

JSNA Supplement

Mental Health

July 2009

Mental Health Needs Assessment of the Population of NHS South of Tyne and Wear: Gateshead, South Tyneside and Sunderland

Summary

July 2009

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1. Introduction

This a **summary** of the *Mental Health Needs Assessment*, which has been developed for NHS South of Tyne and Wear (SoTW) to

- provide information on current and future mental health and well-being needs of the SoTW area, that is, the population of Gateshead, South Tyneside and Sunderland, in order to improve emotional health
- inform the SoTW commissioners (who arrange contracts to provide health services for the population within their area) and others about where services and interventions need to be focused to achieve better mental health and well-being outcomes ~~for commissioners and others~~
- inform public mental health strategies for each locality and SoTW as a whole.

It is built upon current research, public consultations, and the Joint Strategic Needs Assessments (JSNAs) already carried out by the public health department in conjunction with the local authority for each locality. The full Mental Health Needs Assessment is available on the website, www.sotw.nhs.uk.

The *Mental Health Needs Assessment* relates to adults. The mental health needs of children are addressed through the Public Health Children's Leads, in conjunction with the locality Children's Trust Boards.

Mental health and well-being

The terms mental health, mental well-being, and emotional well-being are often used interchangeably. Indeed, 'mental health' is often used instead of 'mental illness'. Mental health however is a positive state, not just an absence of disease, ~~not just an absence of mental disease or illness. Mental health is~~ described by the World Health Organization as:

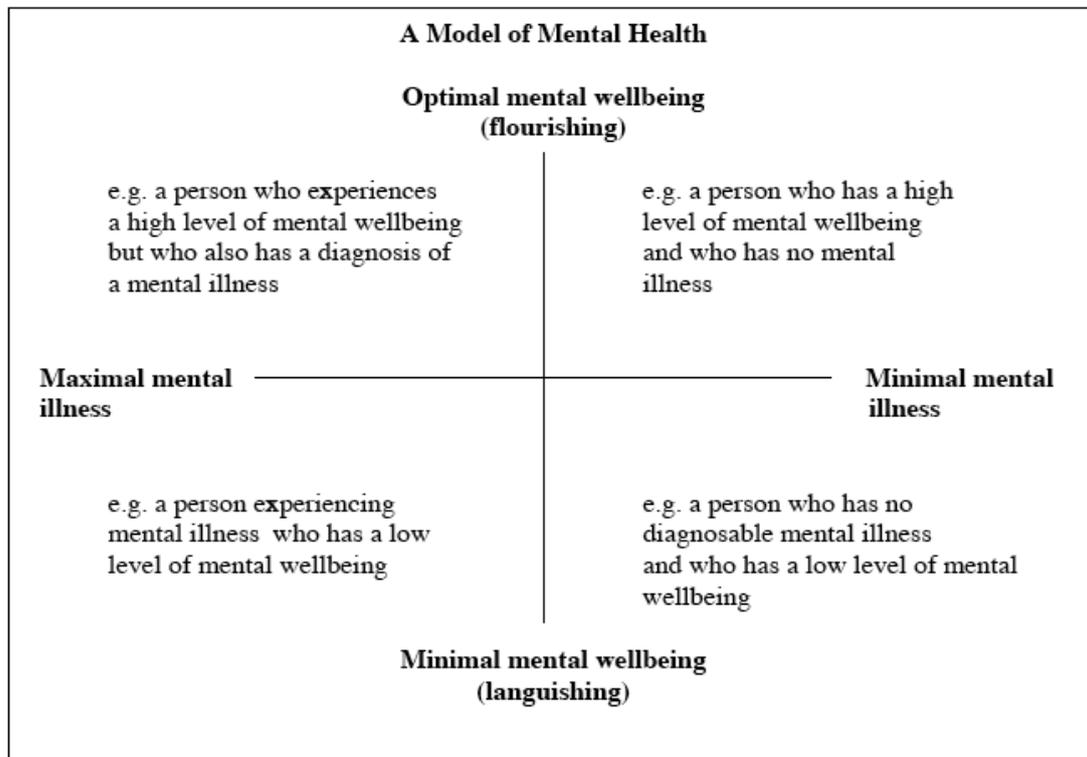
'... a state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.'¹

Well-being has been defined as:

'A dynamic state, in which the individual is able to develop their potential, work productively and creatively, build strong and positive relationships with others, and contribute to their community. It is enhanced when an individual is able to fulfil their personal and social goals and achieve a sense of purpose in society.'²

The relationship between mental illness and well-being ~~is has been~~ explored in the ~~diagram matrix~~ below.

Figure 1 A model of the relationship between mental illness and well-being



Source: Meiklejohn³

Public Mental Health

Public mental health embraces mental health promotion as an important element, but has a wider remit. It has been described as taking:

'a population wide approach to understanding and addressing risk and protective factors for mental health and well-being and has been defined as the art, science and politics of creating a mentally healthy society.'⁴

Costs of mental health problems

Mental ill-health costs the nation and every Primary Care Trust (PCT) a considerable amount;

- No other health condition matches mental ill-health in the combined extent of prevalence, persistence and breadth of impact. Mental health problems are now the leading cause of incapacity benefit in the UK, their contribution having doubled over a decade
- Recent estimates put the wider costs of mental ill-health in the UK at £110 billion per year in England
- In the case of depression, the biggest cost is the estimated £8 billion loss in productivity

- The annual costs of services for depression in England in 2007 are estimated at £1.7 billion with lost employment increasing these costs to £7.5 billion; the costs for anxiety were similar.

2. The regional context

Better health, fairer health, the North East Strategic Health Authority's Regional Strategy document published in 2007, identified the vision for the health and well-being of the Region:

‘The North East will have the best and fairest health and well-being, and will be recognised for its outstanding and sustainable quality of life’

Mental health, well-being and happiness were recognised as a major element of this and a Regional Advisory Group has been convened to address these issues. It has identified three priorities:

- All vulnerable children, young people and their families receive the support they need to maximise their mental health and wellbeing
- To identify and address the physical health needs of those with mental health problems, in order to ensure their physical health is maximised
- Promote public awareness of their Mental Health and Wellbeing and tackle stigma and discrimination experienced by people with mental health problems

3. The local context

NHS South of Tyne and Wear's 'Vision for Services' is "Working together to make South of Tyne and Wear Healthy for You" (www.sotw.nhs.uk).

This, it says, is the key to:

- Better health
 - Longer life
 - Better quality of life
 - Fair access to services
- Excellent patient experience
 - Safe care
 - Effective treatment
 - Quality services
- Using your money wisely
 - Right services, right place, right time
 - Reducing waste
 - Value for money

The Strategic Plan 2008-13 identifies 12 priorities, one of which is mental health: 'Develop an integrated model of mental health care which provides a personalised, holistic approach and recognises that recovery can but may not mean cure'

NHS SoTW's *Operational Plan 2008-2011* states the above will be achieved through:

- Improving people's health and well-being, with the prevention of disease and distress

- Excellent patient services rooted in meeting the personal needs of each individual
- Wise use of money.

The Plan identifies mental health as one of the top six local priorities.

Each locality has undertaken a Joint Strategic Needs Assessment (JSNA), in partnership with the appropriate local authority and other key stakeholders. Each Local Authority also has a Community Strategy. All these documents identify mental health as a priority due to its importance being widely recognised in maintaining and improving health and well-being.

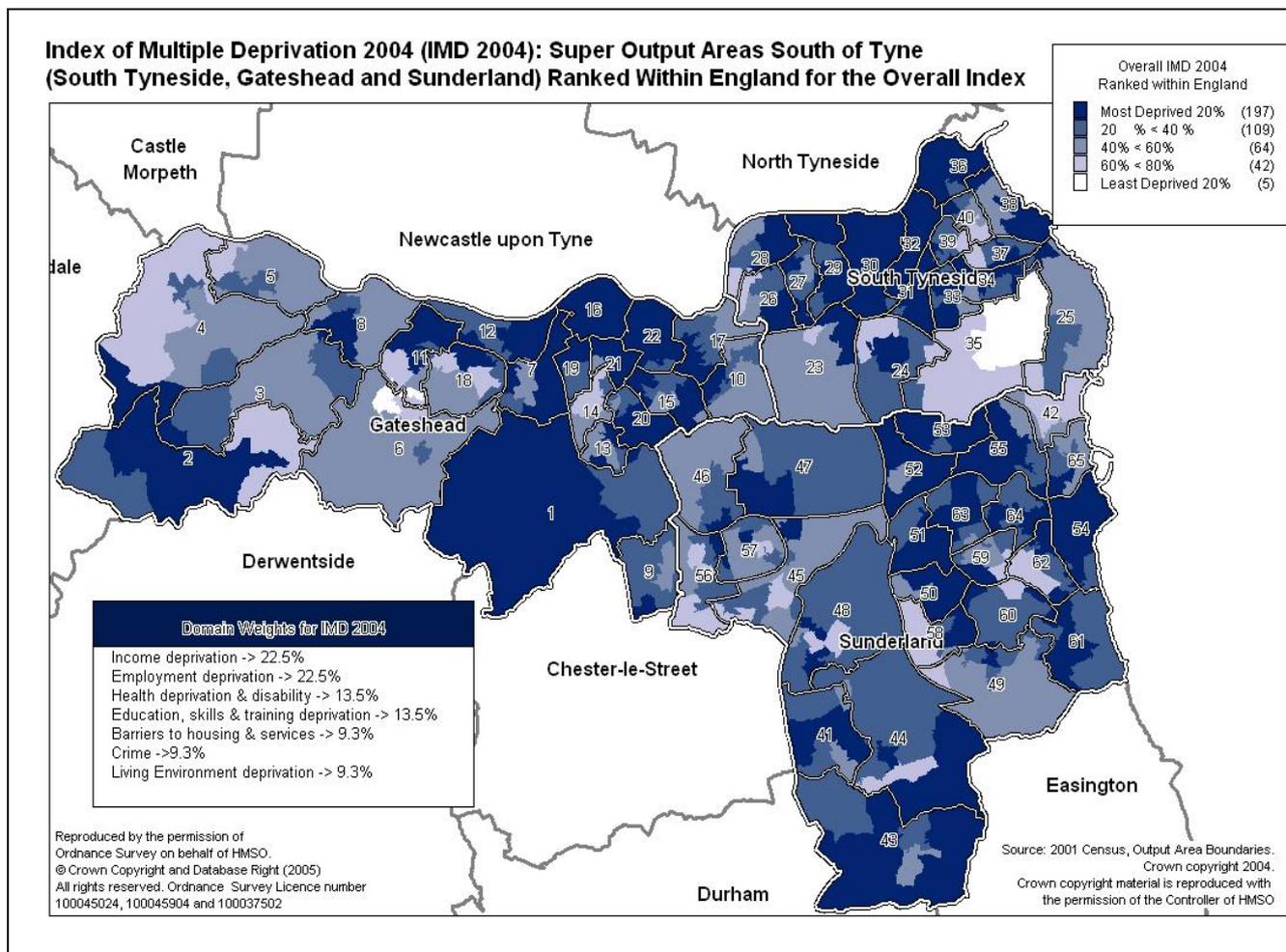
The organisation is committed to equality and diversity. A Health Equity Audit has been completed on the Mental Health Needs Assessment to ensure all areas of diversity have been addressed.

4. Assessing the mental health needs of the population

Deprivation

The relationship between high levels of deprivation and high rates of mental ill-health is well established, with those on the lowest incomes experiencing much higher rates of mental illness.

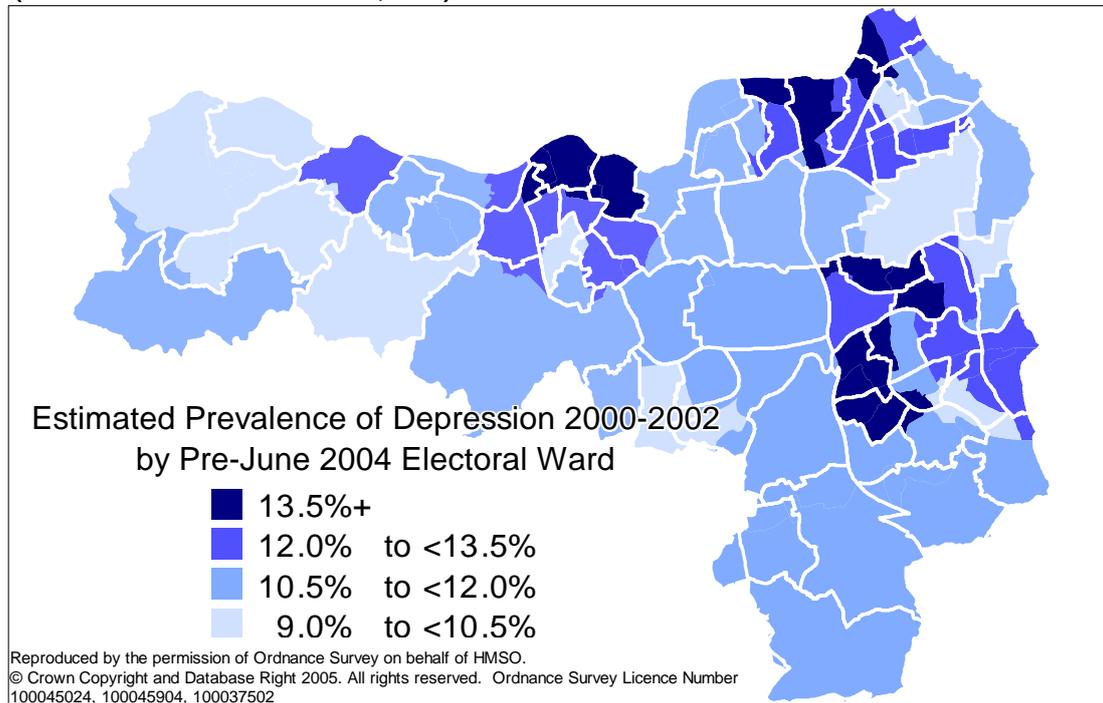
Figure 2: Deprivation across South of Tyne and Wear



As Figure 2 shows, there are very high levels of disadvantage across NHS SoTW. There are greater overall levels of deprivation in South Tyneside, but more extremes of poverty in Gateshead and Sunderland. As would be expected, the areas of highest deprivation mirror the areas which experience the highest rates of mental illness (Figure 3).

Figure 3

Map showing estimated prevalence of depression by electoral ward in 2001
(Centre for Public Mental Health, 2002)



Social isolation and inclusion

Social isolation is recognised by the government as a major issue when addressing mental health:

‘Tackling isolation is fundamental and may be the most significant area in which mental health promotion strategies can support the mental health of older people. After income and poverty, lack of social participation was the key issue.’⁵

There is a strong relationship between social networks, defined on the basis of the number, frequency and density of contacts with other people, and mental health. Those with few social contacts are at increased risk and conversely social networks can prevent problems arising from stress and improve levels of depression.

People living in the North East have the highest levels of social networks and neighbourliness in the country, with 40% of residents speaking to their neighbours on a daily basis (less than 30% in England). However, rates of mental illness are also higher than elsewhere (see figure 3, compared with prevalence of mixed depression and anxiety of 8.8% in England). This suggests that they would be still higher were it not for these protective factors. These should be promoted if mental well-being is to be improved.

The promotion of social networks and developing communities is sometimes described as building social capital, which is about increasing ‘the personal

contacts and social networks that generate shared understandings, trust and reciprocity within and between social groups'.⁶

Addressing deprivation and health inequalities is vital if mental health and well-being is to improve across SoTW. This needs to be done in partnership with all agencies involved, including the local authorities and the voluntary sector.

Education

People at higher risk of common mental health problems include those with no or few qualifications. There is a well established link between learning and mental health beyond the school years, with participation in learning opportunities leading to increases in social and individual capital, in terms of knowledge, skills, trust, independence, positive self-image, assertiveness and confidence. Adult learning has an important part to play in promoting health and well-being.

The North East has a lower percentage of young people gaining qualifications than the average for England, although there has been a greater improvement than the average over the three years prior to 2007 (North East 6.7% improvement compared to England 1.8%). Tyne and Wear has a particularly high rate of people with no qualifications when compared with England as a whole. While for England as a whole only 26% have no qualifications, in Gateshead it is 35%, South Tyneside 36%, and Sunderland 37%.

Improving opportunities for education, both for children and young people, as well as for adults is a key element in improving the population's mental health and well-being.

Employment and unemployment

There are recognised links between working and mental health. Improving well-being within the work place is important in maintaining a healthy workforce.

Within SoTW, unemployment is higher than average for England (2.4%; Gateshead 3.1%, South Tyneside 4.7%, Sunderland 3.5%). There is a close association between unemployment and mental illness. The rate of claiming benefits or allowances due to mental or behavioural problems is much greater locally than nationally (England 27.4 claimants per 1,000 population of working age people; Gateshead 47.1, South Tyneside 41.6, Sunderland 45.2). Support to people without work is critical in promoting good health and well-being for this group.

Housing and the environment

There is a strong relationship between poor housing and mental health problems. Local authority tenants have poorer mental health than owner occupiers. There is a lower rate of owner-occupied accommodation in SoTW

than the average for England and a comparative high rate of local authority and housing association rented property (19.2 % of population in social housing in England, compared with 34.2% in Gateshead, 37.8% in South Tyneside and 33.4% in Sunderland).

There is growing evidence about the importance of the physical environment on mental health, which has benefits in terms of:

- promoting well-being
- increasing life satisfaction, self-esteem and self-confidence
- increased positive mood states
- decreased negative emotions
- reduced anxiety and stress

Large areas within SoTW have high density housing and limited access to green spaces, such as the central, densely populated urban areas. However, all localities are near to the coast and countryside, though public transport may mean green areas are not accessible at an affordable price.

Access to good housing and environment can improve the mental health and well-being of residents and should be taken account of in developing services.

Crime

Areas with high levels of violent crime are likely to have higher levels of mental illness. However, there are lower levels of recorded violence against the person in the three localities when compared to England. For example, violence against the person 2005/6, recorded per 1,000 population, was 19.8 in England, 13.9 in Gateshead, 17.4 in South Tyneside and 19.4 in Sunderland.

'Choosing Health' priorities

'Lifestyle' issues were recognised as important in the 2004 Department of Health report, *Choosing Health*. Within the physical, emotional, and social context in which they live and the wider determinants of health discussed above, people need support to make healthier choices easier. NHS SoTW obtains information from Lifestyle Surveys, last completed in 2008.

• Physical activity

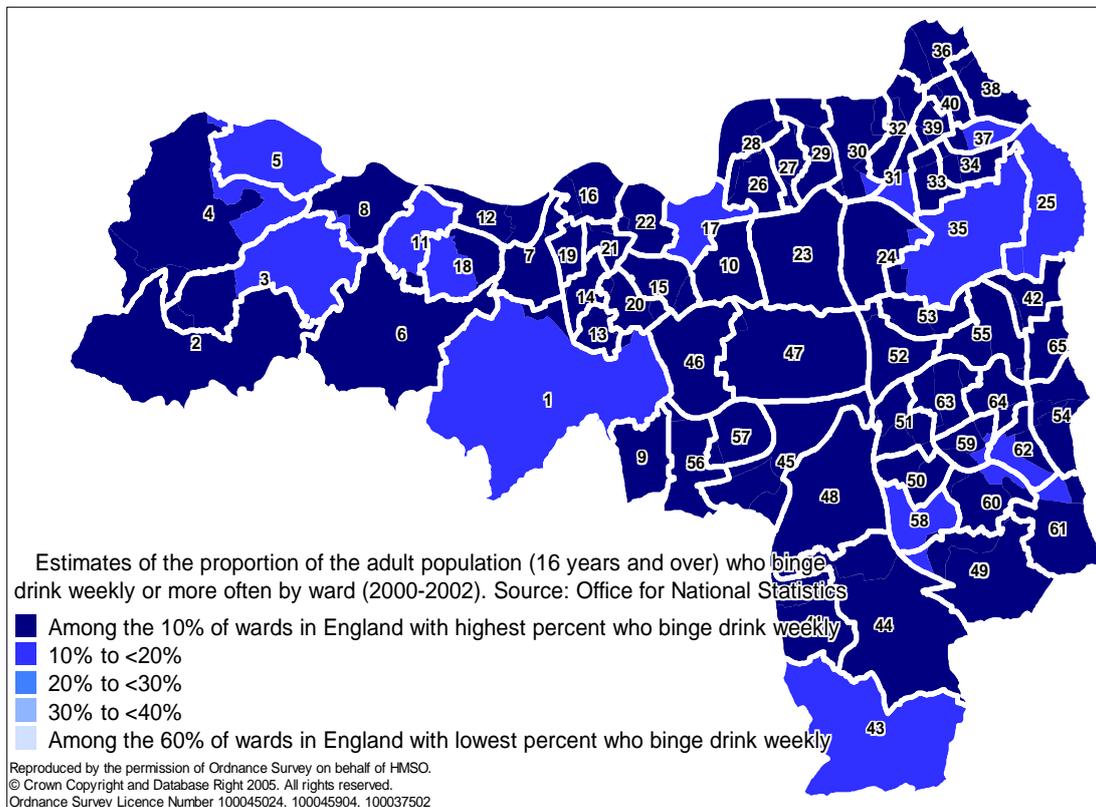
There is much evidence that physical activity is effective in preventing mental ill-health, improving the quality of life for people with mental illness and as a treatment for mild to moderate depression. Recent research found that physical activity promoted feelings of self-determination, self-efficacy and personal control, and to prevent or reduce mental health problems, particularly anxiety and depression.

Around 21% of adults across England take 30 minutes of moderate physical activity 3 times a week. Locally, 20% of adults in South Tyneside and Sunderland and 18% of those in Gateshead so so. There is a range of activities supporting physical activity across all areas of SoTW. Promoting physical activity can be a key element in improving and maintaining well-being.

• Alcohol

Deaths caused by the consumption of alcohol have doubled over the past twenty years, and increasingly, it is younger people who are affected. Dangerous drinking is closely associated with living in areas of high deprivation. The rate of alcohol-related death is approximately 45% higher than average in areas of high deprivation. The North East has the second highest level of harmful alcohol consumption in the English regions. Given the high levels of deprivation in South of Tyne and Wear, high levels of alcohol abuse are also to be expected. As Figure 4 shows, every ward in the three localities is among the 20% nationally with the highest percentage who binge-drink weekly. High levels of alcohol consumption are associated with mental illness. Reducing hazardous drinking will have an impact on well-being and improving the latter is likely to reduce the former.

Figure 4: Estimated proportion of adult population who binge drink weekly or more often



- **Substance misuse**

The proportion of people in contact with structured drug treatment is higher in the North East (over 600 per 10,000 population in 2005/6) than in England as a whole (approximately 550 per 10,000 population). Many sufferers experience mental health problems.

- **Dual Diagnosis**

'Dual diagnosis' is the term covering a person's experience of both mental health and substance misuse issues at the same time. Around 50% of people with mental health disorders also have problem with substance misuse,

predominantly alcohol, and vice versa. Addressing the issues together is vital for ensuring positive outcomes for individuals.

- **Healthy eating**

There is increasing evidence of the links between diet and mental health or ill-health, particularly in relation to the essential fatty acids, and also to anti-oxidants and minerals in fruit and vegetables.

Levels of obesity in South of Tyne and Wear are high compared to England as a whole: adult obesity levels for Gateshead are 24%, South Tyneside 24.2% and Sunderland 24.1% against a national average of 21.8%.

- **Sexual health**

Sexual ill-health is closely linked to poverty and social exclusion and some of the vulnerable groups are also those at risk of or experiencing poor mental health. Teenage mothers have three times the risk of post-natal depression, in comparison to older women. They also have a higher risk of mental ill-health for three years after the birth. A recent increase in the numbers of teenage pregnancies within SoTW will have implications for services.

All the areas above have a direct effect on mental health and well-being and vice versa, with people only being in a position to make informed choices and change behaviour when they are feeling confident and supported. It is essential that the links between lifestyle choices and mental health and well-being are recognised in order for people to make appropriate decisions about their lives. Services are being developed across each locality to ensure each of these areas is tackled in a range of settings and that the most useful support is offered, in a non-judgemental way.

Groups at risk of poor mental health

- **Ante- and postnatal women**

Depression affects around 13% of mothers. For some, recovery is spontaneous, within six months. For others, it may last months, even years, if untreated, and recur over time or with the birth of another baby.

All pregnancies carry risk, but where the woman has a mental disorder, it can have a significant effect on the well-being of the woman, foetus and infant. Severe depression is associated with increased risk of suicide attempts, still birth, obstetric complications and low birth weight infants. Women with bi-polar disorder or schizophrenia are at increased risk of pre-term delivery and low birth weight infants.

Above threshold levels of anxiety have also been found in ante-natal women, and although this is generally considered a mild mental health problem, research shows that it can affect sufferers and their foetus or infant significantly. Women in general are more at risk of depression than men, and lone parents are at particular risk.

Anxiety and depression can have powerful negative effects on the relationship between mother and child. These can have a profound impact on the child, with lasting consequences into adulthood and so need to be addressed at an early stage.

There are no accurate figures on the rates of ante- or postnatal depression locally. Health visitors routinely administer the Edinburgh Post Natal Depression Scale, provide listening visits, and signpost to other specialised services as required. However, figures for this are not collated at present.

A number of studies have shown the importance of breastfeeding for the emotional wellbeing of both mother and baby, as well as the long-recognised physical advantages, in terms of bonding. Breast feeding figures appear to be particularly low in NHS South of Tyne and Wear, although they are not collected in a systematic way. Initiation rates and rates at 6-8 weeks in 2009 were 57% and 31.7% in Gateshead, 47.8% and 20.5% in South Tyneside, 45.8% and 17.4% in Sunderland. These compare unfavourably with 78% and 50% in England as a whole (2005 figures).

A maternal mental health needs assessment is being commissioned to explore these areas in more depth.

- **Older people**

In 2008, all three localities have a higher proportion of people aged over 65 years than England has as a whole (see Figure 5). There is a very clear trend for this age group to increase across England, and at a greater rate across the South of Tyne and Wear area.

Figure 5: Projected increase in elderly population 2008 – 2025 in %

Area	2008	2010	2015	2020	2025
England	16.2	16.6	18.2	19.2	20.5
North East	17.2	17.6	19.6	21.1	22.8
Gateshead	17.8	18.1	19.8	20.7	22.2
South Tyneside	18.3	18.6	20.1	21.6	23.7
Sunderland	16.5	16.9	18.9	20.6	22.6

There is conflicting evidence about the prevalence of mental illness in older people in general, although the over 80 years period is linked with increasing depression. Between 1 and 4 in 10 of older people have a significant level of reported neurotic symptoms. Depression in older people can be triggered by particular life events, such as the onset of poor physical health, retirement, bereavement, divorce, illness of partner and becoming a carer.

There are an estimated 7% of residents in SoTW over 60 years with dementia. Given rising life expectancy, it can be assumed the numbers of people, especially women, suffering from dementia will rise over the next decades. This has implications for the mental health and well-being of older people and their carers. Work is being carried out locally to implement the National Demetia Strategy across SoTW.

- **People with long term conditions and chronic disease**

Almost a quarter (24%) of the population in SoTW suffers from chronic disease, compared to 18% across England. Figures in all three localities are significantly higher than in England as a whole with regard to coronary heart disease and chronic obstructive pulmonary disease. They are also high for

- cancers in Gateshead and South Tyneside;
- asthma in Gateshead and Sunderland; and
- diabetes in South Tyneside.

Poor quality of life due to physical ill-health is closely related to poor mental health. People with mental health problems are up to twice as likely to report long-term illness or disability and over two-thirds of those with long term physical illness or condition also have a mental illness. This has implications for the management of these conditions.

- **People with learning disabilities**

Data collected under the Quality Outcomes Framework shows that Gateshead and South Tyneside have a lower prevalence of adults with learning disabilities (0.28% and 0.29% respectively) than Sunderland (0.46%), the North East (0.43%) and England (0.33%). It should be noted that these figures may not be accurate, as they are based on general practices' identification. People with learning disabilities experience higher rates of mental illness. For example, those with a learning disability are three times more likely to suffer from schizophrenia than the general population. Challenging behaviour is displayed by 15% of those with learning disabilities. This is a group who traditionally have poorer access to services, despite their vulnerability.

- **People experiencing mental illness**

One in six adults experience a neurotic disorder, the most common being mixed anxiety and depressive disorder (8.8% of population), followed by generalised anxiety disorder (4.4%). Less prevalent are depressive episodes, phobias, obsessive-compulsive disorder and panic (ranging from 2.6 to 0.7%). Excluding panic, neurotic disorders are more common among women than men, particularly for anxiety and depressive disorder (10.8% and 6.8% respectively).

People with mental health problems face particular problems of exclusion, for reasons such as:

- Stigma and discrimination
- Low expectations of professionals as to what those with mental health problems can achieve
- Lack of clear responsibility for promotion of positive outcomes, in terms of employment and social opportunities
- Lack of ongoing support to enable people to work
- Barriers to engaging in the community, including poor access to decent housing, transport, education, arts, leisure facilities.

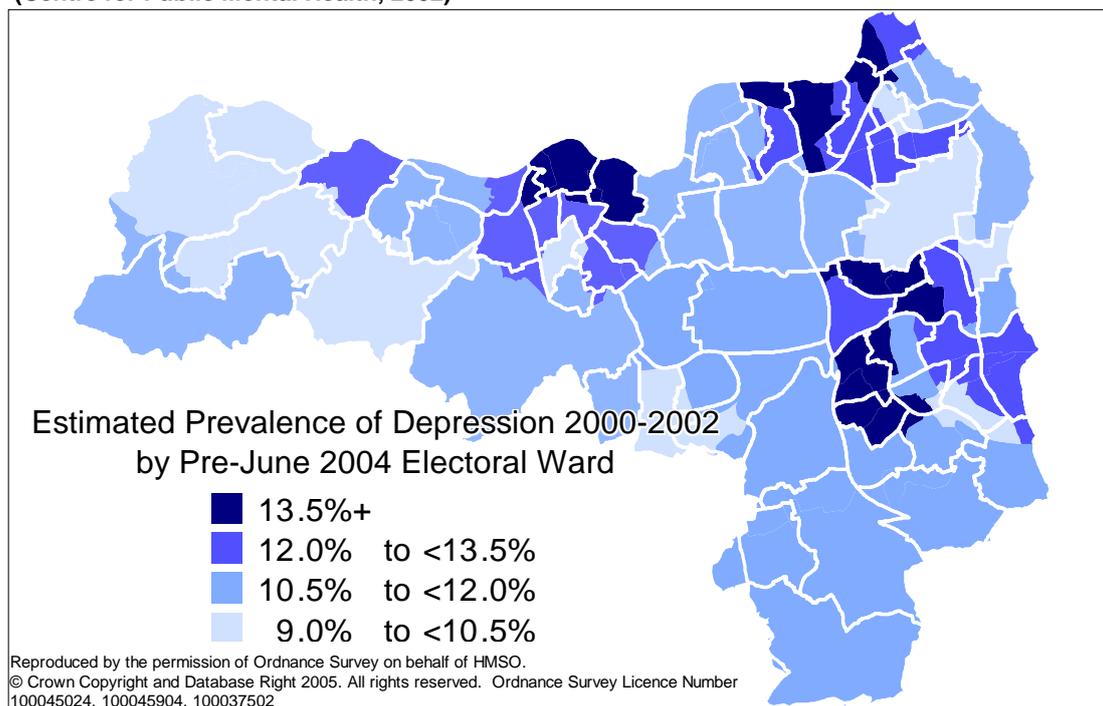
Some groups were highlighted as being in particular need:

- Ethnic minorities may experience alienation from mainstream mental health services, are more likely to disagree with the diagnosis, and may encounter double discrimination on grounds of health and ethnicity when seeking work
- Young men are more likely to drop out of education or work, become involved in crime if suffering mental health problems, and have the highest rates of suicide
- Parents with mental health problems, particularly lone parents, who have low employment rates, and may receive less support. Their children are also more likely to develop emotional problems
- Adults with complex needs, such as substance misuse or homelessness associated with mental health problems.

The North East as a whole is estimated at having the highest levels of mental illness, 17.5% compared to 13.2% in England. The areas with the highest rates of depression coincide with the areas of greatest deprivation. This provides a clear picture of where services that promote mental well-being should be targeted (see figure 6).

Figure 6

Map showing estimated prevalence of depression by electoral ward in 2001
(Centre for Public Mental Health, 2002)



- **People at risk of suicide and self-harm**

The North East has the highest age-standardised death rate directly due to suicide and injury undetermined among people of all ages, of all the English regions, 2004-2006. In 1996 the suicide mortality rate in South Tyneside was 25% higher than the England rate. In 2005 it is now 35% lower, for unknown reasons. In 1996 the Gateshead rate was 26% higher and is now 4% lower.

Only in Sunderland has the gap widened. The Sunderland rate was 10% higher than the England rate in 1996 but is now 23% higher.

Self-harm rates are considerably higher than the national average in Gateshead and Sunderland, but not in South Tyneside. Suicide and self-harm are both closely linked to feelings of low mood and mental illness and it is important to ensure adequate services address these issues.

- **Carers**

One in eight people, around 5.2 million in England and Wales, are carers, of whom almost 3 million are also in paid work. Around 60% care for someone with a disability, 15% for someone with mental and physical ill-health and/or a learning disability and 7% for someone with a mental health problem alone.

Carers are themselves twice as likely to have mental health problems. An estimated 6,000 to 17,000 children and young people care for an adult with mental health problems. There are no accurate local figures for the numbers of carers, but it can be assumed that the rates are likely to be higher than average in SoTW, given the higher rates of physical and mental ill-health.

- **Black and Minority Ethnic population**

Nearly 6.4 million people in England are from an ethnic minority community, 1 in 8 of the population. Within SoTW, the ethnic minority populations are relatively small; 5% in Gateshead, 5.6% in South Tyneside and 4.6% in Sunderland. However, the numbers are increasing, particularly due to the arrival of asylum seekers and refugees, who are often at greatest risk of mental illness.

Certain ethnic minority populations are more prone to depression, anxiety and phobias to such problems, for example Asian mothers.

A separate mental health needs assessment is currently being undertaken to identify the specific needs of this population and make appropriate recommendations, to complement the MHNA and recommendations will be available in July 2009.

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

It is estimated that up to 10% of the population is exclusively homosexual in sexual orientation. It is now accepted that being lesbian, gay, bisexual, or transsexual (LGBT) does not in or of itself cause mental health problems. However, this group may experience a range of issues which can contribute to mental health difficulties:

- Hostility and/or rejection
- Bullying and harassment
- Danger of violence
- Difficulties in accepting their sexuality, including conflict, denial, alcohol abuse, isolation
- Low self-esteem.

As a result this group can be more prone to depression, generalised anxiety disorder and conduct disorder, and more at risk of substance misuse, self-harm and suicide.

- **Victims of domestic violence**

Women account for 80% of all reported victims of domestic violence and abuse in the UK. One in four women and one in five men are reported to have experienced domestic violence. It is estimated that two women die from domestic violence incidents a week. It is difficult to assess local levels, as reporting may not relate to incidence rates, but levels have been identified as being higher in the north east than in England as a whole.

Victims of domestic violence and abuse experience high levels of poor mental health and any children of the family are at risk. Services need to be geared to both providing support and to prevention of abuse. Each locality has a Domestic Violence Forum and Strategy.

- **Offenders and ex-prisoners**

The majority of prisoners are young and male. Most are in custody for periods of weeks or months, rather than years. The evidence shows that 60-70% use drugs before imprisonment, and over 70% suffer from at least two mental disorders. 66% of all injecting drug misusers in the community have been in prison at some time, of whom half had been in prison before they started injecting. There are no prisons within SoTW, but services need to be aware of the particular problems of those in police custody and leaving prison.

5. Felt and expressed needs

The 2001 Census found that a considerably higher proportion of people in the SoTW area reporting poor health - 11.1% in Gateshead, 10.7% in South Tyneside, and 10.4% in Sunderland, compared to 7.8% in England as a whole.

Public consultation

A key element of assessing the health needs of the population is to have wide public and professional engagement and involvement. Independent consultants were therefore commissioned to do door to door surveys and run focus groups with local people in each locality. The findings identified a number of key factors which had an impact upon mental well-being:

- Finance and work
- Environment and housing
- Perceived and real experiences of crime or the threat of it
- Communication with family and friends
- Education and hobbies
- Psychological mood

The full consultation document, *Consultation with local residents of Gateshead, South Tyneside and Sunderland around their mental health needs* is available on www.sotw.nhs.uk.

6. Normative and expert needs

There was also consultation with professionals from the NHS and local councils. This involved six focus groups and the opportunity to provide views by e-mail. To summarise some of the major points;

- Factors seen as having an impact included gender, 'personality and infrastructure', with variation at different times in one's life
- Mental health should be viewed within a social context, rather than have 'a culture of medicalising unhappiness'
- Employment could have a positive impact on the individual in terms of confidence, self-worth, and a positive identity. Conversely, unemployment and worklessness could have a negative impact, especially for people who felt that there was little chance of employment
- Individuals needed to maintain a 'healthy balance' in terms of their life at work and time spent with their family. To promote this successfully with employers, however, the key message was about the economic productivity of the employee
- Having a structure in one's life with meaningful and constructive activities was important
- Social isolation and exclusion were important for older people in particular. They could be made to feel that they were no longer allowed to be 'social beings'. Relationships, and links with family and friends, mattered. Carers needed time to themselves and time away from their role
- Stigma was a common problem and could ultimately lead to isolation
- Mental health issues around alcohol were increasing, especially among younger people. However, it had to be recognised that drinking plays a role in the social lives of many people, including many older men
- Tailoring services to the needs of the individual, and early intervention with a focus on prevention, were key elements of service provision

The promotion of mental well-being

Both the public and professionals also provided ideas on ways to promote mental well-being;

- **The message and the approach;** Any approach needs to be creative and eye-catching, consistent in its use of the terms 'mental illness' and mental health' and sustained. It should include elements that are 'fun'.
- **Young people;** Forms of communication such as YouTube and texting, and opportunities for key workers to meet young people in schools to discuss mental well-being, should be explored. Stigma remains a key issue, and ongoing educational programme is needed to challenge this.

Some potential gaps in service provision, and areas in which services could be developed and strengthened were also identified. These included:

- Social enterprises.
- Group support.
- Provision for refugees
- Substance misuse (drug and alcohol).

Key partners to support work in promoting mental well-being might include local authorities, local retail outlets, and schools, with the possibility of training frontline staff in awareness of mental health issues.

7. Existing services

Directories for mental health and well-being are currently being produced for each locality, covering a full range of services, including those provided by the voluntary sector. Below are listed some of the services that are particularly relevant to mental health and well-being;

- *Primary Care Mental Health Teams* provide information, assessment, screening and treatment for people suffering from common mental health disorders. South Tyneside has extra funding to improve access to psychological therapies, and the other localities may follow shortly.
- *Health visitors and school nurses* both promote mental, physical and social well-being in the community by giving advice and support to families in all age groups, focusing respectively on families with pre-school children and school-age children.
- *Health trainers* are local workers who provide health information and signposting into mainstream services.
- *Delivering Race Equality community development workers* are employed in each locality. Their key roles include identifying community concerns and gaps in services, improving access to services and promoting mental health.
- *Occupational therapists* enable people to participate in the activities of everyday life.
- *General practitioners* The vast majority of people are registered with groups, who provide the first point of service provision around mental health problems.
- The *Supporting People* programme offers vulnerable people the opportunity to improve their lives and remain independent through providing quality housing-related services
- *Physical activity and obesity*; services include exercise and slimming on referral, community-based and specialist Weight Management Teams, anti-obesity drugs and weight loss surgery.
- *Drug and Alcohol Services*; Community treatment is provided by NHS or voluntary agencies, working alongside different care providers. The Alcohol Strategy's areas for action include community safety, treatment, and education and communication
- *Sexual health* Under the SoTW *Sexual Health Strategy 2007 – 2010*, key objectives have been set under the themes of Better Services and Better Prevention.
- *Local Implementation Teams (LITs)* are multi-disciplinary groups with the task of implementing and monitoring the National Service Framework for Mental Health.

A wide range of other services which promote well-being are provided by all sectors including libraries, leisure and sports centres, debt advice, carers'

support, advocacy services, and services for victims of domestic violence and perpetrators

8. Recommendations for SoTW

As this report has shown, influences on mental health and well-being are extremely wide and varied. There is little any single authority can do at a local level about some of them - for example, to address the causes of the current recession. What *can* be done is to focus on issues where the statistics for SoTW area seem particularly poor, and look at measures that can be adopted, through partnership working, which may make a difference to the mental well-being of the population of SoTW. Account can be taken of issues where local experience is good, or where pilot schemes seem to have been successful, in order to consider what lessons can be learnt and built on, and those where one locality's experience can be promoted in other localities.

The recommendations will be expanded as consultation and discussion continues. They will be taken to the appropriate statutory and voluntary organisations for comment and a multi-agency steering group will be convened to develop a Strategy to improve the emotional health and well-being of the population of SoTW, which will include local action plans for Gateshead, South Tyneside and Sunderland.

Indicators for mental health and well-being

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

Determinants of health

Deprivation and reducing inequalities

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

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

Social networks and community development

Any attempt to address mental well-being must take social inclusion into account, and this means attempting to build up social capital. A key approach to this, embracing participation and empowerment, is community development.

Supporting community development for mental well-being should be a major element of any strategy to promote mental health and well-being.

Employment and unemployment

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

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

A number of initiatives are currently being developed:

- Supporting businesses in the Better Health at Work Award
- Promoting and supporting the Mindful Employer Scheme
- Training in Mental Health First Aid

Social Marketing

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

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

Choosing Health

Promotion of healthy lifestyles

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

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

- Developing a dual diagnosis service model and a commissioning strategy jointly with public health and focusing on outcomes

Developing innovative methods

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

Five ways to promote mental well-being

- 1. Connect...**With the people around you. With family, friends, colleagues and neighbours. At home, work, school or in your local community. Think of these as the cornerstones of your life and invest time in developing them. Building these connections will support and enrich you everyday.
- 2. Be active...**Go for a walk or run. Step outside. Cycle. Play a game. Garden. Dance. Exercising makes you feel good. Most importantly, discover a physical activity you enjoy and that suits your level of mobility and fitness.
- 3. Take notice...**Be curious. Catch sight of the beautiful. Remark on the unusual. Notice the changing seasons. Savour the moment, whether you are walking to work, eating lunch or talking to friends. Be aware of the world around you and what you are feeling. Reflecting on your experiences will help you appreciate what matters to you.
- 4. Keep learning...**Try something new. Rediscover an old interest. Sign up for that course. Take on a different responsibility at work. Fix a bike. Learn to play an instrument or how to cook your favourite food. Set a challenge you enjoy achieving. Learning new things will make you more confident as well as being fun.
- 5. Give...**Do something nice for a friend, or a stranger. Thank someone. Smile. Volunteer your time. Join a community group. Look out, as well as in. Seeing yourself, and your happiness, as linked to the wider community can be incredibly rewarding and creates connections with the people around you².

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

Vulnerable groups

Promoting mental health and well-being in vulnerable groups

- **Ante- and postnatal women**

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

- **Older people**

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

- **People experiencing mental illness**

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

- **People at risk of suicide**

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

- **Carers**

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

- **Black and ethnic minority population**

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

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

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

- **Victims of domestic violence**

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

9. Conclusion

Mental health and well-being are fundamental for people to live happy, fulfilled and productive lives. It has frequently been ignored, with the focus being on

the effects of mental illness and services to address these. Mental well-being underpins and impacts on the physical health of the population and the wider aspects of promoting positive social relationships and building social capital. This report has provided information on the mental health needs of the population of SoTW and identified the areas that can and need to be addressed to maintain and improve the mental health and well-being of the residents of Gateshead, South Tyneside and Sunderland. A Strategy for Emotional Health and Well-being will be produced based on these findings and action plans will be developed for each locality. The impact on the wider health of the population will be profound if adequate resources are invested to develop the appropriate support and services.

10. References

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