

This is real life

How to tell the Mind story



Contents



This is the real Mind

What's new and why does it matter?	5
Behind the guidelines	6
Guidance for local Minds	6



Who we are and how we tell people

Our vision	8
Our mission	8
Cultural values (the way we operate)	9
Brand values (the way we communicate)	9
How to describe us	10
How to describe us in Welsh	11
The case for supporting Mind	12



How we look

The elements that make up our identity	15
The logo	15
Alternative logos	16
Logo colours	17
The logo - variations and sizes	18
Logo minimum size	18
Logo and copy	18
The logo - exclusion zones	19
The logo - placement	20
Colour palette	21
Using colour and proportion	22
Tints	23
Diagrams	24
Typefaces	25
Using type	26
Using type online	27
Illustration	28
Illustration library	29
How to use illustrations	30
Lines	31
Online elements	32
Video elements	34
Photography	35
Mind portraits	36
How to take a Mind portrait	37
Mind in action	38
Slice of life	39
Telling a story	40
Photography library	41
Environment crops	42
The Mind Way	43



What we say

What we say	45
How we talk about what we do	46
About mental health	47
Raising more money for people	48
Do's and Don't's for effective fundraising	48
Writing examples	49



How to put it all together

How to put it all together - examples	52
Posters and events	52
Fundraising - from events to appeals	53
Retail	54
Online banners	55
Document spreads - landscape and portrait	56



Checklist

Checklist	72
-----------	----

A close-up portrait of a Black man with short, dark hair, looking slightly to the left with a gentle smile. He is wearing a dark-colored t-shirt. The background is softly blurred, showing green foliage on the left and a light-colored wall on the right.

This is the
real Mind

We're a charity. We're a national network. We're a campaigning organisation.

Above all, we're a passionate team of people who want anyone with a mental health problem to get the support they need and the respect they deserve.

Our research has shown that, today, millions of people don't understand what we do or how much we matter.

By following these guidelines, you can help to change that.

What's new and why does it matter?

We want to see Mind communicating in a more real, emotional, honest and everyday manner. Why? Because our research showed that while most people had heard of us, they weren't clear about what we do. They didn't understand that mental health is a cause worthy of support, or that we need their help. They didn't understand how open and approachable we are, or how much direct advice and support we offer to people with mental health problems all over England and Wales. That needs to change.

Everyone working for or with Mind can change this. And if you're reading this, you can too.

When people understand us better, they'll seek our help sooner. They'll get behind our campaigns more readily. And they'll support us more generously. All of which will make a massive difference to the lives of people with mental health problems.



Behind the guidelines

This guide is the result of research we did with our key audiences – inside and outside the organisation, right across England and Wales. It told us a great deal about how people perceived us, and how we needed to change the way we communicate.

Thanks to this research we can be sure the Mind brand will be more appealing to people seeking our support, and to those who should be supporting us.

It is also flexible enough to meet a wide range of needs – from a policy document to a fundraising poster, from a business card to a billboard.

There's enough choice of language and design elements – colours, typefaces, illustration and photography – to create a wide range of communications. Where every single piece is clearly from 'us'.

If you'd like to find out more about the research we did, email communications@mind.org.uk or visit <http://lmas.org.uk/brandresearch>

Guidance for local Minds

If we want a world where every person with a mental health problem has somewhere to turn, we need to create one recognisable Mind.

That's why the Mind brand now gives more prominence to the incredible work local Minds do. In particular there is more emphasis on face-to-face and local support such as talking therapies.

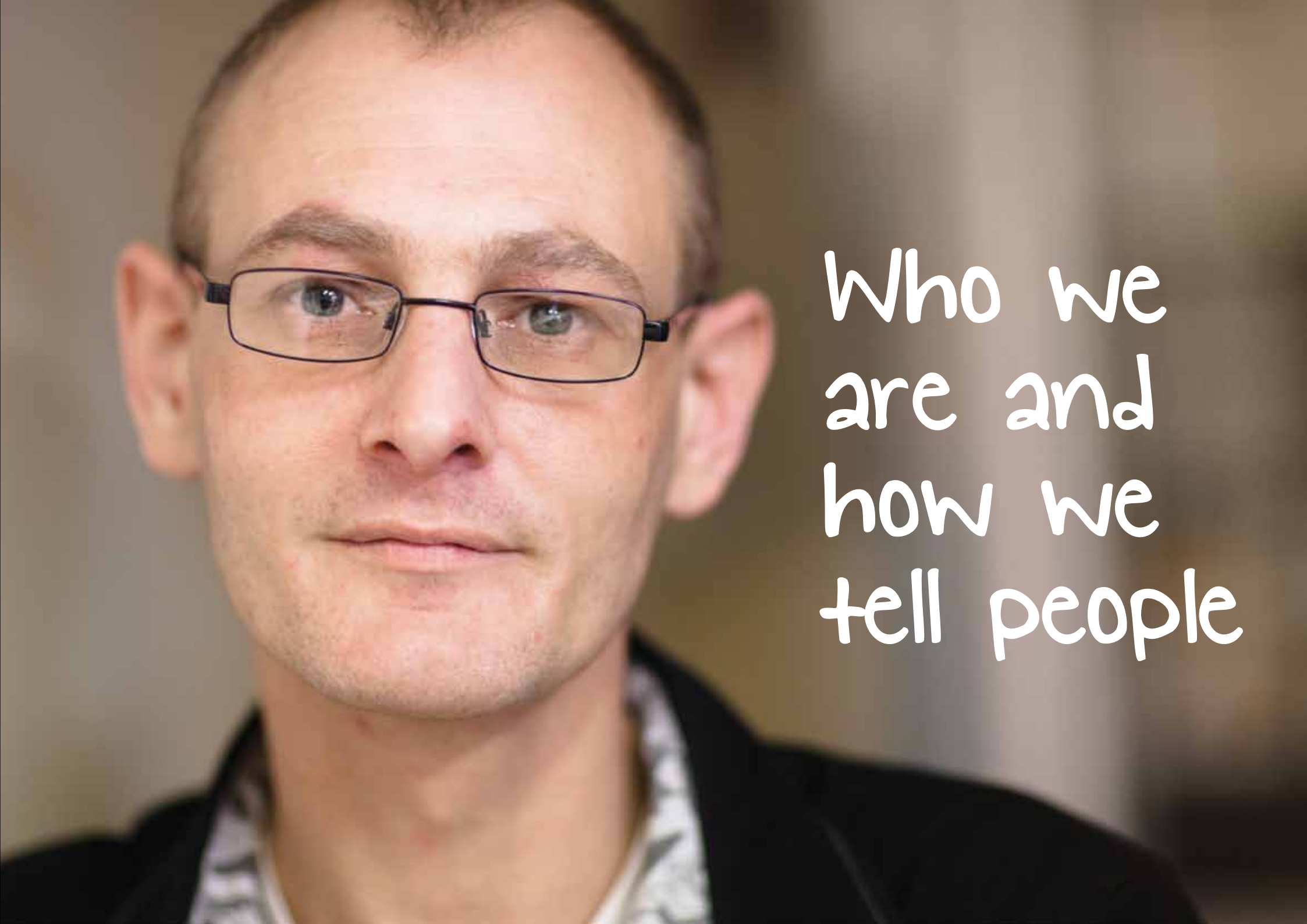
It's also why there are new logos that give local Minds their own distinct identity and allow them to make the most of the national profile of the Mind network.

By following these guidelines you will help to ensure the whole Mind family has greater presence, awareness and understanding. Please don't alter or adapt them.

Local Minds templates

You can find a wealth of templates and design elements for local Minds online at <http://lmas.mind.org.uk>

If you have any branding queries please contact communications@mind.org.uk



Who we
are and
how we
tell people

Everything
we do and say
needs to come
from a clear
and agreed
starting point.

Who we are,
what we do
and how we tell
people about it.

Our vision

We won't give up until
everyone experiencing a
mental health problem gets
both support and respect.

Our vision is our aim as an organisation.
It's what we're all here to achieve.

Our mission

We provide advice and support
to empower anyone experiencing
a mental health problem.

We campaign to improve
services, raise awareness
and promote understanding.

Our mission is how we'll achieve our vision.
It explains what we do.

The **vision** and **mission** are there to inspire and guide us.
They should shine through in everything we do.

Cultural values (the way we operate)

We developed these values by asking staff, supporters and people with experience of mental health problems what matters to them. They are the way we behave and operate. They underpin everything we do.

Open

We reach out to anyone who needs us.

Together

We're stronger in partnership.

Responsive

We listen, we act.

Independent

We speak out fearlessly.

Unstoppable

We never give up.

Brand values (the way we communicate)

These have been developed by talking to staff, people with mental health problems, and people who support us. It's what people say they need from an organisation like ours. They're not words we need to use externally. They're there to inspire the way we communicate.

Real (never fake or abstract)

Mental health problems happen to real people, in real settings. They are part of everyday life. So we should communicate in a way that reflects this. Using real, everyday language and believable imagery.

Personal (never cold or corporate)

Mental health is rooted in personal experience. So we need to communicate less like an organisation, and more like a group of people who care passionately

about our cause and everyone affected by it. As one example, we will refer less to Mind in the third person ("Mind's services") and talk more about ourselves as a team ("our talking therapies").

Compassionate (showing that we care)

When people with mental health problems feel that no one understands, we need to show them that someone does. So while expertise and professionalism are important, we need to balance them with warmth and empathy.

Courageous (never shying away from difficult topics)

We talk openly and freely about issues and topics that are hard to discuss. We're brave when we fight for respect for people with mental health problems. We're fearless when we campaign for change.

How to describe us

To help people understand who we are and what we do, here's a series of statements (or 'descriptors') for us to share with the world.

You shouldn't alter or adapt them. But you can, and should, use them on everything we produce – from a compliment slip to a billboard.

The more people who read these words, the more attention, understanding and support we'll get.

Short

We're Mind, the mental health charity.

We're here to make sure anyone with a mental health problem has somewhere to turn for advice and support.

Medium

We're Mind, the mental health charity.

We believe no one should have to face a mental health problem alone. We're here for you. Today. Now. Whether you're stressed, depressed or in crisis. We'll listen, give support and advice, and fight your corner.

Long

We're Mind, the mental health charity.

We believe no one should have to face a mental health problem alone. We're here for you. Today. Now. We're on your doorstep, on the end of a phone or online. Whether you're stressed, depressed or in crisis. We'll listen, give you support and advice, and fight your corner. And we'll push for a better deal and respect for everyone experiencing a mental health problem.

How to describe us in Welsh

Byr (Short)

Mind, yr elusen iechyd meddwl, ydym ni.

Rydym yma i sicrhau bod gan unrhyw un sydd â phroblem iechyd meddwl rywle i fynd am gyngor a chefnogaeth.

Canolig (Medium)

Mind, yr elusen iechyd meddwl, ydym ni.

Rydym yn credu na ddylai unrhyw un orfod wynebu problem iechyd meddwl ar ei ben ei hun. Rydym yma i'ch helpu chi. Heddiw. Nawr. Pa un ai ydych chi'n teimlo o dan straen, yn dioddef o iselder neu mewn argyfwng, byddwn yn gwrandao, yn rhoi cefnogaeth a chynghor, ac yn ymladd eich achos.

Hir (Long)

Mind, yr elusen iechyd meddwl, ydym ni.

Rydym yn credu na ddylai unrhyw un orfod wynebu problem iechyd meddwl ar ei ben ei hun. Rydym yma i'ch helpu chi. Heddiw. Nawr. Rydym ar garreg eich drws, ar ben arall y ffôn neu ar-lein. Pa un ai ydych chi'n teimlo o dan straen, yn dioddef o iselder neu mewn argyfwng, byddwn yn gwrandao, yn rhoi cefnogaeth a chynghor, ac yn ymladd eich achos. A byddwn yn brwydro am well triniaeth a pharch tuag at bawb sydd yn profi problemau iechyd meddwl.

The case for supporting Mind

More and more of the work we do relies on financial support from the public. Which is why the brand has been designed to help us be more engaging and appealing to potential supporters.

We've done some extensive research into who supports Mind financially, and why. As well as talking to those who don't, and asking them what would make the difference.

When asking people to support Mind, remember these simple pointers based on our values.

Real – using the real, emotional voices and stories of people dealing with mental health problems brings the fundraising case to life.

Personal – for many of Mind's supporters this is a personal issue. We are always more likely to appeal to people who have personal experience of mental health problems, or are close to someone who does.

Compassionate – people are motivated to support us by the care and support we offer to people dealing with a mental health problem. It's the local, caring face of Mind that people find appealing. It's the fact that we offer people somewhere to turn.

Courageous – people like it when we take a stance on an issue, or when we talk passionately about what we do. People like to support charities that make a significant difference to lives and communities. We do. We transform lives. Sometimes we even save them.

Importantly, people who support us say they see little or no distinction between local Minds and 'national' Mind. They just see Mind. And they're certainly not motivated by grant-giving and funding structures.

Instead, we should focus on making a powerful case for Mind's services and the need for support.



How
we look

The Mind look is based around one of our most important and recognisable assets - our logo. You'll see its human, hand-drawn feel coming across everywhere.

Everything here has been designed to tell our story and boost our profile. All aspects of our visual identity should bring our brand values to life: Real, Personal, Compassionate and Courageous.

Above all, the visual brand is designed to bring a strong degree of consistency to the look of our communications.

It'll help Mind be a more recognisable organisation, with a stronger voice.

The elements that make up our identity

The logo

Our logo is made up of our name and strapline – for better mental health – and they're always used together.

The logo



Mind Cymru logo



Alternative logos

There's a local logo style so that local Minds all over England and Wales can have their own distinct identity, but still be part of a recognisable Mind family.

There's also a partnership logo for use when we join coalitions such as Time to Change.

As examples we've shown how Cardiff and Bristol Mind can have their own distinct logos while remaining consistent.

You can create new initiatives or campaigns, but please don't create new Mind logos. Simply because the more consistency we achieve, the more recognisable and effective we'll be.

If you don't feel these logos meet your needs please feel free to contact communications@mind.org.uk

Local Mind Wales



Local Mind Wales with translation



Local Mind England



Mind with partnership logo



Logo colours

These blocks show the logo colours you can use and the colours you can place the logo on. Blue is our core colour and blue on white should be your default choice.



The logo can be used in these mono formats for single-colour publications such as newspapers.

The logo should never be used in any of the combinations shown here.



The logo - variations and sizes

Logo minimum size

You'll have a big logo on a billboard, and a small logo on a business card or a banner ad. So how big should you make it?

The strapline is the smallest part and you should never make the logo so small that 'for better mental health' is hard to read.

For instance, the smallest example on this page is in 4pt type or 24mm across. This is the smallest the logo should ever be in print.



Online version of the logo with strengthened strapline for better legibility on screen.

Logo and copy

The logo never appears as part of a sentence, or with words added to it to make a new name or phrase (except as shown on page 16).

We need to avoid creating sub-brands as this will dilute our overall awareness – after all the name 'Mind' is already known and respected. If you think you need a separate identity for a project or campaign please discuss this with the communications team by emailing communications@mind.org.uk

The logo - exclusion zones

Logo exclusion zone

The logo must have a clear area around it to allow for legibility and good stand-out. The exclusion area is the distance equivalent to the height of the 'd' in the logo.

These exclusion zones don't apply online, and especially in banner advertising because the space available is often limited. If you have any queries, email the Mind digital team on digital@mind.org.uk



The logo on images

You should always look for photographs where there is a clear area with enough space for the logo to be placed and read clearly. All of the photographs in the library have been commissioned with this in mind.

In extreme circumstances, when the logo cannot be read over an image and no other image is available, it is acceptable to place it in a box (see examples). In this case the exclusion is expanded by the height of an extra 'd' around the perimeter of the box.

blue logo is legible over image



blue logo not legible over image



white logo not legible over image



out of white block over imagery



The logo - placement

The logo can appear at the top left, top right or bottom right of a printed page.

The exclusion zone (explained on the previous page) sets the distance of the logo from the edge of the printed page.

top left



top right



bottom right



Colour palette

Core colours

Our core colours are blue and white.

These are the colours we're best known for. So blue and white should be your default colour combination.

In print, the four-colour breakdown is the best reference point. Use the PMS (Pantone) reference for print specials only.

RGB R0 G51 B119 Hexidecimal #003377	Coated C100 M85 Y20 K0	294C	Uncoated C100 M83 Y15 K0	White
		288U		

Pantone colour references from Flint Group K+E 2011 Pantone book

Secondary colours

You can also use the purple and yellow opposite to add warmth and personality to your design – especially in a longer piece like a booklet or brochure.

Used carefully, they give us the right amount of standout and will help us to be more distinctive.

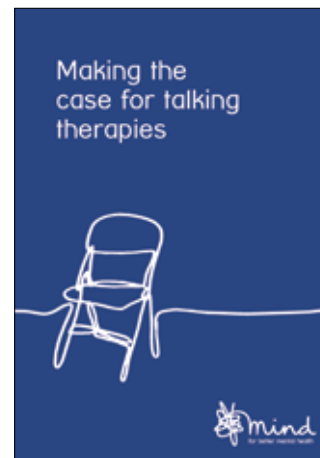
RGB R255 G204 B0 Hexidecimal #ffcc00	Coated C0 M30 Y100 K0	116C	Uncoated C0 M17 Y97 K0	RGB R112 G34 B133 Hexidecimal #702285	Coated C70 M90 Y0 K0	2603C	Uncoated C60 M90 Y0 K0
		114U				2612U	

Using colour and proportion

Solid blocks can be used on a quarter, half, third, sixth and two-thirds of the page, alongside photography and illustrations. Here are some examples of combinations you could use.

1. Full colour pages
2. $\frac{2}{3}$ yellow and $\frac{1}{3}$ white
3. $\frac{5}{6}$ purple and $\frac{1}{6}$ white
4. $\frac{3}{4}$ image and $\frac{1}{4}$ blue
5. $\frac{3}{4}$ image and $\frac{1}{4}$ yellow
6. $\frac{1}{2}$ image, $\frac{1}{2}$ yellow

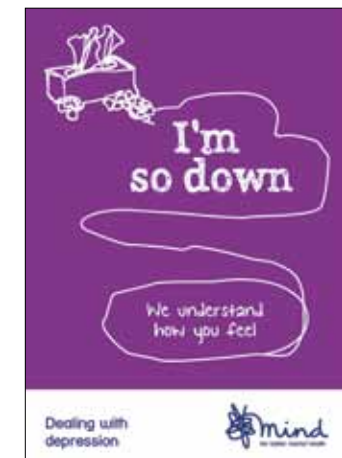
1



2



3



4



5



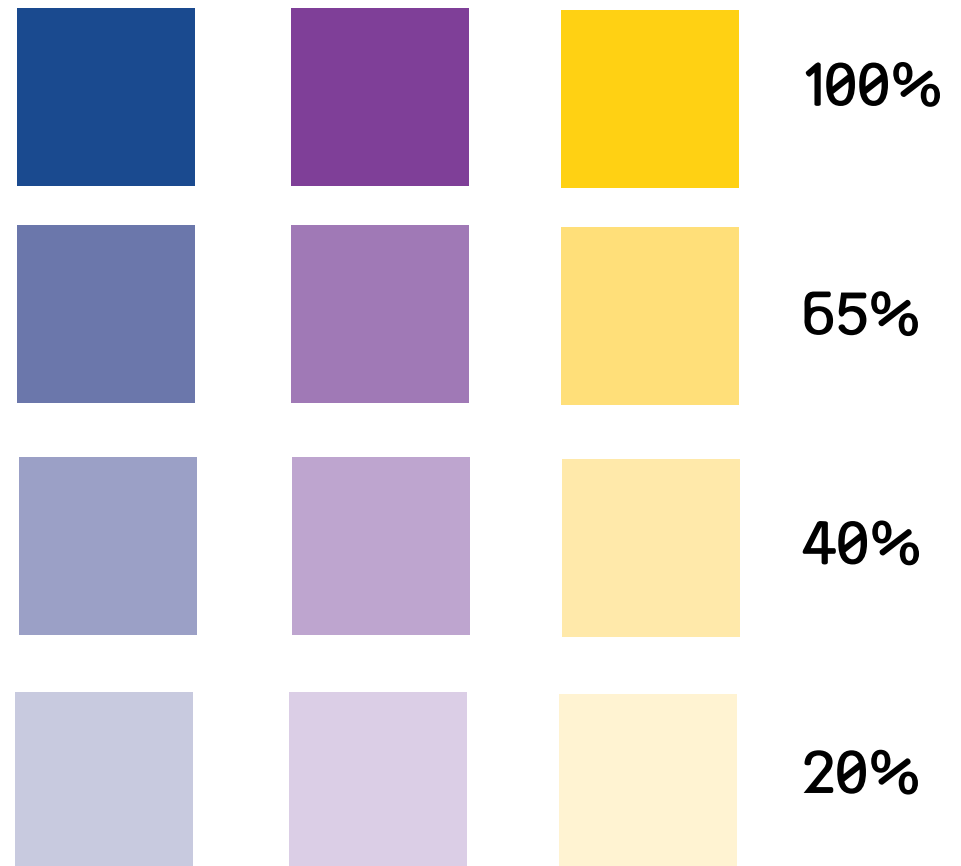
6



Tints

You should only use these tints when you are designing diagrams such as tables, charts and infographics.

There are some examples of these on the next page.

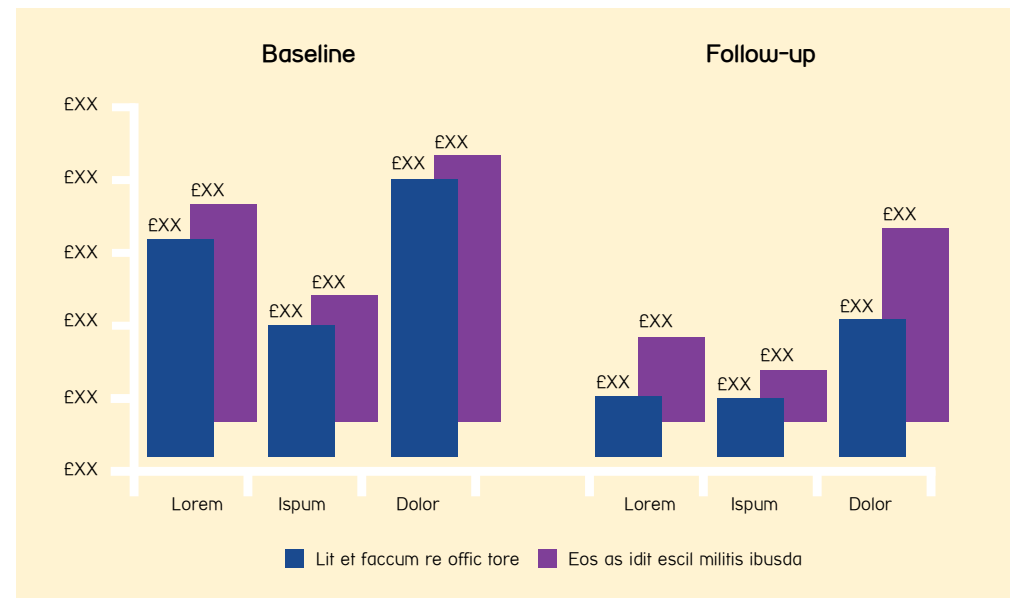
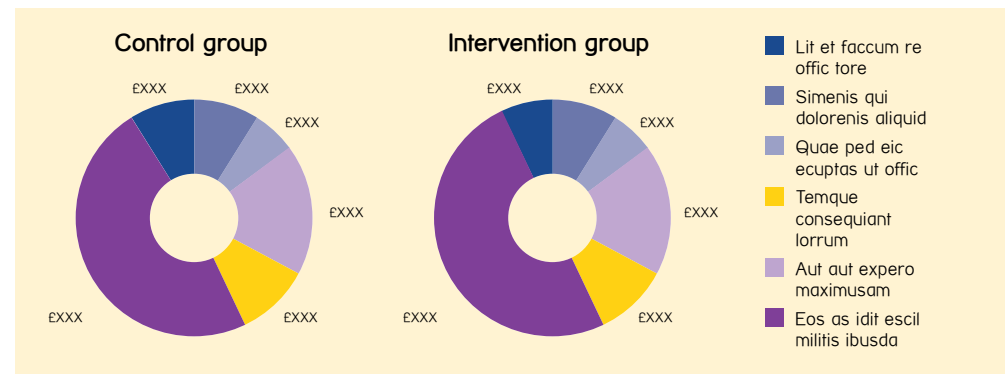


Diagrams

Here are some examples of how to present diagrams such as graphs and pie charts.

Diagrams and graphs are the only places where you can use tints of the brand colours.

The chart on the previous page shows the tints you can use.



Typefaces

Using our own distinctive typefaces makes us immediately recognisable. These three typefaces should be used across all our communications. Please email communications@mind.org.uk for font information.

KG Small Town Southern Girl is our headline font and closely resembles our logo. It's distinctive, warm and human.

Street Corner is our body-copy font for larger amounts of text. It's distinctive and legible.

Alabama is only used to represent the thoughts and feelings of people with mental health problems. It allows their voices to come to the fore, making us more human and personal. It's never used as Mind's 'voice'.

Tahoma can be used if these fonts aren't available, for instance online.

Heading sizes and hierarchies should be appropriate to the kind of document you are creating – see examples later in this guide.

Heading
KG Small Town
Southern Girl

Subhead
Street Corner
bold

Body copy
Street corner

Headline
Alabama

We understand
how you feel

Someone at Mind is here to
offer you support

No-one should have to face a mental health problem alone. That's why Mind offers local, relevant support to anyone with a mental health problem, right across England and Wales. We're here for you too, if you ever need us.

Only someone's feelings

Using type

Cases and alignment

When you're writing headings and subheadings, use sentence case, not ALL CAPITALS or Initial Caps Like This (it's harder to read).

The one place where you might need to use Initial Caps is where you are naming something, such as the 'Taking Care of Business campaign'.

As a rule, left-align body copy as it's easier to read than centred or justified text.

Full stops

You don't need to use full stops in headings and subheads, because people don't use them when they are writing by hand.

The exception is when the sense of what you are writing would suffer, for instance, when you are using two sentences.

Italics

Only use italics when you are citing a publication title: for example

"A recent report in the *Sunday Times* stated that..."

Emphasis

If you want to make the occasional word or phrase stand out, the best option is to use **bold**. Use it sparingly, or your text can look cluttered.

You can also use underlining, but with caution. Never use it online as it is the accepted format for hyperlinks. In print, it can make it hard to read words where many letters fall below the line, for example the g's and y's in psychology.

Online

[Tahoma](#) is our body-copy font for larger amounts of text. It's distinctive and legible.

Body copy should be no smaller than 11px.

For headings and sub titles, embed Alabama and KG Small Town Southern Girl on your site if you can. Alternatively please use these fonts as graphics.

Using type online

Online, legibility and accessibility are everything. So there are some clear rules about what combinations of background and text colour you can use.

Body copy

For long copy, ie paragraphs, black on white is best.

Headlines and subheads

You can make headlines and subheads blue or purple.

Captions and quotes

You have two options when you want to emphasise captions and quotes:

Option 1: within a coloured box

Option 2: using blue to highlight the quote

Please don't use any text/background colour combinations other than the ones specified here.

Body copy, headline and subhead colour combinations

Spotlight

"I've always wanted to do everything I can to improve communication between the police, service users and the wider community and am pleased to have been given the opportunity to improve understanding of mental health issues within the force and beyond," he said.

Spotlight

"I've always wanted to do everything I can to improve communication between the police, service users and the wider community and am pleased to have been given the opportunity to improve understanding of mental health issues within the force and beyond," he said.

Spotlight

"I've always wanted to do everything I can to improve communication between the police, service users and the wider community and am pleased to have been given the opportunity to improve understanding of mental health issues within the force and beyond," he said.

Captions and quotes - option 1

Spotlight

"I've always wanted to do everything I can to improve communication between the police, service users and the wider community and am pleased to have been given the opportunity to improve understanding of mental health issues within the force and beyond," he said.

Spotlight

"I've always wanted to do everything I can to improve communication between the police, service users and the wider community and am pleased to have been given the opportunity to improve understanding of mental health issues within the force and beyond," he said.

Spotlight

"I've always wanted to do everything I can to improve communication between the police, service users and the wider community and am pleased to have been given the opportunity to improve understanding of mental health issues within the force and beyond," he said.

Spotlight

"I've always wanted to do everything I can to improve communication between the police, service users and the wider community and am pleased to have been given the opportunity to improve understanding of mental health issues within the force and beyond," he said.

Captions and quotes - option 2

Spotlight

"I've always wanted to do everything I can to improve communication between the police, service users and the wider community and am pleased to have been given the opportunity to improve understanding of mental health issues within the force and beyond," he said.

Illustration

We want to create stronger connections with people. Our unique library of illustrations will help us become more recognisable and raise our profile.

They have been drawn specially for us and were inspired by the style of our logo. They are there to use when you need them – they are not compulsory for every communication.

Because the Mind brand is rooted in real life they are all depictions of actual items. We would never use an illustration to depict an abstract concept or a metaphor – such as a speech bubble to stand for conversation, a cloud to mean ‘thought’ or a smiley face to represent happiness.

Please don't create or commission your own illustrations without discussing it with the communications team. See the next page for our current illustration library.

If you'd like access to the illustration library or would like something illustrated in this style for events, campaigns or services, please email communications@mind.org.uk

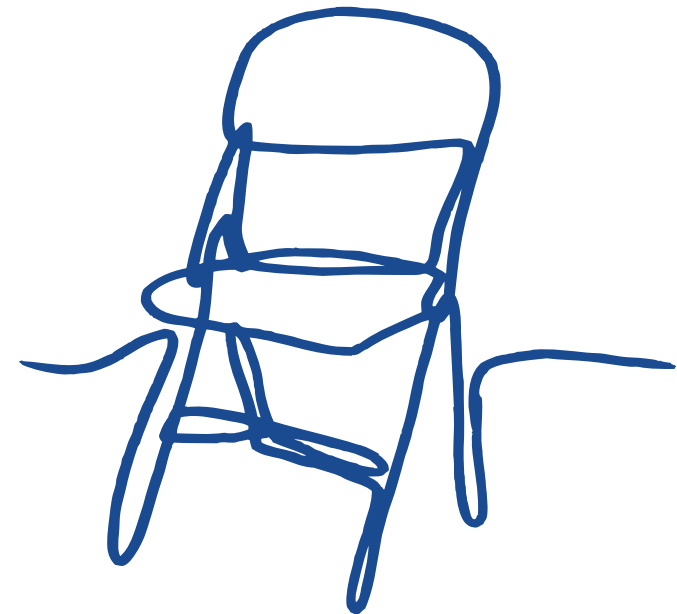
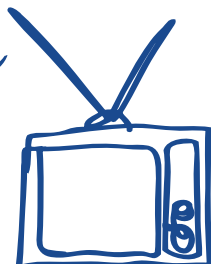
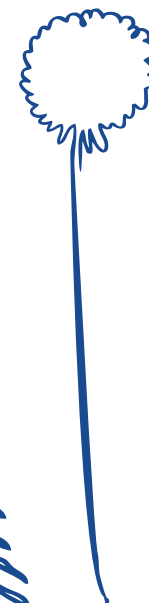
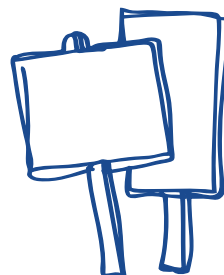
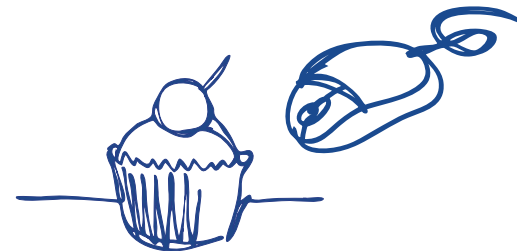
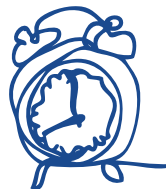
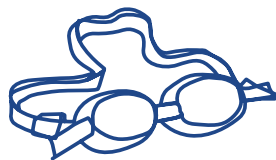
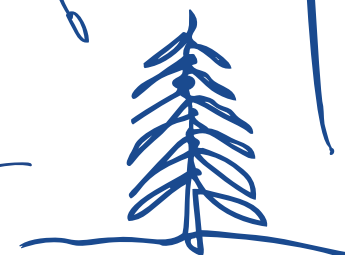


Illustration library



Please see the
next page for
guidance on how
to use this image.



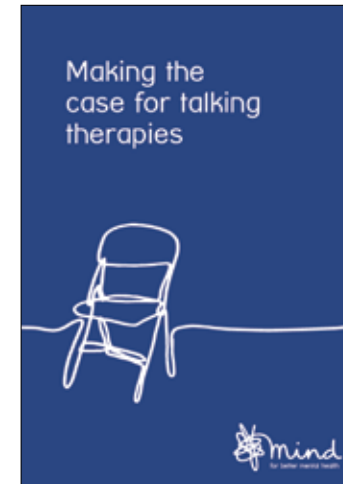
How to use the illustrations

- On a solid block – either white or colour
- Dividing a white or colour block from a photograph
- Over a plain ‘environment’ photograph (but never over a portrait)
- Sparingly – never more than one per page
- Always relevant to what you’re talking about – eg the cup to represent a conversation or the chair to represent talking therapy
- Relevant to audience and sensitive to their feelings – in particular the ‘pills’ illustration should only be used in reference to medication, never to suggest someone taking their own life
- Appropriate to the communication – illustrations aren’t compulsory.

On a white background



On a solid block of colour



To provide context for headlines



Over an environment image



To separate an image from a colour block



If no illustration, use a line (see next page)



Lines

You can add a hand-drawn line to your designs to guide the reader through the text and around illustrations. You can also use a line to divide a photograph from a white or coloured block.

Your line should always be the same weight as the logo you're using. It should feel human, personal and hand-drawn.

Always check the quality of the illustrated line before going to print or publishing online – you don't want it to appear jagged or pixellated.

Online or in moving image formats, animate the line so it draws itself rather than just appearing.


When using illustrations and lines over photographs, ensure that you choose photographs with simple backgrounds where objects do not get in the way.

For example, the clock in the background of this poster distracts the eye from the content.

4. Spotlight

"Change is happening, and I really feel we are close to the tipping point in terms of people's greater understanding and society's greater openness about mental illness. I am pleased and proud that people think I have played a part in that. This award recognises that I have used my voice, and taken it to the public platform that I can, to raise awareness of the fantastic work that charities like Mind carry out."

Journalist, broadcaster and author Alastair Campbell



5. A force for change

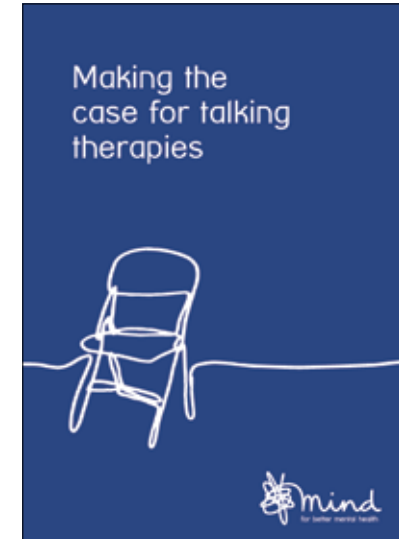
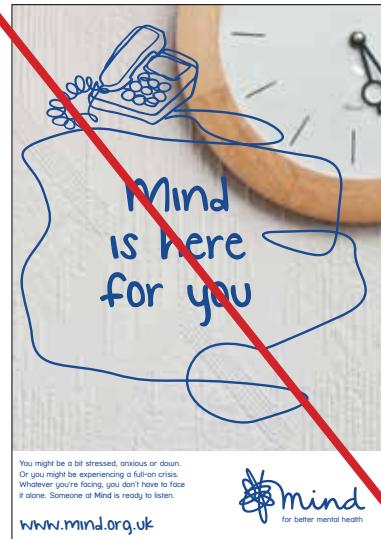
Transforming relationships

Very often people experiencing mental distress who are victims of crime are reluctant to approach the police because they fear they will not be listened to, believed or treated fairly. Sadly, because of stigma and stereotypes about mental health, Mind's research shows that too often this is the reality for those who do report a crime.

However a pioneering Hackney police officer is working to change all this. PC Richard Harwin, a former psychiatric nurse, has organised a monthly police "surgery" for visitors to City and Hackney Mind, providing a safe place for people to discuss crime in the community. His face-to-face work, coupled with his training for frontline police officers which involves people with mental distress presenting their experiences, has helped break down stereotypes and rebuild trust between the police and people with experience of mental distress, ensuring that everyone has equal access to justice, whether they are a victim or a witness to crime.

24

25



Online elements

Logo

- Use the online version of the logo with the strengthened strapline for legibility
- Designing banners? Use the logo bottom/right in MPUs, right in leaderboards and bottom/centered in skyscrapers

Buttons

- Please follow the template style and colours: white with blue or purple lines & text
- Change the length of the button container to match the copy
- Make sure the button is large enough to be visible and that copy is legible



Join now >

Donate now >

Give here >



Online elements

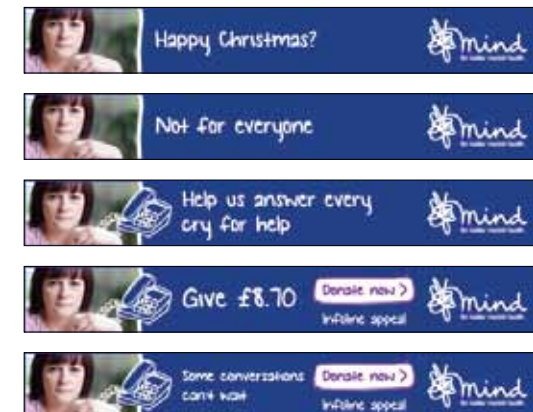
Banner ads

- Use a consistent button style
- Use an approved photograph or illustration style
- Make sure banner copy is short, has a simple, easy-to-understand message and a clear call to action
- Banner ads should be clearly and consistently branded.



Animation style

- Animate lines, type and illustration (depending on file size)
- Use the 'boiling' animation style when using Alabama typeface or illustrations by slightly moving and rotating the image. (Contact the digital team on digital@mind.org.uk for examples)
- Animate the button using the 'boiling' style
- When using lines, make sure they draw themselves rather than fade in or appear
- Bring still photographs to life by zooming in slowly.



Video elements

Video branding

These examples show how you can use branded 'top and tail screens' to make your video distinctively 'Mind'. Animate lines and illustrations where possible.

You can also use watermarks where appropriate. And don't forget to use buttons where relevant (ie online).



Fonts

- Use KG Small Town Girl for the title
- Use Street Corner for body copy
- If not embedding the font as a graphic, please use Tahoma

Photography

Photography is an important part of how we tell stories about mental health. It's important to allow the viewer to interpret images, rather than imposing an emotion on them. We want to involve the viewer rather than telling them what to think or feel.

We have three styles of photography that will allow us to tell our story better.

Mind portraits

Mind in action

Slice of life

It is absolutely vital that if you commission new photography for your own use it should follow the styles outlined on the following pages. In particular we do not use abstract images or visual metaphors – everything should be rooted in real life. So for instance, we would never use an image of a cloud to suggest serenity, or a black dog to suggest depression.

These three styles are complementary and allow enough flexibility for you to tell the story you need to – whether it's about providing information, advice and support, fundraising, campaigning or policy work.



People living with mental health problems know it's not always easy to pick up the phone when you're in crisis.

Captions can be used to add messaging and meaning to photographs. They should be used sensitively and should not imply something about the person in the photograph that isn't part of their story.

Captions can be used within the photograph (as above) or just beneath (like this).

Captions should be legible, written in Street Corner and either black, Mind blue or white (depending on the background).

Mind portraits

This style is best used to illustrate real-life stories of people who have experienced mental health problems.

All the photographs we have commissioned so far depict real people living with a mental health problem.

There may, of course, be times when it is more appropriate to use a model to protect confidentiality. This should always be made clear. You might want to use a caption such as 'This is a true story but due to the sensitive nature of the subject a model has been used'.



Commissioned photography



Purchased 'stock' photography

How to take a Mind portrait

Show the face of the person looking directly at, or just off, camera in a close crop and with shallow depth of field.

Mental health problems can affect anyone. So your subjects should be everyday people from all walks of life.

We want to avoid images that suggest that people only have mental health problems because of homelessness, drug or alcohol abuse.

Expressions are important too. They should match the context. So for instance, people taking part in an event might be happy and positive. People dealing with a mental health problem might not be.

However, we don't want extremes of emotion – we want the viewer to add their own interpretation and be drawn into the story of the person in the picture.

If you don't think there's a photograph that's right for you or you're unsure about a photograph you want to use, please get in touch with communications@mind.org.uk



Mind in action

You can use this style of photography to bring to life the very personal support we offer to anyone who is dealing with a mental health problem.

This style shows people in natural conversation. You can explore different angles, crops and ranges of focus, but the composition should be focused on one person, as in these examples.

Demonstrating a believable connection between people is important. It is crucial these images look authentic and not staged.



Slice of life

We want to demonstrate that, while mental health problems are important, they are also 'normal' – they happen to real people in real places.

You can use this style to demonstrate the following aspects of everyday life:

People within environments

This should show people in everyday environments. They should not look posed or set up. Body language can suggest people's emotional state or response to their problems, whether they are sad, isolated, anxious or just in thought. People's faces don't have to be visible.

Environments

This style of photography simply shows normal, lived-in spaces. We want to show that mental health is an everyday experience that happens in everyday places – kitchens and bathrooms, workplaces and cafés.


Remember to allow space for text to be placed over these images – that's how they are designed to be used.



All too much?

You might be a bit stressed, anxious or down.
Or you might be experiencing a full-on crisis.
Whatever you're facing, you don't have to face
it alone. Someone at Mind is ready to listen.

www.mind.org.uk

 **mind**
for better mental health

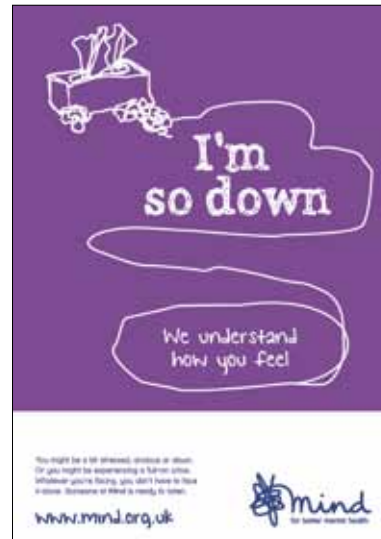
Telling a story

For some communications such as a series of adverts or a direct mail pack we will want to tell a compelling story.

For this you can use all the styles together – showing a strong portrait (Mind portraits), the person within the environment, the environment (slice of life) and the person seeking help (Mind in action).

For fundraising events such as runs, you can use photography in any style – Mind portraits or slice of life.

An old pair of trainers can suggest running just as much as a picture of someone in their vest and shorts.



Photography library

These are some of the images we have already commissioned, using real situations and people who have used our services.



MIND_2010_004.jpg



MIND_2010_008.jpg



MIND_2010_011.jpg



MIND_2010_016.jpg



MIND_2010_017.jpg



MIND_2010_023.jpg



MIND_2010_033.jpg



MIND_2010_045.jpg



MIND_2010_052.jpg



MIND_2010_053.jpg



MIND_2010_073.jpg



MIND_2010_088.jpg



MIND_2010_093.jpg



MIND_2010_099.jpg



MIND_2010_111.jpg



MIND_2010_113.jpg



MIND_2010_122.jpg



MIND_2010_127.jpg



MIND_2010_133.jpg



MIND_2010_141.jpg



MIND_2010_144.jpg



MIND_2010_146.jpg



MIND_2010_154.jpg



MIND_2010_161.jpg



MIND_2010_165.jpg



MIND_2010_171.jpg

To access or use these
images please email
communications@mind.org.uk

Environment crops

Original images with crops



MIND_2010_144.jpg



MIND_2010_165.jpg



The photography library is very flexible. For example, 'environment' backgrounds can be created by taking crops from portraits, slice of life or Mind in action images.



MIND_2010_146.jpg

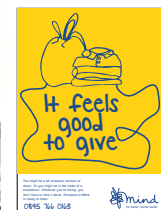
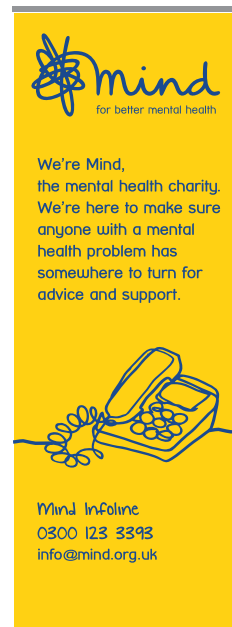
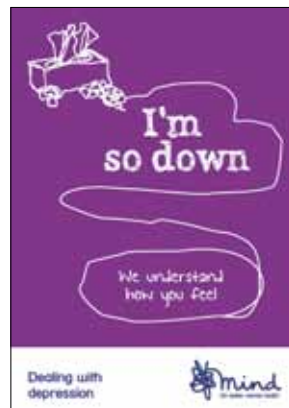
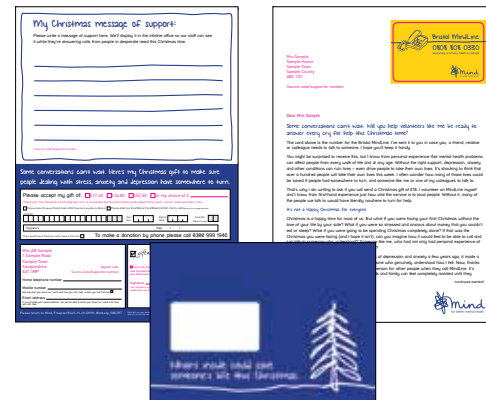


MIND_2010_171.jpg



The Mind way

This is how we look.
Flexible but consistent.
Distinctive. Real, Personal,
Compassionate
and Courageous.





What
we say

What we say

Words matter

Words can exclude people. Words can make people feel uninformed and powerless. Words can hurt. Words can make people feel small.

Words can also show someone that they are cared about, understood and listened to. Words can empower and strengthen. Words can challenge the status quo and change attitudes.

The words Mind uses, and everyone who works for and with Mind uses, are incredibly important.

This is Mind talking

What we say is important. But how we say it is just as important. This is about how we write and speak, both internally and externally. It's the writing in the Annual Report and how you compose an email. It's the words on a t-shirt and how we promote our talking therapies.

In other words, all our communications, internal and external, should follow the Mind tone of voice.

That's what this guide is about.

Keeping it simple

We need to make it easier for people to understand and talk about mental health. That means keeping what we say simple. We need to avoid jargon, abbreviations or clinical language wherever we can, and particularly for non-specialist audiences.

Write as though the person who'll read your words is sitting at the other side of the table. How would you say it? Now write it that way.

Even very specialist audiences such as policy experts or clinicians appreciate plain, simple and heartfelt language. Their job titles don't stop them being human.

How we talk about what we do

Mental health is a complex and sensitive area. It's important not to use terms that are out-dated or inaccurate. But at the same time we don't want to come across as cold or clinical. Our research showed that people would rather we used more everyday language.

As an example, while it would be correct to describe someone as 'diagnosed with depression' or 'experiencing feelings of sadness', they might say they are 'feeling really down' or 'unable to cope'.

These are all real examples of how people describe their own experiences of mental health problems.

"...those violent negative thoughts that launch themselves at the jugular... walking through a huge vat of emotional treacle."

Martin

"I was scared, shocked, confused and frustrated. It was like someone had taken my little snow-globe life and shaken it all up. My whole life was turned upside down."

Carrie

"I have felt shattered, low, frustrated and angry."

Paul

"I think it's fair to say that I've not exactly been a happy bunny. I've cried myself to sleep. I've walked to the top of multi-story car parks and peered over the top."

'Gemma'

(For more examples of how to lay out quotes, see pages 52 & 53)

People have told us that they don't understand the term 'mental distress'.

In fact, they find it confusing. They'd rather we talked about 'mental health' or 'mental health problems'.

If we want people to know they have somewhere to turn, and that they can come to us for a conversation in their own language, we have to use more of the language they use.

All quotes from guest blogs on the Mind website.

About mental health



The way we talk about mental health should follow these principles, as demonstrated by the examples opposite:

- We use clear, everyday language
- We put the person before the condition
- We don't distance ourselves from people with mental health problems. It's not 'them and us' it's 'anybody and everybody'
- We focus on people helping themselves, so that they can take control of their mental health and play a full part in society. No-one is incapable
- We always respect people with mental health problems.

Of course we should adapt our language depending on the audience. Sometimes it's right to refer to 'service users' for instance. But usually it's better to say 'people with mental health problems'.

Whatever you're writing, ask yourself – does it sound real and human? Our focus should be on the person not the illness.

For a fuller guide to terminology, see the Mind style guide on the intranet.

Illness 	Person 
Paul is a schizophrenic	Paul has schizophrenia
Liz is a manic depressive	Liz has bipolar disorder
Self-mutilation	Self-harm or self-injury
Mentally ill	Living with a mental health problem
Those with mental health problems	Anyone with a mental health problem

For specialist audiences	For everyday audiences
Society/community/population	People
Stigma, discrimination	Prejudice, unfairness
Mental distress/mental illness	Mental health problems
Experiencing	Living with/dealing with

Raising more money for more people

Fundraising is about people. Inspiring people to support us, by telling them about the people they could help.

That means bringing to life the more compassionate side of our brand. It means telling engaging, human and emotional stories.

The fundraising approach and messages we have developed link strongly to Mind's Vision and Mission. They're not 'bolted on' – they run through our DNA.

Do's and Don't's for effective fundraising

DO

- Tell a simple, single-minded story about why a donation would help and what it could achieve
- Focus on the advice and support side of our work. In research, people said that was more likely to inspire them to give
- Use engaging, emotive human stories that show the need for our services and the difference they make. People give more, and more often, when we engage their emotions
- Use telling details and concrete examples. People like to know what their money could achieve
- Include a deadline or a compelling reason for people to give today
- Be single-minded – focus on issues or problems where supporters' gifts can affect real change.

DON'T

- Mix awareness-raising or policy messages with your fundraising ask
- Use large statistics – such as '1 in 4' which people find too abstract
- Get hung up on the difference between 'national Mind' and local Minds, and how services are funded or delivered. To our supporters, we're just Mind.

Writing – examples

Mind in action – using the active voice

It's easy to slip into writing in the passive voice (see example to the right). It can sound more objective, or make difficult subjects easier by avoiding blame and adding distance between cause and effect.

But that's not Mind. We're an active organisation that changes lives every day. Our language should reflect that.

In the active voice, a **subject** performs an **action**.

Active:

Jason's employers offered him little or no support.

In the passive voice, the **subject** of the sentence is **acted upon** rather than performing the action.

Passive:

Jason was offered little or no support from his employers.

Of course, the passive voice isn't banned. There are times when it just makes sense to write that way.

Referring to Mind

Avoid terms like "National Mind" and "LMAs", especially externally. To the people who need and support us, we're just Mind, or your local Mind. That works for them, and it should work for us.

Treat the organisation's name as singular, for example, "Mind is", not "Mind are". But once you have established that Mind is the subject, you can revert to "we", for example, "Mind is the UK's leading mental health charity. We have been recognised at the highest level for our campaigning work".

Don't use capitals (MIND) as our name isn't an acronym.

Tips for writing online

Online, it's easy for people to skip what you write and click away somewhere else. So it's important to keep their attention. Which means keeping it short, and keeping it simple.

- Keep sentences and paragraphs short – ideally 10 words a sentence, five lines a paragraph.
- Use plain English (no jargon) and a friendly, approachable tone (appropriate to your audience)
- Ensure links are clear and descriptive
- Remember to write for search engines and try to include keywords that you think people will search for – but don't let it make your copy unreadable

For more information on writing online, see the Mind style guide on the intranet

Writing - examples

Here are some examples of text that we've rewritten to show how our writing can be simpler, clearer and more people-focused.

Old

Discrimination and stigma in everyday life can stop people accessing services and make it hard to find the friendship, support and confidence they need to take their rightful, equal place in society. (Mind Annual Review 2009-10)

New

If you're dealing with a mental health problem, you shouldn't have to deal with prejudice too. Especially if other people's attitudes stop you getting the support you need and the respect you deserve.

Old

Mind commissioned YouGov Plc to conduct a survey on men and women's coping mechanisms and help-seeking behaviours. (Men and Mental Health report, 2009)

New

We asked YouGov to carry out a survey for us, to find out how people cope with a mental health problem and seek help.

Old

Our Local Mind Association (LMA) grant fund, funded by donations from supporters like you, helped Milton Keynes Mind to develop an employee focused training project. They worked with key local businesses to encourage mentally healthy workplaces and support people with mental health problems back into work.

New

Your donation could help us to run vital training projects for local businesses. This will mean that people who are dealing with a mental health problem get a fairer deal at work. It could mean that people keep their jobs and don't end up having to deal with unemployment and isolation too.

For more technical guidance on writing, including online, and plain English examples, please refer to the Mind style guide on the Intranet.

A young woman with long, dark, wavy hair is looking directly at the camera. She is holding a white mug with both hands. She is wearing a brown cardigan over a dark blue top. The background is blurred, showing what appears to be an indoor setting with some shelves and a window.

How to
put it all
together

How to put it all together - examples

What follows are examples of the many different styles of communication available within the Mind brand.

They show how you can use different combinations of colours and typefaces, photography and illustration to tell a story about Mind and mental health.

Everything you do should bring our brand values – Real, Personal, Compassionate, Courageous – to life.

Information poster – Infoline



The poster has a bright yellow background. At the top right is a line drawing of a telephone handset with a coiled cord. A large, hand-drawn blue speech bubble contains the text 'Anybody there?' in a bold, blue, hand-drawn font. Below this, in a smaller, hand-drawn blue speech bubble, is the text 'We're here for you'. At the bottom, there is a block of small black text, the Mind Infoline contact details, and the MARSH logo.

Whatever you're facing, you don't have to face it alone. We're here for you. Whether you're stressed, down or in crisis. For mental health information and support, just call us:

Mind Infoline
0300 123 3393
Monday to Friday, 9.00am to 5.00pm
info@mind.org.uk

MARSH Number change generously funded by Marsh UK

 **mind**
for better mental health

Events



The poster features a photograph of a person running on a grassy path. Overlaid on the image is a large, hand-drawn white speech bubble containing the text 'running feels great' in a white, hand-drawn font. Below the image, there is a block of text for the Royal Parks Foundation Half Marathon event, including the date '9 October 2012'. At the bottom right is the Mind logo.

Royal Parks Foundation
Half Marathon
9 October 2012

Lorem ipsum dolor amet, consectetur adipiscing elit. Nam nisl. Nunc varius facilisis eros. Sed erat. In in velit quis arcu ornare laoreet. Curabitur adipiscing luctus. Integer ut purus sit. augue conmodo conmodo. Nunc varius facilisis eros. Sed erat. In in velit quis arcu ornare laoreet. Curabitur adipiscing luctus. Integer ut purus sit. augue conmodo conmodo. Nunc varius facilisis eros. Sed erat. In in velit quis arcu ornare laoreet.

 **mind**
for better mental health

Fundraising – from events to appeals



My Christmas message of support:

Please write a message of support here. We'll display it in the infoline office so our staff can see it while they're answering calls from people in desperate need this Christmas time.

Source code/supporter number

Some conversations can't wait. Here's my Christmas gift to make sure people dealing with stress, anxiety and depression have somewhere to turn.

Please accept my gift of: ☐ £17.40 ☐ £34.80 ☐ £52.50 ☐ or my choice of £ _____

☐ Please make Cheques/Paid Order/CD/ You're payable to Mind ☐ Please debit my Visa/MasterCard/Debit/CD/ clearly with name in a separate line

Card No. _____ Exp. Date _____ Cardholder Name _____

Signature _____ Date ____/____/____

If you would like a thank you letter please tick here ☐ To make a donation by phone please call 0300 999 1946

Mrs AB Sample
1 Sample Road
Sample Town
Sample County
SA1 1MP

Home telephone number _____

Mobile number _____

Email address _____

Source Code/Supporter number _____

Appeal code _____

☒ **Gifted it** Gifted it means Mind is able to keep your name on all your donations. For every £1 you give, they'll add an extra 50p from your name and it doesn't cost you a penny.

☐ **Let's talk** Let's talk is a free telephone service that can help you to get the most out of your donation. It's available 24/7 and is free of charge.

Signature _____

Please return to: Mind, Freepost BUCYLR-DITH, Woking, Surrey, GU24 0BT

Bristol MindLine
0800 808 0330
MINDLINE is a service for people with mental health problems

Mrs Sample
Sample House
Sample Town
Sample County
ABC 123

Source code/supporter number

Dear Mrs Sample

Some conversations can't wait. Will you help volunteers like me be ready to answer every cry for help this Christmas time?

The card above is the number for the Bristol MindLine. I've sent it to you in case you, a friend, relative or colleague needs to talk to someone. I hope you'll keep it handy.

You might be surprised to receive this, but I know from personal experience that mental health problems can affect people from every walk of life and at any age. Without the right support, depression, anxiety and other conditions can ruin lives – even drive people to take their own lives. It's shocking to think that over a hundred people will take their own lives this week. I often wonder how many of those lives could be saved if people had somewhere to turn, and someone like me or one of my colleagues to talk to.

That's why I am writing to ask if you will send a Christmas gift of £10. I volunteer on MindLine myself and I know from first-hand experience just how vital the service is to local people. Without it, many of the people we talk to would have literally nowhere to turn for help.

It's not a Happy Christmas for everyone.

Christmas is a happy time for most of us. But what if you were facing your first Christmas without the love of your life by your side? What if you were so stressed and anxious about money that you couldn't eat or sleep? What if you were going to be spending Christmas completely alone? If that was the Christmas you were facing (and I hope it isn't), can you imagine how it would feel to be able to call and just talk to someone who understood? Someone like me, who had not only had personal experience of mental health problems, but was trained to help?

When I was going through my own experiences of depression and anxiety a few years ago, it made a huge difference to me to be able to talk to someone who genuinely understood how I felt. Now, thanks to the training I've received, I'm able to be that person for other people when they call MindLine. It's amazing how even people surrounded by friends and family can feel completely isolated until they

(continued overleaf)

mind
for better mental health



Retail

Our shops are one of the places where people see the Mind name most often. Shop fronts should be blue in order to drive consistency and recognition.

Inside, posters, labels, decals and signage can be designed in other combinations to add warmth.



Online banner examples

Banner ads should be short, simple and direct. Remember that, with so much else going on on the page, they can be easy to ignore – so use animation and colour to attract the viewer's eye.

Guidelines for logo placement can be found on page 32.



Document spreads – landscape



Main Quantitative Trial Results

Introduction

The Proceed study is a two-arm randomised controlled trial evaluating the effectiveness of a system of structured pro-active care (intervention group) compared to usual GP care (control group). The study recruited 558 patients from 42 GP practices. Randomisation to group was at the individual level, using block randomisation within practice.

All data was double entered to minimise data entry errors. All data management and analysis was undertaken using SPSS version 15.0 and STATA version 10.

This document presents an analysis of the data collected over the 24 months study period. The primary outcome of interest is the total score using the Beck Depression Inventory (BDI-II). Secondary outcomes of interest include the Work and Social Activities Scale (WSAS), the EuroQol visual analogue scale (EQ-VAS) and service usage data.

Summary of data collection and outcomes

The following table (table one) shows the outcome measures (considered in this document) recorded at each follow-up point.

Outcome	Baseline	3 months	6 months	12 months	18 months	24 months
BDI-II	X	X	X	X	X	X
WSAS	X					X
EQ-VAS	X					X

The BDI-II gives a score by summing the responses (0 to 3) to 21 questions. Thus it gives a total score between 0 and 63. The higher the score the more impaired the individual.

The WSAS gives a score by summing the responses (0 to 4) to 5 questions, giving a total score between 0 and 20. The higher the score the more impaired the individual.

The EQ-VAS is a visual analogue scale between 0 and 100 recording individual health status. The lower the score the more impaired the individual.

Service usage data (GP visits, GP home

visits, nurse/counsellor visits, referrals to psychological therapy/psychotherapy, referrals to psychiatric/community mental health team and prescriptions for psychotropic medicines) were collected for the 24 months period pre-trial and the 24 months trial period.

Baseline Characteristics

Five hundred and fifty eight individuals were included in the study with 282 (58.5%) being randomised to the intervention group and 276 (49.5%) to the control group.

Table two presents the socio-demographic variables by randomisation group. Continuous variables are presented as means with standard deviations. Categorical variables are presented as numbers and percentages.

	Intervention	Control
Age	Mean (s.d.) (years)	48.3 (12.3)
Gender	Female	217 (77.8%)
Diagnosis	Chronic major depression	78 (28.1%)
	Recurrent depression	155 (55.8%)
	Dysthymia	45 (16.2%)
Marital Status	Married	133 (47.7%)
Living with	Partner/children	212 (76.3%)
Accommodation	Owner-occupied	188 (68.6%)
Ethnicity	White UK	251 (88.6%)
Employment	Paid	137 (48.9%)

Baseline outcome measurements

Total scores were calculated for the BDI by summing the responses to the individual questions for this instrument. Since some participants did not complete every item on this instrument, total scores were calculated by replacing missing items with the average of available items, where the number of missing items was less than 50% (i.e. <=11 out of 21 questions completed). Using this algorithm for the BDI 558 (98.6%) individuals had scores available at baseline.

Total scores were calculated for the WSAS by summing the responses to the individual questions. Since some participants did not complete every item on this instrument, total scores were calculated by replacing missing items with the average of available items, where the number of missing items was less than 50% (i.e. <=3 out of 5 questions completed). Using this algorithm for the WSAS 552 (98.9%) individuals had scores available at baseline.

For the EQ-VAS 558 (98.6%) had scores available.

Baseline scores for these outcomes are presented in table three, as means and standard deviations, with minimum and

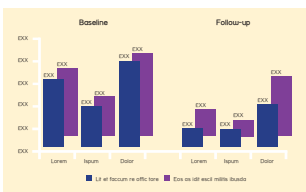
2. Productivity losses

What were the productivity losses in our sample and did Proceed make a difference?

The impact of depression on the ability to work can be severe. In England, the average annual cost of lost employment due to depression in 2007 has been estimated at £5,311 per person (McCrone, Dhanraj et al. 2008). Our estimate of productivity losses includes three categories:

- Absenteeism: Absence from paid employment or volunteering
- Presenteeism: Reduced productivity while at work.
- Unemployment: values as wages forgone based on the minimum wage for England.

Figure XXX: Amount of lost productivity at baseline and follow-up. The following table (table one) shows the outcome measures (considered in this document) recorded at each follow-up point.



As figure XXX shows, productivity losses in all three categories were very similar for both groups at baseline. After adjusting for baseline, the reduction over time in losses from presenteeism and unemployment was significant at the 98% level for both groups.

However, the value of lost productivity from unemployment remained higher for the intervention group. Thus although overall productivity loss fell, the intervention group did not fare better than the control group.

3. Costs to the public sector and to society

What were costs associated with service use, informal care and productivity losses and did Proceed have an impact?

When looking at the baseline public sector costs there were significant differences between the groups in the costs for alternative therapies (e.g. hydrotherapy pools, spiritual healers) and social care, but the amounts were small. Figures XXX and XXX show the fall in the value of lost productivity, from more than 48% of total costs at baseline to about a third at follow-up.

- At follow-up – taking into account baseline costs – the intervention group had significantly higher costs for community health services, medications, loss from unemployment and contacts with GP nurses for depression.
- For GP and GP nurse visits for depression and for depression medication the cost changes over time for both groups were significant at the 98% level.

Figure XXX: Baseline costs by category¹

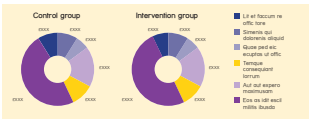
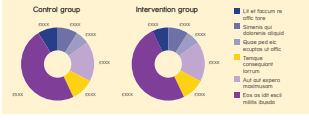


Figure XXX: Baseline costs by category¹



Main title:

KG Small Town
Southern Girl



Proceed report for Mind & the Big Lottery

Illustration

Relevant and from
agreed library



Table Colours:

Tables can use tints of the main colours. Tints should not be used anywhere other than charts, tables and diagrams. See chart on page 22.

Heading 1:

KG Small Town
Southern Girl

36pt / 33pt leading

Colour: Blue

Subhead:

Street Corner Bold

15pt / 18pt leading

2mm space after

Colour: Blue

Body copy:

Street Corner Regular

11pt / 14pt leading

2mm space after

Colour: Black

Table copy:

Street Corner Regular

12pt / 10 pt

Main Quantitative Trial Results

Introduction

The Proceed study is a two-arm randomised controlled trial evaluating the effectiveness of a system of structured pro-active care (intervention group) in adults with chronic/long term depression compared to usual GP care (control group). The study recruited 558 patients from 42 GP practices. Randomisation to group was at the individual level, using block randomisation within practice.

All data was double entered to minimise data entry errors. All data management and analysis was undertaken using SPSS version 15.0 and STATA version 10.

This document presents an analysis of the data collected over the 24 months study period. The primary outcome of interest is the total score using the Beck Depression Inventory (BDI-II). Secondary outcomes of interest include the Work and Social Activities Scale (WSAS), the EuroQol visual analogue scale (EQ VAS) and service usage data.

Summary of data collection and outcomes

The following table (table one) shows the outcome measures (considered in this document) recorded at each follow-up point.

Outcome	Baseline	3 months	6 months	12 months	18 months	24 months
BDI-II	X	X	X	X	X	X
WSAS	X					X
EQ-VAS	X					X

The BDI-II gives a score by summing the responses (0 to 3) to 21 questions. Thus it gives a total score between 0 and 63. The higher the score the more impaired the individual.

The WSAS gives a score by summing the responses (0 to 8) to 5 questions, giving a total score between 0 and 40. The higher the score the more impaired the individual.

The EQ-VAS is a visual analogue scale between 0 and 100 recording individual health status. The lower the score the more impaired the individual.

Service usage data (GP visits, GP home

visits, nurse/counsellor visits, referrals to psychological therapy/psychotherapy, referrals to psychiatrist/community mental health team and prescriptions for psychotropic medicines) were collected for the 24 months period pre-trial and the 24 months trial period.

Subhead:

Street Corner Bold
15pt / 18pt leading
2mm space after
Colour: Blue

Body copy:

Street Corner Regular
11pt / 14pt leading
2mm space after
Colour: Black

Table copy:

Street Corner Regular
12pt / 10 pt

Baseline Characteristics

Five hundred and fifty eight individuals were included in the study with 282 (50.5%) being randomised to the intervention group and 276 (49.5%) to the control group.

Table two presents the socio-demographic variables by randomisation group. Continuous variables are presented as means with standard deviations. Categorical variables are presented as numbers and percentages.

		Intervention	Control
Age	Mean (s.d.) (years)	48.3 (12.3)	48.4 (13.4)
Gender	Female	217 (77.0%)	201 (72.8%)
Diagnosis	Chronic major depression	78 (28.1%)	86 (31.6%)
	Recurrent depression	155 (55.8%)	142 (52.2%)
	Dysthymia	45 (16.2%)	44 (16.2%)
Marital Status	Married	133 (47.7%)	127 (46.9%)
Living with	Partner/children	212 (76.3%)	188 (69.1%)
Accommodation	Owner-occupied	188 (68.6%)	179 (66.1%)
Ethnicity	White UK	251 (90.6%)	241 (89.3%)
Employment	Paid	137 (48.9%)	121 (44.8%)

Baseline outcome measurements

Total scores were calculated for the BDI by summing the responses to the individual questions for this instrument. Since some participants did not complete every item on this instrument, total scores were calculated by replacing missing items with the average of available items, where the number of missing items was less than 50% (i.e. ≥ 11 out of 21 questions completed). Using this algorithm for the BDI 550 (98.6%) individuals had scores available at baseline.

Total scores were calculated for the WSAS by summing the responses to the individual questions. Since some participants did not complete every item on this instrument, total scores were calculated by replacing missing items with the average of available items, where the number of missing items was less than 50% (i.e. ≥ 3 out of 5 questions completed). Using this algorithm for the WSAS 552 (98.9%) individuals had scores available at baseline.

For the EQ-VAS 550 (98.6%) had scores available.

Baseline scores for these outcomes are presented, in table three, as means and standard deviations, with minimum and

Heading 2:

KG Small Town
Southern Girl

26pt / 28pt leading

Colour: Blue

Subhead:

Street Corner Bold

15pt / 18pt leading

2mm space after

Colour: Blue

Body copy:

Street Corner Regular

11pt / 14pt leading

2mm space after
for bullets

Colour: Black

Table copy:

Street Corner Regular

11pt / 8pt leading

3. Costs to the public sector and to society

What were costs associated with service use, informal care and productivity losses and did Proceed have an impact?

When looking at the baseline public sector costs there were significant differences between the groups in the costs for alternative therapies (e.g. hydrotherapy pools, spiritual healers) and social care, but the amounts were small. Figures XXX and XXX show the fall in the value of lost productivity, from more than 40% of total costs at baseline to about a third at follow-up.

In addition,

- At follow-up – taking into account baseline costs – the intervention group had significantly higher costs for community health services, medications, loss from unemployment and contacts with GP nurses for depression.
- For GP and GP nurse visits for depression and for depression medication the cost changes over time for both groups were significant at the 90% level.

Figure XXX: Baseline costs by category⁶

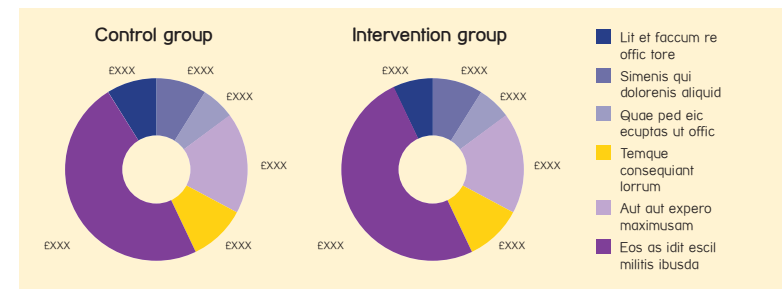
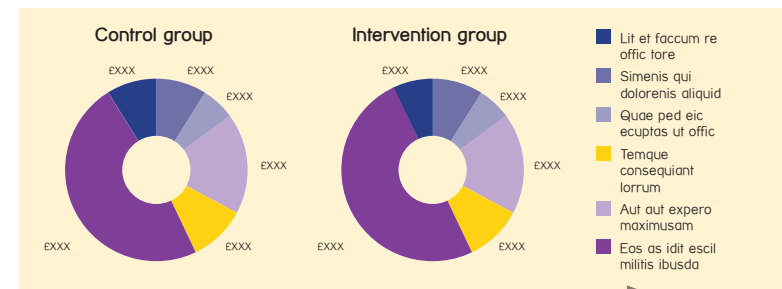


Figure XXX: Baseline costs by category⁵



Document examples – as a spread

15mm

15mm

40mm

25mm

Main Quantitative Trial Results

Introduction

The Proceed study is a two-arm randomised controlled trial evaluating the effectiveness of a system of structured pro-active care (intervention group) in adults with chronic/long term depression compared to usual GP care (control group). The study recruited 558 patients from 42 GP practices. Randomisation to group was at the individual level, using block randomisation within practice.

All data was double entered to minimise data entry errors. All data management and analysis was undertaken using SPSS version 15.0 and STATA version 10.

This document presents an analysis of the data collected over the 24 months study period. The primary outcome of interest is the total score using the Beck Depression Inventory (BDI-II). Secondary outcomes of interest include the Work and Social Activities Scale (WSAS), the EuroQol visual analogue scale (EQ VAS) and service usage data.

Summary of data collection and outcomes

The following table (table one) shows the outcome measures (considered in this document) recorded at each follow-up point.

Outcome	Baseline	3 months	6 months	12 months	18 months	24 months
BDI-II	X	X	X	X	X	X
WSAS	X					X
EQ-VAS	X					X

The BDI-II gives a score by summing the responses (0 to 3) to 21 questions. Thus it gives a total score between 0 and 63. The higher the score the more impaired the individual.

The WSAS gives a score by summing the responses (0 to 8) to 5 questions, giving a total score between 0 and 40. The higher the score the more impaired the individual.

The EQ-VAS is a visual analogue scale between 0 and 100 recording individual health status. The lower the score the more impaired the individual.

Service usage data (GP visits, GP home visits, nurse/counsellor visits, referrals to psychological therapy/psychotherapy, referrals to psychiatrist/community mental health team and prescriptions for psychotropic medicines) were collected for the 24 months period pre-trial and the 24 months trial period.

Baseline Characteristics

Five hundred and fifty eight individuals were included in the study with 282 (50.5%) being randomised to the intervention group and 276 (49.5%) to the control group.

Table two presents the socio-demographic variables by randomisation group. Continuous variables are presented as means with standard deviations. Categorical variables are presented as numbers and percentages.

		Intervention	Control
Age	Mean (s.d.) (years)	48.3 (12.3)	48.4 (13.4)
Gender	Female	217 (77.0%)	281 (72.8%)
Diagnosis	Chronic major depression	78 (28.1%)	86 (31.5%)
	Recurrent depression	155 (55.8%)	142 (52.2%)
	Dysthymia	45 (16.2%)	44 (16.2%)
Marital Status	Married	133 (47.7%)	127 (46.9%)
Living with	Partner/children	212 (76.3%)	188 (69.1%)
Accommodation	Owner-occupied	188 (68.6%)	179 (66.1%)
Ethnicity	White UK	251 (98.6%)	241 (89.3%)
Employment	Paid	137 (48.9%)	121 (44.8%)

Baseline outcome measurements

Total scores were calculated for the BDI by summing the responses to the individual questions for this instrument. Since some participants did not complete every item on this instrument, total scores were calculated by replacing missing items with the average of available items, where the number of missing items was less than 50% (i.e. >=1 out of 21 questions completed). Using this algorithm for the BDI 558 (98.6%) individuals had scores available at baseline.

Total scores were calculated for the WSAS by summing the responses to the individual questions. Since some participants did not complete every item on this instrument, total scores were calculated by replacing missing items with the average of available items, where the number of missing items was less than 50% (i.e. >=3 out of 5 questions completed). Using this algorithm for the WSAS 552 (98.9%) individuals had scores available at baseline.

For the EQ-VAS 550 (98.6%) had scores available.

Baseline scores for these outcomes are presented, in table three, as means and standard deviations, with minimum and

11

12

Secondary title:

KG Small Town
Southern Girl
26pt / 28pt leading

Hand-drawn lines:

White line should be the same weight as the blue line at the foot of the page

Subhead:

Street Corner Bold
15pt / 18pt leading
2mm space after
Colour: Blue


Body copy:

Street Corner Regular
11pt / 14pt leading
2mm space after for bullets
Colour: Black

4. Spotlight

"Change is happening, and I really feel we are close to the tipping point in terms of people's greater understanding and society's greater openness about mental illness. I am pleased and proud that people think I have played a part in that. This award recognises that I have used my voice, and taken it to the public platform that I can, to raise awareness of the fantastic work that charities like Mind carry out."

Journalist, broadcaster and author Alastair Campbell




5. A force for change

Transforming relationships

Very often people experiencing mental distress who are victims of crime are reluctant to approach the police because they fear they will not be listened to, believed or treated fairly. Sadly, because of stigma and stereotypes about mental health, Mind's research shows that too often this is the reality for those who do report a crime.

However a pioneering Hackney police officer is working to change all this. PC Richard Harwin, a former psychiatric nurse, has organised a monthly police 'surgery' for visitors to City and Hackney Mind, providing a safe place for people to discuss crime in the community. His face-to-face work, coupled with his training for frontline

police officers which involves people with mental distress presenting their experiences, has helped break down stereotypes and rebuild trust between the police and people with experience of mental distress, ensuring that everyone has equal access to justice, whether they are a victim or a witness to crime.



"I've always wanted to do everything I can to improve communication between the police, service users and the wider community and am pleased to have been given the opportunity to improve understanding of mental health issues within the force and beyond," he said.

For his efforts PC Harwin was awarded 'highly commended' by the prestigious Una Padel Awards in January 2010. The Awards are run by The Centre for Crime and Justice Studies and recognise contributions to the field of criminal and social justice, in line with the values of Una Padel who was Director of the Centre until 2006.

Looking forward 2010-2011

We will be...

- Launching Taking Care of Business – a three-year campaign that aims to encourage the development of mentally healthy workplaces and reduce discrimination.
- Working as part of the Time to Change coalition with the public and media to challenge stereotypes, break down barriers and positively affect the way that mental health issues and the people who experience them are viewed.
- Launching Care in Crisis an independent inquiry into acute mental health services.

Hand-drawn lines:

These can be used to lead the eye around quotes and to relevant images

Quoted text:

When no highlight box is used it should fit to the column dimensions

Colour blocks:

Can be any size provided they sit within the grid. The height of these coloured blocks can be varied. This example is two columns wide

Hand-drawn lines:

White line used to divide image from caption is the same weight as the blue line at the foot of the page

Quotes and images:

Images and quotes can be used separately or combined as here. When the image and quote are unrelated they must be separated and the image and text box should be 'squared up' and the hand drawn line should not be used

24

25

Quotation copy:

Street Corner Bold
15pt / 18 leading
2mm space after

Credit line:

Street Corner Bold
13pt

Pictures and quotes:

These can be any size as long as they sit within the grid

Highlight boxes:

These sit to the width of the column and copy sits within as illustrated above
Use ONLY blue text on yellow, white text on purple or white text on blue

Combining quotes and images:

If the quote relates to the image they can be combined in this way

Colour blocks:

They can be any size provided they sit within the grid. The height of these coloured blocks can be varied. This example is one column wide

Hand-drawn lines:

White line used to highlight the quote is the same weight as the blue line at the foot of the page

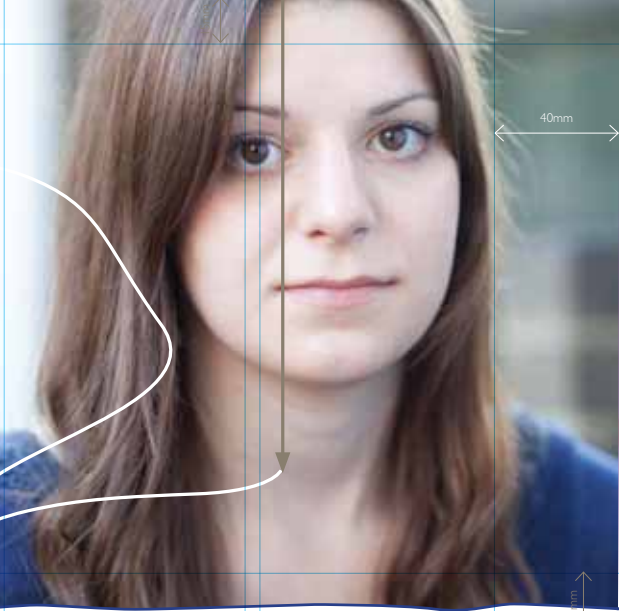
Quotes and images:

Images and quotes can be used separately or combined as here. When the image and quote are unrelated they must be separated and the image and text box should be 'squared up' and the hand-drawn line should not be used

4. Spotlight

I've always wanted to do everything I can

24



40mm


25mm

5. A force for change

Transforming relationships

Very often people experiencing mental distress who are victims of crime are reluctant to approach the police because they fear they will not be listened to, believed or treated fairly. Sadly, because of stigma and stereotypes about mental health, Mind's research shows that too often this is the reality for those who do report a crime.

However a pioneering Hackney police officer is working to change all this. PC Richard Harwin, a former psychiatric nurse, has organised a monthly police 'surgery' for visitors to City and Hackney Mind, providing a safe place for people to discuss crime in the community. His face-to-face work, coupled with his training for frontline police officers which involves people with mental distress presenting their experiences, has helped break down stereotypes and rebuild trust between the police and people with experience of mental distress, ensuring that everyone has equal access to justice, whether they are a victim or a witness to crime.



I am pleased to have been given the opportunity to improve understanding of mental health issues within the force and beyond

For his efforts PC Harwin was awarded 'highly commended' by the prestigious Una Padel Awards in January 2010. The Awards are run by The Centre for Crime and Justice Studies and recognise contributions to the field of criminal and social justice, in line with the values of Una Padel who was Director of the Centre until 2006.

Looking forward 2010-2011

We will be...

- Launching Taking Care of Business – a three-year campaign that aims to encourage the development of mentally healthy workplaces and reduce discrimination.
- Working as part of the Time to Change coalition with the public and media to challenge stereotypes, break down barriers and positively affect the way that mental health issues and the people who experience them are viewed.
- Launching Care in Crisis an independent inquiry into acute mental health services, barriers and positively affect the way that mental health issues and the people who

25

Real voices:

Alabama can be used in pullouts from the body copy when people are talking about their mental health. It doesn't need quotation marks as it is only ever used in this way. It is never Mind's voice

Pictures and quotes:

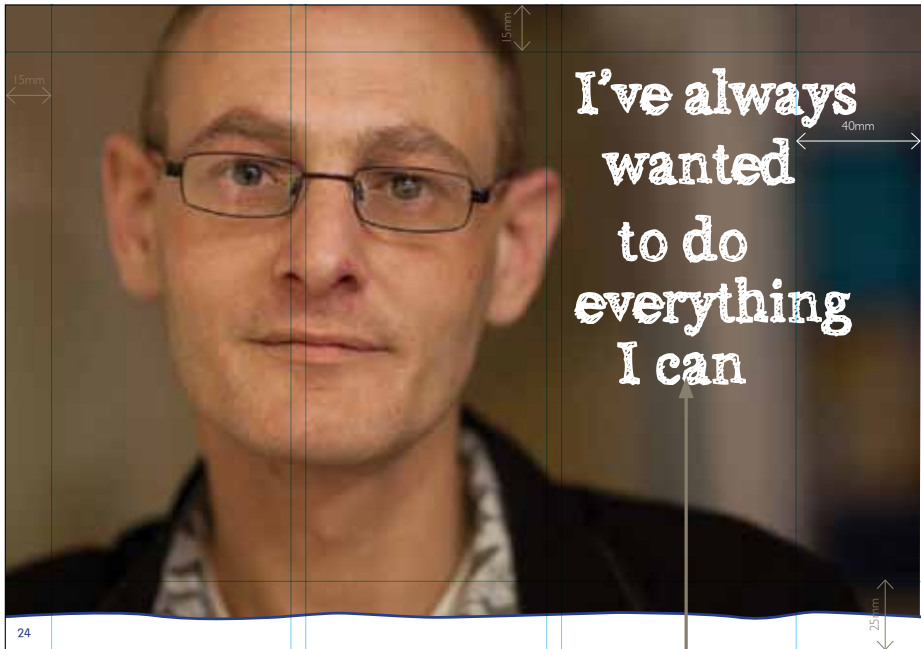

These can be any size as long as they sit within the grid

Copy pull outs:

Alabama can be used in pullouts from the body copy when people are talking about their mental health. It doesn't need quotation marks as it is only ever used in this way

Quotes and images:

Alabama can be used to highlight quotes pulled out from the copy. These quotes can be placed over images as here, so long as the background is clear enough to allow the quote to be easily read

 <p>I've always wanted to do everything I can</p>	<h3>5. A force for change</h3> <h4>Transforming relationships</h4> <p>Very often people experiencing mental distress who are victims of crime are reluctant to approach the police because they fear they will not be listened to, believed or treated fairly. Sadly, because of stigma and stereotypes about mental health, Mind's research shows that too often this is the reality for those who do report a crime.</p> <p>However a pioneering Hackney police officer is working to change all this. PC Richard Harwin, a former psychiatric nurse, has organised a monthly police 'surgery' for visitors to City and Hackney Mind, providing a safe place for people to discuss crime in the community. His face-to-face work, coupled with his training for frontline police officers which involves people with mental distress presenting their experiences, has helped break down stereotypes and rebuild trust between the police and people with experience of mental distress, ensuring that everyone has equal access to justice, whether they are a victim or a witness to crime.</p>	 <p>I've always wanted to do everything I can</p> <h3>Looking forward 2010-2011</h3> <p>We will be...</p> <p>t of the Time to Change coalition with the public and media to challenge stereotypes, break down barriers and positively affect the way that mental health issues and the people who experience them are viewed.</p> <p>* Launching Care in Crisis an independent inquiry into acute mental health services.</p>
---	---	--

Pictures and quotes:

These can be any size as long as they sit within the grid

Quotation copy:

Alabama can be used when people are talking about their mental health

Document spreads – portrait

Main title:
KG Small Town
Southern Girl

Proceed report for
Mind & the Big Lottery



 mind
for better mental health

KG Small Town
Southern Girl
36pt / 33pt leading
Colour: Blue

Street Corner Bold
15pt / 18pt leading
2mm space after
Colour: Blue

Street Corner Regular
11pt / 12pt

Street Corner Regular
11pt / 14pt leading
2mm space after for
bullets

Main Quantitative Trial Results

Introduction

The Proceed study is a two-arm randomised controlled trial evaluating the effectiveness of a system of structured pro-active care (intervention group) in adults with chronic long term depression compared to usual GP care (control group). The study recruited 558 patients from 42 GP practices. Randomisation to group was at the individual level, using block randomisation within practice.

All data was double entered to minimise data entry errors. All data management and analysis was undertaken using SPSS version 15.0 and STATA version 16.

This document presents an analysis of the data collected over the 24 months study period. The primary outcome of interest is the total score using the Beck Depression Inventory (BDI-II). Secondary outcomes of interest include the Work and Social Activities Scale (WSAS), the EuroQol visual analogue scale (EQ-VAS) and service usage data.

Summary of data collection and outcomes

The following table (table one) shows the outcome measures (considered in this document) recorded at each follow-up point.

Outcome	Baseline	3 months	6 months	12 months	18 months	24 months
BDI-II	X	X	X	X	X	X
WSAS	X					X
EQ-VAS	X					X

The BDI-II gives a score by summing the responses (0 to 3) to 21 questions. Thus it gives a total score between 0 and 63. The higher the score the more impaired the individual.

The WSAS gives a score by summing the responses (0 to 8) to 5 questions, giving a total score between 0 and 40. The higher the score the more impaired the individual.

The EQ-VAS is a visual analogue scale between 0 and 100 recording individual health status. The lower the score the more impaired the individual.

Service usage data (GP visits, GP home

Baseline Characteristics

Five hundred and fifty eight individuals were included in the study with 282 (50.5%) being randomised to the intervention group and 276 (49.5%) to the control group.

Table 2 presents the socio-demographic variables by randomisation group. Continuous variables are presented as means with standard deviations. Categorical variables are presented as numbers and percentages.

	Intervention	Control
Age	Mean (s.d.) (years)	48.4 (12.4)
Gender	Female	281 (72.8%)
Diagnosis	Chronic major depression	86 (31.6%)
	Recurrent depression	142 (52.2%)
	Dysthymia	44 (16.2%)
Marital Status	Married	127 (45.9%)
Living with	Partner/children	388 (59.7%)
Accommodation	Owner-occupied	175 (66.1%)
Ethnicity	White UK	341 (83.3%)
Employment	Paid	121 (44.8%)

Baseline outcome measurements

Total scores were calculated for the BDI by summing the responses to the individual questions for this instrument. Since some participants did not complete every item on this instrument, total scores were calculated by replacing missing items with the average of available items, where the number of missing items was less than 50% (i.e. ≥ 11 out of 21 questions completed). Using this algorithm for the BDI 558 (98.6%) individuals had scores available at baseline.

Total scores were calculated for the WSAS by summing the responses to the individual questions. Since some participants did not complete every item on this instrument, total scores were calculated by replacing missing items with the average of available items, where the number of missing items was less than 50% (i.e. ≥ 3 out of 5 questions completed). Using this algorithm for the WSAS 552 (98.9%) individuals had scores available at baseline.

For the EQ-VAS 558 (98.6%) had scores available.

Baseline scores for these outcomes are presented, in table three, as means and standard deviations, with minimum and maximum values and the number of values

2. Productivity losses

What were the productivity losses in our sample and did Proceed make a difference?

The impact of depression on the ability to work can be severe. In England, the average annual cost of lost employment due to depression in 2007 has been estimated at (£9,311 per person (McCrone, Dhanasiri et al. 2008). Our estimate of productivity losses includes three categories:

- Absenteeism: Absence from paid employment or volunteering.
- Presenteeism: Reduced productivity while at work.
- Unemployment: values as wages forgone based on the minimum wage for England.

Figure XXX: Amount of lost productivity at baseline and follow-up

The following table (table one) shows the outcome measures (considered in this document) recorded at each follow-up point.



As figure XXX shows, productivity losses in all three categories were very similar for both groups at baseline. After adjusting for baseline, the reduction over time in losses from presenteeism and unemployment was significant at the 98% level for both groups.

However, the value of lost productivity from unemployment remained higher for the intervention group. Thus although overall productivity loss fell, the intervention group did not fare better than the control group.

¹ The monetary value of informal care based on the minimum wage rate (Parker and Pickett, 2005).
² Based on median earnings from the Annual Survey of Hours and Earnings (HS-Edwards) (www.gov.uk/economic/hs-edwards).
³ Estimated at about 10% per day (Gordon, Long et al., 2004).

3. Costs to the public sector and to society

What were costs associated with service use, informal care and productivity losses and did Proceed have an impact?

When looking at the baseline public sector costs there were significant differences between the groups in the costs for alternative therapies (e.g. hydrotherapy pools, spiritual healers) and social care, but the amounts were small. Figures XXX and XXX show the fall in the value of lost productivity, from more than 46% of total costs at baseline to about a third at follow-up.

In addition,

- At follow-up – taking into account baseline costs – the intervention group had significantly higher costs for community health services, medications, loss from unemployment and contacts with GP nurses for depression.
- For GP and GP nurse visits for depression and for depression medication the cost changes over time for both groups were significant at the 98% level.

Figure XXX: Baseline costs by category^a

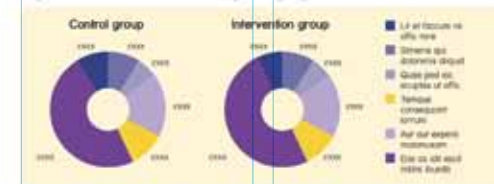
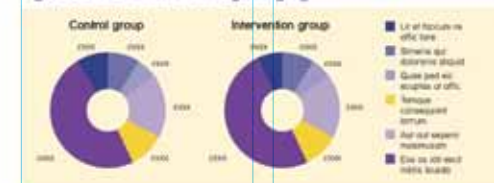


Figure XXX: Baseline costs by category^a



Colour blocks:

Can be any size provided they sit within the grid. The height of these coloured blocks can be varied. This example is one column wide

Quotation copy:

Street Corner Bold
15pt / 18pt leading
2mm space after

Credit line:

Street Corner Bold
13pt

Pictures and quotes:

These can be any size as long as they sit within the grid

Quotes and images:

Images and quotes can be used separately or combined as here. If the quote relates to the image they can be combined in this way

Hand-drawn lines:

White line used to divide image from caption is same weight as the blue line at the foot of the page

Highlight boxes:

These sit to the width of the column and copy sits within as illustrated here (see permitted colour combinations)

15mm

10mm

26mm

20mm

12

5. A force for change

Transforming relationships

Very often people experiencing mental distress who are victims of crime are reluctant to approach the police because they fear they will not be listened to, believed or treated fairly. Sadly, because of stigma and stereotypes about mental health, Mind's research shows that too often this is the reality for those who do report a crime.

However a pioneering Hackney police officer is working to change all this. PC Richard Harwin, a former psychiatric nurse, has organised a monthly police 'surgery' for visitors to City and Hackney Mind, providing a safe place for people to discuss crime in the community. His face-to-face work, coupled with his training for frontline

police officers which involves people with mental distress presenting their experiences, has helped break down stereotypes and rebuild trust between the police and people with experience of mental distress, ensuring that everyone has equal access to justice, whether they are a victim or a witness to crime.

For his efforts PC Harwin was awarded 'highly commended' by the prestigious Uno Padel Awards in January 2010. The Awards are run by The Centre for Crime and Justice Studies and recognise contributions to the field of criminal and social justice, in line with the values of Uno Padel who was Director of the Centre until 2006.



"I've always wanted to do everything I can to improve communication between the police, service users and the wider community and am pleased to have been given the opportunity to improve understanding of mental health issues within the force and beyond," he said.

Looking forward 2010-2011

We will be...

- Launching Taking Care of Business – a three-year campaign that aims to encourage the development of mentally healthy workplaces and reduce discrimination.
- Working as part of the Time to Change coalition with the public and media to challenge stereotypes, break down barriers and positively affect the way that mental health issues and the people who experience them are viewed.
- Launching Care in Crisis an independent inquiry into acute mental health services, barriers and positively affect the way that mental health issues and the people who experience them are viewed.

"Change is happening, and I really feel we are close to the tipping point in terms of people's greater understanding and society's greater openness about mental illness. I am pleased and proud that people think I have played a part in that. This award recognises that I have used my voice, and taken it to the public platform that I can, to raise awareness of the fantastic work that charities like Mind carry out"

Journalist, broadcaster and author Alastair Campbell

<p>Making contact</p> <p>A frequent concern was difficulty getting through to someone on the telephone or having a long wait for a call back after leaving a message, or a long wait for someone to come out. Some people commented that the person they spoke to was unhelpful, and one recommended that calls should be recorded so that if people needed to complain it would not be the word of the patient against the professional. This person also pointed out that there are specific skills and qualifications in providing personal support by telephone and questioned whether crisis team staff had these.</p> <p>Some people were not able to use the telephone and wanted other contact options, such as text lines. People also talked about different barriers that might stop them making a call.</p> <ul style="list-style-type: none"> • It is hard to express yourself in crisis. • It is harder to express yourself if you are calling out of hours and are aware that there may be another caller in crisis waiting. • There is a risk that you might get through to someone you find unhelpful. • It can be hard to wait for a call back especially if you fear it will be an unhelpful response. • There is a risk that you feel rejected by the outcome of the call. <p>Numerous people cited the advice to have a bath, hot drink or go for a walk as being completely inadequate to the situation of someone who has come to the end of their resources. In particular, those who are experienced in self-management will have exhausted any such strategies. These pieces of advice may be experienced as rejection – replacing the visit or other direct help that the person wants or needs. The absence of direct help and feelings of rejection are both a risk to people who may be on the verge of self-harm. In some cases the advice itself may be risky – such as going for a walk in the middle of the night.</p>	<p>It is very worrying that people can have such difficulties obtaining help and experience a service that is there to help as a source of potential harm.</p> <p>Case study</p> <p>Ryan has used exemplary mental health services in Brighton since developing bipolar disorder at 16, with effective hospital care and a crisis team who understood the fluctuations in his mental health.</p> <p>"The team really responded to little changes in my mental health, and prevented things from getting worse. If it all got too much, I went to the local hospital, which was seamless. The staff were professional and took an interest – they really knew what they were doing. It was a place where I could get genuine help which put my family and friends' minds at rest."</p> <p>However, Ryan recently moved to a different NHS Trust, where the lack of support meant he deteriorated to crisis point and lost his job.</p> <p>"I was used to having crisis services, and here there is nothing. I was on the road to recovery, and then I just got left."</p> <p>"My previously well balanced medication stopped being monitored, the crisis team keep losing my details and send me letters with blank gaps in. Inevitably I had a breakdown which the crisis team missed and that culminated in a major suicide attempt. Even after that, I received no support."</p> <p>"I've tried the crisis helpline but they are always engaged. Only once did someone answer, but it was equivalent to talking to somebody flicking through a magazine. I've turned up at A&E and been sent home, and no crisis team ever came out."</p> <p>"My GP is tearing his hair out because he can't get me the crisis network we both agree I need to live my life."</p>	<p>Making contact</p> <p>A frequent concern was difficulty getting through to someone on the telephone or having a long wait for a call back after leaving a message, or a long wait for someone to come out. Some people commented that the person they spoke to was unhelpful, and one recommended that calls should be recorded so that if people needed to complain it would not be the word of the patient against the professional. This person also pointed out that there are specific skills and qualifications in providing personal support by telephone and questioned whether crisis team staff had these.</p> <p>Some people were not able to use the telephone and wanted other contact options, such as text lines. People also talked about different barriers that might stop them making a call.</p> <ul style="list-style-type: none"> • It is hard to express yourself in crisis. • It is harder to express yourself if you are calling out of hours and are aware that there may be another caller in crisis waiting. • There is a risk that you might get through to someone you find unhelpful. • It can be hard to wait for a call back especially if you fear it will be an unhelpful response. • There is a risk that you feel rejected by the outcome of the call. <p>Numerous people cited the advice to have a bath, hot drink or go for a walk as being completely inadequate to the situation of someone who has come to the end of their resources. In particular, those who are experienced in self-management will have exhausted any such strategies. These pieces of advice may be experienced as rejection – replacing the visit or other direct help that the person wants or needs. The absence of direct help and feelings of rejection are both a risk to people who may be on the verge of self-harm. In some cases the advice itself may be risky – such as going for a walk in the middle of the night.</p>	<p>It is very worrying that people can have such difficulties obtaining help and experience a service that is there to help as a source of potential harm.</p> <p>Case study</p> <p>Ryan has used exemplary mental health services in Brighton since developing bipolar disorder at 16, with effective hospital care and a crisis team who understood the fluctuations in his mental health.</p> <p>"The team really responded to little changes in my mental health, and prevented things from getting worse. If it all got too much, I went to the local hospital, which was seamless. The staff were professional and took an interest – they really knew what they were doing. It was a place where I could get genuine help which put my family and friends' minds at rest."</p> <p>However, Ryan recently moved to a different NHS Trust, where the lack of support meant he deteriorated to crisis point and lost his job.</p> <p>"I was used to having crisis services, and here there is nothing. I was on the road to recovery, and then I just got left."</p> <p>"My previously well balanced medication stopped being monitored, the crisis team keep losing my details and send me letters with blank gaps in. Inevitably I had a breakdown which the crisis team missed and that culminated in a major suicide attempt. Even after that, I received no support."</p> <p>"I've tried the crisis helpline but they are always engaged. Only once did someone answer, but it was equivalent to talking to somebody flicking through a magazine. I've turned up at A&E and been sent home, and no crisis team ever came out."</p> <p>"My GP is tearing his hair out because he can't get me the crisis network we both agree I need to live my life."</p>
--	--	--	--

Highlight boxes:

These sit to the width of the column and copy sits within as illustrated here (see permitted colour combinations)

A photograph of a woman with long brown hair, wearing a dark blue top and a beaded bracelet, listening intently to a man whose back is to the camera. The man is wearing a dark blue shirt. The woman's hands are clasped near her chin. The background is a blurred office setting.

Checklist

Checklist

1

Are you using the correct logo in the right colour, in the right place and with enough space around it?

2

Are you using the right style and / or combination of photography and illustration?

3

Are you using the right typefaces in the right way – eg Alabama for people's voices only?

4

Are you leading with our core colours?

5

Have you used one of the Mind standard statements on page 10?

6

Have you written in plain, everyday, jargon-free language and described mental health problems accurately and fairly?

7

Most importantly, does what you've produced feel real, personal, compassionate and courageous?