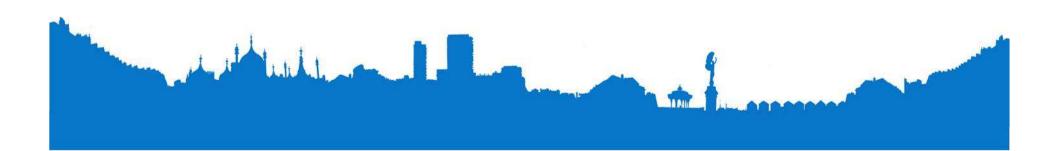




Brighton & Hove Clinical Commissioning Group and Brighton & Hove City Council

Emotional Health & Wellbeing including Mental Health

Presentation to Joint Health & Wellbeing Board June 2013







Content

- 1. Overview & Context
- 2. Key data Brighton & Hove
- 3. What's working well
- 4. What do we still need to address/ do differently?
- 5. How can the Joint Health & Wellbeing Board support this agenda?





What do we mean? Mental Wellbeing

•'A positive state of mind and body, feeling safe and able to cope, with a sense of connection with people, communities and the wider environment'

No Health without Mental Health, 2011

•'A dynamic state, in which the individual is able to develop his or her potential, work productively and creatively, build strong and positive relationships with others, and contribute to their community'

Foresight report, 2008







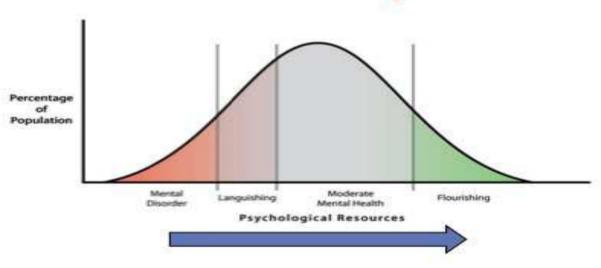
A Model of M	Iental Health				
Optimal mental wellbeing (flourishing)					
e.g. a person who experiences a high level of mental wellbeing despite being diagnosed with a mental illness	e.g. a person who has a high level of mental wellbeing and who has no mental illness				
Maximal mental illness	Minimal mental illness				
e.g. a person experiencing mental illness who has a low level of mental wellbeing	e.g. a person who has no diagnosable mental illness who has a low level of mental wellbeing				
	ital wellbeing ishing)				



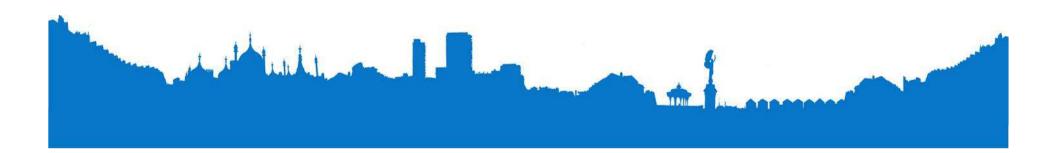




Mental Health Spectrum



(Well-being Institute, University of Cambridge, 2011)







Context

- 1 in 4 people experience a mental illness at some point in their lives.
- Starts at a Young Age
 - 50% of those with lifetime mental illness first experience symptoms by the age of 14
 - 75% by their mid 20's
- Mental Health Problems 23% of burden of ill health the largest single cause of disability.
- Mental illness still carries considerable stigma & discrimination – this can be as difficult to deal with as the illness itself.







Brighton & Hove

- High prevalence of mental illness
- Inequalities some parts of the population have higher risk of developing mental ill health – e.g. BME, LGBT
- ONS survey 2012/13 slightly higher than national average self-reported wellbeing
 - The Health Counts survey shows that happiness is strongly associated with satisfaction with and belonging to the local area, use of parks and open spaces, strong social connections, relative affluence, a healthy lifestyle and good health.







What are we doing?

- Significant work has been undertaken on ensuring services are as effective as possible & working with partner agencies
- Overall approach ensures that services are provided as early as possible - preventative approach
- Examples of things working well
- Tiers 2 and 3 CAMHS work together to support children and young people including offering pre-referral consultation and support in schools. SAWSS survey has increased focus on emotional health and wellbeing
- Celebration of World Mental Health Day to raise public profile
- Strong community and voluntary sector provision





What do we need to do differently going forward?

- We need to continue to ensure mental health and wellbeing services are effective as possible
- Transition from children to adults
- Continue to address high local rates of self-harm & suicide
- But strategically we need to change emphasis

Not just treating people when they become unwell but supporting people to maintain their wellbeing & more explicitly addressing the wider determinants.





Personal experience

Young man, growing up in Moulsecoomb Referred to CAMHS
Positive expectations from social worker Referral to Alternative Centre for Education Online advice about mental health Online advice about exercise and diet Place at Sussex University Change of social networks









Plans Going Forward

- CCG and BHCC are working together towards a new mental health & wellbeing strategy for 2014
- Feedback from Community and Voluntary Sector
 - More community-based services to increase resilience
 - Patient-centred integrated commissioning
 - Improve physical healthcare for those with mental ill-health







How Can The JHWB Support this Agenda?

- Many of BHCC's decisions will have an impact on emotional wellbeing.
- Things that are good for promoting positive mental health are largely outside mental health services.
- •What could BHCC do to support?
 - Nominate a senior officer with responsibility for Mental Wellbeing within BHCC
 - Screen new services and policies (eg mental wellbeing impact assessment) to ensure positive or neutral impact on mental wellbeing for all relevant BHCC decisions





	Children's services	Adult social care	Planning and transport	Housing and environment services	Work & economy
Connect	Inter-generational activities	Neighbourhood projects eg Hangleton & Knoll project	Car-free public spaces; low traffic residential development	Local growing & cooking projects	Social capital included in procurement
Be active	Sports support for disabled young people	Health walks, Ping project	Cycle paths, Active travel	Green gym	Workplace health charter
Keep learning	Breakfast & after school clubs	Adult learners week	Self build projects	Allotments and growing skills	Public sector as employers – professional development
Take notice	Arts projects with young people eg FFT photo project	Brighton Festival	Parks & gardens	Audit of green space	Values & culture, stress management
Give	Peer support projects eg Right Here	Timebanking, 'Happy List' of local residents	Walk to school 'buses'	Litter picks or street gardens	Mentoring and volunteering schemes





Summary

- Improving mental health and wellbeing key issue for the City
- We need to do further work to ensure it has equal priority to physical health
- We need to develop an explicit local strategy that take a broader approach beyond the mental health and wellbeing services
- We need broader BHCC leadership to help achieve this.

