



# Our communities, our mental health

Working for better public mental health in Wales

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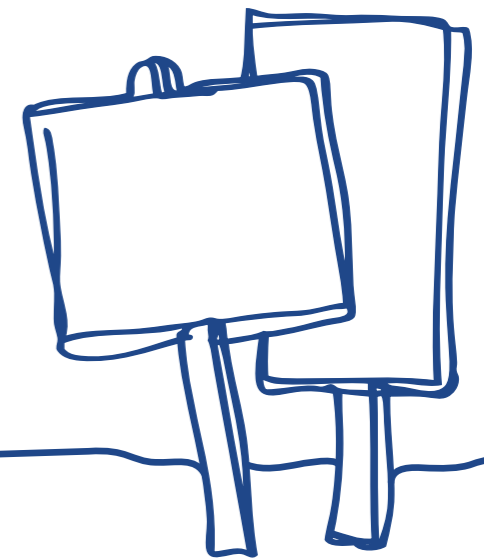
## Why good public mental health matters

We know that having a mental health problem can have huge personal costs. It can impact on our relationships, our jobs, our physical health and much more. This is why preventing a mental health problem from occurring in the first place, as well as detecting problems early and helping people recover can be life changing. And we know that there are things that can help this to happen.

Over the last few years, we've been working to raise the profile of ways to promote wellbeing, build resilience and prevent mental health problems. We've also been championing the need for investment in this area because we believe this not only benefits individuals and their families but can also save health and social care services money.

This guide provides a background to public mental health: what it is, why it should be invested in and how to target interventions most effectively. It's aimed at those of you with a responsibility for or interest in public health, including Health Boards and local authorities.

We've summarised interventions across the course of someone's life and provided a range of practical case studies to help you deliver successful public mental health programmes in your area.



## What is public mental health?

Many of us are familiar with public health – the idea that actions can be taken to promote good health and prevent illness. Programmes to encourage people to exercise, quit smoking and reduce the amount of alcohol they drink are well established.

Public mental health however, while being fundamental to the principle of Prudent Healthcare and a core priority in government strategies including Together for Mental Health, is still not widely recognised. Nevertheless more and more evidence is being gathered that demonstrates practical ways in which we can reduce the prevalence of mental health problems.

There are a number of policy developments and key pieces of legislation in Wales that can and should be vehicles for the promotion of public mental health. These include:

- Well-being of Future Generations (Wales) Act 2015
- Social Services and Well-being (Wales) Act 2014
- Public Health Outcomes Framework Wales

We have explored how each of the above relate to public mental health under the ‘How to improve public mental health in your area’ section of this guide.

Just like physical health, we all have mental health. Our mental health can change over time, with periods where we may struggle and other times when we feel well. Public mental health interventions can play a role in improving the mental health of people across these different stages.

### Primary prevention: promoting good mental health and preventing mental health problems

These interventions aim to prevent mental health problems from happening in the first place.

| Type of prevention                 | Stage                                 | Target   | Aim   |
|------------------------------------|---------------------------------------|--|---|
| Promotion and prevention (Primary) | No mental health problems             | Whole population and ‘at-risk’ groups                          | Prevent mental health problems happening  |
| Early detection (Secondary)        | Early stage of mental health problems | ‘At risk’ groups and those displaying early signs and symptoms | Detect signs of mental health problems early and seek timely help                 |
| Recovery (Tertiary)                | Later stage of mental health problems | Those with mental health problems                              | Reduce complications of mental health problems and support recovery and wellbeing |

(Adapted from Beaglehole, R., Bonita, R., and Kjellstrom, T., (1993). Basic Epidemiology. Geneva: World Health Organisation)

This includes initiatives aimed at the whole population or groups of people particularly at risk of mental health problems to promote ways to look after your mental health and prevent mental health problems. These work in a similar way as being encouraged to quit smoking and take more exercise to improve our physical health and prevent health problems.

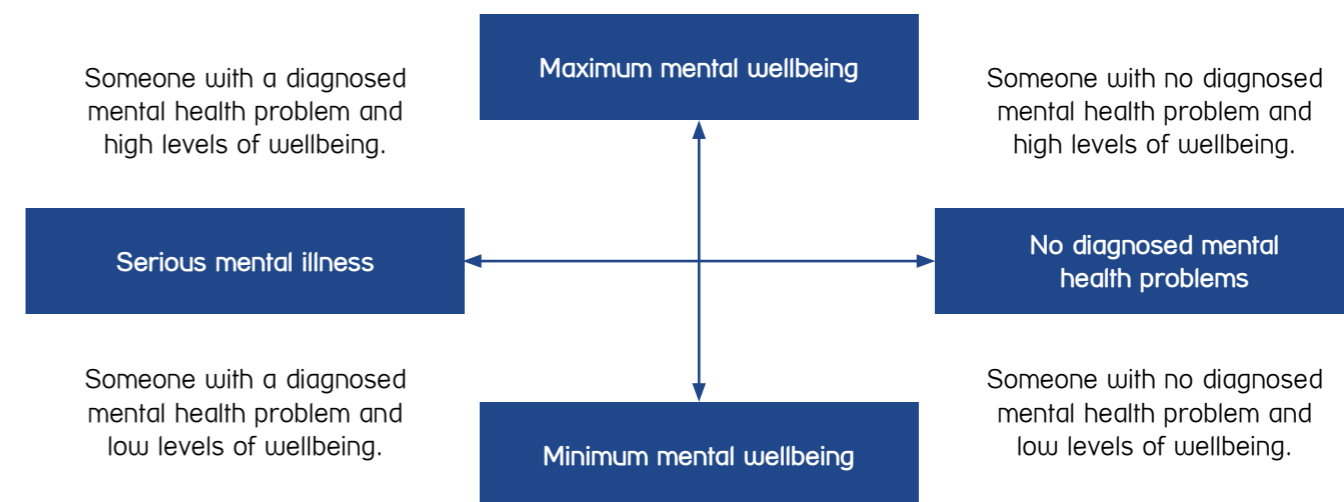
### Secondary prevention: early detection of mental health problems

These interventions aim to reduce the development of mental health problems. This includes initiatives which aim to raise awareness of mental health including the signs and symptoms of mental health problems to encourage early detection. Such programmes aim to identify problems early and ensure people seek timely help, in the same way screening programmes such as mammograms aim to catch cancer early.

### Tertiary prevention: supporting recovery

These interventions aim to reduce the impact of established mental health problems and prevent further complications. This includes initiatives aimed at people with mental health problems to assist them in avoiding relapse and supporting their recovery and wellbeing. This works in much the same way as self-management programmes and support groups can assist someone with diabetes.

The opposite demonstrates how public mental health interventions can be targeted at both those without and those with diagnosed mental health problems. This can be helpfully explained through the dual axis model of mental health and wellbeing which explains how we can improve mental wellbeing regardless of whether someone has a diagnosis of a mental health problem or not.



## Why invest in public mental health?

Mental health problems are the largest single source of disability in the UK.<sup>2</sup> This represents a huge human cost as well as wider costs to society and the economy.

Having a mental health problem can impact on all aspects of our lives, from our relationships, work, and physical health. Without the right support it can prevent us from living the life we want to lead. The personal costs are immeasurable.

Beyond the distress having a mental health problem can cause a child and their loved ones, further costs can continue into adolescence and adulthood, including teenage pregnancy, poor educational achievement, poor employment outcomes, physical health problems, substance misuse, criminal activity and shorter life expectancy.<sup>3</sup>

Mental health problems have also been well documented to cost the economy greatly. The overall cost of mental health problems in Wales has been an estimated to be £7.2 billion a year.<sup>4</sup>

It is well known that the NHS and social care services are experiencing unprecedented budget pressures, and mental health services in particular have historically been underfunded. It is therefore essential that we invest in reducing the impact mental health problems have in our local communities and local services. With clear evidence of the cost savings of prevention and early intervention for mental health problems,<sup>5</sup> we cannot afford not to invest in public mental health.

## What increases risk of mental health problems?

As with physical health problems, mental health problems are not equally experienced by all sections of our society, with some people being at higher risk of developing a mental health problem than others. The factors that contribute to someone's increased risk of mental health problems are complex and interrelated.

### Risk factors for poor mental health

#### Trauma and stressful life events

Traumatic experiences and stressful life events can increase our risk of developing mental health problems.<sup>5</sup> The types of events which can increase the risk of mental health problems are wide ranging, but examples include serious accidents, military combat, violent assault, terrorist attacks, natural or man-made disasters or being diagnosed with a life-threatening illness<sup>7</sup>. They also include repeated trauma such as child abuse and neglect,<sup>8</sup> bullying,<sup>9</sup> domestic violence<sup>10</sup> and torture.<sup>11</sup>

Those who are likely to have experienced traumatic events have increased risk of mental health problems, including looked after children who have a five-fold increased risk of any childhood mental health problem.<sup>12</sup> Traumatic and stressful life events can be accumulative – the more adverse childhood experiences the increased likelihood of suicide attempts in adulthood.<sup>13</sup>

#### Poverty, unemployment and housing insecurity

Poverty and economic hardship can increase the risk of mental health problems and mental health problems can increase the risk of poverty and economic hardship. You are much more likely to experience mental health problems if your household earns the lowest levels of income compared to those earning the highest.<sup>14</sup> Equally those with mental health problems are more likely to be in debt.<sup>15</sup> Our study, *Still in the red*, highlighted the vicious cycle that can occur – of those in problem debt, over four-fifths thought that their mental health problems had made their debt worse, and almost nine out of 10 felt that their financial difficulties had made their mental health problems worse.<sup>16</sup>

Likewise, over a third of people with mild to moderate mental health problems, and almost two thirds of people with more severe mental health problems, are unemployed.<sup>17</sup>

Poor housing conditions and homelessness are also related to mental health problems with common mental health problems being over twice as high, and

psychosis 4-15 times as high amongst the homeless population compared to the general population.<sup>18</sup> Similarly, children living in poor housing have increased chances of experiencing stress, anxiety and depression.<sup>19</sup>

#### Social isolation and loneliness

Both social isolation and loneliness has been found to increase our likelihood of mental health problems. One study has found that working age adults living alone are more likely to develop mental health problems,<sup>20</sup> and for older people who experience loneliness and low social interaction there is an increased likelihood of depression<sup>21</sup> and suicide.<sup>22</sup>

#### Discrimination and inequality

Discrimination can play a part in why certain groups in our society are more likely to experience poor mental health compared to others. Direct experiences of prejudice and harassment impact negatively on our mental wellbeing, while indirect factors such as deprivation and exclusion also contribute to poor mental health. Studies have highlighted the role stigma and discrimination can play in the poor mental health of marginalised groups including Black, Asian and minority ethnic (BAME) people; lesbian, gay, bisexual and trans (LGBT+) people; and disabled people amongst others.<sup>23</sup>

By understanding the risk factors for poor mental health we can develop our understanding of protective factors for good mental health at the individual, community and societal level. Protective factors are often the converse of risk factors and include individual resilience; control and security (financial, housing etc.); meaningful activity including quality employment; participation and social networks; and respect of diversity.

When assessing the risk factors and protective factors for mental health, it's important to understand how these can differ across the course of someone's life. The evidence supports strong investment in public mental health programmes that are targeted at children and young people (including perinatal mental health).<sup>24</sup> Interventions will however also need to be targeted at other points within someone's life course, including working age adults where employment (and unemployment) play a key role, through to older adults where loneliness and social isolation are particularly pivotal. Look at pages 14-25 for best practice public mental health programmes across the course of someone's life.

### Mental health and the Equality Act

Under the Equality Act, public bodies have a duty to consider the needs of people who are marginalised or experience inequality when making decisions about their policies and the services they provide.

Reducing health inequalities is also a central concern for public health teams. Individuals or groups of people with 'protected characteristics' as identified under the Equality Act are often at 'high risk' of developing mental health problems, and so it can be important to keep these different groups in mind when developing public mental health interventions.

#### Age

20 per cent of children have a mental health problem in any given year, and about 10 per cent at any one time. A quarter of older people in the community have symptoms of depression that require an intervention, and this increases to 40 per cent of care home residents.<sup>25</sup>

#### Disability

Physical illness more than doubles the risk of depression, and between 30 per cent and 50 per cent of adults with learning disability in the UK have mental health problems.<sup>26</sup>

#### Gender reassignment

Trans people are at increased risk of depression and self-harm, and a third of trans people have attempted to take their own life.<sup>27</sup>

#### Marriage and civil partnership

Separation, divorce and being widowed is associated with increased risk of mental health problems.<sup>28</sup>

#### Pregnancy and maternity

Mental health problems affect between 10 and 20 per cent of women at some point during the perinatal period (pregnancy and one year after birth). Poor maternal health can also increase the risk of mental health in children.<sup>29</sup>

#### Race

Black African and Caribbean people living in the UK have lower reported rates of common mental health problems compared to other ethnic groups, however they are more likely to be diagnosed with severe mental health problems. Black African and Caribbean people are also much more likely to be detained under the Mental Health Act compared to other ethnic groups.<sup>30</sup> Young women from ethnic minorities are much more likely to take their own life than White British women.<sup>31</sup>

#### Religion or belief

Spiritual awareness, practices and beliefs (of any religion or for those engaging in spiritual practices without a particular faith) is associated with psychological benefits, including subjective wellbeing.<sup>32</sup>

#### Gender (sex)

There are clear differences in the way women and men experience mental health problems. Women are more likely to report common mental health problems. Girls are also more likely than boys to self-harm, and eating disorders are more common in young women compared to young men. Men are more likely to have undiagnosed depression, be detained under the Mental Health Act and take their own life compared to women.<sup>33</sup>

#### Sexual orientation

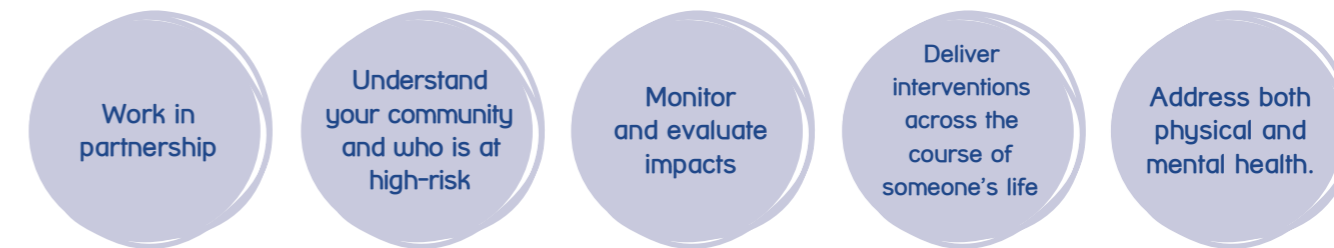
Lesbian, gay and bisexual people are at increased risk of mental health problems, including self-harm and attempted suicide. Lesbian, gay and bisexual people have a 1.5 fold increased risk of depression and anxiety.<sup>34</sup>





# What you can do to improve public mental health in your area

When designing and commissioning public mental health programmes, there are a number of things that should be done to make sure these programmes are effective:



## Work in partnership

Teams across local health boards, local authorities, voluntary organisations and local businesses all play a role in promoting good mental health, preventing mental health problems and early detection. This is particularly important because we know that many different things can impact on our mental health. This can include the conditions of our housing, having access to green spaces or whether we are in quality employment. Carrying out health impact assessments when planning services can help in assessing the mental wellbeing impact of policies and programmes.

In practice this partnership can take many forms, and there are a number of ways recent policy developments and legislation in Wales can contribute to improved mental wellbeing in your local area:

### Wellbeing of Future Generations (Wales) Act 2015

The Act aims to 'improve the way in which decisions are made across specified public bodies in Wales so that Wales becomes prosperous, resilient, healthier, more equal and globally responsible, with a vibrant culture and thriving Welsh language'. One of the seven well-being goals for Wales under the Act is 'A healthier Wales: A society in which people's physical and mental well-being is maximised and in which choices and behaviours that benefit future health are understood.'

The Act establishes Public Service Boards in each local authority area. Public bodies will be required to work in partnership to set and publish well-being objectives that are designed to maximise their contribution to achieving each of the well-being goals, and take all reasonable steps (in exercising its functions) to meet those objectives. Progress on the objectives must be reported annually.

A national annual well-being report will be published reporting on progress in meeting the national wellbeing indicators set by Welsh Ministers. The Act enables Ministers to review and amend the national indicators so that they stay up to date and relevant. The indicators laid before the National Assembly in March 2016 include mental wellbeing, measured by the Warwick-Edinburgh Mental Wellbeing Scale.

### Public Health Outcomes Framework for Wales

The aim of the Public Health Outcomes Framework is to underpin the national indicators of the Well-being of Future Generations Act, and aims to support and promote public health interventions including ones around mental wellbeing. It mirrors the indicator for mental wellbeing under the Act.

## Social Services and Well-being (Wales) Act 2014

The Social Services and Well-being Act requires local health boards and local authorities to conduct population assessments to assess the needs for care and support in their local area, and the range and level of services required to prevent needs arising or escalating.

Local authorities and Local Health Boards are required to establish Regional Partnership Boards to ensure effective services are in place to best meet the needs of their respective population.

Population assessments must include mental health as a core theme. In delivering preventative services as required by the Act, there is a duty to promote social enterprises, co-operatives, user led services and the third sector.

Under the 'National outcomes framework for people who need care and support and carers who need support', Welsh Ministers are required to issue a statement of well-being outcomes to be achieved for people who need care and support and carers who need support under Section 8 of the Social Services and Well-being (Wales) Act 2014.

## Understand your community and who is at high-risk

It is very important that data about the needs of your local community underpin the planning and delivery of public mental health interventions. For this reason, it is vital to ensure that local mental health needs are properly measured in strategic needs assessments which inform Health, Social Care and Well-being Strategy priorities set jointly by the local authority and local health board. Assessments should include data on:

- Levels of risk factors for mental health problems and poor wellbeing (including in higher risk groups)
- Levels of protective factors for mental wellbeing
- Numbers of people at higher risk of poor wellbeing and/or mental health problems
- Levels and variability of mental wellbeing across the local population
- Levels of, and numbers of, people with mental health problems (including those from higher risk groups).<sup>35</sup>

As with other public health interventions, it is important that public mental health interventions include both universal elements and work targeted at those most at risk of developing poor mental health. Some of the risk factors for mental health problems as well as some of the groups and communities that are known to be at higher risk of poor mental health has been highlighted previously.

It is important to identify those at high risk within your local community, for instance perinatal women or unemployed people. You may also identify that you have a high population of BAME people, LGBT+ people or older people and so may decide to design programmes that particularly target these groups. Understanding your local population and their needs will assist you in developing and delivering the most effective programmes to improve the mental health and wellbeing in your community.

## Monitor and evaluate impacts

'Traditional' public health areas such as vaccinations, sexual health, smoking and cancer screening have had a long time to establish the evidence as to what interventions are effective. While good evidence exists for a range of public mental health interventions, there is a need to further expand and reinforce this evidence.

When considering what monitoring and evaluation data interventions should be collecting, you'll need

to establish some clear aims – what do you want to see improved at an individual level? And what do you want to see improved at an organisational or societal level? It is important that such aims and the corresponding measures are decided in collaboration with relevant stakeholders, including your target audience. By working with your target audience, you will be more likely to develop more nuanced measures and take a holistic approach to improving mental health and wellbeing.

## Example public mental health measurements

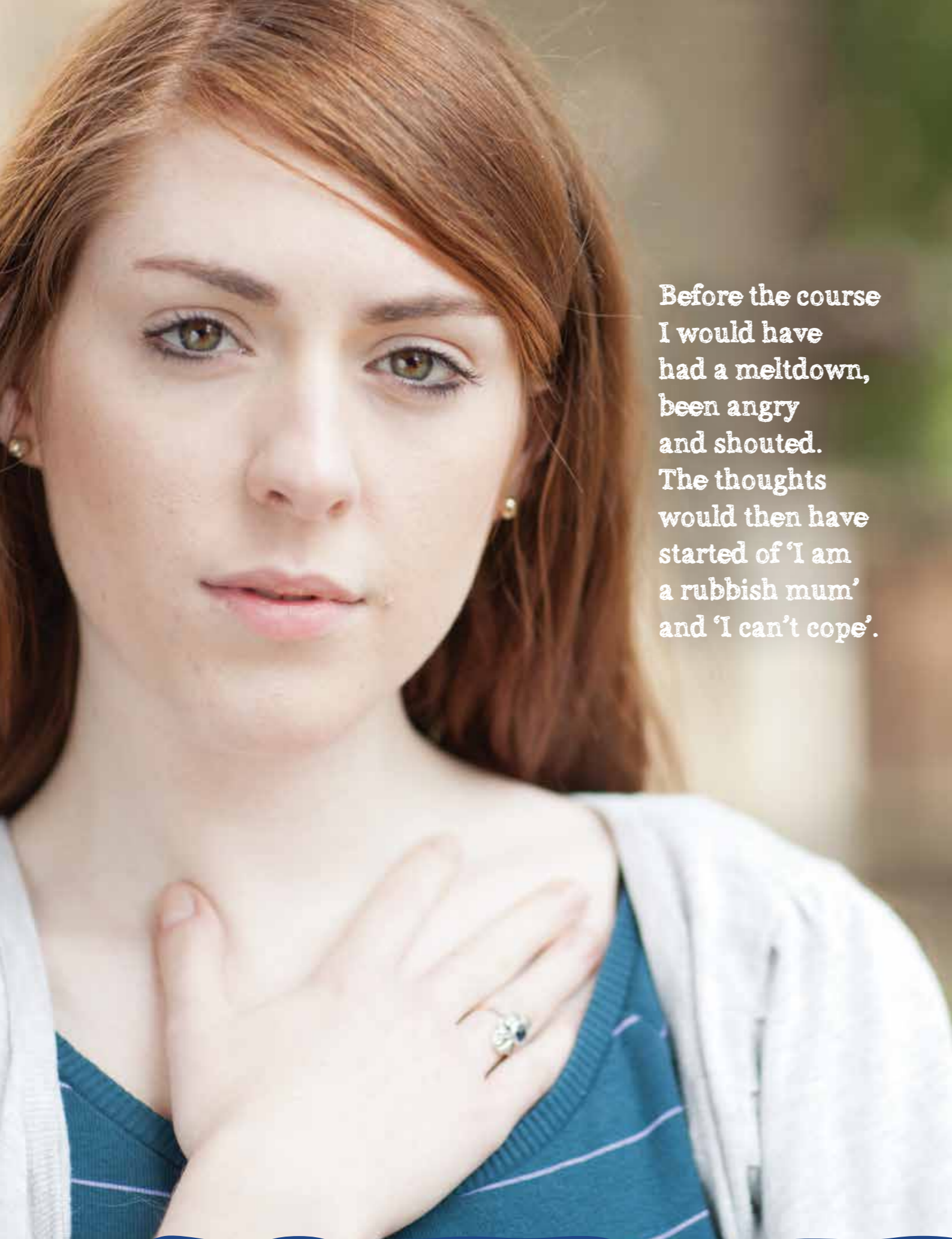
### Individual level:

- **Qualitative measures** – for example, focus groups and depth interviews which will capture some of the impact of programmes on individuals that quantitative measures are unable to. This is important for all programmes but will be especially so for programmes aimed at people with mental health problems which should be focused on an individual's assessment of what recovery looks like.
- **Quantitative measures** – for example, mental wellbeing measures such as the Warwick-Edinburgh Mental Wellbeing Scale (included in the national indicators under the Well-being of Future Generations (Wales) Act 2015) or mental health measures such as the Beck Depression Inventory-II.
- **Behaviour measures** – for example, if you are delivering an anti-bullying programme in schools this would be about individual's experience of bullying.

### Organisation / societal level:

- **Use of services** – for example, an exercise programme for people with mental health problems could measure uptake of physical activity services by this group. Or larger programmes may want to measure whether they've had an impact on the use of mental health services.
- **Organisational / societal impacts** – for example, a workplace wellbeing programme might assess levels of burn-out or sickness absence at an organisational level or a long-term programme might want to measure levels of wellbeing or mental health problems at a community level.
- **Wider impacts** – for example, measures of educational achievement, employment or community cohesion which recognise the wider and interrelated influences on mental health.

Measures such as these can be built into both programmes that are explicitly and primarily public mental health programmes (those aimed at promotion and prevention in relation to mental health) but also wider programmes that are likely to have an impact on people's mental health and wellbeing, for instance programmes addressing domestic violence or arts and culture programmes.



**Before the course I would have had a meltdown, been angry and shouted. The thoughts would then have started of 'I am a rubbish mum' and 'I can't cope'.**

## Deliver interventions across the course of someone's life

Public mental health interventions need to be provided for people at different ages, and should reflect and meet the needs at different stages of someone's life. Recommendations for different stages of the life course are outlined below.

### Perinatal

Perinatal depression, anxiety and psychosis carry a total long-term cost to society of about £8 billion for each one-year cohort of births in the UK.<sup>36</sup> We need to promote good mental health and provide support for mums and their families during the perinatal period (pregnancy and a year after birth).

We need to make sure services and support for new and expectant mums and their families are knowledgeable about mental health during the perinatal period and are able to provide appropriate support. This could include mental health training for front-line staff such as health visitors and support groups within Flying Start Centres for mums with mental health problems.

### Case study 1: Two in Mind

Two in Mind is Mind Cymru's perinatal mental health project for Wales.

The project's main aim is to optimise the parent and infant relationship through providing early interventions and training different types of family workers.

The project runs both face-to-face and online cognitive behavioural therapy courses for parents. Enjoy your baby courses teach participants how they can improve their feelings when they feel low, worried or hopeless and skills that help them tackle problems in their lives. Enjoy Your Bump (pregnancy) and Enjoy Your Infant courses will be coming soon.

Maternal and Infant Mental Health training which is accredited at Level 3 and 2 and written into the Healthy Child Programme (Wales) as recommend training, is also being delivered across Wales and England

to any type of family worker within the statutory and non-statutory sectors. This will increase skills and confidence in responding to perinatal mental health problems in the parent and/or infant and the impact this can have on their relationship.

The project also increases awareness of perinatal mental health through its website [twoinmind.org](http://twoinmind.org). The website has links, videos, digital stories, the online Enjoy Your Baby courses, location of groups being run and factsheets.

The face-to-face Enjoy your Baby course has been evaluated using standardised anxiety and depression measures (GAD-7 and PHQ-9). 77 per cent of those who took part saw an improvement in their scores.





**Aspire gave me support to notice the signs of upset or anger so that I can act in time to stop things getting worse.**

## Parenting

Mental health problems in childhood, particularly for the five per cent who meet the criteria to be diagnosed with conduct disorder and the further 15 per cent with moderate conduct problems, can have long-term negative impacts into adulthood including increased rates of depression and anxiety, personality disorder, self-harm and suicide.<sup>37</sup> We need to provide evidence-based universal and targeted parenting programmes to support parental and child mental health.

Parenting programmes should be provided which are supported by evidence to impact positively on parental and child mental health. To work best these should be targeted at those at greatest need and be linked with universal services such as health visiting, schools or general practice. Evidence-based programmes include the Incredible Years Programme and the Positive Parenting Programme (Triple P).<sup>38</sup>

## Case study 2: Aspire

**The Aspire project provides holistic support to young parents to improve their wellbeing.**

The project was set up with Big Lottery funding to offer support in Flintshire and Wrexham, in response to the mental health inequalities experienced by parents between the ages of 14 and 25 years. Aspire is a partnership made up of Flintshire Mind, Barnardo's Cymru, Careers Wales, Flintshire and Wrexham Family Information Services and Glyndwr University.

The project combines evidence based individual learning and psychological thinking around unhelpful and helpful thoughts or behaviours alongside practical support to increase self-confidence. As participants gain in skills, self-awareness and motivation they are supported to explore options for socialising, education, employment, training and volunteering or concentrating on being

a full-time parent. Some parents have also been supported to understand child protection processes often resulting in families staying together.

The project has seen a range of positive outcomes for both parents and their children, including parents being more self-assured in or out of relationships, enjoying parenting more, and greater participation in education, employment, training or volunteering.

In 2014/15 the project supported 83 young parents with their emotional health and wellbeing. 100 per cent of these young parents reported an improvement in their emotional health and wellbeing and 100 per cent also reported an improvement in their self-confidence and self-esteem.

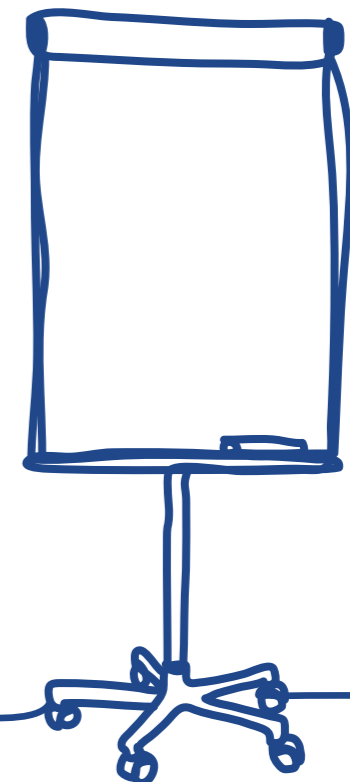


## School

More than three quarters of adults who have accessed mental health services had a diagnosed mental health problem before the age of 18.<sup>39</sup> We need to promote good mental health in schools and tackle bullying.

The promotion of mental health in schools (including preventing violence and aggression) has been shown to be among the most effective school-based health promotion interventions. Interventions within schools and colleges should be both universal, improving young people's emotional literacy as well as behaviour management, or targeted by providing support early to young people beginning to show signs of poor mental health. Bullying is a common risk factor for poor mental health and so school-based interventions which tackle bullying should also play a part in whole-school approaches to promoting good mental health.

Such initiatives can fall under local Healthy School Schemes. The Welsh Network of Healthy School Schemes (WNHSS) was launched in 1999 to encourage the development of local healthy school schemes within a national framework. Each local scheme is responsible for supporting the development of health promoting schools within their area. Importantly, a health promoting school is required to address mental and emotional health and wellbeing.



One of the team who has been worried about sharing his mental health issues with his manager, felt confident after hearing you speak to do so which means we can now provide support for him.



### Working age

The total cost to employers of mental health problems among their staff is estimated at nearly £26 billion each year, which equates to £1,035 for every employee in the UK workforce.<sup>41</sup> We need to promote workplace wellbeing within all types of organisations in our community and provide appropriate support into employment.

Health Boards and local authorities are often one of the largest employers in their local area, so can play a key role in implementing workplace wellbeing programmes and good working practices. Each organisation, and in fact different teams in an

organisation, will have different environments which impact on staff members' mental wellbeing, and so programmes should be tailored accordingly. Public health teams should also use their engagement with local businesses to promote workplace wellbeing initiatives.

There is also a key role to be played in providing the most appropriate support for people with mental health problems to stay in or gain employment, particularly because good quality employment is known to aid recovery and be a protective factor for good mental health.

### Case study 3: Time to Change Wales

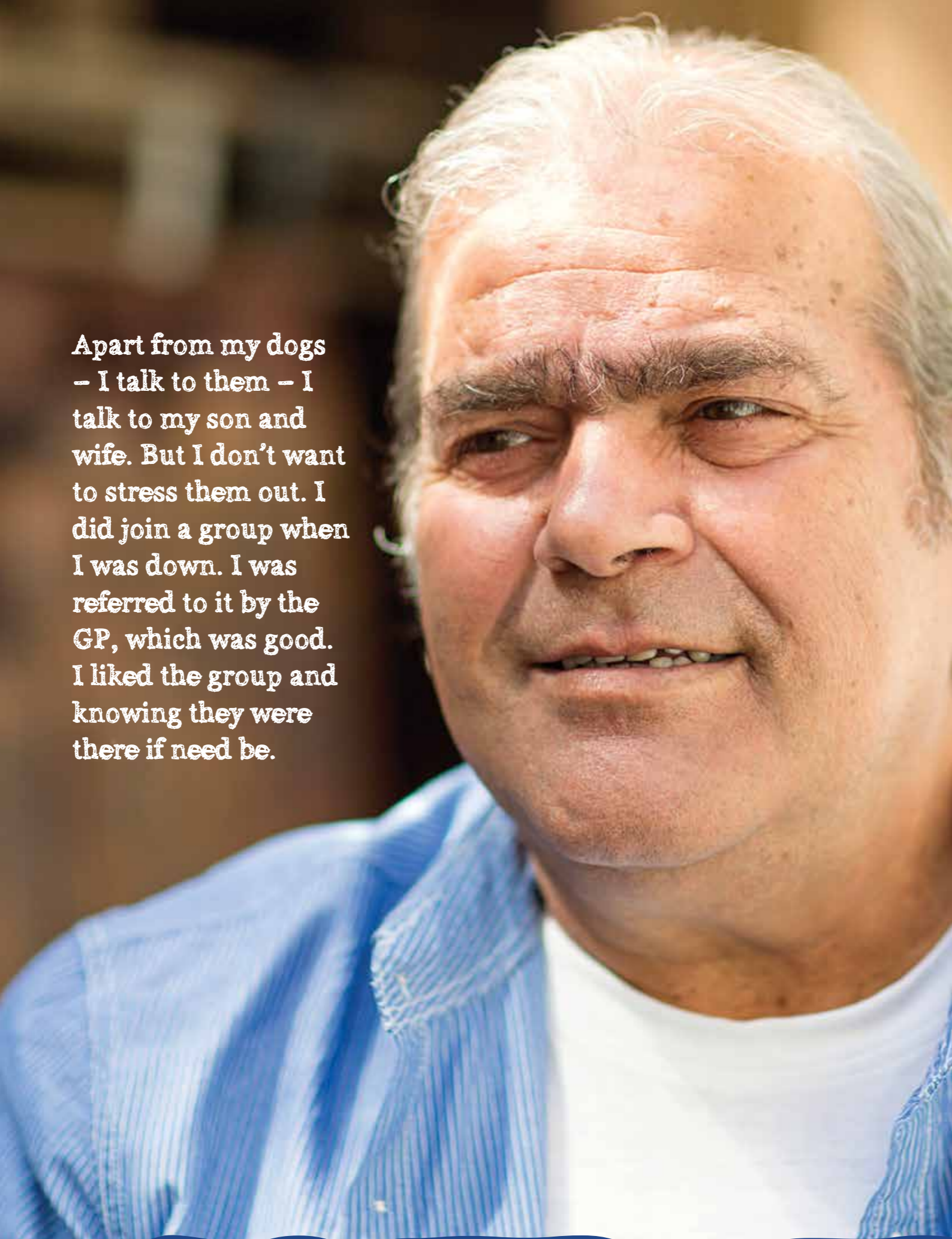
Time to Change Wales is the first national campaign to end the stigma and discrimination faced by people with mental health problems. It is a partnership between three mental health charities: Gofal, Hafal and Mind Cymru and is funded by the Welsh Government and Comic Relief.

As of 2015, 54 organisations have signed the Time to Change Wales pledge and completed an action plan outlining how they are going to reduce mental health discrimination in their workplace and local community. This can include reviewing policies, receiving training and running anti-stigma campaigns both internally and to those using their services. Organisations that have signed up include Health Boards, local authorities, and large corporate employers such as Legal and General, Lloyds Bank and Admiral Principality.

Time to Change Champions are people with lived experience of mental health problems who can provide training to workplaces by telling their own stories and raising awareness

of mental health in order to address stigma and discrimination. The experience of being a Time to Change Champion can play an important part of someone's recovery, and they receive training and support that helps them develop new skills and boosts confidence. During 2015 approximately 45 organisations received anti-stigma training sessions.

Evaluations of the training have found increased knowledge about mental health, and qualitative feedback has clearly identified that attendees have been more comfortable about working with someone with a mental health problem and feel more comfortable to discuss their own mental health at work.



Apart from my dogs – I talk to them – I talk to my son and wife. But I don't want to stress them out. I did join a group when I was down. I was referred to it by the GP, which was good. I liked the group and knowing they were there if need be.

### Older people, loneliness and social isolation

Feelings of loneliness has been found to be a risk factor for suicide amongst older people, while active participation in organisations has been found to be a protective factor.<sup>42</sup> We need to provide programmes that combat loneliness and programmes that address isolation for those most at risk.

Programmes should be provided which address loneliness (the feeling that we lack social connections which can often be felt by those who may be heavy users of services) as well as

programmes to tackle social isolation (for those with no or very limited contact with services). These programmes should target those most at need. Both loneliness and social isolation can be particularly important for many older people, but also others including people with mental health problems to support their recovery. Interventions are wide ranging and should be tailored to different needs, but can include befriending, mentoring, Community Navigators and social group schemes.

### Case study 4: Resilience and wellbeing of older people

From April 2016 until December 2018 Mind Cymru will be working in partnership with Age Cymru, local Age Cymrus and local Minds to develop and deliver a new programme of support to improve the resilience and wellbeing of older people at risk of developing mental health problems in Wales as a result of isolation, discrimination, financial exclusion and poor housing. The project is funded by the Welsh Government and will include:

- Improved access to wellbeing activities, psychological coping strategies and effective local peer networks
- Increased awareness across organisations working directly with older people on how to proactively build and support resilience (through the three elements above)





I thought with all my mental health problems, quitting would be really, really difficult...but with all the support from Mind, it's really helped me out, I have now completely quit.

## Address both physical and mental health

People with mental health problems are more likely to experience poor physical health, and people with serious mental health problems die 10–20 years younger than the general population. A number of factors contribute to this, but this is largely due to issues which lead to poor physical health such as smoking. A third of people with a mental health problem smoke compared to less than one in five people in the population as a whole. Smoking rates within low and medium secure mental health units is even higher at 64 per cent. Additionally, people with

a serious mental illness are at much greater risk of obesity because some of the medications they use can lead to weight gain. We need to improve the physical health of people with mental health problems.

Core public health programmes should include work targeted at people with mental health problems. This could include stop smoking programmes specifically designed for people with mental health problems or clear targets for engaging people with mental health problems in schemes to tackle obesity.

### Case study 5: Mind stop smoking service

Local Minds in Wales are providing targeted stop smoking support for people with mental health problems.

Based on research about the very high rates of smoking amongst people with mental health problems, and a consultation which found that people with mental health problems were also wanting their general health concerns to be addressed, Mind Aberystwyth opened as a smoke free organisation in 2005.

All staff and volunteers were trained in mental health awareness and to provide a brief stop smoking intervention for everyone using the organisation's services by using 4 'As':

1. **Assess** - the status of the person (smoker, non-smoker or ex-smoker)
2. **Advice** - provide personalised advice to quit
3. **Assist** - interested smokers by providing more information and explaining about the stop smoking service
4. **Arrange** - to refer people to a stop smoking worker

Stop smoking workers are then able to provide an initial no-commitment educational session, and then people are able to see the same person each week for an hour for one-to-one support as well as ongoing phone support. The stop smoking workers are also able to directly provide Nicotine Replacement Therapy (NRT) meaning people do not need to visit their GP. People can also receive support when accessing any of Mind Aberystwyth's other services, such as drop in sessions or during art groups or similar.

At Mind Aberystwyth, 40 smokers used the service between April 2014 and April 2015 and on average 60 per cent of those successfully achieved a four week quit.

In May 2015 Section 64 funding was received to roll out stop smoking services in all local Minds across Wales.

People with physical long-term conditions (LTCs) such as heart disease and diabetes are two to three times more likely to experience mental health problems than the general population.<sup>48</sup>

Mental health promotion, prevention and early detection should be targeted at people with physical LTCs. This could include mental health training for staff working with people with LTCs and programmes to promote good mental health and improve the resilience of people with LTCs.



## In summary

We've all heard the phrase prevention is better than cure. This strikes most of us as common sense. This is why for some time we've invested in trying to get people to quit smoking, exercise a bit more, or recognise the early symptoms of ill health. We need to be doing the same for our mental health too. There are some examples of good practice where organisations are promoting ways we can look after our mental health, and others are raising awareness of ways to prevent mental health problems and to spot the early signs of when we are becoming unwell. But we need to do much, much more.

You can find out more about our work on public mental health at [mind.org.uk](http://mind.org.uk), including:

- Building Resilient Communities, our report with the Mental Health Foundation which focuses on resilience; setting out the types of services, resources and infrastructure that need to be in place locally to support resilient communities
- Ecominds, our ecotherapy project which improved mental and physical wellbeing by supporting people to be active outdoors doing gardening, food growing or environmental conservation work and other activities in nature
- Workplace wellbeing, our mental health training, consultancy and coaching to promote mental wellbeing in workplaces and at home, helping to reduce absenteeism and encouraging a positive, healthy and productive workplace culture.
- Two in Mind, our perinatal mental health project for Wales which runs courses for parents and an awareness raising website where parents can share their stories.
- Local minds, provide a variety of public health services. Find out what's happening in your area at [mind.org.uk/about-us/local-minds](http://mind.org.uk/about-us/local-minds).



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