



BRAND GUIDELINES



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Our vision is good mental health for all.

The Mental Health Foundation works to prevent mental health problems. Helping people understand, protect and sustain their mental health.

We will drive change towards a mentally healthy society for all, and support communities, families and individuals to live mentally healthier lives, with a particular focus on those at greatest risk.

The Foundation is the home of Mental Health Awareness Week.

The practical things we do:

Tell the world

We publish studies and reports on what protects mental health and the causes of poor mental health and how to tackle them.

Find solutions

We test and evaluate the best approaches to improving mental health in communities and then roll them out as widely as possible.

Inform and empower

We give advice to millions of people on mental health. We are most well known for running Mental Health Awareness Week across the UK each year.

Change policy and practice

We propose solutions and campaign for change to address the underlying cause of poor mental health.



Logotype

The Mental Health Foundation (MHF) logotype acts as the hallmark and quality seal of the organisation.

It is used as a mark of excellence reinforcing our authority and uniting all Mental Health Foundation communications.

The MHF roundel has been drawn in perfect symmetry. This is a graphic interpretation of harmony and balance. The 'M' and 'H' letterforms interlock precisely together.





Primary logo

The primary logo consists of the green ribbon combined with the MHF roundel and title type positioned to the left.

The configuration should never be redrawn or edited. The primary logo featured on this page should be used wherever possible.

The preferred positioning of the primary logo is centred. In some circumstance it may also be positioned to the left.

The ribbon is always printed in full colour/CMYK.

Roundel and title type colour specifications:

Pantone 7475 (U+C)

CMYK 72/34/45/19

RGB 72/123/124

They may also be reproduced in either black or white.





Logo variants - Scotland

The primary logo consists of the green ribbon combined with the MHF roundel and title type positioned to the left.

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CMYK 72/34/45/19

RGB 72/123/124

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Logo variants - Wales

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The ribbon is always printed in full colour/CMYK.

Roundel and title type colour specifications:

Pantone 7475 (U+C)

CMYK 72/34/45/19

RGB 72/123/124

They may also be reproduced in either black or white.





Logo variants - in support of

The primary logo consists of the green ribbon combined with the MHF roundel and title type positioned to the left.

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Roundel and title type colour specifications:

Pantone 7475 (U+C)

CMYK 72/34/45/19

RGB 72/123/124

They may also be reproduced in either black or white.

In support of:



In support of:



I gefnogi:





Logo safe zone

The logo safe area is to be adhered at all times to ensure legibility. The spacing is always a logo type cap height away from the roundel. This applies to all logo variants.

This area should never be encroached by graphic elements or typography. The logotype may be positioned over neutral imagery, ideally white reversed.





Logo roundel

The logo roundel may be used in publications where the full name of 'Mental Health Foundation' has also been referenced, ie: social media in conjunction with profile links / live type spelling out the full name, Mental Health Foundation printed literature in conjunction with the full logotype.



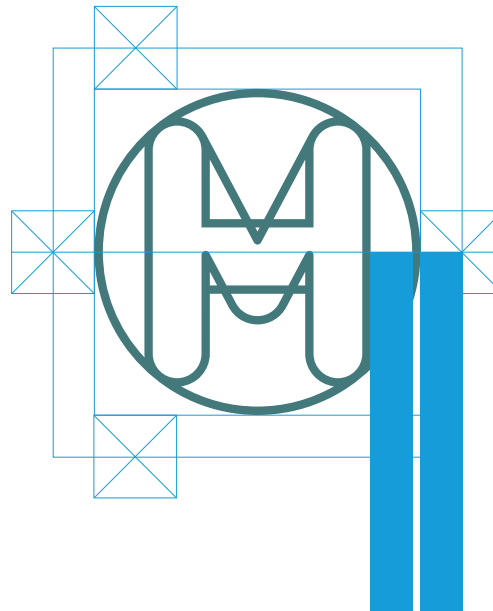
Colour specifications:

Pantone 7475 (U+C)

CMYK 72/34/45/19

RGB 72/123/124

May also be reproduced in either black or white.



Roundel safe area

The safe area = half the logo type cap height (or the roundel counter space indicated here).



Official typeface - Galano Classic

This font family is available in all weights through lightweight to extra bold, including italic options.

The font should be used for all MHF communication materials. However, if the font is unavailable the default substitute font ARIAL font is to be used.

Galano Classic Light

ABCDEFGHIJKLMNOPQRSTUVWXYZ

abcdefghijklmnopqrstuvwxyz 0123456789 @&#

Galano Classic Medium

ABCDEFGHIJKLMNOPQRSTUVWXYZ

abcdefghijklmnopqrstuvwxyz 0123456789 @&#

Galano Classic Bold

ABCDEFGHIJKLMNOPQRSTUVWXYZ

abcdefghijklmnopqrstuvwxyz 0123456789 @&#



Typography / publications for public release

All text should be at least 11pt and ranged left. Headings and subheadings should follow sentence case.

Text should be set in either single or double columns (minimum 5mm gutter), centred on the page. Official page layout templates pre-loaded with style and size settings can be obtained from the marketing department.

DOUBLE COLUMNS IN REPORTS

Progression Together

2. Method

The evaluation adopted a mixed-method approach to collect both quantitative and qualitative data. To assess the impact of Progression Together on the outcomes listed above, data were collected using a longitudinal approach to assess the impact of Progression Together on improved mental health and wellbeing, progress with personal goals, progress into independent living, and reintegration into society through engagement in activity in the community. Data were collected at three time points: baseline (T1), nine-month follow-up (T2) and 18-month follow-up (T3).

Participants were asked to complete a questionnaire at T1, which involved describing basic demographic information about themselves (i.e. age, sex, ethnicity, etc.). The form was designed by the evaluation team in order to understand the characteristics of the sample involved in the evaluation (see Appendix 1). Both quantitative and qualitative data in the form of questionnaires and in-depth interviews were collected at T1, T2 and T3.

A cost-comparison analysis was carried out in Year 2 of the evaluation and used a cost-comparison methodology with two of the five evaluation sites. Desktop searches and liaison with the service managers and accountants were used for data collection. Alternative service provision was identified based on an expert opinion consultation. The cost-comparison analysis covered the periods of 2013/2014 and 2014/2015.

as this coincided with the years of the overall evaluation. Comparative data was unavailable from the Personal Social Services Research Unit (PSSRU) for 2015/2016.

2.1 Setting

Five sites were used as part of the evaluation, selected from an original total of nine sites that were using the Progression Together model. Two sites were removed from the evaluation during the evaluation period, as these were deemed unsuitable for evaluating the model due to the high percentage of long-term clients and service-changing processes. Of the sites that participated in the evaluation, Kelvin Grove is the longest running Progression Together service – having transformed in 2009 – followed by York Road, which transformed in 2012. The remaining sites, Cliddesden Road, Kirtling House and Snowdon, all transformed to the Progression Together model in 2013.

2.2 Design

The evaluation aimed to recruit 60 people across Together's Progression Together services. Residents were provided with an information sheet describing their participation would entail, and consent forms were collected by the Progression Together Development Manager. A total of 60 Progression Together residents consented to take part in the evaluation. Of these, eight were residents at a

site that subsequently lost its delivery contract; five were deemed unsuitable for the evaluation due to the severity of their symptoms or their length of service use; five declined to participate at the point of data collection; and one had already moved out of the service at the point of baseline data collection.

Thus, while there was a good level of interest in the evaluation, overall recruitment was slower than expected. The baseline data collection period was also extended to accommodate issues relating to the reordering processes or staff changes. The original recruitment target was revised to 45 participants following a review of the Year 1 data collection. Of the nine services that were originally involved in the evaluation, only five remained suitable in Year 3 and were able to be included in the evaluation.

This report examines the experiences of 36 people using Progression Together services across five sites, as seen in Table 1.

2.3 Measures

Wellbeing was originally assessed using the **Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS)**. WEMWBS is a 14-item scale of mental wellbeing covering subjective wellbeing and psychological functioning, in which all items are worded positively and address aspects of positive mental health. The scale is scored by taking the summation of all item responses, which are scored

Table 1. Evaluation sites and numbers of participants

Name of service	Numbers of evaluation participants	Numbers of participants who completed T1	Numbers of participants who have been followed up at T1 and T2	Numbers of participants who have been followed up at T1, T2 and T3
Cliddesden Road	7	7	5	1
Kelvin Grove	10	10	8	6
Kirtling House	6	7	4	3
Snowdon	3	3	2	1
York Road	10	10	8	7
TOTAL	36*	37	27	18

*One participant withdrew from the evaluation at T2

1. Tennant, R., Hillier, J., Fildes, A., Jorgensen, S., Wainwright, S. & Stewart Brown, S. (2010). The Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS): development and a validation. *Health and Quality of Life Outcomes*, 10(1), 65.

SINGLE COLUMN - HOW TO... GUIDES

What is mental health?

'Hi, how are you doing?'

'I'm good thanks, glad it's the weekend. You?'

'Bit fed up actually; it just feels like everything I do goes wrong.'

This conversation is about mental health. Mental health is about the way you think and feel and your ability to deal with ups and downs.

Being mentally healthy doesn't just mean that you don't have a mental health problem. If you have good mental health, you can:

- Make the most of your potential
- Cope with life
- Play a full part in your family, workplace, community, and among friends

Some people call mental health 'emotional health' or 'wellbeing'.

Mental health is everyone's business. We all have times when we feel down, stressed or frightened. Most of the time those feelings pass, but sometimes they develop into a more serious problem, and this could happen to any one of us.

Everyone is different. You may bounce back from a setback, while someone else may feel weighed down by it for a long time.

Your mental health doesn't always stay the same. It can change as circumstances change and as you move through different stages in your life.

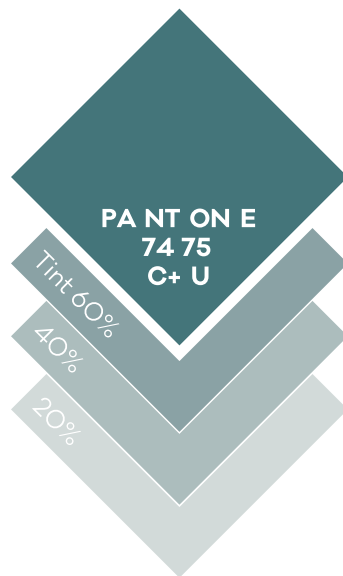
Unfortunately, stigma can be attached to mental health problems. This means that people feel uncomfortable about them and don't talk about them much. Many people don't even feel comfortable talking about their feelings. But it's healthy to know and say how you're feeling.



Colours

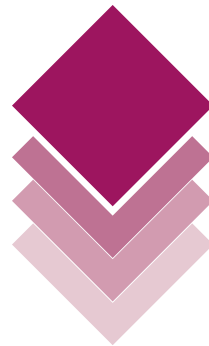
See below for key MHF colour (which should be used wherever possible) and secondary colours. There is no restriction on colour usage. Think positive.

KEY MHF COLOUR



Pantone 7475 (U+C)
CMYK 72/34/45/19
RGB 72/123/124

SECONDARY COLOURS



Pantone 676 (C+U)
CMYK 9/100/14/33
RGB 162/18/88



Pantone 632 (C+U)
CMYK 93/2/15/7
RGB 0/154/195



Pantone 716 (C+U)
CMYK 0/50/100/8
RGB 228/138/0



Pantone 1765 (C+U)
CMYK 0/36/29/0
RGB 247/185/171



Pantone 542 (C+U)
CMYK 60/19/1/4
RGB 102/168/216



Pantone 5835 (C+U)
CMYK 18/11/70/32
RGB 168/160/79



Photography

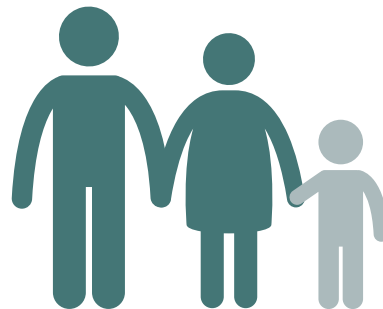
Mental Health Foundation imagery should be honest and compassionate, capturing real life situations. We aim to showcase images of people we work with across our projects. Avoid stock images where possible.





Iconography

Icons can be used to illustrate key messages, to make content more visually appealing and accessible. Artwork should be simple, created through shapes filled with colour. Reduced tints of the same colour can be used to create contrast between different objects. Soft, rounded lines are preferred. Examples are shown below.





Contact

Should you have any queries or seek approval please contact:

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 **@mentalhealthfoundation**

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Company Registration No. 23508466.

