

Mental Well-Being Promotion

Brief outline of the issue

What is mental well-being?

The World Health Organisation defines mental health 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.”*

Why is it important?

Mental well-being was identified as an important area for action in the Director of Public Health Annual Report II (2008). It identified how good mental health and mental wellbeing underpin and interact with the wider physical and social aspects of health and well-being. For example:

- Mental health problems are common and have a significant impact upon health: one in six of the adult population experiences mental illness at any one time. This is an estimated quarter of all disease suffered at any one time.
- Poor mental health/stress-related illness costs the national economy around £77 billion a year.
- Mental health influences physical health: the risks of heart disease are estimated to be twice as high for people with depression or mental illness and 1.5 times for those who are generally unhappy.
- Poverty and inequality occur as a result of mental illness, and poverty and inequality cause or exacerbate psychological problems. Promotion of mental wellbeing will increase self-esteem, community cohesion, and economic prosperity.
- People with mental health problems have high use of all health services for mental and physical health problems: mental health problems occupy one third of GP time.

The challenge is to measure the level of poor mental well-being in Oxfordshire, make sense of the diffuse nature of the topic area, identify gaps and prioritise action, and make existing work more joined up.

What work is taking place now?

Public Health is developing a mental well-being promotion strategy for Oxfordshire. To develop this it has:

- established a steering group consisting of the NHS, county council and voluntary sector;
- conducted a needs assessment;
- mapped existing mental well-being activity,
- engaged with the public via a survey;
- engaged with stakeholders via a workshop event;
- communicated with clinicians via Practice Based Commissioning (PBC) newsletters.

Much activity already takes place within Oxfordshire to improve mental well-being through cross-sector partnership work, the NHS, the county and district councils, and the voluntary sector. Areas where good work is taking place include: crime and disorder, housing, employment, Black & Minority Ethnic (BME) groups, schools, children and young people and Huntercombe Young Offenders Institution.

What are the barriers/ challenges and how are we solving them?

- Funding is separated between children/young people and adults. It is focused at tiers 2 and 3. Although mental health promotion is identified in the adults pooled budget there is no money attached to it.
- There is no baseline and hence identifying broad based measures of well-being is difficult.
- Much activity to promote mental well-being is interdependent on other strategies, programmes and work streams.
- Evidence of effective interventions is limited.
- There is lack of clarity as to which agency is accountable – NHS, Oxfordshire County Council, district councils.
- Mental well-being is a diffuse topic with unclear boundaries. Some of the influences on mental well-being are not easily in our control e.g.: friends and family as protective factors.
- Stigma surrounding mental un-wellness affects all elements of mental well-being promotion and cultural change within communities and groups is needed.

We are approaching these barriers pragmatically by being clear with all involved that this is a challenging, broad and complex area with no easy answers. We are mapping the total area and breaking it up into defined manageable chunks and for each chunk we are creating clear actions based on the best evidence available and best fit measures.

How will we improve mental well-being in Oxfordshire?

The mental well-being promotion strategy is currently being drafted. The following section identifies five emerging themes from this process and associated outcomes. It also includes a selection of actions which could be progressed to affect these outcomes.

1. REDUCING HEALTH INEQUALITIES

How do we know this is a problem? What baseline information do we have?

Adults and children from disadvantaged backgrounds are more likely to experience mental well-being and mental health problems.

- Adults with mental health problems are more likely to belong to socioeconomic class V and least likely to belong to socioeconomic class I.
- Oxfordshire has 12 Lower Super Output Areas among the 20% most deprived in England and 23 among the 20% most deprived in England for Child Poverty.

What could we do?

Commission Mental Health First Aid (MHFA) training with professionals and community leaders in areas of deprivation.

MHFA trains people to identify people with signs of mental distress and provide early support. Academic evaluation shows benefits five to six months post training in: improved helping behaviour, greater confidence in providing help, decreased distance from people with mental health problems, and positive health benefits to participants themselves.

How could we measure this?

Outcome: More adults and children with mental health problems living areas of deprivation receive support at an early stage

- Outcome indicator: X% increase in people accessing psychological therapies in primary care
- Process indicator: X% professionals working with adults and children in areas of deprivation are trained to deliver Mental Health First Aid
- Process indicator: X% of those trained have given help to someone who had a mental health problem within six months of completing training

2. WORKPLACES

How do we know this is a problem? What baseline information do we have?

- Oxfordshire County Council had 247 episodes of long term sickness with 26% due to stress, anxiety or depression between January and September 2008.
- Problems at work were the third highest issue negatively affecting people's own mental well-being (16%) in the mental well-being public engagement.

What could we do?

Commission a mentally healthy work places programme with the NHS, Oxfordshire County Council, the District Councils and their contractors.

Workplaces help people develop a sense of purpose in life and a personal identity. If people are satisfied with their job they are more likely to be satisfied with their life. Work can also be a source of stress and have a negative affect on mental well-being, for example through lack of control, over-work, under-utilisation of skills etc. When combined the NHS, Oxfordshire County Council and the District Councils employ a vast number of people, and contract work to many small organisations where mental well-being of staff is often low down the priority list.

How could we measure this?

Outcome: More workplaces will actively promote mental well-being

- Outcome indicator: X% reduction in staff absence due to work-related stress, anxiety and depression
- Process indicator: Oxfordshire County Council, each District Council and x% NHS organisations will have mentally healthy workplace policies
- Process indicator: X% of new contracts with suppliers will include clauses to put mentally healthy workplace policies

3. PUBLIC ATTITUDES TO MENTAL HEALTH (STIGMA AND DISCRIMINATION)

How do we know this is a problem? What baseline information do we have?

- Fear of stigma was a key issue identified by the mental health commissioning engagement, particularly for BME communities.
- National research tells us BME groups do not seek help at an early stage due to reasons including stigma and fear of discrimination.
- An Oxfordshire County Council survey asked people with mental health problems about perceived barriers to returning to work. 55% cited lack of support from their employer or line manager; 51% attitudes of colleagues; 21% fear of being sacked or encouraged to leave due to illness; and 10% hostility from their employer or line manager.

What could we do?

Commission a social marketing programme to challenge negative public attitudes of specific population groups such as employers, health professionals and BME groups and reduce the fear of stigma by people experiencing mental health problems

Influence decision makers, policy makers and elected members to consider mental well-being and stigma and discrimination in all activities.

Evidence and Government guidance tells us awareness raising approaches alone are unlikely to achieve further improvement in health and campaigns targeted at the general public, to counter negative attitudes, have little impact whereas targeted campaigns are more effective. The Government White Paper *Choosing Health** recommends using social marketing. This is the use of commercial marketing techniques to achieve specific behavioural goals. It follows a process: scope, develop, evaluate, follow-up.

How could we measure this?

Outcome: More effective and targeted activities to reduce stigma and discrimination take place

- Outcome indicator: x% employers, health professionals, BME groups and people experiencing mental health problems receive messages about anti-stigma
- Process indicator: Each stage of the process is completed to time
- Process indicator: Each district council has an active, committed mental well being champion

* *Choosing Health, Making Healthy Choices Easier* (2004), is a Government White Paper which sets out the key principles for supporting the public to make healthier and more informed choices in regards to their health. It provides information and practical support to get people motivated and improve emotional wellbeing and access to services so that healthy choices are easier to make.

4. UNEMPLOYMENT AND DEBT

How do we know this is a problem? What baseline information do we have?

- The number of people in debt in the UK is increasing rapidly. In 2003 about a third of adults had some form of unsecured debt (overdrafts, personal loans, credit cards), over and above what they could pay off at the end of the month.
- Unemployment is associated with social exclusion and a greater incidence of self harm, depression and anxiety.
- With the current economic climate unemployment and debt problems are expected to rise in Oxfordshire.
- Employment was the top issue cited in the mental well-being survey which would improve people's mental well-being (19%), followed closely by financial stability (14%).

This topic is a wider cross-partnership issue, and is also on the agenda of other partnerships including the Oxfordshire Partnership.

What could we do?

Improve access to financial support by running a social marketing or communications programme to reduce stigma associated with coming forward for help with financial difficulties.

The British economy is built on borrowing and credit-cards, store-cards and loans are all freely available. As a nation we avoid talking about money and are shy about coming forward for financial support. Citizens Advice Bureau runs countywide debt advice services but access could be improved by tackling the root causes of those who are reluctant to come forward for advice.

How could we measure this?

Outcome: More people have access to support for debt problems

Outcome indicator: x% increase in the number of people accessing support for debt problems

Process indicator: X% people in the target population are reached via the programme

5. CHILDREN AND YOUNG PEOPLE

Improving mental well-being for children and young people is a priority for the Children and Young People's Trust. However in the process of developing the mental well-being strategy we identified family breakdown as a key issue.

How do we know this is a problem? What baseline information do we have?

- Anecdotally around 70% of young people in contact with Primary Child and Adolescent Mental Health Services (PCAMHS) have experienced family break-down and this has been a contributory factor in their presentation.

What could we do?

Commission a programme of training for staff in direct contact with young people (youth workers, teachers etc.) and peer supporters in schools, to give early support and signposting advice.

Commission evidence based support services for these young people

How could we measure this?

Outcome: More children and young people receive support with family break up from universal services (eg: GPs, school nurses, teachers, youth workers and health visitors)

Outcome indicator:	X% reduction in children accessing PCHAMS with family breakdown as a contributory factor
Process indicator:	X% of staff and peer supporters in schools receive training
Process indicator:	x% people trained have supported a young person experiencing family breakdown within six months of completing their training

Recommendations to the Board

We would like the Board to support us in tackling these barriers by:

- championing the strategy with other key partnerships within the county;
- support the strategy group in advocating for funding;
- members of the Board to consider how they could implement the recommendations in this paper both in partnership and as individual organisations.

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