

Stoke-on-Trent Public Mental Health Strategy 2017 -20

# Feeling Good and Doing Well

Supporting Good Mental Health and Wellbeing for  
People in Stoke-on-Trent



# Stronger Together

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# STRONGER TOGETHER

*Working together to create a stronger city we can all be proud of*



**Support our residents to fulfil their potential**



**Work with residents to make our towns and communities great places to live**



**Support vulnerable people in our communities to live their lives well**

- Protect and improve mental and physical health and wellbeing

- Involve communities in making each town and neighbourhood a great, vibrant and healthy place to live and work

- Reduce the risk of harm and neglect to vulnerable adults and children
- Enable and support more people to live independently and safely
- Improve quality of life, independence and choice for vulnerable adults
- Improve health and wellbeing of vulnerable groups

The Stronger Together Strategic Plan 2016-20 sets out the vision and overarching priorities and objectives for the Council for the next four years. The diagram above shows how supporting good mental health and wellbeing for people in Stoke-on-Trent will contribute to the achievement of that vision. This document focuses on how improvements in public mental health will be delivered over the next three years.

This Plan is rooted in the values that underpin the Stronger Together vision, working as One Team, with One Vision to deliver the best possible outcomes for our residents and the city. Extending and cementing partnerships with organisations and groups across the city is at the heart of this approach and holds the key to ensuring the people of Stoke-on-Trent are able to fulfil their potential.

# Foreword

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**Councillor Ann James**  
Cabinet Member for Health and Social Care

Public mental health is fundamental to the physical wellbeing, quality of life and life chances of our local population. The state of an individual's mental health has an influence across all areas of their life, from their educational attainment, employment opportunities and ability and motivation to engage in healthy behaviour to their risk of premature mortality and suicide.

This strategy for improving public mental health in the city aims to improve population wellbeing, and to contribute to reducing the local suicide rate. Activity to achieve this will take place across settings and across all ages.

The broad priorities set out in the strategy have been informed by engagement with a wide range of organisations with an interest in public mental health and suicide prevention alongside research and consultation with local communities.

We will continue to work with these same stakeholders and partners as we develop and implement the more detailed plans needed to achieve our aspirations for public mental health.

Over the next three years, we will work to build more mentally healthy communities and workplaces, to reduce loneliness, to support the mental health and wellbeing of children and families and enable individuals to increase their personal wellbeing and resilience. We will also take action to prevent suicide in the city.

We look forward to working with local people, communities and our organisational partners to achieve these important priorities and ultimately better mental wellbeing for everyone in Stoke-on-Trent.

# Stoke-on-Trent Public Mental Health Strategy 2017 – 20



## Outcomes:

- To improve levels of personal wellbeing\* for people living in Stoke-on-Trent
- To support a reduction in the suicide rate\*\* in Stoke-on-Trent as part of the Suicide Prevention Strategy and Action Plan

## Priorities:

- Support the mental health and wellbeing of families with children and young people
- Leadership and advocacy to make mental wellbeing everyone's business
- Support social action for wellbeing
- Create mentally healthy communities and workplaces
- Reduce loneliness and social isolation
- Take action to prevent suicide

\* Source: Office of National Statistics, Annual Population Survey (adults aged 16 and over) personal wellbeing measure.

\*\* From 10.5 per 100,000 persons (aged 10 and over) 2013 - 15 mortality from suicide and injury of undetermined intent. Source: Public Health Outcomes Framework Suicide; directly standardised rate per 100,000 (3 year average) (Persons aged 10 and over)

# Priorities



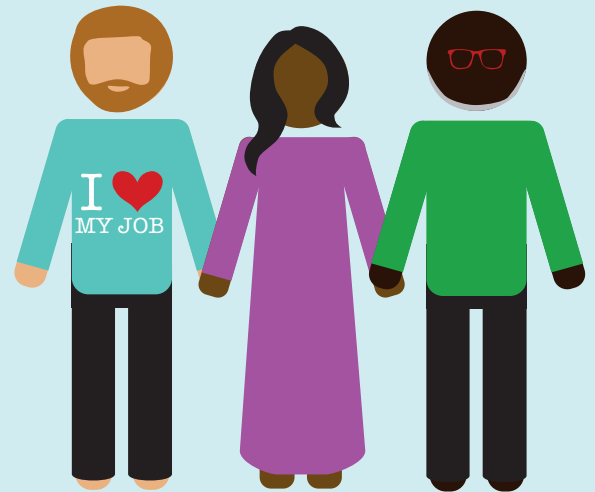
**Support the mental health and wellbeing of families with children and young people**



**Leadership and advocacy to make mental wellbeing everyone's business**



**Support social action for wellbeing**



**Create mentally healthy communities and workplaces**

**Reduce loneliness and social isolation**



**Take action to prevent suicide**



# The importance of population mental health



Mental health and wellbeing has a significant impact on a broad range of outcomes for people of all ages and backgrounds. These include:

- educational attainment, skills, income, employment and productivity
- relationships, social interaction and participation
- risk-taking behaviours such as smoking and substance misuse
- anti-social behaviour and criminality
- physical health, life expectancy, suicide risk and resilience

Improving population mental health and wellbeing therefore has the potential to make a significant contribution to improving lives in Stoke-on-Trent across a broad range of areas such as education, the economy, community safety and engagement as well as the wider health and public health agendas.

There is an equally compelling case for action to prevent mental health problems. **Mental ill-health is the largest single cause of disability in the UK, and the associated personal, social and economic costs are considerable - estimated at £105.2 billion each year in England<sup>1</sup>.** No other area of health “combines frequency of occurrence with persistence and breadth of impact to the same extent”<sup>2</sup>. While many people with severe and long-term mental health problems do enjoy a high level of wellbeing, for others, living with mental ill-health can be distressing and impact on every area of life, limiting their potential and life-chances. There are also impacts for the wider community and economy, with costs to employers in terms of reduced productivity, to the criminal justice system, homelessness services and to the welfare system, with mental health problems being the most common reason for Incapacity Benefit claims.

Mental health problems can be a cause as well as a consequence of disadvantage, and contribute to cycles of inequality across generations. The poorest levels of mental wellbeing are found in the most deprived communities, and people with mental health problems will often have fewer qualifications, greater difficulty finding and maintaining work, lower incomes, and be more likely to be homeless or insecurely housed.

The inequalities faced by people living with mental health problems are both significant and unacceptable. **People with serious mental illness die on average 20 years earlier than the wider population**, and the stigma and discrimination experienced by many exacerbates the direct effects of their condition and severely damages their quality of life and life-chances.

<sup>1</sup> Centre for Mental Health, 2010; The Economic and Social Costs of Mental Health Problems

<sup>2</sup> HM Government, 2011; No Health without Mental Health

## The local challenge

Significant numbers of people in Stoke-on-Trent experience poor mental wellbeing. Office of National Statistics data indicate that over 46,000 (23.2%) people in the City experience high anxiety, over 22,000 (11%) low happiness, and over 10,000 (5.2%) report low levels of satisfaction with life. A further 7,800 of our population do not feel the things they do in life are worthwhile. Although reported levels of personal wellbeing in Stoke-on-Trent increased between 2011/12 and 2015/16, current levels of life satisfaction, feeling worthwhile and happiness in the city remain below the England average. Between 2014/15 and 2015/16, feelings of happiness fell across the city and anxiety increased.

An estimated 9,462 households (8.3%) in the city carry the highest risk of loneliness and isolation. Risk factors include living alone, low income, long-term unemployment, limiting health conditions and lack of transport, meaning that loneliness is likely to be a significant feature of life for many people in the city. Loneliness and social isolation are associated with higher morbidity and mortality and can lead to an increased risk of cognitive decline, dementia, depression and suicide in older age<sup>3</sup>.

The suicide rate in Stoke-on-Trent has also been particularly high in recent years compared to regional and national averages, and whilst we are now seeing a declining trend, suicide remains an important cause of premature and preventable death.

The local public mental health challenge is therefore considerable and will require action at a number of levels and across many settings if an improvement in population wellbeing is to be achieved. Action on the social determinants of health is fundamental to this; at a macro level through the City's successful strategy to strengthen the economy and create jobs alongside efforts to address hardship and the impacts of welfare reform, at a community level through asset-based community development and volunteering programmes, and at an individual level through the implementation of evidence-based programmes to support prevention and early intervention. This wider action in support of public mental health is particularly important in Stoke-on-Trent given its levels of deprivation and the socio-economic challenges to health and wellbeing that many local people face. Taking a Healthy City approach and working together with others such as primary care, education, housing, employment, transport, planning, the voluntary and community sector and the residents of Stoke-on-Trent to 'make mental health everyone's business' will be crucial.

Improving emotional wellbeing and mental health has been identified as a priority in the Stoke-on-Trent Joint Health and Wellbeing Strategy and by the Adult Strategic Partnership and Children and Young People's Strategic Partnership in their plans for 2016 - 2020. This strategy and the action plan that follows have been informed by local insight and stakeholder consultation with a range of partners.



<sup>3</sup> <http://www.campaigntoendloneliness.org/threat-to-health/>

# Actions

This strategy outlines the key priorities for action to improve the mental health and wellbeing of the local population, increase understanding of mental wellbeing and to reduce stigma for those who experience mental distress. It sets out actions that are specific to improving mental health and includes universal interventions to promote good mental health and build resilience across all ages, as well as targeted prevention and early intervention for those who are at most risk of mental health problems.



## Supporting the mental health and wellbeing of families with children and young people

A good start in life and positive parenting are fundamental to good mental health and wellbeing<sup>4</sup>. **Half of all adult mental health problems are established by the age of 14<sup>5</sup>**. Enabling children to be physically and emotionally healthy, build resilience and achieve their full potential is the foundation for a healthy and productive adulthood<sup>6</sup>.

Our actions to support the mental health of families with children and young people include to:

- Ensure appropriate mental health assessment, consistent support and signposting forms a key part of frontline pre-and post-natal services for all mothers/carers and that paternal mental health needs are also considered
- Promote positive parental mental health, highlighting its importance for the wellbeing of the child and family and offer appropriate evidence-based support to facilitate improved family mental wellbeing
- Support a whole-school approach to wellbeing through building skills to improve mental wellbeing and raising awareness of mental health with staff and pupils to recognise risk factors, signs and symptoms and respond appropriately
- Support young people to develop life skills, build their resilience and self-esteem both in healthy schools and wider environments and provision
- Support schools to develop as mentally healthy workplaces

<sup>4</sup> HM Government, 2011; No Health without Mental Health

<sup>5</sup> The Mental Health Taskforce, 2016; The Five Year Forward View for Mental Health

<sup>6</sup> Public Health England (PHE), 2014; From Evidence into Action: Opportunities to Protect and Improve the Nation's Health



## **Leadership and advocacy to make mental wellbeing everyone's business**

At least one in four of us will experience a mental health problem at some point in our life and the associated costs to society are considerable. Nonetheless, mental health has historically received less attention and investment compared with physical health. To redress the balance, there is now a drive for 'parity of esteem' between physical and mental health<sup>7</sup>. This should be reflected in services which tackle the association between physical and mental health issues and which ensure the health improvement needs of people experiencing mental distress are effectively met. Strong leadership and advocacy are essential if parity of esteem for public mental health is to be effectively pursued.

Leadership and advocacy are also needed more broadly to ensure the principle of public mental health as everybody's business is understood and acted upon. Everyone has a part to play in improving good mental health and wellbeing and challenging stigma and discrimination.

Actions for leadership and advocacy to make mental health and wellbeing 'everyone's business' include to:

- Ensure equity of health improvement provision for people with mental health problems and embed mental health improvement across public health programmes/services
- Support a senior Elected Member/officer to provide advocacy and leadership for public mental health and work towards ensuring that mental health receives equal status to physical health
- Embed public mental health into Healthy Urban Planning to ensure the mental wellbeing impact of decisions, policies, projects and services is considered and addressed
- Support communities, organisations, workplaces and services to use the Five Ways to Wellbeing by co-producing a Five Ways toolkit, training and resources for key target groups
- Support individuals to develop coping skills and resilience throughout their life, facilitate effective self-help and encourage early access to support

## **Support social action for wellbeing**

Participation in meaningful activities, such as belonging to community or voluntary groups, supports good mental health and healthy ageing; providing a sense of identity and purpose and reduces the likelihood of experiencing depression<sup>8</sup>. The community-centred approaches identified by Public Health England (PHE) and NHS England<sup>9</sup> as key to improving health and wellbeing include strengthening communities through social network and asset-based approaches, developing volunteer and peer roles, collaboration and partnership working (such as WHO Healthy City, Age Friendly City and Sustainable Food City programmes) as well as increasing access to community resources through initiatives such as social prescribing and the Better Information Better Health work with libraries.

Our actions to support social action for wellbeing include to:

- Build a large-scale cohort of informal and formal volunteers across the city, identifying and growing existing assets to strengthen local communities
- Inspire and support people who wish to move closer to training, education and employment, particularly in health and social care fields
- Implement programmes to facilitate and develop community social action, in line with the city council's community engagement approach, to ensure local people have a real voice and influence in decisions affecting their lives and providing opportunities for people to improve health and wellbeing in the city.

<sup>7</sup>NHS England [online] Valuing mental health equally with physical health or "Parity of Esteem" <https://www.england.nhs.uk/mentalhealth/parity/>

<sup>8</sup>Mental Health Foundation & Age UK, 2006; Promoting mental health and well-being in later life.

<sup>9</sup>PHE 2015; A guide to community-centred approaches to health and wellbeing

## Create mentally healthy communities and workplaces

There is extensive evidence that connected and empowered communities are healthy communities; the quality of community life, social connectedness, equity and people having a voice in local decisions and control over their lives are all factors that enhance both individual and population physical and mental health<sup>10</sup>.

Within a workplace setting features that protect good mental health include adequate pay, skills training, opportunities for progression and workers having a sense of control and the opportunity to participate in decision making<sup>11</sup>. Positive job and life satisfaction can increase productivity and creativity as well as reduce sickness absence<sup>12</sup>. In the UK 70 million working days are lost each year due to mental ill-health.

Our actions to create an environment in which people are enabled to improve their own health and wellbeing and that of their community or workplace include to:

- Provide evidence-based mental health awareness training for frontline staff and volunteers across a range of organisations to promote early and appropriate intervention and self-help for mental wellbeing
- Work with partners to develop and implement effective models of signposting and social prescribing which support mental wellbeing by linking people to non-medical sources of support in the community.
- Develop a partnership approach to reducing the stigma and discrimination associated with mental ill-health, involving leadership and co-ordination by people with lived experience
- Implement a local Time to Change campaign as part of the public health communications plan and in line with national campaign materials/guidelines
- Develop Stoke-on-Trent as an Age Friendly City, promoting healthy and active ageing. This will involve the delivery and evaluation of an action plan responding to the identified priorities of older people (e.g. transport, loneliness) and working with older people as partners and advisors
- Provide a workplace health programme for local employers with mental health and wellbeing as a core component
- Recruit and support individuals to champion mental health and wellbeing within workplaces



<sup>10</sup>PHE, 2015; A guide to community-centred approaches to health and wellbeing

<sup>11</sup>World Health Organisation (WHO), 2014; Social Determinants of Mental Health

<sup>12</sup>PHE and UCL Institute of Health Equity, 2015; Local action on health inequalities. Promoting good quality jobs to reduce health inequalities.

## **Reducing loneliness and social isolation - across all ages but with a particular focus on older people**

The experience of loneliness can occur at all stages of life as the risk factors are many and varied, including poor health, sensory impairment, loss of mobility, caring responsibilities, bereavement, long-term unemployment, retirement and low income. The wider environment can also fail to support social connection through problems such as stigma and discrimination, fear of crime and poorly designed, or lack of, transport, meeting spaces and facilities. Older people are particularly affected by loneliness as the risk factors increase and converge with age. Partnership working is key to achieving outcomes around loneliness and social isolation and the importance of involving local people in the co-production of interventions to address loneliness is vital to ensuring their success.

Actions to reduce loneliness and social isolation include to:

- Raise the profile of loneliness as an important local issue and destigmatise the experience of loneliness, increasing community awareness of the signs of loneliness and how to respond
- Encourage services to help identify lonely individuals, understand why they are lonely and support people to reconnect with appropriate community activities or services (such as through social prescribing)
- Develop the ability of communities to meet the needs of all groups affected by loneliness and improve the quantity and quality of people's relationships
- Develop the required infrastructure support (such as transport and technology) to reduce isolation and loneliness and promote safe social interaction and participation
- Create the right structures and conditions in the local environment to reduce loneliness such as through Healthy Urban Planning, asset based community development, volunteering, opportunities for learning and sharing experiences and positive ageing including the Age Friendly Cities initiative.

## **Take action to prevent suicide**

Although depression is recognised as a contributing factor in the majority of suicides, less than a quarter of people who take their own lives are in touch with mental health services at the time of their death. This highlights the need to raise awareness of suicide prevention and the factors which may lead to suicide and to reduce the stigma associated with mental ill-health. Developing resilience in individuals and communities is also critical so that people feel better supported and able to cope with adversity.

To help reduce the local suicide rate we will develop and implement a comprehensive approach to suicide prevention across the City based on the following five 'pillars':

- Effective leadership - involving relevant services, community organisations and individuals
- An action plan - which both responds to locally identified issues and includes capacity building and evidence-based methods for suicide prevention. Key strands within the local plan and suicide prevention strategy include to:
  - Build resilience (supporting individuals and communities to build resilience to help them deal with life's ups and downs through mental health improvement provision)
  - Raise awareness and reduce stigma (including encouraging people to talk about the way they feel)
  - Train frontline staff (particularly those working with those most at risk of suicide to increase awareness of risk factors and recommended approaches to supporting someone in crisis)
  - Work with the media (promoting responsible reporting of deaths by suicide)
  - Manage & respond to risk (primarily a responsibility for mental health services)
- Gatekeeper training – ensuring an appropriate number of suicide prevention gatekeepers have been trained in relation to the size of the population
- Support for people bereaved by suicide
- Mental health promotion – the pillar covered by this strategy



City of  
**Stoke-on-Trent**

[stoke.gov.uk/health](https://stoke.gov.uk/health)