Happiness: Brighton & Hove Mental Wellbeing Draft Strategy

Introduction

The City Council and Clinical Commissioning Group are developing a happiness strategy to improve mental wellbeing in Brighton & Hove. This document sets out what we are doing and why. The strategy is being developed in line with the National Strategy *No Health Without Mental Health and* aims to take a preventative approach by addressing the wider factors that influence mental wellbeing (such as green spaces and employment) as well as ensuring that we have responsive high quality services available The engagement plan at Appendix 2 shows how we are seeking views from local people.

What do we mean by mental wellbeing?

Our mental wellbeing is central to our overall quality of life and general health and is influenced by a wide range of factors – the strategy we are developing covers all ages from birth to death.

There is a growing body of evidence, reflected in the DH report *No Health Without Mental Health*, that there are strong links between people's physical health and their mental wellbeing and it is well understood that positive mental wellbeing is more than simply the absence of mental illness.

The World Health Organisation defines mental wellbeing as when

 an individual is able to realise his or her own abilities, cope with the normal stress of life, can work productively...and is able to make a contribution to his or her community.¹

Similarly, the 2011 National Mental Health Strategy *No Health without Mental Health* defines mental wellbeing as:

 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.²

What are we doing and why?

Improving mental wellbeing has been identified as a key priority for the City by Brighton & Hove Health and Wellbeing Board, in its strategy for the City Council and NHS.

¹ World Health Organisation. Mental health: a state of wellbeing. Updated December 2013. http://www.who.int/features/factfiles/mental health/en/

² No health without mental health: a cross-government mental health outcomes strategy for people of all ages. Department of Health. February 2011.

https://www.gov.uk/government/publications/the-mental-health-strategy-for-england

Brighton & Hove currently has separate local strategies or plans for commissioning adult mental health services, children & young people's mental health services and for mental health promotion; all of these come to an end in 2013/14. It has been agreed by the Board that a single revised local strategy will be developed that encompasses mental health services but shifts focus to address the wider determinants of mental wellbeing and positive mental health.

Our ambition is to ensure that mental wellbeing is integral to everything we do in the city. The overall approach we will take is preventative (to avoid people getting ill in the first place) but we recognise that we also need high quality responsive services to support people when they are unwell.

- We want to move from an illness & treatment model to a holistic approach of promoting wellbeing and resilience.
- We want to make mental wellbeing part of everyone's business and tackle stigma.
- We want to engage with the whole person and respond to what people say they need and want.
- We want to improve mental wellbeing and emotional resilience in the city for all residents, but especially those with vulnerability to mental health problems.
- We want local leaders and providers of services to champion mental wellbeing.
- We want Brighton & Hove people to see mental wellbeing as a two-way street: happier people are healthier people who are able to contribute more to making the city a great place to be.

This builds on the Director of Public Health's Annual Report for 2012, *The Pursuit of Happiness.*³ This report brings together a range of perspectives, including the results of a local survey, Health Counts. It reinforces the links between poor mental wellbeing and people's physical health, as well as the interrelationship with deprivation, and it summarises information about the distribution of wellbeing amongst different population groups within the city.

Why is this important for Brighton & Hove?

Brighton & Hove residents have higher levels of mental ill-health than the average for England, across a range of indicators. A third more people have a diagnosis of severe mental illness and nearly 10% more (aged 18 and over) have a diagnosis of depression, recorded by their GP. Twice as many people are admitted to hospital following self-harm and approximately a third more die by suicide. Increasing numbers of children and young people are being referred to Child and Adolescent Mental Health Services and presenting with self-harm at A&E.

City residents also report lower self-reported wellbeing in the Office for National Statistics annual survey. The proportion of people reporting high levels of anxiety the

³ http://www.brighton-hove.gov.uk/content/health-and-social-care/health/public-health-annual-report

previous day is significantly greater than the national average; fewer people also report a high scores for life satisfaction, the things they do being worthwhile and how happy they were yesterday.

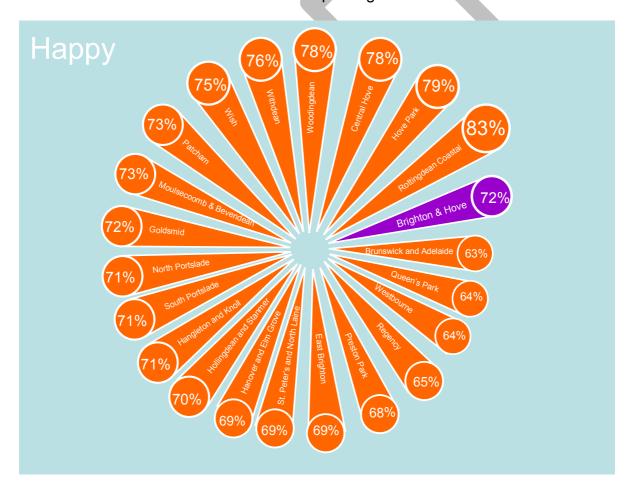
The recent economic downturn and changes to welfare benefits in the UK have only served to exacerbate this issue.

A wide range of information is available on the risk of poor mental health associated with demographic variables, geographic wards and life circumstances. The national strategy for mental health *No Health without Mental Health* lists high risk groups. In addition, the local Health Counts survey gives us rich detail on mental health, physical health and a range of lifestyle factors of around 2000 residents.

So, what do we know?

We have different levels of happiness across the city

Residents in more affluent areas tend to report higher levels:



We have different levels of happiness across groups

Brighton & Hove has disproportionate number of people in groups nationally identified as having a higher risk of mental ill-health, including:

- · Homeless & insecurely housed
- Rough sleepers
- LG & B
- Transgender
- Vulnerable or looked after children and young people
- Victims of violence including domestic and sexual violence
- Older people living alone and socially isolated

We know that local residents with low self reported wellbeing scores or high risk of depression scores are at higher risk of poor mental health.

People who report higher levels of happiness also tend to report healthier lifestyles: for example, people who have never smoked are more likely to report higher scores for happiness.

We know that we can improve mental wellbeing

At a personal level, the national strategy recommends the Five Ways to Wellbeing. These are ways that we can all develop our emotional resilience in day-to-day life, in ways that suit our individual circumstances.⁴

- 1. Connect... With the people around you. With family, friends, colleagues and neighbours. At home, work, school or in your local community. Think of these as the cornerstones of your life and invest time in developing them. Building these connections will support and enrich you every day.
- **2. Be active...** Go for a walk or run. Step outside. Cycle. Play a game. Garden. Dance. Exercising makes you feel good. Most importantly, discover a physical activity you enjoy and that suits your level of mobility and fitness.
- 3. Take notice...Be curious. Catch sight of the beautiful. Remark on the unusual. Notice the changing seasons. Savour the moment, whether you are walking to work, eating lunch or talking to friends. Be aware of the world around you and what you are feeling. Reflecting on your experiences will help you appreciate what matters to you.
- **4. Keep learning...**Try something new. Rediscover an old interest. Sign up for that course. Take on a different responsibility at work. Fix a bike. Learn to play an instrument or how to cook your favourite food. Set a challenge you will enjoy achieving. Learning new things will make you more confident as well as being fun.
- **5. Give...** Do something nice for a friend, or a stranger. Thank someone. Smile. Volunteer your time. Join a community group. Look out, as well as in. Seeing

⁴ http://www.neweconomics.org/publications/entry/five-ways-to-well-being-the-evidence

yourself, and your happiness, linked to the wider community can be incredibly rewarding and creates connections with the people around you.

What can we do about it?

This strategy focuses on improving resilience and mental wellbeing and preventing mental ill health.

At a personal level

The Five Ways to Wellbeing give us a different way to think about building personal resilience. We want to adopt and embed this approach both strategically and operationally across the city so that it becomes part of everyone's business and everyone's daily life. Feelings of happiness, contentment, enjoyment, curiosity and engagement are characteristic of someone who has a positive experience of their life.

As a community: the two-way street

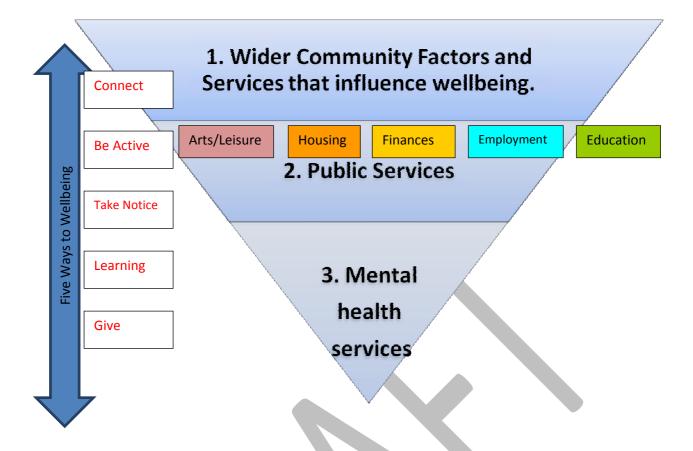
Equally important for wellbeing is our functioning in the communities where we live. Experiencing positive relationships, having some control over one's life and having a sense of purpose are all important attributes of wellbeing. Good quality housing, education, employment, transport and a strong sense of belonging to a place all lay the foundations for mental wellbeing.

Conversely, people whose mental health is good are able to learn better, to contribute more at work and in their leisure time, to make healthier choices about how they live and to help create a vibrant city.

The demographic groups at higher risk are often the subject of discrimination and an insecure sense of belonging to the wider community. Exclusion by virtue of health, education, identity or upbringing needs to be countered to enable good social functioning and a related sense of wellbeing. Many of these factors are influenced by health and council.

• Through public services including health

The diagram below shows how the prevention and wellbeing agenda is our priority for reaching everyone in Brighton & Hove, but builds on high quality services for the smaller number of people in need of more support.



Wider community factors and services that influence wellbeing

This includes: local employers, local neighbourhood & community groups, and voluntary organisations that support and promote wellbeing in their settings.

Public Services

Mental wellbeing should be an integral part of all services provided or commissioned by the NHS and Council. These include health services such as GPs, hospitals and community support and wider city services such as arts and leisure, housing and education.

Mental health services

High quality responsive services are needed to work with individuals with diagnosed mental health problems, both in hospital and in the community. This includes supporting recovery and developing resilience by working with individuals or groups at risk of developing problems or relapsing into mental ill-health. Specialist services also play a significant role in supporting communities and other public services in prevention of mental ill health.

Adult mental health services commissioning

Our aim is to ensure that there is support available to **prevent** mental health problems developing in the first place but also to have responsive accessible services available when they are needed. We have started to extend the range of locations in which mental health support is available to include accessible venues such as GP surgeries, community & voluntary sector organisations and schools. We

want people to be able to get timely support from the most appropriate organisation, and to help secondary care mental health services, the voluntary sector and primary care to work together to provide a model of care shaped around the individual needs of a person so that they get the help that they need at the right time and in the best place for them.

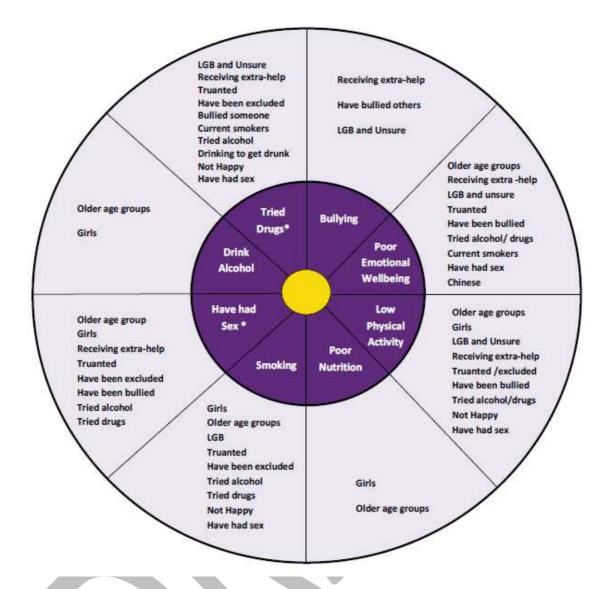
We also want to work in partnership with patient/service users and carers to have an equal voice in decision making. We want the support available to empower individuals and communities on their journey to recovery and again we want your views on the ways you would like care & support to be delivered in the future.

We want to have holistic services that provide support for both mental and physical health needs; to identify and treat physical health problems in people with serious mental illness, and to integrate mental health support within chronic disease management programmes. This should improve health outcomes and quality for people with long term physical or mental health conditions.

Children and young people's mental health services commissioning

We also want to ensure we have the right services available for children and young people. We will seek to focus on early intervention and prevention and the role all services that come into contact with children and young people can play in supporting their wellbeing. We will promote parenting programmes that enable parents to support their child to develop positive wellbeing and work with early years providers at this crucial stage in a child's development.

We will ensure that our children's services workforce feels confident and equipped to support children's wellbeing for example in our schools and youth services. We will provide high quality support services for children and young people when they need them and tailored to their specific needs.



We know from our Safe and Well in schools secondary survey ⁵ that some groups are more likely to be vulnerable to a range of health risks and issues. Those that self report poor emotional wellbeing are more likely to:

- Be older
- Be receiving extra help in school
- · Identify as LGB or unsure
- Have truanted
- Been bullied
- Have tried alcohol or drugs
- Be current smokers
- Be sexually active
- Be from some specific BME groups e.g. Chinese

⁵ http://www.bhlis.org/surveys

We will be developing greater emphasis on services that can help children and young people when they first need it and as early as possible and will take an innovative approach to the use of IT for example online counselling and advice. We will focus on resilience building and particularly focus on young people aged 14-25 who are experiencing significant life changes and associated stresses; we know that many long term mental health issues begin at this age. We will also ensure our specialist mental health practitioners will be available for advice and consultation to children' services, parent carers and children and young people themselves. Where children and young people need to access mental health services we will continue to work with our providers to ensure timely and appropriate responses and services that children and young people tell us help them.

We will work closely with children and young people and their families in developing services and ensure that all provision is children and young people friendly.

Timescale for the strategy

A draft strategy will be developed over the winter and completed by the spring / summer 2014. The strategy will cover three years from 2014 – 2017, and it will continue to develop and be monitored during that period

Appendix 1: How will we know if we have succeeded?

We will measure our success by using a range of quality outcome indicators including mental health, public health, adult social care and children's Outcomes Frameworks, including:

- Self-reported wellbeing(PHOF)
 - o people with a low satisfaction score
 - o people with a low worthwhile score
 - o people with a low happiness score
 - o people with a high anxiety score
- Better emotional well-being of looked after children (PHOF)
- Reduced hospital admissions for self-harm (PHOF)
- Increased employment for people with a mental illness(PHOF & NHSOF)/ proportion of adults in contact with secondary mental health services in paid employment (ASCOF)
- Reduction in proportion of people in prison with mental illness (PHOF)
- Adults in contact with secondary mental health services who live in stable and appropriate accommodation (PHOF)/ proportion of adults in contact with secondary mental health services living independently without the need for support (ASCOF)
- Improving outcomes for planned procedures psychological therapies (NHSOF)
- Reduction in premature death for people with serious mental illness -under 75 mortality rate (PHOF)/ under 75 mortality rate in people with serious mental illness (NHSOF)
- Reduction in the suicide rate (PHOF)
- Patient experience of community mental health services (NHSOF)

Other outcome indicators are relevant to the causes of emotional wellbeing, for example:

- Reduced differences in life expectancy and healthy life expectancy between communities
- Children in poverty
- Pupil absence
- 16 -18 year olds not in education, employment or training
- Employment for those with long term health conditions
- Statutory homelessness
- Utilisation of green space for exercise/ health reasons
- Social connectedness
- Older people's perception of community safety

Appendix 2: ENGAGEMENT STRATEGY Proposals/action to date

	Details	Action to date	Planned actions
1 Engagement with partners	Two way solution-focussed discussions with providers of services in five initial priority areas:	Employers – Event at the Metropole on 3 December 2013 chaired by Tony Mernagh and including a presentation by Tom Scanlon on the Happiness PH Annual Report. Engaged discussion from the floor about improving mental wellbeing in the workplace. Green spaces – Initial meetings with the City Rangers team and with Brighton Food Partnership. Several mental health promotion small grants awarded on this theme. Meeting with Andrew Comben on the links between mental wellbeing and Arts, culture & heritage. The Basement's SICK! Festival addresses mental health issues, including stigma. A second festival will take place in March 2014.	Consultation events for: Providers of mental health services for children and young people; Providers of adult mental health services; Green spaces and growing. Further work on sports and activity links.

	Details	Action to date	Planned actions
2 Engagement with service users and vulnerable groups	The CCG's 'Gateway' or excluded groups will be consulted on how their constituents could improving mental wellbeing in their communities. Recommendations and key themes will be written up for inclusion in the strategy.	Briefing meeting with Gateway leads, including distribution of a questionnaire for focus groups.	By 31 March 2014: All Gateway groups to meet and provide reports. 6 – 8 further focus meetings to be held for additional relevant population groups; one for GPs.
3 Engagement with the public	Online survey on how to improve mental wellbeing in the city, based on general questions developed for Gateways.	Initial work on survey, including piloting, begun.	Survey to be published on consultation portal. Two public consultation meetings to be held before 31 March 2014. Analysis of themes and key 'asks'.
4 Webpages	A public facing webpage about the Five Ways, signposting to key sites for each Way: e.g. Sports and Activity for 'Be active'. Once launched, this could be a gateway for surveys, twitter campaigns or interactive question & answer opportunities.	An options paper on developing a Five Ways page on the City Council website has been developed and funding identified.	Provider to be identified and development work undertaken. Maintenance needs to be built into the budget and planning.