-being fluctuates and comes under pressure in everyone’s life. According to Mind, one in six people experience **mental health problems**, such as depression and anxiety at any one time. One may be depressed, but not be clinically diagnosed as such. Mental illnesses such as schizophrenia and manic depression are much rarer, but they too can happen to all.

Section 1 provided examples which illustrate the link between being at risk of social exclusion and having a higher likelihood of having a mental health problem. Social isolation, experienced by many older people also puts mental health under pressure. The great transitional periods of life, which require major re-adjustments and hold the promise of a new found dynamic equilibrium in life, almost unavoidably put temporary pressure on mental well-being.

Mental health problems and in particular mental illnesses are powerfully stigmatised in society. Stigma is the fuel in the engine that perpetuates the vicious circle of social exclusion experienced by many people. If we think of it, how many of us have felt ill at ease telling a friend or our employer about a depression – and feeling impoverished by the ensuing silence. By failing to give a discursive space to mental health difficulties of many kinds, we fuel the engine of stigma, sending out the segregating message “it happens to them, not to us”. This much internalised taboo is a hindrance to lasting mental health and self-knowledge.

“Mental health problem” is the term used by the Social Exclusion Unit and charities such as Mind and the Depression Alliance, the latter being a user led organisation. However there are people who are uncomfortable with this wording and who prefer to use “mental health issues” or “mental health difficulties”. Like in the area of cultural diversity and physical disability, terminology is evolving and likely to change over time.

It is commonly accepted that physical activity and physical health helps maintain and improve a person’s mental health – although there remains debate about how and for whose criteria this should be evidenced. Many art forms use physical activity: dance, music, pottery and even painting. The idea that museum, library and archive activities can have the same effect is making its way – for example after successfully piloting books on prescription schemes for people with mental health problems in Cardiff and Gwynedd, the scheme is being rolled out to all 22 Library Authorities in Wales, with pump-priming funding from the Welsh Assembly Government. The scheme is expected to be launched during May 2005.

Community well-being

Individual health and mental health as described above and community well-being are linked in a number of ways. Community well-being is about individuals and communities feeling valued, enjoying participative relationships, being actively involved in decision making, enjoying access to a local infrastructure of amenities and enjoying safety and security. Social well being, together with environmental and economic well-being is a key ingredient for sustainable development. In local plans and strategies, the linkages between individual and community well-being are many and varied.

3. Key policies and programmes for health and mental health

Nearly every government and local government policy has a bearing on health and community health. Community policies all have healthy communities as a core theme. Health is a priority aim of urban regeneration programmes and local accessibility plans have an impact on how people with ill-health access local services or how access to amenities can improve individual and community well-being. It is beyond the scope of this report to analyse all these policies. What is important is to recognise these connections and how they might open opportunities locally for museums, libraries and archives to become involved.

Choosing Health, public health actions plans for 2005-2008, DH, NHS, DCMS, March 2005

“Choosing Health” is a significant development for public health and involved consultation with some 150,000 people and organisations. The Choosing Health consultation which took place during 2004 (+ref to key docs) resulted in a series of three Action Plans for 2005-2008, which provide wide ranging room for involvement locally for museums, libraries and archives. The action plans address the government’s priorities for public health listed in section 1.

The plans are:

Delivering Choosing Health, making healthier choices easier, DH, NHS (+ref)
Choosing Activity, a physical activity action plan, DH, NHS, DCMS
Choosing a Better Diet, a food and health action plan, DH, NHS

Choosing Health makes health improvement – or prevention; a key priority. “Choosing Health signals the Government’s intention to refocus the NHS into a true service for improving health as well as one that treats sickness” (p7) and “The NHS will invest its mainstream budgets to secure improvements in health, well-being and health inequalities and achieve longer term savings in the cost of treatment and social care.” (p11)

Multi-agency work is a key process and infrastructure for achieving objectives:

“Helping people make more healthy choices is now at the core of mainstream activity by government, the NHS and local authorities. Together we need to create an environment that touches and enthuses the lives of every individual and community so that sustained improvement can happen.” (p7)

This approach opens up new opportunities for working beyond the health and social sectors:

“*Choosing Health* also emphasises the relationship between health, learning and work, leisure and recreation, crime and community cohesion and the key role of local authorities in improving health and well-being.” (p11)

Underlying Choosing Health is the recognition that the stimulus for health improvement “is to be found in people’s own ambition to live healthier lives” as well as three principles:

- informed choice for all
- personalisation of support to make healthy choices
- working in partnership to make health everyone’s business

Delivering Choosing Health: making healthier choices easier provides a very clear description of how local needs are identified and what local systems of delivery there are, with which museums, libraries and archives intending to engage with health agendas can link up (p11-12). In brief:

Local authority Social Services and the NHS local Primary Care Trusts share a responsibility to improve health and well being by: leading community partnerships, delivering on national priorities and targets (e.g. for adults, children, mental health), identifying local needs and achieving local targets and commissioning and delivering services (Primary Care Trust also manage local Mental Health Trusts).

Local authorities also have a responsibility to ensure effective local planning mechanisms to drive improvements in health and well-being, such as Local Strategic Partnerships, emerging children’s trusts arrangements, Crime and Disorder Reduction Partnerships, Drug and Alcohol Teams and “Pathways to Work”.

To find out about local needs and targets for health and well being one can consult the Local Authority Community Plan. Roles and responsibilities for delivery are contained in both the PCT Local Delivery Plans and the local authority’s own business plan.

In addition to well established ways for delivery, *Delivering Choosing Health* suggests other ways for PCTs and their community partners to improve health and well-being, e.g. by “increasing the knowledge and understanding of health issues amongst public sector employees, and those working for organisations funded by the public sector. Health awareness should permeate all areas of work so everyone understands how they can contribute to improving health.”

In the past, public health policy and programmes have seldom emphasised partnerships beyond the health and social sectors. In addition to developing a healthy workforce, there is room for museums, libraries and archives to explore, identify and define areas for involvement, not least in health and mental promotion and anti-stigma programmes and programmes such as Sure Start and Skills for Health. The “Choosing Health”, “Choosing Activity” and “Choosing a Better Diet” action plans lists action by a number of stakeholders, including local authorities and PCTs in detail.

Mental Health and Social Exclusion, Social Exclusion Unit, 2004

The report is the government’s response to the *Mental Health and Social Inclusion* consultation (2003). It examines the cycle of exclusion from relationships with family and friends many people with mental health problems experience, examines the impact of stigma and discrimination and provides a framework for action for health and social services, employment, families and community participation.

The report recognises the role of cultural services: “Using community services can improve self-confidence and self-esteem, provide opportunities to meet new people, and help strengthen

existing relationships with families and friends. Local services, such as colleges or arts and sports activities, can offer opportunities to meet people from outside mental health services and integrate into the local community.” (point 31, p79)

One third of the respondents of the Social Exclusion Unit's consultation identified access to education and training opportunities as a key issue. Benefits arising from learning include: new skills feeling more empowered and having a greater sense of purpose, being viewed more positively by others, establishing new friendships and access to better jobs, housing and easier access to leisure pursuits.(point 33, p80)

Moving into learning can be a big step for people with mental health problems and learning support can play a crucial role (Point 34, p80)

Over one third of respondents to the consultation highlighted access to recreational activities as essential to promote social inclusion. Three quarters of adults with common mental health problems say they would have liked more leisure opportunities over the last year, compared with just over half with no mental health problems.(point 44, p83)

Arts are believed to have a therapeutic role as well helping people reintegrate into wider society by increasing self esteem, confidence and social networks. (point 47, p83)

Arts on prescription schemes, but not books on prescription or “museums on prescription” are mentioned.

The vital role of libraries is mentioned. “Activities such as cinemas, parks, coffee shops ... are all important to people with mental health problems. Libraries are essential – I use the internet there and It gives me somewhere to go during the day.” (p74)

A 27 point action plan for key partners and stakeholders is being developed to implement the report's recommendations.

Although there is no specific action point for the museums, libraries and archives sector, the report's finding that people with mental health problems are lacking recreational and cultural opportunities is an open invitation to organisations in the sector to develop partnerships and activities with Social Services, Primary Care Trusts and voluntary organisations working to support people with experience of mental health problems.

Anti Stigma and Discrimination Plan, NIMHE (National Institute of Mental Health Education), 2004

This five year action plan is aimed at raising awareness and changing attitudes. It includes work with the media, major public sector organisations, DfES, the voluntary sector. NIMHE's has regional development centres and will work with regional public health offices to coordinate and support work in anti stigma and anti discrimination and mental health promotion. NIMHE encourages the use of World Mental Day, which is on 10 October each year, for promoting anti-stigma work.

The plan provides a national framework, objectives and actions into which any museum, library or archive planning to contribute initiatives to challenge the stigma attached to mental health

problems can link. This offers room for local partnerships and imaginative uses of e.g. local history and medical collections and archives, as well as art work, outreach projects and events. There is already a vibrant tradition of exhibitions of art work by people with experience of mental health problems.

Disability Discrimination Act

The Disability Discrimination Act 1995 (DDA) aims to protect disabled people from discrimination. Many people who experience mental health problems are covered by the provisions of the DDA. The definition of disability under the DDA recognises a person as disabled, if he or she has had “a physical or mental impairment which has substantial and long-term adverse effect on his ability to carry out normal day to day activities” and when this condition “has lasted twelve months”, or “is likely to be at least twelve months”, or “is likely to last for the rest of the life of the person affected” or “is likely to recur”. A medical diagnosis is not a requirement for a person with mental health problems to be protected by the DDA.

This makes staff training about how to meet the needs of users and employees with mental health problems or a history of mental health problems an important planning consideration for museums, libraries and archives, within work force development plans. The majority of museums, libraries and archives provide disability awareness or equality training to staff. However, it is unlikely that this always covers access and equal opportunities for people with mental health problems in sufficient detail. Specialist training is therefore an option to be recommended. There is a need for MLA to assess the extent to which the sectors training needs are met and promote training.

The DDA Part II employment provision apply to all employers. It is advisable that as part their planning processes, all museums, libraries and archives as employers review the extent to which their employment policies, plans and procedures provide equal opportunities for people with mental health problems or a history of mental health problems.

The Disability Discrimination Act will be strengthened, and a new duty will be introduced which requires public sector organisations to pro-actively promote equal opportunities for disabled people – including people with mental health problems.

MLA has strongly emphasised the need for museums, libraries and archives to meet their duties under the DDA and the specific guidance on the DDA and access and equal opportunities planning is available on the MLA website. This generic guidance can be applied specifically for planning for people with experience of mental health problems.

DCMS Strategic Priorities

DCMS’ strategic priority 2 in relation to Communities is: “To increase and broaden the impact of culture and sport, to enrich individual lives, strengthen communities and improve the places where people live, now and for future generations.”

DCMS Communities Framework emphasises the difference the DCMS sector can make to:

- Liveability – how people feel about the spaces where they live
- Civility – how people engage with their communities

- Inclusion – whether there is equitable access and take up of facilities and opportunities for everyone

Individual health and community health are an underlying aim of these three policy agendas. Museums, libraries and archives are known to contribute to the quality of life of individuals and communities, creating spaces where it feels good to be in (liveability). How museums, libraries and archives open opportunities for everyone (inclusion) can contribute to the development of healthy communities (including through fostering civility).

The sector's contribution to liveability, civility and inclusion helps improve the mental health of society.

There is scope for museums, libraries and archives to advocate and further build their contribution to liveability, civility and inclusion. It is about providing, designing and managing spaces as community spaces. It is also about the many little publicised and vital quiet spaces they provide – reading rooms, exhibition spaces, gardens and coffee shops; which not unlike the country's celebrated green spaces contribute to liveability, affording rest and relaxation.

The National Service Framework for Mental Health

This focuses on the mental health needs of working adults up to 65. Standard One of the National Service Framework (Mental Health) aims to ensure that health and social services promote mental health. It states that health and social services should:

- promote mental health for all, working with individuals and communities
- combat discrimination against individuals and groups with mental health problems and promote social inclusion.

Each Local Strategic Partnership involving the PCT and local authority is required to develop an evidence based Mental Health Promotion Strategy based upon local assessment needs. This may be as part of the overall Health Promotion Strategy.

The National Service framework for Children, Young People and Maternity Services

This is part of Change for Children – Every Child Matters and is a joint initiative between DfES and DH. Every Child Matters – The implementation of the Children's National Service Framework is a major part of the Change for Children programme which aims to improve outcomes for children and drive up standards.

The NHS will have a key role to play. The development of Children's Trust will have a key role to play in co-ordinating and integrating the planning, commissions and delivery of social health, social care and education services.

Improving access to services is priority for achieving good outcomes for children – more co-located, multi-disciplinary services will be put in place. There are an increasing number of Healthy Schools which will help lead the way to improving children and young people's health. Extended schools will provide health, social care and other services for children and young people, their families and the wider community.

The government is also establishing Children's Centres, offering integrated early years education, family and parenting support and health support. Full implementation of the National Services Framework will take 10 years.

Part One of the Framework sets out 5 standards which will help the NHS, local authorities and their partner agencies to achieve high quality service provision for all children and young people and their parents.

Part Two has 5 standards (6-10) that address children and young people and their parents/ carers who have particular needs, and should be implemented in conjunction with standards 1 – 5.

Part Three addresses the particular needs and choices of women and their babies before or during pregnancy, throughout birth and for the first three months of parenthood.

The National Service Framework for Older People

Standard 8 aims to ensure that health and social services promote healthy ageing.

Some libraries are contributing to meeting Standard 8. For example, Gloucestershire Libraries has submitted evidence to one of the county's Primary Care Trusts for its consultation on primary mental health services for older people one how one of their core services – library clubs for housebound older people – promotes healthy ageing. Likewise Gloucestershire Libraries have submitted evidence to the ongoing social services review on the needs of older people. This advocacy and networking work has led to Gloucestershire Libraries being now approached by health and social services to contribute to the implementation of local targets.

Local authority priorities

Health and well-being is a concern in each of the seven local government priorities and is central for two of them:

- improving the quality of life of children and young people and families at risk: tackling child poverty, maximising the life chances of children in care or in need and strengthening protection for children at risk of abuse and of older people by enabling them to live as independent lives as possible and avoid unnecessary stays in hospital.
- promoting healthier communities and narrowing health inequalities: targeting key local services such as health, education, housing, crime and accident prevention – to match need; and encouraging healthy lifestyles

The LGA states that services not normally associated with these specific priorities, such as cultural services, are in a position to contribute considerable improvements across all these priorities. They are uniquely placed to do so. The LGA paper *Cultural Services and the Shared Priorities* (2003) examines the challenges for the cultural sector to become a central part of corporate activity and the contribution it makes to the priorities.

4. Conclusions

This policy analysis shows that contemporary public health agendas call for multi-agency work across the sectors and open opportunities for engagement by museums, libraries and archives. Specifically the new emphasis on prevention, which opens many opportunities both in employment policies and in service provision, is presented as a long term policy direction.

At the level of employment practices, there is a need for sector organisations to review their current commitments to meeting duties under the DDA – which is an ongoing and evolving duty; and put in place or strengthen practices which provide equal opportunities for people with experience of mental health problems.

The “Choosing Health” policies and programmes, emphasise the need for and the benefits of a healthy workforce. This is an important and relatively new area which calls for champions in the sector.

Recent good practice initiatives in museums, libraries and archives begin to sketch out the scope for involvement. Much of this room for initiative in service provision is at the level of priorities and good practice development. Libraries specifically have an opportunity to interpret the role they can play as information providers in helping provide “informed choice for all” about health, mental health, healthy lifestyles, healthy eating, exercise and all public health priorities. Contributions to health and mental health improvement and service provision for people with mental health needs – the latter being covered by the DDA; brings with it training need.

There is a need for build advocacy, within the sector and with stakeholders and potential partners outside the sector. This is only possible with a better knowledge regionally and nationally of good practice initiatives. The fact that the books on prescription schemes will be rolled out to all 22 library authorities in Wales with support from the Welsh Assembly Government – a scheme almost unheard of a few years ago; is a vibrant example of quality and scale of contributions the museums, libraries and archives sector can make. Good practice is by no means confined to public libraries and it is growing. For example the Hatton Gallery in Gateshead has been running a successful “galleries on prescription” scheme for people with diagnosed mental health needs for several years, in partnerships with St Nicholas’ Hospital. In May 2005, the National Museums of Liverpool have hosted a seminar about health related reminiscence work with older people. The National Archives have developed “There be Monsters” , a creative outreach project funded by HLF and based around maps of the world, for people with a variety of mental health problems.

Whatever the level and area of engagement, it will thrive on a culture of openness which recognises that museums, libraries and archives can make a unique contribution to health and mental health. This culture fits smoothly within the values of Inspiring Learning for All, the sector’s transformational framework for learning and access.

The Heritage Lottery Fund and the Big Lottery Fund welcome applications related to health and mental health which meet their funding criteria, and in time, and more information about sources of funding will become available as the sector builds its contribution.

Individual museums, libraries and archives will find initial guidance for local involvement in health and mental agendas in the previous section under *Delivering Choosing Health: making healthier choices easier*. Contacts with the health, social and voluntary sectors need to be nurtured and

productive relationships happen where there is an intent for medium and longer term commitment. This should not exclude making early contact, exploring commonality of purpose and the respective contribution each can make; and bringing new ideas into being which may materialise in a well defined project only a few steps further down in the process. Some initial scepticism can not be excluded, but tomorrow's good practice will be defined everywhere where there is a meeting of minds between passionate partners with complementary skills.

The policy analysis shows MLA that there is need for better understanding training needs; further exploring the scope for overlaps and commonality of language between mental health promotion and learning; gathering, disseminating and stimulating good practice and building advocacy. The MLA Health and Mental Health Action Plan (2005-2007) shows describes how MLA will foster dynamism in this relatively new and promising area.

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