Community Food and Health (Scotland), or CFHS, works to enable everyone in Scotland to have the opportunity, ability and confidence to access a healthy diet. It particularly supports initiatives in low-income communities.

To develop a greater understanding of links between food and positive mental health and wellbeing, CFHS commissioned the Scottish Development Centre for Mental Health (SDC) to undertake research and develop this publication.

SDC conducted a short literature review to outline the evidence base and worked with CFHS to collect case study material from five Scottish organisations.

**Bridging the Gap** uses food as a shared activity to promote skills, dialogue and build a sense of belonging and community; all key to individual and community mental health and wellbeing.

**Dundee Healthy Living Initiative**, in conjunction with Dundee Women’s Aid, provides food activities as part of a healthy lifestyle course that builds self-esteem and confidence with women.

**Stepping Out** works on the social aspects of food to stimulate interest in growing, preparing and eating food with others as a springboard to improved mental health and wellbeing.

**Glasgow Association for Mental Health (GAMH)** is promoting the role that food and food-based activities can play in the recovery journey.

This bulletin outlines the findings from this research, which suggest that food is linked to mental health and wellbeing in a number of ways:

- **Diet and nutrition** can affect mood and be both protective and preventative for positive mental health and can aid recovery.
- **The development of food skills** can provide the tools to improve diet and nutrition and also impact on people’s self-esteem, confidence and overall mental wellbeing.
- **Food preparation and meals** can be social events that promote a sense of belonging, family and community ties, and overall inclusion.
- **Involvement in growing food** can have a positive effect on mental health by promoting relaxation and physical activity, as well as developing new skills.
- **Skills developed through food work** can often be a jumping-off point for moving into volunteering or paid employment, both of which play an important role in mental health and wellbeing.
Literature Review
Evidence linking food and positive mental health and wellbeing

INTRODUCTION
The link between what we eat and our physical health has been recognised by academics, medics and the general population for a long time. There is a wealth of evidence illustrating how the nutrition we get from what we eat can act positively and negatively on our physical health. Therefore, it is widely accepted that a balanced diet is needed for a healthy body. However, it is only fairly recently that people are starting to explore the evidence that links food and our mental health and wellbeing.

There is a growing body of evidence that examines the link between food and mental health; The Mental Health Foundation in Feeding Minds: The impact of food on mental health and Sustain in Changing Diets, Changing Minds; how food affects our mental wellbeing and behaviour, summarise existing evidence that indicates that diet can be preventative for poor mental health as well as promoting good mental health. Drawing on this and other research, a case is made for the various ways in which food is linked to positive mental health and wellbeing.

THE EVIDENCE BASE

Nutrition - brain development and mood
A large proportion of the evidence focuses on the impact of nutrition and how the brain needs different amounts of complex carbohydrates, Essential Fatty Acids (EFA), amino acids, vitamins and minerals, and water to develop and work at its best, much like the rest of our body. For example, EFA (specifically omega-3 and omega-6) help structure brain cells, which aids communication in the brain, and amino acids help create neurotransmitters like serotonin, which are associated with feelings of happiness and contentment. Therefore, the brain gets many of the nutrients it needs directly from food, demonstrating how food can have a positive impact on mental health by aiding healthy brain development and enhancing mood.

Nutrition - habitual diet
There is also evolving research on the role the quality of our daily habitual diet plays in the prevention, management and/or treatment of certain mental health problems, specifically depression, schizophrenia, Alzheimer’s disease and Attention Deficit Hyperactivity Disorder (ADHD). A balanced diet with good nutritional intake has been linked to better behaviour, concentration and academic achievement in school pupils, and dietary supplements of omega-3 fatty acids have been used to treat ADHD in children (Tomlinson et al, 2009). A nutritious diet has also been shown to reduce anti-social behaviour in young offenders (Associate Parliamentary Food and Health Forum, 2008). However, it must be noted that the research linking diet to ADHD and schizophrenia is still in the early stages and it is unclear whether diet could be used as a protective factor against these mental health conditions, or for the management or treatment of them.

Nevertheless, there is more evidence that some diets can be protective against Alzheimer’s disease and depression (McCulloch, & Ryrie, 2006). Recent articles by Jacka et al (2010), Akbaraly et al (2009) and Sanchez-Villegas et al (2009) have all found that diets high in fruit, vegetables, fish and whole grains are protective of depressive symptoms.
diets with high levels of fried foods, refined grains, and highly processed sugary products were a risk factor for depression. However, research is still in its infancy and all sources call for further research to explore the relationship between diet and mental health problems (Freeman, 2010; Tomlinson, 2009).

**Nutrition - historical changes**

In the same way that some food has been shown to be good for brain development and mental health by offering the right balance of nutrients, some foods can be damaging by releasing toxins or oxidants that harm healthy brain cells. Many sources of evidence relate this to how our diets have changed over time because the nutrients we consume have also changed. As hunter-gatherers we had a widely varied diet, rich in omega-3, protein, vitamins, minerals, and complex carbohydrates, derived mainly from fruit and vegetables, wild meat and fish, which was also low in saturated fat. As we became agricultural there was an emphasis on grains and meat, with less fruit and vegetables, and as we developed industrially, we were introduced to processed foods, where many of the essential nutrients were removed. These were also higher in saturated fats, sugar and additives. What is interesting to note is that the same foods that are good for mental health are also those needed for good physical health, and the same is true for those foods that act negatively on our mental and physical health. However, the relationship food has with mental health appears to be more difficult for people to understand. The Mental Health Foundation provides one reason for this in *Feeding Minds*:

"Maybe one of the reasons that the health of our brain is rarely an important factor in our dietary considerations is because it has an aura of complexity unlike many of our other vital organs. It doesn't cause immediate distress in the way that our stomach might when we get food poisoning, so we rarely learn to connect what we eat with how our brain reacts. Yet, like the heart or the stomach or the liver, the brain is acutely sensitive to what we consume in our daily lives." (MHF, 2006)

"Consequently, the dietary advice needed to build and maintain a healthy brain is really no different from the advice for a healthy body." (Sustain 2006)

**Social determinants of mental health and food**

Despite its emphasis in the research, the link between food and mental health is not limited to nutrition and diet. The evidence of how the social, economic, environmental and cultural aspects of food can improve people’s mental health is also developing (MHF, 2006; McCulloch & Ryrie, 2006; Freeman, 2010). This evidence is based on the social determinants of health which recognise that social, economic, environmental and cultural influences impact on our physical and mental health. Our socio-economic position, employment, social support and activities are all part of this. For example, the money we have to spend on food, the variety and quality of food we have access to and can afford, and the role food plays in our cultural, community, family and personal life all impacts on what we eat, why we eat and how we eat. These factors determine our mental health and wellbeing (Gillespie & Smith, 2008). Therefore, nutrition is not the only way food can impact on people’s mental health and wellbeing. However, this is a complex relationship, with many elements working together to impact on mental health and wellbeing. One element in isolation may not make an impact, e.g. two people on the same income may have a different relationship with food and thus food could have a different impact on their mental health. A person whose only interest in food is to “fill a hole” and eats alone will have a different mental health and wellbeing experience with food than someone who is interested in how food is grown, prepared, cooked and eaten, regardless of the nutritional
intake. Nevertheless, to fully understand how food can impact on mental health and wellbeing, the social, economic, cultural and environmental conditions of food need to be taken into account.

**Food production and preparation**

In line with the social determinants of mental health and wellbeing, the Department of Health ‘Making it Happen’ guidance for mental health promotion (2001) identifies four key areas that promote and protect mental wellbeing: enhancing control; increasing resilience and community assets; facilitating participation; and promoting inclusion. This further illustrates how food can promote positive mental health and wellbeing. Food activities that build on any or a combination of these elements can impact positively on mental health and wellbeing. For example, a food growing project can help build new skills that improve self-confidence and self-esteem, while building social networks and enhancing social inclusion.

**Gardening and cooking**

The production of food, and the social relationships that can develop through this process is an increasing area of interest regarding the link between food and mental health and wellbeing. A project based in North Kensington has conducted research to explore the positive impacts that plants and gardening can have on the health and wellbeing of the people and communities involved. The North Kensington project is based on communal space in the estate that is being used to grow seasonal plants in a way that is accessible to all (e.g. use of raised beds and wide paths so that wheelchairs can access the garden easily). The project aims to get residents growing food, particularly engaging with those with little or no previous experience, or who would not normally participate in food growing activities. To do this the project provides regular workshops and practical training in food growing practices; regular cooking workshops in cooking seasonal foods; and regular day trips related to growing seasonal food. In the research conducted participants reported that taking part in the project led to an increased sense of health and wellbeing (O’Beney & Valerio, 2009). Organisations like Thrive (www.thrive.co.uk) and its Scottish sister organisation Trellis (www.trellisscotland.org.uk) play a key role in promoting greater knowledge and understanding in this area by working to highlight the benefits gardening brings.

Gardening, food production, and food preparation are just a few ways in which the social and environmental conditions of food can impact on people’s mental health and wellbeing. Activities that involve promoting social eating, preparation and retail, e.g. food co-ops, can also help build new skills and further promote social inclusion, a sense of belonging, and family and community ties.

**Policy context**

As the evidence base for the social, cultural, economical and environmental impact of food on mental health and wellbeing develops, there are increasingly louder calls for government bodies, local authorities and voluntary and public sector organisations to recognise the impact food, and how it is grown, prepared and eaten can have on the mental health and wellbeing of the population. Local Authorities and other agencies are beginning to recognise how economics affect what people eat and thus their mental health and wellbeing, and therefore wellbeing powers within the Local Government Act 2010 to promote wellbeing have begun to be used by Local Authorities in England and linked up with social and economic regeneration initiatives to improve access to food and change eating habits (LACORS, LGA, FSA, 2002).

In addition, the Scottish Government’s action
References


LACORS, LGA, FSA (2002) Food: the local vision. A joint statement by the LGA, LACORS and the FSA.


The Food and Mood Project http://www.foodandmood.org/

The Hyperactive Children’s Support Group (HACSG) http://www.hacsg.org.uk/

Mental Health Project http://www.mentalhealthproject.com/

www.thrive.org.uk

Case Studies

The following case studies highlight some of the ways local projects across Scotland add to the evidence base linking food and mental health improvements, and illustrate the number of ways in which food can have a positive impact on population mental health and wellbeing. These draw on the four key areas that promote and protect mental wellbeing: enhancing control; increasing resilience and community assets; participation; and promoting inclusion.
Case Study: Bridging the Gap (Glasgow)

Bridging the Gap was set up in the Gorbals in Glasgow in 1999 by Gorbals Parish Church and Duns Scotus Church to bring the two faith communities closer together, tackle sectarianism in local schools and to bridge other gaps in the community. With the dispersal of asylum seekers to Glasgow in 2000 it also became the key integration agency for the area, providing a range of support to new residents in the Gorbals. Mental health was identified as the single biggest issue facing asylum seekers in a report by health visitors in the Gorbals in 2006. Experience of trauma in their home country, coupled with periods of up to 10 years living in limbo and often fear, the experience of detention and of separation from family and friends, all contribute to poor mental health.

Bridging the Gap has grown from a small group of volunteers and two part-time staff, to a medium-sized charity employing five staff and 20 volunteers devoted to tackling the issues faced by the whole community in the Gorbals.

The organisation’s involvement in food work has developed over this period. Originally, teas and coffees were served at the weekly drop-in session, together with a fruit stall selling fruit and vegetables such as yams, mangos and coriander that people found difficult to source locally. Now the Fruit Barra (a local food co-op) offers fresh fruit and veg every week. The project has developed to offer a huge array of international food at community social events.
move to premises with a larger kitchen, together with the recruitment of two volunteers who wanted to work on food allowed this to expand to include the planning, preparation and serving of a full meal at each weekly drop-in session.

The drop-in session currently runs each Thursday, attracting around 50 people from the Gorbals and beyond. The meals are produced to a budget and while healthy eating is not the main focus, all meals include fruit and vegetables and are made from scratch. The weekly lunch is planned, prepared and served by volunteers from the drop-in and regular evaluation shows that the project works at many levels.

It provides a healthy cooked meal for all participants (food and nutrition is especially important for those who are homeless within the asylum system or living on food vouchers). It is also an opportunity for volunteers from all over the world, including many Scots, to share their national food and take pride in their culture. People get to try out new flavours, learn new recipes from each other, and gain confidence in cooking for large numbers. The drop-in operates on the basis that everyone is welcome and accepted. Staff work hard to actively promote social inclusion, bringing together people from all corners of the globe to eat together and building a sense of community.

For those not able to work, it is an opportunity to be involved in meaningful activity with benefits such as improved confidence and self-esteem. These are benefits that can be felt by all participants. All volunteers have an opportunity to develop new skills, such as REHIS Food Hygiene training, and use these as a basis for moving on to volunteering and/or paid work.

Volunteering at the drop-in has provided important evidence of community involvement for references and letters of support for those involved in ‘legacy cases’.

Bridging the Gap promotes community mental health and wellbeing via food by promoting integration through involvement in shared activities. It is a place to meet others, and develop friendships, dialogue and a sense of belonging.

“I registered as a volunteer because they welcomed me very nicely. They were very encouraging. Fatima and I cooked together the first time – so I learned how to cook for a large number. Then with a Sri Lankan friend we cooked and I became confident. I can cook very confidently for 100 people now, no problem. I can talk fluently now too which was not easy for me in the beginning.”

A volunteer from Somalia

“For further details, please contact”

secretary@bridging-the-gap.org
Case Study: Glasgow Association for Mental Health (GAMH)

Glasgow Association for Mental Health (GAMH) provides a range of mental health support services to individuals and their carers across Glasgow.

GAMH has developed many opportunities that support mental health and wellbeing and promote recovery through participation in food activities.

In the east of the city, people collected recipes and made a ‘Food for Recovery, Recipes of Hope’ book. This brings together different recipes along with people’s stories of how and why the recipe is important to them.

"My mother made corned beef hash regularly as it was inexpensive and would feed our family of 10 boys and 10 girls. I would watch my mother making it on the old cooking range at night before going to bed. I would look forward to eating it the next day... It is still one of my favourite meals to this day and brings back good memories of my mother."

The introduction to the book highlights the fact that ‘some people find the positive memories evoked by preparing certain meals to be helpful in their recovery’.

In the north of the city, a ‘Mood Food’ course is offered in conjunction with the local Stress Centre. This covers healthy eating and the links to physical and mental wellbeing. At the end of one course participants spoke about understanding more about making healthier choices and the impact these are likely to have on their wellbeing.

In the south of the city, people are developing skills in growing fruit and vegetables on the local community allotment. The amount of fresh fruit and vegetables they now include in their diet has increased as a result.

‘Get Shopping Get Cooking’ courses available in the North and South of the city focus on shopping for fresh produce and basic cooking techniques. Course participants report a range of outcomes, including an increase in the number of times they cook from scratch, being more confident in their cooking skills, and more aware of the importance of a healthy diet in relation to mental health, recovery and wellbeing.

At Scotia Clubhouse members cook a meal daily that brings together the social and health benefits of people sharing food and eating together, from a menu that reflects the diverse communities that make up Glasgow’s population. On 18th June 2010 a festival of summer events was launched to celebrate this work and to highlight the local ongoing food-related activities available to people across GAMH services. Quotes from the day included:

“I am going to put some thoughts about food into my WRAP (Wellness Recovery Action Plan).”

“A lovely day with messages of hope and health all rolled into one!”

A partnership approach has been pivotal to the success of this work. The festival itself and the follow-on events were planned by a steering group consisting of service users, staff and carers across the organisation and involved a wider range of external partners.

"Because we use a steering group approach, we know that the events and services we’re offering are the ones that people want. And we’re lucky to have so many highly motivated service users—who have been key in making the festival such a success.”

Jacqueline Croft, GAMH Operations Manager

For further details, please contact Jacqueline Croft J.Croft@gamh.org.uk
Case Study: Stepping Out (North Berwick)

Stepping Out is a voluntary organisation based in the North Berwick Community Centre. The aim of the organisation is to provide people with mental health problems (mostly severe and enduring) with an opportunity to participate in various food-based activities. The current projects available through Stepping Out are:

- **Garden Project** (based in Musselburgh)
- **Lunch club** (based in North Berwick Community Centre) available every Wednesday
- **Supper club** (based in North Berwick Community Centre) available every other Friday
- **Supper club** (based in Musselburgh at Edenhall hospital) available every other Thursday.

Stepping Out recognises that people with mental health problems have poorer overall physical health and wellbeing and although participants are aware of the need to make changes in their lifestyles, inertia brought on by their mental health problems can act as a barrier to taking action, e.g. medication can lead to people having difficulties getting up in the morning and cause low energy.

In addition some participants are very isolated, have poor diets and lead a very sedentary lifestyle. Eating alone eliminates the desire to engage with food as people don’t feel they are “worth the effort”. Therefore, promoting social inclusion and improving self-esteem and self-worth is central to the projects.
Case Study: Stepping Out (North Berwick) continued

In all four projects, participants are involved in decision-making around gardening, menus, and cooking, which helps people feel involved and valued. For example, participants were involved in the design of the Garden Project and an important aspect of the Supper club is that everyone is involved, both with the creation of the suppers and clearing up, promoting inclusion and participation.

At the Lunch/Supper clubs, participants are encouraged to take a lot of pride in creating a colourful enticing dish. Through attending the Supper/Lunch clubs, participants said they felt more confident about their ability to follow recipes and substitute ingredients, and had a greater knowledge and interest in food. They also felt that their diet had improved, leading to weight loss.

Building skills and knowledge around growing food is also central to all the projects (there is a ‘Kitchen Garden’ growing herbs, vegetables, edible flowers and salad at the North Berwick Community Centre where the group meet for the Lunch and Supper clubs).

The projects also help tackle isolation. The Garden Project promotes social inclusion and sense of community by involving other groups in its work. For example, the Bridges Project and Community Service Offenders helped with some of the heavier work required in the garden, bringing together a cross-section of people from the community both young and old, and from different backgrounds.

In addition participants commented that the only time that they would go out in the evening was to the Supper club.

Stepping Out shows how food can be a catalyst for improved mental health.

In September 2010 the Healing Garden won an award from Musselburgh Community Council in the community garden category.

One of the project members went along to the ceremony to pick up a certificate and a cheque for £50.

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Case Study: Dundee Healthy Living Initiative

Dundee Healthy Living Initiative has grown from a small community health project established in 1993, to a large multi-agency partnership funded project, launched in March 2003. It works in designated disadvantaged communities across Dundee to tackle health inequalities in conjunction with other organisations and local people themselves.

Elaine Sword and Christine Dallas, in partnership with Dundee Women’s Aid, are responsible for running the initiative which offers a ten week Healthy Lifestyle course specifically for women. The course provides participants with a variety of opportunities to take part in cooking workshops; facilitated discussions around various social topics such as domestic abuse and personal safety; relaxation exercises; clay pot making and painting. Evaluation has shown that the course helps improve participants’ self-esteem and self-worth, making participants feel valued and that they have something to offer society.

"Starting to believe that I’m not to blame for what my violent ex-partner did to me and what he put me through."

The informal and relaxed nature of the activities helps participants to feel engaged and promotes social inclusion. Participants say they feel they are listened to and that their views are important. Participant feedback helps create real changes in the project, which enhances participants’ sense of control and encourages participation. One change made as a result of consultation was the introduction of a ‘ready, steady cook’ element, in which participants pick a recipe, shop for the ingredients, prepare the food, budget, and deliver one of the cooking sessions. This has helped participants increase their knowledge in relation to food choices, learning about nutrition, shopping, menu planning, and reading recipes, and involving their children in the process. This has helped participants develop new skills and they have in turn grown in confidence and self-esteem.

This course is often seen as a stepping stone to other learning opportunities. Participants take what they have learned to their own family and friends, sharing their knowledge and skills. This has also led to participants attending other activities within their own communities such as adult learning and college courses, salsa dancing, Hot Wheels Pram Pushing and Give it Up for Baby (a stop smoking project for pregnant women), which all encourage good mental health and wellbeing. There has been a positive impact on the attitudes of frontline staff who run the course towards mental health and wellbeing. Everyone involved in the course is well aware of promoting positive mental health for the participants. However, Elaine would like funders to be more aware of the impacts of such courses, demonstrating how projects with a focus on food can help improve people’s mental health and wellbeing.

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Case Study: NHS Dumfries and Galloway

Health Boards across Scotland are delivering child healthy weight interventions to children aged 5-15 years.

In Dumfries, staff in the Health Improvement Team offer a mix of one-to-one and group sessions to parents and young people. These concentrate on three main areas – healthy eating and cooking, physical activity, and building motivation.

All sessions are evaluated and material from these evaluations informs future planning. What has become clear as the work has progressed is that the work around self-esteem, confidence and building motivation is key to achieving success in other areas.

Families joining the programme have an initial meeting with the Child Healthy Weight worker to agree how to take things forward. The focus is on starting where people are at, setting achievable targets and providing information on issues, such as talking to your child about food or understanding BMI. It also includes a range of games around food and healthy eating, and an introduction to the ‘eatwell’ plate.

Families can also join the weekly club sessions. These run on an eight-week cycle and bring families together to focus on food preparation and physical activity. The cooking sessions involve four families a week and are tailored to their particular needs and interests. The focus is on making healthier food and making it on a budget. Workers describe low levels of confidence in cooking skills and a widely held belief that healthy food is more expensive.

Participants leave with new food skills and are given a copy of Sorted in the Kitchen, which was produced by Aberdeen Foyer and provides information on how to shop, prepare and cook wholesome meals on a limited budget.

There is some evidence of change in diet as a result of the project. One girl, for whom every drink was a fizzy drink, now has one just on Fridays. Also, a 14 year old boy now eats one packet instead of ten packets of crisps daily. Many of the families now make pizzas from scratch and make potato wedges rather than chips. Therefore, a wider variety of healthier foods are eaten by many families.

The work has also resulted in improved mental health and wellbeing by building self-esteem and community relations. Many of the families involved have complex challenges in their lives. Both parents and young people describe the importance of the sessions for meeting people dealing with similar issues and making friends. Many of the young people involved are affected by high levels of isolation and bullying at school. They describe being wary of others at first, but gradually ‘gelling’ with other members at the club. Parents have also approached others to encourage them to come along to sessions, while parents from the first set of group sessions are now looking to set up their own independent group.

For further details please contact Nithsdale Health Improvement Team, NHS Dumfries and Galloway East Directorate

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SUMMARY

There is significant evidence, and it is widely accepted that nutrition, and thus what we eat has a positive or negative effect on our physical health. However, research into a direct link between food and mental health and wellbeing is still in its infancy. Nevertheless, there is an ever growing body of evidence that shows that there are many ways in which food can impact on our mental health and wellbeing, not just our physical health.

A large proportion of this evidence currently focuses on how what we eat impacts on our brain function. Many nutrients have been found to affect healthy brain development, which can impact on a person’s mood. A diet that is lacking in key nutrients such as minerals, vitamins, amino acids and fatty acids can affect the development of mood enhancing neurotransmitters like serotonin that are linked to improved mood and feelings of happiness. As a result research is developing that suggests that poor diet could be linked to depression and many other mental health problems and that a diet high in fruit, vegetables, fish and whole grains can be protective for some mental health issues. Some studies go further to say that diet can be used as a treatment for, or management of, some mental health problems.

The information and evidence presented in this bulletin has also shown how the social, cultural, economic and environmental context of food impacts on mental health and wellbeing. These factors influence the money we have to spend on food, the variety and quality of food we have access to and can afford, and the role food plays in our cultural, social and personal life. The relationship we have with food - what we eat, why we eat and how we eat - affects our mental health and wellbeing by influencing the four key areas that promote and protect mental wellbeing: enhancing control; increasing resilience and community assets; facilitating participation; and promoting inclusion.

The case studies presented in this bulletin provide examples of this working in practice. They illustrate the many and varied ways that food work is being used across Scotland to improve mental health and wellbeing. Cooking classes; shopping sessions; community gardens; food workshops; lunch, supper and drop-in clubs; shared and celebratory meals; and festivals, all work to build the skills, the understanding, the links and the wider social inclusion that is key to mental health, wellbeing and recovery.

Good mental health is a vital resource that individuals, families, communities and societies need to be able to thrive. At SDC we strive to create the conditions and opportunities for everyone to enjoy mental health and wellbeing, to draw attention to inequalities in mental health and seek to address these inequalities.
Acknowledgements:

Thank you to everybody who has contributed to this bulletin, in particular the individuals from organisations who participated in the case studies.

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The Scottish Development Centre (SDC) is an independent not for profit organisation with a wide portfolio of skills and experience in policy, research and practice relating to mental health (www.sdcmh.org.uk).