

# Redbridge Concern For Mental Health and Run-Up

Response to the Draft Redbridge Adult Prevention and Early Intervention Strategy, 2011-2014

June 2011



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## Executive Summary

Redbridge Concern for Mental Health and RUN-UP welcome the opportunity to comment on the draft Redbridge Prevention and Early Intervention Strategy 2011-2014. We fully support the Council's vision to empower and enable local residents to live at home, independently and create a community that is caring, vibrant and healthy. We embrace Redbridge Council's commitment to promoting social justice for disabled people and the promise to increase independence, participation, inclusion and choice.

Good mental health is fundamental to the health and well-being of everyone who lives in Redbridge. How we think and feel not only shapes our mental health but there is also an abundance of evidence that it is closely linked to our physical health. Indeed, the World Health Organisation's definition of health is "*a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.*"

Mental health and well-being is **everybody's business** – the NHS, local authorities, schools, police, employers, faith communities and the third sector - as it depends upon:

***"decent housing, nice neighbours, good friends, not feeling isolated, enough money, places to go, being able to do things and people to turn to in times of trouble."***<sup>1</sup>

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Mental illness is the single largest source of burden of disease in the UK. No other health condition matches mental illness in the combined extent of prevalence, persistence and breadth of impact.<sup>2</sup> Mental illness is consistently associated with deprivation, low income, unemployment, poor education, poorer physical health and increased health-risk behaviour. In Redbridge, one in four people will experience mental illness in their lifetime, whereas one in six will experience mental illness at any one time.

According to the World Health Organisation, 22.8% of the total burden of disease in the UK was attributable to mental ill-health, compared with 16.2% for cardiovascular disease and 15.9% for cancer, as measured by Disability Adjusted Life Years (DALYs<sup>3</sup>)<sup>4</sup>. Depression alone accounts for 7% of the disease burden, more than any other health condition. According to the World Health Organisation, it is predicted that by 2030, neuropsychiatric conditions will account for the greatest overall increase in DALYs.<sup>5</sup>

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<sup>1</sup> Health Education Authority (1998)

<sup>2</sup> No health without public mental health: the case for action, Royal College of Psychiatrists, 2011

<sup>3</sup> DALYs are a measure of the total length of time over which a specific illness is disabling to an individual over the course of their lifespan. One DALY can be thought of as one lost year of 'healthy' life.

<sup>4</sup> No health without public mental health: the case for action, Royal College of Psychiatrists, 2011

<sup>5</sup> World Health Organisation (2004), Global Burden of Disease Report, WHO

Good mental health and wellbeing, and not simply the absence of mental illness have been shown to result in health, social and economic benefits for individuals, communities and populations.<sup>6</sup> Such benefits include:

- Better physical health
- Reductions in health damaging behaviour
- Greater educational achievement
- Improved productivity
- Higher incomes
- Reduced absenteeism
- Less crime
- More participation in community life
- Improved overall functioning
- Reduced mortality

According to the Coalition Government's recent strategy, No Health Without Mental Health:

**“A wide range of effective evidence based early interventions can be applied in health and social care and beyond, across other sectors. These can build individual and population resilience, prevent problems starting or developing further and improve outcomes.”<sup>7</sup>**

We have also included very compelling research and evidence about the damaging impact on both physical and mental health of social isolation. Indeed, researchers suggest that amongst many policy makers and health professionals there is a lack of understanding and appreciation of the devastating impact of loneliness.

Indeed, disabled people and older people have been highlighted as key groups that may experience social isolation and loneliness. For example, in London, 150,000 over-65s have no contact with friends, family or neighbours at least once a month. There is good evidence that preventing loneliness could reduce health service use by older people and lead to substantial savings.

**“Outlook gets me out of the house otherwise I would be staring at four walls which would lead to deterioration in my mental well being and recovery.”**

**“Closing Outlook would leave me very isolated as I have difficulty socializing with people who do not have or understand mental health problems.”**

**Local Redbridge Mental Health Service Users (June 2011)**

<sup>6</sup> No health without mental health: A cross-Government mental health outcomes strategy for people of all ages, Department of Health (2011)

<sup>7</sup> ibid

In the current economic climate as public services are cut – we strongly believe - that fairness matters more than ever. It is incumbent on Redbridge Council to ensure that we improve the quality of life for everyone who lives and works in Redbridge, making it a fairer place and to ensure that the most disadvantaged and vulnerable members of our community are not unduly impacted by the reductions and cuts in services.

There are certain groups in society that are particularly vulnerable and disadvantaged including those who are very young, very old or disabled or have complex mental health conditions and their interests need to be protected in a time of smaller budgets. Indeed, the **Disability Equality Duty** clearly states that public services must take steps to meet disabled people’s needs, even if this requires **more favourable treatment**.

We recognise that the Local Authority is facing severe financial challenges especially in light of the fact that the Council’s grant from central Government has been cut drastically. We understand that the public sector faces difficult choices as to priorities in spending and the pressure to deliver more with less resources and funding and the stark reality is that Redbridge Council and its partners can only aim to minimise the pain that cuts will inevitably cause many local residents. Nonetheless, it is incumbent on public services to take **due regard of** the disabled community where decisions may affect large numbers of vulnerable people as well as to take positive steps to take account of disabled persons’ disabilities, even where that involves treating disabled persons more favourably than other persons

It is also important to comment on the growing perception that the voluntary sector and local communities should shoulder more of the burden. In a climate of increasing unemployment, a more harsh benefits system and pared-down public services third sector organisations are expected to fill in the gaps left by public services. For those who are already disadvantaged these groups are often a precious lifeline.

**“Our service has only 5K. How can you run a day centre on 5K a day? They are cutting our services.”**

**“There are local services available at the moment. But there is not a confirmation of long term funding. They could possibly go out of business.”**

**Participants at the Early Intervention and Prevention Workshop May 2011**

However, third sector organisations in Redbridge are facing financial uncertainty and there is a real risk that smaller voluntary and community organisations will fall by the wayside many of whom are a precious lifeline to some of the most vulnerable members of the Redbridge Community.

# Recommendations

## Mental Ill Health

Mental illness is the single largest source of burden of disease in the UK. No other health condition matches mental illness in the combined extent of prevalence, persistence and breadth of impact.

- ✓ A greater emphasis in the Early Intervention and Prevention strategy on the impact of mental-ill health on local
- ✓ To embed and mainstream across the local authority and its partners the fundamental message contained in the Coalition Government's Strategy that **Mental Health is Everyone's Business**
- ✓ To increase support, funding and resources for mental health especially as we are in period of economic hardship with rising levels of unemployment and increasing financial hardship. It is well documented that the impact will be to increase mental ill-health amongst Redbridge residents
- ✓ Increased investment in mental health promotion, mental illness prevention and early intervention strategies as per the evidenced base contained in our response

## Social Isolation

The fewer social relationships a person has, the shorter his or her life expectancy and the worse the impact of various infectious diseases.

- ✓ Greater investment, support and resources across Redbridge to tackle social isolation and loneliness
- ✓ Increase investment in local projects that reduce social isolation and loneliness, for example, Befriending

## Debt and Mental Health

Low income and debt are associated with higher rates of mental illness

- ✓ Personal debt compounds poverty and inequality, and may worsen as people Redbridge lose their jobs. Redbridge Council should explore the possibility of passing a by-law to prevent payday loan companies from operating in the borough. And it should vigorously use its enforcement powers and those of its partners to take action against illegal activity by loan sharks who prey on vulnerable Redbridge residents.<sup>8</sup>

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<sup>8</sup> The Islington Fairness Commission, <http://www.islington.gov.uk/council/councilfairness/>

## Voluntary and Community Sector

Voluntary and community organisations are rooted in local communities; they are a valuable source of knowledge about local needs and gaps in services. However, many organisations face an uncertain future whilst, at the same time, being asked to shoulder more of the burden.

- ✓ To commit the resources, funding and capacity to develop and promote a flourishing and thriving third sector in Redbridge in line with Redbridge Council's recognition that "**services provided by voluntary organisations will become increasingly important to residents in a period of retrenchment by other public services.**"<sup>9</sup>

## Employment

Employment leads to better health outcomes, recovery and rehabilitation, reduces risk of long term incapacity, reduced poverty and improved quality of life and well-being.

- ✓ Redbridge Local Authority to set the standard for good employment practice, through the Local Authority's own employment of disabled people, through levers in procurement to encourage good practice among contractors, and through tracking progress – in line with the Equality Act 2010.
- ✓ Offer apprenticeships and/or paid internships to the disabled community
- ✓ Offer work experience placements to the disabled community.
- ✓ Offer family-friendly employment practices, including flexible and part-time working and job-sharing opportunities

## Child Well-Being

- ✓ There should be a major review, convened by the new Health and Wellbeing Board, of all public, private and voluntary sector activity in Redbridge to support parents, and parents-to-be, from the point of a child's conception to his or her first birthday. In particular, this should look at significantly improving the coordination of services, especially those delivered by GPs, Midwives, Health Visitors and the Council.

## Housing

High quality, affordable, safe housing is intimately linked with good physical and mental well being. For example, A study suggested that children in bad housing are more likely to have mental health problems, such as anxiety and depression, to contract meningitis, have respiratory problems, experience long-term ill health and disability, slow physical growth and delayed cognitive development.

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<sup>9</sup> Cabinet Papers 10 January 2011, Appendix D – STS 301

- ✓ Increasing the supply of decent, genuinely affordable homes is essential. Redbridge Council should strive to bring empty space into residential use by:
  - Eliminating empty space above shops through writing to all shop owners to discuss the opportunities and benefits and requiring relevant staff, for example Town Centre Managers, Trading Standards officers and Environmental Health officers to enquire about space above shops as part of their routine.<sup>10</sup>
  - Identifying empty space in commercial and office buildings for conversion for residential use, especially properties that have remained empty for some time and those that are in residential rather than commercial areas.<sup>11</sup>
- ✓ The Council should work with Housing Associations to ensure a supply of genuinely affordable social housing and discourage rent levels that are out of reach of people on average or low incomes<sup>12</sup>

## Health Inequalities

- ✓ The new Health and Wellbeing Board should draw up a clear plan of action to address well-documented health inequalities in Redbridge. This plan should include targeted responses to populations in need, including preventive programmes tailored to the needs of deprived or excluded groups, such as people with learning disabilities or serious mental health problems, homeless people and older people.

## Green/Open Space

Numerous studies point to the direct benefits of green space to both physical and mental health and well-being. Green spaces have been associated with a decrease in health complaints blood pressure and cholesterol, improved mental health and reduced stress levels, perceived better general health and the ability to face problems.<sup>13</sup>

- ✓ Redbridge Council to provide more green space, of better quality, that is well designed, and close to peoples homes.
- ✓ In underprivileged Redbridge neighbourhoods to develop good quality green space
- ✓ To develop green space that ALL Redbridge residents can walk to (Prevalence rates for diabetes, cancer, migraine/severe headaches and depression are lower in areas with more green space within a one kilometre radius.)<sup>14</sup>

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<sup>10</sup> The Islington Fairness Commission, <http://www.islington.gov.uk/council/councilfairness/>

<sup>11</sup> *ibid*

<sup>12</sup> *ibid*

<sup>13</sup> The Marmot Review: implications for Spatial Planning, Ilaria Geddes et al.,

<sup>14</sup> *ibid*

## Mental Health is Everyone's Business

The cross-Government Mental Health Outcomes Strategy which was launched in February 2011 clearly states that:

**“Mental Health is everyone's business, whether employers, education, third sector or criminal justice and it takes a life course approach covering children and young people, adults to older people.”<sup>15</sup>**

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The focus of the Coalition Government's strategy is a new emphasis on **early intervention and prevention** with the explicit objective of tackling the underlying causes of mental ill-health. Mental illness is the single largest source of burden of disease in the UK. No other health condition matches mental illness in the combined extent of prevalence, persistence and breadth of impact.<sup>16</sup> Mental illness is consistently associated with deprivation, low income, unemployment, poor education, poorer physical health and increased health-risk behaviour. Mental ill-health has not only a human and social cost, but also an economic one, with wider costs in England amounting to £105 billion a year.<sup>17</sup>

There is a lot of compelling evidence that shows the cost-effectiveness of investing in mental health promotion, mental illness prevention and early intervention strategies. Cost-Benefit analysis highlights the economic returns of investment, for instance in<sup>18</sup>:

- Health visiting and reducing post-natal depression
- Parenting interventions for children with persistent conduct disorders
- **School-based social and emotional learning programmes to prevent conduct problems in childhood**
- **School-based interventions to reduce bullying**
- Early detection for psychosis and Early intervention for psychosis
- Screening and brief intervention in primary care for alcohol misuse
- Workplace screening for depression and anxiety disorders
- **Promoting well-being in the workplace**
- **Debt and mental health**
- Population-level suicide awareness training and intervention
- Bridge safety measures for suicide prevention
- Collaborative care for depression in individuals with Type II diabetes
- Tackling medically unexplained symptoms
- **Befriending of older adults**

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<sup>15</sup> No health without mental health

<sup>16</sup> No health without public mental health: the case for action, Royal College of Psychiatrists, 2011

<sup>17</sup> *ibid*

<sup>18</sup> Mental Health Promotion and Mental Illness Prevention: The Economic Case, Knapp et al., 2011, DH

According to the available evidence all the interventions have been demonstrated in being effective in improving mental health and well-being. The results of the analysis suggest a number of general conclusions<sup>19</sup>

**Value for money:** even using conservative assumptions, many interventions are outstandingly good value for money, with some generating pay-offs of £10 or more for every £1 invested.

**Range of impacts:** many interventions have a broad range of pay-offs, both within the public sector and in society more widely (for example, through better educational performance, improved employment or earnings and reduced crime).

**Low cost:** many interventions are very low cost. A small shift in the balance of expenditure from treatment to promotion and prevention should generate significant efficiency gains.

Professor Martin Knapp, who led the research team, said:

"This study examined 15 forms of prevention and early intervention in mental health to gauge their economic value. It shows that many of these interventions are outstandingly good value for money. Most are low in cost and many become self financing over time, saving public expenditure as well as radically improving the quality of people's lives."

"We need to rebalance investment, not by abandoning people with long-term needs or those in a crisis but by developing early intervention programmes that have good evidence behind them while improving the quality of care people receive at all ages to manage their mental health."<sup>20</sup>

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<sup>19</sup> ibid

<sup>20</sup> ibid

## Social Support and Isolation

According to Robert Sapolsky, a Professor of biology and neurology at Stanford University: “the fewer social relationships a person has, the shorter his or her life expectancy and the worse the impact of various infectious diseases.”<sup>21</sup> Indeed, a number of studies have demonstrated the link between the quality and quantity of individuals' social relationships not only to mental health but also to both morbidity and mortality.<sup>22</sup>

**“The idea that a lack of social relationships is a risk factor for death is still not widely recognized by health organizations and the public.”<sup>23</sup>**

**“This effect is not isolated to older adults,” said Timothy Smith, of Brigham Young University in Utah, who led the research. “Relationships provide a level of protection across all age”.**

A recent scientific review of 148 previous studies involving more than 300,000 people found that those with adequate social relationships were 50 per cent more likely to be alive after an average follow-up period of nearly eight years, compared to more socially isolated people.<sup>24</sup> Having few good friends or strong family connections, the researchers concluded can be just as harmful to health as being an alcoholic or smoking nearly a pack of cigarettes a day.

**“I work full time for an organization called Tulip. Outlook enhances my quality of life. At sad times - my very survival”**

**“Outlook helped my transition from hospital back into the community. It helps me when I am feeling at my lowest or loneliest. It is a great place to go, a welcoming and safe environment.”**

**“Closing Outlook would leave me very isolated as I have difficulty socializing with people who do not have or understand mental health problems.”**

**Local Redbridge Mental Health Service Users  
June 2011**

<sup>21</sup> Why Zebras Don't Get Ulcers, Rober Sapolsky, 2004

<sup>22</sup> Holt-Lunstad J, Smith TB, Layton JB (2010) Social Relationships and Mortality Risk: A Meta-analytic Review. PLoS Med 7(7): e1000316. doi:10.1371/journal.pmed.1000316

<sup>23</sup> ibid

<sup>24</sup> ibid

## **Increase investment in Befriending schemes**

Befriending has been demonstrated to improve an individual's quality of life at a low cost.<sup>25</sup> Indeed, befriending initiatives, often delivered by volunteers, provide value in a number of different ways both to the person being befriended and the 'befriender'.

For those receiving the intervention:

- It promotes social inclusion
- Reduces loneliness
- Improves well-being
- Reduces risk of depression and associated savings in social care and health costs (A recent research review confirmed that, compared with usual care and support -which may mean no intervention at all-, befriending has a modest but significant effect on depressive symptoms, at least in the short term)

For the befriender:

- There is the personal satisfaction of contributing to the local community by offering support and skills
- Protects and improves well-being

For the community:

- A strategic fit with the Big Society project and the aim of creating a more caring society in which neighbours know each other better and can help each other out, and in which the community is able to take better care of those with special needs.

**“Outlook is a very important part of my recovery I don't go to many other places in the evenings as I don't feel safe I feel more comfortable being with people who understand me. I recently lost my young son the staff and service users supported me through this terrible time. I would be devastated if it were to close.”**

**“How many people will need to die before it is recognised just how valuable a place this centre is and how well run it is.” People can't be “just turned way and left to walk the streets.”**

**“If Run-Up no longer existed I would be prone to more frequent mental breakdowns and would need to have access to crisis help from NELFT more often.”**

**Local Redbridge Mental Health Service Users  
June 2011**

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<sup>25</sup> Mental Health Promotion and Mental Illness Prevention: The Economic Case, Knapp et al., 2011, DH

## Employment

Paid work is important for many reasons it provides an income as well as a range of other benefits, in particular: social contacts and support networks, social status and daily structure. Research indicates that being unemployed and not seeking work is associated with an increased risk of mental health and physical health problems.

Lack of employment is consistently associated with poor mental health outcomes for individuals and their families as well as an increased risk of social exclusion.

According to the Centre for Mental Health there is strong evidence that work is good for health as it:

- Promotes recovery and aids rehabilitation
- Leads to better health outcomes
- Minimises the harmful effects of long-term sickness absence
- Improves quality of life and wellbeing
- Reduces social exclusion and poverty<sup>26</sup>

The trauma of unemployment can trigger or aggravate a range of mental illnesses, including depression. Loss of income can also exacerbate existing health problems. Once vulnerable people become unemployed they are at even greater risk of long term unemployment. Significant numbers of Redbridge residents experience unemployment over the short and long-term. Recent figures estimated that 9% of economically active Redbridge residents (excluding students) are unemployed which equates to 12,000 people.<sup>27</sup>

In previous recessions a lack of support meant too many people with a mental health condition were left behind on benefits. So it is vital that we set in place measures now, to ensure that people with a mental health condition receive the support they need to take advantage of the economic upturn.

There is widespread evidence that many people with mental illness suffer unjustified restrictions in getting and keeping work. *Realising Ambitions Better employment support for people with a mental health condition*: "People with mental health conditions remain among the most excluded within our society. And nowhere is this exclusion more evident than in the workplace. Over one million people with mental health conditions are on welfare benefits and the total numbers who are out of work is probably double this figure."<sup>28</sup>

Research shows that less than 40% of employers would consider employing someone with a mental health problem. Not surprisingly, people with mental health problems have the highest levels of unemployment among any disabled group – yet also have the highest 'want to work' rate.<sup>29</sup>

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<sup>26</sup> Centre for Mental Health, [www.centreformentalhealth.org.uk/employment/issue\\_overview.aspx](http://www.centreformentalhealth.org.uk/employment/issue_overview.aspx)

<sup>27</sup> Office for National Statistics

[www.nomisweb.co.uk/reports/Imp/1a/2038431889/report.aspx#tabempunemp](http://www.nomisweb.co.uk/reports/Imp/1a/2038431889/report.aspx#tabempunemp)

<sup>28</sup> <http://www.dwp.gov.uk/policy/welfare-reform/legislation-and-key-documents/realising-ambitions/>

<sup>29</sup> Rethink, [www.rethink.org](http://www.rethink.org)

## **Work-based mental health promotion**

The promotion of mental wellbeing of employees can have economic benefits for business from increased commitment and job satisfaction, staff retention, improved productivity and performance, and reduced staff absenteeism. Multi-component health promotion programmes have been shown to significantly reduce the risk of stress, improve work performance and reduce absenteeism<sup>30</sup>

## **Debt and Mental Health**

Low income and debt are associated with higher rates of mental illness. Studies suggest that the effect of low income on mental health may largely be explained by the effect of debt. Moreover, people with mental health problems are more likely to get into problematic debt. Rates of debt in people with no mental health problems are 8%. The rates for those with depression and anxiety are 24%, and for those with psychosis 33%.<sup>31</sup>

## **Green/open Space**

Numerous studies point to the direct benefits of green space to both physical and mental health and well-being. Green spaces have been associated with a decrease in health complaints blood pressure and cholesterol, improved mental health and reduced stress levels, perceived better general health and the ability to face problems. There is strong evidence that provision of green space effectively improves mental health and less strong/inconclusive evidence that it improves levels of physical activity.<sup>32</sup>

## **Housing**

A study suggested that children in bad housing are more likely to have mental health problems, such as anxiety and depression, to contract meningitis, have respiratory problems, experience long-term ill health and disability, slow physical growth and delayed cognitive development. Cold housing is also a risk to health, affecting the levels of winter deaths and respiratory diseases.<sup>33</sup>

## **Health Inequalities in Redbridge**

People in different social circumstances experience inequalities in health, well-being and life expectancy. In England, people living in the poorest neighbourhoods will, on average, die seven years earlier than people living in the richest neighbourhoods. The impact of socioeconomic conditions on health outcomes is exacerbated when one considers the disabilities caused by long-term conditions such as chronic obstructive pulmonary disease.

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<sup>30</sup> NICE (2009) Promoting wellbeing through productive and health working conditions ([www.nice.org.uk/nicemedia/pdf/PH22Guidance.pdf](http://www.nice.org.uk/nicemedia/pdf/PH22Guidance.pdf))

<sup>31</sup> No health without mental health: A cross-Government mental health outcomes strategy for people of all ages, Department of Health (2011)

<sup>32</sup> The Marmot Review: implications for Spatial Planning ([www.nice.org.uk/nicemedia/live/12111/53895/53895.pdf](http://www.nice.org.uk/nicemedia/live/12111/53895/53895.pdf))

<sup>33</sup> *ibid*

People in better-off neighbourhoods can expect to live 17 years longer than people in poorer neighbourhoods before developing these kinds of disabilities. This means that people in poorer areas not only die sooner, but they will also spend more of their shorter lives with a disabling condition.

The weight of evidence points to the fact that this very significant gap in health outcomes does not arise by chance, and cannot be attributed simply to genetic makeup, unhealthy behaviour, or difficulties in access to medical care, although these factors are obviously important. Income is a particularly important determinant of health as it is often a driver of other factors such as quality of early life, education, employment and working conditions.

To address health inequality the Marmot Review published by the Government in 2010 suggests that funding should be used to improve the health of everybody in the community, but with a scale and intensity that is proportionate to the level of disadvantage. Greater intensity of action is likely to be needed for those with greater social and economic disadvantage. Marmot calls this 'proportionate universalism'.<sup>34</sup>

**'Health inequalities are a tragic waste of life and health and cost this country tens of billions of pounds every year in lost productivity, welfare payments and costs to the NHS from ill health (10). The evidence is very clear: investing in pre-school years pays most dividends.**

**We already know that by the age of 10 a child from a poorer background will have lost any advantage of intelligence indicated at 22 months; whereas a child from an affluent family will have improved his or her cognitive scores purely because of his/her advantaged background.**

**Professor Sir Michael Marmot, Fair Society, Health Lives (2011)**

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## **Background to our Consultation Response**

We have used a number of different mechanisms to capture the responses of the local community including:

- A public meeting on 25 May 2011 held in partnership with the Redbridge LINK and the Redbridge User Led Organisation. Over 60 people turned up to the event made up of a wide range of local residents, service users and health and social care professionals including:
  - Older people
  - Carers
  - Asylum seekers and Refugees

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<sup>34</sup> Fair Society, Healthy Lives, <http://www.marmot-review.org.uk/>

- Minority Ethnic Groups
  - Sexual Health Services
  - Homelessness Services
  - Drugs and Alcohol Services
  - Physical and Sensory Impairments
  - Mental Health Services
  - Young People
  - Learning Disability
  - Personal budgets and Direct Payments
- The views, voice and experience of local mental health service users garnered via RUN-UP (a mental health user led group) and participants in our drop-in and befriending projects.
  - Mental Health Day Service review survey June 2011
  - Desktop research
  - Advocacy and Representation

It is unfortunate that disabled people have to deal with a range of systems and processes so complex, elaborate and unresponsive to their needs that advocacy remains an important vehicle for advancing the interests of disabled people.

This is particularly relevant for the proposed plans in the Draft Early Intervention and Prevention Strategy. It is a detailed document asking a lot of complex questions and policy issues. There is a fundamental mismatch between the resources afforded to the local authority compared to the third sector in terms of time, capacity, funding and technical expertise.

## **About Redbridge Concern for Mental Health**

Redbridge Concern for Mental Health - established over 15 years ago – is a service user led organisation based in the London Borough of Redbridge dedicated to promoting, improving and protecting the mental health and emotional well being of the wider community.

We offer high quality services to local residents seeking mental health support. We also provide information and signposting as well as challenging the stigma and discrimination that people experience in their everyday lives.

### ***Our Aims***

- To develop high quality, culturally appropriate, accessible services for people recovering from and experiencing mental health problems.
- Work in partnership to influence mental health policy and to promote best practice in all aspects of service planning and delivery.
- Develop new ways of promoting service user involvement and helping service users to improve their lives.
- To improve people's health, care and well-being by promoting positive mental health.
- To challenge the stigma and discrimination that people experiencing and recovering from mental health problems encounter in their everyday life.

### ***What does Run-Up Do?***

**Nothing about us without us** - A key role of RUN-UP is to influence the design, delivery and management of local mental health services. In particular: to contribute experience and expertise to policy development as a 'critical friend' as well as to promote and monitor the effectiveness of user involvement in the planning, commissioning, managing and monitoring of services to ensure service users have a full say in policies and practices which affect their lives. Articulating views and experiences of our members by attending meetings, seminars, workshops and debating issues

**Campaigning for full inclusion in society** - we all want to live in communities where we can participate fully and equally. Many indicators show us that for people with mental health conditions this hasn't yet happened and there remains considerable work to be done to get to this point. People with mental illness commonly describe the stigma and discrimination they face as being worse than their main condition. Discrimination, stigma and prejudice can pervade every part of their daily life - their personal life, working life, sense of citizenship, their ability to maintain even a basic standard of living