

COMMUNITY WELL BEING SCRUTINY PANEL

Wednesday 20 January 2010

MENTAL HEALTH PROMOTION STRATEGY 2009-2013

Report of the Health and Community Manager

RECOMMENDATION

It is recommended that the Community Wellbeing Scrutiny Panel supports the direction and contents of the strategy; and agrees to receive an annual update on the proposed actions for 2010/11.

Purpose

Eastleigh Borough Council has developed a Mental Health Promotion Strategy. This is one strand of the Healthy Communities Delivery Plan. The strategy states current actions which contribute to the mental health of residents and suggests a limited number of key actions for 2010/11 to take the agenda forward subject to resourcing.

Introduction

1. Mental health promotion is as important as promoting physical activity. Poor mental health also increases the incidence of and worsens the prognosis for a wide range of physical health conditions, including heart disease, stroke, cancer, diabetes and asthma. It is associated with a variety of risk factors such as smoking, drug use, alcohol abuse and obesity. It is therefore also important to consider the role of mental health and well-being when tackling inequalities across all priority public health conditions.
2. Mental health influences a very wide range of outcomes for individuals and communities. These include healthier lifestyles; better physical health; improved recovery from illness; fewer limitations in daily living; higher educational attainment; greater productivity, employment and earnings; better relationships with adults and with children; more social cohesion and engagement and improved quality of life. These outcomes are not just or necessarily a consequence of the absence of mental illness, but are associated with the presence of positive mental health, sometimes referred to as 'wellbeing'. Improving mental health is a worthwhile goal in itself: most people value a sense of emotional and social wellbeing; in addition, good mental health has many other far reaching benefits.

3. At County level, Eastleigh was one of the first districts to be consulted on the Hampshire draft Mental Health Promotion strategy due in 2010. Hampshire are taking their lead from a national strategy also currently in draft. The Eastleigh strategy has benefitted from both these drafts and aims to contribute to our health work in Eastleigh.

Strategy focus and contents

4. The Council has a role in enabling communities and environments that support mental well-being and that are good for all of us, including people with mental health problems. The focus of the strategy is on promoting mental health rather than dealing with mental illness. There is much that can be done at national policy level to create a supportive environment for mental health to flourish i.e.
 - social, cultural and economic conditions that support family and community life
 - education that equips children to flourish both economically and emotionally
 - employment opportunities and workplace pay and conditions that promote and protect mental health
 - partnerships between health and other sectors to address social and economic problems that are a catalyst for psychological distress
 - reducing policy and environmental barriers to social contact.
5. The Eastleigh strategy will link into the Hampshire strategy 2009-2013 and uses the same Public Health Mental framework to show actions at community level. The Council provides a number of facilities and programmes whose prime purpose may not be the promotion of mental health such as housing, sports and active lifestyles, culture, healthy living and community support but have important mental health impacts. These can be called 'social spin-offs' which are at least of equal value and are hidden. The strategy aims to make these contributions to mental health promotion clear and identify areas for development in 2010/11.
6. The Eastleigh strategy focuses on ensuring that mental health promotion is understood to be an action that the Council can legitimately be involved with and targeting a few key actions which can make a contribution to promoting mental health alongside wider actions at national, regional and local action from a range of partners.
7. The strategy requires a key overarching action to ensure that current activity included in other existing strategies or work streams are recognised as contributing to the promotion of mental health. The following objectives require action to ensure comprehensive understanding of the strategy:
 - Communication of the contribution of current activity listed in the table below to mental health promotion, in particular acknowledgement of the importance of housing to mental health

because there is evidence that the most consistent health outcome of housing interventions is improved mental health.

- Ensuring that areas and populations with poorer mental and physical health are targeted.
- Linking the strategy to the support we can give during the economic recession.

Conclusion

8. The Mental Health Promotion strategy 2009-2013 sets out the direction and proposed actions for the Council in this important and emerging area. As a new strategy it will be subject to an Equal Opportunities Assessment. This has been drafted and appears as appendix 4 of the strategy.

Overviewer who approved it:	Diccon Bright
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Appendices Attached:	Eastleigh Mental Health Promotion Strategy 2009-2013

Eastleigh Borough Council's Mental Health Promotion Strategy 2009-2013

December 2009

Introduction

"The skills and attributes associated with positive mental health lead to improved physical health, better quality of life, reduced crime, higher educational attainment, economic wellbeing and personal dignity. Mental wellbeing also contributes fundamentally to the extent to which people feel able and motivated to exercise choice and control and to adopt healthy lifestyles. It is essential to enabling individuals, families and communities to realise their full potential and make a positive contribution".¹

Making it possible: improving mental health and wellbeing in England 2005

'Mental well-being is fundamental to a person's quality of life. It is linked to good physical health and many other benefits, for individuals and communities. These include better cognitive and physical functioning, increased productivity, better interpersonal relationships, longer life expectancy and greater capacity to deal with stress and adversity.'²

New Horizons a shared vision for mental health 2009

What is good mental health?

Good mental health is more than the absence or management of mental health problems; it is the foundation for well-being and effective functioning both for individuals and their communities.

Mental well-being is about our ability to cope with life's problems and make the most of life's opportunities; it is about feeling good and functioning well, as individuals and collectively.¹

Individuals can do many things to promote their own mental health such as:

- talking about our feelings
- keeping active
- eating well
- drinking sensibly
- keeping in touch with friends and loved ones
- asking for help when you need it
- taking a break
- doing something you're good at and enjoy
- accepting who you are
- caring for others, volunteering or helping a friend
- learning a new skill
- noticing and appreciating things in the environment around you

However the Council's role is to improve conditions at community level.

Community Level

Eastleigh Borough Council's Mental Health Promotion Strategy is part of the Healthy Communities Delivery Plan. The Council has a role in enabling communities and environments that support mental well-being and that are good for all of us, including people with mental health problems. 'Building mental resilience in individuals, families and communities is everyone's business.'²

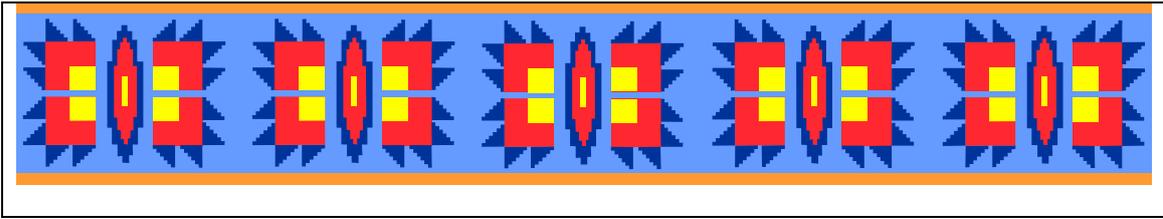
The strategy is therefore about promoting mental health, and supporting the eradication of stigma, rather than dealing with mental illness. We recognise that being healthy as an individual is related to where and how we live; and that physical and mental health are part of the same picture. There is a well described relationship between social networks and mental health. Those with few social contacts are known to be at greater risk from mental health problems.

Social networks can also protect against stress and can be a factor in recovery from depression. Social contact and neighbourliness (e.g. trust, co-operation) are key elements of social cohesion and community safety. There is much that can be done at national policy level to create a supportive environment for mental health to flourish.³

'There are multiple and complex connections between health, social and economic inequalities and outcomes for individuals and communities. However, this must not put policy-makers off considering these connections in every piece of work they do, and the underlying emphasis in all policies needs to be on reducing inequalities across society.'⁴

The adverse impact of stress is greater in communities where greater inequalities exist, and where some people feel worse off than others. For example people at the same level of income in different communities will have lower mortality if their income is closer to the average income of that community. This is borne out by levels of stress amongst our own more well-off areas in the borough and where people feel they have to strive harder to 'keep-up'.

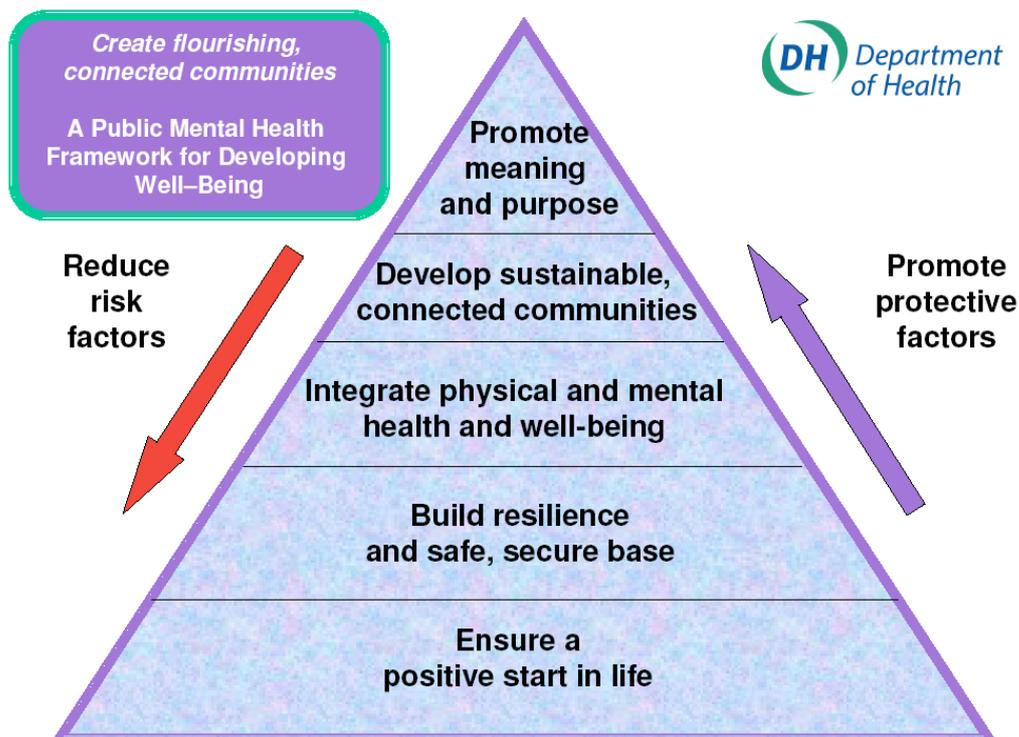
Eastleigh Borough Council's strategy is therefore about promoting mental health at community level rather than dealing with personal mental illness, and focuses on action at the levels in the framework illustrated by the diagram on the following page.



Eastleigh Borough Council's Approach to Mental Health Promotion

NHS Hampshire is developing a Mental Health Promotion Strategy 2009-2013 and uses a Public Mental Health framework as in the diagram below.⁴ Eastleigh Borough Council's strategy will link into that strategy.

The Council provides a number of services and programmes whose prime purpose may not be the promotion of mental health such as housing, sports and active lifestyles, culture, healthy living and community support but have important mental health impacts. These can be called 'social spin-offs' which are valuable and are less obvious. The strategy aims to make these contributions to mental health promotion clear and identify areas for development in 2010/11.



Source: Jo Nurse DH 2008 in Hampshire Mental Health Promotion Strategy 2009-2013 in draft

At local level 'A Healthy Community' is one of Eastleigh Borough Council's three strategic priorities for 2009/10 to 2011/12. Delivery Plans set out key steps to achieve the strategic priorities and also support the overarching Multi-Area Agreement, Local Area Agreement, Community Plan (Eastleigh Strategic Partnership Sustainable Community Strategy), and the Core Strategy of the Local Development Framework. The Delivery Plans will be subject to a rolling annual review.

Indicators for a Healthy Community

The Healthy Community Delivery Plan has two outcomes

1. A sense of happiness and wellbeing, with people who feel comfortable about their neighbourhood and the people they meet
2. good individual mental, emotional and physical health

and notes that the delivery plans for 'A Green Borough' and 'A Prosperous Place' contribute significantly to health by reducing environmental factors that are injurious to health, and by tackling poverty and income inequality.

Appendix 1 shows the main Council strategic documents that set out the details of how the Council will achieve the Healthy Communities priority.

Issues for Eastleigh Borough Council

The challenge for Eastleigh is twofold

- a) to communicate internally, the contribution to mental health promotion of current Council activities
- b) to focus efforts on a few key things where we can make difference. These include an approach which
 - targets the few areas in the borough which rank in the bottom 40% of the national scale of multiple deprivation because the outcomes here would be greatest i.e. parts of Pilands Wood, Velmore and Stoke Park housing estates, as well as areas to the east and south of Eastleigh Town, and parts of Netley.
 - recognises the value of Council activities which provide social interaction and support as contributing the greater well-being including mental health
 - links with our health inequalities agenda. The links between poverty, social deprivation and mental health problems are clear. There is also a strong association between income inequality – relative poverty – and poor mental well-being and health. People with mental health problems tend to have fewer qualifications, find it harder to get work, have lower incomes, may well be homeless and are more likely to live in areas of high socio-economic deprivation. Fifteen per cent of children in the lowest socio-economic group develop mental health problems, compared with just 5 per cent of children in the highest.
 - links with support we can give during the economic recession

- links mental and physical health promotion because poor mental health also increases the incidence of and worsens the prognosis for a wide range of physical health conditions, including heart disease, stroke, cancer, diabetes and asthma. It is associated with a variety of risk factors such as smoking, drug use, alcohol abuse and obesity. It is therefore also important to consider the role of mental health and well-being when tackling inequalities across all priority public health conditions.⁵
- acknowledges the importance of Housing, Countryside, Physical activity and Benefits to mental health. For example findings on the impact of adaptations in homes include 70% increased feelings of safety and an increase of 6.2 points in the Social Functioning 36 scores for judging mental health. Groups of people for whom access is more difficult and more critical to their health and wellbeing includes people who:
 - Are homeless
 - Are Gypsies or Travellers
 - Have age related frailty or illness
 - Have mental health problems
 - Have a learning disability
 - Are ex-offenders or offenders living in the community
 - Are misusers of drugs and alcohol
 - Are subject to domestic violence
 - Are carers

One of the objectives in the Delivery Plan is good mental health. Whilst many actions across the Delivery Plans will have an impact on mental health, this objective carries with it the key output to develop a Mental Health promotion Strategy with work streams.

Appendix 2 uses the framework to show current actions by Eastleigh Borough Council and gaps that can be planned for. This can act as discussion for what we may wish to do in the future and how resources could be secured. If need exceeds resources, there should be focus on the most disadvantaged populations including those in geographic areas of disadvantage, older people, those on low incomes and minority ethnic groups.

The Eastleigh Mental Health Promotion Strategy has been assessed for Equal Opportunities.

References

1. Making it possible: improving mental health and wellbeing in England 2005
2. New Horizons a shared vision for mental health DH July 2009
3. Indications of Public Health in the English Regions 7: Mental Health, North East Public Health Observatory May 2007
4. Mental health, resilience and inequalities Mental Health Foundation, March 2009

5. Hampshire Mental Health Promotion Strategy 2009-2013
6. Strategic Review of Health Inequalities in England post 2010 Sir Michael Marmot Review- evidence & consultation 2009

Appendix A

The main Council strategic documents in achieving the Healthy Communities Plan are the

- Arts Strategy,
- Community Plan (Sustainable Community Strategy),
- Community Development Strategy (to be revised as a Community Engagement and Involvement Strategy),
- Community Safety Strategy,
- Culture Strategy,
- Customer Service & Access Strategy (under development),
- Cycling Strategy,
- Eastleigh Alcohol Harm Reduction Strategy & Action Plan,
- Equality and Diversity Strategy (and related strategies addressing Disability, Children and Young People, Ethnic Minorities and Older People),
- Health Action Plan, (in partnership)
- Housing Strategy
- Play Strategy,
- Public Arts Strategy,
- Sport and Recreation Strategy (to be revised as the Sport and Active Lifestyles Strategy) and
- Walking Strategy

Consultees

- Eastleigh Borough Council Community Well being Scrutiny Panel
- Eastleigh Community Mental Health Team
- Eastleigh Health & Well being Partnership
- Hampshire County Council Black and Minority Ethnic Communities Team (Mental Health)
- Hampshire Partnership Foundation Trust
- Local Implementation Team for the Joint Mental Health Commissioning Strategy- NHS & Hampshire County Council
- NHS Hampshire Mental Health Promotion Strategy lead
- Relate
- Solent MIND

Review Programme

- Eastleigh Health & Well being Partnership annually in December
- Community Well being Scrutiny Panel annually in December
- Healthy Communities Delivery Plans subject to annual rolling review

Appendix B Action Plan

Note: A key overarching action will be to ensure that current activity included in other existing strategies or work streams is recognised as contributing to the promotion of mental health. The plan actively contributes to the work of Hampshire County Council/NHS Hampshire and the Community & Voluntary sector, and the national direction in mental health.

Domain in framework	Current areas of EBC activity	Projects for development in 2010/11 subject to funding
Ensure a positive start in life	<ol style="list-style-type: none"> 1. Play facilities for all and in areas of high need 2. Children and young peoples health outcomes 3. Child protection training 4. Preventing Parental substance misuse 5. Preventing Parental domestic abuse 6. Youth Counselling scheme, including at Hamble School 	<ol style="list-style-type: none"> 1. Build on successful cultural pilots by commissioning a Gap Year project in 2011 and 2013 related to mental health. 'Little Hope' about teenage pregnancy was successful in many ways. [evaluation report available] Gap Rep – is a peer-to-peer programme where young people in the youth theatre work with professional actors & writers on issue based topics. The play is taken into schools & youth centres & has linked workshops & educational material & includes post show discussion. This could be developed to tackle mental health issues & include targeted audience base, & would be developed working with those with experience of the issues. £10,000. 2. Consider the promotion of youth counselling within cluster schools in Eastleigh.
Build resilience and a safe, secure base	<ol style="list-style-type: none"> 1. Safe green spaces 2. Housing on Decent homes & fuel poverty 3. Preventing Homelessness 4. Support to people affected by the recession 5. Preventing Violence and abuse 6. Impact of climate change 7. Environmental health work on air quality, pest control, food hygiene 8. Benefits access & take up work 	<ol style="list-style-type: none"> 3. Secure funding for Park Sports to ensure sustained impact of mental and physical well being in cohesive communities. Growthbid/sponsorship £20,000 This does straddle 4 domains. 4. Bolster emotional intelligence sessions in primary schools which nurture children & their well being. <p>Healthy Communities Fund agree £10,000</p>

<p style="text-align: center;">Integrate physical and mental health and wellbeing</p>	<p>1. Healthy physical activity Concessionary schemes Facilities-Fleming Park, The Hub, schools and colleges, play/youth areas, community buildings & open spaces including recreation grounds 'Free leisure offers' Health Works – walks, prescription for exercise Promoting awareness of health/fitness via publications, website and Fit, Fun and Active roadshow Workplace activities including Active Eastleigh and staff sport at Fleming Park Parks & open spaces</p> <p>2. Healthy food Cook & Eat in schools</p> <p>3. Reduce Smoking Smoke Free legislation enforcement Smoke Free Homes project in 209/10 operates in Children's Centres. Council promotes the NHS Quit4life service</p> <p>4. Reduce Harmful Alcohol consumption Actions on binge drinking & anti social behaviour STAR project on under age drinking Staff policy</p> <p>5. Obesity reduction Increasing physical activity for adults & children</p>	<p>5. Build on successful cultural pilots by commissioning Kipling 2. Kipling I Project was a two year pilot programme to support those most in need in the Eastleigh town area focusing on arts related projects that would provide exercise and creative movement to engender physical and mental wellbeing. The project worker went into the community and built trust and developed tailored projects running for 6-12 weeks at a time for groups as diverse as Young Carers, Older people in sheltered housing, teenage mothers support group, day service for adults with physical and mental disabilities, age concern, Adult carers etc. The pilot programme has provided a wealth of information on what works best and already has illustrated benefits for health and well being. The two year programme had a budget of £25K (£12.5 per year) it has the capacity to be taken around the borough and there could be a more specific targeting of specific groups relating to the mental health strategy. Budget £20k for two year programme – this could be extended with partnership funding to increase catchment. [evaluation report available]</p> <p>Healthy Communities Fund agree £8,000</p> <p>6 Brochure campaign to each household similar to 5times fitter initiative £5,250</p>
<p style="text-align: center;">Develop sustainable, connected communities</p>	<p>1. Enhance community engagement Small grants funding to sustain/increase participation and support volunteers in activities</p> <p>2. Reduce social exclusion and acknowledge social benefits of activities Support and advice to clubs/organisations, coaches and volunteers to enable establishment of clubs, special events and activities</p>	<p>7 Contribute to evidence bases on contribution to mental health of physical and cultural activities.</p>

	<ul style="list-style-type: none"> 3. Target high risk groups 4. Address discrimination and stigma <p>Equality and Diversity work- services assessments & Disability Leisure Access Group (EDLAG)</p> <ul style="list-style-type: none"> 5. Enhance environmental awareness 	
Promote meaning and purpose	<ul style="list-style-type: none"> 1. Our overall contribution to the Community Plan which cultivates purposefulness and fulfilment in life, work, education, leisure time and volunteering 2. By creativity, Dance and Arts 3. With inclusive beliefs and values 	As 1-6 above
Use the differential impacts on groups in the Equal Opportunities Appendix		8 Gap Rep to target those neighbourhoods with higher levels of children in income deprivation, 8 Park Sports to target those neighbourhoods with higher levels of children in income deprivation, 9 Kipling 2 to target one or more of the following people with age related frailty or illness, have mental health problems, have a learning disability, are ex-offenders/offenders living in the community, are misusers of drugs & alcohol, are subject to domestic abuse
Raise profile internally of services' contributions to health	<ul style="list-style-type: none"> 1. Front-line staff have Coping at Sharp End training deals with keeping calm with stressed members of public 	<ul style="list-style-type: none"> 9. Discuss with EBC Human Resources & local Mental Health Teams re training for frontline staff. 10. HR to investigate becoming a 'Mindful' employer 11. Develop EBC webpage to tell people we are helping to promote their mental wellbeing
Health 'proof' at policy development/decisions	<ul style="list-style-type: none"> 1. Health Approach Project 2010/11 will include supporting the organisation to systemise consideration of health across plans & policy 	<ul style="list-style-type: none"> 12. Develop a framework for mental health proofing strategies and plans

Appendix C Equal Opportunities Assessment

Eastleigh Borough Council

Equal Opportunities Assessment

All questions should be answered with all of the equality areas in mind

Race / gender / disability / religion or beliefs / sexual orientation / age

1. Name and aim(s) of policy / procedure / practice / function being reviewed

Eastleigh Borough Council Mental Health Promotion Strategy 2009-2013

2. Is there any evidence of the policy/procedure/practice impacting on specific identified groups (**and is this a positive or negative impact**) – please provide details?

(Evidence may be available from the following sources: complaints / customer feedback / stakeholder consultation / employee or member feedback / public data e.g. BVPI's)

Sources of information used in this Equal Opportunity Assessment are

- The National Mental Health Promotion Strategy from the Department of Health 2009 consultation draft
- The Hampshire County Council Mental Health Promotion Strategy 2009, consultation draft
- Mental health, resilience and inequalities Mental Health Foundation, 2008 written for the WHO Regional Office for Europe by Dr Lynne Friedli in conjunction with the Mental Health Foundation. The report is supported by

the National Institute for Mental Health in England (NIMHE), the Child Poverty Action Group and the Faculty of Public Health.

Upon adoption of the Eastleigh mental health promotion strategy, the Council should be aware of the data from the above. The strategy pulls together current activity which will be subjected to equal opportunities assessments in the established way, should a number of key actions to meet gaps be adopted these should have an equal opportunities assessment as new significant actions. Mental health issues for specific groups which should aid this are as follows:

- **race**

The survey “*Adult Psychiatric Morbidity in England 2007*” indicates that after age-standardisation of data, there was little variation between White, Black and South Asian men in the rates of any common mental disorder (e.g. anxiety and mild to moderate depression). There is strong evidence of inequalities between ethnic groups in England in the incidence of severe mental illness but this is not within the scope of this strategy.

- **gender**

Women are more likely to experience common mental health problems such as depression and anxiety – around 20 per cent of women at any one time compared with about 12.5 per cent of men. Women aged 45 – 54 are particularly affected and this gender disparity continues into old age.

The underlying roots of women’s mental health problems may reflect social inequalities, both in economic terms and society’s expectations. Gender inequalities in income and wealth, in combination with roles as mothers and carers, can make women particularly susceptible to poverty. It has been estimated that two thirds of adults living in the poorest households are women. A similar percentage of adults dependent on income support are also women, and we know that economic deprivation is associated with mental ill health.

Women are also at a greater risk of domestic violence and abuse than men. There is a substantial body of research which links women’s experience of child sexual abuse and domestic violence with long- term mental illness.

There are also specific issues during or after pregnancy, and one estimate suggests that 1 in 6 women experience some mental ill-health at this time.

Men, however, have higher rates of suicide and addictions.

Men are more likely to be admitted to hospital than women. *The 2008 “Count Me In”* census indicated that 57.2% of in-patients in secure accommodation were men. Men also tend to have longer lengths of stay in hospital. The majority of suicides continue to occur in young adult males, that is those under 50 years. The latest available data for the three year period 2005/6/7 show a rate of 7.9 deaths per 100,000 population which is an all time low (see diagram). In relation to women of the same age, younger men are more likely to take their own lives. The peak difference is the 30-39

age group where there are more than four male suicides to each female. The average ratio between men and women of all ages is more than three male suicides to each female. Once people pass 50 years of age, the ratio gradually reduces, to around 2.1 male suicides to each female suicide in the 70-79 and 80 and over age groups.

- **disability**

Many mental health problems can lead to significant disability in their own right, particularly those which are severe and enduring. One of the major causes of disability in the elderly is dementia. People with dementia often have other disabling conditions; half of all cases having a vascular component of some sort.

- **sexuality**

There is emerging evidence that lesbian, gay, bisexual and transgender people are at higher risk of some mental health problems. Any explanation of these results focuses on LGB people's increased experience of social hostility, stigma and discrimination leading to higher rates of psychological morbidity.

- **age**

Most mental health problems for older people, other than dementia, are similar to those experienced by working age adults.

- **religion and belief**

Faith and spirituality can play a big part in how individuals perceive their own (and others') mental health and well-being, very relevant in a treatment context but within a promotion strategy the impact will be a matter of consideration of what is acceptable.

3. On the evidence you have, if there is **adverse impact**, what steps will be taken to remove / minimise it?

New actions are adopted in 2010/11 should remove barriers to access and add incentives for inclusion based on the above findings.

4. On the evidence you have, does it show any **unmet needs** or **requirements** of specific groups?

Unable to complete until new actions adopted but principles in place.

5. If **unmet needs** or **requirements** have been identified, what steps will be taken to meet the needs or requirements?

see above

6. If there is insufficient evidence to answer the above, do you think additional information needs to be sought (if `no`, please explain why) and what steps / timescales are to be taken to collect additional data?

Consultation on the key actions which go forward should be carried out to gain further insights.

7. What consultation has taken place and what were the results

The strategy has been consulted upon with those listed on page 9 of the strategy. In addition the strategy was consulted upon on 12th October 2009 at an event organised for those consulting on a number of strategies and plans with members of the community and representative groups. No particular actions were identified.

8. Summary of agreed actions to be taken (identified in 6 & 7 above).

Action :New actions adopted in 2010/11 should remove barriers to access and add incentives for inclusion based on the above findings under point 2 of the

Timescale : during 2010

Lead officer: Health & Community Manager

Date EIA completed 17th August 2009

Lead Officer Mary Amos

Review Date September 2010