

# South Tyneside Emotional Health and Well-being Action Plan

2010 - 2013



For further information on this Action Plan, please contact Dr Catherine J Mackereth, Public Health Lead, South Tyneside PCT, Clarendon, Windmill Way, Hebburn, Tyne & Wear, NE31 1AT, Tel: 0191 283 1424, email: [catherine.mackereth@sotw.nhs.uk](mailto:catherine.mackereth@sotw.nhs.uk)

This Action Plan was prepared for South Tyneside Primary Care Trust by Sandra King, Sandra King Associates, [www.sandrakingassociates.com](http://www.sandrakingassociates.com) with help from Catherine Mackereth and Lynn Bradford at South Tyneside Primary Care Trust.

## Executive Summary

The purpose of this South Tyneside Emotional Health and Well-being Action Plan is to promote positive emotional health and well-being for all adults across South Tyneside.

In order to promote emotional health and well-being, it is recognised that we need to work at three interconnected and interdependent levels:

- **Strengthening individuals** - Through increasing emotional resilience through activities to promote self-esteem and develop life skills such as communicating, negotiating, relationships, and parenting skills.
- **Strengthening communities** – Through increasing social support, social inclusion and participation, improving community safety and neighbourhood environments, promoting childcare and self-help networks, promoting mental health in schools and workplaces.
- **Reducing structural barriers to mental health** – Reducing discrimination and inequality in society and promoting access to education, employment, housing and support for people who are vulnerable.

The actions within this Action Plan are aligned to the five aims of the NHS South of Tyne and Wear (SoTW) Emotional Health and Well-being Strategy 2010-2020 (see Appendix 1):

**Aim 1:** To improve the emotional health and well-being in the population

**Aim 2:** To improve the emotional health and well-being in people who may need extra support

**Aim 3:** To combat stigma and discrimination with regard to mental illness

**Aim 4:** To promote partnership working between statutory and voluntary agencies and local communities to address deprivation and social inclusion, and develop joint commissioning opportunities through an assets based approach

**Aim 5:** To promote and commission research and evaluation on mental health promotion and to improve the measurement of emotional health and well-being

The actions also reflect the aims in New Horizons, the national cross-government policy document for mental health. Launched in December 2009, New Horizons sets out a programme of action with twin aims:

- to improve the mental health and well-being of the population
- to improve the quality and accessibility of services for people with poor mental health

The evidence base for cost effective interventions to improve emotional health and well-being is already robust and is growing stronger all the time. This evidence base has been used to influence the actions within the Action Plan.

This Action Plan covers the period 2010/13, and will be owned by the South Tyneside New Horizons Partnership (Improving Mental Health and Well-being).

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## 1. What is meant by Emotional Health and Well-being?

The terms “emotional health and well-being” and “mental health” are often used interchangeably. However, “mental health” is often used instead of “mental illness”. For this reason, “emotional health” is the term used within this Emotional Health and Well-being Action Plan (Action Plan), which refers to a positive state, not just an absence of mental disease or illness.

Well-being is defined as:

“A positive state of mind and body, feeling safe and able to cope, with a sense of connection with people, communities and the wider environment.”

In order to promote emotional health and well-being, it is recognised that we need to work at three interconnected and interdependent levels:

- **Strengthening individuals** - Through increasing emotional resilience through activities to promote self-esteem and develop life skills such as communicating, negotiating, relationships, and parenting skills.
- **Strengthening communities** – Through increasing social support, social inclusion and participation, improving community safety and neighbourhood environments, promoting childcare and self-help networks, promoting mental health in schools and workplaces.
- **Reducing structural barriers to mental health** – Reducing discrimination and inequality in society and promoting access to education, employment, housing and support for people who are vulnerable.

## 2. Background

This Emotional Health and Well-being Action Plan has been developed to improve the emotional health and well-being of the population of South Tyneside. It supports the NHS South of Tyne and Wear Emotional Health and Well-being Strategy 2010-2020 (see Appendix 1 for an Executive Summary), which was produced in response to the comprehensive Mental Health Needs Assessment, carried out across South of Tyne and Wear, and published in 2009 (available to download from [www.cehi.org.uk](http://www.cehi.org.uk)). The actions in this Action Plan are structured around the five aims in the Strategy, and should be read in conjunction with the Strategy and the Mental Health Needs Assessment, which give extensive background information.

There are a number of other local documents that have influenced the development of the Action Plan. These include the Spirit of South Tyneside (Sustainable Community Regeneration Strategy and Local Area Agreement, available to download at [www.southtyneside.info](http://www.southtyneside.info)) and the South Tyneside Joint Strategic Needs Assessment 2009 (available to download from [www.sotw.nhs.uk](http://www.sotw.nhs.uk)).

South Tyneside Council also has a strong role to play in improving Emotional Health and Well-being, through The Local Government Act 2000, which created a new discretionary power to promote or improve the economic, social or environmental well-being of their area.

New Horizons is the key national policy document to influence this Action Plan. Launched in December 2009, it is a cross-government programme of action with twin aims:

- to improve the mental health and well-being of the population
- to improve the quality and accessibility of services for people with poor mental health

New Horizons places strong emphasis on promoting mental health and well-being, and identifies four key guiding values:

- equality and justice
- reaching our full potential
- being in control of our lives
- valuing relationships

A copy of New Horizons can be downloaded from the Department of Health website [www.dh.gov.uk](http://www.dh.gov.uk) .

### **3. Evidence Base**

The evidence base for both effective and cost effective interventions to improve emotional health and well-being is already robust and is growing stronger all the time. A recent report from the Young Foundation, *The State of Happiness*, (available to download from [www.youngfoundation.org](http://www.youngfoundation.org)) identifies key priorities for policy, such as:

- health provision that gives as much weight to patient experience and well-being as to clinical outcomes (for example, through paying more attention to low level social supports)
- community policies that encourage neighbours to get to know each other
- parenting programmes that deliberately try to support parents' well-being as well as their children's
- planning, transport and school policies that encourage more exercise
- systematic support to isolated older people to help them create and maintain social networks
- transport and economic policies that encourage lower commuting times

A summary of effective and cost effective interventions to improve mental health and well-being has been produced for NHS SoTW by national expert Lynne Friedli (Appendix 2), and this has helped to inform the actions that are included in this Action Plan.

### **4. Scope of Action Plan**

This Action Plan acknowledges the importance of the provision of services for those with mental health problems. However, it focuses on promoting positive emotional health and well-being and preventing mental ill health. Comprehensive work on improving service provision for people with existing mental health problems is being undertaken through the Model of Care work, as detailed in Appendix 3.

This Action Plan addresses only the emotional health and well-being needs of adults, as the issues for children's emotional health and well-being are separately considered under Children's Trust arrangements. It is acknowledged that work needs to take place to improve the links between emotional health and well-being work in South Tyneside for adults and for children and young people, and this is specified within this Action Plan (action 4.1).

The emotional health and well-being of the residents of South Tyneside is affected by so many factors that it would be difficult for any action plan to cover all aspects. Where related local action plans are already in place, or being developed, i.e. for Health Inequalities, we have simply referred to these action plans, and tried to ensure that emotional health and well-being is specified within them.

There is the Increased Access to Psychological Therapy service (IAPT) within South Tyneside, which is a new service focused on people experiencing depression and anxiety. The aim is to help resolve the health and well-being difficulties of individuals and their families, and by doing so help to improve the mental well-being of the population. The IAPT service is part of South Tyneside's Primary Care Mental Health Service and is provided by NHS South of Tyne and Wear Community Health Services. The IAPT service has an important role to play in several of the actions in this Action Plan. Further details on South Tyneside IAPT are in Appendix 4.

Whilst the process of undertaking the mental health needs assessment necessarily looked at the needs of the population, which emphasises "what is wrong", within this Action Plan we aim to move towards a more positive asset based model of working. Asset based community development presents an evidence-based framework to help practitioners recognise that as well as having needs and problems, low income individuals, families and communities also have social, cultural and material assets. These are what help them overcome the challenges they face. There is a growing body of evidence that shows that when professionals begin with a focus on what individuals, families and communities have (their assets) as opposed to what they don't have (their needs) a community's efficacy in addressing its own needs increases, as does its capacity to lever in external assistance.

This Action Plan covers the period 2010/13, and will be owned by the South Tyneside New Horizons Partnership (Improving Mental Health and Well-being).

## **5. Process**

A key part of the development process for this Action Plan has been to try to secure effective engagement from a wide variety of organisations that have a role in improving emotional health and well-being in South Tyneside. With this aim in mind, a "Happiness Seminar" was held in July 2010. This was attended by 35 participants representing a significant number of South Tyneside's partnerships and forums, with representatives from the voluntary sector, local authority and the NHS. This seminar gave a valuable source of information on existing local initiatives that promote emotional health and well-being, and also areas for improvement.

A draft version of the Action Plan was widely circulated for comment during September and October 2010. Eight written responses were received, plus comments from 24 people

who attended a facilitated feedback event in October 2010. Generally comments were positive, and it was felt that the action plan was comprehensive and easy to read. Many useful comments were received and incorporated to strengthen, or to better explain, the existing actions. Also, two new actions were added as a result of the comments received.

This Action Plan has been developed in close consultation with the South Tyneside Local Implementation Team. There have also been numerous meetings held with organisations and individuals who have a key role to play in helping to shape the Action Plan.

In order to ensure that the Action Plan has a sound evidence base, Lynne Friedli, one of the leading national experts in this field, was asked to run a seminar in February 2010 on "Public Mental Health and Well-being - best buys in effective interventions". The content of this seminar was useful in shaping the content of the Action Plan.

## **6. Ownership and Reporting Framework**

This Action Plan will be owned by the New Horizons Partnership and reviewed annually. Achievements and progress will be shared with all contributors to the Action Plan by sharing the annual review outcomes. The New Horizons Partnership reports to the Independent and Healthy Lives Partnership, which in turn is accountable to the South Tyneside Local Strategic Partnership. The New Horizons Partnership also reports to the Mental Health Model of Care Project Management group, which reports to the Model of Care Programme Board, which in turn is accountable to the South Tyneside Primary Care Trust Board.

## **7. Vision**

Our Vision is to work to improve the emotional health and well-being of the population of South Tyneside by supporting individuals and communities. We will work in partnership with local people and organisations to promote social inclusion and reduce health inequalities, so improving both individual and community well-being.

## **8. Impact of Mental Ill Health**

The focus of this Action Plan is to promote positive emotional health and well-being. However, it is useful to recognise the scale of mental ill health in the UK, to illustrate the importance of this preventative work.

- One in four people will experience a mental health problem at some point in their lives
- Potentially half of mental health problems are preventable
- Mental health problems represent the single largest cost to the NHS - 11% of overall annual spend
- At any one time, just over 20% of working-age women and 17% of working-age men are affected by depression or anxiety; approximately 5% of men and 3% of women can be assessed as having a personality disorder and over 0.4% have a psychotic disorder such as schizophrenia or bipolar affective disorders.

- Half of those with common mental health problems are limited by their condition and around a fifth are disabled by it.
- Mental ill health accounted for more disability adjusted life years lost per year than any other health condition in the UK and the figures for 2004 show that 20% of the total burden of disease was attributable to mental ill health (including suicide), compared with 16.2% for cardiovascular diseases and 15.6% for cancer. No other condition exceeded 10%.
- Mental ill health begins early; 10% of children have a diagnosable mental health condition and 50% of lifetime mental ill health is present by the age of 14.

## **9. Actions**

The following tables detail the key actions that have been identified for 2010/11 and 2011/12 to improve the emotional health and well-being of South Tyneside residents. The actions have been linked to each of the 5 aims that are identified in the Emotional Health and Well-being Strategy for South of Tyne and Wear (see Appendix 1). All of these actions are also influenced by the four key guiding values from New Horizons, as detailed on page 4.

During July 2010, as the actions were being developed, significant cutbacks were announced by the Government for both Local Authorities and the NHS. Many of the actions in this action plan are either low cost, or achievable within current service re-design, and it is hoped that they should be able to be delivered even within the current financial climate.

## AIM 1: To improve the emotional health and well-being in the population

### Supporting Information:

There are numerous examples of good work that are already taking place in South Tyneside, and which will help to achieve Aim 1. Here are just a few examples of existing work:

- South Tyneside Happiness and Well-being Network, providing a forum for sharing and developing ideas to improve mental health, happiness and well-being [www.happiness-wellbeing.org](http://www.happiness-wellbeing.org)
- Good provision of parenting courses that address the emotional health and well-being needs of both parents and their children
- Activities to promote “Five-a-day for Health and Happiness” (see appendix 5)

The actions listed below will strengthen this existing work.

Action/Activity and Evidence	Lead Person/ Agency	Links to Partnership/ Forum	Time-scale	Outcomes	Method for Evaluating Activities	Funding Stream/ Costs
<p>1.1 To investigate the feasibility of increasing the capacity of local voluntary organisations to utilise volunteers, by providing in-reach time to develop their volunteering offer.</p> <p>Evidence: Volunteering provides meaningful social activity which is acknowledged as an important element in promoting emotional well-being. Also, strong social networks and perceived social support play a significant role in protecting mental well-being, preventing mental health problems and improving outcomes. Volunteering is one of the key interventions that strengthen opportunities for social contact. It is also effective in building self-confidence, self esteem and social skills.</p>	<p>South Tyneside CVS</p> <p>Public Health Lead, South Tyneside PCT</p>	<p>Local Strategic Partnership</p> <p>New Horizons Partnership</p>	<p>End Dec 11</p>	<p>Peripatetic worker in post to support voluntary organisations</p> <p>40-50 increased voluntary placements</p> <p>20-25 new voluntary organisations able to accept volunteers</p> <p>Additional support in place for volunteers with additional support needs.</p>	<p>Monitoring of increased placements</p>	<p>Funding required for peripatetic work – funding to be identified</p>

<p>1.2 New Horizons Partnership to facilitate a meeting to explore the existing work on Social Capital in South Tyneside, and to identify ways to further develop this work.</p> <p>Evidence: In local neighbourhoods, interventions to address environmental influences on mental well-being include those addressing:</p> <ul style="list-style-type: none"> <li>• social support</li> <li>• social capital (trust, mutual aid, participation, social networks)</li> <li>• built and natural environment (noise, fear of crime, poor quality housing, green space).</li> </ul>	<p>Public Health Lead, South Tyneside PCT</p>	<p>New Horizons Partnership</p>	<p>End March 11</p>	<p>Event takes place. Actions identified to strengthen work on building social capital in South Tyneside.</p>	<p>To be confirmed when actions identified.</p>	<p>No funding required for the initial meeting.</p>
<p>1.3 To investigate the feasibility of including emotional health and well-being information within existing physical activity programmes in South Tyneside.</p> <p>Evidence: New Horizons states that physical and mental health are inter-connected and that to ensure good overall health, approaches to promoting physical and mental health need to be integrated.</p>	<p>Health Interventions Officer, South Tyneside Council  Public Health Lead, South Tyneside PCT</p>	<p>New Horizons Partnership Independent and Healthy Lives Board</p>	<p>End March - 11</p>	<p>Participants are given relevant information on emotional health and well-being during the programme.  Physical activity staff attend Mental Health First Aid Training.  Physical activity staff attend emotional resilience workshops.</p>	<p>Evaluation undertaken using online evaluation tool from Lodex.</p>	<p>Funding identified for Mental Health First Aid and for emotional resilience workshops</p>

1.4 To ensure that the role that "active travel" can play in improving Emotional Health and Well-being is acknowledged and promoted through the Sustainable Community Strategy, the Local Development Framework, the Local Transport Plan and Infrastructure Delivery Plan.  Evidence: The average resident on a busy street had less than one quarter of local friends compared with those living on a similar street with little traffic. Levels of motor traffic on residential streets are associated both with poor health and weakened social cohesion. Also, increasing physical activity levels has a positive effect on individual EHWB.	Public Health Lead, South Tyneside PCT  Economic Regeneration South Tyneside Council	New Horizons Partnership  Local Strategic Partnership  South Tyneside Cabinet  Planning Committee	Ongoing	The link between Active Travel and EHWB is made.  Actions are identified to increase active travel options and promotion in South Tyneside.	Evaluation to be agreed once actions identified.	Any additional actions to be identified would need to be costed and funding sought where necessary
1.5 A session on spirituality is held by the South Tyneside Happiness and Well-being Network  Evidence: Ensure that any further actions identified are evidence based.	Happiness and Well-being Network Steering Group	Happiness and Well-being Network  New Horizons Partnership  Regional Spirituality within Mental Health North East  <a href="http://www.simhne.co.uk">www.simhne.co.uk</a>	By July 2011	The event takes place and is well attended	Event will be evaluated	No additional funding required – undertaken as part of Network's core work
1.6 Emotional resilience workshops to be delivered to frontline workers within South Tyneside. This will link to the mindfulness approach used by the Primary Care Mental Health Team.  Evidence: Strengthening people's inner	Public Health Lead, South Tyneside PCT  Washington Mind	New Horizons Partnership	By April 2011	15 Trainers in South Tyneside are trained to deliver the emotional resilience workshops by Washington Mind.	Evaluation of participants before and after training.	PCT Funding has been identified.

resources i.e. psycho-social, life skills and resilience is recognised as one the key aspects of promoting mental well-being.					150 Frontline workers are trained. Training rolled out to volunteers and key people in local communities.		
1.7 To ensure that emotional health and well-being interventions form a key part of the service provision linked to the South Tyneside Workplace Health Alliance, in order to meet the needs expressed in a recent workplace health needs assessment.  Evidence: Improving working lives i.e. people's employment and workplace, is one of the "best buys" in terms of effective ways to improve emotional health and well-being.	Public Health Team, South Tyneside PCT	South Tyneside Workplace Health Alliance  New Horizons Partnership	Ongoing		Specific emotional health and well-being interventions are undertaken as part of service provision.  Employers are aware of the IAPT service and that employees can self refer to the service.	Reduction in sickness figures in organisations after interventions	Funded by South Tyneside PCT via staff time.
1.8 To promote the role of libraries in the provision of informal lifelong learning with both the public and professionals.  Evidence: A recent economic analysis identified supporting lifelong learning (including health promoting schools and continuing education) as one of the 'best buys' in effective interventions to improve mental well-being.	Community Development Librarian, South Tyneside Council	New Horizons Partnership  Culture and Wellbeing Partnership	Ongoing		One presentation per month to professional groups i.e. Practice Manager Meetings, New Horizons Partnership etc  Articles in local media re role of libraries	No of presentations will be monitored.  Column Inches in local media.	No additional funding required, part of existing role
1.9 To investigate the possibility of establishing	Cultural Operations	New Horizons Partnership	End Sept 11		New friends of parks groups	Number of friends of	Should be achievable

<p>friends of parks groups in more of the parks in South Tyneside.</p> <p>Evidence: There is strong evidence linking access to green spaces with improved EHWB. Reasons include increasing opportunities for social contact and opportunities for physical activity. In terms of equality to all sectors, free access to Parks offers an affordable alternative to commercial leisure activities. Parks can help to develop community cohesion by getting people engaged with each other in partnerships and friendships, and increase social capital.</p>	<p>Manager, South Tyneside Council</p> <p>Public Health Lead, South Tyneside PCT</p>	<p>Culture and Wellbeing Partnership</p>	<p>established in two parks in South Tyneside.</p>	<p>parks groups increases from three (at Oct 2010) to five.</p>	<p>within current workstreams</p>
<p>1.10</p> <p>To develop an effective method for cross referral between welfare rights/benefits advisors and IAPT.</p> <p>Evidence:</p> <p>Effective local strategies to improve emotional health and well-being should include a balance of interventions to address key issues, including:</p> <ul style="list-style-type: none"> <li>• Individual skills and resilience</li> <li>• Material circumstances (income, wealth, housing, debt)</li> </ul>	<p>Stronger Communities Development Officer, South Tyneside Council</p> <p>Head of Service, South Tyneside Primary Care Mental health Service</p>	<p>New Horizons Partnership</p> <p>South Tyneside Financial Inclusion Team</p>	<p>End Oct 11</p>	<p>Two IAPT staff complete Train the Trainer Course in Mental Health First Aid (MHFA)</p> <p>15 welfare rights/benefits advisors trained in Mental Health First Aid, delivered by IAPT staff</p> <p>Referrals across the services will be facilitated by the Mental Health First Aid training.</p> <p>Referral Protocol in place.</p>	<p>Training course is evaluated by MIND</p> <p>Number of referrals</p> <p>Cost of MHFA training secured from PCT.</p>

<p>1.11 To develop “Common Knowledge” – a continuing professional development programme to promote understanding of cultural issues, focussed on engaging people in the Emotional Health and Well-being agenda.</p> <p>Evidence: There is a strong evidence base demonstrating that well run community arts and health activities can increase emotional health and well-being.</p>	<p>Director of Arts in Health, Durham University</p> <p>Public Health Lead, South Tyneside PCT</p>	<p>New Horizons Partnership</p> <p>Culture and Wellbeing Partnership</p>	<p>By Sept 2011</p>	<p>IAPT is promoting self-referral and will ensure welfare rights staff have supplies of self-referral leaflets.</p>	<p>25 Participants complete the course</p>	<p>Course evaluated by Durham University</p>	<p>Funding secured from PCT</p>
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## AIM 2: To improve the emotional health and well-being in people who may need extra support

### Supporting Information:

Actions to improve the emotional health and well-being of people who may need extra support are likely to benefit not just these people, but the general population, and vice versa. Whilst there are a number of actions for people who may need extra support listed here, it is important not to view these in isolation, but in the context of a whole population approach to improving emotional health and well-being. The groups listed below are not an exhaustive list, and the South Tyneside New Horizons Partnership will work with other groups who may need extra support.

The new Increasing Access to Psychological Therapies (IAPT) Service is in place in South Tyneside and IAPT staff will be able to support many of the actions in this section.

There are already examples of excellent work taking place in South Tyneside to support this aim, examples include:

- Accommodation and floating support services for vulnerable people, through the Supporting People programme, enabling people to stay in their own homes.
- Assertiveness and confidence building courses at Women's Health in South Tyneside for female victims or survivors of domestic abuse
- Community Payback Scheme – helping offenders gain new skills and improving the environment by helping improve green spaces and removing graffiti
- Self Care Skills Course – has increased esteem and reduced anxiety/stress for many people with long term conditions
- Green Living Project, enabling older residents in Sheltered Housing Schemes to develop their garden and outdoor areas, run by Groundwork South Tyneside for South Tyneside Homes

The actions listed below will strengthen this existing work.

Action/Activity and Evidence	Lead Person/Agency	Links to Partnership/Forum	Time-scale	Outcomes	Method for Evaluating Activities	Funding Stream/ Costs
2.1 Ante- and post-natal women: Develop recommendations from the Maternal Mental Health Needs Assessment for Ante-and post-natal women.	Public Health Lead, South Tyneside PCT	Maternity and Newborn Network South of Tyne and Wear Children's Partnership	End Dec 2010	Completed needs assessment with recommendations for action.	The number of recommendations implemented within 12 months.	Staffing costs within PCT

Evidence: Recommendations will be evidence based.								
<p>2.2 Older People:</p> <p>To develop arts and cultural related social prescribing in South Tyneside, targeting isolated older people.</p> <p>Evidence:</p> <p>Social prescribing has a range of positive outcomes including enhanced self-esteem, reduced low mood, opportunities for social contact, increased self-efficacy, transferable skills and greater confidence.</p>	Public Health Lead, South Tyneside PCT Deputy Chief Executive, Age Concern South Tyneside	New Horizons Partnership Older People's Partnership Culture and Wellbeing Partnership	End Sept 2011	Aims and objectives of proposed project identified.	Newly commissioned evaluation tool built into project	£10,000 secured from Strategic Health Authority		
<p>2.3 People with Dementia:</p> <p>Campaign to promote awareness for staff.</p> <p>To explore the use of social prescribing to address social isolation, particularly in relation to older people, people with dementia and carers.</p> <p>Evidence:</p> <p>Actions will be evidence based.</p>	Strategic Commissioning Lead for the National Dementia strategy, NHS South of Tyne & Wear	Model of Care Programme Board New Horizons Partnership	End Dec 2010	EHWB will be a cross cutting theme within local dementia plans People with dementia and their carers will be engaged in EHWB activities	Number of staff engaged in campaign Pilot for social prescribing will be independently evaluated	Funding secured from dementia strand of Model of Care		
2.4 People with physical disability:	Public Health	New Horizons	End Sept	Meeting takes	Number of actions	No		

<p>New Horizons Partnership to facilitate a meeting to explore the existing work on emotional health and well-being for people with physical disability and identify actions needed to address gaps.</p> <p>Evidence: Actions identified will be evidence based.</p>	<p>Lead, South Tyneside PCT</p>	<p>Partnership</p>	<p>2011</p>	<p>place. Actions are identified</p>	<p>achieved within 12 months</p>	<p>funding required for initial meeting.</p>
<p>2.5 People with life limiting/life threatening illnesses: To develop links between IAPT staff and long term conditions clinical staff in order to ensure that the emotional health and well-being needs of people with long term conditions is addressed during review meetings.</p> <p>Evidence: NICE Guidance recommends collaboration between long term conditions services and mental health services.</p>	<p>Head of Service, South Tyneside Primary Care Mental health Service</p>	<p>New Horizons Partnership Independent and Healthy Lives Board Long Term Conditions Board</p>	<p>End Dec 2011</p>	<p>Lead clinical staff identified and meetings held for each of the priority long-term conditions. IAPT staff provide training for clinical long term conditions staff. Emotional health and well-being built into the pathway for all long-term conditions</p>	<p>Increased referrals from long term conditions clinical staff to IAPT service.</p>	<p>Achievable within current budgets</p>
<p>2.6 People with Learning Disabilities: To promote the Partners in Travel Buddy Service in conjunction with</p>	<p>Travel Development Coordinator, Nexus</p>	<p>New Horizons Partnership Learning Disabilities Partnership</p>	<p>Ongoing</p>	<p>3 new volunteers recruited annually to train people with learning disabilities to use</p>	<p>Nexus to review numbers recruited</p>	<p>Nexus have the funding in place, through</p>

<p>Nexus.</p> <p>Evidence: Case studies demonstrate clearly that the service increases confidence and well-being of people with learning disabilities. It opens up access to work, leisure, training, and education. It gives people a sense of purpose and builds up their self esteem.</p>		<p>Nexus Travel Training Forum</p>		<p>public transport.</p> <p>10 new people per year with learning disabilities regularly benefitting from the Service.</p>	<p>their Social Inclusion Fund.</p>
<p>2.7 People with alcohol/substance misuse/dual diagnosis:</p> <p>Develop 'whole-system' and Recovery-focused Integrated Care Pathways through collaborative commissioning arrangements. Ensure that users have appropriate access to staff and services skilled in dual approaches.</p> <p>Evidence:</p> <p>Any actions to increase EHWB in general population have been shown to also be of benefit to people experiencing mental health and/or substance misuse problems</p>	<p>Commissioning Manager: Dual Diagnosis, NHS South of Tyne and Wear</p>	<p>Dual Diagnosis Steering groups</p> <p>DAAT Joint Commissioning groups</p> <p>Substance Misuse Commissioning group</p> <p>New Horizons Partnership</p> <p>Mental Health Commissioning Forum</p> <p>Mental Health Model of Care Project group/Board</p>	<p>By Nov 2010</p>	<p>Develop Integrated Care Pathways</p> <p>Establish collaborative Steering groups in each locality</p> <p>Establish a range of 'Lead' posts in key agencies</p>	<p>Mental Health Model of Care Project Group monitors Action Plan.</p> <p>Substance Misuse team monitor Treatment Plans.</p> <p>Funding secured by PCT</p>
<p>2.8 People experiencing mental ill health:</p> <p>The emotional health and well-being of people experiencing mental health problems is already being</p>	<p>Lead Commissioner Mental Health, NHS South of Tyne and</p>	<p>Model of Care Programme Board</p> <p>Model of Care Project Management Group</p>	<p>Phase II work plan throughout 2010</p>	<p>The development of local action plans by end October 2010</p> <p>The review of the</p>	<p>Cost neutral. Any variation will be part of</p> <p>Review of the Model of Care Board functioning and achievements Dec 2010 (through the detailed work plan</p>

addressed through the local Model of Care work. It is also being addressed by the Primary Care Mental Health Services Review taking place in 2010.  EHWB is articulated in the Model of care paper as a key part of community functioning and also as a cross cutting theme to be considered throughout the mental health model of services.  Evidence: Any actions to increase EHWB in the general population have been shown to also be of benefit to people experiencing mental health problems.	Wear	New Horizons Partnership	overall phase II of the model by January 2011	for 2010)	commissioning which will happen within the commissioning framework
2.9 People at risk of suicide and self-harm:  To produce a local action plan once the Regional Suicide Prevention Plan has been developed.  Evidence: The preventive actions will be informed by the suicide audit.	Public Health Lead, South Tyneside PCT	Suicide Audit Group  NTW Multi-agency Suicide Prevention Group  Samaritans  Coast Watch	Dec 2010  Ongoing	Report  Built in evaluation  Review and implementation of plan	Staff funded through Strategic Health Authority and PCT
2.10 Carers: To ensure that the emotional health and well-being of carers is specifically addressed in the forthcoming refresh of the South Tyneside Carer's Strategy.	Carer's Strategic Development Officer South Tyneside	Carers Strategy Group  New Horizons Partnership	Sept 2011	Number of recommendations implemented within 12 months	No additional funding needs identified at this

<p>Evidence: Actions to be implemented will be evidence based.</p>	<p>Council Public Health Lead, South Tyneside PCT</p>					<p>stage.</p>
<p>2.11 Black and Minority Ethnic population: Implement recommended actions from the Mental Health Needs Assessment of BME Communities in South Tyneside and develop SOTW BME Mental Health Needs Assessment Strategic Plan.  Evidence: Any actions implemented will be evidence based.</p>	<p>Public Health Team, South Tyneside PCT</p>	<p>New Horizons Partnership Regional Community Development Workers Manager's Group Delivering Race Equality Partnership for Northumberland, Tyne and Wear NTW Working Age Adults Equality and Diversity Operational Group</p>	<p>March 2011</p>	<p>Action plan will be taken up within the Public Health Team within South Tyneside.</p>	<p>The number of actions implemented within 12 months Agenda item on New Horizons Partnership</p>	<p>No extra funding anticipated</p>
<p>2.12 Lesbian, gay, bisexual and transgender (LGBT) people: To undertake a lesbian, gay, bisexual and transgender health needs assessment in South Tyneside.  Evidence: Any actions recommended in the report will be evidence based.</p>	<p>Public Health Lead, South Tyneside PCT</p>	<p>New Horizons Partnership South Tyneside LGBT Independent Advisory Group Inclusive Communities Partnership</p>	<p>Health Needs Assessment completed by Dec 2010</p>	<p>Completed report with recommendations</p>	<p>The number of recommendations implemented within 12 months.</p>	<p>Funding secured from NHS South of Tyne and Wear</p>

<p>2.13 Victims/survivors of domestic violence and abuse:</p> <p>To develop a training and/or information programme for staff in key health sector services, e.g. A&amp;E and GP surgeries, around domestic violence/abuse (including signs &amp; symptoms, signposting to services and the MARAC process).</p> <p>Evidence: NICE guidelines on preventing domestic violence are currently being developed; interim effective approaches include routine inquiry in antenatal clinics and A&amp;E.</p>	<p>Domestic Violence Co-ordinator, South Tyneside Council</p>	<p>Domestic Violence Forum Community Safety Partnership Violent Crime Theme Group</p>	<p>March 2012</p>	<p>Training/information programme developed publicised and reported to Community Safety Partnership via Domestic Violence Forum and Violent Crime Theme Group</p>	<p>Specific actions to be detailed in Community Safety Partnership Plan 2011-14 and reviewed by Community Safety Partnership  Participants to evaluate training on the day</p>	<p>No additional funding requirements identified at this stage.</p>
<p>2.14 Offenders and ex-prisoners:</p> <p>To ensure that the emotional health and well-being of offenders and ex-prisoners is specifically addressed in the South Tyneside Reducing Re-offending Action Plan to help improve the mental health and well-being of this population.</p> <p>Evidence: Any actions identified in the action plan will be evidence based.</p>	<p>Reducing Reoffending Manager, Northumbria Probation Trust  Public Health/Stayin g Healthy Specialist, South Tyneside PCT  Head of Offender</p>	<p>Reducing Reoffending Strategic Management Group/Theme Group  New Horizons Partnership</p>	<p>End Sept 2011</p>	<p>Specific actions in the Reducing Reoffending Action Plan</p>	<p>Bi-monthly review of progress on the action plan by the Reducing Reoffending Strategic Management group/Theme Group</p>	<p>Costs will be met within existing budget of reducing re-offending work.</p>

2.15 People with autism: To explore the implications of the Department of Health's Strategy for Autism: <i>A Better Future</i> within South Tyneside.  Evidence: Any actions identified in the action plan will be evidence based.	Management Northumbria Probation Trust	Regional Project Manager, NE Autism Consortium	New Horizons Partnership South of Tyne Autism Service Development Group	June 2011	Regional Project Manager for NE Autism Consortium to present at New Horizons Partnership meeting.  Appropriate actions identified.	Number of actions implemented.	Funding may be required depending on actions identified.
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### AIM 3: To combat stigma and discrimination with regard to mental illness

#### Supporting Information:

There is already some good work taking place in South Tyneside to support this aim, examples include:

- Derby Terrace Day Centre, have transformed their service user cafe into a Community Cafe – run by mental health service users but open to all members of the local community
- Activities to support World Mental Health Day

The actions listed below will strengthen this existing work.

Action/Activity and Evidence	Lead Person/ Agency	Links to Partnership/ Forum	Timescale	Outcomes	Method for Evaluating Activities	Funding Stream/ Costs
3.1 Organise local activities to support World Mental Health Day.  Evidence: Mass media campaigns supported by community activities can have a measurable impact on knowledge, attitudes and behavioural intentions.	Happiness and Well-being Network	Happiness and Well-being Network  New Horizons Partnership	10 Oct Annually	Number of events/activities taking place.  Attendance at events.  Column inches/local positive press coverage.	Number of agencies involved.  Involvement from statutory, private, third sector and community.  Participants complete evaluation form.	2010 costs secured from PCT
3.2 Take part in regional radio campaign "Time to Change" <a href="http://www.time-to-change.org.uk">www.time-to-change.org.uk</a>	Public Health Lead, South Tyneside PCT	New Horizons Partnership	By Dec 2010	Increasing numbers of South Tyneside population recognising the campaign by 15%.	The campaign organisers will measure the reach of the campaign.	Funding secured - £4k from PCT and Regional

Evidence: Mass media campaigns supported by community activities can have a measurable impact on knowledge, attitudes and behavioural intentions.	Public Health Lead, South Tyneside PCT	New Horizons Partnership	Ongoing	Meetings held with key contacts in communications teams at Council and PCT. Relationships built with local media and other key organisations such as South Tyneside Homes and Voluntary Sector organisations.  Column inches and number of positive stories/articles relating to improving Emotional Health and Well-being.  Positive case studies identified, to use with media, of people with poor mental health who have led fulfilling lives.  Joint meeting of all press officers to develop a communications strategy across the borough.	Record of press releases issued and subsequent press coverage	Health Authority.
<p>3.3 Make better use of South Tyneside Council Newsletters, South Tyneside PCT publications and local media and other key organisations for articles/interest stories that support the work of this Action Plan.</p> <p>Evidence: Mass media campaigns supported by community activities can have a measurable impact on knowledge and attitudes.</p>	Public Health Lead, South Tyneside PCT	New Horizons Partnership	Ongoing	Meetings held with key contacts in communications teams at Council and PCT. Relationships built with local media and other key organisations such as South Tyneside Homes and Voluntary Sector organisations.  Column inches and number of positive stories/articles relating to improving Emotional Health and Well-being.  Positive case studies identified, to use with media, of people with poor mental health who have led fulfilling lives.  Joint meeting of all press officers to develop a communications strategy across the borough.	Record of press releases issued and subsequent press coverage	No additional funding required
<p>3.4 Promote positive mental health to employers and employer groups in order to challenge the stigma surrounding people who have experienced mental health issues by, for example:</p>	Public Health Team, South Tyneside PCT	New Horizons Partnership South Tyneside Workplace Health Alliance	Ongoing	10 new employers signed up to Mindful Employer Initiative.  5 new employer organisations apply for Better Health at Work Award.  Meetings with representative	Number of new employers as Mindful Employer charter signatories.  Number of	Employers pay £50 - £100 to sign-up to Mindful Employer, depending on number

<ul style="list-style-type: none"> <li>Promoting the Mindful Employer initiative</li> <li>Promoting the Better Health at Work Award</li> <li>Promoting the Workplace Health Alliance.</li> </ul> <p>Evidence: Qualitative and anecdotal evidence exists, from employers who have signed up to the Mindful Employer initiative, indicating improved support for people with mental health problems and reduced sickness days linked to stress and anxiety. Initiatives within the Regional Better Health at Work Award are evidence based.</p>				<p>bodies such as Chamber of commerce, Manufacturers forum, Trade Unions etc to promote Workplace Alliance.</p> <p>Progress made with engaging small businesses and the self-employed.</p>	<p>employer organisations achieving Better Health at Work Award.</p>	<p>of employees.</p> <p>Existing funding in place for Better Health at Work Award</p>
<p>3.5 To investigate the feasibility of running Mental Health First Aid Training with both front line staff and members of Residents Groups at South Tyneside Homes.</p> <p>Evidence: One of the aims of the training is to reduce stigma and discrimination through education. The training has been proven to be effective in meeting its aims.</p>	<p>Head of Housing Services, South Tyneside Homes</p> <p>Public Health Lead, South Tyneside PCT</p>	<p>New Horizons Partnership</p>	<p>End June 11</p>	<p>15 South Tyneside Homes Front Line Staff Complete the course.</p> <p>15 members from the residents groups complete the course.</p>	<p>Training course is evaluated by training provider.</p> <p>Number of participants completing the course.</p>	<p>Training costs to be met by PCT.</p>

<p>3.6 Develop effective cross referrals between Jobcentre Plus Advisers and IAPT to improve access to employability provision for patients in or completing therapy, and similarly improving access for Jobcentre Plus customers to therapeutic services.</p> <p>Evidence: There is good evidence of the effectiveness of supporting people with common mental health problems back to work through primary care.</p>	<p>Head of Service, South Tyneside Primary Care Mental health Service</p> <p>Strategic Employment Coordinator, Primary Care Mental Health Service.</p>	<p>New Horizons Partnership</p>	<p>By March 2011</p>	<p>Meetings held between Jobcentre Plus and IAPT Services.</p> <p>Presentations by subject experts within Jobcentre Plus given to therapists.</p> <p>Presentations given to Jobcentre Advisers by therapists.</p> <p>Joint meetings between Jobcentre Plus and IAPT designated contacts.</p>	<p>Numbers of clients moving between the two services.</p> <p>Impact on IAPT Key Performance Indicators.</p>	<p>Funding in place until March 2011.</p>
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**AIM 4: To promote partnership working between statutory and voluntary agencies and local communities to address deprivation and social inclusion, and develop joint commissioning opportunities through an assets based approach**

**Supporting Information:**

New Horizons recognises that only a national and local cross-government approach working with local government, in partnership with the third sector, communities and individuals, will achieve the changes that will reduce the burden of mental ill health and unlock the benefits of well-being and mental health for the whole population.

There is already some good work taking place in South Tyneside to support this aim, examples include:

- Award winning apprenticeship schemes – South Tyneside Council working in partnership with local employers and local forums such as South Tyneside Means Business and South Tyneside Manufacturing Forum to raise awareness of the benefits of apprenticeships to local employers and the local economy
- Opening Cultural Doors Project – improves the physical and mental wellbeing and continuation of independence for isolated older people through the removal of barriers to participation in cultural activity and greater access to other services.

The actions listed below will strengthen this existing work.

Action/Activity and Evidence	Lead Person/Agency	Links to Partnership/Forum	Time-scale	Outcomes	Method for Evaluating Activities	Funding Stream/ Costs
<p>4.1 To ensure better “joined up” work on improving the emotional health and well-being of both adults and children and young people in South Tyneside by increasing communication and links between local work programmes.</p> <p>Evidence: Childhood and early adulthood are key times to develop personal resilience, education and social skills that will benefit mental health across the whole life</p>	<p>Public Health Lead, South Tyneside PCT</p> <p>Children’s Commissioner, South Tyneside PCT</p>	<p>South Tyneside Council Children and Families Corporate Group</p> <p>New Horizons Partnership</p>	<p>End April 2011</p>	<p>Workshop held with key staff in attendance and specific actions identified.</p>	<p>Workshop takes place.</p> <p>Number of actions identified and undertaken.</p>	<p>Achievable within current budget</p>

course.								
4.2 Develop a local action plan to address inequalities in relation to health determinants as identified in the Marmot Review.  Evidence: The Marmot Review is an evidence based document and so all actions in the action plan will be evidence based.	Director of Public Health, South Tyneside PCT	Health Inequalities Partnership Workplace Health Alliance Independent & Healthy Lives Board HealthNet Community Involvement Strategy	End March '11	Action plan developed.	6 monthly review	No costs to develop the plan. Costs to be identified for implementation.		
4.3 To ensure that the role that the Community Safety Partnership has in improving the emotional health and well-being of South Tyneside residents is addressed through key aspects of the Making Communities Safer Crime and Disorder Plan.  Evidence: Strengthening communities is one of three key approaches to improving emotional health and well-being, and improving community safety and neighbourhood environments plays an important role in achieving this. Additionally, reducing fear of crime is of particular benefit for older people's emotional health and well-being.	Assistant Head of Crime and Disorder, South Tyneside Council	Community Safety Partnership New Horizons Partnership	Ongoing	Improved feelings of safety, perceptions of anti-social behaviour and public confidence.	Progress will be reviewed through current arrangements for reviewing progress of Community Safety Partnership.	Achievable within current workstream aims		

**AIM 5: To promote and commission research and evaluation on mental health promotion and to improve the measurement of emotional health and well-being**

**Supporting Information:**

There is already a large body of evidence about what works to increase emotional health and well-being nationally. By undertaking work locally the local evidence base will be strengthened.

Action/Activity and Evidence	Lead Person/Agency	Links to Partnership/Forum	Timescale	Outcomes	Method for Evaluating Activities	Funding Stream/ Costs
<p>5.1 Commission the development of an evaluation tool for organisations/projects to measure changes in mental health and well-being for individuals.</p> <p>Evidence: This new tool will be instrumental in strengthening the evidence base for community projects addressing EHWB.</p>	<p>Director, Lodex Ltd</p> <p>Public Health Lead, South Tyneside PCT</p>	New Horizons Partnership	End Sept 2010	<p>Wellbeing Tool produced.</p> <p>Wellbeing tool is further developed to ensure it is relevant to as many communities as possible.</p>	Lodex to evaluate	PCT funding secured
<p>5.2 To ensure effective evaluation of local projects, by encouraging project leads to use the online Lodex Wellbeing Tool at <a href="http://www.lodex.co.uk">www.lodex.co.uk</a></p> <p>Using a validated evaluation tool with strengthened evidence</p>	<p>Public Health Lead, South Tyneside PCT</p> <p>Director, Lodex Ltd</p>	New Horizons Partnership	Ongoing to end of contract (c Nov 2011)	<p>Evidence of impact on EHWB of the project participants.</p> <p>Ability to plan future activities to maximise EHWB of participants.</p>	Use of validated evaluation tool	<p>Licence agreed with South Tyneside PCT for one year (allows unlimited number of projects to be evaluated)</p>

## Appendix 1 – Emotional Health and Well-being Strategy, 2010-2020, NHS South of Tyne and Wear

### Executive summary

Achieving emotional health and well-being is vital for helping everyone reach their potential and lead happy and fulfilled lives. A wide range of determinants affect our emotional health, from our personal relationships and activities to the environment and circumstances within which we live.

Our vision for emotional health and well-being across NHS South of Tyne (SoTW) is to work to improve the emotional health and well-being of the population of Gateshead, South Tyneside and Sunderland, by supporting individuals and communities. We will work in partnership with local people and organisations to promote social inclusion and reduce health inequalities, so improving both individual and community well-being.

This Emotional Health and Well-being Strategy has been developed to provide a strategic framework, and will be implemented through Local Action Plans across SoTW. It addresses the recommendations identified through the Mental Health Needs Assessment and is set in the context of the wider national and regional public health strategies.

To achieve the vision, the following aims have been identified, in consultation with a range of local people and professionals:

**Aim 1:** To improve the emotional health and well-being in the population

**Aim 2:** To improve the emotional health and well-being in people who may need extra support:

ante- and post-natal women; older people; people with physical disability; people with life limiting/life threatening illnesses; people with learning disabilities; people with alcohol/substance misuse/dual diagnosis; people experiencing mental health problems; people at risk of suicide; carers; black and ethnic minority population, including asylum seekers and refugees; lesbian, gay, bisexual or transgender people; victims/survivors of domestic violence and abuse; offenders

**Aim 3:** To combat stigma and discrimination with regard to mental illness

**Aim 4:** To promote partnership working between statutory and voluntary agencies and local communities to address deprivation and social inclusion, and develop joint commissioning opportunities through an assets based approach

**Aim 5:** To promote and commission research and evaluation on mental health promotion and to improve the measurement of emotional health and well-being

The strategy will be regarded as successful if it achieves its aims and will be evaluated using measures that are currently being developed.

## Appendix 2

### Summary of the evidence on effectiveness and cost effectiveness of improving mental health and well-being

There is good quality evidence for the benefits of promoting mental well-being and for the effectiveness and cost effectiveness of mental health promotion interventions. Because mental health influences outcomes across a wide range of domains, improving mental health also results in very considerable cost savings and contributes to achieving key PSA targets. Improved mental well-being:<sup>1</sup>

- contributes to preventing mental illness
- leads to better outcomes, for example in physical health, health behaviours, relationships, educational performance, employability and earnings, crime reduction and quality of life.
- delivers social and economic returns
- reduces health inequalities

While the best outcomes are generally associated with the absence of mental illness, the presence of mental well-being brings additional benefits, including for people with mental health problems.

#### Cost savings

20% of the total burden of disease in the UK was attributable to mental illness (including suicide), compared with 17.2% for cardiovascular diseases and 15.5% for cancer. No other condition exceeded 10%. A major reason for identifying the mental health and well-being needs of the population is to increase people's ability to live to their full potential and reduce the misery that people may suffer when they have mental health problems (Friedli and Parsonage 2009). However, a further important reason for tackling these problems, particularly for commissioners is to reduce the cost of services. There is clear evidence that mental ill-health involves considerable costs for the nation and every PCT:

- Recent estimates put the wider costs of mental ill-health in the UK at £110 billion per year in England
- In the case of depression, the biggest cost is estimated at £8 billion loss in productivity, as shown by incapacity claims
- The annual costs of services for depression in England in 2007 are estimated at £1.7 billion with lost employment increasing these costs to £7.5 billion; the costs for anxiety were similar.  
(Department of Health 2010)

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<sup>1</sup> This summary is primarily based on review level and good quality evidence drawn from New Horizons (Department of Health 2010a/2010b); Barry et al 2009; Friedli and Parsonage 2009; Friedli and Carlin 2009; NICE 2009; Foresight Report (Government Office for Science 2008) and WHO 2004a/2004b. Where the evidence is more limited, this is indicated in the text. Additional primary references are available on request.

## Evidence of effectiveness

There is a marked social gradient in the distribution of mental well-being and mental illness. Effective local strategies should include a balance of interventions to address:

- Individual skills and resilience
- Social relationships, support and networks
- Material circumstances (income, wealth, housing, debt)
- Social justice (inequalities in the distribution of valued resources)

A recent economic analysis identified the following 'best buys' in effective interventions:

- Supporting parents and early years: **parenting skills training/pre-school education/home learning environment**
- Supporting lifelong learning: **health promoting schools and continuing education**
- Improving working lives: **employment/workplace**
- Positive steps for mental health: **lifestyle (diet, exercise, sensible drinking) and social support**
- Supporting communities: **environmental improvements**  
(Friedli and Parsonage 2009)

## Family life

- There is high quality or review level evidence for the effectiveness of:
- Skin to skin contact at birth
- Perinatal programmes to increase awareness of infant capabilities
- Targeted home visiting programmes
- Targeted group and individual parenting skills programmes e.g. Incredible Years,
- Prevention and treatment of post natal depression
- Improving home learning environment through close contact and support for parents from pre-school and primary school educational professionals

(Department of Health 2010a)

NICE guidelines on preventing domestic violence are currently being developed; interim effective approaches include routine inquiry in antenatal clinics and A&E, initiatives to prevent forced marriage and improved criminal justice responses to victims.

## Further/Adult Education

Improving literacy and participation in adult education influences self efficacy and is associated with small but significant changes in health and social outcomes, including reducing risk of depression. Interventions include vocational and non vocational courses and basic skills e.g. literacy and numeracy. *Prescription for learning* links primary care patients with learning opportunities (Friedli et al 2009).

## Employment/workplace

Effective workplace mental health promotion combines **individual and organisation** level interventions, addressing the following factors

<ul style="list-style-type: none"><li>• high demands/low control</li><li>• levels of support</li><li>• role clarity</li><li>• job insecurity</li><li>• sense of injustice/unfairness</li></ul>	<ul style="list-style-type: none"><li>• effort-reward imbalance</li><li>• bullying and harassment</li><li>• staff involvement</li><li>• physical environment</li></ul>
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There is high quality or review level evidence for:

- supporting people with common mental health problems back to work through primary care
- supported employment programmes (e.g. individual placement support programmes for people with mental health problems) are much more effective than pre-vocational training (e.g. 'preparing for work courses')

Specific interventions recommended by NICE include:

- flexible working
- implementing HSE Stress Management Standards
- training for line managers
- primary care support for small and medium sized enterprises

<http://www.hse.gov.uk/stress/furtheradvice/wrs.htm>

## Neighbourhood

Interventions to address environmental influences on mental well-being include those addressing:

- social support
- social capital (trust, mutual aid, participation, social networks)
- built and natural environment (noise, fear of crime, poor quality housing, green space)

Parks, play areas and public spaces provide an established route to increasing opportunities for social contact. Other protective features include places to escape to, proximity to green open spaces, places to 'stop and chat', events to bring people together, community facilities and social and entertainment facilities. There is fair to good quality evidence for:

- Green exercise<sup>2</sup>
- Walkable green spaces
- Forest schools

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<sup>2</sup> Mental health benefits of contact with nature may come from the *combination of the natural environment* and other factors that support psychological well-being, for example physical activity, companionship, opportunities for meaningful activity, reflection, adventure and learning. The natural environment can provide greater motivation for people to get involved, notably in physical activity, but also in volunteering, gardening and other activities beneficial to mental health.

- Reducing traffic density (MVT) in residential areas
- Reducing fuel poverty; home insulation schemes

(Clements et al 2008)

## Social support

Strong social networks and perceived social support play a significant role in protecting mental well-being, preventing mental health problems and improving outcomes. Interventions that strengthen opportunities for social contact include:

- Social prescribing: linking people with non medical sources of support within the community, usually via primary care
- Timebanks: mutual volunteering using time as a currency, person to person or person to agency
- Volunteering

(Friedli and Carlin 2009; Bacon et al 2010)

## Local Government

Although effectiveness evidence is limited, interventions include:

- co-production: delivering services in partnership with local communities
- credit unions and community banking
- debt advice and advocacy (through Trading Standards)
- release of land for community gardens
- initiatives to strengthen local democracy, community involvement and empowerment
- building social capital in tandem with economic development e.g. through social enterprise, community interest companies or development trusts
- mental well-being impact assessment

(Friedli and Carlin 2009; Campbell 2010; Coggins et al 2007)

## Primary care

Mental health lifestyle advice should be routinely and opportunistically offered in primary care and other health promotion settings and supported through social prescribing/community development/social marketing etc. Evidence based lifestyle messages (*'positive steps'*) for the promotion of positive mental health include exercise, healthy eating, drinking in moderation, learning new skills, creative pursuits and social participation (Friedli et al 2007).

For reducing excessive alcohol consumption, brief interventions in A&E are also effective. There is also good quality evidence for the *'Five Ways to Well-being'*: Connect; Be active; Take notice; Keep learning; Give (New Economics Foundation 2009).

Social prescribing via primary care is associated with improved well-being and reduction in symptoms; examples include arts on prescription, prescription for leisure, prescription for

learning, bibliotherapy, computerised therapy (CCBT), ecotherapy and exercise on prescription.

## Black and Minority Ethnic Communities

The need for a much stronger focus on promotion and prevention for BME communities has been widely stated but there is limited good quality evidence on effective interventions (Department of Health 2005; NIMHE 2004). Effective approaches are likely to include

- recognising and addressing the impact of racism
- increasing access to mainstream mental health promotion opportunities e.g. social prescribing, primary care, psychological therapies
- raising community awareness of mental health issues and challenging stigma
- culturally appropriate resources
- building partnerships with faith leaders
- building trust and social connections between local communities and newly arrived communities, especially refugees and asylum seekers (DH2010b; NIMHE 2004)

## Later life

Improving mental health in later life can have a significant impact on chronic disease outcomes and independence. There is review level evidence on the effectiveness of psychotherapeutic interventions and self help/group based practical, social and emotional support for older people (Barry et al 2009; NICE 2008). Warm Front and other initiatives to reduce fuel poverty and enable people on low incomes to keep warm can reduce risk of depression by 50%. Other effective approaches include:

- improving opportunities for social involvement
- promoting physical activity
- tackling social, economic and physical barriers to social activity e.g. transport, age discrimination, poverty
- initiatives to reduce fear of crime
- a co ordinated local approach to addressing 'daily hassles' e.g. gardening support, house maintenance, heavy shopping

Interventions include befriending, intergenerational projects, approved trader schemes, work with providers to promote greater uptake of education, sports and leisure and, targeted outreach with those who are most isolated and vulnerable.

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### **Appendix 3 – Model of Care Summary**

There are a variety of mental health services available at all levels for individuals who require them across South of Tyne & Wear (South Tyneside, Sunderland and Gateshead) but they are not always 'joined up'.

The Model of Care work has involved developing systems and processes which will provide a structure for services to work to, across all agencies, to help communication and collaboration, and ultimately improve the service-user experience.

There are three main groups of services available:

- Those for service users with common mental health problems (e.g. anxiety & depression)
- Those for service users with more complex needs (e.g. psychosis)
- Those for service users with organic conditions (e.g. dementia)

The Model of Care will further define these groups and link them up to make it easier to move in and out of services, and between services. In addition, there is a heavy emphasis on prevention, and the Model of Care work will include the Emotional Health & Well-being of the general population to try to improve the public understanding of mental health issues and how they affect many of us from day to day.

There are over 17 organisations across South of Tyne and Wear involved in the collaborative work including NHS organisations, general practitioners, local authorities, service user & carer organisations, voluntary sector organisations and charitable organisations.

## **Appendix 4 - South Tyneside Primary Care Mental Health Service including the Increased Access to Psychological Therapy (IAPT) Service**

South Tyneside's Primary Care Mental Health Service is provided by NHS South of Tyne and Wear Community Health Services and includes the IAPT service, which focuses on people experiencing depression and anxiety, and the choice team which provides a range of therapeutic interventions for a wide range of common mental health difficulties. The service involves people experiencing emotional and mental health difficulties in deciding what the best form of intervention is for them. The aim is to help resolve the health and well-being difficulties of individuals and their families and by doing so help to improve the mental well-being of the population. The service aims to help people to identify difficulties at an early stage and to contribute towards the prevention of mental ill health and promoting social inclusion by implementing a stepped approach on the treatment of common mental health difficulties in line with NICE and the Mental Health Model of Care guidance.

The objectives are

1. Improved mental health and well-being through the implementation of the stepped care model where people can move seamlessly up and down the model depending on their level of mental and social care needs
2. Promoting choice by improving and expanding access to different treatment options of clinically effective psychological therapy services for people with common mental health difficulties such as depression and anxiety. Allowing the service user to take more control of when and where their therapy is delivered, improving service user and carer experience and satisfaction through effective therapies, easy access to therapies and quick response by service providers.
3. Supporting and maintain people in work and involvement in activities of daily living.
4. In addition to delivering psychological therapies the service has a number of Support Time and Recovery workers who can help people re-engage with work, social and educational activities and personal interests.
5. The service assists people in returning to work and participating in activities of daily living through awareness raising among employers, employees and health care staff about the impact of mental illness on employment as well as early detection and intervention.

## Five a Day for Health and Happiness

1. **Connect**...With the people around you. With family, friends, colleagues and neighbours. At home, work, school or in your local community. Think of these as the cornerstones of your life and invest time in developing them. Building these connections will support and enrich you every day.

2. **Be active**...Go for a walk or run. Step outside. Cycle. Play a game. Garden. Dance. Exercising makes you feel good. Most importantly, discover a physical activity you enjoy and that suits your level of mobility and fitness.

3. **Take notice**...Be curious. Catch sight of the beautiful. Remark on the unusual. Notice the changing seasons. Savour the moment, whether you are walking to work, eating lunch or talking to friends. Be aware of the world around you and what you are feeling. Reflecting on your experiences will help you appreciate what matters to you.

4. **Keep learning**...Try something new. Rediscover an old interest. Sign up for that course. Take on a different responsibility at work. Fix a bike. Learn to play an instrument or how to cook your favourite food. Set a challenge you enjoy achieving. Learning new things will make you more confident as well as being fun.

5. **Give**...Do something nice for a friend, or a stranger. Thank someone. Smile. Volunteer your time. Join a community group. Look out, as well as in. Seeing yourself, and your happiness, as linked to the wider community can be incredibly rewarding and creates connections with the people around you.



