

Rotherham's Public Mental Health and Wellbeing Strategy

2017-2020

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Forward Cllr Roche and Terri Roche

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Glossary

Forward- Cllr Roche and Terri Roche

Summary

At any one time at least one person in six is experiencing a mental health problem. This not only costs the individual but is a cost to society and the economy. This strategy will look at the mental health promotion and prevention which can take place across a three tiered approach. It will draw upon the evidence of what works for the whole population, individuals who are more at risk of developing mental health problems and people living with a mental health problem.

The strategy will look at approaches to improving public mental health which:

- Take a life course approach to promoting good mental health
- Promote a more holistic approach to physical and mental health
- Integrate mental health into all aspects of our work
- Develop environments that support good mental health and tackle stigma

1. Background

1.1 Why have a Public Mental Health Strategy?

In 2011 the national cross-government mental health strategy was published. Entitled 'No Health without Mental Health' (HMG/DH, 2011), the aim of this strategy was to mainstream mental health in England, establishing parity of esteem between mental and physical health services. The strategy recognised that mental health was every body's business, not just health services. This includes individuals, families, communities, employers as well as health and local authority services. The six aims of the strategy were:

- More people will have good mental health
- More people with mental health problems will recover
- More people with mental health problems will have good physical health
- More people will have a positive experience of care and support
- Fewer people will suffer avoidable harm
- Fewer people will experience stigma and discrimination

For the easy to read version please go to:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213762/dh_125123.pdf

Rotherham's strategy will look at how these six aims are delivered at a local level.

In 2012 a national group of organisations including Royal Colleges of GPs, Psychiatrists, and Nursing, Mind, Rethink and the Mental Health network developed some key messages for commissioners of public mental health services.

1. Mental wellbeing is associated with a wide range of improved outcomes in health, education and employment, as well as reduced crime and antisocial behaviour.
2. Mental disorder starts at an early age and can have lifetime consequences. Opportunities to promote and protect good mental health begin at conception and continue throughout the life-course, from childhood to old age.
3. Improved mental wellbeing and reduced mental disorder are associated with: better physical health, longer life expectancy, reduced inequalities, healthier lifestyles, improved social functioning and better quality of life.
4. Public mental health involves: a) an assessment of the risk factors for mental disorder, the protective factors for wellbeing, and the levels of mental disorder and wellbeing in the local population b) the delivery of appropriate interventions to promote wellbeing, prevent mental disorder, and treat mental disorder early c) ensuring that people at 'higher risk' of mental disorder and poor wellbeing are proportionately prioritised in assessment and intervention delivery.
5. Good evidence exists for a range of public mental health interventions. These can reduce the burden of mental disorder, enhance mental wellbeing, and support the delivery of a broad range of outcomes relating to health, education and employment.
6. Public mental health is a central part of the work of Health and Wellbeing Boards, which are responsible for developing strategic plans to address the public health of a local population.
7. Despite evidence based interventions with a broad range of impacts, only a minority of people with a mental disorder currently receive any treatment. However, there has been a 1% real reduction in spend on NHS mental health services nationally in the past year. Furthermore, spending on the prevention of mental disorder and promotion of mental health represents less than 0.1% of the annual NHS mental health budget.
8. Investment in the promotion of mental wellbeing, prevention of mental disorder and early treatment of mental disorder results in significant economic savings even in the short term. Due to the broad impact of mental disorder and wellbeing, these savings occur in health, social care, criminal justice and other public sectors.

1.2 Vision and aims of the Strategy

Promoting the mental health of Rotherham people and preventing mental ill health is not the responsibility of one organisation. Working with partners across Rotherham

this strategy will look to improve the mental health of Rotherham people with the aim of:

1. Having a common understanding of what it means to improve public mental health.
2. Maximising the opportunities to promote mental health and prevent mental ill health within Rotherham through:
 - ❖ Taking a life course approach to promoting mental health
 - ❖ Promoting a more holistic approach to physical and mental health
 - ❖ Integrating mental health into all aspects of our work
 - ❖ Creating environments which support mental health and tackle the stigmas associated with mental ill health

1.3 Scope of the Strategy

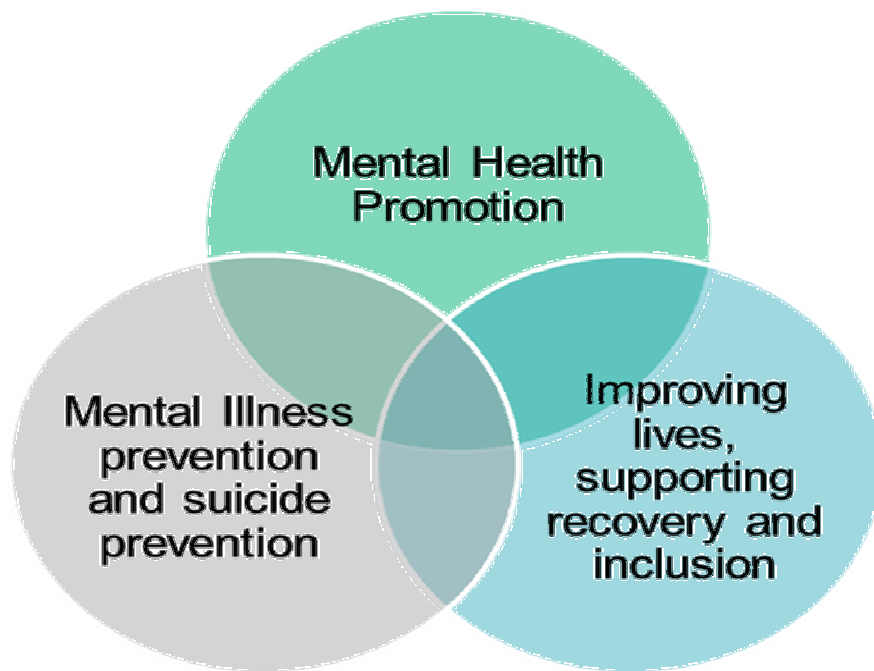
This Strategy will not cover specific actions on suicide prevention; these are covered in the Rotherham Suicide Prevention and Self Harm Action Plan 2016-2018. Similarly crisis interventions are addressed in the Rotherham Crisis Care Concordat at <http://www.crisiscareconcordat.org.uk/areas/rotherham/>. The strategy will not address mental health service provision or development, these are covered in Transformation plans for both adult and children and young people's services.

1.4 Definitions

The Strategy will use the words 'mental health', 'public mental health' and 'mental health problems' with the following definitions:

Mental health is defined by the World Health Organisation (2014) as a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.

Public mental health is about promoting positive mental health across all ages and preventing mental illness. Public mental health strategies focus on what action can be taken to promote mental health, prevent mental illness and improve the lives of people with mental health problems.

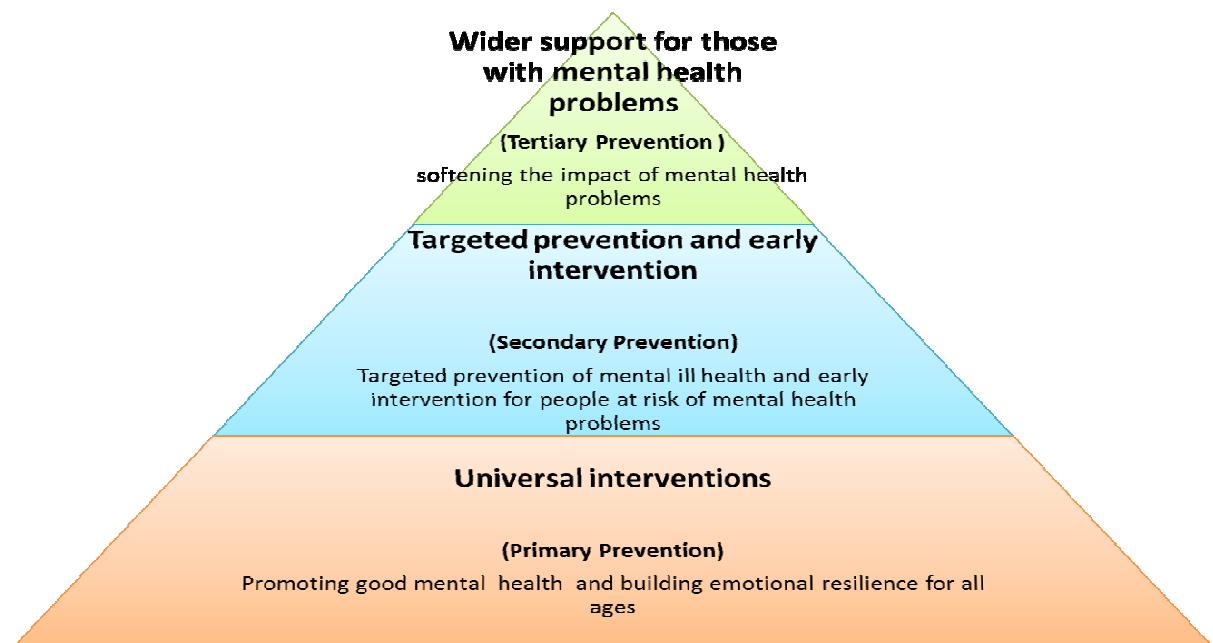


PHE's approach to improving the public's mental health and wellbeing

Mental health problems are diagnosed conditions that affect the way an individual thinks, feels and behaves. They range from common mental health problems, such as depression and anxiety, to more rare problems such as schizophrenia and bipolar disorder.

1.5 The strategy

This strategy will look at what works at three levels:



Development of the Strategy

In October 2016 an event was held in Rotherham with attendees from health, the local authority, police and voluntary organisations. Based on what people said at this event and from the health data we have on the mental health of Rotherham people, the following key aims are proposed:

Key Aims

Universal interventions- promoting good mental health and emotional resilience for all ages (primary prevention)

- To ensure in everything we do that mental health receives **parity** with physical health.
- To give clear, simple and consistent messages about how people and organisations can look after their own and each other's mental health, using the **Five Ways to Wellbeing** (New Economics Foundation, 2008)
- To agree on a **Mental Health Impact Assessment tool** which can be used by partners to ensure mental health is considered with any new services or changes to service provision.

Targeted prevention and early intervention- Targeted prevention of mental ill health and early intervention for people at risk of mental health problems (secondary prevention)

- To use Local Transformation Plans to create opportunities to promote good mental health and prevent mental health problems.
- To ensure we have a workforce which is equipped to identify people at risk, provide early interventions and signpost to appropriate help if required.

Wider support for those with mental health problems- Softening the impact of mental health problems (tertiary prevention)

- To increase opportunities to create experts by experience.
- To encourage organisations to become dementia friendly.

1.6 Supporting Strategies and Plans

There are many strategies and plans in Rotherham which will be doing some of the work to improve the mental health of Rotherham people. Some of these have been written, others are being developed now. These include:

2017-2020

Autism Strategy

Children & Young People's Plan
Community Strategy
Equality and Diversity Strategy
Housing Strategy
Joint Carers Strategy
Library Strategy
Looked After Children and Care Leaver's Strategy
Rotherham Clinical Commissioning Group- Commissioning Plan
Rotherham Crisis Care Concordat
Rotherham Early Help Strategy 2016-19
Rotherham Health and Wellbeing Strategy 2015-2018
Rotherham's Integrated Health and Social Care Plan Plan
Rotherham Suicide Prevention and Self Harm Action Plan 2016-18
Safer Rotherham Partnership
SEND Joint Commissioning Strategy
Social Emotional & Mental Health Strategy in CYPS
Sustainable Transformation Plan
Veterans Covenant
Youth Cabinet Manifesto – 2016/17

2. Facts and figures

2.1 National picture

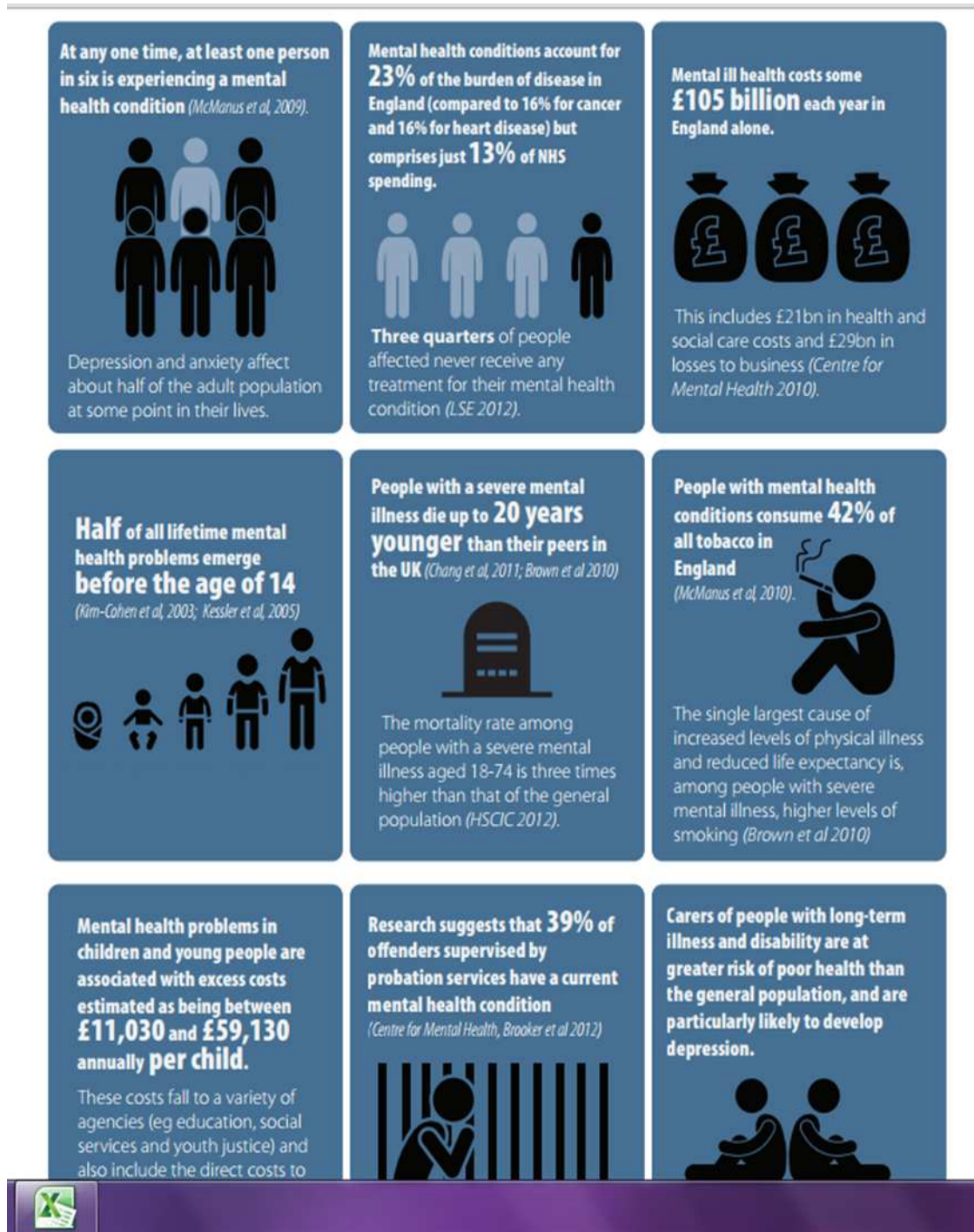


Image produced by Warwickshire County Council in the Warwickshire Public Mental Health Strategy 201-16

2.2 Local picture (Use table above to create local picture)

- At any one time one in six people are experiencing a mental health problem. This equates to around 35,100 people in Rotherham aged 16 or over. Depression and anxiety affect about half of the adult population at some time in their lives (105,400 people in Rotherham aged 16 or over) (ONS, Mid-2015 population estimates)
- Mental health conditions account for 23% of the burden of disease in England (compared to 16% for cancer and 16% for heart disease) but comprise just

13% of NHS spending. Three-quarters of people affected never receive any treatment for their mental health condition (LSE 2012). For Rotherham this equates to over 26,300 people aged 16 and over (ONS, Mid-2015 population estimates)

- Mental health costs £105 billion each year in England including £21 billion in health and social care costs and £29 billion in losses to businesses (Centre for Mental Health, 2010).
- Half of all lifetime mental health problems emerge before the age of 14 (Kim Cohen et al, 2003, Kessler et al 2005)
- The estimated prevalence of any mental health disorder for Rotherham children aged 5-16 was 10.1% or 3,475 children in 2014 (England 9.3%)(ONS survey: Mental health of children and young people in Great Britain 2004)
- People with a severe mental illness die up to 20 years younger than their peers in the UK (Chang et al 2011, Brown et al 2010) For Rotherham this means males with a severe mental illness would die aged 58 and females aged 61.
- The mortality rate among people with a severe mental illness aged 18-74 is three times higher than that of the general population (HSCIC 2012) For Rotherham there were 123 premature deaths in adults aged 18-74 with a severe mental illness in 2012/13.
- People with mental health conditions consume 42% of all tobacco in England (McManus et al, 2010). It is estimated that tobacco sales in Rotherham were £75,700,000 in 2013. 42% equates to nearly £31.8 million pounds spent by people with mental health conditions.
- The single largest cause of increased levels of physical illness and reduced life expectancy is, among people with severe mental illness, higher levels of smoking (Brown et al 2010)
- Mental health problems in children and young people are associated with excess costs estimated as being between £11,030 and £59,130 annually per child. Based on the estimated 3,475 children aged 5-16 in Rotherham with a mental health disorder in 2014 this equates to between £38 and £210 million pounds.
- Research suggests that 39% of offenders supervised by probation services have a current mental health condition (Brooker et al 2012)
- Carers of people with long-term illness and disability are at greater risk of poor health than the general population, and are particularly likely to develop depression. From the 2011 Census there were 31,000 Rotherham residents who responded they provided unpaid care. In Rotherham there were 2,480 adult carers* (aged 18+) who received assessments during 2013/14. (*New carers coming to the attention of Adult Social Services).

(Above data for Rotherham from Public Health England Profiles unless otherwise stated)

- The Child and Maternal Health Observatory (ChiMat) has published estimated mental health prevalence data showing that 3,750 children in Rotherham are in need of mental health support (2014)
- 5.3% of 16-18 year olds in Rotherham were not in education, employment or training in 2015 (England average 4.2%)
- There were 498 admissions caused by unintentional and deliberate injuries in 0-14 year olds in 2014/15 and 378 in young people aged 15-24 years.
- 10.8% of adults over 18 in Rotherham had depression in 2014/15 (England average 7.3%)
- The rate of hospital admissions for alcohol related conditions in Rotherham (broad definition) in 2014/15 was 2,454 per 100,000 (England average 2,139)
- By 2015 nearly 4,300 (4,284) people aged 65 and over were projected to have depression in Rotherham (4,655 by 2020) (POPPI data system)
- Rotherham CCG planned spend on Mental Health 2015/16 = £35 million. This equates to £134 per head based on mid-2015 population (all ages)(ONS)
- People admitted to secondary mental health services in 2015/16 Q2 for NHS Rotherham CCG was 2,939 per 100,000 population (England 2,134)
- In 2012-14 there were 74 suicides in Rotherham (aged 10+). The suicide rate of 10.9 per 100,000 is comparable to both the England rate (10.0) and the Yorkshire and Humber regional rate (10.3).
- The excess under 75 mortality for adults with serious mental illness in Rotherham 2013/14 was 409% (Over four times the death rate in the general national population aged 18-74) (England average 352%)
- The percentage of people registered at Rotherham practices with dementia for 2014/15 was 0.85% (England average 0.74%) This relates to 2,206 people (all ages)
- For people aged 65 and over the recorded prevalence for those registered with Rotherham practices was 4.77% as at September 2015 compared to 4.27% for England. This relates to 2,243 people.
- As at January 2016 the estimated dementia diagnosis rate for people aged 65 and over was 75.3% for Rotherham compared to 67.2% for England overall. This is based on estimated dementia prevalence of 3,010 (number recorded as a percentage of those estimated/modelled)

(Above data for Rotherham from Public Health England Profiles unless otherwise stated)

2.3 Risk and Protective Factors

Although anyone can experience mental ill health there are individuals and groups which are more at risk than others. These include:

Looked after children (LAC)

Black and Minority Ethnic Groups

Carers

Lesbian, Gay, Bisexual and Transgendered people

People with physical disabilities

People with a learning disability

Refugee, asylum seekers and stateless persons

Homeless people

Offenders and Prisoners

People with a sensory impairment

People with drug or alcohol dependence

The table below shows some of the risk and protective factors for mental health. It shows that a range of things have an impact on mental health.

Level	Risk Factors	Protective Factors
Individual	Low self esteem Cognitive/emotional immaturity Difficulties in communicating Medical illness, substance misuse	Self-esteem, confidence Ability to solve problems and manage stress or adversity Communication skills Physical health, fitness
Social	Loneliness, bereavement Neglect, family conflict Exposure to violence/abuse Low income and poverty Difficulties or failures at school Work stress, unemployment	Social support of family & friends Good parenting/family interaction Physical security and safety Economic security Scholastic achievement Satisfaction and success at work
Environmental	Poor access to basic services Injustice and discrimination Social and gender inequalities Exposure to war or disaster	Equality of access to basic services Social justice, tolerance, integration Social and gender equality Physical security and safety

Mental Health Determinants-potential adverse and protective determinants of mental health (WHO, Risks to Mental Health: An Overview of Vulnerabilities and Risk Factors, 2012)

2.4 Economic reasons for investing in public mental health

In 2010 the Centre for Mental Health estimated that the costs of mental ill health to England were £105 billion. This figure included health and social care for people with

mental health problems, lost output in the economy, for example from sickness absence and unemployment, and the human costs of reduced quality of life.

However there are good economic reasons for investing in public mental health. In 2011, the Department of Health published a report by Knapp et al, 'Mental Health Promotion and Mental Illness Prevention; the Economic Case. Some examples are shown below to show that for every £1 invested the net savings are:

- £84 saved through school based social and emotional learning programmes
- £44 saved through suicide prevention training for GPs
- £14 saved through school based interventions to reduce bullying
- £10 saved through work-based mental health promotion (after one year)
- £8 saved through early intervention for parents of children with conduct disorder
- £5 saved through early diagnosis and treatment of depression at work
- £4 saved through debt advice services

[= Total returns on investment (all years): economic pay-offs per £1 expenditure quoted by Knapp et al]

3. Improving Public Mental Health in Rotherham

The strategy will look at approaches to improving public mental health which:

- Take a life course approach to promoting mental health
- Promote a more holistic approach to physical and mental health
- Integrate mental health into all aspects of our work
- Develop environments that support good mental health and tackle stigma

There are many examples of existing services and interventions which we already have in place that promote mental health of all. Organisations and projects represented at the event in October gave the following examples:

3.1 Level 1: Universal interventions- promoting good mental health and emotional resilience for all ages (primary prevention)

Existing work

- ❖ *The Active for Health programme is a specialist physical activity referral programme for patients with long term conditions. Early results are showing the Active for Health programme has had a positive effect on peoples' physical and mental health over the last 12 months, proving to be an effective way in supporting patients to improve their quality of life. The social aspects of*

this project areas beneficial as the physical workout helping to reduce social isolation and loneliness both of which can be a concern for people with long term conditions.

- ❖ *Rotherham's My Mind Matters website: www.mymindmatters.org.uk is a website for children, young people, parents, carers and practitioners on lots of mental health and emotional wellbeing issues. it has information on how to get help, what help there is and how to look after your mental health*
- ❖ *Six pilot schools in Rotherham adopting a whole school approach to emotional health and wellbeing in line with national guidance: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414908/Final_EHWP_draft_20_03_15.pdf*
- ❖ *Organisations and businesses signing up to the Workplace Well-being Charter. The Workplace Wellbeing Charter is a statement of intent, showing organisation's commitment to the health of the people who work for them.*
- ❖ *Young people having a voice through Youth Cabinet and Looked After Children's Council*

3.2 Level 2 Targeted prevention and early intervention- Targeted prevention of mental ill health and early intervention for people at risk of mental health problems (secondary prevention)

Existing work

- ❖ AGE UK Rotherham Befriending service Two's Company a befriending service for Rotherham older people who are living in isolation or feel lonely.
- ❖ Carers Resilience Service. This service aims to decrease the pressure on the mental and physical health of carers by providing assessment, information, support, advice, links to other services and respite.
- ❖ Memory Cafes run across the borough and are for people living with dementia and their carers. They provide opportunities for people to get support and make new friends.
- ❖ Dementia Friends Training
- ❖ Early Help Service providing intense, focused support when problems first emerge. The right Early Help services at the right time can reduce or prevent specific problems from getting worse and becoming deep seated or entrenched.
- ❖ Projects in the voluntary sector for example Kimberworth Park Community Partnership run Men in sheds and walking groups for isolated people
- ❖ Old Market Gallery (an example of a local arts project)
- ❖ Rotherham's armed forces community covenant is a public promise of support to members of the armed forces, past and present.

3.3 Level 3 Wider support for those with mental health problems- Softening the impact of mental health problems (tertiary prevention)

- ❖ The Rotherham Social Prescribing Service which helps people with long term health conditions to access a wide variety of services and activities provided by voluntary organisations and community groups in Rotherham.
- ❖ *RDaSH – Volunteers*
- ❖ Advocacy services provided by Health Watch and Cloverleaf
- ❖ Rotherham Parents Forum work with those who provide services for disabled children and their families. The forum shares knowledge, experience and what families tell them to help plan and improve the quality, range and accessibility of services for all disabled children and their families in Rotherham.
- ❖ Mental Health First Aid training and suicide prevention training for frontline paid and unpaid staff.

The following are proposed areas of activity. These will be delivered within existing resources and by increasing the partnership working on promoting public mental health.

Level	Intervention	Timing
1.	1.1 H&WBB partners to each identify a Mental Health Champion to develop the action plan	H&WBB partners by April 2017 to identify
	1.2 Workforce development- Partners to work together to commission or provide a coordinated programme of mental health and dementia awareness training that addresses myths and stigma and enables people to support and signpost people to the right services.	Roll out training programme from April 2017
	1.3 Agree on the use of a Mental Health Impact Assessment Tool for Rotherham	
	1.4 To promote the Workplace Wellbeing Scheme	
	1.5 To use the '5 Ways to Wellbeing' as a starting point to develop messages and materials to help those living and working in Rotherham to make changes that will improve their mental health.	

2.	2.1 See 1.2 on Workforce Development	
	2.2 To promote and improve the mental health of looked after and vulnerable children and young people in the borough.	
	2.3 Partners to deliver actions in the Rotherham Suicide Prevention and Self Harm Action Plan 2016-18, reporting progress annually to the Health and Wellbeing Board.	
3.	3.1 H&WBB to sign up to the Time to Change Pledge	
	3.2 See 1.2 on Workforce Development	
	3.3 Partners to commit to ensuring that commissioned health improvement services consider the specific physical health needs of people with mental health problems.	

4. What does the Public Mental Health Strategy mean for me?

The following fictional families but have been created using health data for Rotherham and accounts often told of people's lived experiences. They are being used to demonstrate how the work of this strategy might impact upon the lives of Rotherham people when public mental health opportunities are maximised. There are many ways their mental health could be improved the ideas below are just some examples:

Jenny and Peter

Jenny (71 years) and Peter (69 years) have lived in Rotherham for forty years. Both Peter and Jenny have been retired for a few years now and live in Thurgroft. Jenny was diagnosed with dementia 4 years ago and both Jenny and Peter have experienced a difficult time. Many of their friends have stopped contact. They have no immediate family in the area with their children living several hours drive away. Peter is finding it increasingly difficult to care for Jenny and feels very guilty when he finds things hard. Peter's physical health is not too good but he brushes that aside and instead focuses on the needs of Jenny. He is struggling to keep up with maintaining the house and garden and it is becoming an increasing concern of his.

What could Jenny and Peter experience if we maximise public mental health opportunities?

- *Jenny and Peter are regular attenders at their local Memory Café where they have made some good friends. The time at the café helps them to talk to others who are in a similar situation. They have also started to meet these friends outside the café opening times.*
- *Jenny and Peter have joined a singing for the brain group which they really enjoy.*
- *Businesses in the local area have undertaken dementia friends training and more places are now displaying the dementia friends' logo making it easier for Peter and Jenny to feel comfortable when they are out and about.*
- *The Community Parish has joined with the borough wide campaign in encouraging people to look after their mental health. They are promoting gardening as one way of doing this. This local campaign has encouraged neighbours of Peter and Jenny to help them keep on top of their garden.*
- *Peter is on the Carer Register at his GP Practice. He is being supported by the Dementia Carer Resilience Service*
- *Peter has been supported by a local Health Trainer to access a walking group which has helped keep him physically active and make new friends.*

Cath

Cath has been working for a local employer for the last two years after 5 years of being unemployed. The business is struggling and Cath is frightened that being the last in she will be the first out. She has experienced depression in the past but has not disclosed this to her manager. She has also kept this from colleagues. Last week she overheard a conversation between staff about a colleague who was off with depression. Her other colleagues commented that we are all struggling and she should, 'pull herself together'.

What could Cath experience if we maximise public mental health opportunities?

- *Cath's workplace is signed up to the Workplace Wellbeing Charter and they are looking at how they promote the mental health of their employees.*
- *The workplace has adopted the Five Ways to Wellbeing and are regularly seeking new ways this implemented within the organisation.*
- *Cath's workplace is looking at causes of stress within the organisation. They have a working group of managers and staff who are looking at solutions.*
- *Managers have attended Mental Health First Aid training so are better equipped to identify people who may be experiencing poor mental health and signpost to appropriate services.*
- *The workplace is looking at their recruitment processes to ensure that they are fair and do not discriminate against people with mental health problems*

Katrin

Katrin is 15 years old and attends school. She moved to England 2 years ago from Poland. She lives with her mum and two young siblings living in a private rented home. Her mum has poor physical health and speaks very little English. Katrin has taken on the responsibilities within the house and care of her younger siblings. She has very little time for herself. Lately her teacher has noticed that she has become increasingly withdrawn and often sees her alone at break times.

What could Katrin experience if we maximise public mental health opportunities?

- The secondary school and primary school are working well together to look at the needs of the whole family engaging other services as appropriate.*
- Katrin has been referred by her school to the Young Carers Project where she is now receiving support.*
- Staff at Katrin's school are putting in place a support plan for her which includes access to after school clubs and activities.*
- The school has updated its anti-bullying policy and has made all staff, families and young people aware of how to report bullying and access support.*
- There more opportunities within the local community which bring different groups together.*

Zak

Zak is a 6 year old Looked After Child. He came into care after concerns were raised about domestic abuse and drug misuse within his family. When he entered care he had bruising on his back and legs and there had been a Section 47 investigation.

Zak has been in care for 3 months. His parents haven't attended family contact and he cries himself to sleep because he misses them and worries that they don't love him. He has moved placements 3 times, the first after 1 day as this was an emergency placement and the second because he hurt the family pet. The current carers are worried because he can't settle, wets the bed and for a young boy can get into terrible rages where he can't be calmed.

What could Zak experience if we maximise public mental health opportunities?

- Zak has received a fast track assessment with Children and Adolescent Mental Health Services (CAMHS) and is now receiving treatment which includes things Zak can try himself.*
- Zak's foster carers have attended training on attachment so are in a better position to understand his needs. It hoped this will help Zak to remain within this foster carer placement.*
- Zak's foster carers are actively involved in decisions affecting Zak's future.*
- The staff at the school where Zak attends have recently participated in training on attachment and the needs of looked after and adopted children,*

- *Zak has a 'go to' person within the school that provides him with regular support and can advocate for his needs.*
- *Work is taking place with Zak's family to address the issues that brought Zak into care.*

5. Developing an action plan

The development of the action plan and reporting mechanisms will be discussed with the Health and Wellbeing Board.

6. Five Ways to Wellbeing in Rotherham

There are things which individuals can do to look after their mental health. Organisations too can look at how they support this within communities, workplaces, schools and colleges.

The Five Ways to Wellbeing are evidence based ways to help people improve their mental wellbeing. They are things which people can do every day to look after their mental health. They are like the '5 a day' for mental health and were designed as a mental health equivalent to the dietary advice to have '5 a day' fruit and vegetables for physical health. The '5 ways' are based on an extensive review of the actions people can take that are positively associated with mental health and wellbeing. All five of these suggestions are free, easily achievable and applicable to anyone's life regardless of their circumstances.

Be active

This can be walking, dancing, running , cycling or gardening. Physical activity is not only good for your physical health it is also good for your mental health. It can help reduce anxiety and improve low mood.

Connect

Connect with people around you. This might be at work, at home or in your local community. This could be about joining a group, helping a friend, family member or colleague or volunteering. Having good social support helps look after your mental health.

Give

This could be as simple as smiling at someone and saying thank you. It could be volunteering within your local community. It could be doing something nice for a colleague or friend.

Keep Learning

Trying something new or learning a new skill like cooking, playing an instrument, , fixing a bike, photography or painting. Learning a new skill helps improve confidence and is a fun thing to do.

Take notice

This is about stopping and appreciating what is around you. It could be the time you are spending with friends or family or nature around you and the changing seasons. Getting off the bus a stop earlier and walking the last bit is a way of getting more physically active and it allows you to reflect on your surroundings.

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Glossary

Mental health

Mental health is defined as a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community. World Health Organisation, 2014

Mental health problems

Mental health problems range from the worries we all experience as part of everyday life to serious long-term conditions. The majority of people who experience mental health problems can get over them or learn to live with them, especially if they get help early on.

Mental health impact assessment

Mental Well-being Impact Assessment (MWIA) enables people and organisations to assess and improve a policy, programme, service or project to ensure it has a maximum equitable impact on people's mental well-being.

Parity of esteem

This is about mental health being given equal priority to physical health.

Person with lived experience/experts by experience

People with lived experience/experts by experience are people with experience of mental health problems and care for someone who has. It may also include experience of using mental health services.

Public mental health

Public mental health is about promoting positive mental health across all ages and preventing mental illness. Public mental health strategies focus on what action can be taken to promote mental health, prevent mental illness and improve the lives of people with mental health problems. Public mental health