



City of Westminster Westminster Health
& Wellbeing Board

Date: 14 September 2017

Classification: General Release

Title: Annual Report of the Director of Public Health 2016-17

Report of: Director of Public Health

Wards Involved: All

Policy Context: The Director of Public Health has a statutory requirement to produce an independent report about the health of local communities

Financial Summary: Not applicable

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1. Executive Summary

- 1.1 This paper presents the draft annual report of the Director of Public Health for 2016-17, commonly referred to as the Annual Public Health Report (APHR), for consideration by the Health and Wellbeing Board

1.2 The report is presented here in draft format, and a designed version is currently being developed. The final, fully designed, version of the report will be circulated following feedback from the Health and Wellbeing Boards.

2. Key Matters for the Board

2.1 The Health and Wellbeing Board is invited to consider the attached report, the key messages, and recommendations on promoting mental wellbeing.

2.2 The Health and Wellbeing Board are invited to consider and agree on the recommendations specific to the Health and Wellbeing Board:

- To better understand the mental wellbeing needs and issues for the local population the Health and Wellbeing Boards should commission a Joint Strategic Needs Assessment (JSNA) on mental health and wellbeing in our local population
- Promoting mental health is one of the four priorities of each Joint Health and Wellbeing Strategy. The delivery plans should be checked against this annual report and refreshed when the findings of the JSNA are published
- Members of the Health and Wellbeing Board to explore the feasibility of using the Roads To Wellbeing infrastructure, or a similar geographic approach, to develop an asset based resource

3. Background

3.1 The Director of Public Health (DPH) has a statutory requirement to produce an independent Annual Public Health Report (APHR). This report is the DPH's statement about the health of local communities. The report:

- Contributes to improving the health and wellbeing of the local population
- Addresses health inequalities;
- Promotes action for better health through measuring progress towards health targets and
- Assists with planning and monitoring of local programs and services that impact on health over time

3.2 The theme for the 2016-17 report is mental wellbeing. Mental wellbeing is a key public health issue and underpins local strategy and priorities, including the Westminster Joint Health and Wellbeing Strategy 2016-21.

4. Purpose and scope of the APHR

4.1 The APHR is designed to be a call to action, and to highlight the importance of protecting and promoting our own mental wellbeing and the wellbeing of those around us - family, friends, carers, colleagues, and communities. Furthermore, it contains a number of commitments and recommendations designed to improve the mental wellbeing of our population.

4.2 Definitions of mental wellbeing often vary across disciplines. Broadly, it includes concepts of 'feeling good' and 'functioning well'. The 2008 Foresight report considers mental wellbeing as:

“...a dynamic state, in which the individual is able to develop their potential, work productively and creatively, build strong and positive relationships with others, and contribute to their community”

4.3 Positive mental wellbeing is fundamental to all aspects of our lives; it makes up an integral part of an individual's ability to lead a fulfilling life and contribute to society, form positive relationships, study and learn, and take part in social activities; as well as the ability to make decisions and choices. Positive mental wellbeing strengthens our resilience, improves our ability to recover from illness, and protects our mental health

4.4 The report describes:

- the importance of good mental wellbeing
- factors affecting our mental wellbeing
- mental wellbeing across the life course
- groups who are most at risk of poor mental wellbeing
- how we can promote and maintain our own mental wellbeing
- current strategies and initiatives to promote mental wellbeing

4.5 The APHR promotes a number of key messages:

- Poor mental wellbeing can affect us and those around us at any point in our lives. Mental wellbeing can impact on all aspects of our lives and is 'everyone's business'
- We can all play a role in improving our own and others' mental wellbeing: Connect, Be Active, Keep Learning, Take Notice, and Give
- To help build the mental resilience of our local communities we need to better understand residents' mental wellbeing and what works to improve this.
- We can achieve this by working in partnership with residents and other organisations and considering mental wellbeing when commissioning and evaluating services
- We need to ensure investment is channelled towards prevention and early intervention not just towards treatment

4.6 This themed report affords an opportunity to use the APHR not only to deliver information on the state of population health but as a call to action, and to promote interventions that can further improve the mental wellbeing of our local residents.

4.7 In addition to the printed report presented here an online version of the report has been developed. This will incorporate a link to the Roads to Wellbeing website, a tool which can be used to develop an asset based resource to promote mental wellbeing.

5. Legal Implications

- 5.1 The Director of Public Health for a local authority must prepare an annual report on the health of the people in the area of the local authority Section (Section 31 (5) of the Health and Social Care Act, 2012). Westminster City Council has a duty to publish the report (Section 31 (6) of the Health and Social Care Act, 2012)

Implications verified/completed by: Hazel Best, Senior Solicitor, 07717423421

6. Financial Implications

- 6.1 There are no financial implications arising from this report. Any future financial implications identified as a result of the report will be presented to the appropriate Board(s) and governance channels in a separate report.

Implications verified/completed by: Brighton Fong, Finance Manager, 02076417634.

If you have any queries about this Report or wish to inspect any of the Background Papers please contact:

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APPENDICES:

None

BACKGROUND PAPERS:

Draft Annual Public Health Report

DRAFT

'The Roads to Wellbeing'

Director of Public Health's Annual Report

August 2017

DRAFT

Foreword [DRAFT]

Welcome to my annual report for 2016/2017. This year focuses on the importance of protecting and improving our own mental wellbeing, and that of the people around us – our families, friends, neighbours, and local communities.

Good mental wellbeing is important for us to lead happy, healthy lives. It is often defined as ‘feeling good’ and ‘functioning well’ – so is not only about feeling happy or content, but also about how we cope and engage in the world around us. Research shows that good mental wellbeing promotes our overall health, supports recovery from illness, and improves life expectancy.

We are all on a journey to achieve positive mental wellbeing, and the report includes a number of case studies describing steps that local residents have taken. These are based around the *5 Ways to Wellbeing*, an evidence based framework for actions that anyone can take— Connect, Be Active, Keep Learning, Take Notice and Give.

Locally, we have services and activities in place that can support us on our journey to achieve a positive sense of mental wellbeing. There are many challenges too, and the recent tragic events at Grenfell Tower and terrorist attacks in London and Manchester, have highlighted this. These events, as well as other pressures such as social isolation, financial worries, and physical inactivity can all have an impact on our mental wellbeing.

Mental health and wellbeing has been identified as a priority in all three local Health and Wellbeing Strategies, and through that process we are already working with colleagues from across the local authority, community and voluntary organisations, schools, businesses and NHS partners to improve the mental wellbeing of our residents.

However, there is more that can be done, and this report is a call to action to find new ways to work together, to challenge the stigma that still exists around mental health, and to ensure that promoting our mental wellbeing becomes ‘everyone’s business’.

Key messages from the report:

- Poor mental wellbeing can affect us and those around us at any point in our lives. Mental wellbeing can impact on all aspects of our lives and is ‘everyone’s business’
- We can all play a role in improving our own and others’ mental wellbeing: Connect, Be Active, Keep Learning, Take Notice, and Give
- To help build the mental resilience of our local communities we need to better understand residents’ mental wellbeing and what works to improve this.
- We can achieve this by working in partnership with residents and other organisations and considering mental wellbeing when commissioning and evaluating services
- We need to ensure investment is channelled towards prevention and early intervention not just towards treatment

Our commitments

To improve the mental wellbeing of our population the local authority Public Health team will make the following commitments:

- We will offer to work in partnership with commissioning and procurement colleagues across local authority and the NHS to ensure that mental wellbeing is considered in existing and new contracts.
- We will identify and action best practice in gathering and collating data on the mental wellbeing of our local population through existing and new contracts.
- We will innovate and test, thereby contributing to the evidence base about what works to improve mental wellbeing for local communities.
- We will support and drive the implementation of a local 'making every contact count' strategy with a specific focus on mental wellbeing.
- We will support the development of a Health and Wellbeing Board implementation plan for working across the local health system to improve mental wellbeing.

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1. What is wellbeing?

Wellbeing is about how we are feeling and how well we function in our daily lives. It often includes subjective notions of happiness, life satisfaction, and ‘feeling good’. Our emotional or mental wellbeing is closely linked with our physical health, and is strongly associated with positive relationships and healthier communities.

Mental wellbeing is “...a dynamic state, in which the individual is able to develop their potential, work productively and creatively, build strong and positive relationships with others, and contribute to their community”

(Government Office for Science, 2008)

The focus on this report is on mental wellbeing rather than mental health, although the two are closely linked. The “Better mental health for all” report (Faculty of Public Health, 2016) defines the term mental health as a “spectrum from mental health problems, conditions, illnesses and disorders through to mental wellbeing or positive mental health”. So, mental wellbeing can be viewed as a positive state of mental health.

Why focus on mental wellbeing?

Our mental wellbeing is fundamental to all aspects of our lives; it makes up an integral part of an individual’s ability to lead a fulfilling life and contribute to society, form positive relationships, study and learn, and take part in social activities; as well as the ability to make decisions and choices (World Health Organisation, 2012).

Positive mental wellbeing strengthens our resilience, improves our ability to recover from illness, and protects our mental health. This is incredibly important as mental health is the single largest burden of disease in the UK (Ferrari, 2013) and is associated with many poor health and societal outcomes. For example, mental health is the most common reason for sickness absence locally (DWP, 2013).

Case Study: Community Champions

Saheda has been involved in the Community Champions project as a volunteer since 2016 where she received training in Understanding Health Improvement, Mental Health First Aid, and Safeguarding Adults Level 1. Saheda has since worked on several activities including winter warmth pop up stalls and Mental Health Awareness stalls - handing out information, signposting to local services and most of all, using her experience of recovering from mental health issues to promote recovery.

‘The project helped me to get out of the house to do some activities in the community, volunteering made me feel like going back to school as I am learning new things that is educational in the community, my confidence has gone better and now I can speak to anybody and everybody.’

What can affect our mental wellbeing?

There is evidence that the risk factors for a person's mental health and wellbeing are shaped by various social, economic and physical environments including, for example, family, history, debt, unemployment, isolation and housing. The World Health Organisation considers risk factors in three groups (World Health Organisation, 2012):

1. These relate to a person's innate as well as learned ability to deal with thoughts and feelings to manage him/herself in daily life - 'emotional intelligence'

2. The capacity for an individual to develop and flourish is deeply influenced by their immediate social surroundings

3. Access to basic commodities and services, cultural beliefs, social and economic factors such as the global crash and discrimination



The importance of the wider determinants of health is reflected in recent engagement undertaken by the NHS (Independent Mental Health Taskforce to the NHS, 2015):

“Many people discussed the importance of addressing the broader determinants of good mental health and mental health problems, such as good quality housing, debt, poverty, employment, education, access to green space and tough life experiences such as abuse, bullying and bereavement”.

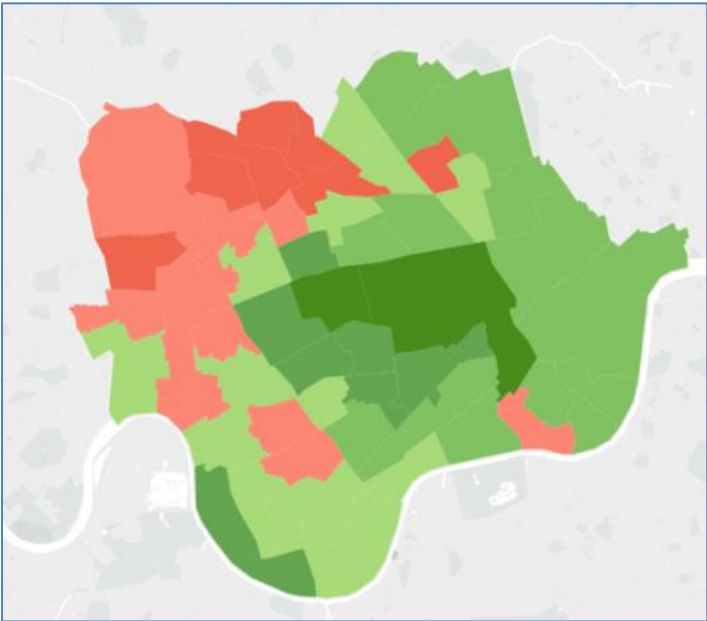
What is mental wellbeing like in the three boroughs?

The London Wellbeing Scores suggest that mental wellbeing differs across the three boroughs, and many of the wider determinants mentioned above do contribute to the areas with lower wellbeing scores.

The [London Ward Wellbeing Scores](#) represent overall wellbeing that encompasses wider determinants of wellbeing such as employment, access to green space and happiness. The map displays the three boroughs' wellbeing score against the London average. The **Red** areas in the north-west of the three boroughs have a significantly lower score than the London average. Around half the population of these wards are black, Asian, and minority ethnic residents (census 2011), these wards also have the highest levels of out of work households with dependent children (around 30%) ([HM Revenue and Customs 2014](#)).

However, the three boroughs are a place where there is opportunity in London as all three are in the top ten places in England for social mobility. The social mobility index looks at the chances a child from a disadvantaged

socio-economic background has of doing as an adult, and Westminster ranks first in England, Kensington and Chelsea seventh, and Hammersmith and Fulham tenth (The Social Mobility and Child Poverty Commission, 2016).



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2. Mental wellbeing throughout our lives

Everyone can potentially be affected by poor mental wellbeing at any point in our lives, therefore it is important for all of us to be aware of factors that may affect our mental wellbeing. Taking steps to look after our wellbeing can help us deal with pressure, Mind calls this developing 'emotional resilience – the ability to adapt and bounce back when something difficult happens in your life' (Mind, 2015). This part of the report looks at mental wellbeing at each stage in our lives and common factors that may affect our wellbeing. The latter part of the report suggests how we can all look after our wellbeing through the Five Ways to Wellbeing.

At least 1 in 4 of us will experience a mental health problem at some point in our life...

...with an annual cost to the English economy of around **£105 billion a year**

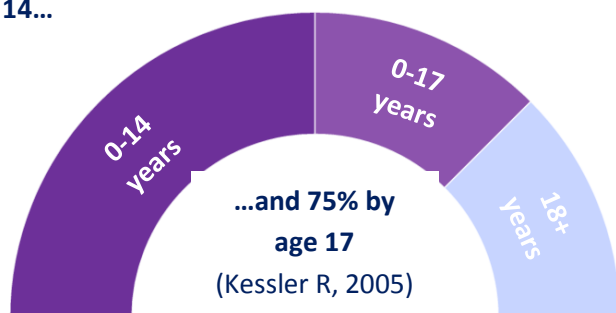


(Department of Health, 2011)

Children and young people

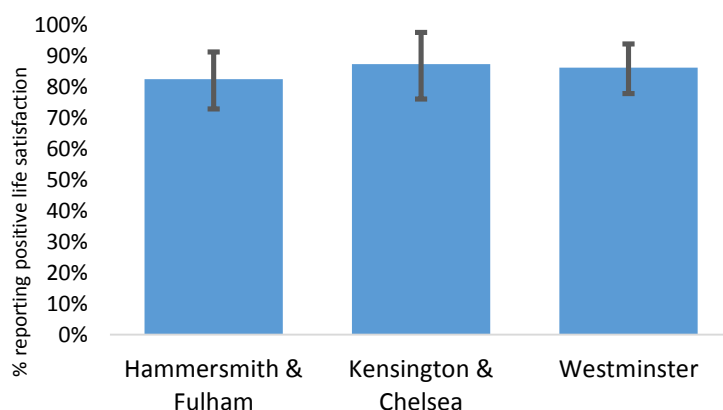
Research tells us that mental health issues frequently develop in our early and teenage years. This indicates the importance of early intervention and addressing the childhood determinants of mental health and wellbeing. Of these, family relationships are pre-eminent, as positive attachments result in good emotional and social development for children, equipping people with the necessary skills and knowledge to achieve resilience and positive mental wellbeing in adulthood.

50% of lifetime mental health problems are established by age 14...



Yet, it has been reported that just 1 in 4 children who need treatment receive it (Public Health England, 2016)

Percentage of primary school children reporting that they are very happy or happy with their overall life



Source: Healthy Schools Partnership: local school survey data, October 2016 to March 2017, pupils from year 3, 4, 5 & 6.



Robust data is not available on a local level with the possibility of surveys being biased by lack of diversity of who took part.

Factors affecting the wellbeing of children and young people

Many factors affect a person's wellbeing in their early years and later into adolescence. Of these, strong and positive family relationships are key to good emotional and social development for children, and they equip children with the necessary attributes to achieve resilience and positive mental wellbeing in adulthood.

The Children's Society explains efforts to understand variations in children's subjective wellbeing should focus more on children's own experiences of life than on traditional social indicators (The Children's Society, 2016):

Parental relationships

- A child's relationship with their parents is an important factor associated with overall well-being (1)
- Maternal depression is associated with a x5 increased risk of mental health illness for the child (2)

Bullying

- Children who had been bullied at age 13 were more than twice as likely to have depression at age 18 (3)

Social Media

- Facebook, Instagram, Snapchat and Twitter increases young people's feelings of inadequacy and anxiety (4&5)

(1). (The Children's Society, 2013) (2). (Public Health England, 2016): The mental health of children and young people in London (3) (BMJ, 2015) (2). (3). (4). (RSPH and Young Health Movement, 2017) (5). (Guardian, 2017)

Case Study: Healthy Schools (H&F)

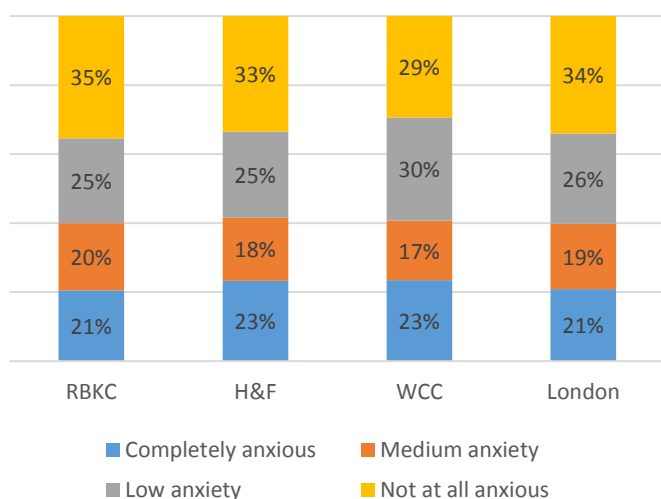
Be Active, Connect, Keep Learning

St Peter's CE Primary improved their morning, lunch and after school clubs on offer to students by listening to the ideas of children, parents and staff. Activities now available include Zumba, yoga, karate, dodgeball along with Latin, French, Mandarin, music theory and journalism club which resulted in an increase of 38% of pupils attending.

Adults

As we grow into adulthood we start to experience additional challenges to our mental wellbeing. We may experience the loss of loved ones, job or housing insecurity, financial worries and the stresses of everyday life. Building close relationships with friends, family and our communities is incredibly important as is looking after our workplace health.

Across London and within the three boroughs, when asked “overall, how anxious did you feel yesterday?” only around 30% of respondents said they were not at all anxious the previous day:



Source: Annual population survey 2016:
(sample size: H&F: 840; WCC: 930; RBKC: 970, CV: estimate is reasonably precise)



People have different interpretations and definitions of anxiety. We would like to be able to understand the various interpretations and causes of anxiety, and whether the respondents feel anxious often, or whether they felt that way just on that particular day.

Common factors affecting the wellbeing of adults

Economic deprivation

- Having a very low income, or experiencing economic deprivation, is associated with low wellbeing (1)

Close relationships

- People who have good social relationships have higher wellbeing and better mental health (1)

Unemployment

- Being unemployed has a negative impact on subjective wellbeing and mental health (1)
- Only 43% of people with mental health problems are in work in the UK (2)
- Locally mental health is the most common reason for long term sickness absence (3)

Poverty and housing

- Living in a house which has pollution, grime, or other environmental problems reduces life satisfaction
- Housing insecurity impacts life satisfaction (1)

(1) (Brown, Abdallah and Townsley, What works wellbeing, 2017) (2) (Molyneux, (2017)) (3) (DWP, 2013)

Case Study: Macbeth Centre (H&F)

Shamir left higher education due to illness and once recovered felt as though he had gone off track with his goal of becoming an accountant. Shamir took book keeping level 1 and 2 at the Macbeth Centre, he was able to refresh his knowledge and felt confident enough to re-join further education.

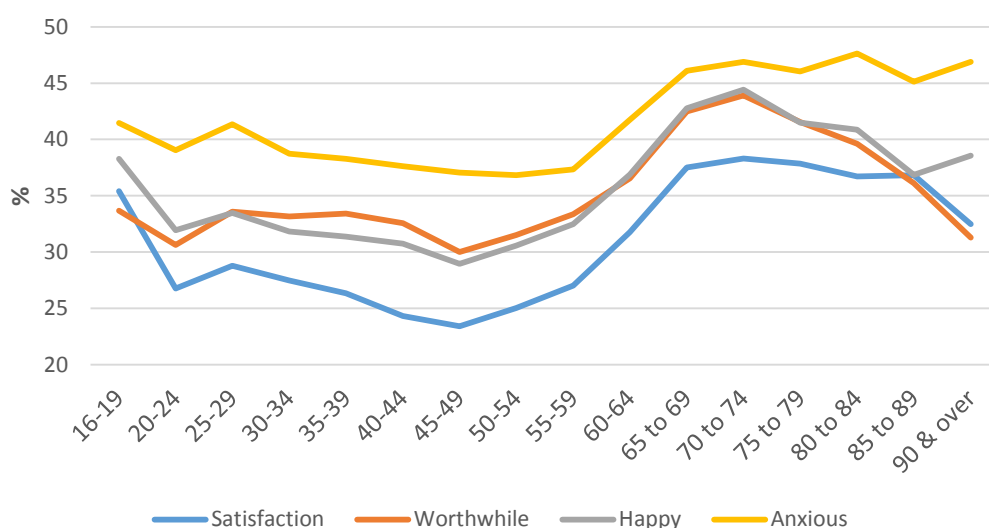
“By the end of the courses, I regained my confidence and got back into the right mind set. I am currently studying for my degree in accounting and finance”.

Older adults

Our mental wellbeing can be challenged as we grow older by events outside of our control, such as the loss of a loved one and reduced mobility. The Mental Health Foundation and Age Concern said “promoting mental health and well-being in later life will benefit the whole of society by maintaining older people’s social and economic contributions, minimising the costs of care and improving quality of life” (Mental Health Foundation & Age Concern, 2006).

Life satisfaction, the feeling of being worthwhile, and happiness all increase in the years leading up to and during the first few years of retirement, however so do feelings of anxiety. It is in the later years of retirement, 74 and older, that anxiety stays continuously high, but happiness, life satisfaction and feeling worthwhile decrease.

Figure: Wellbeing by age



Source: Wellbeing by protected characteristics 3 years to 2015, Annual Population Survey (ONS)

NB. Percentage relates to those who responded 9 to 10 on a scale of 0 to 10 where 0 was not at all and 10 was completely

Common factor affecting the wellbeing of older people

Social isolation

- Social isolation is a well documented cause of poor mental wellbeing
- Around 1 million older people are affected by social isolation in the UK which has a severe impact on their quality of life
- There is a greater risk of loneliness in the wards in our three Boroughs that have been identified as having poorer wellbeing than the London average
- Social isolation can be caused by decline in social activity, death of friends or relatives, mobility problems and living alone

(Age UK) (Age UK, census 2011, 2011) (Healthwatch Central West London, 2017)



National research informs us of the factors that may affect our wellbeing. However, there is a lack of robust information that tells us how many people in our boroughs are affected and what caused their poor mental wellbeing.

Case Study: Open Age (RBKC)

Patricia lost her husband to cancer after 48 years of marriage and started coming to the stretch and tone class. She believes she has 'transformed into a happier soul' as the class has improved her mobility, she can walk longer distances and she feels stronger and more confident.

'You can sit at home and get nothing; a good laugh is better than any medicine in the world. This has given me a new lease of life, a chance to live without feeling guilty of doing something for myself...and loving it'.

3. How are the three councils and partners addressing mental wellbeing and mental health?

Mental wellbeing is a priority for all three boroughs, the NHS and central government. As a result there are a number of local, regional and national strategies on mental health. The strategies demonstrate a common consensus about the importance of wellbeing and promoting good mental health, rather than a focus on intervening when an individual becomes mentally unwell.

The Local Authority, with its reach to all sections of our community, is ideally placed to drive these population level improvements while supporting partners with the delivery of responsive and integrated mental health services. We would like this report to renew the focus on mental health and start conversations that will help to bring these strategies into reality.



For more information on the strategies above, please visit our website: jsna.info/roadstowellbeing

Local initiatives

There is lots of work going on to improve areas that have low wellbeing ranging from regeneration to local activities. We have highlighted three examples of these below:

Go Golborne: A local campaign led by K&C Council that is all about supporting children and families to eat well, keep active and feel good

Create Church Street: 'Create Church Street' Arts and Culture Fund which enables local people to develop creative arts projects that will benefit the wider community.

Rose Vouchers Scheme: A scheme to help families on low incomes eat fresh fruit and vegetables, organised by the Alexandra Rose Charity and funded by H&F Council

4. How important is prevention and early intervention?

Preventing young people from experiencing poor mental health is one of the smartest investments society can make. Research tells us that young people who have good mental wellbeing have less physical illness, they do better at school, they take less time off work, are less likely to become ‘burned out’, have better social relationships and are more likely to lead healthier lives in general (Maudsley International, 2017).

There are times when our resilience can be challenged. The Mental Health Foundation points out that **there are times throughout all our lives where we may run into difficulty, ‘particularly at life’s pressure points**: the crucial times of transition from one life stage to another; from moving away from home for university, to having children or dealing with the loss of a loved one’ (Mental Health Foundation, 2016). Stigma and discrimination can impede people seeking the help that they need and can make their difficulties worse and harder to recover (Mental Health Foundation, 2017).

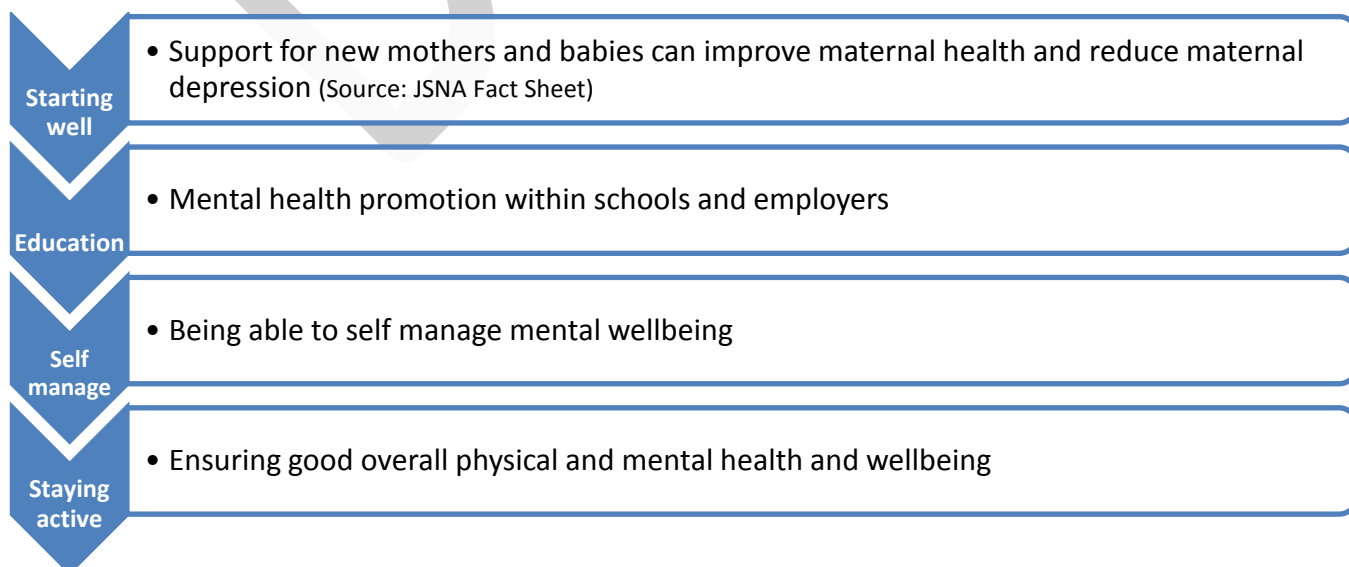
‘We can no longer afford to wait for mental health problems to develop before taking action’ (Mental Health Foundation, 2016)

The Early Intervention Foundation estimates that £17 billion per year is spent on late intervention ‘addressing the damaging problems that affect children and young people, such as mental health problems, unemployment and youth crime’ (Early Intervention Foundation, 2015). Only 1 in 4 people receive treatment for mental health problems, yet research tells us that every **£1** invested could return from **£5** through early diagnosis and treatment of depression at work, to **£84** through school-based social and emotional learning programmes. (Knapp, 2011). Therefore, we want to prevent poor mental wellbeing before needing treatment.

‘Support during a time of crisis can prevent deterioration of mental health’

The BME Health Forum for Hammersmith and Fulham, Westminster and Kensington and Chelsea

Prevention is a priority at a population level, but it was also found to be the number one priority of individuals during the engagement stage of the NHS England’s Mental Health Taskforce (Independent Mental Health Taskforce to the NHS, 2015). Respondents believed that getting help early could stop mental health problems escalating. The specific themes the respondents thought could make a difference included:



Case Study: Daily Mile (WCC)

A simple but effective concept that gets children running outside in the fresh air for 15 minutes each day, improving fitness, concentration, academic performance and wellbeing. Encouraging children to be active from a young age can start good habits that will benefit them throughout their lives.

"The Daily Mile gives my restless kids the chance for a good energy release before we continue our normal day". - Y4 Teacher.

"I like that we get to talk to our friends" -Y3 Student

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5. Who do we think is most at risk?

Whilst everyone should look after their mental wellbeing, research tells us that some groups are at particular risk of developing mental health problems, including:

BME residents

All three boroughs have high levels of international migration and cultural diversity with around half of the resident population born outside of the UK. Black, Asian, Arabic and other minority ethnic groups comprise of 33.9% of H&F's population, 30% of WCC's population and 29% of RBKC's population. Around half of the population of the tri-borough wards with the lower than average wellbeing are BAME residents (source: London Borough Profiles and Atlas).

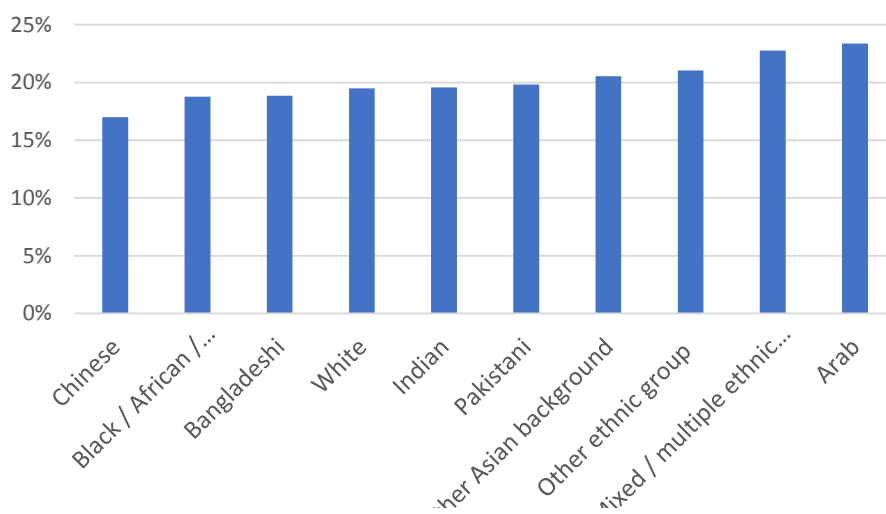
Support for mental wellbeing is one of the **most often found needs** amongst BME communities (1)

Young people who are black are 1.3x more likely to report **low life satisfaction** compared to young people who are white (2)

Helping the **stigma** to decrease will allow ethnic minority communities to reach out for help when needed (3)

(1) (BME Health Forum, 2017) (2) (Public Health England, 2016) (3) (Independent Mental Health Taskforce to the NHS, 2015)

When asked 'how anxious did you feel yesterday?' a slightly higher percentage of ethnic minorities, particularly Asian, Arab and other ethnic groups, scored themselves higher on a scale of 0-10 (10 being very anxious).



Source: Anxiety in the UK by protected characteristics 3 years to 2015, Annual population survey (ONS)

LGBT people

London has the highest percentage of LGBT people in the UK, with 3% of the population identifying as LGB and other in the annual population survey, and a further 7% identifying as 'don't know' or 'refuse'.

The LGBT Foundation suggests 'it is thought that lesbian, gay and bisexual people are at significantly higher risk of mental health problems, suicidal thoughts and deliberate self-harm than heterosexual people.' (LGBT Foundation, 2017). Contributing factors include homophobia, isolation and discrimination (LGBT Foundation, 2017).

Young people who are bisexual are 3.3x more likely to report low life satisfaction compared to young people who are heterosexual (Public Health England, 2016).

Carers

87%

Of respondents* stated that caring had a negative impact on their mental health. Contributing factors included lack of practical support and lack of financial support.

*In a survey of 3,400 carers in the UK (Carers UK, 2012).

People living with physical and learning disabilities

There are 7,660 people (3.2% of the population) who are living with a physical or learning disability in Westminster, 6,070 (3.4% of the population) in Hammersmith and Fulham and 4,500 (2.8% of the population) in Kensington and Chelsea (DWP disability living allowance November 2016, ONS).

Findings suggest that having a learning disability increases the likelihood of a mental illness. Contributing factors range from the biological aspects of learning disabilities to environmental and social experiences (The Shaw Mind Foundation, 2017). **Researchers also found that 30% of those with a long term physical condition also have a mental health problem and are particularly at risk of anxiety and depression.** Contributing factors include financial concerns and increased isolation (The Shaw Mind Foundation, 2017).

Children in care



60%

Of looked after children have some form of emotional or mental health illness (Public Health England, 2016)

This is about six times higher than all children in the local population.

The period of time around when young people leave care can also be a particularly challenging time for their emotional wellbeing. Those who participated in interviews and workshops pointed out that care leavers frequently experience many transitions in a short period of time, including leaving their placement (and carer), a change of key worker and, in some cases, moving to a new geographical area to live in new accommodation. Therefore, leaving care can be a particularly stressful time.

(NSPCC, 2015)

People with long term conditions

Many people with long-term physical health conditions also have mental health problems. These can lead to significantly poorer health outcomes and reduced quality of life.

45%

**Additional
cost**

Co-morbid mental health problems raise total health care costs by at least 45% for each person with a long term condition, estimated to cost between £8bn and £13bn in England each year.

People living in poverty

Poverty increases the risk of mental health problems, and can be both a causal factor and a consequence of mental ill health. Mental health is shaped by the wide-ranging characteristics (including inequalities) of the social, economic and physical environments in which people live.

(The Mental Health Foundation: Elliott, 2016)

Locally, the most deprived wards are also the wards with the lowest wellbeing scores as shown in the map in page 5

People who experience traumatic life events

Around 1 in 3 adults in England report having experienced at least one traumatic event.

“When you experience a traumatic event, your body’s defences take effect and create a stress response, which may make you feel a variety of physical symptoms, behave differently and experience more intense emotions. [...] However, if these feelings persist, they can lead to more serious mental health problems such as post-traumatic stress disorder (PTSD) and depression.”

(The Mental Health Foundation, 2017)

The Grenfell Tower Fire was an unprecedented large-scale traumatic event that will have an impact both directly and indirectly, across families, professionals and our diverse communities. I intend to focus on the Grenfell Tower tragedy in more detail in next year’s annual public health report.

Our efforts so far have focused on providing coordinated, accessible information and support to all of those who may be affected, including developing and implementing a **multi-agency therapeutic phased based approach to health and wellbeing.**

Lessons from a number of recent national incidents (e.g. Manchester and Southwark) indicate that initiating such an approach is an extremely useful strategy to employ as part of the overall intervention plan.

Based on these lessons learned and the evidence the approach consists of the following:

Universal Offer: ‘Getting Advice’

For all adults and children who have had direct or indirect involvement. This is disseminated through community, primary care and specialist services to ensure adults, children and young people are able to access advice and support as necessary through universal services.

Targeted Offer: Getting Help’

For supporting adults who have been exposed to the trauma of the events and children / young people who continue to experience distress or ongoing symptoms and are not responding to a universal offer. Delivered by various professionals and provider organisations.

Specialist Offer;’ Getting More Help’

For adults exposed to the trauma of the events where symptoms are present between four and twelve weeks and for children / young people experiencing moderate-severe needs (persistent or increasing symptoms, impact on day-to-day living and lack of emotional and social support). Delivered by specialist mental health organisations.

Case Study: Sing to Live (RBKC)

Haseena is an elderly woman from the Middle East, who fled from her country in the 1980s and has been a refugee in the UK since.

She loves attending StL workshops and enjoys the opportunities that the workshops bring to improve her English and help her learn other languages, such as Spanish through the song “*Gracias a la Vida*”. Singing “*This is Home*” makes her think about her home which initially she found upsetting, but now she uses singing as a way to express emotions associated with leaving her homeland.

“Sing to Live, Live to Sing makes you happy... and joyful!”

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6. How can we maintain and improve our own wellbeing?

There are ways that we can maintain and improve our mental wellbeing. The Five Ways to Wellbeing (New Economics Foundation, 2008), according to research, can really help to boost our mental wellbeing. The NHS suggest if we give them a try, we may feel happier, more positive and able to get the most from life (NHS, 2016):



- ✓ **Connect.** Connect with the people around you, your family, friends, colleagues and neighbours. Arrange to meet up with family or friends you haven't seen for a while. Or pick up the phone. Speak to someone new today. Building these connections will support and enrich you every day.
- ✓ **Be active.** Go for a walk, cycle, swim, play a game of football, spend time gardening, join a dance class, or visit your local park. Find an activity that you enjoy and make it a part of your life – exercising makes you feel good.
- ✓ **Take notice.** Be aware of the present moment and the world around you. Be curious. Explore your local landmarks. Visit your local market or festival. Reflecting on your experiences will help you appreciate what matters to you.
- ✓ **Keep learning.** Try learning a new skill or rediscover an old hobby. Sign up for that cookery course you have always wanted to do. Learn to play a musical instrument or a new language. Figure out how to fix your bike or put up a shelf. Visit a local gallery or museum. Learning new things will make you more confident as well as being fun.
- ✓ **Give.** Say thank you to someone, for something they've done for you. Smile. Phone someone who needs your support or company. Volunteer your time at a local community group, or in your local school, library or hospital. Seeing yourself, and your happiness, linked to the wider community can be incredibly rewarding and creates connections with the people around you.

Help to achieve the five ways to wellbeing

For more examples on how to achieve the five ways to wellbeing if you have a few minutes, an hour or longer, visit our website:

www.jsna.info/roadstowellbeing

For further help, you can also visit these useful links:

[People First](#) is a council resource that provides a wealth of information on all the services available to you to lead healthy and independent lives

[NHS Choices](#) is the online 'front door' to the NHS

[Or visit your GP.](#)

Case study: Abbey Community Centre (WCC)

Mrs Abboud* is a mother of two in her mid-thirties from the Middle East. Before she joined ACAL as a member she was looking after her family but not developing her career. She joined ACAL as a member in 2012, where her two boys accessed our after school football sessions and she completed our accredited Culinary Arts and Food Hygiene & Safety courses. Mrs Abboud* was then trained by the BME Health Forum to become a Mental Wellbeing Champion, where she has been working as a sessional worker to support our community members who are experiencing difficult personal circumstances that cause them stress anxiety and depression. This led to Mrs Abboud* securing part-time employment as a Family Support Worker with St Vincent Family Centre.

'I'm very grateful to the Abbey Centre that open new opportunity for me to gain skills, knowledge and made friendships. I also have created good connection & networks and secured volunteering opportunity that eventually led to a part-time employment'

**Names have been changed*

7. Next steps and recommendations

There is already a considerable range of local activity (from statutory services to community groups) taking place in our boroughs which has a positive impact on mental wellbeing. This report provides a snapshot of some of that activity. A key challenge for local authority and NHS partners is to consider how our services and activity can improve the mental wellbeing of our local community. The recommendations outlined below are a step in this direction.

Health and Wellbeing Boards

- To better understand the mental wellbeing needs and issues for the local population the Health and Wellbeing Boards should commission a Joint Strategic Needs Assessment (JSNA) on mental health and wellbeing in our local population
- Promoting mental health is one of the four priorities of each Joint Health and Wellbeing Strategy. The delivery plans should be checked against this annual report and refreshed when the findings of the JSNA are published
- Members of the Health and Wellbeing Board to explore the feasibility of using the Roads To Wellbeing infrastructure, or a similar geographic approach, to develop an asset based resource

Local employers

- Public and private sector employers need to promote the importance of mental wellbeing for their staff. The mental wellbeing of staff should be given equivalent status and consideration as physical health and wellbeing.
- Council People Services and NHS HR teams should produce a business case for investment in Mental Health Awareness Training programmes for staff

Communications

- Council and NHS communications teams should identify opportunities to promote mental wellbeing across all messaging, including the 5 Ways to Wellbeing framework.
- Each council should take a proactive role in the [Thrive LDN](#) city wide movement which seeks to improve the mental health and wellbeing of all Londoners

Schools

- We will work with local schools to explore opportunities to promote Mental Health First Aid training for parents and staff

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Where can I find out more?

Public Health England publishes numerous data sets and local profiles through its [Mental Health, Dementia and Neurology Intelligence Network](#). Among others, these include profiles on children & young people's mental health, suicide prevention, crisis care and substance misuse.



For up-to-date information on local demographics, health and care, you can find a wide range of data on the online, interactive [Highlight Reports](#).

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