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Public Mental Health prevention - what works

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Aim of the conference

We know about illness, but what causes wellness? The Royal College of Psychiatry (RCP) are looking to use Public Health methods to prevent ill mental health. 40% increase in referrals over 3.5years despite staff cuts to MH services. Preventative ill MH approach is at the heart of Faculty of Public Health.

1. Health Creation - Lessons from history, vision for the future

Sir Harry Burns, Professor of Global Public Health, Strathclyde University

- Health is complete physical, mental and social wellbeing, it is not just absence of disease.
- We jump to conclusions about health of population due to media coverage, for example that Scotland's poor health is a reflection of the health of the poor, but it is a more complex situation than making the poor-rich divide.
- Looking at Glasgow, Scotland:
    - Health inequalities are not evident in deaths caused by CHD and cancer, but death due to drugs, violence, suicide and accidents which are responsible for 60 years of loss of life due to prevalence amongst those aged between 20's and 30's. We're not going to reduce these figures by a single change in public policy.
- Drinking culture in Scotland:
    - 1950's to 1970's: low rate of alcohol induced chronic liver disease with a steep increase to 1990's because of change in licencing and drinking behaviour impacting Scotland to have highest death rate in Western culture.

    - Why did Scottish drinking culture change?
        - 1900: two thirds of merchant shipping launch in Scottish docks
        - 1960's to 1970's: closure of shipyards and no adequate work replacements to counteract hit of unemployment
        - Housing: in the 'pursuit of liveable housing' the 19th century architecture was considered no longer fit for purpose and housing project commenced to mow down infrastructure which had encouraged social cohesion and community tradition of helping one another
            - Tower block erected referred to as 'filing cabinets in sky'. Tenants decanted from their homes and community and moved to housing where they didn't know anyone
            - Significant structural mistakes were made, for example no local school. The problem of drugs, alcohol and suicide emerged and has been labelled as the 'Glasgow effect' experiencing a very early onset of 'Austerity'.
- In America, (dates *tbc* 1960's - present) 240% increase in death from drugs, alcohol and suicide of white non-Hispanic blue workers labelled 'deaths of despair'. Interestingly, deaths in geographic areas which voted for Trump signalling that surge in right wing supporters arise from cohort with lack of trust in political dialog and voting for change
- The current situation is more complicated than fixing with the traditional PH single solution approach
- What builds capacity to want to be healthy?
    - 'Salutogenesis': umbrella encompassing 25 theories of medical approach supporting HWB. Of particular interest, is Antonovsky's 'Sense of Coherence' in 'Health, Stress and Coping' book:
        - During early life we develop sense of coherence creating structure and comprehensibility of life so that its meaningful, so we can manage it. Unless individual acquires this coherence, we'd experience state of chronic stress.
        - Biological reaction of cortisol steps in when we are under stress. Studies find that those who spent the most time in orphanage care have highest level of cortisol.
    - Importance in optimism: Everson *et al* (1996) study measuring hopelessness of patients with serious illness found that those who had high levels of hopelessness were 4x more likely to die from cancer and serious illness.
    - American monkey study (name tbc) exploring impact of structure, predictability, control and depression in baby monkeys

- 3 control groups of mother and baby dynamics. The most stressed group of baby monkeys was the group which did not have structure, predictability, control.
- Theory: when the world is unstructured, sense of coherence is not developed so defence mechanism operates in place as a survival mechanism
- Brain changes that occur start in early life under stress .i.e. anxiety, aggression, fearfulness which impact ability to make sensible decisions affecting ability to learn well and increasing likeliness to be bullied. This is prevalent in schools, pupils become excluded and embark on downward spiral
- Glasgow study (name tbc): participants approached on streets of Glasgow and asked to participate by undergoing brain scan and what was observed in the brain scans of the experimental monkeys was present in the participant humans
- Canadian brain bank study (name tbc): brains of deceased who died a sudden death were tested depending on whether experienced ACE in early life or normal early life.
    - Findings: when baby is comforted and happy, serotonin is released, and receptor activated, when stress arises cortisol released and stress is cut down stress. If receptors are not activated, then likely to experience chronic elevation of stress and the response is tendency of violence and short fuse

- *Effect of ACE*: brain doesn't allow for process of information and control. 1950's onwards has seen to chaos in families and ACEs.
- Maslow's 'Hierarchy of Human Needs': place 'self-actualisation' at the top but actually, this is where we should start. The way we manage entrance of children into world gives them capacity to manage providing an essential base to build upon
    - Blackfoot Nation perception: when people are in control, the community does better because a community that is stable is a community that will survive
    - Kenneth Heavyhead (year tbc) view: Maslow's thought based upon personal responsibility, but this is **incorrect** and this is what PH responses have been based on. Focus on stability in early life and stability in families
- London Broadway Experiment: 15 rough sleepers with a 4 to 45 years history of rough sleeping provided with a bank account of £3500 and a mentor whose role was to ask "what do you need and what would make your life focused?"

Participants asked for example, new pair of glasses to read Metro, caravan in Kent to live in.
    - Results: 11/15 in permanent accommodation. 3/15 in employment.
    - Method: Building control with a trusting relationship and giving individual's ability to make choices. 'Most efficient way to spend money on homeless is to give it to them'.
- A change in our approach:
    - Current approach: tendency to do things to people not with people. We look at clinical outcomes first and then the risk behaviours that caused them. This approach takes away individual's ability to choose and that ability to choose emerges from sense of wellbeing which emerges from self-control.
        - Looking at the cycle of alienation of young people, 18 year olds leaving prison unable to find employment with no sense of self-esteem.
    - Jimmy Reid, Communist speaker, 1971: didn't take workers into strike but into work and focused speeches on alienation.
    - Ask people what the problem is and fix it - what will make a difference?
        - Compassion of what the poor have to carry and not judgement of it
        - Do not tell them what is good for them but ask them what they need and build a trusting relationship
    - Move away from Blair & Thatcher PH era of public management by regulations and indicators, into quality improvement by testing ideas and sharing power.

2. Understanding the lifelong impact of Adverse Childhood Experiences

Dr Lynne McNiven, Public Health Department NHS Ayrshire & Arran and Dr Tamasin Knight, NHS Tayside

- Making tangible links between ACEs and issues such as alcohol use, substance misuse, obesity, CVD so healthcare providers can understand how to prevent this happening
- Welsh study mental wellbeing and ACE (year tbc):
    - Findings: those who experience several ACEs had prevalence of poor mental WB and those with 4 or more ACEs then much more likely to be suicidal.

    - Exploring protective factors such as effect of having trusted adult: those with at least 1 adult they can trust and talk to are able to avoid ill MH. Linked to attachment theory
- Trauma matters, its poor areas of society that suffers the most but there is trauma across the board
- Education Scotland: developed excellent resource to support public service staff to understand trauma and impact and how to make a difference by working with one person at a time and listening to community and intergenerational differences.
    - Issue: there isn't always a simple trusted adult so where are young people to get this support?
    - Education resource for staff is support them to highlight need to be part of that
    - Scottish Government Programme: preventing and mitigating ACEs is a moral imperative. Policy and legislation to do so has been in place for 10years but this won't do it alone. There is buy-in from children services, primary care, dentists and more. National priorities for PH are to bring PH into public, political, corporate eye. Staff care and training all carried out locally with community planning partnerships so that the impact of ACEs are at the front of people's minds.
- Child poverty: risk factor for experiencing ACE as parents have less mental space for parental nurturing due to financial orientated concerns such as payment of rent.
    - Local Child Poverty Action Plan in Scotland: 'income maximisation': money advice workers based in various different places e.g. GPs surgeries, in cases where the real issue of ill-health is poverty, patient can be referred to inhouse money advice worker. Project currently running in Dundee.
    - Financial Inclusion Pathways: midwifes routinely ask mothers-to-be about their money concerns and make appropriate referrals to money advice workers. Working alongside schools to provide extracurricular activities, housing assistance, counteracting effects of fuel poverty therefore recognising and linking these factors.
- <u>Legislation to improve children's HWB:</u>
    - Support the Children from Assault Scotland Bill: used PH evidence surrounding impact of physical punishment on children. Utilising European Convention of Human Rights HR, rights of the child finding that any form of physical punishment in breach of human right. Physical punishment damages children's health therefore allowing it is denying attainment of good health
    - Bill demonstrates power of PH evidence; the Scottish government now supports the Bill.
- <u>How do we make a civic change?</u>

- Resilience documentary caught attention and imagination at both grass root and government level
    - Looking at ACE by bringing together academics and people working on frontline. We have all of this evidence, yet we are waiting for someone to take the lead in mitigating and prevent ACE.
    - Started to show documentary at various events followed by a panel discussion
- Trauma informed practice: "what has happened to you?" approach and not "what is wrong with you?"
    - How do we approach wellbeing issues when they're not welfare issues?
        - Speaking with parents and helping them to understand their children's behaviours.
        - Do not aim to bombard services who are already at capacity but figuring out how to provide additional support to those who need it. But we have to be careful how we sell the concept .i.e. cannot tell people that if they experience 4 or more ACEs then they'll be going to prison, so this is why training becomes really important here.
        - Working with police: blown away by trauma informed approach and understood it immediately. It is now routinely used at police training college and in police induction programme. So, we are now working together to address trauma. Positive feedback of approach from officers posted in hospitals who speak with and calm down people coming in with traumatic injuries to understand what has happened to them
        - Working with DWP & Housing: teaching staff that most important thing to do is be human and talk to be people to understand that we cannot ask for rent arrears of 6months when the tenant has no money.
        - PH is the glue in complex organisations to pull everyone together to start to make differences to grow strong self-regulating communities that can work together

- <u>Challenge:</u>
    - How do service providers ask service users about their children when the patient is scared that their children will be taken away? Currently the connection between being drug user and parent is not made
        - CYP Act in Scotland: work with adult services to ask users exactly about their kids
        - Getting it right for every child legislation: working with adult services to develop trust with users to start asking the right questions.

3. Public Health approaches to alcohol; politics, partners and psychiatrists

Professor Joe Barry, Trinity College Dublin

- Alcohol consumption in the UK is at worrying levels. Criminal Justice System's time taken up with alcohol related issues.
- What conditions facilitate societal drinking and overall consumption about drinking patterns?
    - Culture manipulated by big drinks companies
    - Easy accessibility: available 24/7
    - High public demand: stimulated by aggressive and financial intensive market in advertising
    - People trying to reduce consumption vs people trying to increase consumption: political factors in changing the laws
- Using global strategy to inform reducing harmful use of alcohol: community action seems to be only way to so far able to address issue by engaging organisations to incorporate it into their national strategy
- Thomas Babbo paper (date tbc): looking at data on what are policy measures that work?
    - Policy pillars:
        - Supply pillar
        - Prevention pillar
        - Treatment and rehabilitation pillar
        - Research pillar
    - PH actions are about associations, we don't need to prove causation.
- <u>Approach to the solution?</u>
    - Politicians need to be a part of the solution and we need to understand what the public want.

    - Utilise interested parties from across NGOs, Trade Unions, Training Bodies, Support Groups
    - Death caused by drink driving in Ireland reduced between 1960s to present because the culture around drink driving has changed.
    - Collaboration between Prime Minister, gastroenterologist, 3 politicians; Minister of State, Health and Justice to embark political journey to change drinking culture
    - New understanding of what is the 'standard drink': using new measures to generate public awareness i.e. 10g of alcohol
- Alcohol screening programme carried out in emergency departments in 2010 in Ireland:
    - Findings: almost half of patients screened needed no alcohol intervention. 36% required brief advice and 9% required referral to intervention services.
- <u>Challenging target demographic:</u>
    - Generally, women are more perceptive to PH messaging whereas middle aged middle-class males undergo sustained drinking in more well-off areas and do not see it as a problem
- <u>Current situation, action and approach in Ireland:</u>
    - Pubs are under pressure because of wine-only off-licences. Seeing people aged early 30's needing liver transplants
    - Working to understand how best to address the link between alcohol and rape, a very sensitive topic area
        - Hoping to take similar approach to second hand smoke approach to smoking ban .i.e. focusing on the harm to others caused by alcohol, highlighting how this harm is not sustainable
            - Nevarro, H.J*. et al* (2011) paper: How to measure alcohol harm to others (https://www.sciencedirect.com/science/article/pii/S0376871610004059)
                - Trying to shift to therapeutic lens rather than disciplinary
            - Silent Voices Campaign: harm to children due to drinking, narratives are a lot more powerful than statistics, heavy alcohol use is a child protection issue
        - Alcohol advertising: concern surrounding the sexualisation of youngsters in advertising, the prevalent link between sex and alcohol
        - Mood alteration: impact of alcohol is underrated and prevalent in suicides
    - Pro-alcohol culture: still prevalent despite people become sceptical of effects of alcohol intake

- Bigger issue than just alcohol, big companies affecting climate change with fossil fuel industry, tobacco industry etc, do the politicians just let them?
- PH Alcohol Bill: passed October 2018
  - Minimum unit pricing
  - Structural separation of sale of alcohol in supermarkets
  - Advertising restrictions
  - Labelling putting required relevant information on containers
- Bill took 1000 days to go through Houses of Parliament. Effected by international influence of European Union allegiance to commercial interests and free trade vs WHO advocacy for change

4. Public Health and Psychiatry - a meeting of minds?

Panel discussion: Professor John Middleton, President FPH, Professor Wendy Burns, President RCPsych (facilitated by Neha Shah, Speciality Registrar in Public Health and Amabel Dessain, Speciality Registrar in Public Health

- Purpose of discussion to discuss how we can establish more of a cross-speciality working
- Q1: In your experience as practitioners, where does psychiatry and PH work together?
  - Wendy Burns, RCP response:
    - MH is an area neglected in psychiatry training and services which is due to being so busy which means that the PH aspect is neglected but this is now realised so we can focus here.
    - Smoking, alcohol abuse and obesity disproportionally affect patients with MH illness and are more likely to die from these factors
    - Equally Well Initiative 2018: based on New Zealand scheme tackling reduced life expectancy of those with MH realising that there is a lot more that can be done around smoking and alcohol
  - John Middleton, FPH response:
    - Issues of PMH have been priority of the 2 previous Presidents of FPH. We have a MH Special Interest Group which has progressed the work in this area but there needs to be a greater level of cooperation between psych & PH.

        - Agreements and memoranda of understanding has been set up with paediatricians and with emergency medicine on Special Interest Group for Accident Prevention. Today is opportunity to cement something with RCP too
        - Discussions of PMH has evolved similar to how we now think about physical health, in that it is not just the absence of disease. We are focusing on a new agenda looking at pubic mental WB. We have an evidence base of the social science of early years interventions and science of neurobiology that provides credible reasons for intervening in early years. We are developing a more clear, solid and sound science and body of knowledge to know how to work with patients and public
        - New agenda for all to work together
- Q2: How can we strengthen these areas and work together considering the challenges of time and energy resources, especially in clinical roles?
    - Wendy Burns, RCP response:
        - We are all incredibly busy, but we need to work out how we will manage to fit this into our current practice.
    - John Middleton, FPH response:
        - Registrar Placement Scheme: currently 20 registrars engaged in national project work. 2 years ago, FPH produced report on role of PH in preventing violence and the Welsh PH approach in dealing with radicalisation and countering extremism
- Q3: What should we be working on for PMH to be key part of psych and PH?
    - Wendy Burns, RCP response:
        - We are currently rewriting the curriculum so now is a good time to enter a suggestion. Currently, higher trainees have 1 day/week for personal development which can be used for PMH. Best to set up placements for trainees. We have CPD programme and e-learning around PH. The best way to engage is through results.
    - John Middleton, FPH response:
        - Registrar Placement Scheme: allowing local government to gain input from people with MH experience. There is good practice to learn from in the Defence Forces. The idea of offering a PH Registrar into an acute MH setting is gathering pace.
- Q4: How should we access NHS Trusts at Board Level to combine PH and Psychiatry?
    - Wendy Burns, RCP response:
        - Advise bottom-up approach such as Twitter. Find people like yourself and get people to start doing it this is how 'old age liaison' began.

- John Middleton, FPH response:
    - It is a contentious and difficult area but transition services require better collaboration and an issue that RCP and FPH need to focus on and address but it is difficult to agree our priorities. It is an area requiring cooperation. Addiction services now moved outside NHS and it's a challenge piece of work to overcome variability in local authorities. Positive is that NHS long term plan is PH orientated and a great time to be making these collaboration between the two

5. Time to listen to the experts

Dr Peter Byrne, Consultant Liaison Psychiatrist, Royal London Hospital

- Dr Mike McHugh, PH Consultant, Leicestershire:
    - Background in GP and psychiatry. Works for local authorities and seconded out to local CCGs.
    - Interest areas: Taking understanding of population health and increase protective factors and decreasing risk factors to ill health / Increasing quality of early years and mitigating impact of ACE.
    - Advice on funding for projects: accessed through different grants. Most of work is about influencing others, PH is a science and an art. Important in how evidence is presented to those who are making the decisions. In local government, local politicians are particularly important so need to figure out what pushes their buttons and how to get them on your side.
    - Current project: Working on recovery at recovery colleges in Leicestershire and extending practice to wider county to help those with SMI to learn tools and skills to live a fulfilling life.
    - Approach to PMH:
        - The things that help mentally ill people to recover are the same things preventing healthy people from becoming ill. Advocates for social prescribing for both ill and healthy people.
        - Interactions with local psychiatry colleagues and working with local services to provide the right fit for the population.
        - Working with children psychiatry services - 'Future Mind Programme', crisis team in place in schools.
    - Important to have PH sitting round table diving through these policies.

- Work with suicide prevention, joint conference on suicide prevention in children with psychiatry colleagues.
- Opportunity for innovation here on how we can support children of parents with MH problems because they are at an increased risk themselves. Currently running pilot training school staff to be equipped to help school children.
- We are in the sphere of influence, money or no money, think about what is the best use of my time and resources to advance PMH?
- Worth noting that majority of MH patients are managed in primary care.

- Dr Chris Neald, PH Consultant, Sheffield:
  - Interest areas: remit for community PH and MH, and faculty group involved in national training
  - Projects: working in communities, importance of communities for ACEs looking beyond immediate 1:1 and family network but the wider community network
  - Approach to PMH:
    - How to ask people what it is that they want to do and how to support them to do it. Ask rather than make assumptions. Negotiate this power relation with local authorities who sometimes may want to hold onto the power.
    - Improving HWB by improving skills and confidence
      - Professor Jane South, Leeds Beckett University - working with groups in communities on how to develop this approach
    - Key aspect to using community centred approach is the view of inequity. Having control is vital and so is supporting people to have that
    - Working with services .i.e. police - sat with AD in LA and listened to them and advised to lead work with social workers and understand what they need which had positive feedback and led to training funded for frontline staff

- Ian Heeley (FPH? tbc)
  - Background: MH field for 40 years
  - Interest area: Policy improvement but resources are decreasing
  - Approach to PMH:
    - Keen to assure that elected officials understand PMH and SMI by running training courses on prevention
    - GP and elected officials see a lot of people living with distress and need to know how to efficiently signpost and how to communicate effectively
    - Local officials have a rationality about people and places. A sense of place is important because it defines the local authority and we need to understand

this to understand the elected member because they are not educated about the evidence, they'll look for evidence that supports their policy and political angle. Most elected members are interested in SMI and general MI.

- Think of LA as elected members as connector of people and places, for example, their HWB Board might represent this, very likely alongside NHS the local council is largest employer in the area, think about WB of staff in Council and issues that affect them, time lost through MI and back issues is greatest issue here. Councils need to be understood on their own terms.
- Local policy influence is the big building blocks and we need to impact PH thinking on the Council and if that thinking incorporates PMH then the better well received PMH will become

- Qs: we know that community centred approaches work, but how do we achieve these when we are experiencing more cuts?
  - Chris Neald: I have been involved on the NICE guidelines for community engagement. Must build this approach into how you work. Approach joint commissioning with LA. Priority with GP network. Sheffield community work. Use rhetoric of prevention.

- Qs: Voluntary sector are much better at engaging with people with 'messy problems' - how can we work better with voluntary sector?
  - Ian Heely: Difficult due to public realm being thinned out and commissioners becoming more explicit about what is acceptable, therefore allow degree of flexibility in contracting and allow for voluntary sector to involve their time and resources.
  - Mike McHugh: 'voluntary sector' is unhelpful term. The turning point as provider is innovative and flexible in a way that the NHS is not, looking at providers that have shown track records of doing things better and working and learning from them.
  - Chris Neald: brings advantages and can be helpful interface. Health trainers employed through community and voluntary sector. Same models of champions-based GP practices. Challenges but don't underestimate that people want to put back into community.

6. Social Prescribing in Tower Hamlets

Professor Sir Sam Everington, GP, Chair Tower Hamlets CCG and Vanguard Movement

- Why is social prescribing important?
  - 25% population are lonely
  - 95% population will visit GP in a year, means fantastic access to community so in PH terms the opportunity provided through GPs is amazing
  - 30% consultations have significant MH element (Everington would argue 100% does)
- What is it all about?
  - Grand conspiracy to re-educate medical profession using their language. Now something that is talked about widely in NHS long-term plan & GP contract
- Knife crime in Royal London Hospital, reduced re-attendants for knife injury, from 35% to 1% - how?
  - Social prescribing approach: personal approach to healthcare. What was taught at medical schools is not fit for purpose in modern world because it defines individuals by their disease and not as an individual person. Not what the matter is with them but "what matters to them?" challenging the traditional medical approach by asking "what will motivate people to change?"
- To make people live longer, happier, without disease
- Bromley by Bow - 100 different projects
  - Social determinants, .i.e. Education, job, creativity, spirituality and environment, of health is important (Marbot (date tbc) argues that social determinants make up 70% of health).
  - How has this changed typical 5 minutes consultation?
    - Social prescribing becomes equal to obtaining medical background, providing prescription and making a referral. Handing out a sicknote to MH patient makes their illness worse because their work is the most stable part in their life. An effective way to socially prescribe is to give people things they can change and achieve. In traditional medical route, don't expect to see much change but when you socially prescribe and have check-up appointment and they have started to change then they start to believe that they can get better.
  - Vanguard: reduced acute psychiatric admission by a third by opening a café for 7 days a week staffed by MH workers and people with downs syndrome.
  - Primary care in Bromley by Boy 30 years ago was very bad and now the staff report joy to work in primary care rated 22% above national average.

- School Boards: currently nobody focusing on HWB, starting work to embed HWB into schools
- Environmental touches in public spaces: for example, path meanders like a river encourages looking from both side and no NHS branding, no signposts, so that when you come in and you're lost it encourages you to engage with other people to help each other
- Staff attire: dress gives message of being friend, colleague and there to help
- Community care groups examples:
    - working with a potter
    - DIY help project: involving parents in education about minor ailments of their children reduced reattendance at GP
    - Gardening increase mental WB and plays a critical role in physical and mental health
    - Religious centres have a massive impact on WB
    - Be organic based on people's passions not well organised plans but aware of people's needs
- Leicester GP: has police desk in GP practice and the community like the P.O's there and reduced levels of crime on local housing estate by 20% by putting trusted professionals with distrusted professionals
- Method: social prescribing form on every desktop of GP and a 'connect zone' where social prescribers will spend 1hour with patient going through what matters to them. Social prescribers are emotionally intelligent and a directory of services in their brain but in a human way with a knowledge of who runs what project and what their interests are.
- <u>What are we about?</u>
    - Fun
    - Friendship
    - Compassion
    - Assume its possible
- Aim: break mutual addiction between doctor (to fix patient with medication) and patient (to take medication and carry on with their lifestyle)
- How to find out what's meaningful?
    - Choice
    - Conversations
    - Accepting might get it wrong but process of trying you're on the right path

- Qs: In PH there is an emphasis on taking things to scale but here we're talking about community organic level, how can we replicate this for every part of the country?
    - It Is being replicated, 25% GPs are doing it. It doesn't happen quickly, there is a desire to do something straight away, but this takes time. Politicians think in short terms and in structure. Pay attention to the most important thing which is relationships. Keep humanity aspect and focus on delivering on change and lift the phone and speak who you must speak with to be able to do it

7. The Last Word – questions / suggestions, proposal for future events

Dr Woody Caan, Editor in Chief, Journal of Public Mental Health

- Public mental health: Evidence, practice and commissioning; A report by Dr Jonathan Campion, Director for Public Mental Health and Consultant Psychiatrist, South London and Maudsley NHS Foundation Trust.
    - https://www.rsph.org.uk/uploads/assets/uploaded/abe811ae-df07-4d5e-a6d9b60a3eb333ba.pdf

- Gardening has links representing a good life and is associated with its connections to nature and with human nature. It is associated with improvements in functioning and the MH of all service users.

- Qs: How do we ask someone what they would like if they have had very little life experience?
    - Have experience with drug & alcohol dependents who were in and out of prison and when I asked what they want, it was things like bereavement help. We gave people tasters of lots of different things and what worked for them and what they appreciated was further education particularly for the very deprived groups. This was a great success in the group with no suicides and they kept out prison! Learning to read and write was revolutionary to 28 years old heroin and cocaine users and demonstrates the astonishing resources you can create within people.