

Improving the Determinants of Health: Cumberland Council Research Plan

Phase 1 Review of Interventions:

Mental Health

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Context

- The Health Determinants Research Collaboration is a five-year research project, funded by the National Institute for Health Research from January 2024 to December 2028. The project aims to increase the research capacity of staff within Cumberland Council and voluntary sector and to improve their use of evidence to improve health inequalities.
- In 2024 the HDRC team consulted with 107 people including Council staff, elected members, community-based organisations and academic partners in order to establish seven priority areas in need of firmer evidence.
- The seven areas are: poverty, pathways to employment, access to housing, mental health and neurodiversity, substance use, obesity-and children cared for.
- In each of the seven themes the HDRC aims to uncover how serious the issues are and who experiences them, how they vary across our rural, coastal and urban areas, what barriers there are to improvements, and what might work to improve them.
- Each of the seven themes will have a scoping review to understand recent interventions, secondary data analysis to understand what is already known, new data collection across the health and social care system, and deep dives into particular issues by community co-researchers.
- This scoping review is one of seven, in the first phase of research set out above.

Data Context – The Picture In Cumberland

Key: - Cumberland - England

Child Mental Health (<18yrs) – Proportion %

- Primary School Pupils with Social, Emotional and Mental Health Needs - 2.8% (2.8%)
- Secondary School Pupils with Social, Emotional and Mental Health Needs - 3.3% (3.5%)

Source – Department for Education, 2023

Child Mental Health (<18yrs) – Service Use – per 100,000

- Inpatient Stays (Secondary Mental Health Services) – 34 (53)
- New Referrals (Secondary Mental Health Services) – 68.5% (61.3%)
- Attended or Contacted Community/Outpatient Mental Health Services – 24,914 (28,395)

Source – NHS England, 2020

Suicide Prevalence: Age-standardised Rate, Per 100,000

- Suicide Rates (10-24yrs) - 7.9 (5.4) - Suicide Rates (25-44yrs) - 31.2 (12.6)
- Suicide Rates (45-64yrs) - 18 (12.6) - Suicide Rates (65+yrs) - 10.3 (8.2)

Source – Office for National Statistics, 2023

Hospital Admissions: Per 100,000

- Emergency Hospital Admissions For Intentional Self Harm – 157.7 (117)
- Hospital Admissions Due To Self-Harm (10-14yrs) – 422.1 (251.2)
- Hospital Admissions Due To Self-Harm (15-19yrs) – 693.8 (468.2)
- Hospital Admissions Due To Self-Harm (20-24yrs) – 308 (244.4)

Source – Office For Health Improvements & Disparities, 2023

Adult Mental Health – Proportion %

- New Diagnoses of Depression (18+ yrs) – 1.6% (1.5%)
- Patients with Depression on GP registers (18+) – 18% (13%)
- Adults Reporting Long-Term Mental Health Problems– 16.2% (13.5%)
- Estimated Prevalence of Common Mental Disorders: (16+) - 16.3% (16.9%)

Source – NHS England, 2017-2024

What Does The Data Tell Us?

People within Cumberland experience worse mental health on average when compared to the rest of England and this spans from adolescence throughout adulthood. This can be seen with both higher rates of referrals to services and adults with depression. Cumberland also has significantly higher hospital admissions due to self-harm and rates of suicide, compared to national figures

National Policy Context

Children's Act 2004

The main principles of the Children's Act 2004 are effectively concerning ensuring that children in the UK are as safe and happy as possible. More specifically, the role of the Act is to ensure that:

- Children living in the UK are healthy.
- Children in the UK are given the freedom they need to be happy and enjoy their lives.
- Children in the UK spend time in safe and protected environments.
- Children living in the UK are provided with the tools they need to succeed in life
- Children living in the UK are raised in environments that are as economically stable as possible.
- The main principle of the act is to make a positive and significant contribution to the lives of children living in the UK.

Care Act 2014

The Care Act aims to ensure the wellbeing of people in need of care and support services. It also aims to bring about the personalisation of care services, putting the person at the centre of the process. The core premise is to support people's independence and wellness by encouraging care providers and givers to take a person- centred approach to the care and support provided. The main goal of adult care and support is to assist people in achieving the life outcomes that are important to them.

National Policy Context

Mental Health Act 1983

The Mental Health Act (1983) is the main piece of legislation that covers the assessment, treatment and rights of people with a mental health disorder.

Mental Health Bill 2025

The Mental Health Bill delivers on the government manifesto commitment to modernise mental health legislation to give patients greater choice, autonomy, enhanced rights and support, and ensure everyone is treated with dignity and respect throughout treatment. This legislation is intended to give effect to the policy approaches outlined in Sir Simon Wessely's landmark Independent Review in 2018.

These were subsequently taken forward in the previous government's white paper Reforming the Mental Health Act in 2021.

These measures aim to give people greater control over their treatment and help ensure they receive the dignity and respect they deserve.

NHS Long Term Plan 2019

The previous government set out its commitments on mental health up to 2023/24 in the NHS Long Term Plan (2019). This included plans to expand NHS talking therapies, perinatal mental health support and 24/7 crisis services. The Health and Social Care Committee Expert Panel and the National Audit Office reviewed progress against the commitments and raised concerns that even if the commitments were met, a gap would remain between the number of people with mental health conditions and the number receiving treatment

Method

- Core search terms agreed by reviewer team; topic search terms decided by reviewer
- Searches completed
- Titles screened for obvious exclusions (eg not completed in UK), included items moved to folder
- Folder results exported to RefWorks and MS Excel spreadsheet
- Titles and abstracts reviewed for relevance (categories: 'high', 'medium', 'not')
- Articles in 'high' & 'medium' categories - full text screened against inclusion criteria, allocated category reviewed
- All articles in 'high' category included in analysis – read in detail and common themes identified.

Search Terms

Search completed February 2025

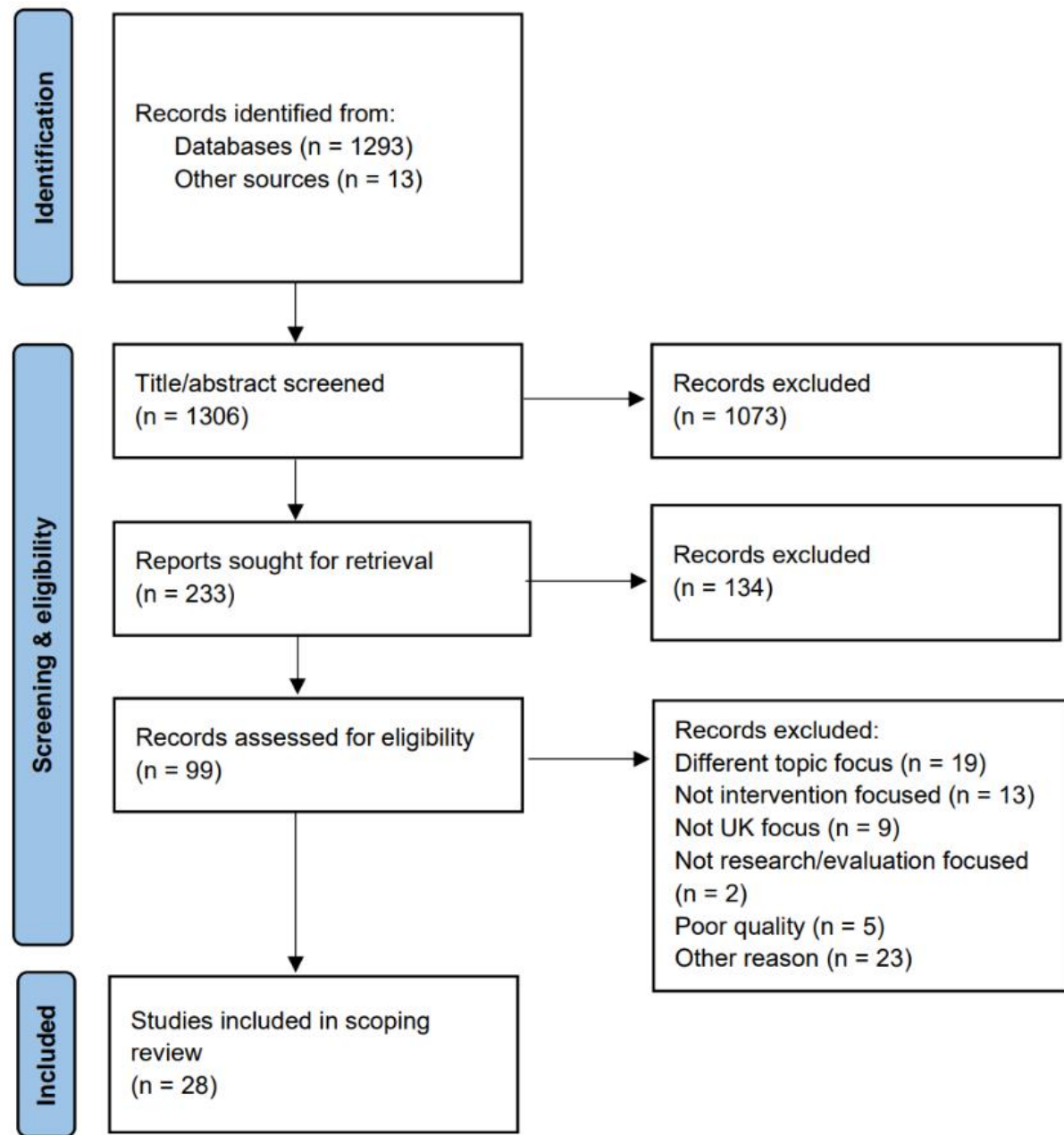
Databases (APA PsycArticles; CINAHL Ultimate; MEDLINE with Full Text):

- Advanced search (all sources)
- Limiters: Published 2014-2025; English language; Abstract available; UK location; Human; Evidence based practice; Proximity/apply related words; Search within full text; Linked full text; All ages.
- All fields included
- Core search terms (same for all scoping reviews):
 - intervent* or treat* or therap* or program*; UK or Britain or "Great Britain" or "United Kingdom"
 - Additional search – as above with 'rural' search term
- Subject specific terms (different for each review):
 - **"mental illness" or "mental health" or "mental disorder" or "social prescri*"; community**
- Government guidelines & reports (e.g. NICE, Public Health England) also screened.

Search Results - PRISMA

(Adapted from: Page MJ, et al. BMJ 2021;372:n71. doi: 10.1136/bmj.n71.

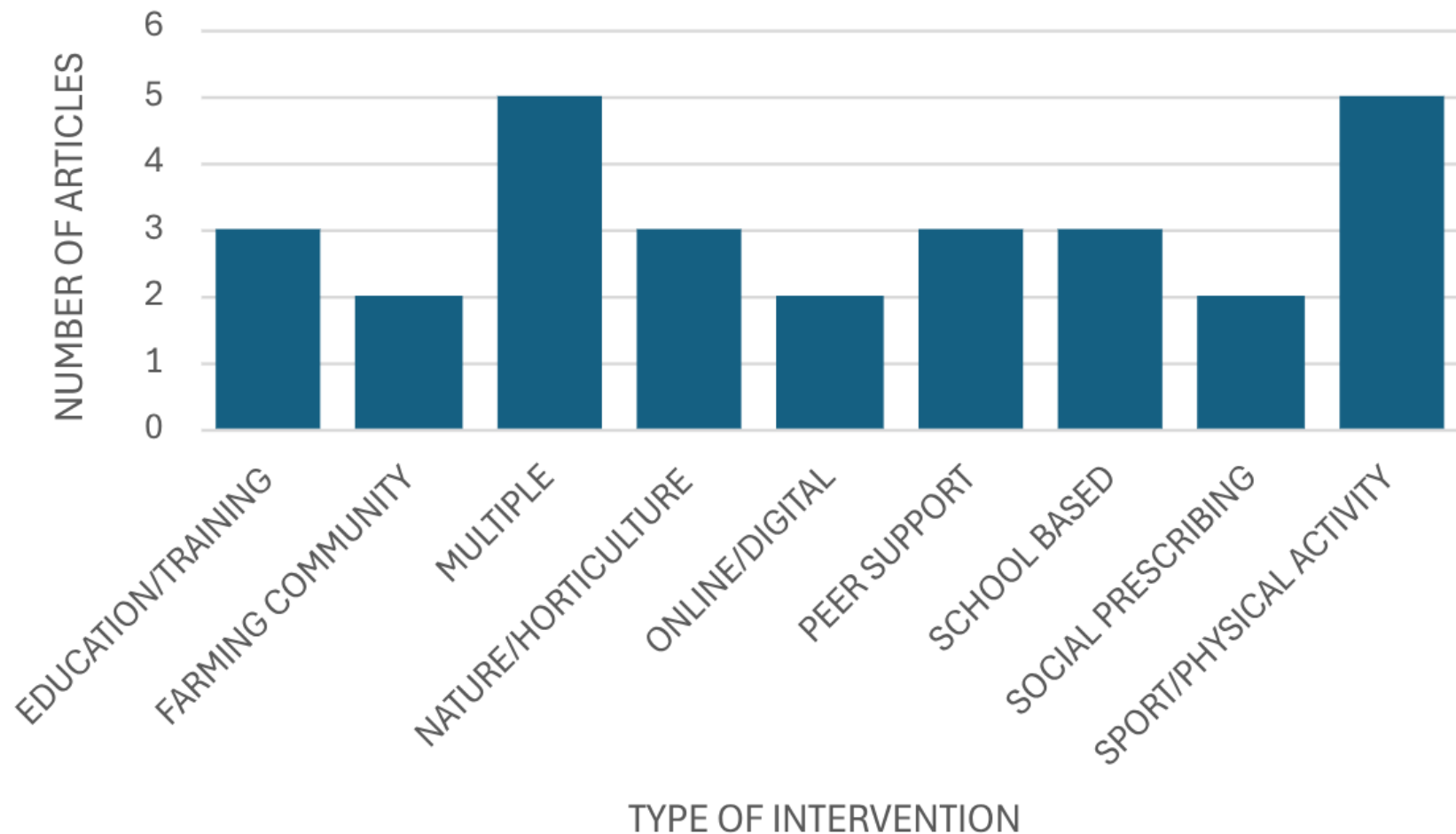
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Sources table

	Primary research papers	Literature review papers
Generic	2	1
Children & Young People	3	2
Adults	15	3
Older Adults	0	1
Total	20	8

Types of intervention



Findings

- Wide range of interventions are effective if tied into participants interests (e.g. Duncan et al 2023).
- Interventions may be offered on ongoing basis (e.g. Growing Well) or time limited with structured sessions (e.g. Wilcock 2021). Non-stigmatised is particularly important.
- Social prescribing is complex. Practitioners need support with knowledge transfer; systems review and active linking. It is hard to keep up with community innovations – role for link worker is clear (e.g. Aughterson et al., 2020).
- Social prescription can be effective to reduce mental health issues (e.g. Woods et al 2023).
- Informal, strengths-based approaches are effective (e.g. Soneson et al 2023).
- Co-production can work effectively to develop and deliver interventions.
- It is possible to identify cost benefits to interventions if appropriate evaluation planned (e.g. Wildlife Trust 2023).

Example: An overall picture - (Duncan et al., 2023)

- This study was a mapping exercise across five local authority areas ranked in 30% most deprived in England
- 407 interventions, 12 types:
 - Social activities and/or befriending (n = 182; 44.7%)
 - Signposting, information referral and advice services (includes “social prescribing”) (n = 141; 34.6%)
 - Peer support and mentoring (n = 109; 26.8%)
 - Education, training and workshops to expand skillsets (n = 97; 23.8%)
 - Education, training and workshops for mental health awareness, prevention and recovery (n = 73; 17.9%)
 - Policies, strategies, funding and networks (n = 52; 12.8%)
 - Promoting physical activity (n = 43; n = 10.6%)
 - Advocacy and legal support (n = 37; 9.1%)
 - Practical help (n = 37; 9.1%)
 - Prevention of further decline in mental illness (n = 30; 7.4%)
 - Food security interventions (n = 11; 2.7%)
 - Animal and green space interventions (n = 8; 2%)
- The majority of interventions across all localities consisted of a combination of key interventions (29.7% consisted two, 16.7% three, 10.3% four or more) and therefore were coded as more than one type.
- Few of the interventions targeted minority groups (n = 16).

Example: Training needs for effective social prescribing - (Aughterson et al., 2020 p.2)

"NHS England has committed to hiring 1000 link workers across the UK over 2019/2020, with the aim for social prescribing to reach 900,000 people by 2023" (Aughterson et al., 2020 p.2)

- Interviewed 17 GP staff working in 7 GP practices in NW England.
- GPs and practices are motivated to be involved in social prescribing.
- Used COM-B model as framework (see next slide).
- Identified education need – during GP training and on ongoing basis. Reinforced findings for training identified elsewhere eg Chew et al 2014.
- Need more evidence of effectiveness of interventions on offer.
- 'Labelling' of services as for a particular condition/issue could create barrier for patients.

In July 2020 the UK Government invested £5.77 million in green social prescribing to prevent and tackle the increasing prevalence of mental illness and poor mental health.

Example: "A Natural Health Service"

[Wildlife Trust Report,](#)
(2023)

If one of these projects was offered to everyone, estimated cost savings to the NHS up to **£635.6 million**:

- **[Wild at Heart](#) by Sheffield and Rotherham Wildlife Trust** is a social group that runs nature-based activities and helps people learn new skills. For every £1 invested, there is £1.19 of additional benefit in terms of reduced costs to the NHS.
- **[MyPlace](#) by Lancashire Wildlife Trust** helps people improve mental and physical health. For every £1 invested, there is £2.16 of additional benefit in terms of reduced costs to the NHS.
- **[Feed the Birds](#) by Shropshire Wildlife Trust** addresses social isolation and loneliness by linking individuals with volunteers who help them feed birds. For every £1 invested, there is £0.40 of additional benefit in terms of reduced costs to the NHS.
- **[Nature for Health](#) in Greater Manchester** is part-run by Lancashire Wildlife Trust and harnesses the power of nature to improve mental health. For every £1 invested, there is £0.18 –£0.93 of additional benefit in terms of reduced costs to the NHS.
- **[Wild Health](#) by Gwent Wildlife Trust** provides opportunities for recreational, social, and work-based outdoor activities that benefit physical and emotional well-being. For every £1 invested, there is £0.58 –£1.10 of additional benefit in terms of reduced costs to the NHS.

Examples: Cumberland working with nature

- [Nextdoor Nature](#) (Carlisle based, Cumbria Wildlife Trust, National Lottery funding)
- **Growing Well** – therapeutic kitchen gardens for people with mental health difficulties – 2024 opened new site in Egremont (Also Tebay opened 2023, Kendal opened 2004).
[Annual Report 2024](#):
 - 68% made a significant improvement on mental-wellbeing score.
 - 94% reported a greater sense of purpose.
 - 92% reported a positive effect on their mental health.
 - 94% felt valued, accepted and not judged.
 - 95% felt challenged, in a positive way.
 - 97% reported learning and developing more transferrable skills.
 - 3,477 Crop Share bags distributed within community.
 - 5,302 hot, healthy meals provided.

Example: 'Opening the Doors to the Outdoors' (ODO) programme - (Makanjuola et al 2023)

- 12 week intervention in Wales: variety of walking (41 participants) or climbing (11 participants) activities with focus on social connection.
- 75 participants over 8 months: 56 completed both baseline and follow up questionnaires (SWEMWS, social trust question, health question, International Physical Activity Questionnaire- short form).
- Key themes from 6 interviews: mental wellbeing, social connection, improved overall health and improved physical activity" p12.
- Results indicate that for every £1 invested in the ODO programme, social values ranging from £4.90 to £5.36 were generated.
- Developed a Theory of Change model (next slide). However – participants did not report less use of NHS mental health services.

Theory of Change model for the 'Opening the Doors to the Outdoors' (ODO) programme

(Makanjuola et al 2023, p4)

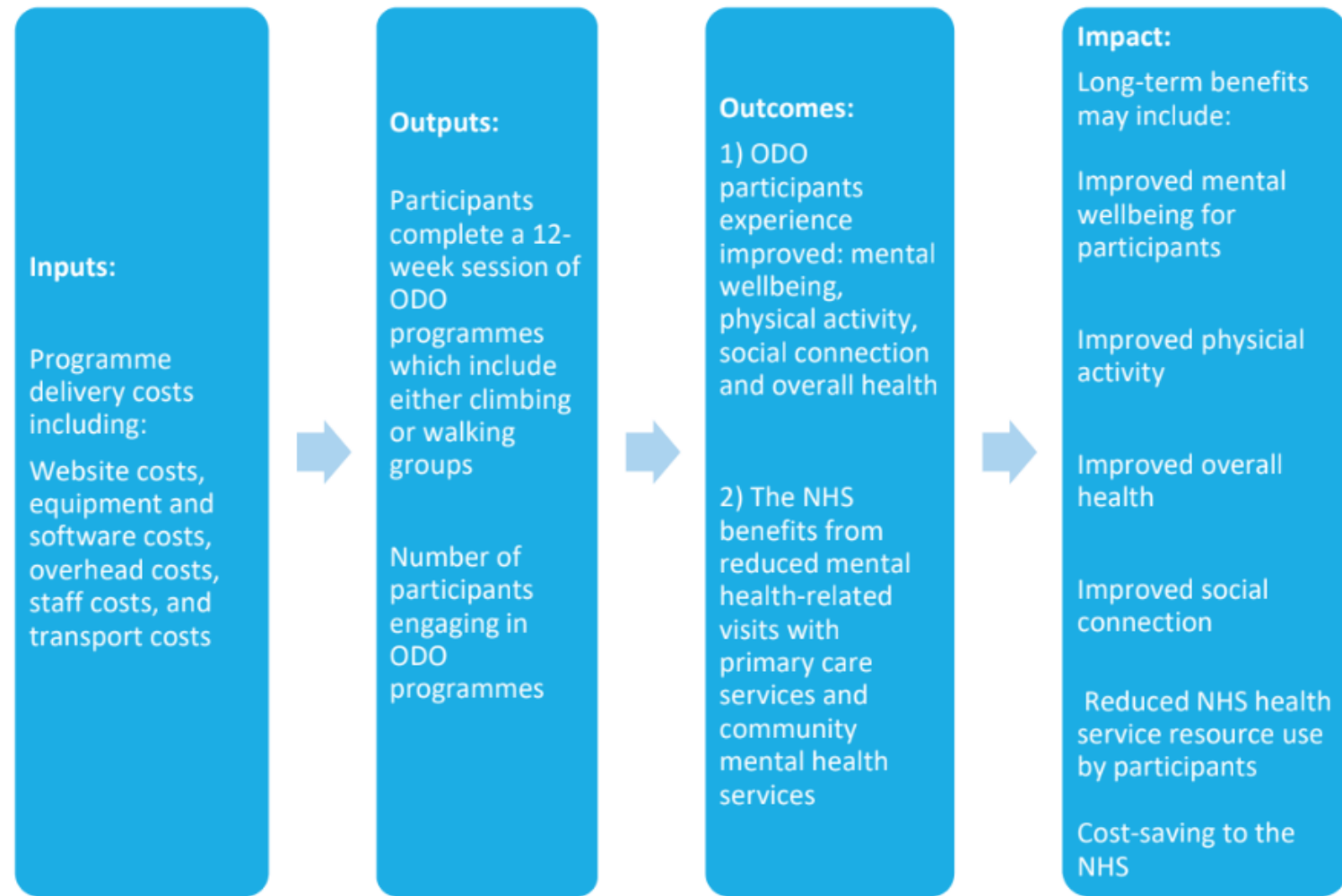


Figure 1. Theory of change model.

Example: Sport to support mental health - (Wilcock 2021)

"Offload" - Rugby League, established 2017, co-created, designed and delivered by former players and officials to support men's mental health. Range of locations in North West England.

- 10 weeks, Offload 'fixtures', using Rugby game structure and male friendly language - 1st half MH fitness, 2nd interactive activities linked to session theme. Over 1,000 men have attended.
- Evaluation:
 - 78% more aware of how to look after their health and wellbeing;
 - 63% keen to make a change to improve their education, training or employment;
 - 74% more able to cope with everyday life;
 - 66% have a better relationship with their family;
 - 73 % feel more able to manage setbacks and challenging situations.

"Tackling the Blues": Football and art, established 2015 - School based mental health literacy programme in Liverpool & Lancashire. Partnership between Edge Hill Uni and Everton football club. In 2020 Tate Liverpool joined (Wilcock 2025).

- Co-produced, school specific 1 hour workshops for KS 2 or KS3 pupils: mental health, mental illness, managing emotions, relationships, identity, and resilience.
- Interviews with 14 staff at 6 schools found time for mental health education was limited by the demands of the National Curriculum; teachers developed a deeper understanding of pupil's mental health through co-production process; and the programme was resource intensive, but supported inclusive mental health practices within school.

Example: Working with older adults - (Lee et al., 2022)

This was a large scoping review including 54 articles:

- "a) interventions where main beneficiaries are older adults (over 65) at risk of or exposed to psychosocial stress, but without a clinical mental health diagnosis, and which report primary data, including health related outcomes; and
- b) interventions where main beneficiaries are older adults regardless of whether there is an identified stressor. Interventions take place in non-clinical settings within a community, for example, a community centre or person's own home, though they could include co-located services such as social prescribing or welfare advice delivered in General Practice (GP) clinics" p1.

Found mainly small-scale studies, but common threads:

- Organisational and cross-sectional partnerships important for success - MDT working and co-location.
- Link worker models successful, especially for positive relationship building.
- It is hard to target specific 'at risk' populations.

Categories of community interventions identified

Lee et al (2022) p4

TABLE 1 Category of community interventions identified

Intervention category	Description	Link to conceptual frameworks and determinants of PMH
Connector interventions (n = 12)	Provide support to access and engage (with direct support available in communities, such as social activities or befriending). Focus can be on: reaching people not currently engaged with services or community activities; spending time to understand a person's situation in order to offer an appropriate response; practical and emotional support to access services	Individual-level and community factors
Gateway interventions (n = 7)	The infrastructure that helps older adults to connect or remain connected with their community. Important for ensuring interventions and services are accessible and appropriate. Examples include the built environment; digital/technology; and community transport.	Community-level drivers (economic built env, community assets)
Direct interventions (Group-based or individual) (n = 36)	Support older adults to maintain and improve social connections and relationships. Includes intervening to directly support forming of new connections and social activities and psychosocial support to change thinking and actions. Group-based interventions often built around a creative or cultural focus, sometimes combined with group support or 'other' social aspects.	Individual-level drivers, majority community level drivers, inc. social capital.
System approaches (n = 4)	Concerned with developing community environments supportive of older adults' mental health. The actions of key stakeholders in public mental health (e.g. local government, NHS, community, voluntary and faith sectors, local businesses) working together to enable and facilitate community-based actions that respond to local strengths, needs and context. Outcomes initially look like outputs and processes – for example new groups, connections and networks, volunteering, awareness-raising, tackling stigma. Interventions might reference community or asset-based approaches	Individual-level drivers (stigma and discrimination), community level (social capital, assets) and potentially some structural drivers (e.g. commercial, local norms, local economy)

Example: Working with Communities

Life rooms aim to address social determinants of Mental Health. Led by Merseycare NHS Trust.

- Offers a safe space and a range of informal support from range of people and organisations. Advisers available for housing, debt, employment, wellbeing (all have MH training).
- Focus is on choice but usually learning opportunities and social support. Recovery focus with Recovery College a key component.

Hassan et al (2020) explored experiences using Life Rooms. Four main themes emerged from the data:

- social belonging: being able to just 'be' ;
- resourceful and accessible;
- social inclusion and connectedness; and
- moving forward: self-development and independence.

Life Rooms website <https://www.liferooms.org/learning>. [Annual report 2023/4](#).

Links well to [Hope Haven @ Whitehaven](#), led by CNTW NHS Trust.

Example: Farming communities

Social isolation increasingly common for rural communities, especially farmers:

- Less facilities in villages – pub, shops etc.
- More online working, less people visiting farms.
- Farmers prefer informal support from social network or farming community.
- Landscapes of support shrinking (Shortland et al 2023 – see next slide).

Nye et al (2023) explored the role of auction markets for support – 90 interviews.

- Highly valued community.
- Fewer Auction Markets, more travelling time & cost.
- Key opportunity to socialise and seek informal support.
- Opportunity for education and accessing support.

If you received help for poor mental health during COVID, which type of support did you find useful? (n=65)

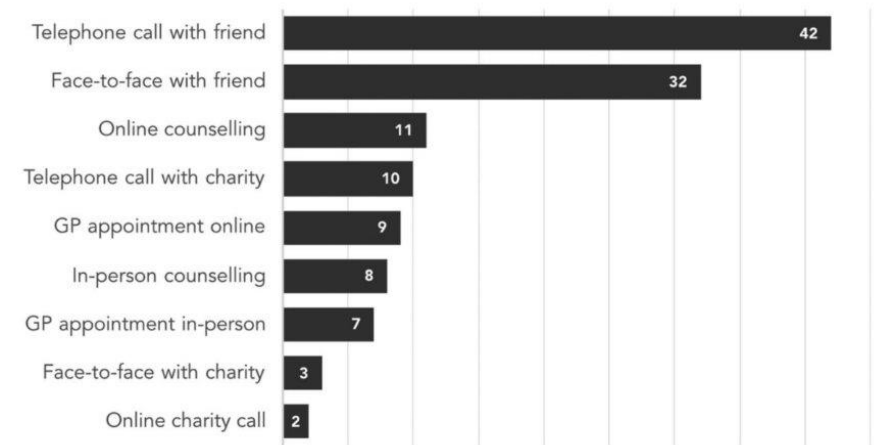


FIGURE 3 Most useful types of support for farming mental health during the pandemic (n = 65)

Implications

- The most effective projects fully embrace co-production at all stages – planning, development, facilitation, evaluation.
- People with mental health issues prefer informal, non-stigmatising, strengths-based approaches.
- Training and awareness building for referrers and facilitators needs to be costed into schemes.
- Collaboration between organisations can enhance provision.
- There are a wide range of projects happening in Cumberland – but limited research evidence of their impact on wellbeing or cost benefit.

References & sources

- Aughterson, H., Baxter, L. and Fancourt, D. (2020) 'Social prescribing for individuals with mental health problems: a qualitative study of barriers and enablers experienced by general practitioners', *BMC Family Practice*, 21(1), pp. N.PAG Available at: 10.1186/s12875-020-01264-0.
- Baskin, C., Duncan, F., Adams, E.A., Oliver, E.J., Samuel, G. and Gnani, S. (2023) 'How co-locating public mental health interventions in community settings impacts mental health and health inequalities: a multi-site realist evaluation', *BMC Public Health*, 23(1), pp. 1–17 Available at: 10.1186/s12889-023-17404-x.
- Benkwitz, A. and Healy, L.C. (2019) 'Think Football': Exploring a football for mental health initiative delivered in the community through the lens of personal and social recovery', *Mental Health and Physical Activity*, 17, pp. 100292 Available at: 10.1016/j.mhpa.2019.100292.
- Cantrell, A., Bulgarelli, M. and Ashimi, J. (2016) 'Reaching Out: Improving the Continuity of Care of Community Mental Health Services Through a Weekly Climbing Group', *Occupational Therapy in Mental Health*, 32(3), pp. 299–311 Available at: 10.1080/0164212X.2015.1111789.
- Chew-Graham, C., Burroughs, H., Hibbert, D., Gask, L., Beatty, S., Gravenhorst, K., Waheed, W., Kovandžić, M., Gabbay, M. and Dowrick, C. (2014) 'Aiming to improve the quality of primary mental health care: developing an intervention for underserved communities', *BMC Family Practice*, 15(1), pp. 1–18 Available at: 10.1186/1471-2296-15-68.
- Christie, M.A. and Cole, F. (2017) 'The Impact of Green Exercise on Volunteer's Mental Health and Wellbeing - Findings from a Community Project in a Woodland Setting', *Journal of Therapeutic Horticulture*, 27(1), pp. 17–33.
- Clarke, A., Sorgenfrei, M., Mulcahy, J., Davie, P., Friedrich, C. and McBride, T. (2021) *Adolescent mental health: A systematic review on the effectiveness of school-based interventions*. Available at: <https://www.eif.org.uk/report/adolescent-mental-health-a-systematic-review-on-the-effectiveness-of-school-based-interventions> (Accessed: 15/03/2025).
- Codjoe, L., N'Danga-Koroma, J., Henderson, C., Lempp, H. and Thornicroft, G. (2023) 'Pilot study of a manualised mental health awareness and stigma reduction intervention for Black faith communities in the UK: ON TRAC project', *Social Psychiatry & Psychiatric Epidemiology*, 58(11), pp. 1687–1697 Available at: 10.1007/s00127-023-02492-2.

References & sources

- Duncan, F., Baskin, C., McGrath, M., Coker, J.F., Lee, C., Dykxhoorn, J., Adams, E.A., Gnani, S., Lafortune, L., Kirkbride, J.B., Kaner, E., Jones, O., Samuel, G., Walters, K., Osborn, D. and Oliver, E.J. (2021) 'Community interventions for improving adult mental health: mapping local policy and practice in England', *BMC Public Health*, 21(1), pp. 1–14 Available at: 10.1186/s12889-021-11741-5.
- Faculty of Public Health and Mental Health Foundation (2016) *Better Mental Health for All: A Public Health Approach to Mental Health Improvement*. Available at: <https://www.mentalhealth.org.uk/sites/default/files/2022-09/MHF-better-mental-health-for-all.pdf> (Accessed: 15/03/2025).
- Gammage, R.J. and Foster, J.L. (2017) 'Leadership in community mutual support groups for mental health: A qualitative case study from the leaders' perspective', *Journal of Community & Applied Social Psychology*, 27(6), pp. 463–475 Available at: 10.1002/casp.2327.
- Growing Well (2024). *Report of Trustees and Annual Accounts July 2023 – June 2024*. Available at: <https://growingwell.b-cdn.net/wp-content/uploads/2024/12/Growing-Well-Annual-Report-and-Accounts-2024.pdf> (Accessed: 15/03/2025).
- Hanlon, C.A., McIlroy, D., Poole, H., Chopra, J. and Saini, P. (2023) 'Evaluating the role and effectiveness of co-produced community-based mental health interventions that aim to reduce suicide among adults: A systematic review', *Health expectations : an international journal of public participation in health care and health policy*, 26(1), pp. 64–86 Available at: 10.1111/hex.13661.
- Hassan, S.M., Giebel, C., Morasae, E.K., Rotheram, C., Mathieson, V., Ward, D., Reynolds, V., Price, A., Bristow, K. and Kullu, C. (2020) 'Social prescribing for people with mental health needs living in disadvantaged communities: the Life Rooms model', *BMC health services research*, 20(1), pp. 19 Available at: 10.1186/s12913-019-4882-7.
- Healy, L.C., Benkwitz, A., McVinnie, Z., Sarkar, M., Islin, M., Brinded, A., Dodge, B., Opacic, S., Swithenbank, Z., Ranasinghe, S., Oliver, J., Karanika-Murray, M. and Nevill, M.E. (2023) 'Embedding Physical Activity into Community-Based Peer Support Groups for those Severely Affected by Mental Illness', *International journal of environmental research and public health*, 20(3) Available at: 10.3390/ijerph20032291.

References & sources

- Lee, C., Kuhn, I., McGrath, M., Remes, O., Cowan, A., Duncan, F., Baskin, C., Oliver, E.J., Osborn, D.P.J., Dykxhoorn, J., Kaner, E., Walters, K., Kirkbride, J., Gnani, S. and Lafortune, L. (2022) 'A systematic scoping review of community-based interventions for the prevention of mental ill-health and the promotion of mental health in older adults in the UK', *Health & Social Care in the Community*, 30(1), pp. 27–57 Available at: 10.1111/hsc.13413.
- Linceviciute, S., Ambrosio, L., Baldwin, D.S. and Portillo, M.C. (2023) 'Role of Social Prescribing Link Workers in Supporting Adults with Physical and Mental Health Long-Term Conditions: Integrative Review', *Health & Social Care in the Community*, , pp. 1–19 Available at: 10.1155/2023/7191247.
- Makanjuola, A., Lynch, M., Hartfiel, N., Cuthbert, A. and Edwards, R.T. (2023) 'Prevention of Poor Physical and Mental Health through the Green Social Prescribing Opening Doors to the Outdoors Programme: A Social Return on Investment Analysis', *International journal of environmental research and public health*, 20(12) Available at: 10.3390/ijerph20126111.
- McLeish, J., Ayers, S. and McCourt, C. (2023) 'Community-based perinatal mental health peer support: a realist review', *BMC Pregnancy & Childbirth*, 23(1), pp. 1–12 Available at: 10.1186/s12884-023-05843-8.
- Nye, C., Winter, M. and Loble, M. (2023) 'Farmers Supporting Farmers: Livestock Auctions as Spaces to Reconstruct Occupational Community and Counter Mental Health Issues', *Journal of Agromedicine*, 28(3), pp. 401–414 Available at: 10.1080/1059924X.2023.2176959.
- Roberts, S.H. and Bailey, J. (2023) 'Exergaming (physically active video gaming) for mental health service users in a community mental health care setting: an ethnographic observational feasibility study', *BMC Psychiatry*, 23(1), pp. 1–12 Available at: 10.1186/s12888-023-05233-6.
- Shortland, F., Hall, J., Hurley, P., Little, R., Nye, C., Loble, M. and Rose, D.C. (2023) 'Landscapes of support for farming mental health: Adaptability in the face of crisis', *Sociologia Ruralis*, 63, pp. 116–140 Available at: 10.1111/soru.12414.
- Soneson, E., Howarth, E., Weir, A., Jones, P.B. and Fazel, M. (2024) 'Empowering School Staff to Support Pupil Mental Health Through a Brief, Interactive Web-Based Training Program: Mixed Methods Study', *Journal of Medical Internet Research*, 26, pp. 1–22 Available at: 10.2196/46764.

References & sources

- Spencer, L., Carling, S., Robinson, T., Thomson, K. and Kaner, E. (2025) 'Selective and indicated UK school-based mental health interventions: a systematic review and narrative synthesis', *Journal of Mental Health*, , pp. 1–13 Available at: 10.1080/09638237.2025.2460118.
- Tucker, I., Easton, K. and Prestwood, R. (2023) 'Digital community assets: Investigating the impact of online engagement with arts and peer support groups on mental health during COVID-19', *Sociology of health & illness*, 45(3), pp. 666–683 Available at: 10.1111/1467-9566.13620.
- Wang, E., Jones, H.M., Carus, A., James, C. and Whelan, M.E. (2024) 'Ecotherapy for Adolescents Experiencing Mental Health Challenges: Qualitative Exploration of Perspectives of Adolescents and Parents', *Journal of Creativity in Mental Health*, , pp. 1–17 Available at: 10.1080/15401383.2024.2411221.
- Wilcock, R., Monro, A., Smith, A. and O'Keeffe, H. (2025) 'Teachers' experiences of school-based mental health literacy programmes: a qualitative study of Tackling the Blues', *Educational Review*, pp. 1–18 Available at: 10.1080/00131911.2025.2459900.
- Wilcock, R., Smith, A. and Haycock, D. (2021) 'Designing community sports-based programmes for men with mental illness: A qualitative study of the Offload rugby league programme', *Mental Health and Physical Activity*, 20, pp. 100386 Available at: 10.1016/j.mhpa.2021.100386.
- Wilcock, R. and Smith, A. (2019) *Offload evaluation report 2019*. Edge Hill University. Available at: <https://www.rcpsych.ac.uk/docs/default-source/improving-care/nccmh/suicide-prevention/monthly-clinic/champs-eitc-rapid-review-comm-mens-health-programmes.pdf> (Accessed: 20/03/25).
- Wildlife Trust (2023) *A Natural Health Service: Improving lives and saving money*. Report available at https://www.wildlifetrusts.org/sites/default/files/2023-07/23JUN_Health_Report_Summary_FINAL.pdf (Accessed: 15/03/2025).
- Wood, C.J., Barton, J.L. and Wicks, C.L. (2022) 'The Impact of Therapeutic Community Gardening on the Wellbeing, Loneliness, and Life Satisfaction of Individuals with Mental Illness', *International journal of environmental research and public health*, 19(20) Available at: 10.3390/ijerph192013166.

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