Promoting and Improving Mental Health, Well-Being and Social Inclusion

A Strategy for Redbridge

DRAFT
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Introduction

Positive 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. This is clearly illustrated by the World Health Organisation definition of health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”

Mental health promotion, therefore, is much more than just ensuring the absence of mental illness. This is because good mental health is about making sure that individuals and communities play an active role in society. It includes building self-esteem and self-confidence and enabling individuals to form and sustain relationships as well as developing the ability to cope with and overcome difficult life events without suffering major distress or impairment.

A whole range of factors impact on, shape and influence our mental health, such as: brain chemistry, childhood experiences and life events as well as social and economic circumstances. Effective treatments, therefore, go beyond drugs and talking therapies.

Positive mental health, 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.”

A key component of a mental health promotion programme is that it targets the whole community as everyone has mental health needs. It is a programme that runs from the cradle to the grave. A healthy start in life matters - there is evidence that the health of pregnant women, mothers and babies impacts on mental health.

As we grow older mental well-being is a significant aspect. We want to have good health as well as a high quality of life and we want to be respected for continuing to make a valued contribution to society.

What is Mental Health?

There are many definitions of Mental Health:

It is described by the World Health Organisation (2001) 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.”

According to the Health Education Authority (1997): “Mental health is the emotional and spiritual resilience which enables us to enjoy life and to survive pain, disappointment and sadness. It is a positive sense of well-being and an underlying belief in our own, and other's dignity and worth.”

Mental illness - anxiety, depression, dementia and schizophrenia – can affect anyone, from any walk of life. As well as placing a heavy burden on individuals, mental health problems also have a significant impact on family, friends and the wider community.
Promoting and enhancing mental health and well-being is the responsibility of the whole community. For sure, health and social care organisations must work on a shared agenda with an emphasis on preventing problems and promoting the independence of individuals.

Nonetheless, if Redbridge is to enjoy a healthier future it is incumbent on all of us: employers, schools, transport, housing, environment as well as voluntary and community organisations, the media, faith communities and individuals to play an active role.

Our Vision

Our vision for Redbridge is to promote, develop and protect good mental health for all. Also, to create a community that treats people experiencing mental distress fairly and with dignity and respect.

It is estimated that between 1 in 4 and 1 in 6 of the general population has common mental health problems at any one time - at least 30,000 men and women in Redbridge.

The main purpose of this document is to provide Redbridge with a Mental Health Promotion strategy over the three year period 2007/10 and to support the development and delivery of an action plan. It is also intended that the strategy should help inform future mental health commissioning and funding priorities.

The key aims underpinning the strategy are:

- To promote, improve and protect good mental health and well-being for all in Redbridge.
- To prevent mental ill-health and ensure early intervention when it does occur (particularly groups identified at risk)
- To enhance the quality of life and opportunities so that people who experience mental distress have the chance to live a satisfying and fulfilling life.
- Work with individuals and communities but also at a structural and policy level.
- To implement the recovery framework within mental health services that work towards

Implementation

There are no nationally accepted models for mental health promotion. However, an effective programme will “cut across sectors and will take account of the broader social, cultural, economic, political and physical environments that shape people’s experiences of health and well being.”

We will identify priorities in a health cluster workshop to held in 2008. Below are some ideas:

- Improving infant mental health (early years)
• Improving the mental health of Children and young people
• Improving mental health and well-being in employment and working life
• Improving mental health and well-being in later life
• Improving community mental health and well-being
• Improving the ability of public services to act in support of the promotion of mental health and the prevention of mental illness
• Stigma, discrimination and social exclusion
• Black and minority ethnic groups

Strategic Links

A successful mental health promotion campaign involves taking a broad approach. There are many agencies working in Redbridge that have a direct impact on mental health, such as: neighbourhood renewal and social inclusion, learning and employment, improving working lives, teenage pregnancy and community safety and crime prevention.7

It is important to acknowledge that a lot of valuable work is being carried out in Redbridge8. There are a broad range of organisations and programmes that promote mental health and it is crucial that we develop and build on these. A significant number of actions, therefore, identified in this strategy will relate to existing projects that are effective in enhancing positive mental health.

There is, for example, a clear strategic fit between the Mental Health Promotion Strategy and the Redbridge Sustainable Community Strategy which is underpinned by 5 key ambitions:

• Make Redbridge Safer
• Promote a positive attitude to the environment and have a cleaner, greener Redbridge
• Improve people’s health, care and well-being
• Give people the skills and opportunities to make the most of their lives
• Develop and support the Redbridge economy

The strategy also pinpoints where gaps exist and makes recommendations for future and new development.

The delivery of these aims, with a focus on the priority areas, involves a wide range of partners. These include:

• Job Centre Plus
• The full range of local Community Planning Partners (Local Authorities, Police, Voluntary Agencies and others

What is Social Exclusion?

Social exclusion is the term used to describe what happens when people or areas are excluded from essential services or every day aspects of life that most of us take for granted.

Socially excluded people or places can become trapped in a cycle of related problems such as unemployment, poor skills, low incomes, poverty, poor housing, high crime, bad health and family breakdown.
• Local Authority (especially Social Work, Education, Housing, Social, Leisure and Cultural Activities)
• Health (Public Health, Health Promotion, Mental Health, Primary Care)
• Local Community Leaders
• Employers and Trade Unions
• Local Voluntary Organisations
• Self-help groups, people with experience of mental health problems and their carers.

Our strategy applies to all local people but some groups have exceptional need and must be a priority for targeted action. In particular: black and minority ethnic groups, including African-Caribbean young men, refugees and asylum seekers, older people, homeless people, the unemployed, carers, and people with disabilities.

Resources

Although health promotion strategies are now being implemented almost everywhere, supported by national campaigns and development work expenditure on mental health promotion, according to the Mental Health Strategies, remains relatively low.

For sure, there has been an increase in the number and range of services intended to promote social inclusion of people with serious mental health problem but there still remains much work to be done. Additional resources, therefore, will need to be found. Also money outside of mainstream funding will need to be identified in order to implement this strategy.

Much of the expenditure, according to the Sainsbury Centre for Mental Health is likely to fall to non-health agencies, such as departments concerned with education or employment.

National Context

A range of government documents, policies and guidelines, over the last 10 years, have specifically mentioned Mental Health promotion.

In 1999 the Department of Health (DoH) launched The National Service Framework for Mental Health, which set out a series of comprehensive plans for developing new mental health services. Standard One of the Mental Health National Service Framework states that Health and Social Services should:

• Promote mental health for all, working with individuals and communities
• Combat discrimination against individual and groups with mental health problems, and promote their social inclusion

In March 2001 the DoH introduced the National Service Framework for Older People. Standard 8, “The promotion of health and active life in older age” states that the health and well-being of older people should be promoted through a coordinated programme of action led by the NHS with support from councils, with older
people having access to the health promotion activities announced in the NSF for Mental Health.

In 2002, the DoH published the National Suicide Prevention Strategy for England. Goal two is “to promote mental well being in the wider population”\(^{11}\) In the same year, Mental Health and employment in the NHS sets out a framework for ensuring that the NHS adopts a positive approach to employing people with mental health problems.\(^{12}\)

In June 2004, the Social Exclusion Unit (SEU) published its report, Mental health and social exclusion following consultation with service users and carers and a review of research and good practice. The report sets out a 27-point action plan for the development of better access to employment and social, educational and community activity. For example, it aims to:

- Improve the availability of vocational advisers to people under mental health care
- Reduce the number of people receiving incapacity benefit on grounds of mental ill-health.\(^{13}\)

In 2004, the DoH published The National Service Framework for Mental Health, Five Years On\(^{14}\) which states that in the next five years, we need to tackle “social exclusion in people with mental health problems, improving their employment prospects and opposing stigma and discrimination; services for ethnic minorities, abolishing inequalities in care and earning the confidence of people from minority communities.”

The World Health Organisation declaration on mental health (2005), signed by the UK government states “there is no health without mental health.”\(^{15}\)

The public health White Paper, Choosing Health (2004) makes a specific commitment “we will ensure that standard one of
the NSF for Mental Health, which deals with mental health promotion is fully implemented."¹⁶

Mental health promotion is also supported for Older People in the 2006 DoH document *Everybody’s Business*, which directs “local partners to prepare a joint strategy for the promotion of older people’s mental health, both for the general population and also for at-risk groups. This should include attention to the needs of carers of people with mental health problems. Local suicide prevention strategies should incorporate actions directed at the older population where suicide risk is high.”¹⁷

**Local Context**

There are many agencies working in Redbridge that have a direct impact on mental health, such as: neighbourhood renewal and social inclusion, learning and employment, improving working lives, teenage pregnancy and community safety and crime prevention.

**•** Redbridge Choosing Health Delivery Strategy 2006

**•** Redbridge Cultural Strategy 2003

**•** Redbridge Health Inequalities Framework 2003

**•** Redbridge Social Inclusion strategy (draft 2003)

**•** Redbridge Homelessness Strategy 2007

**•** Redbridge Supporting People Strategy


**•** Meeting The Mental Health Needs Of People From The Black And Minority Ethnic Communities In Redbridge

**•** Redbridge Public Health Report, 2006-07, Redbridge Primary Care Trust

**•** Physical Activity Strategy and Action Plan

**•** London Borough of Redbridge, Sustainable Community Strategy

**•** Carers Strategy

**Mental Illness in Redbridge**

“A wide range of factors shape how we think and feel - genetic inheritance, brain chemistry, childhood experiences and life events. Depression, for example, may follow a significant life event, such as having a baby, or losing a loved one. Alternatively, mental illness could develop as a result of childhood experiences, in particular sexual abuse.

“There is no health without mental health. Mental health is central to the human, social and economic capital of nations and should therefore be considered as an integral and essential part of other public policy areas such as human rights, social care, education and employment”
Our mental health, however, is affected by far more than our biological make up, or a single event. There is considerable evidence that wider social, economic and environmental circumstances - poor housing, being economically inactive, living in an urban area or having a lower level of qualifications can have a significant impact on mental health.

Demographic Information

The London Borough of Redbridge has an overall population of approximately 240,000 people, according to the census data collected in 2001.

Children and Adolescents

In Redbridge there are approximately 32,300 children between the ages of 5 to 14 years and it is estimated that over 3000 of them are likely to have a mental health problem.

Carers

One in 7 adults look after a relative or companion who cannot cope alone because of sickness, age or disability. Carers can be any age. There are a wide range of issues that impact on carers, for example: caring often impacts on the physical and emotional health of carers; many carers are financially worse off as a result of their caring role and there if often a lack of service coordination centred around carers’ needs.

Older People

There are, according to a recent discussion paper, 33,503 Older People in Redbridge.

- Age 65 to 74 = 17,159 people
- Age 75 to 84 = 11,944 people
- Age 85 to 89 = 2,950 people
- Age 90+ = 1,450 people

Conservative estimates of mental health problems in older people suggests a prevalence of around 40% of people attending their GPs, 50% of general hospital inpatients and 60% of people in care homes.

Two-thirds of NHS beds are occupied by people age 65 and over and up to two-thirds of some inpatients groups either have mental health problems already or will go on to develop them during their inpatient stay. (DOH 2005)

It is estimated that 1 person in 50 aged between 65 and 70 has dementia and this increases to 1 in 5 for people over 80. Significant depression, according to the Department of Health, is present in 15% of

Older People

People with Learning Disabilities (PLD)

People with learning disabilities can develop the full range of mental health problems. Research evidence suggests that there is an increased likelihood of PLD developing a mental health problem with figures ranging from 25 to 40 % (Hatton 2002)
The prevalence of schizophrenia in PLD is 3 times higher than those without a learning disability (O’Hara and Sperlinger 1997). Between 1.3 and 3.7% of PLD will have depression at some point in their lives. This is twice as high as for the general population (Deb et al 2001).

“Valuing People” (white paper) a new strategy for Learning Disability for the 21st Century (DoH 2001) emphasize that, the government will expect learning disability services to work with the specialist mental health services to ensure that between them appropriate support is provided for PLD suffering from dementia.

Social Deprivation

Redbridge is ranked 163 out of 354 districts in England in terms of deprivation. The borough is a mix of both inner city environments (mainly in the South) and relatively affluent areas (in the North).

The Index of Deprivation 2004 has pinpointed 7 areas in Redbridge that are ranked in the top 20.6% most deprived areas in the country:

- One area in the West locality – Roding Ward
- Three areas in North Central locality – one in Fullwell Ward and two in Valentines Ward
- Three areas in South locality – two in Loxford Ward and on in Seven Kings

One of the most significant factors influencing the prevalence of mental illness is deprivation. There is a strong association between poor mental health and the experience of poverty and deprivation, both at individual and population level.

People in good mental health are more likely to be, and remain, in work and be financially independent. People with mental illness are more likely to experience poverty, and poverty is both a cause and consequence of poor mental and physical health.

Work and Unemployment

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

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 of long term unemployment.

Significant numbers of Redbridge residents experience unemployment over the short and long-term. In March 2006, 5% of economically active Redbridge residents
(excluding students) were unemployed which equates to 5,800 people.\textsuperscript{31}

**Stress in the Workplace**

Despite the benefits of paid work mental health problems can develop as a result of experiences at work and the workplace.\textsuperscript{32} According, to the Health and Safety Executive, for example, stress is the number one cause of lost time at work.

The Whitehall II study found that low job control, low social support at work and a combination of high effort and low rewards were all associated with poorer long-term physical health, higher rates of sickness absence, of mental illness, of heart disease and pain in the lower back.\textsuperscript{33}

**Housing**

Housing makes an important contribution to health and quality of life. Indeed, good housing is seen as fundamental to general health and well-being.\textsuperscript{34} Unstable or inappropriate housing make it difficult for people to work and take part in community life, and contribute to worsening mental health.

Several elements of the physical environment are believed to be linked to poor mental well-being such as high rise living, graffiti, damp and noise exposure.\textsuperscript{35} Overall, a total of 10,250 households were assessed as living in unsuitable housing due to one or more factors.\textsuperscript{36} It is worth noting that overall, this equals 10.7\% of all established households in Redbridge.

In Redbridge there are over 2,500 homeless households living in temporary accommodation (May 2006\textsuperscript{37}). These households are amongst those most likely to experience disadvantage and social exclusion.

**Ethnicity**

There has been significant increase in minority ethnic population in Redbridge in the last decade. In 2001, Redbridge’s minority ethnic populations accounted for nearly 36\% of the total population compared with 21\% in 1991. Moreover, projections anticipate that by 2012, the BME population will account for 50.3\% of the population.\textsuperscript{38}

People from minority ethnic groups appear to be more vulnerable to severe mental illness than white UK-born people\textsuperscript{39}. Ethnicity appears to be a significant factor in determining rates of mental illness, but gaps in our understanding of the ethnic profile of service users and their needs continues to be a stumbling block when planning services.

Evidence from the UK over the past thirty years indicates that African-Caribbeans are more likely than other groups to suffer from psychotic illness, including schizophrenia, than other population groups.\textsuperscript{40} There are no clear answers as to why this might be, but any explanation for high
rates and poor outcomes is likely to be found in a complex mix of social adversity, racism, culture and negative contact with services.

**Refugee and asylum seekers**

It is estimated that between 7,000 and 10,000 people are living as refugees in Redbridge. They mainly live in the south of Redbridge – the most deprived part of the borough. The needs of these communities are well documented and it has been noted that these needs are often unmet.

**Environmental quality**

The physical environment can have a significant impact on mental health. Unattractive, built-up or derelict areas lacking green open spaces can lead to worsening mental health, as can dirty streets, litter, graffiti and dilapidated properties. Some studies have shown that proximity of green space improves social and cognitive functioning, and decreases violence.

**Education**

Prevention of mental health problems in young people is particularly important, as there is a risk of problems continuing into adult life. In Redbridge there are approximately 32,300 children between the ages of 5 to 14 years and it is estimated that over 3000 of them are likely to have a mental health problem.

The Department for Education and Skills recognises the role of schools in promoting mental health, in particular strengthening the ability of young people to cope with transition and change. School interventions can also make an important contribution to reducing the impact of wider inequalities.

**Crime and community safety**

Crime and fear of crime have a significant impact on people’s mental health, as feeling unsafe creates anxiety, isolation, and mental distress. Studies have consistently shown that people tend to overestimate their risk of being a victim of crime, but that being a victim of crime can have a significant impact on mental health.

In addition to the trauma of the crime itself, mental health may be adversely affected by the way the crime is investigated. Feelings of anger or vulnerability may arise from investigations that do not achieve a desired result, or result in a sense of injustice.

People with mental health problems may be at increased risk of being victims of crime. The police have an important role in protecting the mental health of the community. Visible policing may help people feel safer in the area in which they live, and by paying special attention to how victims of crime are treated the police can help lessen the trauma associated with being a victim of crime.
Social Cohesion

There is emerging evidence that people in some places have better mental health than people in other places not just because of their genetic vulnerability, the physical environment or their socio-economic status but as a result of the way in which communities are set up and people live.\textsuperscript{49}

These social factors include: levels of trust; civic participation; social networks; the quality of our social relationships; the amount of control we have over our own lives, and our social status.\textsuperscript{50}

Local Mental Health Profile

Measuring mental health and the prevalence of mental illness is complex. Many people, for example, suffer in isolation without accessing services or treatment, so their needs are never documented.

Mental health problems are common. It is estimated that one third of all GP consulta-

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<th>Condition</th>
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</tr>
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<tr>
<td>Dementia</td>
<td>219</td>
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*Number of people likely to experience and episode of a specific mental disorder, in any one year

Source: Redbridge Public Health Report, 2004-05

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Source: Redbridge Public Health Report, 2004-05
tions are the result of psychological problems and that between 10% and 20% of GP time is spent working with people with mental ill-health. The proportion of people at risk of mental health problems is relatively high in Redbridge, reflecting levels of deprivation.\textsuperscript{51}

Even before the advent of plans to increase care outside hospital, most people who need treatment for mental ill health were treated in primary care. Only a small proportion (about 10%) require referral on to specialist services. Primary care already provides, to varying degrees, services for assessment, diagnosis, prescription of drugs, counselling and psychological therapies.

Specialist mental health services for children and adolescents, adults of working age and older people are provided by North East London Mental Health Trust (NELMHT) and very specialised services, such as for eating disorders or for mentally disordered offenders, are provided by East London and the City Mental Health Trust (ELCMHT) and the independent sector

### Stigma and Discrimination

People with mental health problems are one of the most excluded groups in society, they are "blighted by stigma and discrimination. They are denied access to jobs, education and healthcare and often shunned by neighbours and colleagues, from playing a full part in our communities."\textsuperscript{52}

Many fear disclosing their condition, even to family and friends. For many, the barriers..fear prejudice and discrimination

Evidently, ignorance and misinformation about mental distress are widespread in Britain today. \textsuperscript{[4]} However, confusion also reflects the complexity of the subject and differences of opinion on the nature, causes and meaning of mental distress.

Worryingly, more recent evidence suggests that public attitudes in England may actually be getting worse. The 2007 'Attitudes to Mental Illness' survey found an increase in prejudice across a wide variety of indicators,
including not wanting to live next door to someone who has been mentally ill, not believing that people with mental health problems have 'the same right to a job as anyone else', and believing that people with mental health problems are 'prone to violence'.

Younger people were more likely to hold negative attitudes, in particular by wrongly associating mental ill health with 'lack of self-discipline and willpower'.

One of the most damaging public misconceptions about people experiencing mental health problems is that they are dangerous and unpredictable - 34% of people in England think that people with a mental illness are likely to be violent.

In a 2003 Department of Health survey, 55 per cent of respondents believed the statement that 'someone who cannot be held responsible for their actions' describes a person who is mentally ill.

Why Mental Health Promotion

Mental illness can have a profound and debilitating effect on health and quality of life, affecting an individual's ability to engage in meaningful relationships, employment and daily activities. It also impacts on the health and well-being of families and carers, both through the direct care responsibilities they face, and through the stigma and discrimination they may experience in fulfilling this role.

There is also substantial evidence that mental illness impacts on physical health. For example, depression increases the risk of heart disease four-fold, even when other risk factors like smoking are taken into account, and has been consistently linked to mortality following a heart attack.

There is also growing recognition of the impact of poor mental health on stroke, diabetes, asthma and arthritis as well as the relationship between inequality (the gap between rich and poor) and the psychosocial health of individuals and communities.

There is concrete evidence that mental health promotion can contribute to preventing mental health problems, notably depression, stress, anxiety and substance misuse. A focus on physical health alone will be ineffective in addressing public health and health inequality, particularly for vulnerable groups such as refugees and asylum seekers. Positive mental health, therefore, is essential if Redbridge is to enjoy a healthier future.

An increasing body of evidence identifies the high costs of mental illness to society as a whole, including its impacts on educational achievement, employment, crime and disorder, and economic productivity. For example, depression can result in symptoms that are severe enough to interfere with daily activities such as work, relaxation, eating and sleeping, and therefore has a large social impact.
What is Mental Health Promotion

Mental health promotion, according to the DoH, involves any action to enhance the mental well-being of individuals, families, organisations and communities. It is also about preventing mental health problems as well as improving the quality of life for people experiencing and recovering from mental illness.

Mental health improvement works at three levels and at each level is relevant to the whole population, individuals at risk, vulnerable groups and people with mental health problems:

- Strengthening individuals - by increasing emotional resilience through interventions designed to promote self-esteem, life and coping skills, e.g. communicating, negotiating, relationship and parenting skills
- Strengthening communities by increasing social support, social inclusion and participation, improving community safety, neighbourhood, environments, promoting childcare and self-help networks, developing health and social services which support mental health, improving mental health within schools and workplaces e.g. through anti-bullying strategies and mental health strategies.
- Reducing structural barriers to mental health - through initiatives to reduce discrimination and inequalities and to promote access to education, meaningful employment, housing, services and support for those who are vulnerable.

Making It Happen – A guide to delivering mental health promotion identifies several factors that have an impact on mental well-being.

It makes a distinction between factors associated with poor mental health (referred to as risk factors) and preventative factors (i.e. those that tend to increase mental good health or reduce the likelihood of mental illness).

Preventative factors include; economic security, good physical health, school achievement, a supportive relationship or social network and opportunities for personal achievement.

Conversely, associated (risk) factors include; poverty, unemployment, poor housing, bereavement, a family history of psychiatric disorder, caring for someone with an illness/disability, misuse of drugs or alcohol and family breakdown.

A Mental Health Promotion strategy can be effective by seeking to strengthen preventative factors and minimising risk factors within its target population. Clearly, this involves changes to public policy far outside the remit of mental health services, and hence the importance of mental health promotion principles being linked to wider community strategies.

Key Lessons from health promotion relevant to mental health

- Combine individual and structural strategies with advocacy.
Work with an array of public and private sectors, not just the health sector.
Emphasize positive mental health as well as prevention and treatment.
Use professional tools for programme planning, implementation and evaluation.
Strive to increase people’s control over their own mental health.
Avoid over-dependence on “expert-driven” approaches.
Adopt a capacity building approach with individuals and communities.

What Can We Do?

A successful mental health promotion strategy depends upon addressing cultural, psychosocial, economic as well as individual lifestyles and behaviour.

The three ‘E’s’ model for lifestyle change is a useful framework to begin to look at and decide how best to promote and improve mental health, well being and social inclusion. All three of these elements are essential and interdependent.

Encouragement

Motivating and prompting people to make the necessary changes to their lifestyles and triggering action. (adverts, leaflets, one to one advice, campaigns etc.)

Suggested Initiatives:

- Incentives for ‘active transport’ e.g. cycling and walking to work and school
- Education and promotional messages e.g.
- Media Campaigns: anti-discrimination and stigma
- Spiritual dimensions of mental health
- Sports settings for the development of social connections between young people and between them and significant adults

However, it is unlikely to be effective or sustainable across Redbridge without Empowerment.

Empowerment

We need to give people the knowledge and understanding of the benefits of good mental health. We need to give them the practical life skills to adopt these healthy behaviours and we need to give people the confidence and self-esteem in both an individual and collective sense to take on this empowerment and use it.

Suggested Initiatives:

- Personal, social and health education (PHSE) work in schools
Teaching principles of mental and emotional well-being
- Physical education, sports and other physical activities in schools.
- Working with specific communities to understand their needs to achieve mental health and social well-being.
- Programmes working with new mothers and young families to support and encourage emotional well-being.
- Mental health interventions at work (stress prevention programmes)
- Programmes targeted at vulnerable groups
- Social support to old age populations (befriending)

It’s effectiveness can be greatly boosted by Environment.

**Environment**

We must make changes to the social, cultural, economic and physical surroundings within which people live, work and play to make the healthy choices the easy choices. This includes tackling social exclusion, disadvantage and poverty.

Suggested initiatives:

- Strengthen Social Networks
- Strengthen Community Ties
- Healthy school policies
- Safe walking and cycling routes
- Town panning that discourages car use
- Good quality, affordable housing
- Cheaper and easier access to leisure and sports facilities
- Culturally sensitive exercise facilities
- Redesigning practices in offices and other workplaces, to enable employees to have greater controls

Work environments that facilitate mutual support between colleagues
- Jobs should be made as secure as possible
- Policy makers should be aware of the wider consequences for employees and the organisation when implementing change to improve efficiency.

**Monitoring and Evaluation**

Monitoring and evaluation is an integral part of any health promotion initiative and is especially important with mental health promotion. Monitoring and evaluation helps ensure that the initiatives are beneficial and not harmful, and that best use of scarce resources are made.

A number of reviews detail the effectiveness of mental health promotion initiatives. However, it is beyond the scope of this strategy to detail appropriate evaluation and monitoring techniques.

Nevertheless, it is essential that appropriate methods are built into any projects from the outset and continued throughout the project and widely disseminated.

The performance in the NSF highlight that performance will be measured via:

- Improvements in the psychological health of the population as measured by the National Psychiatric Morbidity Survey
- Reduction in Suicide Rates

However, there are a range of issues in measuring morbidity at a population level
such as: time lags between intervention and outcome; difficulties in isolating effect of intervention; bias and the use of alternative indicators that demonstrate a relationship to mental health and well-being.\textsuperscript{53}

**Settings for Mental Health Promotion**

With limited resources and capacity and with such a wide range of possible initiatives and interventions decisions will have to be made about where to focus efforts.

What balance between prevention and promotion? How much of the available resources should go into lifestyle changes to prevent mental health problems and how much into treatment?

Decisions have to be made about priority interventions and target groups

**Redbridge Local Strategic Partnership needs to:**

- make mental health promotion a key priority and seek multi-agency commitment to address it

**Redbridge Local Authority needs to:**

**Redbridge PCT needs to:**

**The Children’s Trust needs to make sure that:**

**Major employers in Redbridge (Local authority, NHS, private businesses need to:**

**General Practices need to:**

**People in Redbridge need to:**

**Third Sector needs to:**

**Police needs to:**

**Schools needs to:**

**Neighbourhood and Communities need to:**

**Nelmht Needs to:**

**Media needs to:**
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