NHS
South of Tyne and Wear

Emotional Health and Well-being Strategy for NHS South of Tyne and Wear:
Gateshead, South Tyneside and Sunderland

2010 - 2020

This document is available on www.cehi.org.uk.

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Executive summary

Achieving emotional health and well-being is vital for helping everyone reach their potential and lead happy and fulfilled lives. A wide range of determinants affect our emotional health, from our personal relationships and activities to the environment and circumstances within which we live.

Our vision for emotional health and well-being across NHS South of Tyne (SoTW) is to work to improve the emotional health and well-being of the population of Gateshead, South Tyneside and Sunderland, by supporting individuals and communities. We will work in partnership with local people and organisations to promote social inclusion and reduce health inequalities, so improving both individual and community well-being.

This Emotional Health and Well-being Strategy has been developed within the Mental Health Model of Care to provide a strategic framework, and will be implemented through Local Action Plans across SoTW. It addresses the recommendations identified through the Mental Health Needs Assessment and is set in the context of the wider national and regional public health strategies.

To achieve the vision, the following aims have been identified, in consultation with a range of local people and professionals:

Aim 1: To improve the emotional health and well-being in the population

Aim 2: To improve the emotional health and well-being in people who may need extra support:
ante- and post-natal women; older people; people with physical disability; people with life limiting/life threatening illnesses; people with learning disabilities; people with alcohol/substance misuse/dual diagnosis; people experiencing mental health problems; people at risk of suicide; carers; black and ethnic minority population, including asylum seekers and refugees; lesbian, gay, bisexual or transgender people; victims/survivors of domestic violence and abuse; offenders

Aim 3: To combat stigma and discrimination with regard to mental illness

Aim 4: To promote partnership working between statutory and voluntary agencies and local communities to address deprivation and social inclusion, and to develop joint commissioning opportunities through an assets based approach

Aim 5: To promote and commission research and evaluation on mental health promotion and to improve the measurement of emotional health and well-being

The strategy will be regarded as successful if it achieves its aims and will be evaluated using measures that are currently being developed.

Our vision for emotional health and well-being across NHS South of Tyne and Wear

NHS South of Tyne and Wear will work to improve the emotional health and well-being of the population of Gateshead, South Tyneside and Sunderland, by supporting individuals and communities. We will work in partnership with local people and organisations to promote social inclusion and reduce health inequalities, so improving both individual and community well-being.

1 Introduction

Emotional health and well-being is vital for helping everyone to reach their potential and to lead happy and fulfilled lives. A wide range of determinants affect our emotional health, from our personal relationships and activities to the environment and circumstances within which we live.

This Strategy has been developed to address the emotional health and well-being of the population of South of Tyne and Wear (SoTW). The NHS SoTW Strategic Plan 2008 -2013 identified the importance of placing an emphasis on health and well being for whole population.

The current document provides this high level, strategic framework has `informed` the development of Local Action Plans, which have been developed in Gateshead, South Tyneside and Sunderland. These will provide the detail of how the overall strategy will be implemented.

The Strategy acknowledges the importance of the provision of services for those with mental health problems. However, it focuses on promoting positive emotional health and preventing mental illness.

It addresses only the need for adults, as the issues for children's mental health are separately considered under the Child and Young People's Plans. It is recognised that children and young people live in families and in communities and work will be developed to look at the combined needs of children and adults in the future.

The strategy is based on the mental health needs assessment carried out across SoTW in 2009[1] and should be read in conjunction with that assessment. It builds on the strategies previously produced for the separate Primary Care Trusts of Gateshead, South Tyneside and Sunderland.

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[1] All documents are available on www.cehi.org.uk. Mackereth, C. Mental health needs assessment of the population of NHS South of Tyne Tyne & Wear. April 2009

2   What is emotional health and well-being?

The terms mental health, emotional health and wellbeing are often used interchangeably. However, 'mental health' is often used instead of 'mental illness'. For this reason, 'emotional health' is the term used within this Strategy, which refers to a positive state, not just an absence of mental disease or illness.

 Wellbeing has been defined 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. It is enhanced when an individual is able to fulfil their personal and social goals and achieve a sense of purpose in society."[2]

3   Background

This Emotional Health and Well-being Strategy focuses on the positive aspects of mental health, recognising that the prevention of poor mental health and illness is an important element. The Mental Health Needs Assessment identified that there are few measures of positive well-being and that data is predominantly based on mental health problems. Indeed, mental health issues are a major public health issue both nationally and within SoTW. Costs to the individual are extremely high, in terms of loss of self-esteem, potential social exclusion and difficulties with employment, housing and finance. Costs to society are also extremely high: the strong links between mental health and employability affect the economic performance of the region and there are high levels of expenditure on the treatment of mental illness.

3.1 National Policy Context

There are a range of National policies which have relevance to emotional health and well-being. The 10 year *National Service Framework for mental health*[3], which identified mental health promotion as a key element ended in 2009, and has been succeeded by *New Horizons: Towards a shared vision for mental health*[4]. This forms a programme of action based on the two aims:
- Improving the mental health and well-being of the population
- Improving the quality and accessibility of services for people with poor mental health.

In 2011 the government produced the Mental Health Strategy. No Health without Mental Health, which identifies a key objective: More people will h good mental health

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[2] Foresight Mental Capital and Wellbeing Project. Final Project report – Executive summary London: The Government Office for Science, 2008
[3] Department of Health National Service Framework for mental health. London: DH, 1999 http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitala sset/dh_4014501.pdf
[4] Department of Health. New Horizons: A shared vision for mental health. London: DH, 2009
[5] No Health without Mental Health. London: DH, 2011.

A framework for developing well-being has been developed in *New Horizons,* to provide a focus for the issues pertinent to the first aim (see Figure 1), and has particular relevance for the current Emotional Health and Well-being Strategy.

Figure 1. A Framework for developing well-being[4]
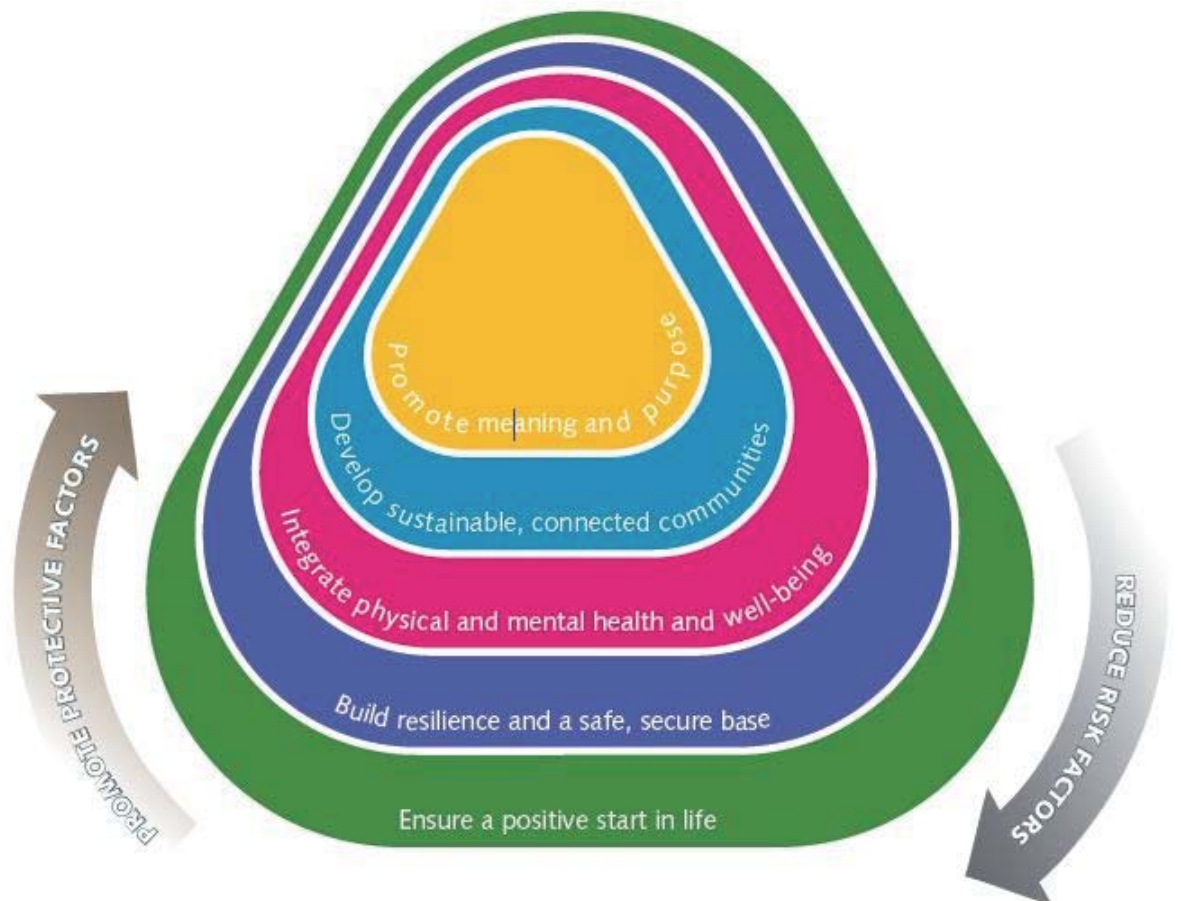
3.2 Regional policy context

At the regional level, one of the main strands of *Better Health, Fairer Health*[5] (the North East Strategic Health Authority's strategy for health and well-being, 2008) is mental health, happiness and well-being. This contains several stated intentions of particular relevance to mental health promotion, which can be found in Box 1.

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[5] Public Health North East. Government Office for the North East. Better Health, Fairer Health: a strategy for 21st century health and well-being in the North East of England. Feb 2008. http://www.gos.gov.uk/nestore/docs/health/strategy/better_health_final.pdf

Box 1: Better Health Fairer Health[5]

Relevant intentions:
- Help with bereavement counselling provision.
- Parenting and post-natal depression support.
- Media campaigns around risk recognition.
- Working with Local Strategic Partnerships to ensure that they have a clear focus on social capital in their Community Strategies, together with policies for maximising this.
- Establishing formal agreements between Local Strategic Partnerships and regional bodies identifying appropriate shared funding for agreed collective goals for health and well-being.
- Developing in the region a clear focus on valuing and improving individual mental health that will inform all strategic and policy decisions.

Mental health, well-being and happiness were recognised as a major element of this and a Regional Advisory Group has been convened to address these issues. It has identified three priorities:
- All vulnerable children, young people and their families receive the support they need to maximise their mental health and wellbeing
- To identify and address the physical health needs of those with mental health problems, in order to ensure their physical health is maximised
- Promote public awareness of their Mental Health and Wellbeing and tackle stigma and discrimination experienced by people with mental health problems

3.3 Local policy context

Implementation of the Emotional Health and Well-being Strategy will be key in preventing mental ill health, a key objective of the NHS SoTW Strategic Plan. Further gains will be obtained for the 'Prevention and Staying Healthy' programme, through providing people with the confidence to make healthy choices with regards to smoking, eating, safe alcohol consumption and sexual behaviour. Long term conditions can be a cause and effect of poor mental health and implementation of the Emotional Health and Well-being Strategy will have a positive impact on these.

NHS SoTW are developing a Mental Health Model of Care (see figure 2), will meaningfully engage with the full range of stakeholders and recognise the whole system approach required to effectively deliver high quality mental health services. This high level, strategic direction identifies that emotional health and well-being is a vital element of this work. It is embedded in the Strategic Plan of NHS SoTW, which identifies a goal as the development of the current Emotional Health and Well-being Strategy.

Figure 2. The Mental Health Model of Care – February 2010
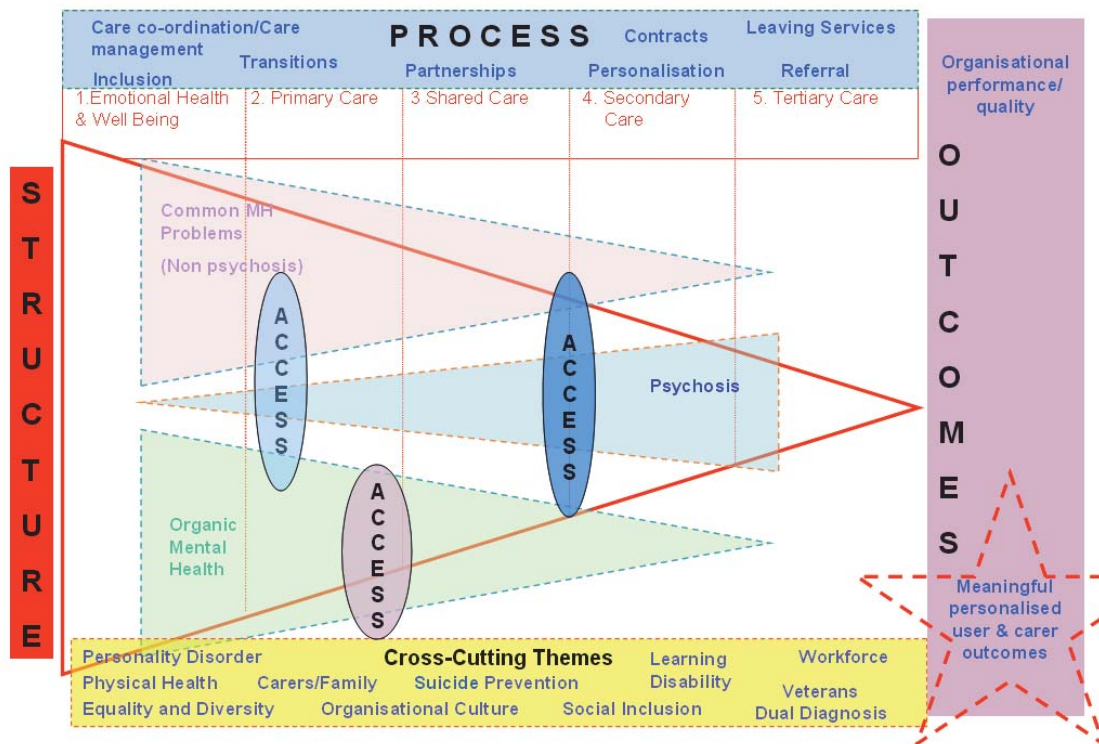
NHS SoTW recognises the importance of promoting the emotional health and well-being at work and has consequently endorsed the Occupational Health Safety and Security Wellbeing Strategy. The current Strategy supports this, particularly with regard to the Stress Prevention Strategy and the Mindful Employer Intervention work.

3.4   Mental health needs assessment

The *Mental Health Needs Assessment*[1] was carried out to provide information on current and future mental health and well-being needs of the SoTW area. It considers not only evidence from statistics available on mental health prevalence but also the views of members of the public and of people who have had experience of accessing or delivering mental health services. The scope and nature of services available to the population were considered and local directories are currently being compiled. The findings from the assessment allowed identification of key issues for the area, which this plan aims to address and can be found in Appendix 1.

3.5 Related local strategies and plans

The local authorities are all committed to improving the well-being of their population and this Emotional Health and Well-being Strategy will link closely with the appropriate work streams.

Local Action Plans will engage key stakeholders in supporting the implementation of the strategy, who will work directly with the appropriate partnerships between the Primary Care Trust, local authorities and voluntary sector organisations. Opportunities will be identified for joint commissioning, and consultation with local people will be of particular importance within this work.

3.6 Scale and causes of mental illness

The focus of this Emotional Health and Well-being Strategy is concerned with promoting a positive approach to life. However, it is important to recognise the potential consequences of failing to do this:

- Around one in four people will suffer from a form of mental illness at some point in their lives
- One sixth of the population suffers from a common mental health problem at any time
- 1 in 100 people suffers from a serious mental illness such as psychosis
- More than 1.3 million older people suffer from depression or other mental illness
- 6 million people in Britain have depression and/or anxiety disorders - few get effective treatment
- One in ten mothers suffer from post-natal depression[4]

Levels of mental illness are higher in the North East of England than the rest of the country and reflect the higher levels of deprivation in the area. However, there are also higher levels of social capital, including neighbourliness and trust. These are fundamental to good emotional health and can be seen as an asset to be drawn on to promote health and well-being in SoTW[1].

Emotional health can also be affected by specific events or problems in an individual's life, for example physical health problems, bereavement or problems with relationships. Many social factors also affect the likelihood of suffering from mental health problems. These include poverty, unemployment, poor educational attainment, bad housing, trauma, racism and abuse.

Many people may suffer from low mood, which may not lead to mental illness, but may impair their functioning or not allow them to live to their full potential. This may result in making less healthy lifestyle choices, such as smoking and drinking alcohol unsafely. The Emotional Health and Well-being Strategy identifies the need to promote work which will address these issues.

3.7   *Costs of mental illness*

Twenty percent of the total burden of disease in the UK is attributable to mental illness (including suicide), compared with 17.2% for cardiovascular diseases and 15.5% for cancer. No other condition exceeded 10%. A major reason for identifying the mental health and wellbeing needs of the population is to increase people's ability to live to their full potential and reduce the misery that people may suffer when they have mental health problems[6] . However, a further important reason for tackling these problems, particularly for commissioners is to reduce the cost of services. There is clear evidence of the considerable costs of mental ill-health to every PCT and the nation as a whole: [7]

• Recent estimates put the wider costs of mental ill-health in the UK at £110 billion per year in England
• In the case of depression, the biggest cost is estimated at £8 billion loss in productivity, as shown by incapacity claims
• The annual costs of services for depression in England in 2007 are estimated at £1.7 billion with lost employment increasing these costs to £7.5 billion; the costs for anxiety were similar.

Because of the substantial costs of mental health problems to NHS SoTW, mental health has been identified as a strategic objective within the Annual Operating Plan, with the current strategy being identified as a key objective.

4   Vision

NHS South of Tyne and Wear will work to improve the emotional health and well-being of the population of Gateshead, South Tyneside and Sunderland, by supporting individuals and communities. We will work in partnership with local people and organisations to promote social inclusion and reduce health inequalities, so improving both individual and community well-being.

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[6] Friedli L and Parsonage M (2009) *Promoting mental health and preventing mental illness: the economic case for investment in Wales* Cardiff: All Wales Mental Health Promotion Network

[7] Department of Health *Confident communities, brighter futures. A framework for developing well-being*. London, DH, 2010.

4.1   Aims

To achieve that vision, the following aims have been identified, in consultation with a range of local people and professionals:

Aim 1: To improve the emotional health and well-being in the population

Aim 2: To improve the emotional health and well-being in people who may need extra support:
- ante- and post-natal women
- older people
- people with physical disability
- people with life limiting/life threatening illnesses
- people with learning disabilities
- people with alcohol/substance misuse/dual diagnosis
- people experiencing mental health problems
- people at risk of suicide
- carers
- black and ethnic minority population, including asylum seekers and refugees
- lesbian, gay, bisexual or transgender people
- victims/survivors of domestic violence and abuse
- offenders

Aim 3: To combat stigma and discrimination with regard to mental illness

Aim 4: To promote partnership working between statutory and voluntary agencies and local communities to address deprivation and social inclusion, and to develop joint commissioning opportunities through an assets based approach

Aim 5: To promote and commission research and evaluation on mental health promotion and to improve the measurement of emotional health and well-being

4.2 Objectives

Each aim will have specific objectives that are outcomes based and measurable. They will identify who will lead each intervention and who will be involved in taking action. Barriers will be identified and risk management plans put in place. Timescales and resource implications will be recorded. These objectives will be agreed at a locality level, in partnership with statutory and voluntary bodies, in consultation with local people, within the Local Action Plans.

5   Guiding values

Equality Impact Assessment

An initial Equality Impact Assessment has been carried out on the Strategy. This has highlighted a potential adverse impact in relation to people from different backgrounds, including race, disability, gender, age, sexual orientation, religion and belief or infringe individuals' human rights. A full Equality Impact Assessment Scoping is being carried out to inform the 10 year Strategy and the Local Action Plans.

The following values, taken from *New Horizons*[5] underpin the strategy:

- Equality, justice and human rights
- Reaching our full potential
- Being in control of our lives
- Valuing relationships

The principles identified with the Mental Health Model of Care are fundamental to the strategy:

- **Are safe:** Services that ensure the safety of individuals, their carers, staff and the wider public.

- **Are built on best practice:** Commissioning services and treatment options that build on evidence of effectiveness drawn from a range of sources including academic research, user led research, national expert programmes and local service evaluations; and demonstrate improved outcomes over time that enables individuals to recover and regain a meaningful life.

- **Are service user and carer focused:** Empowering service users and carers so that they can influence and inform commissioning and service improvements; offering a range of assessment and treatment options that are effective and beneficial for service users; services that value diversity, particularly through the development of policies and practices to serve members of black and minority ethnic communities.

- **Support social inclusion***:* Ensuring that the system is not simply a 'mental illness' service but seeks to promote and de-stigmatise disability in communities through education and awareness raising; with effective links and partnerships with organisations that can provide housing, work opportunities, social networks and educational opportunities; promoting the objective that, wherever possible, needs should be met through ordinary daily living solutions and community services, not disability services.

- **Work in Partnerships:** Delivering well coordinated pathways that prevent organisational boundaries from inhibiting the delivery of high quality services. These pathways must include enabling people to return to or maintain good physical health.

- **Are local, timely and equitable:** Ensure the provision of services close to where users and carers live, with specialist services being concentrated to ensure sustainable clinical quality; ensuring that equity of access and quality is not dependent on where service users and carers live.

- **Are efficient and cost effective:** making use of benchmarking information to ensure we get the maximum benefit from the 100% of resources used to improve the health and well being of people with mental health problems and learning disabilities;

The above principles focus on mental health services and it is recognised that the current Emotional Health and Well-being Strategy is aimed at the whole population. It places particular emphasis on the importance of engaging, listening and responding to the local community. Of particular importance is community development as an approach which fosters the above values. The importance of empowering individuals and communities and promoting social capital will be key in implementing the current strategy. Using the arts as a means of engaging local people is recognised as a vital element in promoting emotional health and well-being.

6   Strategy development

The Emotional Health and Well-being Strategy has been developed in partnership with a wide range of stakeholders. It is informed by the mental health needs assessment, as well as national and local strategies and policies discussed above. It has been endorsed by NHS South of Tyne and Wear, and has been approved by Gateshead, South Tyneside and Sunderland Councils.

7   Measuring success and evaluating the strategy

The strategy will be regarded as successful if it achieves its aims and will be evaluated at various stages. Only with appropriate evaluation can the success and the reasons for success (or lack of it) be demonstrated. The Local Action Plans will have specific objectives, with measurable outcomes identified for each activity. These will be fed into an annual monitoring cycle to ensure the overall aims of the strategy are being achieved.

Appendix

Recommendations taken from:

Mental Health Needs Assessment of the population of NHS South of Tyne and Wear

Indicators for mental health and well–being

It has been recognised that there is limited information about the mental health and well-being of the population. Further work is being developed locally around the measurement of mental health and well-being.

<u>Determinants of health</u>

Deprivation and reducing inequalities

Mental health problems can affect anyone, at any time, and can affect all areas of a person's life, including relationships within the family and with friends, employment, physical health. However, as has been shown, those who suffer the greatest are those who are social excluded and experience material deprivation.

Reducing inequalities is vital to any consideration of promoting mental health and well-being and reducing mental health problems. There is a considerable amount of work currently going on across the three localities, attempting to reduce inequalities, much of it within the local authorities. Partnership working has been recognised as key to developing this work and this should be supported at all levels.

Social networks and community development

Any attempt to address mental well-being must take social inclusion into account, and this means attempting to build up social capital. A key approach to this, embracing participation and empowerment, is community development. Supporting community development for mental well-being should be a major element of any strategy to promote mental health and well-being.

Employment and unemployment

Support for getting people with mental health needs into work is important, as is providing help to get people back to work after sickness.

There are a range of activities that can support people at work in maintaining and improving mental well-being, as well as preventing mental illness, and need to be directed at both the individual and the organisation.

A number of initiatives are currently being developed:
o   Supporting businesses in the Better Health at Work Award
o   Promoting and supporting the Mindful Employer Scheme
o   Training in Mental Health First Aid

Social Marketing

'Social marketing' is a framework for behaviour change which borrows techniques from the commercial sector such as audience segmentation and competition. This could be an effective approach in addressing stigma and also promoting positive mental health.

Shift is an example of this, a government initiative to address problems of stigma and discrimination for people with mental health problems. Work based on this approach should be developed at a local basis.

Choosing Health

Promotion of healthy lifestyles

Public Health in NHS SoTW has been addressing lifestyle issues, particular as this relates to reducing inequalities, by means such as smoking cessation work and weight management, and this is likely to have a considerable impact on improving mental health and well-being.

- Physical exercise, in particular, has a major impact on maintaining positive moods and reducing depression and anxiety. The effects of drugs and alcohol on mental health and the consequences of dual diagnosis can be profound and will need to be addressed within a Strategy to improve the mental health and well-being of the population and accompanying action plan.
- Dual diagnosis, where people have both mental health and alcohol or drug problems, needs addressing as a high priority. A programme is currently being developed, which should include:
    o   Developing a needs assessment framework, drawing on the current document and the needs assessment on drugs and alcohol
    o   Developing a set of data collection/performance targets and outcomes, and methods of collection
    o   Service improvement, possibly through the development of dual diagnosis 'lead' posts in key services, with care pathways to ensure appropriate integrated working between services, and developing training programmes

Developing innovative methods

One frequent comment during consultation was the need for simple and straightforward messages, of which the 'Five Ways' guidance, from the Government-sponsored research group Foresight, offers a good example;

Five a day for health and happiness

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 everyday.

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 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 yourself, and your happiness, as linked to the wider community can be incredibly rewarding and creates connections with the people around you[2].

This offers a series of simple steps that anyone can take to improve their well-being, but support in doing so may be required. Adult education classes and work with arts and health are proven approaches for this. Social prescriptions or community referrals are ways of promoting innovative approaches within the community that should be explored.

Vulnerable groups

Promoting mental health and well-being in vulnerable groups

- **Ante- and postnatal women**

At a local level, the collection of data on prevalence of depression and anxiety in women in the ante- and post-natal period needs to be addressed. This will be addressed initially by the NHS SoTW Maternity Network, which will start by completing a maternal mental health needs assessment.

- **Older people**

Effective interventions for promoting mental well-being in older people should focus on reducing social isolation through providing social and educational group activities and increasing physical activity levels.

- **People experiencing mental illness**

Primary Care Mental Health Teams have a major role to play here. In the past, long waiting lists have been problematic, but the teams have addressed this in a number of creative ways, including providing early assessment and telephone support. The Improved Access to Psychological Therapies programme, currently in place in South Tyneside, is being rolled out across SoTW in the near future.

- **People at risk of suicide**

A suicide audit has recently been conducted. This will inform a Suicide Prevention Strategy for NHS SoTW, which is currently being developed.

- **Carers**

A Carers Strategy has been developed in each locality and support for the recommendations should be provided, in particular with regards to the mental health problems this group may experience.

- **Black and ethnic minority population**

The 'Delivering Race Equality' community development workers are currently producing a BME mental health needs assessment. This will complement the current document and will make recommendations in November 2009.

- **Lesbian, gay, bisexual, or transgender (LGBT) people**

Tackling health inequalities due to sexuality must include tackling harassment and bullying through training, supporting LGBT networks in the community and at work, increasing awareness of the risks of substance misuse and self-harm, and improved monitoring of uptake of services.

- **Victims of domestic violence**

All staff who come into contact with women should be trained to identify signs of domestic violence and be aware of what action should be taken. NHS SoTW is currently developing a policy around routine enquiry about domestic abuse. Other initiatives should be directed at children, through the Children and Young People's Plan, women through initiatives such as the Freedom Programme and men through perpetrator programmes.

Other groups to be included in the Strategy, as identified at workshops with local people and professionals:
- **People with physical disability, including sensory deprivation**
- **People with life limiting/life threatening illness**
- **People with learning disabilities**
- **People with alcohol/substance misuse issues/dual diagnosis**
- **Offenders**

This document is available on http://www.cehi.org.uk/MHNA%20Final.doc.
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