

# **Better Mental Health for All**

## **Rotherham's Strategy to promote the mental health and wellbeing of Rotherham people**

**2017-2025**

## **Contents**

Foreword .....	3
Introduction .....	4
1. Executive Summary – Plan on a Page .....	5
2. Why is this important? .....	6
3. Our Vision .....	7
4. Background - Why have a Mental Health and Wellbeing Strategy? .....	7
4.1 Economic reasons for investing in public mental health .....	8
5. National Facts .....	9
6. The Local Picture .....	9
6.1 Children and young people .....	10
6.2 Adults and older people .....	12
7. What are we doing in Rotherham to promote good mental health and wellbeing? .....	14
8. What will we do? .....	15
8.1 Take a whole population approach .....	15
8.2 Take a life course approach to promoting good mental health .....	18
8.3 Develop environments that support good mental health and tackle stigma ....	18
9. Outcomes .....	19
10. Governance.....	19
11. Next Steps.....	20
Appendices .....	21
<b>Glossary</b> .....	<b>23</b>

## **Foreword**

It is a privilege to present Rotherham's Strategy to promote the mental health and wellbeing of Rotherham people 2017-2025. The Strategy outlines the Health and Wellbeing Board's plans for improving the mental health and wellbeing of people living in Rotherham. Mental health is something that we all have and the good news is that there is a lot we can do to improve and maintain good mental wellbeing. We know from talking with people in Rotherham that mental health and wellbeing is important to them. Many people are already aware of increasing and maintaining their own good mental health and have a clear understanding of what helps them. However there is more that can be done for many groups and individuals in offering signposting opportunities to take part in activities or events or making lifestyle changes that will improve both their mental health and wellbeing.

Good mental health increases people's capacity to cope with life's ups and downs. Improving mental health at a community level strengthens community resilience and enables individuals to be healthier and active participants in society.

This strategy recommends actions which individuals, communities and organisations can do to prevent mental ill health and promote good mental health and wellbeing.

By improving the mental health and wellbeing of individuals and communities it will help us all to flourish and thrive within the borough.

I hope you join in!

Cllr Roche

Chair of the Rotherham Health and Wellbeing Board

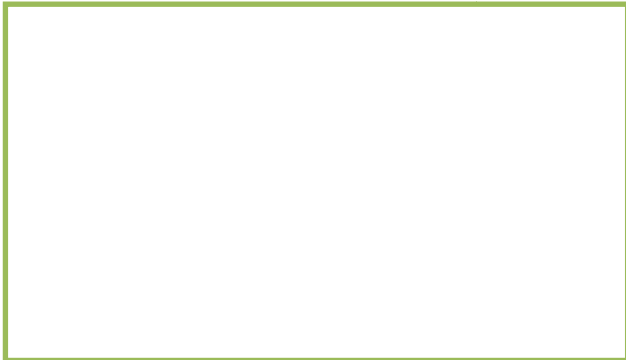
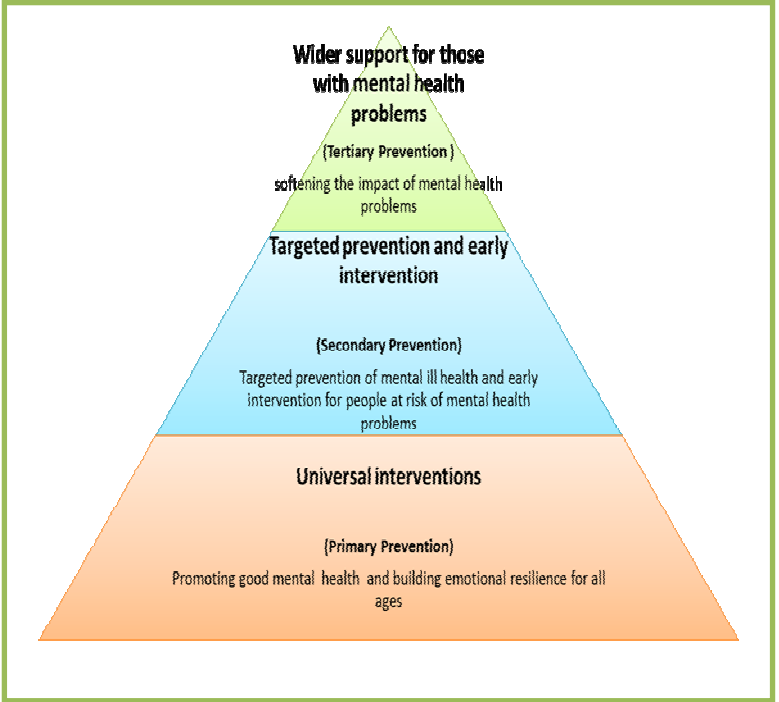
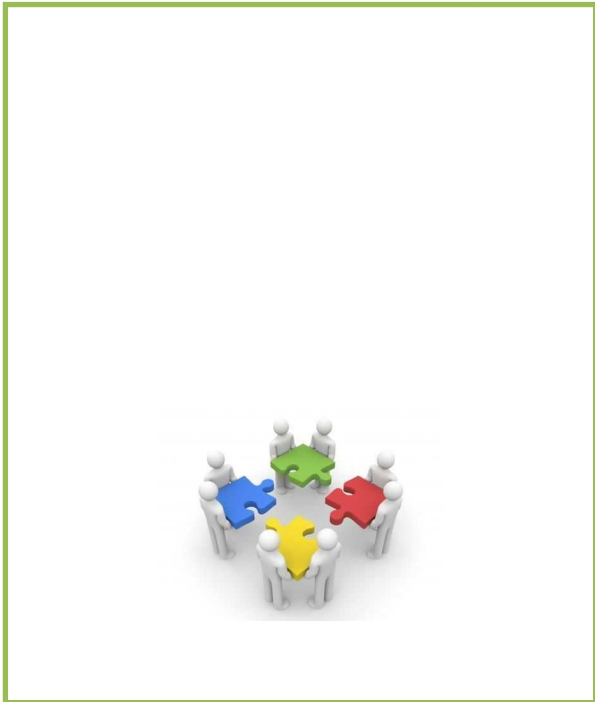
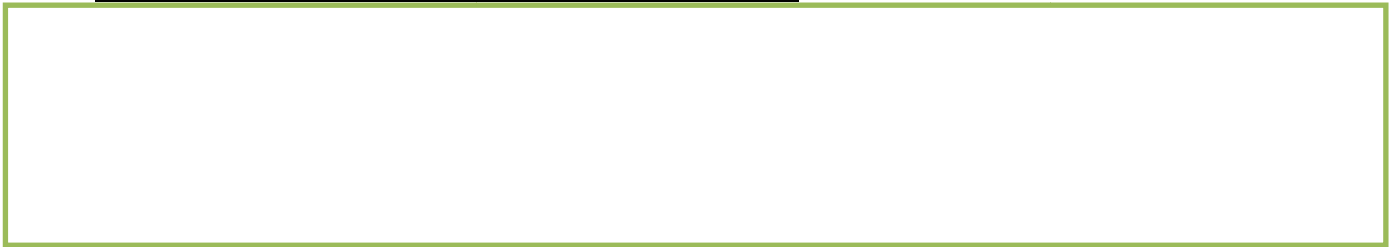
A handwritten signature in black ink, appearing to be 'M. Roche', written in a cursive style.

## **Introduction**

***Promoting the mental health and wellbeing of Rotherham people and preventing mental ill health is the responsibility of all.***

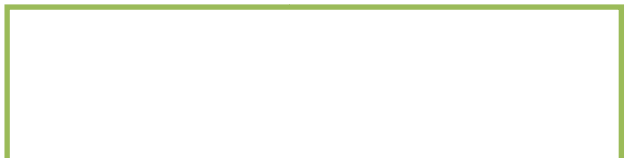
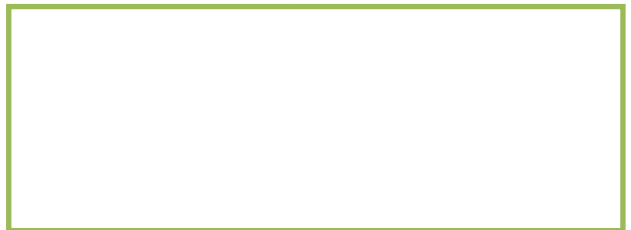
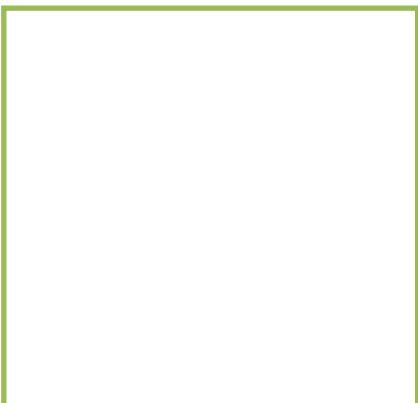
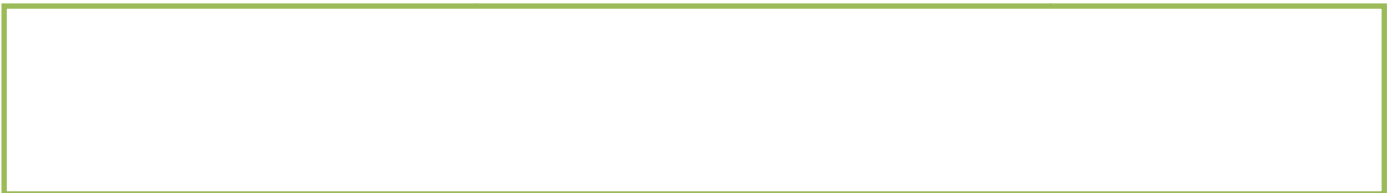
Mental health is a something which everyone has and is linked to a person's physical health. Good mental health is more than an absence of mental illness. On an individual level it is about ensuring that a person takes the opportunities to look after themselves. However, there are things which impact on a person's mental health which are beyond their control, Dahlgren and Whitehead<sup>1</sup> explained these as 'social' or 'wider determinants'. These could include aspects such as employment, housing and education. Therefore actions to promote good mental health will require the support of a range of partners, individuals and communities. This strategy and the action plan which will accompany it will focus on promoting self-management and prevention whilst making links to wider community assets (strengths) in the borough.

# 1. Executive Summary – Plan on a Page



We will encourage individuals, communities and organisations in Rotherham to use the Five Ways to Wellbeing:

- Be Active
- Connect
- Give
- Keep Learning
- Take notice



## **2. Why is this important?**

Mental health is something everybody has. Mental health, as defined by the World Health Organisation<sup>2</sup>, is;

*'... 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.'*<sup>2</sup>

Good mental health therefore is fundamental to how an individual, community and society functions. However, one in four adults experiences at least one diagnosable mental health problem in any given year. Mental health problems represent the largest single cause of disability in the UK. The cost to the economy is estimated at £105 billion a year, roughly the cost of the entire NHS.<sup>3</sup>

Poor mental health affects every stage of life. For instance mental ill health of mothers can have longstanding effects on a child's emotional, social and cognitive development. One in five mothers will experience depression, anxiety or in some cases psychosis during pregnancy or in the first year after childbirth. Suicide is the second leading cause of maternal death, after cardiovascular disease<sup>3</sup>.

Half of all mental health problems have been established by the age of 14, rising to 75% by age 24. In a class size of thirty children, three will have a diagnosable mental health problem<sup>3</sup>.

One in five older people living in the community and 40% of older people living in care homes are affected by depression. Suicide is now the leading cause of death for men aged 15 - 49 years<sup>3</sup>.

Mental health and physical health are strongly linked. Evidence shows that people with severe mental health problems are at risk of dying, on average, 15 to 20 years earlier than other people. All physical health problems will have a psychological dimension; this is particularly evident when people are learning to live with a long-term condition. For some people this may mean a loss of income and earning potential, loneliness, isolation and functional impairment<sup>4</sup>. For those people living with physical health problems, who then develop mental health problems, it can mean that they experience more complications<sup>3</sup>.

People living with mental health problems report that stigma and discrimination has an impact on their wellbeing. It can prevent them from seeking help, delay treatment, impair recovery, make them feel isolated and excluded from activities and can be a barrier to employment<sup>5</sup>.

Having good quality and accessible mental health services is important for times when people are experiencing a mental health problem. However, this is only one part of the solution and is intervening when problems have arisen rather than

preventing mental ill health in the first place. Promoting mental wellbeing and resilience results in improvements to a person's physical health, life expectancy, educational outcomes, economic productivity, social functioning and produces healthier lifestyles<sup>6</sup>.

### **3. Our Vision**

Promoting the mental health and wellbeing of Rotherham people and preventing mental ill health is the responsibility of all. Working closely with partners across Rotherham this strategy aims to improve the mental health and wellbeing of Rotherham people.

The vision for Rotherham is that:

*Partners in Rotherham will work together to help all Rotherham residents to be as happy as they can be, to have good mental health and wellbeing as well as emotional resilience skills.*

### **4. Background - Why have a Mental Health and Wellbeing Strategy?**

Improved mental wellbeing and reduced mental disorder are associated with; better physical health, longer life expectancy, reduced inequalities, healthier lifestyles, improved social functioning and a better quality of life. Improving mental wellbeing of people is also associated with positive outcomes in relation to education, employment, as well as reduced crime and antisocial behaviour<sup>6</sup>.

In a recent report from the Mental Health Foundation the authors called for local areas to focus on preventative approaches making poor mental health a rarer occurrence. By focusing on prevention, not only will there be savings for services but also for the wider society<sup>7</sup>. The report makes the case for building on existing strengths, assets and resilience, through a 'Whole Community Approach' that recognises that mental health is influenced by many factors from those at an individual and family level to community and structural levels.

In November 2008, Professor Sir Michael Marmot was asked by the Secretary of State for Health to chair an independent review to propose the most effective evidence-based strategies for reducing health inequalities in England from 2010. The review concluded that reducing health inequalities will require action on six policy objectives:-

- Give every child the best start in life.

- Enable all children young people and adults to maximise their capabilities and have control over their lives.
- Create fair employment and good work for all.
- Ensure a healthy standard of living for all.
- Create and develop healthy and sustainable places and communities.
- Strengthen the role and impact of ill health prevention.

Marmot stated that to deliver these objectives, action would be required from central and local government, the NHS, the third and private sectors and community groups. Indeed, National policies would not work without effective local delivery systems which focus on health equity in all policies. Effective local delivery would require effective participatory decision-making at local level which can only happen if local people and communities are empowered.

A central theme to the review included the 'life course' perspective. The report argues that disadvantage starts before birth and if disadvantages are to be prevented then actions to reduce inequalities must begin before birth and continue throughout the child's life<sup>8</sup>.

In 2011, the cross - governmental mental health strategy was published entitled 'No Health without Mental Health'<sup>9</sup>. 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 in addition to health and local authority services.

#### **4.1 Economic reasons for investing in public mental health**

There are good economic reasons for investing in public mental health. In 2011, the Department of Health published a report which shows the potential savings which can be made for every £1 invested in mental health promotion and mental illness prevention<sup>10</sup>. The examples below show that for every £1 invested the potential 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



## **5. National Facts**

- Mental health problems represent the largest single cause of disability in the UK. The cost to the economy is estimated at £105 billion a year – approximately the cost of the entire NHS.
- One in five mothers suffers from depression, anxiety or in some cases psychosis during pregnancy or in the first year after childbirth.
- One in ten children (aged 5 – 16) has a diagnosable problem such as conduct disorder (6%), anxiety disorder (3%), attention deficit hyperactivity disorder (ADHD) (2%) or depression (2%).
- Half of all mental health problems have been established by the age of 14, rising to 75% by age 24.
- One in four adults experiences at least one diagnosable mental health problem in any given year.
- Suicide is now the leading cause of death for men aged 15–49.
- People with severe and prolonged mental illness are at risk of dying, on average, 15 to 20 years earlier than other people, one of the greatest health inequalities in England.
- One in five older people living in the community and 40% of older people living in care homes are affected by depression.
- An estimated 10% of the general population over the age of 65 are lonely all or most of the time.<sup>11</sup>

(Above data taken from The Five Year Forward View for Mental Health, The Mental Health Taskforce<sup>3</sup>)

## **6. The Local Picture**

The projected population in Rotherham for 2016 is 261,400, with 90% being white British. The largest Black and Minority Ethnic (BME) community group is Pakistani/Kashmiri and Slovak/Czech Roma.

The age profile is:

- 21.6% of the population are aged 0-17 (56,400)
- 53.3% of the population are aged 18-59 (139,400)
- 25.1% of the population are aged 60+ (65,600)

Rotherham's age profile is slightly older than the national average with a lower proportion aged 20-39 and a higher proportion aged 45-79.

## **6.1 Children and young people**

The prevalence of mental health disorders varies significantly according to a range of socio-economic and demographic factors. Prevalence rates of poor mental health have been found to be higher amongst children and young people living in certain family circumstances. These circumstances include living in a lone parent family, living in families where the parents are unemployed and living in families where there is greater poverty<sup>12</sup>. The prevalence of mental health disorders amongst children and young people in Rotherham is estimated to be above the national average due to higher levels of deprivation. Table 1 below uses the national prevalence rates taking into account the higher levels of deprivation in Rotherham, to estimate mental ill health amongst children 5 to 16 years old.

**Table 1 Estimates of Mental Health Disorders in Rotherham Based on National Prevalence Rates**

	5-10		11-16		All 5-16
	Boys	Girls	Boys	Girls	
<b>Total Number of Children</b>	10,040	9,480	9,110	8,750	37,380
Emotional Disorders	2.2%	2.5%	4.0%	6.1%	3.7%
	250	270	420	610	1,550
Conduct Disorders	6.9%	2.8%	8.1%	5.1%	5.8%
	790	300	840	510	2,440
Hyperkinetic Disorders	2.7%	0.4%	2.4%	0.4%	1.5%
	310	40	250	40	640
Autistic Spectrum Disorder	1.9%	0.1%	1.0%	0.5%	0.9%
	220	10	100	50	380
Rare Disorders	0.3%	0.3%	0.6%	0.6%	0.4%
	30	30	60	60	180
<b>All Disorders</b>	<b>10.2%</b>	<b>5.1%</b>	<b>12.6%</b>	<b>10.3%</b>	<b>9.6%</b>
	<b>1,170</b>	<b>550</b>	<b>1,310</b>	<b>1030</b>	<b>4,060</b>

Source<sup>13</sup>

The Rotherham Child Lifestyle Survey<sup>14</sup> is open to all pupils in Year 7 and Year 10 at secondary schools and pupil referral units in the borough. Pupils completing the survey are aged 11/12 years and 14/15 years of age. This survey gives young people an opportunity to have a say about their health, well-being and their future.

The 2016 survey asked young people to describe the things they felt good about and the things that they did not feel so good about. The combined results for girls and boys found that overall **Year 10 pupils** felt most good about friendships and least good about how they looked, as follows:

1. Friendships
2. Home Life
3. Future
4. Myself
5. Schoolwork
6. Relationships
7. How they look

Overall **Year 7 pupils** said they most felt good about home life and least good about how they look:

1. Home Life
2. Friendships
3. Future
4. Myself
5. Schoolwork
6. Relationships
7. How they look

Table 2 compares these themes with the previous year and shows very little change between the views of young people in 2015 compared to 2016:

**Table 2 Young People for the 2015 and 2016 survey were asked to put in order the things they feel good about from the following:**

	<b>2015 Overall Ranking</b>	<b>2016 Year 7</b>	<b>2016 Year 10</b>
Friendships	2 <sup>nd</sup>	2 <sup>nd</sup>	1 <sup>st</sup>
Home Life	1 <sup>st</sup>	1 <sup>st</sup>	2 <sup>nd</sup>
School Work	5 <sup>th</sup>	5 <sup>th</sup>	5 <sup>th</sup>
Future	3 <sup>rd</sup>	3 <sup>rd</sup>	3 <sup>rd</sup>
Myself	4 <sup>th</sup>	4 <sup>th</sup>	4 <sup>th</sup>
How I Look	6 <sup>th</sup>	7 <sup>th</sup>	7 <sup>th</sup>
Relationships	7 <sup>th</sup>	6 <sup>th</sup>	6 <sup>th</sup>

Source<sup>13</sup>

The findings show that young people in Rotherham rank friendships, home life and the future as being the things they most feel good about. However, how they look and relationships are the two things they feel least good about.

## **6.2 Adults and older people**

- 10.8% of adults over 18 in Rotherham had depression in 2014/15 (England average 7.3%).
- People with mental health conditions consume 42% of all tobacco in England<sup>15</sup>. It is estimated that tobacco sales in Rotherham were £75.7 million pounds in 2013. 42% equates to nearly £31.8 million pounds spent by people with mental health conditions.
- By 2015 nearly 4,300 (4,284) of people aged 65 and over were projected to have depression in Rotherham (4,655 by 2020)<sup>16</sup>.
- In 2013-15 there were 96 suicides in Rotherham (aged 10+). The suicide rate of 14.2 per 100,000 is higher than both the England rate (10.1) and the Yorkshire and Humber regional rate (10.7).
- 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).
- 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).
- The mortality rate among people with a severe mental illness aged 18-74 is three times higher than that of the general population<sup>17</sup>. For Rotherham there were 123 premature deaths in adults aged 18-74 with a severe mental illness in 2012/13.
- For self-reported emotional wellbeing in 2015/16 Rotherham residents reported high levels of; low satisfaction with life, low happiness and high anxiety. These rates were higher than the average for England and for the Yorkshire and Humber region as a whole.

(Above data for Rotherham is taken from Public Health England Profiles unless otherwise stated<sup>18</sup>)

## **Baseline- Public Health Outcomes Framework (PHOF) and Quality Outcomes Framework (QOF) data for Rotherham**

The aim of the Strategy is to see an improvement in mental health and wellbeing. This requires the ability to measure this improvement from a baseline position. To achieve this we are using selected national indicators which can provide robust, consistent data updated at least annually. These are taken from Public Health England Profiles.

The data included measures the levels of mental health problems and wellbeing in the population based on people registered with GP practices (depression prevalence) and national surveys (self-reported wellbeing). It also measures the effect on people living with mental health conditions based on employment levels and levels of premature deaths.

Depression prevalence is included as the most common form of a mental health condition affecting over 24,000 Rotherham residents aged 18 and over in 2015/16. Major depressive disorder is increasingly seen as chronic and relapsing, resulting in high levels of personal disability, lost quality of life for patients, their family and carers, multiple morbidity, suicide, higher levels of service use and many associated economic costs<sup>18</sup>.

The self-reported wellbeing measures are included because people with higher wellbeing have lower rates of illness, recover more quickly and for longer, and generally have better physical and mental health<sup>18</sup>.

The 2006 evidence review, 'Is work good for your health and wellbeing'<sup>19</sup> concluded that work was generally beneficial for both physical and mental health and wellbeing. This indicator provides a good indication of the impact of long term illness on employment<sup>18</sup>. The value shown is the absolute difference (gap) between the employment rate in the general population and people in contact with mental health services. For Rotherham in 2013/14 this was 68.2% minus 4.9% giving 63.2% (to 1 decimal place).

The Disability Rights Commission (2006)<sup>20</sup> reported on the serious inequalities experienced, in terms of reduced life expectancy, by those with living with a severe mental illness. There is extensive published evidence that people with severe mental illness, such as schizophrenia, die between 15 and 25 years earlier than the average for the general population.

To understand this measure a value of 100 means a mortality rate no different to that of the general population and a rate of 200 means twice the mortality rate of the general population. Therefore, Rotherham's value of 411 for 2013/14 shows that adults aged under 75 (18-74) with serious mental illness have a mortality rate over 4 times higher than adults aged under 75 in the general population.

**Table 3 Baseline data**

Indicator	Period	Rotherham	England	RAG	Rank
Depression prevalence (aged 18+) (QOF)	2015/16	11.8%	8.3%	Higher	2nd highest
Self-reported wellbeing (aged 16+)					
People with a low satisfaction score (PHOF 2.23i)	2015/16	8.5%	4.6%	Red	Highest
People with a low worthwhile score (PHOF 2.23ii)	2015/16	5.1%	3.6%	Amber	3rd highest
People with a low happiness score (PHOF 2.23iii)	2015/16	11.7%	8.8%	Red	2nd highest
People with a high anxiety score (PHOF 2.23iv)	2015/16	27.3%	19.4%	Red	Highest
Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate (aged 18-69) (PHOF 1.08iii)	2014/15	63.2	66.1	Not compared	5th lowest

Excess under 75 mortality rate in adults with serious mental illness (ratio) (PHOF 4.09i)	2014/15	411	370	Not compared	9th highest
---	---------	-----	-----	--------------	-------------

### Notes

PHOF – Measures taken from the Public Health Outcomes Framework (PHOF) published by Public Health England. References shown are the indicator numbers in the PHOF<sup>18</sup>.

RAG – Red/Amber/Green rating. This compares the values for Rotherham and England and shows if Rotherham is statistically significantly different (based on 95% confidence intervals) Red = worse, Amber = similar, Green = better.

Higher/Lower shown when a rating of ‘better/worse’ is not possible due to how the data is interpreted.

Rank – Rotherham is compared to 15 similar local authorities based on the Chartered Institute of Public Finance and Accountancy (CIPFA) model. Rank shown is out of 16.

QOF – Quality and Outcomes Framework (NHS Digital)

## **7. What are we doing in Rotherham to promote good mental health and wellbeing?**

Across Rotherham there are a wide range of activities, initiatives and services which make a positive contribution to improving the mental health of Rotherham people. A scoping exercise will accompany this strategy to highlight this preventative work and identify any gaps.

Examples include the ‘My Mind Matters’ website which is a mental health and emotional wellbeing website site for young people, parents, carers and practitioners in Rotherham. The website was developed to be a safe and reliable site for young people and families to obtain information on a variety of mental health issues.

Since 2007, many workers from a range of organisations across the borough have attended Youth or Adult Mental Health First Aid courses. These are international courses with a strong evidence base aimed at helping staff to identify early signs of mental ill health, signpost to appropriate services and encourage self-help. The courses tackle the stigma and discrimination associated with mental ill health. The courses also have had an additional benefit of helping participants understand how to look after their own mental health and wellbeing.

Rotherham has a national award winning Social Prescribing service which has been helping people with long term health conditions including mental health problems. This is a partnership model working between primary care and the voluntary sector<sup>21</sup>.

In October 2016, an event was held in Rotherham with attendees from the health sector, the local authority, police and voluntary organisations. At the event,

participants looked at the current activity in the borough that will have a positive impact on mental health and wellbeing. Examples of this activity can be seen in Appendix 1.

Mental health and wellbeing is important to Rotherham people. In 2016, RMBC Public Health consulted partners, stakeholders and the general public, on the priorities for the Public Health Grant. The consultation included a public on-line survey, a members working group, stakeholder events and a survey at the Rotherham Show. The findings from this consultation showed that people living and working in Rotherham felt that children's mental health and the prevention of suicide were amongst the most important areas to support. People attending the Rotherham Show indicated that mental health was important to them by ranking mental health and suicide prevention as their top priority.

For the last 4 years, Rotherham Youth Cabinet has identified mental health as a priority area. In March 2016, Rotherham Youth Cabinet held a conference for young people and professionals who work with families, children and young people. The conference was aimed at young people to help them explore self-help techniques around mental health and manage their own emotional wellbeing, thus preventing escalation to other services. The Youth Cabinet's Manifesto for 2016/2017 has 'body image' as a priority area.

### **What this strategy does not focus on**

This Strategy does 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 Mental Health Commissioning Strategy for Rotherham, 2016-18, addresses mental health service provision with its focus on effective and evidenced based mental health services across all sectors.

The Local Child and Adolescent Mental Health Services (CAMHS) Transformation Plan for Rotherham outlines key development areas for future for children and young people's mental health services<sup>22</sup>.

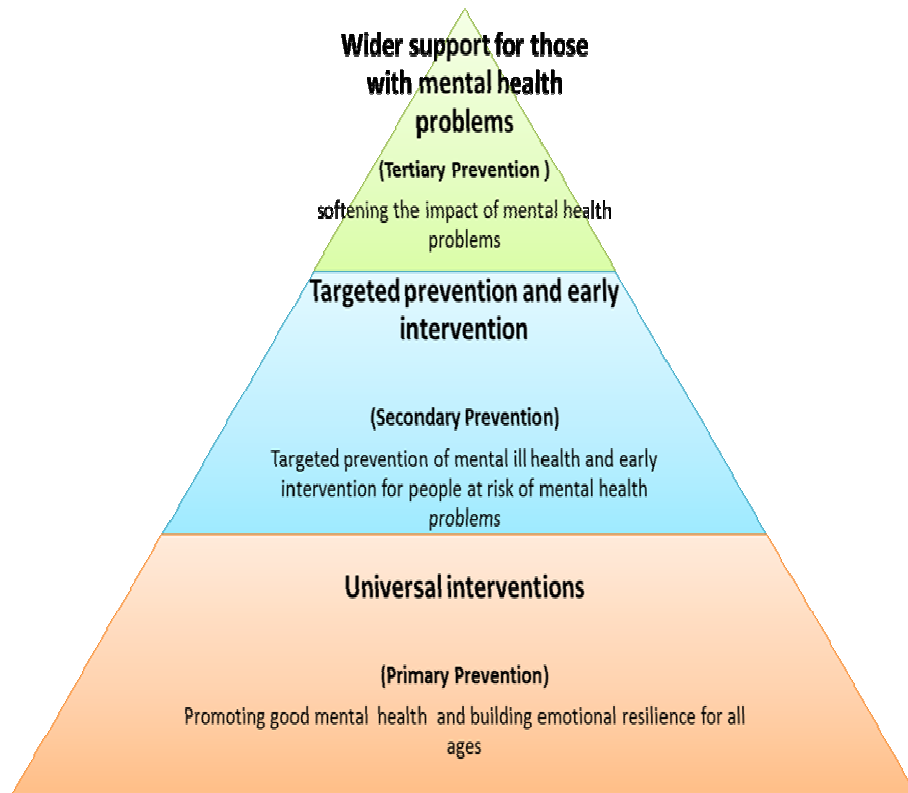
## **8. What will we do?**

### **8.1 Take a whole population approach**

This strategy considers mental health promotion and prevention across a three tiered approach.

It will draw upon the evidence of what works for the whole population's wellbeing, individuals who are more at risk of developing mental health problems and people living with a mental health problem.

### Diagram 1 Tiered approach to improving mental health and wellbeing



Source<sup>23</sup>

The strategy uses an asset (strengths) based approach:

*'Every community has a tremendous supply of assets and resources that can be used to build the community and solve problems...'*<sup>24</sup>

This strategy is not about developing new services but about linking into community assets (strengths) and connecting people within their local community. The strategy recognises the skills, knowledge and expertise of individuals and the physical, cultural and economic assets that communities and organisations already have to build on to improve mental health and wellbeing. The action plan will reflect this at an individual, community and organisational level which will include working closely with the voluntary sector.

### Five Ways to Wellbeing

The Five Ways to Wellbeing provides an alternative way to think about building personal resilience<sup>25</sup>.



The ambition is to adopt and embed this approach both strategically and operationally across Rotherham so that it becomes a part of everyone's business and everyone's daily life.

The Five Ways message helps us all to take action to maintain positive mental wellbeing in the same way that we eat well, drink at sensible levels and are active to maintain physical health.

### **1. *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.

### **2. *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 by volunteering. Having good social support helps people to look after your mental health.

### **3. *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.

### **4. *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.

### **5. *Take notice***

This is about stopping and observing 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 taking notice of the surroundings.

The plan is to engage wider partners who may not have traditionally been seen as having a role in promoting good mental health in their communities, for example, local workplaces and businesses. The Five Ways to wellbeing will be used as a framework to inform action and engage partners, communities and individuals in a practical way to promote good mental health. The hope is that individuals and communities will be able to identify a range of strategies to improve and maintain good mental health.

## **8.2 Take a life course approach to promoting good mental health**

By taking a life course approach to mental health the action plan, accompanying this strategy, will reflect ways of promoting good mental health and preventing mental ill health across all ages. The action plan will identify groups within the life course who need a more targeted approach.

The life course approach will cover the following:

- **Starting well**  
Giving children the best start in life is the best way of reducing inequalities across the life course<sup>8</sup>. This needs to start pre-birth with good care and support for parents before the child is born and continues post birth.
- **Growing, developing well**  
Partners need to work together to address the social and emotional development of children and young people across all settings. Schools are an important setting to promote mental health, through examples like the whole school approach<sup>26</sup>. Partners can work together to look to build the emotional resilience of young people.
- **Working age**  
Being in good work protects health. Having a job is good for your mental health<sup>8</sup>.
- **Ageing well**  
Depression, social isolation and loneliness are not an inevitable part of growing older. Promotion of good mental health is also important for healthy ageing<sup>27</sup>.

## **8.3 Develop environments that support good mental health and tackle stigma**

In Rotherham, there are 6,392 people claiming long term sickness benefits as a result of mental health conditions, which is 48.8% of the total claiming long term sickness benefits<sup>28</sup>.

Stigma and discrimination has a massive impact on the mental health and wellbeing of someone living with a mental health problem. We know that it can:

- Prevent people accessing help at the earliest opportunity
- Have a negative impact on their recovery
- Prevent people from participation in society thereby making them feel isolated and alone

- Make it difficult to find employment or disclose to their employer that they have a mental health problem for fear that this would be seen as a weakness.

## **9. Outcomes**

The following outcome measures will be used to monitor the impact of the strategy. The baseline data was outlined in section 6.

### **Public Health Outcomes Framework**

#### **Improving the wider determinants of health**

1.08iii - Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate (Persons)

#### **Health Improvement:**

2.23 Self-reported wellbeing:

Office of National Statistics (ONS) are currently measuring individual subjective well-being based on four questions included on the Integrated Household Survey:

- Overall, how satisfied are you with your life nowadays?
- Overall, how happy did you feel yesterday?
- Overall, how anxious did you feel yesterday?
- Overall, to what extent do you feel the things you do in your life are worthwhile?

#### **Healthcare public health and preventing premature mortality:**

- 4.09i - Excess under 75 mortality rate in adults with serious mental illness

#### **Quality Outcomes Framework:**

- Depression recorded prevalence (QOF): % of practice register aged 18+

## **10. Governance**

The majority of work will be taken forward through existing strategies and their governance structures. These will be outlined in the action plan. The progress of Rotherham's Strategy to promote mental health and wellbeing will be monitored by 'Aim 3' of the Health and Wellbeing Board and progress reported accordingly.

## **11. Next Steps**

An important initial step is to map existing mental health promotion and mental ill health prevention activity in Rotherham in order to understand the gaps and priorities for the borough. From this mapping Public Health will work with champions from organisations represented on the Health and Wellbeing Board to develop a detailed action plan using an Outcomes Based Accountability approach.

## Appendices

### Appendix 1

The following are examples of activity which were identified by attendees at the stakeholder event in October 2016:

#### 1. Example of current activity in Rotherham

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

- ❖ *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 has been as 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](http://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 exists and how to look after your mental health.*
- ❖ *Six pilot schools in Rotherham are 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](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414908/Final_EHWP_draft_20_03_15.pdf)*
- ❖ *Rotherham Healthy Schools.*
- ❖ *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 and Rotherham's Young Inspectors.*
- ❖ *[www.talking\\_sense.org](http://www.talking_sense.org) is a web based product that people can access for e-learning and Cognitive Behavioural Therapy (CBT) type treatments for mild to moderate depression or anxiety.*

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

- ❖ *AGE UK Rotherham Befriending service, 'Two's Company' is 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.

**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 (Absolute Advocacy).
- ❖ 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.

## **Glossary**

### **Autistic Spectrum Disorder**

ASD stands for Autistic Spectrum Disorder a general term for a group of complex disorders of brain development. These disorders are characterized, in varying degrees, by difficulties in social interaction, verbal and nonverbal communication and repetitive behaviours.

### **Conduct Disorders**

Conduct disorders are characterised by aggressive, disruptive or antisocial behaviour. All children and young people can have challenging moments. Occasionally, a child will have a temper tantrum, or an outburst of aggressive or destructive behaviour, but this is often nothing to worry about. When a child or young person is diagnosed with a conduct disorder their behaviour starts to impact on their overall development and ability to function.

### **Emotional Disorders**

These include anxiety disorders, of which there are several, and depression.

### **Hyperkinetic Disorders**

This is characterised by hyperactive, impulsive and inattentive behaviour. This is often referred to as Attention Deficit Hyperactivity Disorder (ADHD).

### **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.

### **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.

## **Rare Disorders**

This includes disorders like selective mutism and eating disorders like bulimia and anorexia.



- 
- <sup>1</sup> Dahlgren G, Whitehead M. 1991. Policies and Strategies to Promote Social Equity in Health
- <sup>2</sup> (World Health Organisation, 2014 accessed online at [http://www.who.int/features/factfiles/mental\\_health/en/](http://www.who.int/features/factfiles/mental_health/en/))
- <sup>3</sup> A report from the independent Mental Health Taskforce to the NHS in England, February 2016, THE FIVE YEAR FORWARD VIEW FOR MENTAL HEALTH, The Mental Health Taskforce
- <sup>4</sup> Naylor C et al. (2016), Bringing together physical and mental health A new frontier for integrated care. Kings Fund. [Available from: [https://www.kingsfund.org.uk/sites/files/kf/field/field\\_publication\\_file/Bringing-together-Kings-Fund-March-2016\\_1.pdf](https://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/Bringing-together-Kings-Fund-March-2016_1.pdf) [Accessed May 2017].
- <sup>5</sup> Corry, P. (2008) Stigma Shout: Service user and carer experiences of stigma and discrimination. Time to Change publishing. Available from <https://www.time-to-change.org.uk/sites/default/files/Stigma%20Shout.pdf> [Accessed 11th May 2017]
- <sup>6</sup> Joint Commissioning Panel for Mental Health, (2015), Guidance for commissioning public mental health services Available from: <http://www.jcpmh.info/wp-content/uploads/jcpmh-publicmentalhealth-guide.pdf> [Accessed 11th May 2017]
- <sup>7</sup> Goldie, I. et al. (2016) Mental health and prevention: Taking local action London: Mental Health Foundation. Available from: <https://www.mentalhealth.org.uk/sites/default/files/mental-health-and-prevention-taking-local-action-for-better-mental-health-july-2016.pdf> [Accessed 11th May 2017]
- <sup>8</sup> Marmot, M (2010). Fair Society, Healthy Lives. The Marmot Review
- <sup>9</sup> HMG/DH (2011) No Health without Mental Health. Available at [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/213761/dh\\_124058.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213761/dh_124058.pdf) [Accessed 5th April 2017]
- <sup>10</sup> Knapp M. et al. (2011) Mental Health Promotion and Mental Illness Prevention: The economic case. London: Department of Health
- <sup>11</sup> The Mental Health Taskforce (2016) The Five Year Forward View for Mental Health. Available at: <https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf> . [Accessed 5th April 2017]
- <sup>12</sup> Brown et al. (2015) Promoting Public Mental Health: Principles into Practice. Jessica Kingsley, London
- <sup>13</sup> RCGG & RMBC, 2016, Analysis of Need: Emotional Wellbeing & Mental Health for Children & Young People
- <sup>14</sup> RMBC (2016) Rotherham Voice of the Child Lifestyle Survey Borough Wide Report 2016. Available at: <http://moderngov.rotherham.gov.uk/documents/s108774/Voice%20of%20the%20Child%20Lifestyle%20Survey%202016%20Appendix%201.pdf> [Accessed 18th May 2017]
- <sup>15</sup> McManus, S., Meltzer, H., and Champion, J (2010) Cigarette smoking and mental health in England: data from the Adult Psychiatric Morbidity survey. National Centre for Social Research cited in Mental Health Foundation, (nd) No Health Without Mental Health: A guide for Directors of Public Health. Available from [https://www.mentalhealth.org.uk/sites/default/files/Mental\\_Health\\_Strategic\\_Partnership\\_DsPH.pdf](https://www.mentalhealth.org.uk/sites/default/files/Mental_Health_Strategic_Partnership_DsPH.pdf) . [Accessed 11th May 2017]
- <sup>16</sup> POPPI (Projecting Older People Population Information), Available from: <http://www.poppi.org.uk/> [Accessed 11th May 2017]
- <sup>17</sup> Health and Social Care Information Centre. Available from: <https://www.gov.uk/government/organisations/health-and-social-care-information-centre>. [Accessed 11th May 2017]
- <sup>18</sup> Public Health England (2017) Measures taken from the Public Health Outcomes Framework (PHOF) published by Public Health England. Available at: <http://www.phoutcomes.info/> (Accessed: 28 March 2017) References shown are the indicator numbers in the PHOF.
- <sup>19</sup> Waddell G and Burton AK, 2006) (Waddell, G and Burton, AK (2006) Is work good for your health and well-being? The Stationery Office. Available at: <https://www.gov.uk/government/publications/is-work-good-for-your-health-and-well-being> . [Accessed 5th May 2017]
- <sup>20</sup> Disability Rights Commission (2006) Equal Treatment: Closing the Gap: a Formal Investigation into Physical Health Inequalities Experienced by People with Learning Disabilities and/or Mental Health Problems. Part 1 of the DRC's Formal Investigation London: Disability Rights Commission
- <sup>21</sup> Rotherham State of the Sector of the Voluntary and Community Sector 2015 , Rotherham Social Prescribing Service for People with Long Term Conditions Jan 2016 both by Sheffield Hallam University Centre for Regional Economic & Social Research

---

<sup>22</sup> RCCG (2016) Local Child and Adolescent Mental Health Services (CAMHS) Transformation Plan for Rotherham.2015 -2020. Available at: [http://www.rotherhamccg.nhs.uk/mental-health\\_2.htm](http://www.rotherhamccg.nhs.uk/mental-health_2.htm) . [Accessed 11th May 2017]

<sup>23</sup> Henderson,G. (n.d) PHE's approach to improving the public's mental health and wellbeing. Public Health England. Available online at <http://www.nspa.org.uk/wp-content/uploads/2016/02/PHE.pdf> [Accessed 11th May 2017]

<sup>24</sup> Bright Futures Together, ( n.d), Map assets in your community. Available from: <http://www.brighterfuturestogether.co.uk/brighter-futures-together-toolkit/map-assets-in-your-community/> [Accessed 5th April 2015]

<sup>25</sup> New Economics Foundation (2008) Five ways to Wellbeing. Available at <https://www.gov.uk/government/publications/five-ways-to-mental-wellbeing> . [Accessed 5th April 2017]

<sup>26</sup> Public Health England and the Children and Young People's Mental Health Coalition Partners (2015) Promoting children and young people's emotional health and wellbeing. Available at: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/414908/Final\\_EHWB\\_draft\\_20\\_03\\_15.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414908/Final_EHWB_draft_20_03_15.pdf) . [Accessed on 11th may 2017]

<sup>27</sup> Director of Public Health Annual Report (2016). Healthy Ageing – living well and living longer. RMBC

<sup>28</sup> Department of Work and Pensions (2016) Stat-Xplore (2106). Available at <https://stat-xplore.dwp.gov.uk/webapi/jsf/login.xhtml> . [Accessed 11th May 2017]