HAMLET TRUST TOOLKITS

Pathways to Policy

A toolkit for grassroots involvement in mental health policy

Edited by
Jonathan Bureau
and Jane Shears

the hamlet trust

Mental Health Foundation

Supported by
BIG LOTTERY FUND

OPEN SOCIETY INSTITUTE
MENTAL HEALTH INITIATIVE

Pathways to Policy

Edited by Jonathan Bureau and Jane Shears

Pathways to Policy

A toolkit for grassroots involvement in mental health policy

Edited by Jonathan Bureau and Jane Shears

Hamlet Trust supports the development of community-based and user-led mental health initiatives, to enable people to build better lives in the UK, in developing countries and those in transition.

Published by:

Hamlet Trust
c/o Mental Health Foundation
Sea Containers House
20 Upper Ground
London SE1 9QB
United Kingdom

Tel: +44 (0)20 7803 1101
Website: www.mentalhealth.org.uk

Registered charity number 800660

© The Hamlet Trust

ISBN: 978 1 903645 97 0

First published March 2007

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, without the prior permission in writing from the publisher, apart from the exception below:

The worksheets and handouts in this pack may be used by individuals and groups working to influence mental health policy. Any use should carry the following wording: *Taken from Pathways to Policy, published by The Hamlet Trust 2007*.

Acknowledgements

Hamlet Trust gratefully acknowledges those who have supported the *Pathways to Policy* programme and the development and dissemination of this toolkit. These include the Big Lottery Fund, the Mental Health Foundation, Open Society Mental Health Initiative and the Karl Mayer Foundation, along with numerous local organisations and individuals who have supported and contributed to the work of the local policy forums and of this toolkit. We also acknowledge the contributions of Paul Cutler and Robert Hayward to the early drafts of parts of this toolkit.

Front cover image by Igor Spreizer. Photos by Hamlet Trust staff and partners

Contents

Executive summary 1
Foreword 3
Introduction 5

Part 1 **Mental health policy: key concepts**

Jonathan Bureau and Jane Shears

Mental health and policy 7
Policy as process 11
Participation and inclusion 16

Part 2 **Realising Pathways to Policy**

Jonathan Bureau and Gabriela Tanasan

Establishing a local policy forum – an overview 23
The local policy co-ordinator 25
Organising an open forum 29
Running a policy workshop 35
Developing a local policy forum 38
Cross-cutting issues 41
Reflections on the policy process 44
Creating a national policy forum 45

Part 3 **Getting the message out**

Jonathan Bureau

How are you going to get the message out? 47
Using the media 48
Presenting to an audience 52

Part 4 **Evaluation and action learning**

Jane Shears

What is evaluation? 55
The research process: a basic outline 58
Methods of gathering data 59

Conclusion 61

Jonathan Bureau and Jane Shears

Glossary of terms 62
References 64
Policy workshop session outlines and handouts 65

Executive summary

People experiencing mental distress have long been discriminated against, marginalised and excluded from the process of developing policies that actually respond to their needs. *Pathways to Policy*, a programme developed by the UK organisation Hamlet Trust, has developed socially inclusive approaches to policy-making in a wide range of countries and contexts. This publication provides a tried-and-tested framework for establishing policy forums which enable people experiencing mental distress to have a genuine voice in policy-making. Illustrated by the experiences of those involved in the *Pathways to Policy* programme, it also includes training materials which can be applied in a wide variety of contexts.

Hamlet Trust has a network of partner organisations based across central and eastern Europe and central Asia; grassroots organisations many of which are led by people with experience of mental distress. Research carried out as part of Hamlet's *Developing Network Partnerships* (Hamlet Trust, 2002) programme consistently indicated that, of service users who felt disempowered, many felt that decisions were taken about their lives without anyone asking for their opinions, still less actively involving them as partners in making decisions that affected their quality of life. They also wanted to have a 'voice' in society and to challenge the stigma and disadvantage of being a user of mental health services.

Out of this the *Pathways to Policy* programme was developed. It ran from 2002 to 2005 in a total of eight countries, with funding from the UK Big Lottery Fund (formerly Community Fund). Over three years the programme demonstrated that it is possible to improve mental health policies and outcomes for service users by inclusive, open means. It operated for the first year in Estonia and Poland, and in the second year expanded to Bosnia, Romania, Armenia and the Kyrgyz Republic. In 2004 and 2005 new forums were launched in India and Albania. A major international conference was held in Slovenia in October 2004 to coincide with World Mental Health Day and to share positive examples of active user involvement. More than 120 participants attended from 15 countries, with representatives from 3 international policy-making bodies and 28 national and international non-governmental organisations (NGOs).

The *Pathways to Policy* process consists of eight main activities:

1. Identifying a **local policy co-ordinator** (LPC) to organise and facilitate policy forums throughout the project. The LPC is usually based in a non-governmental organisation with a strong user-involvement focus.
2. Holding an **open forum** in order to raise awareness of the programme and to discuss key local issues. Participants will come from a wide range of stakeholder groups, and may include service users, carers, mental health professionals, representatives of public, private and non-governmental sectors, and journalists.

3. Holding a two-day training **policy workshop** for those most interested in having an active role in developing mental health policy. Processes by which policy is made both at a local and national level are explored, with the policy-as-process model presented as an alternative to traditional, top-down models.

4. Identifying local **priorities for action**. Examples from the *Pathways to Policy* programme included:

   - raising awareness of users' rights and the issue of over-medication
   - developing employment opportunities for users and ex-users of mental health services
   - highlighting deficiencies in legislation and its implementation
   - education in mental health in schools
   - gender issues
   - user-led evaluation of services.

5. Identifying a **core group of stakeholders** who will become members of a **local policy forum**. It is strongly suggested that a minimum of 33% of these stakeholders are people with experience of mental health problems. The local policy forum is a stand-alone body; while the administration of it may be hosted by a local NGO it is independent from the NGO.

6. Holding bi-monthly **meetings** of the **local policy forum** to work on identified priorities. Examples of outcomes can include the following:

   - Users and non-governmental organisations form new, deeper and sustainable relationships with other stakeholders (especially bureaucrats, mental health professionals and the media).
   - Local action is initiated by the forum to have an increased voice in mental health policy through campaigns and lobbying, by highlighting locally identified mental health issues.
   - The profile of service users as active participants in the policy process is raised, for example in the media. General awareness is raised through producing papers, literature and good practice guidelines.

7. Working towards organising a **national policy forum** involving stakeholders from around the country and building on the learning from the local policy forum. The format may be similar to the local policy forum, with a largely constant group of stakeholders attending meetings every two to three months. This can be an annual or bi-annual event.

8. **Evaluating** the work of the forums using action learning methodology, and investigating opportunities for **sharing learning** – a successful forum has much to offer on a national and international stage by presenting its work through publications and conferences.

Pathways to Policy © Hamlet Trust 2007

Foreword

Mental health service users have long desired – and deserved – a greater say in how services they use are conceived and managed, and in how they themselves are perceived in society. Service user involvement is essential to challenge not only discrimination, but also for driving through policy development, service improvement and broader community development. Inclusive decision-making, arrived at by consensus rather than imposed, is likely to result in more effective and longer-lasting change. But ensuring that service users have that strong voice in mental health services, policy and practice development requires innovative approaches.

One such approach is Hamlet Trust's *Pathways to Policy* programme, which has shown that barriers can be brought down and real differences made to people's lives by providing a simple framework to promote joint action, without having to expend huge resources. By bringing together a variety of stakeholders to form an independent, structured body, collectively deciding priorities and strategies, such a framework can respond to the needs and aspirations of people with experience of mental distress by placing them at the centre of the process. Local NGOs and service users often have access to resources and networks that are unavailable to government policymakers, having developed local knowledge, relationships and trust within their communities.

Positive outcomes have been evident in all the countries in which *Pathways to Policy* has operated – indicating its adaptability across contexts and cultures – while delegates to the International Policy Conference in 2004 helped raise recognition of the voice of users as an integral element in the shaping of mental health policy. As a result, service user empowerment is a priority within the Mental Health Declaration and Action Plan for Europe, adopted at a meeting in Helsinki in 2005 by 52 health ministers from across the WHO European Region and expected to drive policy on mental health within the region until 2010 and beyond.

I commend this toolkit to anyone who wishes to drive forward user empowerment.

Dr Andrew McCulloch
Chief Executive
The Mental Health Foundation

Honorary Director
Hamlet Trust

Introduction

What is the *pathway*?

Hamlet Trust identified a number of ways for users and NGOs to engage with policy – these are the *pathways*:

- Service users and NGOs develop their organisational and advocacy skills to enable them to campaign and challenge local practice.
- Users and NGOs develop skills and knowledge of policy and the ways it is made. Policy training workshops can explore ideas on how to develop local plans to campaign and work with the media.
- Users and NGOs develop partnerships with people in local government and administration to influence and contribute to policy. These partnerships can be formalised into regular meetings or forums. By doing this NGOs can assist in the development of a new local, independent structure, to work in partnership with existing ones.
- Users and NGOs build partnerships with other people who are interested (or have a stake) in mental health policy, for example families and carers, faith groups, journalists, local business.
- Working with people in the media to publish articles and get across positive messages about mental health. To provide information and present positive images of users of mental health services and their NGOs.
- Developing written statements with partners about aspects of mental health policy and use these 'papers' to raise awareness of the issues.
- Bringing representatives of different stakeholder groups together for national forums to discuss policy and influence national agendas.
- Learning from other countries' experience of developing policy infrastructure and sharing learning between partners

About this toolkit

The aim of this toolkit is to enable the *Pathways to Policy* programme to be replicated in new locations. The style of the programme is specifically geared towards local circumstances, and this toolkit should be used as a framework from which to work – it is not meant to be prescriptive. We suggest that you take elements from the toolkit as you think appropriate. While there are tools and ideas that may give a new perspective to the work of mental health organisations in your area, you will know best what is likely to work and is more relevant to your local circumstances.

This toolkit is divided into four parts:

Part 1 details some concepts of policy-making, in particular comparing more traditional forms of policy-making with more inclusive, progressive methods.

Part 2 provides a practical framework for setting up a *Pathways to Policy*-style programme and looks at interrelated themes and activities.

Part 3 gives advice on getting your message across to a wider audience.

Part 4 looks at evaluation and action learning.

At the end of the toolkit there are suggested outlines and handouts. These are also on the CD so you can easily adapt them to your needs.

Some of the benefits of the P2P programme so far…

Collaboration:

More than 2,000 people in eight countries are now involved in mental health policy design and implementation.

Instituting change:

Eight local policy forums established in Albania, Armenia, Bosnia, Estonia, India, Kyrgyz Republic, Poland and Romania.

Genuine improvements:

- Forum work is leading to improvements in people's lives in the short term, and will offer hope to thousands more for years to come.
- Successful lobbying for employment rights in Bosnia to enable people with mental health problems to earn a living without their benefits being restricted.
- Changing attitudes among the general population in Romania through working in partnership with a local radio station to broadcast regular programmes on mental health.
- Setting up of an information centre in Kyrgyz Republic to help raise awareness of human rights abuses, leading to the closure of a psychiatric ward where abuses were at their worst.
- Successful lobbying of government in Albania to ensure a greater allocation of state funds for mental health.

International co-operation:

Lobbying by delegates to the programme's international policy conference in 2004 helped raise recognition of the voice of users as an integral element in the shaping of mental health policy. As a result, this was inserted as a priority into the Mental Health Declaration and Action Plan for Europe, adopted at a meeting in Helsinki in 2005 by 52 health ministers from across the WHO European Region and expected to drive policy on mental health to 2010 and beyond. Hamlet Trust represented its network on the action group to work on implementing Priority 5 of the declaration, which relates to the empowerment and involvement of service users and carers in developing policy and services.

Part 1

Mental health policy: key concepts

> ***I have used mental health services for many years, but I've never before had an opportunity to stand up and give my opinion of how those services should be run.***
>
> Orieta Kallushi, service user and member of the Tirana Local Policy Forum

Mental health and policy

All aspects of mental health have a policy dimension. From the experiences of a service user during a personal period of crisis to the unmet needs of whole communities who cannot access services, policy underpins the way mental health is understood and acted upon. Laws provide the legal framework for mental health treatments. Elected national and local governments make decisions on funding levels and service provision. Procedures and codes of conduct define the behaviours and activities of professionals and institutions such as psychiatric hospitals.

As grassroots mental health organisations become stronger and more effective they begin to look beyond the internal and immediate perspectives of the organisation and see the way they are linked to the wider world. They begin to appreciate the way they are influenced by outside agendas of municipalities, governments and business. At the same time they begin to see ways they can participate with these other groups and have an influence on them. They are making the link between mental health and policy.

> ***By working together in the Forum, I believe we will influence the process of improving not only our own mental health situation…but also that of our families, and be better understood in the community where we live.***
>
> Shkelzen Licaj, service user and member of the Tirana Local Policy Forum

Mental health operates at two main levels.

- On an **individual** level, in relation to an individual's own mental health and to their relationships with those around them.
- On a **group** level, ranging from self-help groups and organisations, to local, regional, national or international communities.

These different levels present differing needs and demands which may conflict. For example, the needs of an individual may differ from that of their family or carers. At the same time the needs of a self-help group may differ from the wider interests and needs of their local community. An understanding of policy helps us to negotiate and understand these differences and engage in ways that focus on the strengths each person or organisation brings.

Policy is a complex term with many meanings, and two different people or groups will have different understandings of the term. Throughout this toolkit we explore models and ideas related to policy which assist in reaching our own understanding of what policy means. Below is one definition that organisations have found useful in the *Pathways to Policy* countries.

Policy – a definition

An action with a public purpose undertaken by governments, social institutions and other organisations. This action serves (or is claimed to serve) a wider public objective such as social and economic development, and not individual private gain.

The key is the distinction between public and private. In some countries in the Hamlet Network government policy often does not appear to benefit the public good, but rather is seen as serving private interests. This corruption and lack of transparency in turn leads to a lack of trust in politicians and political processes.

In mental health, the policy process often appears to serve the interests of particular groups, ignoring the voice and needs of service users and their families. These trends are compounded by a lack of public awareness, which means that mental health is not seen as a public issue to be talked about openly. Mental health is not seen as a legitimate area of *public policy* that activists and groups at the grassroots can get involved in. The tools in this publication aim to provide a way to begin to challenge this.

Mental health policy – a broader perspective

Mental health itself is a term that has many different definitions and perspectives, and understandings of mental health are at the core of understandings of what is (and perhaps what should be) mental health policy.

Pathways to Policy © Hamlet Trust 2007

Mental health – a definition

Mental health is the balance between all aspects of life – social, physical, spiritual and emotional. It impacts on how we manage our surroundings and make choices in our lives. Clearly it is an integral part of our overall health.

Mental health is far more than the absence of mental illness. It has to do with many aspects of our lives including:

- how we feel about ourselves
- how we feel about others
- how we are able to meet the demands of life (North Eastern Health Board, 2006).

More traditional views may hold that mental health is primarily a medical or psychiatric issue, and that the public objectives of policy to treat illness as effectively as possible are likely to focus mental health policy on the delivery of medical and healthcare services. The *Pathways to Policy* programme has played a part in broadening this interpretation of mental health policy, so that the perspective of those with experience of using mental health services is an integral component to policy development. This alternative perspective sees mental health as primarily a social experience, with public objectives of policy being to empower users and their families to take control of their lives in societies where stigma and discrimination are barriers to social inclusion.

Mental health policy – a definition

An action undertaken by governments, social institutions and other organisations, addressing the issue of mental health with the purpose of achieving objectives that are for public and collective benefit.

In this definition, all policy becomes the legitimate focus of mental health activists including social, economic, educational and health policy. It covers human rights and access to technology. It covers any actions by the state or organisations that affect the lives of service users, their families and all other mental health stakeholders. This is a far wider definition than traditional thinking that has seen mental health policy as simply a specialism within wider health and social care policy led by specialists and mental health professionals.

Politics or policy?

In some of the *Pathways to Policy* countries people have observed that their language does not make a distinction between the words policy and politics. As there is often suspicion of politics and politicians, any concept of policy may be thought of negatively as well. Through setting up local policy forums, an emphasis can be placed on policy actually being something that all people can and do engage with, regardless of their position, social status or background. Policy is not

just for the expert, the official or the politician. It is not the private terrain of specialists and elites. Policy is the backdrop for the lives of all those who experience or have an interest in mental health.

Case study

To emphasise the positive, inclusive potential of the concept of mental health *policy*, some local policy forums have chosen to use their own expressions. For example, in translating the title of the *Pathways to Policy* programme into their own language, the Estonian Local Policy Forum chose to paraphrase an Estonian saying, using the title *We Decide Ourselves*.

Consider the following:

- What is your understanding of the difference between politics and policy?
- If there is no specific word in your language for policy, what new word could you use to convey your ideas about public policy?

Making the most of a policy vacuum

In many *Pathways to Policy* countries people have said: 'There is no policy here – things just happen as they always have, with no leadership or overall plan. None of the politicians talk about or even understand the concept of mental health policy.' Mental health is not given sufficient attention, resources or publicity, and apathy is widespread, with a lack of creative responses and initiatives. We can term this a *policy vacuum*.

Yet such a situation can prove to be an opportunity for users and grassroots organisations to show leadership. They may have access to resources and networks that are unavailable to government policy-makers, having developed local knowledge, relationships and trust within their communities. These can all be used by local forums and NGOs to lead the policy agenda, engaging officials and ministries in reflection and new thinking on mental health policy.

Pathways to Policy © Hamlet Trust 2007

Policy as process

> ***Your work on the** Pathways to Policy **programme has achieved more to engage communities in mental health policy than we international agencies ever thought possible.***
>
> World Health Organisation and South East Europe Stability Pact officials in a meeting with the Bosnia Local Policy Co-ordinator

In this section we will be attempting to develop a new framework through which mental health policy can be developed in an inclusive way. You may wish to photocopy some of the materials on these pages for use during workshops or forum meetings, to enable stakeholders to think about the process by which they can influence mental health policy.

Policy: the domain of government?

In many of the countries in which *Pathways to Policy* has operated, the very concept of policy-making has been radically rethought. Consider the following questions in relation to your own country or region:

- How does policy work in your country or region?
- Who decides policy? How?
- Who should make policy?
  - government and similar authorities on behalf of others

  or
  - many different public institutions, with governments working alongside community groups, NGOs, collectives, political movements and aid agencies?
- Can policy be made using a 'bottom up' approach? What might this mean?

Meanings of policy

Policy decisions are needed whenever tensions or crises exist in society, but there are very different ways in which we can view policy-making.

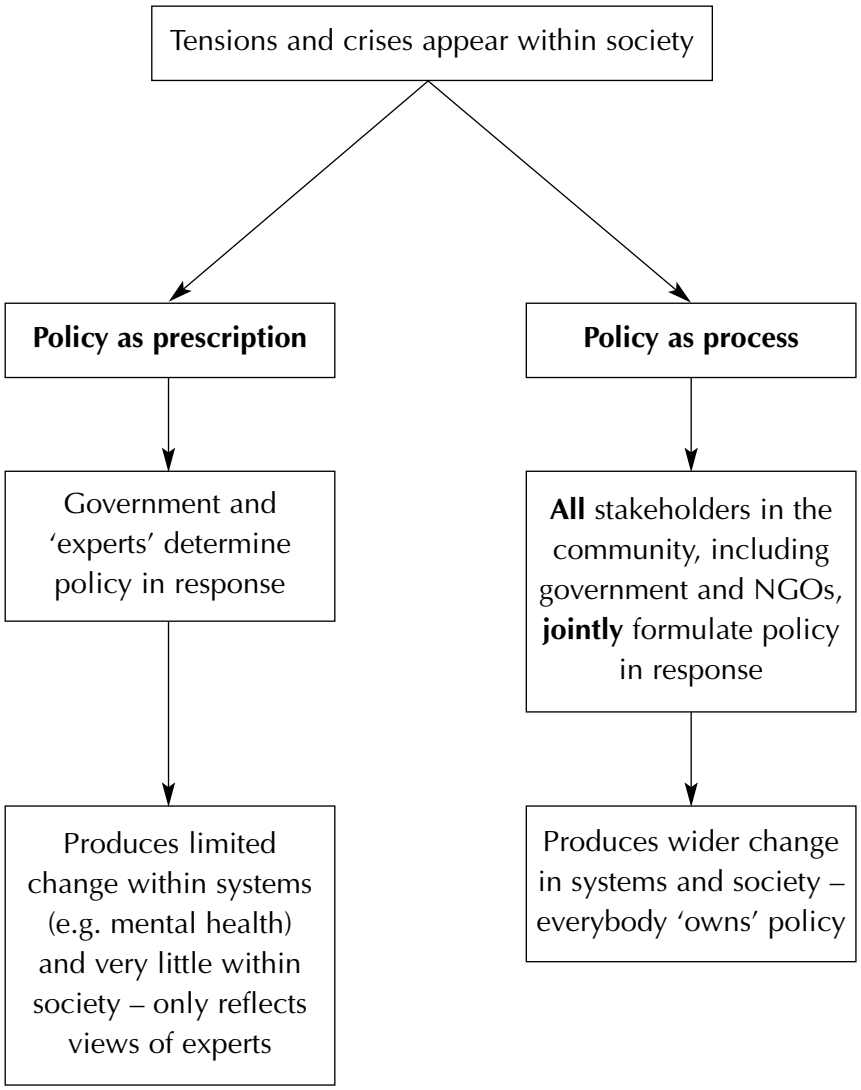
Policy as prescription

- A traditional approach, examining the success of past policies and applying them to the current situation.
- Sees policy as a 'course of action adopted by government'.
- Based on a set of assumptions about the benevolence of a government.
- May consider that grassroots organisations only provide benefit to specific individuals, this being a personal matter and not a policy issue.

Policy as process

- Considers policy to be an activity of many different kinds of public institution: community groups, collectives, non-governmental organisations, political movements *but not just government or state*. Implies that all institutions are *open* to collaboration.
- Suggests that quick solutions do not exist for complex social and economic problems. Solutions are evolutionary.
- Suggests that the actions of government, public institutions and non-governmental organisations should be **outcomes of social processes**, emerging from the interaction of ideas and agencies.

Pathways to Policy © Hamlet Trust 2007


Tensions and crises appear within society
Policy as prescription
Policy as process
Government and 'experts' determine policy in response
All stakeholders in the community, including government and NGOs, **jointly** formulate policy in response
Produces limited change within systems (e.g. mental health) and very little within society – only reflects views of experts
Produces wider change in systems and society – everybody 'owns' policy

Comparing the two models of policy

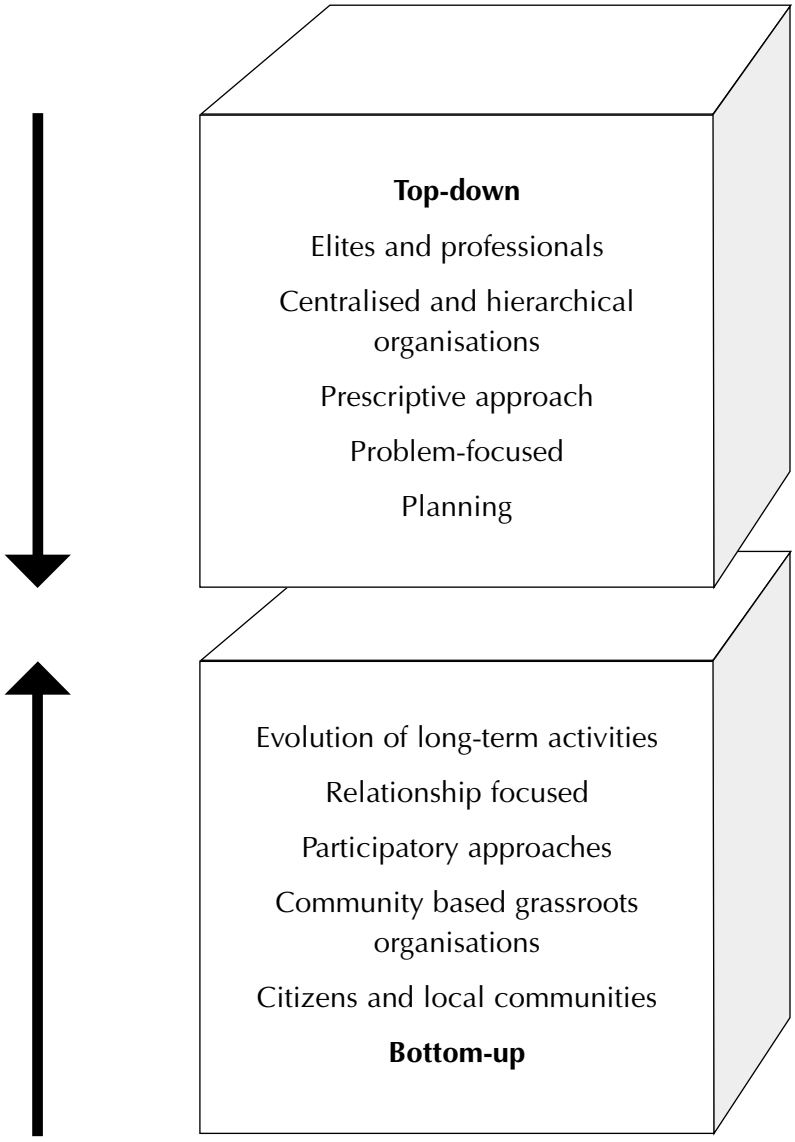
These two methods of policy-making, policy as prescription and policy as process, may have some of the following characteristics:

	Policy as prescription	**Policy as process**
Key questions	What are the best solutions to the problems we have? What are the best policies?	How can different individuals, groups and institutions work together to ensure everyone has a voice in finding better policies? How is policy made?
Goal	Developing a specific policy to solve the identified problem	Creating the structures for dialogue and learning
Orientation	Top-down State/government led	Working at all levels including the grassroots
Activities	Drafting legislation Setting funding priorities Planning and implementation	Building relationships and trust Sharing visions
Worldview	Objective and specific	Subjective and negotiated
Mental health issues	Community care De-institutionalisation Psycho-social rehabilitation	User involvement Advocacy Participatory learning

Pathways to Policy © Hamlet Trust 2007

Top-down or bottom-up?

Mental health organisations broadly work in one of two ways. They can be represented in the following way.



Participation and inclusion

> ***Working together we really can make changes that improve people's lives.***
>
> Estonian social worker

Having looked at some of the theories behind inclusive policy-making, in this section we will focus on how communities can begin to put it into practice. We will begin to explore the questions of who has an interest in mental health, what issues they might wish to address and how they might go about this.

Who has an interest in mental health?

Many different individuals and groups have a stake in mental health – and they all need to have a voice. Here are some examples:

- academics and universities
- bureaucrats and ministries
- families and carers
- international agencies and donors
- local businesses
- mental health NGOs
- mental health service users
- media
- national government
- nurses and hospital staff
- religious groups
- pharmaceutical companies
- political parties
- psychiatrists and other mental health professionals
- social workers
- taxpayers.

? Can you think of any more examples of groups with an interest in mental health?

? In your experience, which groups carry most influence?

? Which groups are usually the least influential?

Pathways to Policy © Hamlet Trust 2007

On the *Pathways to Policy* local policy forums, forum members have come from a wide variety of backgrounds. One constant element is that **all forums consist of a minimum of 33% mental health service users**. In this way true participation is ensured, and mental health policy-making is developed in ways that truly reflect the needs and strengths of those who are most directly affected by it.

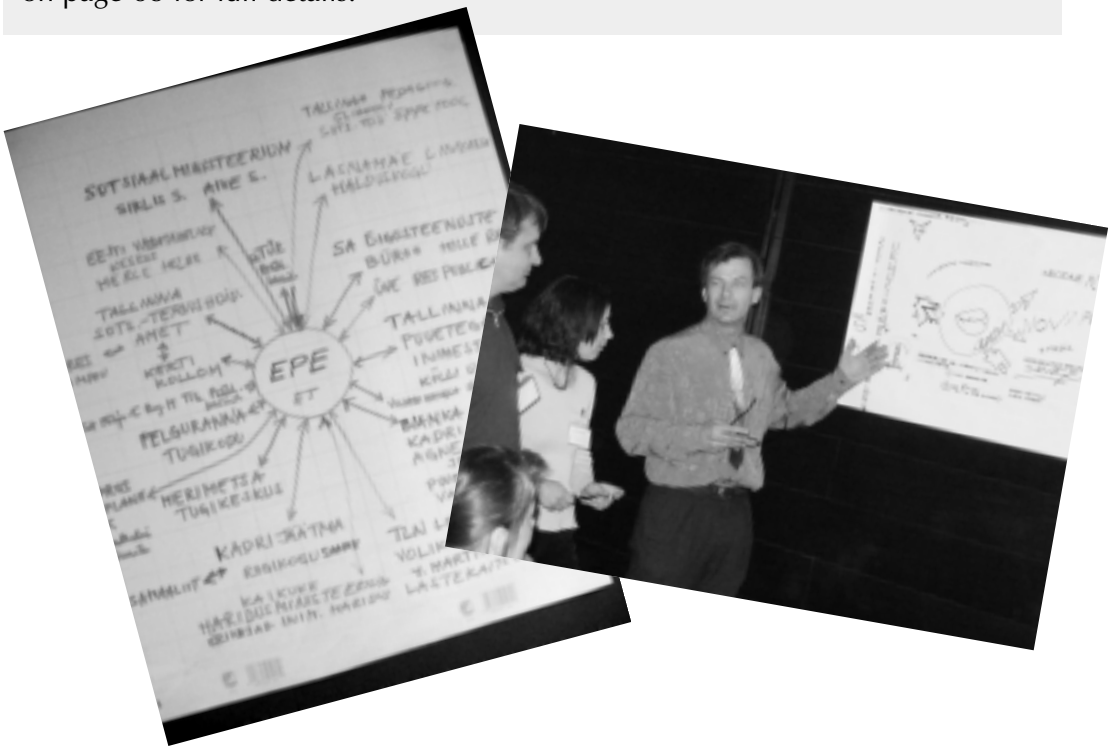
Similarly, as the local policy forum is an independent body, it should meet in independent venues if possible, rather than in the headquarters of a particular NGO or government department. This helps to underline the fact that everyone's agenda has equal value, and none should have precedence over another. While a local NGO may be providing office space for the LPC, employing the LPC and helping to ensure that courses of action are prioritised and realised, it is the forum members who **collectively** define what those priorities and courses of action will be.

Mapping the policy environment

'Making a map of all the people and organisations we have links with made us see just how much influence we can have.'

A family member at a policy workshop in Tirana, Albania

Getting forum members to think about the networks they have already created is a key step towards developing inclusive mental health policy. Forum members identify the different actors with a stake or interest in mental health, and looks at ways to work with them. Each participant draws a map or tree diagram of all the individuals they interact with, perhaps from local government, psychiatry or social services. Names of key people can be identified who may be able to assist the work of the forum, and their contact details recorded on a 'resources list' to be followed up by the local policy co-ordinator. See ***Policy workshop session 3*** on page 68 for full details.



Stakeholder – a definition

Any person or organisation who has an interest, or *stake* in mental health.

What policy issues might stakeholders identify?

Just as the background of many stakeholders will differ from area to area, so will the issues they prioritise. Here is a selection of issues identified in various *Pathways to Policy* forums so far:

- accessible housing
- developing community-based services
- improving mental health legislation
- increasing government funding on mental health
- government complaints procedures
- human rights
- providing information on side effects of drugs
- raising pensions
- users training the mental health workforce including psychiatrists
- supporting employment projects through legal changes.

Pathways to Policy © Hamlet Trust 2007

Values, principles and assumptions

All policies are underpinned by certain values, principles and assumptions. Sometimes these are explicit but at other times they are more difficult to assess. Consider the following policy options:

Care in the community
Long-term hospital care
Guardianship
Direct payments to service users to fund their own services

What values and principles does each of these different policies represent?

What assumptions do these policies make about the nature of mental health problems?

What assumptions do they make about people with experience of mental health distress?

In what ways do these assumptions, values and principles conflict or compete?

Further questions: choice

At a fundamental level, mental health policy is about choice. Governments, international organisations and local authorities have choices about what they prioritise, what they fund and of course what they choose to ignore.

In each of the policy options listed above there are benefits and weaknesses. Different stakeholder groups will gain or lose something from different policy options.

What choice is each of the policies making with regard to resource allocation?

By choosing one particular option what effect does this have on the others?

How will stakeholders bring about change? Public action

> ***Public action is not… just a question of public delivery and state initiative. It is also…a matter of participation by the public in the process of social change.***
> (Dreze & Sen, 1989)

Once the stakeholders have defined the issues they wish to focus on, they need to decide how they are going to make changes. The concept of public action implies giving equal weight to the activities of user groups, NGOs and community organisations, to that of the World Health Organisation or national governments, with all groups engaging to seek positive changes to mental health policy.

Local communities in Bosnia, India and Armenia included the following as examples of public action:

- lobbying
- campaigning
- demonstrations
- presentations and public consultations
- providing information in leaflets or on websites
- festivals, celebrations and parties
- position papers
- policy research and user-led audits
- direct action.

Thinking about your own situation/circumstances:

- who has an interest in mental health?
- what are the interests of each group?
- what public action can each group take?
- what areas can they collaborate on?

Working in a participatory way

> ***The idea that users, family members and professionals of mental health services can work together is really positive, our voice should be heard.***
>
> Artur Dumani, mental health service user, Albania

The process of doing policy work involves working in a participatory, inclusive way. This is especially important when working from a grassroots perspective. Working in a participatory way implies both a set of principles *and* a set of practical methods. These include:

- respect
- dignity and the importance of the individual
- valuing local knowledge and personal experience
- trying to find a consensus
- collaborating and cooperating
- sharing a vision of where we are going
- ownership
- accountability and responsibility.

Pathways to Policy © Hamlet Trust 2007

Participation is essential therefore in principle and in practice. It reflects essential values about the nature of human relationships *and* makes good sense as it harnesses the talents and capacities of local communities to create change. Without participation grassroots policy initiatives are just another form of prescriptive policy-making.

Checklist: participation

- ✔ Ensure people have several ways of contributing their thoughts and opinions. Use discussions and group work but also use questionnaires, suggestion papers and other media.
- ✔ Minimise the use of jargon, and where it is essential ensure it is fully explained.
- ✔ Provide clear information before and during the event. Some people may find it easier to use visual material, so make this available alongside verbal and written material.
- ✔ Make sure any venue is comfortable and accessible to everyone, including people with physical disabilities.

Participation in mental health policy: user involvement

Traditionally, mental health service users have often been excluded from policy debates because they do not have access to the same information that professionals and ministries have. Since the early 1990s the development of user involvement as a policy option has gained recognition and credibility in many countries and mental health institutions. User involvement did not come from established policy makers or governments, but emerged from the direct experience of people who had used mental health services and who demanded involvement in the development and management of better services. Today user involvement is seen as an essential component of good practice in mental health policy-making: in its 2001 report on mental health, the WHO stated that users and their family members must be involved in decisions that affect them.

User involvement – a definition

True user and carer involvement is that which is formally integrated within the service or policy-making process, actively planning or delivering mental health services, or being involved in evaluation research. Users and carers are not merely expressing opinions about services: they are full participants in service decision-making.

Leaving status at the door

> ***At our forum, all the stakeholders leave their status at the door: when they come into a forum meeting, they come in as precisely that – as equal forum members.***
>
> An LPC for a *Pathways to Policy* forum

A key component towards the success of any local policy forum is that all forum members work together on an equal level. Regardless of professional, economic or social status, all members are treated equally and with respect, and every opinion is valued. Forum members should of course represent the interests of their stakeholder group, but their own personal status is not relevant to the forum's work.

While it is simplistic to suggest that stakeholders are divided into the 'powerful' and the 'weak', we can help to create more equal relationships by being aware of the following two concepts:

Putting the last first

Positive action is needed to ensure that traditionally less powerful groups receive positive discrimination to ensure they have equal representation and equal access to information, resources and other opportunities.

Putting the first last

The habits, practices and advantages of more powerful groups, which often manifest themselves in an unconscious way, need to be openly discussed and monitored. By raising awareness of these issues, all groups will become more conscious of their behaviour, so (hopefully!) facilitating the creation of a more inclusive environment (Chambers, 1997).

The ideas in this chapter suggest a reframing of ways in which everyone – from service users and carers to health ministers – can and should be involved in developing mental health policy. More traditional, senior policy-makers can see the development of user involvement not as a threat but as an opportunity. By working in partnership with those who use services and are most directly affected by changes (or by lack of change), new policies can be developed which have true validation, which genuinely respond to the needs of people, and hence which will be more successful over the long term.

Pathways to Policy © Hamlet Trust 2007

Part 2

Realising Pathways to Policy

In **Part 1**, we discussed some of the theories behind inclusive policy-making, and looked at some of the work of *Pathways to Policy* forums Hamlet Trust has helped to set up. In **Part 2** we show you the steps to take to launch a local policy forum in your area.

Establishing a local policy forum – an overview

Purpose of the forum

1. To enable key people and organisations with an interest in improving mental health to meet together on a regular basis.
2. To provide the opportunity for people to communicate and share experiences and ideas.
3. For the forum to use this expertise to:
   a) identify problems
   b) develop creative solutions.
4. For the forums to initiate action to improve mental health policy and practice.

Long term aims

1. To legitimately represent local views on mental health and thus to be able to comment on issues with credibility.
2. To create new participatory policy processes and public action.
3. To develop trust and a shared vision between groups and individuals.
4. To develop a sustainable model of local policy that can be transferred to a national context.

Principles

1. That local communities, grassroots organisations and (ex-)users of mental health services should have a voice in the development of social policy.
2. That diverse stakeholder groups find common priorities and ways of working together.

3. That users of mental health services have an essential and unique contribution to make to effective policies.

Developing a forum – step by step

The following is a breakdown of the steps you may take in establishing a local policy forum. You do not need to do it this way – you can take the whole or take parts and integrate them into what you are already doing.

The *Pathways to Policy* process consists of eight main activities:

1. A part-time **local policy co-ordinator** (LPC) is identified to organise and facilitate meetings throughout the project. The LPC will usually be based in a non-governmental organisation with a strong user-involvement focus.
2. An **open forum** event is held in order to raise awareness of the programme and to discuss key local issues. The event is advertised as widely as possible, so people from a wide range of stakeholder groups will attend – up to 100 have attended open forums in the past.
3. **Local priorities for action** are identified at the open forum and during the subsequent workshops and meetings.
4. A two-day training **policy workshop** is held for 15–20 of those most interested in having an active role in developing mental health policy.
5. A core group of stakeholders is identified who will become members of a **local policy forum** (LPF).
6. Bi-monthly **meetings** of the **local policy forum** are held to work on identified priorities. Outcomes may include:
   - users and NGOs form new, deeper and sustainable relationships with other stakeholders
   - local action is initiated by the forum to have an increased voice in mental health policy through campaigns and lobbying, by highlighting locally identified mental health issues.
   - the profile of service users as active participants in the policy process is raised, for example in the media. General awareness is raised through producing papers, literature and good practice guidelines.
7. Once the LPF is firmly established, a **national policy forum** can be developed to run alongside the local policy forum, involving stakeholders from around the country and building on the learning from the LPF. The format may be similar to the LPF, with a largely constant group of stakeholders attending meetings every 2–3 months. Alternatively you may wish to make it a larger annual or bi-annual event.

Pathways to Policy © Hamlet Trust 2007

8. The **work** of the forums is **evaluated** using action learning methodology, which combines action and reflection. Opportunities are investigated to share learning – a successful forum has much to offer on a national and international stage by presenting its work through publications and conferences.

The local policy co-ordinator

Good leadership of the local policy forum is vital. A good leader is not only one who is assertive and can generate and realise ideas, but one who can bring the best out of others. Key to this is tapping into the skills and experience of others by skilfully facilitating meetings, by inspiring and involving a wide range of people.

LPF members team building in the Tian Shan mountains, Kyrgyz Republic

The local policy co-ordinator (LPC) role is a key part of the *Pathways to Policy* programme. The LPC will be the local focal point for all the activities of the programme as well as being available to provide advice and information to interested parties. The LPC may be someone with experience of using, or working in, mental health services, with an awareness of mental health policy and skills including training and presentation, report writing and working with the media. Above all an LPC will be a good communicator. They will also want to develop a team to help organise various aspects of the forum's work and the conducting of workshops etc – perhaps members of a local user-led NGO.

Romanian LPC Mihaela Tanasan (left), Kyrgyz LPC Burul Makenbaeva (right) with colleagues at the International Policy Conference, Slovenia, 2004

Facilitation

Facilitation is a skill that can be learnt and developed and there are many useful tools and theories to help – one source is *Training for Trainers* (Basset & Read, 2003), a toolkit published following a Hamlet Trust project developed with people in Central and Eastern Europe.

What is facilitation?

1. Facilitation is an active, positive process in which change or movement towards a desired outcome takes place. It is a process of enabling change.

2. Facilitation is about providing an environment in which people can feel comfortable and also have a clear sense of boundaries. This enables the development of a climate for learning where mutual trust, acceptance and respect exist side by side.

3. An environment of trust enables effective communication, negotiation and collaboration between forum members. Such an environment can also have a liberating effect, where empowerment and independence can flourish.

The LPC will use their facilitation skills in many settings:

- leading the local policy forums
- leading workshop sessions
- presenting policy research and evaluation material
- chairing debates and discussions during roundtables.

Pathways to Policy © Hamlet Trust 2007

Working assertively

Assertiveness skills are important for all workers as they are in life generally, but LPCs in particular need these skills for two reasons:

1. The first relates to the effective **communication between the different stakeholders, organisations and individuals** in the mental health field. Poor communication and poor co-ordination of services is a theme that runs throughout mental health services in every country. Communication across professions and organisations is often very passive – people often wait for other people to take the initiative.
2. The second reason relates to effective **communication between people who use mental health services**, especially those who have long-term and enduring experience of mental distress and who are 'hard to reach'.

Using the reflective diary – being aware of change

The *Pathways to Policy* programme can be seen as a journey, an adventure. The local policy co-ordinator is uniquely placed on this journey to identify the themes and areas of priority or concern, and to ask questions about the current context of mental health policy.

LPCs are encouraged to keep a reflective diary in which they will record the main issues and events which they will come across during the course of the programme. It will be a personal account, valuable to their own thinking and planning. It is also designed to provide a continuous record of work, and can be used as an evaluation tool by an external evaluator, for example in helping to identify themes emerging at particularly important moments.

The diary sheets (see sample on page 28) can be used to help LPCs to write reflective diaries. Some tips for reflective diary writing:

- try to complete a diary entry each week
- you may wish to set aside one or two hours every week or every two weeks to complete the diary – it is important to give yourself time to reflect
- try to record honest and immediate reflections on an event, whether these are frustrations following a negative meeting with local bureaucrats or positive feelings following a good forum meeting (or indeed vice versa)
- the more information provided, the richer the record will be – don't forget to include photos, press cuttings and other materials.

Reflective diary sheets

Name/organisation

Date	
Context of the activity: what happened?	
Feelings and emotions about the event	
Re-framing: what could have been done differently? How? By whom?	
Outcomes and learning from the event/future activities	

Pathways to Policy © Hamlet Trust 2007

Organising an open forum

> ***This is the first time I have participated as an equal with other people in an open meeting, contributing my opinions in all workshops.***
>
> Armand Kovaci, mental health service user, Albania

The open forum is a public meeting or series of meetings open to everyone in the local community, acting as a launch pad, creating momentum and enthusiasm for the work of the local policy forum. It will give people from a wide range of backgrounds the opportunity to find out more about the programme, and begin to identify some of the key mental health issues the LPF will focus on.

Some themes participants may focus on during the day include:

- What local issues will the local policy forum focus on, and how?
- Who is interested in taking part in the policy workshop?
- Who should be nominated to be members of the local policy forum?
- Where, when and how often should the local policy forum meet?

Open Forum in Tuzla, Bosnia

Forum members in Tirana, Albania

Selecting participants

It is important that anyone and everyone in the community with an interest in mental health should be invited to attend: there must be a representative mix of people from all the local stakeholder groups. The LPC will need to use their networks and contacts to generate interest before the event. Public notices, word of mouth and personal approaches will work with many stakeholders, while written invitations may be necessary to attract local officials and politicians. Emphasise the importance of the event, and how valuable the participation of each and every one of them is. Valuing the contribution of participants is especially important as they may be there on a voluntary basis, and be sacrificing other opportunities. However, this is an event not to be missed!

The organisational team may choose to hold more than one open forum on the same day, to allow as many stakeholders as possible to contribute – e.g. one in the morning and one again in the mid/late afternoon.

Checklist: preparing an open forum

Some practical issues to consider before, during and after the workshop:

- ✔ **Research your venue carefully:** this should be an 'independent' place if possible, not an NGO or hospital. Put signs up on the day to welcome participants.
- ✔ **Promote awareness** of the open forum in good time – see **Part 3 Getting The Message Out** (page 47).

Pathways to Policy © Hamlet Trust 2007

- ✔ The LPC and other members of the forum organising team should discuss key issues and define their **roles and responsibilities** in advance.
- ✔ Hold a brief **rehearsal** of the open forum programme before the event to clarify how the event will run.
- ✔ Hold a **press conference** at some stage during the day. This is the launch of the *Pathways to Policy* programme, and a great opportunity to generate publicity.
- ✔ Build in adequate time for coffee breaks – these can be very important opportunities for networking and further discussion. The LPC may wish to be especially vigilant at these times, taking notes even during these informal periods.
- ✔ Use notes and flipcharts to write a **report** of the open forum, parts of which you may want to publish.
- ✔ Don't throw away flipchart sheets too soon: take notes of them or even photographs for future reference.

On the following page there is an open forum and policy workshop sample timetable. You may want to hold these on consecutive days. As with the other tools in this toolkit, this can be photocopied and adapted as you feel appropriate to suit your local circumstances.

Open forum and two-day policy workshop sample timetable

Time	Day One *Open Forum*	Day Two *Mental Health Policy: Possibilities and opportunities*	Day Three *Establishing a Local Policy Forum*
9.30am to 10.30am	***Mental Health Policy Open Forum*** Rolling programme of open forums throughout the day – timings to be set by local NGO. (NB each forum will take around 3 hours)	1) Welcome and introduction to the *Pathways to Policy* programme and the policy workshop	5) The role and activities of a local policy forum
11am to 12.30pm		2) The meanings of policy – opportunities for grassroots action	6) Making policy relationships work – negotiation and collaboration skills
2pm to 3.30pm		3) Mapping the policy environment	7) Planning the first forum meeting – ground rules, agenda and details Evaluation and close
4pm to 5.30pm		4) Identifying mental health priorities in ……[your town]	

Pathways to Policy © Hamlet Trust 2007

RUNNING THE OPEN FORUM – SUGGESTED OUTLINE

Time Allow up to 3 hours

Purpose *To bring together a wide range of stakeholders to begin to explore policy issues. Ideas discussed here will then be taken into the policy workshop, where more specific skills will be developed. The effectiveness of the open forum will also be evaluated.*

---

1. Arrival of participants

- Provide a welcome pack including name badge, written literature on the forum, evaluation questionnaire. Other organisations may also be invited to display their literature.
- Record attendance and check contact details – these will be vital to the communications strategy of the local policy forum.
- 'Talking wall': put a flipchart on the wall, and give participants sticky notes so they can put ideas and comments up throughout the day. These can be incorporated into the question and answer session (see 4 below), or can be brought up during the policy workshop or during forum meetings.

2. Welcome and presentations

- Purpose and structure of the open forum
- Background to *Pathways to Policy* programme

3. Snowball exercise

The snowball exercise gives you the opportunity to invite people to contribute to the design and agenda of the forums.

- The group works initially in pairs to discuss the question *'What are the five key mental health issues locally?'* These must be specific and practical. For example, participants should not focus on general issues such as 'there are not enough services'. Try to focus on specific, real issues that affect people's lives.
- After working in pairs, participants will work with another pair to make four, then with another four to make eight. Finally the whole group will discuss the priorities they have focussed on.

- Team members not directly facilitating the exercise should listen to discussions and keep notes of issues that arise. (Some will not be prioritised but it is useful to keep a record). They should also observe the dynamics: who talks most? Who seems to be the most powerful?
- Feedback: write up the final five priorities agreed by the whole group on flipcharts. These priorities will contribute to the agenda of the first meeting of the local policy forum.

4. Question and answer session

Chaired by the local policy co-ordinator.

Facilitators discuss their ideas/plans for the next stage of the *Pathways to Policy* programme.

5. Next steps

How can people contribute to the development of the local policy forum?

- Open forum reaction sheet: How useful has the open forum been?

  Distribute ***Handout 9 Open Forum reaction sheet***, allow 10 minutes to complete, then collect it.

  Other comments should be continually encouraged both during and between meetings. Some people may prefer to submit comments in writing – make a comments box or use the 'talking wall'.
- Policy workshop: those interested in becoming a member of the forum may benefit from participating in the policy workshop – interested individuals should contact the LPC.
- Contact lists: others who may not want to be so closely involved in the forum should be encouraged to leave their contact details so you can keep them in touch with the forum's activities.

Pathways to Policy © Hamlet Trust 2007

Running a policy workshop

> ***The policy workshop was important and it has made us think much about values. It has helped us to find new ways to influence policy makers for positive change.***
>
> Vera, family member, Albania

This section provides some tools and structure to run a two-day policy workshop. The workshop aims to enhance participants' skills and knowledge of mental health policy processes by providing a space for a variety of stakeholders from the local community to work together as equal partners in a creative and reflective way, often for the first time.

The policy workshop is a valuable part of the process of developing the local policy forum. The workshop delivers concrete outcomes, providing a baseline of tools and concepts that local stakeholders can then adapt to their own realities. A successful policy workshop will be an opportunity for a group of motivated and committed stakeholders to develop a shared vision of future policy activities, to discuss local issues in more depth, to begin to form themselves into a team, and to help develop a final design and plan for the local policy forum.

During the policy workshop stakeholders will encounter fundamental questions about policy, including:

- What does mental health policy mean to you?
- What understandings do you share with other stakeholders?
- What are the mental health issues in your community?
- What practical things can you do about these?
- How are you going to work together in a participatory way?

You may benefit from having a co-facilitator who has already helped establish a local policy forum elsewhere. They can give first-hand experience of how the programme can work, and will be able to share valuable insights with participants.

Selecting participants

Many if not all of the participants for the policy workshop will already have participated in the open forum, and indeed it is likely the local policy co-ordinator may have identified many of the workshop participants before the open forum. The LPC will have to be mindful that it is even more important that policy workshop participants are able to represent the views and interests of a wider constituent group. Some participants may represent two or more stakeholder groups. For example, previous policy workshop participants have included priests, journalists and officials who have also been users and carers.

Pathways to Policy © Hamlet Trust 2007

Checklist: preparing a policy workshop

Some practical issues to consider before, during and after the policy workshop:

- ✔ Research your **venue** carefully: there should be a main room for training and ideally other areas/rooms for work in smaller groups.
- ✔ The LPC and other members of the team should discuss key issues and define their **roles and responsibilities** in advance.
- ✔ Pay attention to the **detail**: ensuring name badges and welcome packs are available, and that equipment is ready to use, will help the day run smoothly. Giving small prizes for certain exercises will help promote a fun and relaxed atmosphere, which can only aid the team-building aspect of the workshop.
- ✔ As for the Open Forum, use notes and flipcharts to **write a report** of the policy workshop
- ✔ Make use of other training toolkits, such as Hamlet Trust's *Training For Trainers*[6] or *Building For The Future*.

On the day

Encourage each participant to work with as many different stakeholders as possible, developing new relationships. Exercises to introduce participants to each other can help this process, promoting a positive working atmosphere. There should always be a facilitator on hand taking full notes of the discussions to enable effective planning.

See pages 65–78 for suggested policy workshop session outlines.

Developing a local policy forum

Now that you have established many of the prerequisites for developing the forum, the real work can begin! It will take skill and diplomacy to help develop the forum's work, but using some of the tools already encountered in the policy workshop, you will begin to develop a consensus of the areas on which to focus.

Membership

The local policy forum will be made up of individuals representing the variety of stakeholders from the local area. Users of mental health services will be a particularly important representative group on the forum and should make up the largest single grouping.

The following selection procedure is proposed as a way to ensure that all groups are represented in a fair and open way and have access to participation on the forum.

1. The policy workshop and open forum will be used to identify the range of people who are interested in joining the local policy forum.
2. The local policy co-ordinator will invite approximately 20 individuals to the first meeting of the local policy forum.

Pathways to Policy © Hamlet Trust 2007

3. The first meeting of the local policy forum will be asked to review the representativeness of its membership and make proposals for future membership and ways of selecting members.
4. After six meetings, the forum will be asked by the local policy co-ordinator to review its membership and recommend changes if necessary.
5. The names and contact details of forum members will be printed (with their permission) and made available to any interested parties.
6. New members, from additional stakeholder groups, may be appointed to the forum on agreement between the LPC and the forum members.

Disseminating information and meeting minutes

- ✔ Remember to take the contact details of everybody you and the other forum members meet, and check that they are happy to be contacted about the forum's work. These contact details should be put on a central, carefully maintained, database.
- ✔ Disseminate meeting minutes and/or news of the forum to both forum members and non-members on a regular basis. Non-members should be encouraged to provide comments to the forum of the issues raised.
- ✔ When attaching meeting minutes and other important documents, make a summary of the main issues in the covering email or letter.
- ✔ Forum members should act as an information channel between the forum and their own networks, ensuring that information goes in both directions and each is informed of the work of the other.

Speakers

Keep the forum fresh by inviting speakers to speak before or after forum meetings. Inviting people from a range of backgrounds will help to raise awareness of your work among other networks, while informing your own work and generating fresh ideas and momentum. Forum members may wish to invite the speaker to stay for the main forum meeting, particularly if they may become a permanent member of the forum.

Outputs, outcomes and sustainability

When looking at the local policy forums it will be necessary to have some idea of what you want to achieve. It is important to distinguish between the activities or services that the local policy forum undertakes (the outputs) and the direct difference the forum will make to the people or organisations that will benefit (the outcomes).

Outputs

Outputs are the things you do, activities or services undertaken by the local policy forum, that will produce the outcomes. They can include services provided directly to people such as:

- forum meetings
- awareness-raising workshops
- production and dissemination of a training video
- exchange visits between communities.

They can include facilities provided to communities such as:

- holding the meetings of the local policy forum
- helping individual representative organisations within the forum
- provision of information to the community through the local policy forum.

The outputs depend upon the nature and complexity of the local policy forum, but you will need to ensure that the agreed outputs are:

Specific	– clearly identified
Measurable	– quantifiable (i.e. based around the numbers of people or organisations involved) or observable (for example, decisions taken are recorded and followed through)
Achievable	– realistic given your current situation, resources and time available
Realistic	– likely to lead to the agreed outcomes
Time-bound	– have a realistic timeframe

Outcomes

Outcomes are the changes to people's lives that will result directly from the LPF activities. For example:

- people gain skills or confidence which improve their ability to influence events in society or to find jobs
- relationships (between people or organisations) improve
- specific objectives are secured (e.g. homeless people with mental health problems secure permanent accommodation)
- policy and legislative changes within ministerial departments.

Pathways to Policy © Hamlet Trust 2007

Outcomes may include things which are fully within the LPF's power as well as more ambitious changes that could come about as a result of the work. For instance, a forum seeking to ensure less negative media imagery may be able to get more positive stories, but it cannot guarantee that the attitude of society will change as a result, because this may depend on other variables.

Forum members should have some idea of what their outcomes should be as the LPF begins to develop. Two things that LPCs might do are:

1. Agree the outcomes that the forum can influence at least indirectly (and there may be some things that the LPF has direct influence over).
2. Agree how the forum might demonstrate how these outcomes have been achieved.

Sustainability

The linking of outputs to outcomes helps when considering the sustainability of the local policy forum. The forum will hope to make real and lasting changes to people's lives such as a reduction in discrimination, marginalisation and social exclusion that many people with mental distress experience. While the forum is unlikely to be able to bring about these kinds of changes on its own, you should be able to explain how the outcomes of the forum will make a contribution towards these long-term changes.

Cross-cutting issues

While most of the forum's work will be concerned with local issues defined in the open forum, LPF members can complement these by studying a strategic, cross-cutting issue. A cross-cutting issue may be 'invisible' – one which may not seem to have direct relevance, yet which may influence mental health in subtle ways. The cross-cutting issue may also contribute to social exclusion, marginalisation, disenfranchisement and disadvantage in the long term. However, once an issue is recognised, it is possible to see precisely how it affects different groups involved in mental health, and strategies can be drawn up to address these issues.

Cross-cutting issues studied by LPFs already in the *Pathways to Policy* programme include:

- rural issues in Romania
- gender in Bosnia-Herzegovina
- ethnicity in Estonia
- technology in the Kyrgyz Republic.

These were all issues of profound importance in each of these countries, and members of the local policy forums found that examining them in more detail gave them a wider perspective and helped to influence other aspects of their work. For example:

Case study

In Estonia the issue of ethnicity is extremely relevant, where the Estonian and Russian communities often live in isolation from each other. The Estonian forum decided to set up a Russian-language forum which met alongside the Estonian-language forum, so enabling more people to be involved in the process who may otherwise have been excluded.

Case study

In the Kyrgyz Republic, technology was a particular issue with many service users and other mental health stakeholders saying that they had very little access to information. The local policy forum decided that the setting up of an information centre would be an excellent way of helping to raise awareness of human rights and medication issues. The forum campaigned on other technology issues, enabling users in the local psychiatric hospital to gain access to a telephone and pens and paper.

The members of your local policy forum may want to focus on one of the above issues, or others such as:

- human rights
- sexuality
- power relations & medical hegemony
- media
- corruption/transparency.

Mental health can itself be seen as a cross-cutting issue for society as a whole, and NGOs and user groups may feel it important to raise awareness of mental health from this perspective: mental health affects everyday life for all individuals, families and communities. Just as many in the community may say that mental health 'is not my problem' or 'does not apply to me', some members of your local policy forum may not see the relevance of a cross-cutting issue the forum may be studying. Important issues can be marginalised, and differences between groups can be used to discriminate and treat people unfairly. Cross-cutting issues are a way to examine mental health to make sure the current mental health systems are not reproducing these exclusions and behaviours.

Pathways to Policy © Hamlet Trust 2007

Cross-cutting issues planning tool

A framework for studying your cross-cutting issue.

1. Introduce the cross-cutting issue to the forum discussions and make space in each meeting agenda to discuss it.
2. Explore how the cross-cutting issue affects and influences local mental health and in particular the key mental health policy issues identified by the open forum.
3. Carry out some brief research on the issue, getting people's opinions and collecting case studies about it.
4. Identify stakeholders and organisations who have an interest in the cross-cutting issue who are not as yet part of the mental health networks.
5. Write a one-page paper on the issue (describing how the cross-cutting issue applies locally) to use as a communication and campaigning tool.

Some questions to reflect on:

1. Which groups of people are socially excluded because of the cross-cutting issue?
2. How could the forum work with them?
3. What are these groups' experiences of trying to access information, services and mental health support?
4. Is the cross-cutting issue presented in the media? In what way? Is it ever linked to mental health or any other issue?
5. What words, language and images do people use to discuss the cross-cutting issue?
6. Is there acceptance or denial of the relevance of the cross-cutting issue?
7. What are the best strategies for introducing the cross-cutting issue into discussions?
8. What can be done about the cross-cutting issue locally?
9. What materials, research and extra information do you need to help you develop your understanding of the issue?

Reflections on the policy process

At the end of the first year it is important to collect as much data and information as possible to help you learn about the achievements and successes so far and to plan for the following year, including putting together funding applications. Do not be afraid to be honest – it is important everyone learns about what went well, but also what didn't go quite so well.

Methodology

Below is a set of questions. Local policy co-ordinators may wish first to reflect on them, and then present and discuss them in the local policy forum meetings. LPCs may also want to discuss the questions in private with individual forum members – this will allow the LPC to compare the different views and answers.

Provide **evidence** and **examples** to support your answers. It is important that the LPC records the answers in their reflective diaries, the minutes of the forum meetings and in separate reports where appropriate.

Questions

1. What are the five most important mental health policy issues as identified by the local policy forum?
2. What actions has the local policy forum taken to address these issues?
3. Given what you have already done, if you have identified a cross-cutting issue, how does your cross-cutting issue affect what you are doing (in relation to your interpretation of the issue)?
4. What specific actions have you taken to address the cross-cutting issue?
5. What actions do you propose to take now, bearing in mind all the factors you have listed above?
6. Describe the concerns of the different stakeholders in the local policy forum with regard to these issues. What agreements, differences and competing values have arisen?
7. How were decisions taken in the LPF and whose views prevailed?
8. What did the different members of the LPF actually do, both during the meetings and between the meetings?
9. How did people's understanding and views of the cross-cutting issue change over time? What strategies and approaches helped LPF members become more aware?

Pathways to Policy © Hamlet Trust 2007

10. What does the LPF need to do to take *any* of these issues forward? What are the implications for future activity? Does it need any of the following: resources, training, support, information, research?
11. How do you see the LPF in one year's time? What would you like changed? And what steps would be necessary to achieve this change?
12. What are the problems faced by the LPF in converting the discussions into effective and credible policy action? Describe any day-to-day problems, barriers and resistances from the local population.
13. What do you personally like best about the forum?
14. How has being the local policy co-ordinator affected your life personally?
15. What has changed in your local community over the year in regard to mental health and mental health policy?

Creating a national policy forum

Once a local policy forum is firmly established and self-sufficient, a national policy forum (NPF) can be developed, involving stakeholders from around the country and building on the learning from the LPF. Depending on your local circumstances, you may wish to set up the NPF in a number of ways:

1. As a constant forum to run alongside its local counterpart, with members from across the country and meeting, for example, four times a year.
2. An annual or bi-annual event involving a wide range of mental health stakeholders from across the country.

To ensure that participation is truly national, try to ensure that each national forum meeting is held in a different town or city, in a different region of the country.

Part 3

Getting the message out

Getting the message across about what the forum does – whether through lobbying, campaigning or any other form of information presentation – is crucial to achieving your goals. The media can often be unsympathetic and hostile towards mental health issues. By presenting forum issues in a positive way, you will increase your influence, raise awareness among the general public and help to change attitudes and practices among policy-makers. Presenting positive images is not only a powerful tool in helping to ensure your goals are reached, but will also help you to develop effective channels of communication between service users and carers and policy-makers. Such links are fundamental to influencing sustainable changes to people's lives.

How are you going to get the message out?

Methods of communicating with the outside world include:

- Publishing articles in newspapers
- Personal presentations
- Leaflets
- Producing newsletters and magazines
- Posters
- Television and film
- Radio
- Exhibitions
- Internet
- Theatre

Whatever the medium, clear presentation is of great importance. Here we look at relationships with the media and ideas for writing a piece of promotional material that is going to get your points across in a clear, immediate and dynamic way. We will also look at ways to improve presentation skills when expressing ideas to an audience.

Some questions to consider:

1. What message do we want to get across?
2. How can we learn to use the media to our advantage and promote more positive images of mental health?
3. What is the purpose of a particular story or campaign?
   - To spread information about a specific event.
   - To change attitudes through telling personal stories.
   - To educate the public.
   - To improve responsiveness of decision and policy-makers to people's needs.
4. Who is writing the material? Who is framing the argument? Consider:
   - users taking part in media interviews
   - users writing for the media
   - users providing training to journalists in mental health issues
   - users involved in editorial discussions over media content and output.
5. Is advocacy being undertaken at the appropriate level?
   - Sometimes too much focus might be given to lobbying on a government level, when in fact changing public opinion might in turn influence outcomes and effect change at a policy level.

Using the media

Building relationships

Developing a good relationship with journalists is vital. Will the LPC take responsibility for this or can another forum member become the forum press officer? If more than one person will be dealing with the press, it is important to ensure that any messages do not conflict.

Do you have any media contacts already? Use any personal contacts you might have; look in the local paper for a journalist who may have written stories on relevant subjects, or simply phone the newspaper or local radio station and ask who the most appropriate person might be.

Stories of recovery and success

Portraying positive images of people with experience of mental distress will be one of the most powerful pieces of your communications work. It helps to reframe the experience of people with mental health problems, helping both them and others to have a different perception. Here are some examples from Hamlet Trust's partners.

Mihaela's story

Twenty-eight-year-old Mihaela Tanasan lives with her mother Gabriela in an apartment in the small northern town of Campulung, Romania. In 2002 she started to work as a part-time IT support worker at the local psychiatric hospital, the same hospital where her mother had been an in-patient on several occasions over a number of years. Mihaela also took on the post of local policy co-ordinator (LPC) to Hamlet Trust's *Pathways to Policy* programme, as a job-share with her mother.

'Having a parent with a mental health problem has given me a unique insight. I was 13 or 14 when my mum first became unwell and initially I didn't understand what was happening. Yet gradually, as I visited her in hospital, supported her at home and also met other people in distress, I began to gain a better understanding of the difficulties and barriers experienced by people with mental health problems.

'The LPC post has provided me with opportunities to really make things happen. I'm not ashamed of the fact that my mum is a service user; she has just as many talents as any of us. Together we are trying to give a voice to others who have been excluded. By challenging the image of people with mental health problems we want to show that they can play a full part in society.'

Winds of change in the Kyrgyz Republic – Aziya's story

Aziya Kydykova is a member of Oasis of Soul, a Hamlet Trust network member organisation (NMO) in the Kyrgyz Republic.

Aziya tells us:

'In June 2002 I had just come out of psychiatric hospital. At a meeting organised by Mental Health and Society [another Hamlet NMO] I began to understand for the first time that as a user of mental health services I have a voice. I realised that I was not alone in my problems, and that by forming our own self-help group we could support each other.'

Job creation in Ukraine

Leonid Kleschov, a member of Hamlet NMO Friends Union in Kyiv, has experienced the mental health system in Ukraine. His story is typical:

'My life changed for the better when Hamlet Trust gave a grant to set up a local self-help group in Kyiv. We set up an employment project to renovate and redecorate flats and now I earn my living as an electrician. I've taken control of my life!'

Leonid and his colleagues received on-the-job training as part of the Friends Union employment project, initially funded by Hamlet Trust and which subsequently received financial assistance from the EU.

Pathways to Policy © Hamlet Trust 2007

Presenting written work

Maybe you have an event coming up that you want the world to know about, such as a *Pathways to Policy* open forum. Make the media work for you: an interesting article written by you will save time for a journalist and may encourage them to come along to the event. When you are writing, keep in mind that the journalist and the reader may have no prior knowledge of the subject – keep the language straightforward.

Here are some ideas for planning an article for publication with a newspaper or magazine.

Planning an article for publication in a newspaper

What you do	Why
Write **snappy, sharp headlines** – be dynamic. And don't simply repeat it in the first line of the article.	This will grab the attention of the reader and make them want to read about your work.
The first paragraph: don't be shy to start the article in an **unusual** way, for example with a **direct quote**, perhaps from a service user. But include the key facts early on too: **who, what, when, where, why, how?**	Involves the reader from the beginning by giving the story human interest.
Include your **campaign name**, **contact details** and **logo** clearly.	This is your opportunity to raise your profile and get support – use every opportunity you have.
Feature a **positive story** of how somebody's life has changed and use a **direct quote** of their opinion, using the first person. Remember to ask for their consent. For example: One user says: '*Two years ago I was in a psychiatric hospital with no future. Today I am living a fulfilled life with friends and a job…'*	Portraying real-life stories with positive outcomes shows that real change is possible, and expressing the voice of the user is what your project is all about. Again, it gives the story real human interest.

cont…

What you do	Why
Try to include a happy, positive **photo** of people you quote, or of others involved in the project. • Use **close-up shots** – they are more immediate and more human. Avoid boring long-distance group shots at all costs. • Write a **caption** to explain what is happening.	The reader will always look at a photo before they look at the article, so the photo must 'say something' too and be interesting.
Include two or three **powerful statistics**.	These can really help to get your message across. But be careful – too many statistics and you will have your readers yawning.
Think about your writing style. Are you using **short paragraphs**, **simple sentences** and **plain language**? Does it sound positive and exciting? You should be able to say everything you need to say in half a page.	You have to make the reader enthusiastic about your cause, and hold their attention. If you have time, ask somebody else to give an honest opinion – would they want to read it if they saw it in the newspaper?

Other things to consider…

- Give the newspaper extra information, e.g. leaflets about your work.
- Have you got the resources for a big response?
- What will you do if the story fails in some way?
- Liaise with other organisations. How do they handle media attention?

Presenting to an audience

You may wish to seek out opportunities to present the work of the forum to user groups, other NGOs, local decision makers or local businesses – the latter are a great fundraising opportunity. The following advice relates to PowerPoint presentations, but many of the same rules apply if you are using flipcharts or overhead projectors.

Pathways to Policy © Hamlet Trust 2007

Use a template

Use a set font and colour scheme. Different styles are confusing to the audience. You want the audience to focus on *what* you are telling them, not the *way* you present it.

Bullet points

- Keep each bullet to one line, two at the most.
- On each screen there should be a maximum of six bullet points, or four if there is a large title, logo, picture etc.
- Bulleted items should be no smaller than 22 point font. The title should be no smaller than 28 point font.
- Having brief titles and lines of information gives the audience a framework to build upon.
- If you crowd too much text, the audience will not read it.
- Too much text makes it look busy and is hard to read.
- Why should they spend the energy reading it, when you are going to tell them what it says?
- Our reading speed is not the same as our listening speed, so written and spoken words should reinforce each other, not confuse.

CAPITALS *and italics*

Do not use capital letters unless they really are justified. They make text difficult to read and hide acronyms. As a general rule, only use them where they are grammatically correct in your language. You can use them sparingly for EMPHASIS although **bold is better** for this.

Use italics for '*quotes*', to *highlight* thoughts or ideas, and for book, journal, or magazine *titles*.

Illustrations

Simple diagrams are great communicators, but only use illustrations when needed. They should relate to the message and help make a point. Does it make the message clearer?

You are the focus, not the materials

The media should enhance the presentation, not be the presentation – do not simply read from the slides or overheads. Do not use the presentation tools to hide you: the audience came to see you.

For further ideas and information go to Mental Health Media www.mhmedia.com

Pathways to Policy © Hamlet Trust 2007

Part 4

Evaluating and action learning

Local policy co-ordinators on the *Pathways to Policy* programme have used research and evaluation to learn about the outcomes of the activities of the programme. The tools that the programme have used include:

- questionnaires and baseline surveys
- focus groups
- semi-structured interviews
- collecting newspaper articles and media reports.

The following section concerns the use of evaluation and research techniques by Hamlet Trust.

What is evaluation?

Evaluation generally refers to an assessment of an activity or service with the aim of discovering the effectiveness of the phenomenon being studied.

Why is evaluation important?

There are three main reasons why evaluation studies are important in social contexts:

1. They can help to manage and control the delivery of services effectively. This can guide policy-makers and service providers to deliver services which most effectively meet service users' and carers' needs.
2. The public wants accountability from service providers about the quantity and quality of their services.
3. Organisations that fund services may require them to demonstrate the effectiveness of the services they provide by producing evidence and outcome data. Policy-makers need this information to make decisions about what they are likely to fund and where to direct resources.

What types of evaluation are there?

There are three main types of evaluation: **goal based**; **process based** and **outcomes based**.

Goal based evaluations ask whether a service, agency or policy is achieving the overall, predetermined goals or objectives. These goals or objectives may appear in policy documents such as operational policies, mission statements or service specifications. One of the difficulties of goal based evaluations in a social setting is how to quantify the goals as they will be different for different stakeholders. Think about the question 'What are the goals or objectives of a psychiatric hospital?' The answers would vary depending on who the question was addressed to – staff, ministry officials, the media, students, current and former inpatients, the general public, relatives and friends. Goal based evaluations therefore need specific goals to be identified and consensus by stakeholders.

Process based evaluations ask questions which are aimed at understanding how a service, agency or policy really works. With process based evaluations it doesn't matter that there could be lots of different views – this helps to get a whole picture of how things are working – what the strengths are and what could be done differently in order to make improvements. Think about day centres for example:

- What is the process for gaining access to this service?
- What does the centre provide for people who go there?
- Who makes the decisions about which services will be offered and to whom? How well are staff trained to meet the needs of the recipients?
- What do people most like/dislike about the centre?
- On what basis do staff and/or service users decide that the services at the centre are no longer needed?

Mapping a process like this is sometimes referred to as a care pathway – the journey that service users make as they travel through mental health systems and the staff and services they meet along the way. Any part of this journey could become a process evaluation.

An **outcomes-based** evaluation asks questions to discover if an organisation is really doing the right activities to bring about the planned outcomes for the recipients of the service, agency or policy. An outcomes based evaluation looks at whether a service meets the needs of the people who use it. In social research this most frequently means whether the service meets the needs of the people who use it as defined by the people who use it.

Pathways to Policy © Hamlet Trust 2007

There may be lots of outcomes that people identify. In order to make this manageable, it may be that outcomes need to be prioritised. For each outcome there will also need to be agreement about what measures or indicators demonstrate effectiveness. For example, in an employment project one of the indicators of success might be selling a specified amount of produce in local shops. In an advocacy service, the organisation may have a target number of people they have worked with. The outcomes could be measured (number of people = quantitative measure) and the process could be explored with the service user and advocacy worker (their personal experience of the process = qualitative inquiry). In this way a process and outcomes evaluation can be combined.

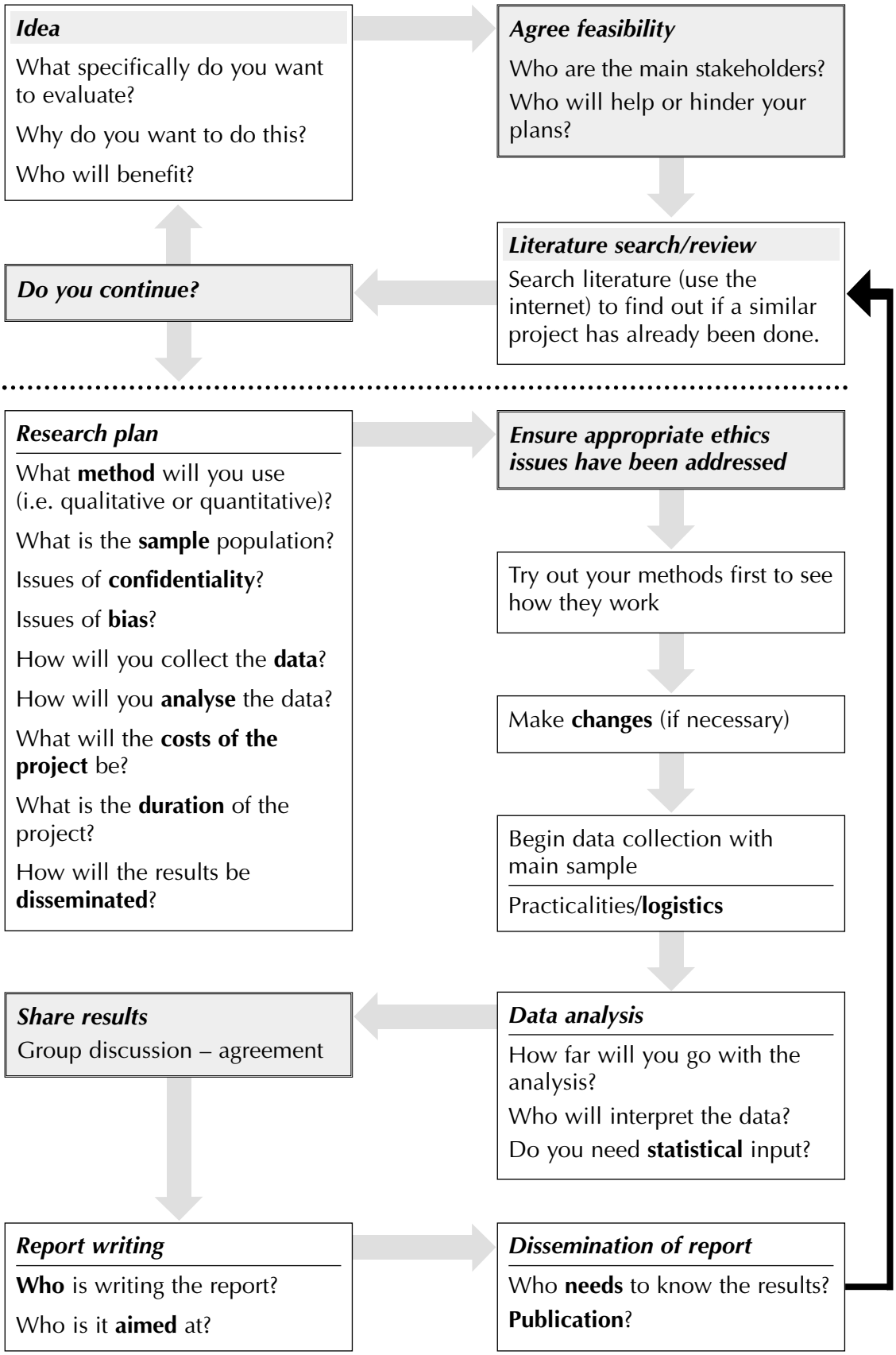
The learning from each evaluation forms the basis on which the next issue can be explored. This sequence of action and learning is at the centre of action research. Involving service users as researchers is generally referred to as participative action research (PAR).

Why is user-led research important?

User led research is important because users are much more likely to feel comfortable talking with other users; they feel their experiences are validated and they are involved in the research process voluntarily and as equal partners with other researchers. Examples from eastern Europe and the UK have shown that people with little or no experience in carrying out research and evaluation can make a big difference and that everyone has a part to play, from filling envelopes to writing reports. They also show that research and academia don't have to go hand in hand. Breaking down the research process into digestible chunks demystifies the notion that research can only be carried out by experts.

Evaluation and research is not about generating lots of data and conclusions that have no practical value. Stakeholders need to know and to show others that the study will have relevance and utility for the future direction of services and social policy.

The research process: a basic outline



Pathways to Policy © Hamlet Trust 2007

Methods of gathering data

Once the idea has been agreed with stakeholders, the next practical step is to decide on the methods by which the data will be collected. This will depend on the resources available as well as the type of evaluation being planned. There are many books and much information on the internet on research methods to help you to identify which would best meet the needs of the planned study. The following table provides a very brief summary of four fairly standard methods used.

Summary of data collection methods

Method	Mainly used when	Advantages	Challenges
Questionnaires	You need to quickly and/or easily get lots of information from people or information from lots of people	Can be completely anonymous Inexpensive to administer Easy to compare and analyse Distribute to lots of people Can get lots of data Many sample questionnaires already exist	Designing the tool Wording can bias clients' responses Might not get careful feedback Are impersonal Deciding on who to sample Doesn't get full story
Interviews	You want to fully understand someone's impressions or experiences, or learn more about their answers to questionnaires	You can get depth of information It can increase engagement of service users with services Interviews can be flexible – schedule, where and when carried out	Can take a lot of time Can be hard to analyse and compare Can be costly Interviewer can bias clients' responses Interviewers may need training

cont…

Method	Mainly used when	Advantages	Challenges
Focus groups	You want to explore a topic in depth through group discussion, e.g. about views on a service, understanding service users/staff experiences of a service, agency or policy	You can quickly and reliably get common impressions They can be an efficient way to get much range and depth of information in a short time They can convey key information and feedback about services Doesn't attribute outcomes to individuals	Can be hard to analyse responses You need a skilled facilitator to enable people to fully participate Confidentiality *may* be compromised Can be difficult to get 6–8 people together at the same time
Personal learning journals/diaries	You want a personal impression of how something or someone is working without affecting the running of the service or project itself	You can get a comprehensive view of activities, thoughts, feelings, behaviours You can get a chronological record of processes, policies or procedures They provide a record of observations They provide a means for reflection and evaluation	They are time consuming to write The writer needs to have skills of reflecting on their practice They rely on the writer to record events that they choose There may be issues of confidentiality

Pathways to Policy © Hamlet Trust 2007

Conclusion

Local NGOs and service users, having developed local knowledge, relationships and trust within their communities, often have access to resources and networks that are unavailable to government policy makers. With the help of the tools found in this publication, NGOs can establish forums to steer the policy agenda, engaging officials in reflection and new thinking on mental health policy. This in turn will have an effect on new ways of working collaboratively.

The *Pathways to Policy* programme has demonstrated that barriers can be brought down and real differences made to people's lives by providing a simple framework to promote joint action, without having to expend huge resources. The programme has worked successfully in a number of countries where there are widely differing social, cultural and economic contexts. The bringing together of a variety of stakeholders to form an independent, structured body, collectively deciding priorities and strategies, has proved highly effective and empowering. The requirement that service users make up 33% of the forum membership has in some cases been treated with scepticism, but without such a quota it is too easy for users to continue to be marginalised. *Pathways to Policy* forums have found that it is this very overt inclusiveness that has gained respect. They are being increasingly recognised as a credible player in the policy arena – with the user voice at the forefront.

Glossary of terms

ADVOCACY – a way users of mental health services can have a voice in the issues that affect their lives. This can be through individual advocacy or group advocacy involving campaigning, influencing and lobbying.

AGENDA – a list of issues to be discussed. Usually the first things on an agenda are those that are seen as most important. Groups and organisations negotiate and compete to get the issues that they think are most important on the agenda. Minority groups can be excluded from these processes and their issues often never get placed on the agenda.

CAMPAIGNING – co-ordinated activities to convey a specific message or influence a change in policy. Activities such as working with the media, lobbying and circulating leaflets are possible parts of a campaign.

CROSS-CUTTING ISSUE – a strategic issue that may not have obvious relevance to mental health, but that may have a significant impact on mental health locally. It may also contribute to a range of other long-term issues such as social exclusion, disenfranchisement and disadvantage. Cross-cutting issues which a local forum may want to study more in depth may include gender, ethnicity, sexuality, technology or corruption/transparency.

FORUM – a meeting or roundtable event where people from different organisations are able to discuss mental health issues and priorities for action.

INSTITUTION – this term has two meanings. In mental health it often refers to a psychiatric hospital or asylum. Institution can also be used to describe the way certain practices and values are ingrained in a society. For example, marriage is an institution. Many groups are trying to make respect for human rights an institution in their country.

LEGISLATION – written laws about mental health, the NGO sector and other areas. Policy includes the formulation and implementation of legislation but it also covers local practices, procedures, relationships and traditions.

ORGANISATIONAL DEVELOPMENT – the process of making mental health organisations (such as NGOs and self-help groups) stronger and more effective. Stronger organisations are better able to take part in the policy processes in their communities and nationally.

NEGOTIATION – working with other groups and organisations to understand each other's situation and agree ways to create mutually improved positions.

PARTICIPATION – the involvement of individuals and organisations in the policy process in a meaningful and active way.

POLICY – has many different meanings and is a complex term. The *Pathways to Policy* programme sees policy as a process through which different groups in society work together to improve people's mental health.

PUBLIC ACTION – collective action by any groups (NGOs, government, business) to improve public mental health.

SOCIAL POLICY – covers many areas of policy including housing, education, pensions and mental health services.

STAKEHOLDER – a person or organisation who has an interest, or stake in, mental health.

References

Barham, P. and Hayward, R. (1995) *Relocating Madness*. London: FAB

Basset, T. and Read, J. (2003) *Training for Trainers – a Training Resource Pack*. Brighton: Pavilion Publishing

Chambers, R. (1997) *Whose Reality Counts? Putting the First Last*. London: Intermediate Technology

Dreze, J. and Sen, A. (1989) *Hunger and Public Action*. Oxford: Clarendon Press

Hamlet Trust (2002) *Building for the Future*. London: Hamlet Trust

Mental Health Media (1998) *Hit the Headlines*. London: Mental Health Media

North Eastern Health Board, Ireland (2006) www.nehb.ie/youthhealthne/mental%20health%20definition.htm

Shaw, R. (1996) *The Activist's Handbook: A Primer for the 1990s and Beyond*. Los Angeles: University of California Press

Welcome and introduction to the policy workshop and the Pathways to Policy programme

Time 60 minutes

Purpose *Participants will be drawn from many different stakeholder groups. They may not know each other and may never have been to a workshop before. Session 1 sets the scene, gets people to share their experiences and builds a good environment for the next two days. Let participants know that the first morning may involve a lot of listening and reflecting, and that they will get a chance to talk about mental health issues in later sessions.*

---

1. Welcome and introduction of *Pathways to Policy* programme team by the local policy co-ordinator.

   Briefly outline the aims of the workshop:

   - to bring stakeholders together and enable the formation of new relationships
   - to explore skills and knowledge about mental health policy
   - to do something practical with the experience and knowledge of the stakeholders by working together to design a local policy forum.

2. Ground rules and general housekeeping issues.

   E.g. timings of sessions, lunch, teas, toilets. The need for punctuality, switching off mobile phones etc can be emphasised.

   Also explain that evaluation/feedback forms about the training itself will be distributed in the last workshop session.

3. Icebreaker and name activity.

   Participants work in pairs for 10 minutes getting to know each other including the other person's name, organisation, interest in mental health. Then return to large group to share this information.

4. Talking wall: hopes, fears and expectations.
    - Ask the participants what their hopes etc are for the two days. Short discussion if it feels appropriate.
    - Write the headings **'Hopes, fears, expectations, comments, questions, ideas'** on a flip-chart sheet on the wall, next to a pen and a pile of sticky notes.
    - Invite participants to write notes and put them up at any point during the policy workshop. They will be discussed at the end of each day or when convenient.

5. Short presentation about the *Pathways to Policy* programme. This gives background on how the programme has been developed so far and sets the agenda for the two-day workshop.

Pathways to Policy © Hamlet Trust 2007

The meanings of policy – opportunities for grassroots action

Time 90 minutes

Purpose *To explore the meaning of policy and politics and frame discussions within the policy-as-process model. Key concepts for this session are grassroots action, local policy, stakeholder, lobbying and campaigning.*

---

1. Introduction to the meanings of policy.

   Open group discussion:

   - what does 'policy' mean in your language?
   - how do you differentiate between 'policy' and 'politics'?
   - who decides policy in your country?
   - how do they come to decisions?

   Put notes on flipcharts.

2. Presentation on meanings of policy.

   Presentation contrasting traditional modes of policy-making with new inclusive forms, as discussed in *Policy as process*, see page 11. During the course of the presentation participants will be asked to discuss certain topics in pairs and feed back their views/ideas to the group.

3. Putting policy into practice.

   - Discuss forum dynamics, methods for bringing people together, difficulties encountered. The process is as important to share as the actual policies.
   - Question and answer session from workshop participants/general groups discussion.

4. Conclusions.

   Summing up from the session – parallels with other countries.

Mapping the policy environment

Time 90 minutes

Purpose *To identify the different people with a stake or interest in mental health and look at ways we can work with them. Each participant will draw a map or tree diagram of all the individuals they interact with, perhaps from local government, psychiatry and social services. Names and contact details of key people will be recorded on a 'resources list'.*

---

1. Introduction to networks and negotiation and collaboration tools and skills.

   Handout 1 Who has an interest in mental health?

   Give out ***Handout 1 Who has an interest in mental health?*** and encourage discussion in pairs. Who are the stakeholders in your country? (No need to feed back to the group at this stage.)

2. Individual stakeholder mapping exercise.

   Each stakeholder or people from the same organisation will have 30 minutes to draw a 'map' of specific people in their network. Ask them to be specific, e.g. 'my main contact is Dr. X', not just to map 'the medical centre'. The aim is to identify not only those who may be useful members of the forum, but also to identify others who may be brought into the forum's work from time to time – these may be influential ministers, or they may be mechanics or computer experts.

   Each person/group draws their map on a flipchart sheet.

3. Feedback.

   Group comes back together. Put all the maps on the wall of the main room. Representatives of each group will explain their maps.

   Group discussion of key linkages, gaps and possibilities for local action.

Pathways to Policy © Hamlet Trust 2007

4. Conclusion.

   Point out that the mapping illustrates the local policy environment and the range of local stakeholders who may need representation on the local policy forum.

   This has started to help the workshop answer the key question – 'who should be on the local policy forum?'

5. Resources list.

   Handout 2 Pathways to Policy resources list

   Pass this sheet round the group. Ask participants to complete names and contact details of individuals on this handout – this will be a vitally important written record to help planning. Contacts may include:

   - local media companies and services (newspapers, radio, magazines, internet and television)
   - any local businesses that may be interested in mental health (for example, internet cafes, local pharmacies, employers of people with mental health problems)
   - local pharmaceutical producers and suppliers
   - academics and university departments (e.g. schools of social policy)
   - local and international NGOs (e.g. democracy NGOs, women's groups)
   - details of any of the other stakeholders in the local area.

Identifying mental health priorities locally

Time 90 minutes

Purpose *To identify the key mental health issues in the local area at a very specific and detailed level. This starts to set the agenda for the first local policy forum.*

---

1. Introduction to policy issues.

   Handout 3 Some common mental health policy issues

   Give out ***Handout 3 Some common mental health policy issues*** and encourage discussion in pairs on some issues of mental health. Explain that mental health issues naturally differ from country to country, and that these are just to get participants thinking about the issues in their country.

2. Snowball exercise.

   The group will work initially in pairs to discuss the question *'What are the five key mental health issues locally?'* Ask them to write down their five issues.

   After 10–15 minutes, ask them to work with another pair to make four, again noting the five issues that they collectively agree are the most important.

   When they have done this, they will double again, from four to eight, and then from eight to sixteen. Finally the whole group will discuss the priorities they have focussed on.

   Team members not directly facilitating the exercise should listen to discussions and keep notes of issues that arise. (Some will not be prioritised by the whole forum but it is useful to keep a record.)

Pathways to Policy © Hamlet Trust 2007

3. Feedback.

   The final five priorities agreed by the whole group will then be written up on flipcharts and put on the wall.

   If you have a facilitator present from a forum in another country, they may like to share their five forum priorities with the group.

4. Cross-cutting issues.

   Introduce the idea of cross-cutting issues (see page 41). This will only be a preliminary discussion, just to make participants aware of the concept.

The role and activities of a local policy forum

Time 60 minutes

Purpose *This session uses medium-sized group discussions to explore two key questions. Firstly, what is the role of a local policy forum? And secondly, what practical things could a local policy forum do?*

---

1. Introduction to the session.

   A local policy forum is not just about discussions. It is about making efforts to actively challenge and change local policy and practices, and to produce recommendations for improving mental health. It is about identifying problems and proposing solutions, or at least strategies to address the problems.

2. Point out the mental health priorities the workshop drew up in the previous session. Ask them to explore the role they expect the local policy forum to play in these areas (e.g. making voice heard, campaigning or policy development).

3. Divide participants into groups of four or five to discuss – this only needs to be a general discussion, with not too much detail at this stage.

4. Report back to the group. Make suggestions from ***Handout 4 Possible roles of the local policy forum*** if they are not brought up during discussions. Give out ***Handout 4*** for reference.

5. Ask the same groups to discuss what practical steps the local policy forum could take to change things using ***Handout 5 Strategies for change***.

6. Management of the forum.

   Being an active member of the forum will involve a considerable amount of commitment and time – though benefits for oneself and the community will hopefully be significant.

Pathways to Policy © Hamlet Trust 2007

- Will everything be done by the LPC?
- Which forum members will do which tasks?
- What skills do forum members have? Who might be prepared to take on specific tasks?
- Do you want to form sub-committees for specific tasks/issues?
- Who would be most appropriate to work on which committees? What skills/contacts do you have in which areas?

Refer back to the resources list, ***Handout 2***. Make sure participants have written down their individual skills – it is vitally important that the LPC has a written record of this information to aid planning.

7. Report back to the group. Put recommendations on flipcharts on the wall for consideration by the local policy forum.

Making policy relationships work – negotiation and collaboration skills

Time 90 minutes

Purpose *To explore how people interact during a forum meeting and develop strategies to ensure everyone can participate fully. This session therefore contributes to the design of the process of the forum and how it will run – what will happen during the forum meetings. You will ask the group to recommend how the local policy co-ordinator is expected to facilitate the meetings.*

Particular prior planning is needed for the roleplay exercise 'World Conference on Culture'. Two members of the workshop organising team will be required to observe this exercise, and they need to be clear how to complete the observation form (***Handout 8***). It is a competitive exercise, and you may like to prepare prizes for the winning group.

1. Introduction to group dynamics and forum processes.

   In the introduction to the exercise, refer to previous group discussions about the purpose and role of a forum.

   Explain that this exercise will not be concerned with mental health, but will enable participants to think more about process rather than issues. Not 'what', but 'how'. Successful policy forums will have strong values (especially respect) and will ensure participation.

   Brainstorm: Ask the group what the values of any successful forum might be. Write some on a flipchart, e.g. participation. Trust is not a value, but an aim that will hopefully grow out of inclusive participation.

   Give out ***Handout 6 Principles and long term aims of a successful forum***, and ask people to read it through.

   Emphasise equal participation – disempowered groups should have as much say as powerful groups such as doctors and politicians; men as much as women; women as much as men.

Pathways to Policy © Hamlet Trust 2007

2. Roleplay exercise ***Handout 7 Local forum roleplay exercise – World Conference on Culture*** and ***Handout 8 World Conference of Culture – the role of the observer***.

   - Before the workshop: study the exercise with the two observers, and ensure they are clear how the scoring system works (***Handout 8 World Conference of Culture – the role of the observer***), where they will record participation levels of each group member, and general comments on how the group worked together.
   - Divide workshop participants into two groups.

     Give out ***Handout 7 Local forum roleplay exercise – World Conference on Culture*** to the group members, and allow time to read it through.
   - Ask each group to act as a local forum. Tell the group to do the following:
     - Decide how to run the meeting and who (if anyone) will chair it.
     - Debate the scenario and agree a recommendation within 30 minutes.
     - An observer will watch each group and study how well the group works together, how well it is chaired and how much every member of the group participates. Only during the observers' feedback after the exercise will the scoring system be revealed.
     - There will be a competition between each forum – the one that is marked by the observers as the most participatory is the winner.
     - There is no right answer in terms of which option the group chooses from the scenario. What is most important is the process of debate, and how the group reaches its consensus.

   (**Note to facilitator:** The four options represent a trade-off between outcome and time – some outcomes will be instant while others may have greater impact but are longer term and may be more risky.)

3. Feedback.

   - Feedback from forums – what were their experiences during the exercise?
   - Feedback from observers – how did the forums seem to work together? Did some people talk more than others?
   - Reveal participation scoring.

4. What have you learnt from this exercise?

   Ask the whole group to develop a list of proposals for how to run a forum. The facilitator adds new remarks to notes on the board from the brainstorm in session 1.

Note that during future forums it may be useful to use tools from this workshop to ensure equal participation e.g. small group discussions, ensuring that all participants get a say.

Pathways to Policy © Hamlet Trust 2007

Planning the first forum meeting – ground rules, agenda and details; evaluation and close

Time 90 minutes

Purpose *To condense the ideas from the whole workshop into an action plan for the first forum meeting. Specifics are covered such as when, how, how long, where?*

To evaluate the effectiveness of the workshop.

---

1. Action plan for first forum.

   Write the following on a board or flipchart, with the questions in large columns:

   Organising the forum meetings:
   When? Where? How long?

   Divide people into groups of four or five. Distribute sticky notes; ask participants to write answers to these questions and then put them on the board.

2. Summary of overall workshop.

   Review the aims of the workshop; how have you tried to achieve them as a group? What values was the workshop based on, what tools were used?

   What have you learnt from the two days?

3. The next steps.

   - What are you going to do next?
   - What do you need to get involved in local mental health policy?

   Discuss in pairs, then feed back to group.

Facilitators discuss their ideas/plans for the next stage of the *Pathways to Policy* programme.

4. Workshop evaluation questionnaire.

   How useful have the workshops been?

   Handout 10 Workshop evaluation

   Distribute ***Handout 10***, allow 10 minutes to complete, then collect them.

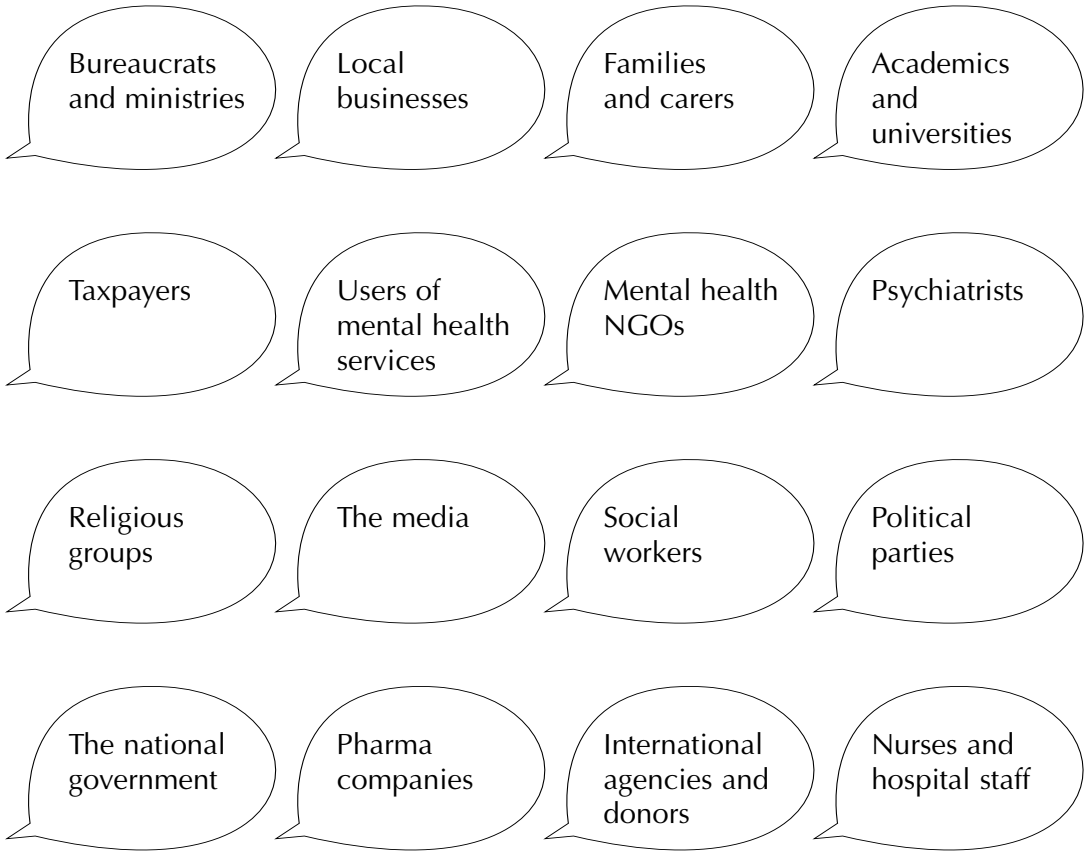
   Final comments and thanks from the local policy co-ordinator. Request participants to nominate themselves if they are willing to be part of the local policy forum.

Pathways to Policy © Hamlet Trust 2007

Handout 1

Who has an interest in mental health?

Many different individuals and groups have a stake in mental health – and they all want to have a voice. Here are some examples:



Can you think of any more examples of groups with an interest in mental health?

Which groups do you think have the loudest voice?

Which groups often have the quietest voice?

Handout 2

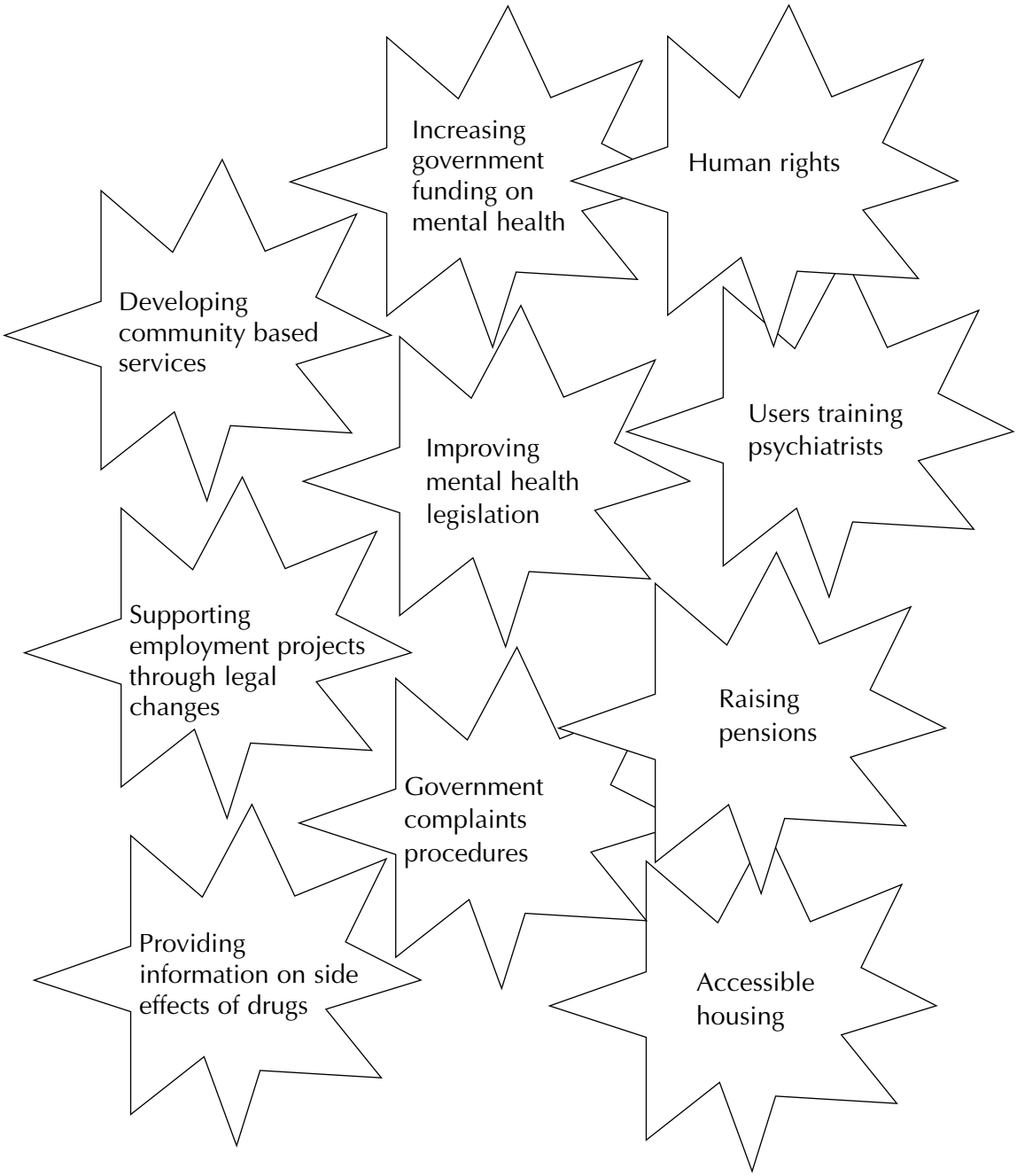
Pathways to Policy resources list

Name	Skills/experience/contacts

Pathways to Policy © Hamlet Trust 2007

Handout 3

Some common mental health policy issues



There are many other issues as well, all competing for space.

Which issues would you prioritise?

Handout 4

Possible roles of the local policy forum

What does the forum see as its role? What methods will it need to use?

1. Making your voice heard

Ensuring that service users have their voices heard by government is a key element in the policy-making process. Consider the following:

- Seek access to government and the media to communicate people's stories and views. Use meetings, conferences and papers as well.
- Don't seek to develop or campaign for specific policies.
- You may need to support people or advocate for them so they can tell their stories and present their views.

2. Campaigning

Campaigning is where you actively seek to influence government to move in certain directions.

- You may not have highly specified policies but you will have clear goals (e.g. close the asylums, invest in mental health care). You are concerned with what changes need to be made, but not necessarily how.
- Develop a medium-term communications strategy, holding regular press conferences to carry the campaigning forward consistently.

3. Policy development

Do you aim to persuade government to adopt highly specific policies? This can be an ambitious task, and you may prefer to develop your research and lobbying skills in other areas first.

If you want to pursue policy development, consider the following:

- Develop a long-term communications and policy development mechanism. This need not be large, but sustained, realistic proposals will ensure credibility. Consider what and how changes need to be made.

cont…

Pathways to Policy © Hamlet Trust 2007

- Use communications methods directed much more towards government and opinion formers alone, including conferences, academic publications and face-to-face meetings. You may use the mass media less.
- Ensure you have good links with other relevant organisations.

Adapted from an article by Andrew McCulloch, Mental Health Foundation

Handout 5

Strategies for change: how to influence policy

How are you going to succeed?

Strategies to use:

- Collaboration
- Complementary activities
- Raising awareness
- Challenging injustice

1. Can you think of examples of the above four strategies being used?

2. In what situations are the different strategies appropriate?

3. What activities might the different strategies use?

Pathways to Policy © Hamlet Trust 2007

Handout 6

Principles and long term aims of a successful forum

Principles

1. To ensure local communities, grassroots organisations and individual stakeholders such as service users have a voice in the development of social policy.
2. To ensure equal participation with all forum members able to have an equal say, regardless of profession, background, perceived status, gender, race or belief.
3. That diverse stakeholder groups find common priorities and ways of working together.

Long term aims

1. To legitimately represent local views and thus be able to comment on issues with credibility.
2. To create new participatory policy processes and public action.
3. To develop trust and a shared vision between groups and individuals.
4. To develop a sustainable model of local policy that can be transferred to a national context.

Handout 7

Local forum roleplay exercise – World Conference on Culture

A delegation from ……..……..... [*your city*] has been voted as giving the most colourful and interesting presentation to the World Conference on Culture. The prize includes a grant of €5 million to be spent on a local project.

The local authorities in your city have put forward four suggestions for using the money. However, the funding organisation states that the money can only be spent on one project. The local authorities have suggested that a forum of local people is set up to debate the four options and agree on a single recommendation.

In line with the spirit of the award, the forum must demonstrate respect and full participation for all its members. Independent observers will be present at the forum to check that this happens.

The four options for discussion are:

1. To hold a three-day cultural festival and public holiday this year with food and entertainment for everyone to celebrate the cultural achievements of the country on the international stage.
2. To build five new technology schools next year, where 500 children will learn computer and science skills. This will help create a stronger economic sector in technology.
3. To invest in tourist facilities, including hotels, transport development and parks. This will help to attract more visitors and investment, and benefit the economy for the next 10 years.
4. To fund medical research to find a new drug that extends life expectancy and improves quality of life. With the necessary funding support, scientists say that they are confident they can extend life expectancy of people by up to 12 years.

Important

Discussion time is limited to 30 minutes: if the forum reaches no decision in this time then the money will be given to a neighbouring country.

Pathways to Policy © Hamlet Trust 2007

Handout 8

World Conference of Culture – the role of the observer

The observer will be studying two things:

- Individual participation and behaviour, based on a points system.
- The dynamics of the forum, answering the questions below.

Individual behaviour and participation:

Write the names of each forum member on the left of the table. Mark a tick (✓) for each time a forum member makes a contribution to the discussion. Mark a cross (X) each time the person interrupts another member, or for behaviour that inhibits full participation (e.g. having 'private' conversations with other forum members, preventing others from speaking). The total is the number of contributions minus the number of interruptions.

Forum member name	Contributions to discussion (+1 point)	Interruptions (-1 point)	Total points
e.g. David	✓✓✓✓✓✓✓✓✓(9 points)	XXX (-3 points)	6 points

cont…

Group dynamics:

1. How was the meeting organised?

   .....

2. What was the environment like? (e.g. seating arrangements)

   .....

3. How did the chair of the forum facilitate discussion?

   .....

4. Who talked the most?

   .....

5. Who had the loudest voice?

   .....

6. Did you feel people were listening to each other?

   .....

7. How was a decision reached?

   .....

8. What (if any) exercises or tools were used by the group to encourage participation?

   .....

9. Was there a difference between the participation of men and women?

   .....

10. Any other observations

    .....

Pathways to Policy © Hamlet Trust 2007

Handout 9

Open Forum reaction sheet

Date .....

1. How did you feel about the day?

   .....

   .....

   .....

   .....

2. Did the day meet your expectations? (Please circle)

   a) Completely b) Reasonably well c) A little d) Not at all

3. Did the day generally absorb and motivate you? (Please circle)

   a) Very much b) Quite a lot c) A little d) Not at all

4. What did you like about the day?

   .....

   .....

   .....

5. What could have been done differently?

   .....

   .....

   .....

6. Please add any other comments.

   .....

   .....

   .....

Handout 10

Workshop evaluation

1. Which were the two most helpful training sessions of the workshop?

   .....

   .....

2. Which were the two least helpful training sessions of the workshop?

   .....

   .....

3. To what extent do you feel the following teaching methods assist your learning?

   Please tick (✓) the most appropriate box

	A lot	A fair amount	A little	Not at all	Don't know
Formal presentations	[ ]	[ ]	[ ]	[ ]	[ ]
Small group discussions	[ ]	[ ]	[ ]	[ ]	[ ]
Case studies	[ ]	[ ]	[ ]	[ ]	[ ]
Roleplays	[ ]	[ ]	[ ]	[ ]	[ ]
Full group discussion	[ ]	[ ]	[ ]	[ ]	[ ]
Handouts	[ ]	[ ]	[ ]	[ ]	[ ]
Other	[ ]	[ ]	[ ]	[ ]	[ ]

   (please describe) .....

cont…

Pathways to Policy © Hamlet Trust 2007

4. How far did the structure and content of the workshop meet your expectations?

A lot	A fair amount	A little	Not at all	Don't know
[ ]	[ ]	[ ]	[ ]	[ ]

5. To what extent do you feel all participants were encouraged to contribute during the workshop?

A lot	A fair amount	A little	Not at all	Don't know
[ ]	[ ]	[ ]	[ ]	[ ]

6. How would you rate the practical value of the training?

Excellent	Good	Fair	Poor	Don't know
[ ]	[ ]	[ ]	[ ]	[ ]

7. How would you rate the organisation of the workshop?

Excellent	Good	Fair	Poor	Don't know
[ ]	[ ]	[ ]	[ ]	[ ]

8. How could the workshop have been improved?

.....

.....

9. Overall, how would you rate the workshop?

Excellent	Good	Fair	Poor	Don't know
[ ]	[ ]	[ ]	[ ]	[ ]

10. Please add any further comments

.....

.....

.....

.....

.....

.....

Hamlet Trust has worked in partnership with organisations in the following countries

Hamlet Trust supports the development of sustainable community-based and user-led mental health initiatives to enable people to build better lives in developing countries and those in transition.

Registered charity number 800660.

Further copies available from:

Mental Health Foundation
9th Floor
Sea Containers House
20 Upper Ground
London SE1 9QB
United Kingdom

Tel: +44 (0)20 7803 1101
Fax: +44 (0)20 7803 1111
www.mentalhealth.org.uk