

Sunderland Emotional Health and Well-being Action Plan

2010 - 2013



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Executive Summary

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

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 Sunderland 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. (Department of Health, Making it happen 2001 <http://www.mentalhealthpromotion.net/resources/makingithappen.pdf>)

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 Sunderland. It supports the NHS South of Tyne and Wear Emotional Health and Well-being Strategy 2010-2020 (Appendix 1), 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). This Action Plan is 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 Sunderland Strategy 2008-2025 (available to download at www.sunderlandpartnership.org.uk) and the Sunderland Joint Strategic Needs Assessment 2009 (available to download from www.sunderland.gov.uk). There is also a link to NI119 in the Sunderland Local Area Agreement in relation to people’s self-reported measure of overall health and well-being. The Local Area Agreement can be downloaded from www.sunderland.gov.uk.

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

Further information on New Horizons can be found at www.newhorizons.dh.gov.uk .

3. Evidence Base

The evidence base for 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) 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 illness. 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 Sunderland for adults and for children and young people, and this is specified within this Action Plan (action 4.2). The multi-agency Child and Adolescent Mental Health (CAMHS) Partnership has a responsibility to ensure service provision is effective and efficient and responds to the

needs of children and young people across the spectrum of emotional health and well-being. Actions include ongoing work within all the schools in Sunderland to promote positive mental well-being as part of the S.E.A.L (Social and Emotional Aspects of Learning) curriculum. There is also the T.a.M.H.S (Targeted mental health in schools) pilot in Sunderland, which is looking at promoting and maintaining good mental health in schools and skilling up teaching staff in this area. The community CAMHS service is responsible for prevention and early intervention regarding mental health and also the promotion of positive mental health, frequently delivering workshops and training in schools.

The emotional health and well-being of the residents of Sunderland 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 (for example, Domestic Violence) we have simply referred to these action plans, and tried to ensure that emotional health and well-being is specified within them.

A new Increased Access to Psychological Therapy service (Sunderland IAPT) is starting in December 2010. This new service is being introduced to address the massive waiting lists for the treatment of people with depression and anxiety. The service will be integrated within Northumberland, Tyne and Wear NHS Foundation Trust (NTW) Primary Care Mental Health Team and the Third Sector and will have an important role to play in several of the actions in this Action Plan. Further details on Sunderland 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, however, actions in this version are only for the 2010/11 and 2011/12 financial years. The New Horizon Partnership (Improving Mental Health and Well-being), which replaced the Sunderland Local Implementation Team in September 2010, will oversee the Action Plan and agree actions for the final year.

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 Sunderland. With this aim in mind, a “Happiness Seminar” was held in May 2010. This was attended by 35 participants representing a significant number of Sunderland'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 follow-up seminar was held in July 2010 to enable people to comment on the draft action plan, attended by 22 people.

A draft version of the Action Plan was widely circulated for comment during June and July 2010. Thirteen written responses were received, plus comments from the 22 people who attended the above event in July 2010. This resulted in several changes to strengthen the existing actions, and two new actions being added (1.10 and 4.6). Generally the Action Plan was well received, with people commenting that it was a good, comprehensive action plan involving a wide range of people, and they particularly liked the fact that the evidence base is referenced in the actions.

This Action Plan has been developed in close consultation with the Sunderland 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 (Improving Mental Health and Well-being) and reviewed annually. The lead officer will be identified within the Public Health Team, Sunderland Teaching Primary Care Trust. Achievements and progress will be shared with all contributors to the Action Plan through reviewing outcomes on an annual basis. New Horizons Partnership reports to the Healthy City Partnership, which in turn is accountable to Sunderland Partnership. 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 Sunderland Teaching Primary Care Trust Board.

7. Vision

Our Vision is to work to improve the emotional health and well-being of the population of 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.

8. Impact of Mental Illness

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 illness 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 illness 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 illness (including suicide), compared with 16.2% for cardiovascular diseases and 15.6% for cancer. No other condition exceeded 10%.
- Mental illness begins early; 10% of children have a diagnosable mental health condition and 50% of lifetime mental illness 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 Sunderland 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 (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 finalised, 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 Sunderland, and which will help to achieve Aim 1. Here are just a few examples of existing work:

- Various initiatives to support “5-a-day for Health and Happiness” (see Appendix 5 for further information)
- Sunderland Happiness and Well-being Network, providing a forum for sharing and developing ideas to improve mental health, happiness and well-being in Sunderland www.happiness-wellbeing.org
- Debt advice through organisations such as Fiscus
- Training on Promoting Emotional Resilience and Mental Health First Aid
- Working Neighbourhoods Strategy – getting people into employment
- Community Associations influencing work within community settings

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 More inclusive volunteering, particularly for older people and people with mental health problems.</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</p>	<p>Senior Development Worker, Sunderland Volunteer Centre</p> <p>Area Community Co-ordinators</p>	<p>Sunderland Partnership</p>	<p>Dec 2010</p>	<p>A supported volunteering project is established by Sunderland Volunteer Centre.</p> <p>The profile of volunteering is raised as well as the benefits it can have for both those who volunteer and for local voluntary and community</p>	<p>Annual review of service</p>	<p>£414k to run the project for 5 years – lottery bid submitted to cover the majority of the costs</p>

<p>social contact.</p>				<p>organisations. Reference to this work is made in the forthcoming Sunderland Volunteering Strategy and Action Plan.</p>		
<p>1.2 To address a recently expressed need by developing a women's network/forum which will act as a platform to identify, discuss and engage on mental health issues. To investigate the feasibility of running this network as an annual event through the existing Happiness and Well-being Network in Sunderland. www.happiness-wellbeing.org Evidence: NICE guidance for improving health through community engagement states that establishing networks is effective.</p>	<p>Public Health Team, Sunderland TPCT Team Manager Primary Care Mental Health Team, NTW Service User Representative, Washington Mind</p>	<p>New Horizons Partnership Healthy City Partnership Happiness & Well-being Network</p>	<p>End Dec 2010</p>	<p>Partner organisations to be involved are identified. Aim and objectives of network identified. Regular meetings convened.</p>	<p>Annual review day</p>	<p>Funding – required – £5k to fund six Network meetings plus one women only event with crèche.</p>
<p>1.3 To widen the role of the Wellness Service to increase the emphasis on emotional health and well-being within existing activities, and to investigate the potential of delivering a range of new activities to focus specifically on emotional health and well-being. Evidence: New Horizons states that physical</p>	<p>Wellness Manager, Sunderland City Council</p>	<p>New Horizons Partnership Healthy City Partnership Happiness and Well-being Network</p>	<p>Oct 2010</p>	<p>5-a-day for Health and Happiness included in re-print of Wellness Service literature. Wellness Service staff receive appropriate training</p>	<p>Annual review of Wellness Service activities provided. Numbers of staff receiving appropriate</p>	<p>Sunderland City Council to pay for reprint with £2k contribution requested</p>

<p>and mental health are inter-connected and that to ensure good overall health, approaches to promoting physical and mental health need to be integrated. www.newhorizons.dh.gov.uk</p>		<p>Sunderland Adult Social Care Board</p>		<p>in EHWB. Wellness Service physical activity programme to incorporate effective interventions to improve EHWB. A range of "Green Activity" opportunities are provided for individuals to participate in. Pathways exist into existing intervention programmes for specific target groups (i.e. those with early onset dementia).</p>	<p>training in EHWB. Numbers referred to the Sunderland Exercise Referral programme from Health Care Professionals for stress, anxiety and depression. Numbers of self reported feelings of improved EHWB following participation in a support intervention programme.</p>	<p>from PCT. All other activities will be funded by Council through existing service budgets and workstream.</p>
<p>1.4 Encourage walking and cycling infrastructures in Sunderland through robust active travel plans. 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</p>	<p>Travel Plan Officer, Sunderland City Council</p>	<p>New Horizons Partnership Healthy City Partnership Sunderland Council Wellness Service</p>	<p>By December 2010</p>	<p>Active travel is promoted as an intrinsic part of the transport planning in Sunderland. Suitable programmes are identified to</p>	<p>Criteria and methodology for evaluating the impact of Active Travel Schemes to be agreed. Proposals for</p>	<p>Currently investigating financial implications</p>

associated both with poor health and weakened social cohesion. Also, increasing physical activity levels has a positive effect on individual EHWB.				encourage the use of Active Travel within key communities.	assessing the benchmark criteria, and how this can be monitored and evaluated to be developed.	
1.5 To clarify what work is currently being undertaken to ensure that people's spirituality and religious needs are being addressed. Evidence: Ensure that any actions identified are evidence based.	Happiness and Well-being Network Steering Group	New Horizons Partnership Regional Spirituality within Mental Health North East www.simhne.co.uk	By April 2011	Key actions identified A session on spirituality is held by the Sunderland Happiness and Well-being Network	Number of actions implemented within 12 months	No additional funding required – undertaken as part of Network's core work
1.6 Emotional resilience workshops to be rolled out to all frontline workers within Sunderland, to meet demand generated by the pilot work in 2009/10. Evidence: Strengthening people's inner resources i.e. psycho-social, life skills and resilience is recognised as one the key aspects of promoting mental well-being.	Public Health Team, Sunderland TPCT	New Horizons Partnership Health City Partnership	By Dec 2010	Participants have increased confidence in promoting emotional resilience within their work.	Evaluation of participants before and after training.	£15k obtained from PCT to run 10 workshops and train 15 trainers
1.7 Promote the online Workplace Well-being Tool and the Regional Healthy Workplace Awards. (www.workingforhealth.gov.uk)	Health, Work and Well-being co-ordinator North East	New Horizons Partnership Healthy City Partnership	Ongoing	Increased number of employers signing-up and working towards Regional Healthy	Monitor the number of organisations signing up and completing Regional	Funding already secured through Strategic Health

<p>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. Initiatives within the Regional Healthy Workplace Awards are evidence based.</p>		Sunderland Wellness Service (for City Council employees)		Workplace Awards	Healthy Workplace Awards.	Authority
<p>1.8 To encourage participation in lifelong learning courses that are available across Sunderland, promoting the benefits of lifelong learning on the health of an individual, their families, and the wider community.</p> <p>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.</p>	Family Adult and Community Learning Manager, Sunderland City Council	Strategic Learning Partnership Adult Learning Partnership New Horizons Partnership	July 2011	Case studies identified and used in future promotion. Increase in the number of people participating in Informal Adult Learning.	Review of participant data	Costs will be met from existing budget of Family Adult and Community Learning
<p>1.9 To maximise access to good quality green spaces for residents of Sunderland, through the work of the Parks Department in conjunction with Friends of Parks Groups.</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</p>	Parks Development Manager, Sunderland City Council	Healthy City Partnership Attractive & Inclusive City Partnership	March 2011	Ongoing improvement in the quality of parks and green spaces in Sunderland. Increased number of events and activities taking place in Parks, accessible to all. Increase in number of Sunderland residents using the parks.	Annual survey of Park users. Feedback from Friends of Parks Groups.	Parks survey and some of the events funded by existing funding stream. Friends of Parks undertake additional fundraising for

<p>and friendships, and increase social capital.</p>	<p>1.10 To continue to work with parents/carers and practitioners to promote the Sunderland Parent Officer and the routes into it.</p> <p>Evidence: Parenting programmes that deliberately try to support parents' well-being as well as their children's have been demonstrated to be one of the most cost effective interventions for improving emotional health and well-being in adults.</p>	<p>Parenting Strategy Officer/ Sunderland City Council</p>	<p>Family and Parenting Board</p>	<p>Ongoing</p>	<p>Referrals to the Family and Parenting Team increase More parents feel empowered to self-refer Attendance on parenting programmes increases Number of positive outcomes for parents/carers increases</p>	<p>Termly review as part of Children's Services monitoring</p>	<p>specific aspects of events as needed. No additional costs as part of core staffing structure.</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 Sunderland New Horizons Partnership will work with other groups who may need extra support.

The new Increasing Access to Psychological Therapies (IAPT) Service will be in place in Sunderland from December 2010 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 Sunderland to support this aim, examples include:

- Awareness raising of the mental health of veterans by Military Mental Health
- Sunderland Home Impact Assessment Service – award winning service that transforms homes of potentially vulnerable people, increasing independence and reducing care costs
- Breaks and holidays for carers
- Therapies and group support for victims/survivors of domestic violence
- CPA (Care Programme Approach) Team working relationships with Prison Mental Health In-Reach Teams to improve services for offenders

The actions listed below will strengthen this existing work.

Action/Activity and Evidence	Lead Person/Age ncy	Links to Partnership/Forum	Time-scale	Outcomes	Method for Evaluating Activities	Funding Stream/ Costs
2.1 Ante- and post-natal women: Complete the Maternal Mental Health Needs Assessment for Ante- and post-natal women. Evidence: Examining the evidence base and best practice is a key part	Children's Commissioning Lead, Sunderland TPCT	Maternity and Newborn Network South of Tyne and Wear Children's Partnership	End July 2010	Completed needs assessment with recommendations for action. Link made Maternity Lifestyle Services.	The number of recommendations implemented within 12 months.	Staffing costs within PCT

of the needs assessment process.	Chief Executive, Age UK Sunderland	Sunderland Adult Social Care Partnership Board Older Person Action Group WHO Healthy City Group	End Dec 2011	Sunderland has moved towards achieving Age-Friendly City status.	Progress reviewed against the WHO Age-Friendly City Checklist by Adult Social Care Partnership Board	Most actions should be achievable by re-designing existing provision
2.2 Older People: To work towards Sunderland becoming a World Health Organisation (WHO) Age-Friendly City www.who.int.ageing/publications/Age_friendly_cities_checklist.pdf Evidence: WHO Global Age-Friendly Cities project is based on consultation in 33 cities in 22 countries. Many of the recommended actions to achieve Age-Friendly City status align to the evidence based interventions that are recommended to improve EHWB for older people as well as for the general population.						
2.3 People with Dementia: Campaign to promote awareness for staff. Evidence: Actions will be evidence based.	Strategic commissioning lead for the National Dementia strategy, NHS South of Tyne & Wear	Model of Care Programme Board New Horizons Partnership	Sept 2010	EHWB will be a cross cutting theme within local dementia plans	Number of staff engaged in campaign	Funding secured from dementia strand of Model of Care
2.4 People with physical disability: Offer employment support to people	General Manager Disabilities	Sunderland Adult Social Care Partnership Board	March 2011	People with disabilities are provided with	Monitoring of project via conditions attached to funding.	Local Authority funding

with disabilities funded through time limited project. This includes soft skills development i.e. confidence, motivation etc. Evidence: any evidence will come from the learning gathered during the project.	Services, Health Housing and Adult Services			appropriate support to enable them to progress into employment, training and/or volunteering.	End evaluation of project.	secured
2.5 People with life limiting/life threatening illnesses: To clarify what work is currently being undertaken in Sunderland on the emotional health and well-being of people with life limiting/life threatening illnesses and identify any gaps. Evidence: Ensure that any actions identified are evidence based.	Public Health Team, Sunderland TPCT	New Horizons Partnership	By July 2011	Key actions identified	Number of recommendations implemented within 12 months	Staffing costs within PCT
2.6 People with Learning Disabilities: The Learning Disabilities Health Subgroup Work Plan is revised to include evidence based actions to improve the emotional health and well-being of people with learning disabilities and their families. Evidence: Any actions implemented will be evidence based.	General Manager, Disability Services, Sunderland City Council	Learning Disabilities Health Sub-Group Learning Disability Partnership Board New Horizons Partnership Sunderland Adult Social Care Board	End Sept 2010	Specific Emotional Health and Well-being recommendations in Learning Disabilities Health Subgroup Work Plan.	Ensure Emotional Health and Well-being recommendations are identified in the Annual Health Self-assessment.	No additional funding required

<p>2.7 People with alcohol/substance misuse/dual diagnosis: 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: 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 DAAT Joint Commissioning groups Substance Misuse Commissioning group New Horizons Partnership Mental Health Commissioning Forum Mental Health Model of Care Project group/Board</p>	<p>By Sept 2010</p>	<p>Develop Integrated Care Pathways Establish collaborative Steering groups in each locality Establish a range of 'Lead' posts in key agencies</p>	<p>Mental Health Model of Care Project Group monitors Action Plan. Substance Misuse team monitor Treatment Plans.</p>	<p>Funding secured by PCT</p>
<p>2.8 People experiencing mental illness: The emotional health and well-being of people experiencing mental health problems is already being 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</p>	<p>Lead Commissioner Mental Health, NHS South of Tyne and Wear</p>	<p>Model of Care Programme Board Model of Care Project Management Group New Horizons Partnership</p>	<p>Phase I work plan 2009 Phase II work plan throughout 2010</p>	<p>The development of an EHWB strategy – achieved January 2010 The development of local action plans by December 2010 The review of the overall phase II of the model by</p>	<p>Review of the Model of Care Board functioning and achievements Dec 2010 (through the detailed work plan for 2010)</p>	<p>Cost neutral. Any variation will be part of commissioning which will happen within the commissioning framework</p>

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.					January 2011 Model of Care paper produced May 2010		
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 Team, Sunderland TPCT	Suicide Audit Group NTW Multi-agency Suicide Prevention Group	Sept 2010 Ongoing	Local action plan produced Training Media Campaign	Report Built in evaluation Review and implementation of plan	Staff funded through Strategic Health Authority and PCT	
2.10 Carers: To ensure that actions to improve the EHWB of Carers, within the "Recognising and valuing carers in Sunderland 2009 – 2012 delivery plan", are being implemented. Evidence: Actions to be implemented will be evidence based.	Public Health Team, Sunderland TPCT Chief Executive, Sunderland Carers Centre	New Horizons Partnership Sunderland Adult Social Care Partnership Board	March 2012	Actions are identified and implemented within the timescale	Annual review of the 2009-12 delivery plan	Currently investigating financial implications	
2.11 Black and Minority Ethnic population: Implement recommended actions from the Mental Health Needs Assessment of BME Communities in Sunderland and develop SOTW	Public Health Team, Sunderland TPCT	New Horizons Partnership Delivering Race Equality Partnership for Northumberland, Tyne	March 2011	Where appropriate, actions are included within the BME Action Plan Actions outside	The number of actions implemented within 12 months Update quarterly report to commissioners	Funding secured until end March '11	

BME Action Plan. Evidence: Any actions implemented will be evidence based.	Public Health Team, Sunderland TPCT	and Wear NTW Working Age Adults Equality and Diversity Operational Group New Horizons Partnership Sunderland LGBT Independent Advisory Group Inclusive Communities Partnership	Health Needs Assessment completed by Dec 2010	the remit of the Public Health Team will be identified and raised with commissioners. Completed report with recommendations	Agenda item on New Horizons Partnership	Funding secured from NHS South of Tyne and Wear
2.12 Lesbian, gay, bisexual and transgender (LGBT) people: To undertake a lesbian, gay, bisexual and transgender health needs assessment in Sunderland. Evidence: Any actions recommended in the report will be evidence based.	Public Health Team, Sunderland TPCT	Safeguarding Adults Board Safeguarding Children Board Safer Sunderland Partnership (CDRP)	End Sept 2010	Specific Emotional Health and Well-being recommendations in the Strategy Existing level of services maintained	Number of recommendations implemented within 12 months	Currently investigating financial implications
2.13 Victims/survivors of domestic violence and abuse: To ensure that the local strategy being developed to support the national "Violence against women and girls" Strategy has reference within it to emotional health and well-being. Evidence: Ensure that any actions identified are evidence based.	Safer Communities Officer - Violent Crime Reduction, Sunderland City Council	Counselling in Prisons Network Durham prisons cluster New Horizons Partnership	Ongoing	Complex needs of offenders are addressed. Project is built on to develop pathways	Each participant completes a feedback form. Forms are regularly monitored.	Funding secured until end March 2011 through Offender
2.14 Offenders and ex-prisoners: To use counsellors to improve the emotional health and well-being of offenders through one to one therapy and group therapy in HMP Low Newton, Durham, Frankland,	Project Manager, Sunderland Mind					

<p>Deerbolt, Castington and Acklington.</p> <p>Evidence: This work is evidence based, being part of the British Association of Counselling and Psychotherapy, promoting excellence of therapy in prisons.</p>				<p>available for helping ex-offenders to work towards improving their emotional health and well-being which will lead to a reduction in offending behaviour.</p>		<p>Health Programme at County Durham PCT. Service part of large tender post April 2011</p>
<p>2.15 To recognise the role that housing services play in promoting independence and increasing the emotional health and well-being of their clients.</p> <p>Evidence: Effective interventions to address environmental influences on mental well-being include those that address poor quality housing. Sunderland Council's Energy Efficiency Programme, and other national initiatives to reduce fuel poverty and enable people on low incomes to keep warm, can reduce risk of depression by 50%.</p>	<p>Housing Strategy and Operations Manager Sunderland City Council</p>	<p>New Horizons Partnership Strategic Housing Partnership</p>	<p>May 2011</p>	<p>Emotional Health and Well-being is specifically acknowledged in the services delivered to vulnerable people through housing related support from April 2011.</p> <p>Directorate performance indicators include a specific indicator on increasing EHWB of clients in the new 3 year plan.</p> <p>People who need extra support to access and</p>	<p>Client feedback questionnaires for all services within the housing directorate will include questions on client's emotional health and well-being.</p>	<p>Changes should be achievable within existing budgets</p>

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

Supporting Information:

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

- Mental Health First Aid Training
- World Mental Health Day Activities
- Targetted workshops with local communities on common mental health issues
- Mental health awareness raising sessions run by Washington Mind in local schools and colleges

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
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	New Horizons Partnership Happiness and Well-being Network	10 th October 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.	£2k funding secured from Sunderland TPCT for 2010 and funding strategy in place for 2011.

<p>3.2 Extend the programme of training around Mental Health First Aid, particularly targeting front-line workers, including GP practice staff. www.mindmentalhealthfirstaid.org.uk</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>	Public Health Team, Sunderland TPCT	New Horizons Partnership	End Dec 2010	Number of people trained. Increased confidence in participants to address mental health issues.	Training course is evaluated by MIND.	Funding to be identified. (£20k required to pay for a train the trainers course for 12 trainers and to train 100 people.
<p>3.3 Take part in regional radio campaign "Time to Change" www.time-to-change.org.uk</p> <p>Evidence: Mass media campaigns supported by community activities can have a measurable impact on knowledge, attitudes and behavioural intentions.</p>	Public Health Team, Sunderland TPCT	New Horizons Partnership	By Sept 2010	Reaching 3.5% of Sunderland population.	The campaign organisers will measure the reach of the campaign.	Funding secured - £4k from PCT and Regional Health Authority.
<p>3.4 Make better use of</p>	Public Health Team,	New Horizons Partnership	Ongoing	Meetings held with key contacts in communications teams at Council	Record of press releases	No additional

<p>Sunderland Council Newsletters, Sunderland TPCT 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, attitudes.</p>	<p>Sunderland TPCT</p>			<p>and PCT. Relationships built with local media and other key organisations such as Gentoo, Student Union and Voluntary Sector organisations.</p> <p>Column inches and number of positive stories/articles relating to improving Emotional Health and Well-being.</p> <p>Joint meeting of all press officers to develop a communications strategy across the city.</p>	<p>issued and subsequent press coverage</p>	<p>resources required</p>
<p>3.5 Work with local employers to challenge stigma and discrimination in order to facilitate people with mental health issues finding employment.</p> <p>Evidence: There is good evidence of the effectiveness of supporting people with common mental health problems back to work through primary care. Also, supported employment programmes (e.g. individual placement</p>	<p>Education and Employment Coordinator, Sunderland City Council</p> <p>IAPT lead</p>	<p>Sunderland Working Neighbourhood Strategy</p> <p>New Horizons Partnership</p>	<p>March 2011</p> <p>IAPT Service starts Dec 2010</p>	<p>Increased number of people in contact with secondary mental health services who either get into, or retain, employment. The Individual Placement and Support model of employment is delivered - aligned to the regional Employability Service Model.</p> <p>Appropriate referrals to IAPT to enable individuals to maintain and retain employment. (www.iapt.nhs.uk/regions/north-east/)</p> <p>Increased awareness of Shift Programme www.shift.org.uk</p> <p>This action is linked to Sunderland</p>	<p>Hanlon IM System</p> <p>PSA16 / NI150</p> <p>Monitoring of IAPT programme referrals.</p>	<p>Funding secured through Working Neighbourhood Fund</p> <p>NHS Funding in place for IAPT service</p>

<p>support programmes for people with mental health problems) are much more effective than pre-vocational training (e.g. 'preparing for work courses').</p>				<p>Economic Strategy</p>		
<p>3.6 To promote Mindful Employer initiative with employers in Sunderland. www.mindfulemployer.net</p> <p>Evidence: Qualitative and anecdotal evidence exists, from employers who have signed up to the charter, indicating improved support for people with mental health problems and reduced sickness days linked to stress and anxiety.</p>	<p>Mindful Employer North East Lead</p>	<p>New Horizons Partnership Healthy City Partnership</p>	<p>Sept 2011</p>	<p>30 new employers signed up to Mindful Employer initiative. Identify one or more "champion" employers and share good practice with other employers.</p>	<p>Number of new employers as Mindful Employer charter signatories.</p>	<p>Employers pay £50 - £100 to sign up, depending on number of employees</p>
<p>3.7 To host a "Mindful Money" Event in Washington. Evidence: There is clear evidence that being in debt and having financial worries can make an</p>	<p>Service Manager Washington Mind</p>	<p>New Horizons Partnership</p>	<p>End Nov 2010</p>	<p>An increase in understanding of financial capability for participants with experience of mental distress and an improvement in confidence to seek information and advice if required. An increase in understanding of financial capability for participants who offer support to people with experience of mental distress and</p>	<p>A pre and post event evaluation is being developed by Mind and all events held throughout the country will use the same</p>	<p>£3K funding secured through the Mindful Money Programme from national Mind - sponsored</p>

<p>existing mental health problem worse. Foresight's recent report shows how it is important to better equip people to deal with life events by providing training on financial issues to tackle the root cause of the problem.</p>			<p>improved confidence and knowledge of where to signpost people for information/advice. A greater understanding of the impact of mental distress on people's ability to manage their finances (in particular for people who offer financial information and advice). Improved knowledge of local sources of support, information and advice on finances and mental health.</p>	<p>evaluation forms.</p>	<p>by Santander.</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 (www.newhorizons.dh.gov.uk) 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 illness and unlock the benefits of well-being and mental health for the whole population.

There are already examples of excellent work taking place in Sunderland to support this aim. These include:

- Sunderland Compact - improves working relationships between the organisations of the Sunderland Partnership and VCS (Voluntary Community Sector) organizations, ensuring the capacity and ability of the VCS to engage in meaningful partnership based collaborative working.
- Community Wellness Programme – commissioned by the PCT it targets those who do not access the council's traditional Wellness facilities. The Programme uses VCS volunteers and community staff, trained by the Council's Wellness Service, to deliver group fitness classes and supervise individual sessions within venues such as community associations.
- Befriending project which addresses social networks for isolated older people.

The actions identified below will help to further strengthen this work.

Action/Activity and Evidence	Lead Person/Agency	Links to Partnership/Forum	Time-scale	Outcomes	Method for Evaluating Activities	Funding Stream/ Costs
4.1 To host an event for the wider workforce who have a role to play in improving emotional health and well-being in Sunderland. Event to address the expressed needs to make people/organisations more aware of existing services, to network, to share best practice, to	Service Manager, Washington Mind Public Health Team, Sunderland TPCT	New Horizons Partnership Sunderland Partnership	By November 2001	Better understanding of existing services and opportunities. Better use of scarce resources between organisations. More joined up	Participant evaluation at the event	£5k required

<p>improve ways to work in a joined up way and also to share resources in difficult financial climate.</p> <p>Evidence: Event will help to share best practice.</p>				<p>working. 150 participants attend event</p>		
<p>4.2 To improve links between work to improve the emotional health and well-being of adults and children and young people in Sunderland. The outcome of the 2010 CAMHS review is awaited before identifying the most appropriate way forward.</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 course.</p>	<p>Locality Commissioning Manager - Sunderland Adult Mental Health, Sunderland TPCT</p>	<p>New Horizons Partnership CAMHS Children's Trust Board</p>	<p>End March 2011</p>	<p>Improved links are made between EHVB work in Sunderland for adults and for children and young people.</p>	<p>Annual review</p>	<p>Staff time required</p>
<p>4.3 Develop a local action plan to address inequalities in relation to health determinants as identified in the Marmot Review.</p> <p>Evidence: The Marmot Review is an evidence</p>	<p>Public Health Team, Sunderland TPCT</p>	<p>Healthy City Delivery & Improvement Group Delivery and Improvement Board</p>	<p>March 2011</p>	<p>Action plan developed. Plan endorsed by the Delivery & Improvement Board.</p>	<p>6 monthly review by the Healthy City Group</p>	<p>No costs to develop the plan. Cost to be identified for implementation.</p>

<p>based document and so all actions in the action plan will be evidence based.</p>	<p>4.4 To ensure that the role that the Safer Sunderland Strategy has in improving the emotional health and well-being of Sunderland residents is addressed through key aspects of the Safer Sunderland Strategy.</p> <p>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.</p>	<p>Safer Communities Manager, Sunderland City Council</p>	<p>Safer Sunderland Partnership</p>	<p>Ongoing</p>	<p>Improved feelings of safety, perceptions of anti-social behaviour and public confidence.</p>	<p>Progress will be reviewed through the annual Partnership Strategic Intelligence Assessment</p>	<p>Achievable within current workstreams</p>
<p>4.6 To encourage VCS organisations which support/address issues of emotional health and well-being, to become engaged with their Area VCS Network to promote partnership working and encourage joint commissioning opportunities between other VCS organisations and statutory organisations.</p>	<p>Sunderland Community Network Area Community Coordinators and Community Development Team, Sunderland City Council.</p>	<p>Sunderland Partnership</p>	<p>Ongoing</p>	<p>Sunderland Community Network and Area Community Coordinators to support the development of joint-working between all members of the VCS Networks and Area Committees, thereby</p>	<p>Annual Review of Area VCS Networks</p>	<p>No extra funding required.</p>	

<p>Evidence:</p> <p>This action helps towards both delivering services in partnership with local communities and also strengthening local democracy, community involvement and empowerment. There is emerging evidence that both of these activities can help to improve emotional health and well-being in local communities.</p>				<p>influencing and addressing issues of emotional health and well-being.</p> <p>Activities undertaken reflect the agreed actions that have been identified by the community to achieve aims contained in the Area Plans.</p>		
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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 Team, Sunderland TPCT</p>	<p>New Horizons Partnership</p>	<p>End July 2010</p>	<p>Validated indicators produced</p>	<p>Lodex to evaluate</p>	<p>PCT funding secured</p>
<p>5.2 To ensure effective evaluation of local projects by training PCT staff in the use of the Lodex evaluation tool, including how to collate and analyse results.</p> <p>Evidence: Using a validated evaluation tool will help to</p>	<p>Director, Lodex Ltd</p> <p>Public Health Team, Sunderland TPCT</p>	<p>New Horizons Partnership</p>	<p>End Dec 2010</p>	<p>Evidence of impact on EHWB of the project participants. Ability to plan future activities to maximise EHWB of participants.</p>	<p>Use of validated evaluation tool</p>	<p>£5k obtained from PCT for staff training and the licence (allows unlimited number of projects to be evaluated)</p>

strengthen the future delivery of projects in relation to improving EHWB levels of participants.									
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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.

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:¹

- 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)

¹ 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"> • high demands/low control • levels of support • role clarity • job insecurity • sense of injustice/unfairness | <ul style="list-style-type: none"> • effort-reward imbalance • bullying and harassment • staff involvement • physical environment |
|--|---|

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 exercise²

² 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

- Walkable green spaces
- Forest schools
- 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).

motivation for people to get involved, notably in physical activity, but also in volunteering, gardening and other activities beneficial to mental health.

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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NIMHE (2004) *Celebrating our Cultures: Guidelines for Mental Health Promotion with Black and Minority Ethnic Communities* <http://www.nmhdu.org.uk/silo/files/cultures-black-minority.pdf>

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 across South of Tyne & Wear is 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 - Sunderland Increased Access to Psychological Therapy Service (IAPT)

Sunderland Increased Access to Psychological Therapy service (IAPT) will be integrated within NTW primary care mental health team and the Third Sector to provide a community wide effort in developing a person/family centred service. With the aim to improve the health and well-being of the population, as a result of early identification, prevention and promoting social inclusion by implementing a stepped approach on the treatment of depression and anxiety 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 anxiety and depression through working with partner organisations that provide high quality psychological therapies
3. Allowing 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
4. Supporting and maintain people in work and involvement in activities of daily living
5. Supporting 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.

