

“We want people to have a better life, a happier life, so there’s more, not just years in your life, but life in your years.”

Director of Public Health

Building resilient communities

Making every contact count
for public mental health

August 2013



2 - Building resilient communities

This report is one of a series produced on behalf of the Mental Health Strategic Partnership with funding from the Department of Health.

The Mental Health Strategic Partnership comprises:



For the additional resources accompanying this report, please see www.mind.org.uk/publicmentalhealth

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1. Executive summary

Mental health should be a key part of every public health strategy. There is a strong moral and economic case for tackling the rising challenge of mental health problems for communities and the people who experience them. There are also clear, evidence-based and cost-effective steps that can be taken to build resilience, promote wellbeing and help to prevent mental health problems.

This report focuses on resilience; setting out the types of services, resources and infrastructure that need to be in place locally to support resilient communities, helping people to 'feel good and function well'. It will be of interest to those who commission (or aim to influence the commissioning of) local services, those who provide services that impact on the wellbeing and resilience of their local community and those who use these services.

Resilience should be central to any public mental health strategy but is only one element; it is essential that structural inequalities, like income or access to affordable housing, are also tackled. Evidence for this report was gathered through interviews, focus groups and a selected literature review.

1.1 What makes resilient people?

Resilience is the capacity of people to confront and cope with life's challenges; to maintain their wellbeing in the face of adversity. From the literature in this area and the personal experiences of our focus groups and interviewees we identified three key factors that affect resilience:

- Activities that promote wellbeing
- Building social capital
- Developing psychological coping strategies.

Promoting wellbeing

Wellbeing is made up of two key elements; 'feeling good' and 'functioning well'¹. The New Economics Foundation's (NEF) report *Five Ways to Wellbeing* sets out five actions that promote wellbeing². Importantly, these are not just a

person's individual responsibility, but can be influenced by 'upstream' interventions; shaping existing services or providing new services in such a way that they encourage behaviours that promote the five ways to wellbeing.

This report sets out the evidence for each of the five ways to wellbeing, as well as examples of upstream interventions that can support people to take part in these activities locally. The five ways to wellbeing are: connect, be active, take notice, keep learning, and give.

Building social capital

Relationships are a key component of social capital and there is strong evidence that they are a major factor in promoting wellbeing and preventing mental health problems. Building social connections is also an area where local authorities, community groups and service providers can make a significant impact. Effective strategies to promote social connections include:

- targeted interventions to build social relationships amongst isolated groups
- changes to the way existing (non-wellbeing focused) services and support are run to facilitate social connections
- interventions that encourage social connections between people with similar experiences to provide peer support

Developing psychological coping skills

There is a growing evidence base around the use of psychological treatments (including cognitive behavioural therapy) and psychological education for the prevention of mental health problems. This is particularly important for people during periods of stress or change, such as following a diagnosis of a long-term condition, after birth or following a move into a residential home. Simple, cost-effective interventions have been shown to significantly reduce the likelihood of developing depression and reduce stress and anxiety.

1.2 What makes resilient communities?

As well as providing the right services, facilities and resources that help to build resilience, local communities must have the capacity and infrastructure to support people to access them.

Mental health awareness

- Every member of frontline staff, every councillor, faith leader, volunteer or manager can play a role supporting the wellbeing of the people that they work with. However, too many have had no mental health training at all and told us that they aren't sure how to make a difference.
- Mental health awareness training can support staff to ensure that every contact with their local community counts in terms of improving wellbeing and signposting people to support.
- This report is accompanied by a training presentation and booklet on this topic.

Information

- Without comprehensive, accessible and well-promoted information people are often unable to access support and professionals struggle to signpost people on to different services. A good information service is essential to making 'every contact count' in promoting wellbeing and resilience.

Local networks

- A closely integrated network of service providers, including voluntary, statutory and private sector organisations, will enable people to be referred easily between services, allow for the sharing of intelligence and best practice and help to prevent duplication of provision.

Accessibility

- Mental health, communication or mobility issues, as well as stigma, discrimination and a lack of confidence can both increase people's need for wellbeing support and present additional barriers to accessing it. It is important to work with local communities when developing services, facilities and resources to ensure that they are open and accessible to everyone.

1.3 Making it happen

It takes more than a dedicated Director of Public Health to implement an effective strategy to build resilience, it takes a whole community.

Leadership

- Strong leadership from public health teams and senior staff in local authorities is essential. Councillors can also act as powerful advocates for public mental health in their local area.

Joint working

- Building strong regional and local networks and working jointly with other teams is important to overcoming some of the barriers to commissioning and providing effective public mental health services. Health and Wellbeing boards have an important role to play, opening up new ways of working, enabling more joint funding and encouraging a wellbeing focus across all local authority policies and departments.

Involvement

- Involving local people in the co-production of services not only provides an opportunity for people to take part in the five ways to wellbeing, but will result in better services that are more appropriate for and appealing to the local population, as well as being more effective.

Mental health impact assessment

- Understanding the relationship between factors like social connectedness, physical activity, volunteering and mental health will help to gain a fuller appreciation of the impact that commissioning, or cutting, any service may have locally and who may benefit from accessing it. Wherever possible, wellbeing outcomes should be measured and evaluated robustly.

1.4 Conclusion

There is clear evidence and a convincing economic case for investment in public mental health. We know what makes a difference, and we now know what a successful public mental health strategy looks like. Every local area should be supporting its community to take part in activities that promote wellbeing, build social connections and improve psychological coping skills – building community resilience and ‘future-proofing’ wellbeing. In particular, a targeted approach is needed to support people living in the most difficult life circumstances.

To be successful, public mental health strategies must touch a whole community and involve the whole community in both their development and delivery. If we are going to build community resilience in such challenging times, it is essential that we make every contact count for wellbeing.

For the additional resources accompanying this report, please see www.mind.org.uk/publicmentalhealth

2. Summary of recommendations

2.1 Local authorities and public health teams

- Ensure good provision of local facilities, resources and services to support people to take part in activities involving each of the five ways to wellbeing.
- Ensure that an effective strategy is in place to support the wellbeing of local authority employees.
- Consider how existing local authority services can be reconfigured to support people to take part in activities involving the five ways to wellbeing, in particular building social connections.
- Provide targeted support to build social connections for isolated people, for example through befriending services.
- Provide specific groups or facilities to build social connections between people experiencing similar challenging life circumstances.
- Provide training on mental health, wellbeing and resilience to all frontline staff as well as community groups, faith groups and service providers. Where appropriate provide for this training to be delivered by other local organisations.
- Ensure that frontline staff across the community understand the importance of making ‘every contact count’ for wellbeing.
- Provide a comprehensive information tool covering all wellbeing and resilience activities, resources and services, accessible to people with visual impairments and other disabilities, as well as people without access to the internet.
- Actively promote this information resource to groups most likely to benefit and to frontline professionals who can signpost people to further support.
- Work with the local community to understand and overcome barriers to accessing wellbeing and resilience services.
- In collaboration with your local community, assess the accessibility of all services, facilities and resources in your area and make any necessary adjustments.
- Where possible, co-produce services with the local community to ensure that they are as accessible as possible.
- Support local providers to evaluate the wellbeing impacts of their services using the Mental Wellbeing Impact Assessment Tool.

- Consider wellbeing as part of impact assessment of any new service or proposed service cut.
- Provide access to interventions that build psychological coping skills, particularly for those at increased risk of poor wellbeing.

2.2 Health and Wellbeing Boards

- Ensure that Health and Wellbeing Strategies prioritise building resilience and preventing mental health problems, including through provision of services that support people to take part in activities involving each of the five ways to wellbeing.
- Gather effective public mental health intelligence through a local Joint Strategic Need Assessment (JSNA), as set out in the Joint Commissioning Panel for Mental Health guidance.
- Ensure that isolation and social connectedness are considered in local Joint Strategic Needs Assessments and Health and Wellbeing Strategies.
- Facilitate joint working between public health teams and clinical commissioning groups to allow for the joint provision of preventative psychological therapies.
- Ensure that Health and Wellbeing Strategies incorporate making 'every contact count' for wellbeing.
- Facilitate connections between local voluntary, statutory and commercial service providers.
- Prioritise facilitating joint working around public mental health.
- Ensure that the local community, voluntary sector and providers are represented on Health and Wellbeing boards.

2.3 Local community groups and service providers

- Review how services are provided to ensure that they support people to take part in

activities involving each of the five ways to wellbeing, particularly facilitating building social connections between people.

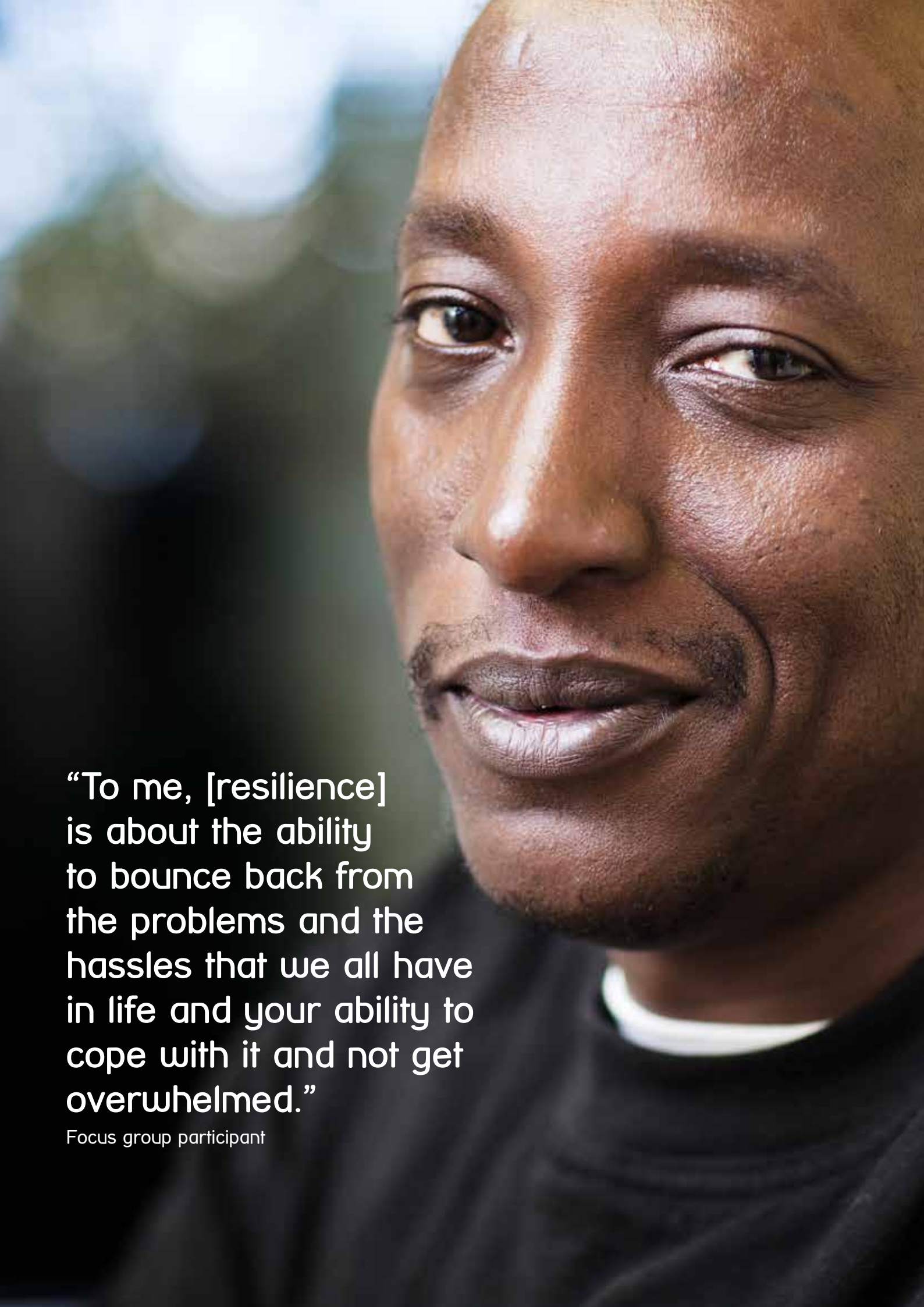
- If possible, robustly evaluate the wellbeing impact of your service. Otherwise ensure that you have a clear understanding of the relationship between the service and the wellbeing of the people who access it.

2.4 Clinical Commissioning Groups

- Provide access to interventions that build psychological coping skills, particularly for those at increased risk of poor wellbeing.

2.5 Councillors

- Sign up to the Local Authority Mental Health Challenge run by national mental health charities and appoint an elected member as 'mental health champion' across the council, to provide leadership and ensure public mental health is prioritised: www.mentalhealthchallenge.org.uk
- As Lead Member for health or adult services, prioritise mental health in your portfolio and across all areas of the council's work.
- Ensure all elected members are provided with mental health awareness training to support your strategic role in promoting public mental health and your community role in engaging with people who may be at risk of or have mental health problems.
- As members of the Overview and Scrutiny committee or the Health Scrutiny panel, ensure you include mental health and wellbeing in your work to scrutinise how well the council promotes wellbeing, builds individual and community resilience and prevents mental health problems.
- Ensure the budget affords appropriate priority to public mental health by investing in evidence-based interventions and that all funding decisions are assessed for their impacts on individual and community wellbeing.



“To me, [resilience] is about the ability to bounce back from the problems and the hassles that we all have in life and your ability to cope with it and not get overwhelmed.”

Focus group participant

3. Introduction

The case for taking action to prevent heart disease, cancer and many other physical health conditions has long been accepted. However, there is also strong evidence for practical steps that we can take to reduce the prevalence of mental health problems and promote wellbeing. Mental health problems make up 23 per cent of the total 'burden of disease' in the UK compared to 16 per cent for cancer and 16 per cent for heart disease³. It costs the economy an estimated £51.6 billion every year⁴ and yet the most recent estimate showed that, before the responsibility for public health was transferred to local authorities in April 2013, only 0.03 per cent of the annual NHS mental health budget had been spent on the promotion of good mental health and the prevention of mental health problems⁵.

A failure to address mental wellbeing and resilience will be an important opportunity missed to improve the lives of local communities and will undermine other work to address health inequalities and improve physical health.

There is clear evidence that broad social and economic inequalities have a profound impact on health inequalities. In England, people living in the poorest neighbourhoods will, on average, die seven years earlier than people in the richest neighbourhoods and will spend more of their shorter lives living with a disability, including mental health problems⁶. There is a clear link between social and economic inequalities and mental health problems⁷; people living on the lowest fifth of household incomes are twice as likely to develop common mental health problems as those on the highest incomes⁸. This was described by the Department of Health as a 'shameful inequality'⁹.

Addressing these broad, structural inequalities, including issues like tackling abuse and violence, access to affordable housing, secure and meaningful employment and a reasonable income are all essential to reducing the prevalence of mental health problems¹⁰. However, whilst there are significant inequalities that we can, and should, be challenging, people will always experience adversity and difficult circumstances. It is essential, therefore, that we also consider

how we can build resilience within people and communities to deal with this.

To be successful local partnerships have to address the root causes of poor health and languishing but recognition of the interconnectedness of feeling good and functioning well may enable policy makers, commissioners, providers, communities and individuals to work together to mitigate the worst effects and to build resilience for the future.

Smith and Corlett, The Lambeth Wellbeing and Happiness Programme¹¹.

Through this report, Mind and the Mental Health Foundation have worked together to set out the types of services, resources and infrastructure that need to be in place locally to support healthy and resilient communities, reducing the prevalence of mental health problems and making significant savings both to the local and national economy.

The report looks at how we can support people in England to 'feel good and function well', building resilience to cope with difficult circumstances, which is an essential component of any successful public mental health strategy. However, it is just one component, and must also be accompanied by targeted action to address structural inequalities that are some of the greatest determinants of health outcomes.

People living with mental health problems are one of the groups most likely to experience low levels of wellbeing. Many of the services and resources set out in this report that have a key preventative role will also be beneficial for recovery, resilience building and wellbeing promotion for people living with existing mental health problems. While this is not the primary focus of this report, public health teams do have a role in working with other health professionals to ensure that mental health services (including wellbeing and resilience services) are effective and accessible for everyone who needs them.

4. Methodology

This report brings together the experiences of people who commission, deliver and use services and resources which influence wellbeing at a local level throughout England. We conducted:

- 27 interviews, face-to-face and by telephone
- Five focus groups, three with people accessing wellbeing and resilience services and two with people with long-term physical health conditions
- A selected literature review

Further details are available in Appendix A.

A national stakeholder steering group also provided advice and guidance throughout the project, feeding into the research findings and resources produced as well as shaping this report. The group was formed of representatives from a range of voluntary organisations whose work impacts on wellbeing or who represent groups who may be at increased risk of poor mental health: Age UK, Citizens Advice, British Heart Foundation, Action for Children, Macmillan, MS Society, and the National Housing Federation.

The research has looked across England whilst taking particular community case-studies from four diverse geographical areas: Tameside, Croydon, York and Oxfordshire.

The characteristics protected under the Equalities Act 2010, for example race, gender, age and disability, may result in people being at increased risk of developing mental health problems or experiencing greater difficulties accessing the support they need. The impact of these characteristics on people's need for support and ability to access it has been considered throughout this report and should be a priority concern for anyone looking to promote wellbeing and build resilience in local communities.

There is strong evidence of the need for targeted services to support people at increased risk of poor mental health due to particular life circumstances. However, it is also essential to address wellbeing at a wider, population level, promoting universal access to services, information and resources.

“We absolutely want and need services to be universal because that’s where they really start to work, that’s where they really start to make sense and that’s where, actually, whether it’s easy to demonstrate or not... you just know, that’s how you keep people well and in control of their lives and out of expensive secondary services.”

Adult Services commissioner

As The Marmot Review of strategies for reducing health inequalities stated: ‘focusing solely on the most disadvantaged will not reduce health inequalities sufficiently. To reduce the steepness of the social gradient in health, actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage. We call this proportionate universalism’¹². This research has therefore looked at both universal and targeted solutions to building individual and community resilience, with a particular focus on groups at increased risk of developing mental health problems. For example; people with long-term physical health conditions, older people, pregnant women or new mothers who are socially isolated and people who are unemployed or in poor housing. The Joint Commissioning Panel for Mental Health guidance for commissioning public health services sets out a comprehensive list of risk factors associated with poor wellbeing¹³.

“We proactively go out and recruit people who are facing greatest inequalities and have fewer choices. I think if you just run things you easily get the same people coming along time and time again, which is not... actually making a difference to bigger health inequalities within the city, it needs to be targeted towards people who are most at risk.”

Local Mind Chief Executive

This report will be of interest to those who commission (or aim to influence the commissioning of) local services, those who provide services that impact on the wellbeing of their local community and those who use these services. There are particular recommendations for:

- local authorities (and particularly public health teams)
- health and wellbeing boards
- clinical commissioning groups
- elected councillors
- local community groups and service providers.

5. Scope

5.1 What is wellbeing?

“Everyone has mental health and wellbeing... whoever you are, whatever your circumstances.”

Adult Services commissioner

There are numerous definitions of both wellbeing and resilience and in our research we found some confusion about what these terms mean. Whilst resilience, wellbeing and mental health are personal and subjective in the way that they are experienced by people, it is important that we have clarity and consistency in the way the terms are used to ensure that commissioning and service provision are based on the strongest and most relevant evidence available.

Wellbeing has been 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 environment¹⁴.

A state in which an individual is able to realise his or her own abilities, cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community¹⁵.

Wellbeing covers more than just ‘happiness’; it involves the complex interplay of several different factors in a person’s life. When measuring wellbeing the Office for National Statistics includes both subjective measures of a person’s own feelings of wellbeing and more objective factors such as health, finance and housing¹⁶. Public mental health approaches should therefore not focus solely on reducing the number of people living with mental health problems, but also need to consider ways of enabling people to flourish by promoting positive wellbeing in all areas of their lives.

This report will focus on mental wellbeing, as distinct from physical wellbeing (or physical health). It can be helpful to understand a person’s mental wellbeing as being made up of two key elements, what NEF refers to as ‘feeling good’ and ‘functioning well’¹⁷.

- Feeling good consists of experiencing positive emotions such as happiness, contentment and enjoyment, as well as feelings of curiosity, engagement and safety. Positive mental wellbeing is not necessarily the absence of negative emotions. People with high levels of wellbeing will still experience feelings of sadness, anger and stress, but are likely to be better able to cope with these without a significant impact on their mental health.
- Functioning well relates to how a person is able to function in the world. This includes having positive relationships and social connections, as well as having a sense of control over one’s life and a sense of purpose.

Mental wellbeing is closely linked to, but not the same as, good mental health. Someone who has been diagnosed with a mental health problem may

experience high levels of wellbeing for some of the time, but would be more likely to experience periods of low wellbeing than someone without a mental health problem. It is therefore important that public health teams work with other health professionals to ensure that people living with mental health problems get access to the services and support that they need, including to promote wellbeing and build resilience.

Equally, supporting people who have low levels of wellbeing can help to prevent the development of mental health problems¹⁸, particularly depression, stress and anxiety; and supporting the wellbeing of people with mental health problems can support recovery and improve health outcomes.

that these are not only providing short-term gains in wellbeing, but also longer-term gains in resilience. This report considers three key components to building resilience;

- promotion of wellbeing
- building social capital
- developing psychological coping skills.

5.2 What is resilience?

“The belief that when times are hard, no matter what happens, you can get through it in your own way.”

Focus group participant

Resilience is the capacity of people to confront and cope with life’s challenges and to recover from, or adapt to, adversity. Whilst wellbeing refers to a person’s ‘psychological state at a point in time’¹⁹, The Young Foundation describe resilience as ‘dynamic, taking into account the past and the future; a person can build resilience before they hit crisis and be more likely to cope with problems that may be around the corner’²⁰. Resilience can be learned and improved, as well as eroded or worn down by difficult circumstances, so a person’s resilience may vary over their lifetime.

The Young Foundation goes on to explain how resilience can add an element of ‘future-proofing’ to a wellbeing analysis. It is not only important that communities have high levels of wellbeing but also that they are resilient to maintain this wellbeing in difficult circumstances. This is particularly important in a time of economic recession when many people are facing job-cuts, welfare reforms and economic uncertainty.

Activities, facilities and services that promote wellbeing are important, but we must make sure



“I think the evidence is extremely good these days. A lot of what people have known for a long time now has a good evidence base and we can be confident about going forward in these areas.”

Director of Public Health

6. Mental health as part of public health

Promoting wellbeing, building resilience and preventing mental health problems must be key elements of every public health strategy. This is increasingly important due to the essential role of public health teams in addressing some of the challenges caused by the economic downturn and subsequent austerity measures, for example by providing wellbeing support for people who are unemployed or experiencing increased stress and anxiety due to financial insecurity.

Investment in mental capital and wellbeing makes social, economic and political sense; cognitive decline, mental illness and languishing are expensive and miserable for everyone. Fortunately much of this expense and misery is avoidable.

Smith and Corlett, The Lambeth Wellbeing and Happiness Programme²¹.

However, mental health and wellbeing aren't only health outcomes themselves but also factors that influence all other health outcomes. Research shows that improving wellbeing and preventing mental health problems will improve many of the factors influencing both overall life expectancy and healthy life expectancy, which are the broad aims of the Public Health Outcomes Framework²². For example, improving wellbeing and preventing mental health problems will increase levels of social connectedness and employment for people with long term conditions, reduce sickness absence rates, levels of health risk behaviours such as smoking and mortality from preventable health conditions, as well as increasing self-reported wellbeing.

A failure to address mental health and wellbeing will also make it harder to achieve other public health outcomes, such as reduced smoking. People with mental health problems are twice as likely to smoke than the general public, with 50 per cent of people with schizophrenia and 51 per cent of those with bipolar disorder smoking 20 cigarettes a day, compared to just eight per cent of the general population²³. 42 per cent of all cigarettes in England are smoked by people with mental health problems²⁴. Successful public health strategies to address tobacco consumption must therefore effectively target people living with mental health problems if they are to succeed.

Not only will a failure to address mental wellbeing and resilience be an important opportunity missed for public health teams to improve the lives of their local communities, but it will also undermine other work to address health inequalities and improve physical health outcomes.

Case study 1: Sheffield Mind and Body Project

The Mind and Body Project starts from the premise that mental and physical health are interlinked and for people to live healthier lives a holistic approach is needed.

Activities were delivered in areas with high incidence of health inequalities and targeted at the most disadvantaged people, who experienced or were at risk of experiencing poor mental health, including Black and minority ethnic (BME) groups and people who are out of work.

The project worked on an individual and community level through direct interventions such as:

- Group activities - six or 12 week sessions on topics such as healthy lifestyles, anger management, emotional and physical wellbeing, women's wellbeing and Zumba
- One-off taster sessions to encourage recruitment to the group activities
- 'Change one thing' workshops - structured support to promote sustained behavioural change based on the person's own goals
- Volunteering opportunities - recruiting 15 Community Health Champions who help engage people from their communities to attend the groups and help to run them.

Over two and a half years more than 750 people have been engaged through the project making a positive change to their lifestyles. Of these 17 per cent were from BME communities. A follow up survey showed that, of those sampled, 85 per cent had sustained the lifestyle changes they had made through the programme, for example being more physically active, eating more healthily or using strategies for managing excessive anger. Critical to the success of the project is the link between promotion of physical and mental health.

One participant said:

"Attending the group has changed my life. I never realised before how unhealthy my life was and why I felt depressed so much of the time. I now take some form of exercise most days and cook meals at home instead of eating takeaways. I have lost weight and feel far more confident about myself and am now looking for a job."

6.1 A key moment for public mental health

This is a time of significant change within the public health system.

The Health and Social Care Act 2012 transferred responsibility for public health to local authorities, giving them the duty to improve and protect the health of people in their local areas, including their mental health and wellbeing. Since April 2013 local authorities must identify the public health needs of their local population and take the appropriate steps to address those needs, whether this is commissioning smoking cessation or healthy eating services, or looking at ways of improving local population wellbeing. Local authorities have to work towards achieving the outcomes set out by the Public Health Outcomes Framework, including improving self-reported wellbeing and reducing mortality from preventable causes such as mental health problems²⁵. As providers of local services and infrastructure, from schools to parks, libraries and children's centres, local authorities are well placed to take a broad approach to mental health and wellbeing and the transition presents an opportunity to address the impact of all of the local authority's work on wellbeing and resilience.

These responsibilities for population wellbeing fall in line with the first shared objective of the Government's 2011 Mental Health Strategy, that: 'More people will have good mental health: More people of all ages and backgrounds will have better wellbeing and good mental health. Fewer people will develop mental health problems – by starting well, developing well, working well, living well and ageing well'²⁶.

“Councils have to look at positive mental health and resilience services, because that is their statutory duty ...It won't be something that will be nice to do, it'll be something that they will have to do... they need to recognise what they're already doing that links to the wider positive mental health agenda.”

Council Head of Wellbeing Services

This is therefore an exciting and important opportunity for the provision of public mental health services. The combination of local authorities' new powers, an ambitious national mental health strategy and the creation of new bodies such as Public Health England and Health and Wellbeing Boards each present an opportunity to drive forward the public mental health agenda and ensure that resilience and wellbeing are key components of all local Health and Wellbeing Strategies.

6.2 Challenges

Whilst this is a moment of significant opportunity, there are also some considerable challenges facing public mental health, both from the internal and external environments.

Within many public health teams, mental health has historically been an area of low priority. Many have no dedicated mental health lead and this is likely to be challenged further as structural changes and redundancies risk the loss of existing mental health expertise. Despite the fact that there is now strong evidence for many public mental health interventions there is still a common misperception that this is a 'soft' area of policy without a clear evidence base.

Many Directors of Public Health told us that they were worried about the impact of the transition to local authorities on their team, both in terms of knowledge and capacity, particularly at a time when they need to make the case for public mental health to a new set of decision-makers within councils.

With the public health grant only ring-fenced until 2015, a number of public health teams also told us that they felt they had a narrow window for convincing local authorities of the value of public mental health work. They were worried that councillors who lack a background in health or mental health would be likely to prioritise more 'traditional' areas of public health, like smoking cessation or obesity, or to use the public health grant to pay for existing leisure services at the expense of additional services or support targeted at improving public mental health.

These challenges within the system come at a time when the external environment is particularly difficult. We know that socio-economic factors play a significant role in mental health and wellbeing²⁷,

and that the ongoing economic recession is testing both individuals' and communities' resilience, leaving more people in danger of poor mental health and lower levels of wellbeing. Mind has seen a surge in demand for its help lines, with calls to its Infoline and Legal line up 18 per cent and 28 per cent respectively between October and April 2011-12, compared with the same period in 2010-11²⁸.

“Although we’ve got a ring-fenced budget for public health and we have some allocation within that around public mental health, those budgets are going to be under huge pressure and under huge scrutiny ... we are going to have to really argue to protect and hopefully build up budgets in that area.”

Director of Public Health

There is a strong link between unemployment and poor mental health. Being out of work involves not only economic hardship, but also a loss of social networks, status and structure. People who are unemployed have been shown to have worse mental health and lower subjective wellbeing than people who are in work²⁹; with 34 per cent of people who are unemployed experiencing mental health problems.

In addition to unemployment and increasing financial demands, cuts and restrictions to housing benefit, job seekers allowance, employment support allowance, disability living allowance and child benefit among others have caused significant distress for a large number of people.

“What we’re finding is, people...they’re worried about benefits or job security or paying the bills, and that’s been too much for them to cope with. We’ve got clients who were functioning well a year ago, now talking about taking their own life because they can’t see the point.”

Local Mind Chief Executive

At the same time as demand is increasing, the recession and Government austerity measures have also had a huge impact on the organisations commissioning and delivering services, limiting

budgets and reducing capacity. This is both directly affecting services that exist to promote wellbeing or build resilience and those broader community resources that have a significant impact on wellbeing, such as libraries, community groups, parks and advice centres.

“In the current climate of austerity the preventative services are going to suffer... I think those people who are coping or functioning are going to be the ones who will lose out, and they’re going to be the ones in crisis in a few months.”

Local Mind Chief Executive

Whilst this is a key window of opportunity for public health teams, it is also an extremely challenging time when work to build resilience and support wellbeing in local communities is ever more important. In such a difficult external environment, and following a period of significant change and restructure, it is crucial that those with responsibility for public mental health also take active steps to support their own wellbeing and that of their teams. Mind’s recent research found that one in five people have taken a day off work and one in four have considered resigning as a result of workplace stress³⁰. Taking active steps to improve mental health in the workplace can have a significant impact on the wellbeing and resilience of staff, as well as their productivity and job satisfaction. There are a range of resources available to support the development of mentally healthy workplaces, for example Mind’s ‘Taking Care of Business’ materials³¹ and the Health and Safety Executive’s guide ‘Managing the causes of work-related stress: A step-by-step approach using the Management Standards’³².

6.3 The economic case

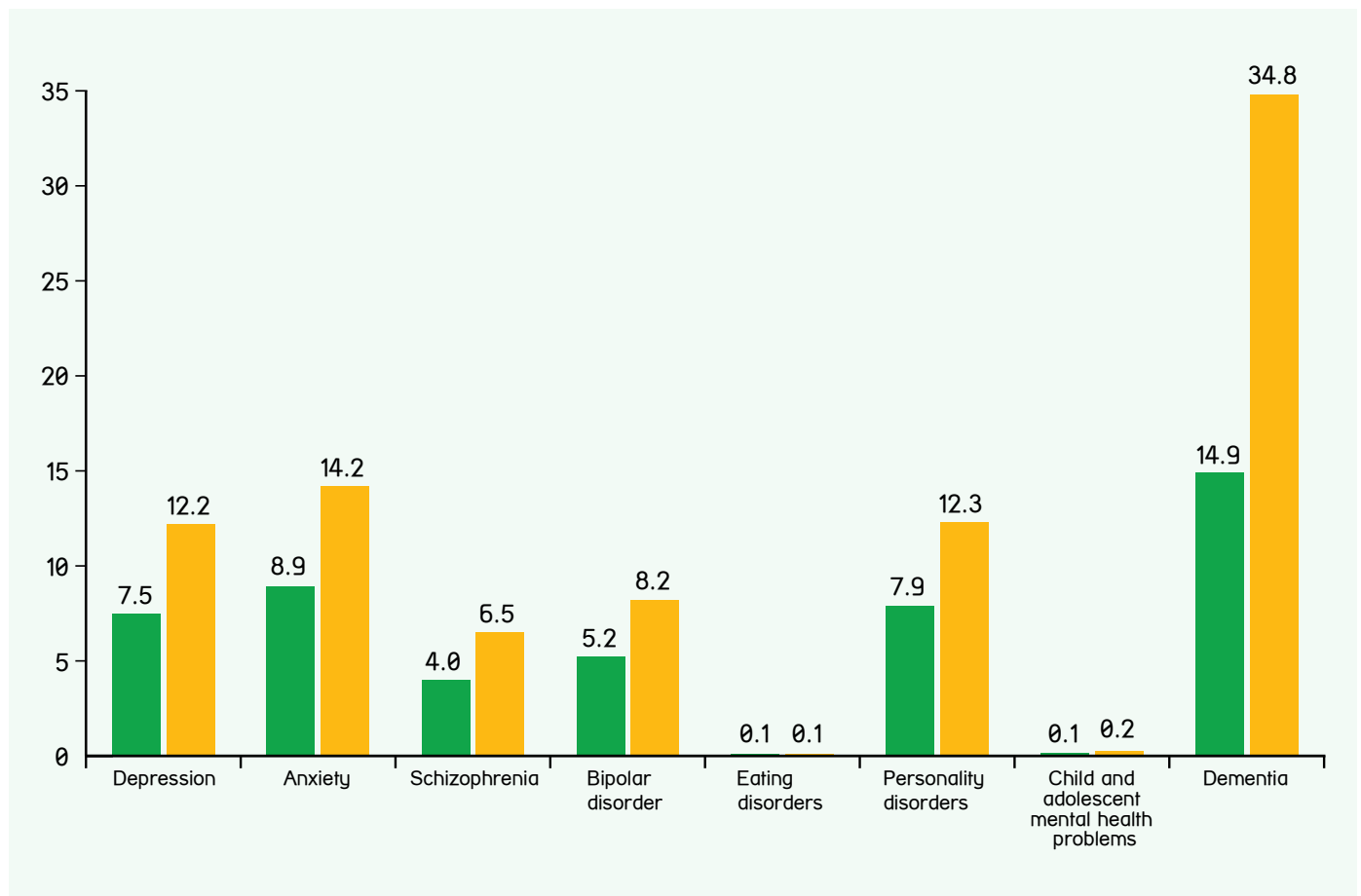
Mental health problems cost the UK economy an estimated £51.6 billion each year³³. This figure includes £21.3 billion in health and social care costs and £30.3 billion in lost economic output³⁴, including lost working days, higher staff turnover and lower productivity. In addition to this, significant costs are accrued through demands on the welfare system, with mental health being the primary factor in 39 per cent of claims for

employment support allowance³⁵ and 16 per cent for Disability Living Allowance³⁶. These costs will be felt right across local communities, through social care and housing to local authorities and housing providers, costs to the local health system, policing costs and significant costs to people and employers.

The total cost of mental health problems is estimated to have increased by 35 per cent between 2002/03 and 2009/10, with a particularly large increase in the cost of health and social care (+70 per cent)³⁷. The World Health Organisation predicts that depression will be the second biggest cause of illness by 2020³⁸ and by 2025, the number of people in England who experience a mental health problem is projected to increase by 14 per cent, from 8.65 million in 2007 to 9.88 million, even before the impact of the current economic climate is taken into account³⁹.

Figure 1 below shows the cost of seven mental health problems and dementia in 2008 and projected future costs in 2025, assuming treatment and support arrangements, employment patterns and the proportion of mental health needs that are recognised and treated remains the same. While there have been some improvements to mental health services since 2008, notably the introduction of the Improving Access to Psychological Therapies Programme and the Government’s Mental Health Strategy, the level of need remains high⁴⁰ and these figures are unlikely to be dramatically adjusted.

Figure 1: Current and projected future costs by mental health disorder, England 2007 and 2025



Source: McCrone, Dhanasiri, Patel, Knapp, Lawton-Smith. Paying the Price. London: King’s Fund, 2008

It is essential that we tackle mental health prevention because of the impact on the people concerned, but we can also no longer afford the rising costs of mental health problems. Fortunately, there is strong evidence for the effectiveness and cost effectiveness of strategies to prevent mental health problems and build resilience, which would help to address some of these rising costs.

Getting citizens to be resilient in the face of challenges is not only cheap (in that it diverts patients out of the public health care systems in favour of self-help and positive thinking), it is aspiring to create a resilient citizenry, able to cope with uncertainty⁴¹.


The politics of resilience and recovery

The type of savings that can be made from public mental health interventions have been highlighted in a number of reports; most notably the Government's Mental Health Strategy⁴², a report by the Personal Social Services Research Unit at the London School of Economics (LSE) for the Department of Health⁴³ and the Joint Commissioning Panel for Mental Health's guide to commissioning public mental health services⁴⁴. The Department of Health report highlighted that, for every £1 invested in a public mental health programme, the net savings were⁴⁵:

- £84 from school-based social and emotional learning programmes
- £44 from suicide prevention through GP training
- £18 from early intervention for psychosis
- £14 from school-based interventions to reduce bullying
- £12 from screening and brief interventions in primary care for alcohol misuse
- £10 from work-based mental health promotion (after one year)
- £10 from early intervention for pre-psychosis
- £8 from early interventions for parents of children with conduct disorders
- £5 from early diagnosis and treatment of depression at work
- £4 from debt advice services.

Community development, capacity building and social integration programmes have also been found to have significant returns on investment as well as impacts on wellbeing and resilience; with an estimated £325 saved annually per person who takes part in befriending schemes and £850 per member of a time bank⁴⁶, a reciprocal scheme where people give their time in exchange for that of other people.

There is a clear and compelling economic case for investing in public mental health and some of the returns on this investment can be achieved in the relatively short-term. However, savings will occur across budgets; investment by public health teams will incur savings to local authority social care and housing budgets, but also significantly to local health budgets, the national welfare budget and individual employers. There remains a challenge making the case for this investment when the savings will be felt across organisations and departments and in some cases over an extended period of time. Pooled budgets and Social Return on Investment analyses⁴⁷ can help to address this, as can health and wellbeing boards facilitating joint working between teams.



“Budgets and funding are short term and prevention work takes a life-long approach. How do you sign up to a life-long approach when you are required to demonstrate change over the shorter term of two to three years?”

Associate Director of Public Health

7. What makes resilient people?

Protective factors for mental wellness which have been identified include positive aspects of temperament, a supportive family situation and external support that reinforces coping efforts and instils positive values.

Wallcraft, Gayyornskaya and Salloum⁴⁸

The quote above identifies the importance of a variety of 'protective factors' in promoting wellbeing and preventing mental health problems. What is particularly relevant is that it emphasises the importance of some external and other internal factors.

Resilience is a complex and personal concept; what is important for one person may not be helpful to another. However, there are three key factors that have been consistent in the literature and across the personal experiences of our focus groups and interviewees which affect resilience; these are:

- promoting wellbeing
- building social capital
- developing psychological coping strategies.

Figure 2: Resilience model



The Office for National Statistics states that ‘social capital describes the pattern and intensity of networks among people and the shared values which arise from those networks’⁴⁹. Given the strength of evidence for the role that social connections can play in helping to build resilience and prevent mental health problems, for the purposes of this report we will focus on the role of local authorities, community groups and other local stakeholders in supporting people to increase these networks and build connections, rather than necessarily shaping the shared values that arise from them.

7.1 Promoting wellbeing

In 2008 NEF set out their *Five Ways to Wellbeing*; five actions that people can take to promote wellbeing⁵⁰. They are shown on page 22.

Although it’s important to recognise that the five ways to wellbeing are far from a fix-all solution for addressing public mental health, they have been widely adopted by a large number of groups, organisations, local authorities and people as practical, evidence-based steps that can be taken to improve wellbeing.

Importantly, these are not just individual actions that can only be controlled by people themselves or be influenced by a public messaging campaign. The five ways to wellbeing are practical activities that can be encouraged by what NEF describes as ‘upstream’ interventions; removing barriers, shaping existing services or providing new services in such a way that they support people to take part in activities that promote positive behaviours⁵¹.

It is important that we provide these ‘upstream’ interventions rather than relying solely on individual behaviour change which can be hindered by personal challenges or structural inequalities. This report focuses on these upstream interventions; the role of communities, community groups, services, resources and facilities in promoting the five ways to wellbeing. NEF’s report in 2011 on the application of the five ways found that these ‘upstream’ interventions were less common than those that aim to influence individual behaviour ‘downstream’, for example through marketing and social media. The Joint Commissioning Panel for Mental Health report *Guidance for commissioning public mental health services* sets out a wide range of evidence-based public mental health interventions, many of which support people to take part in activities involving one or more of the five ways to wellbeing⁵².

‘Connect’ was identified by NEF as one of the five ways. Throughout our interviews, focus groups and review of the existing literature social connections were frequently highlighted as one of the most important components, not only of wellbeing, but also of longer term resilience. For this reason we have separated promoting social connectedness from the other ways to wellbeing for more detailed consideration; it underpins each of the other five ways, has a particularly strong evidence base and is essential for ‘future proofing’ wellbeing.

Five ways to wellbeing

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.

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.

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.

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 will enjoy achieving. Learning new things will make you more confident as well as being fun.

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, linked to the wider community can be incredibly rewarding and creates connections with the people around you.

7.2 Be active

What the literature tells us

The benefits of regular physical activity, not only for physical health but for mental health and wellbeing, have been widely documented. Physical activity is associated with lower rates of anxiety and depression, better brain function and improved wellbeing across all age groups⁵³. There is also evidence that regular physical activity is beneficial for people in the early stages of depression⁵⁴.

Exercise is known to improve mood, cognitive functioning, body image, and reduce levels of stress and sleep disorders⁵⁵. A NICE review of public health interventions found that exercise programmes lasting 20 weeks or more have the greatest association with improved mental wellbeing⁵⁶.

Physical activity that takes place out of doors has been found to be particularly beneficial for people's wellbeing, with evidence that outdoor walking groups have a greater impact on participants' self-esteem and mood than the equivalent activity indoors⁵⁷.

However, for women in particular, low self-esteem and body confidence have been found to present barriers to taking part in outdoor exercise. Many women also doubt their own ability compared to others and are intimidated by joining a group; 65 per cent of those surveyed think it's unlikely they'll be able to keep up in an exercise group and two thirds feel that if they joined an exercise group, other women would be unwelcoming and cliquey⁵⁸.

What local communities are telling us

Physical activities were popular for maintaining wellbeing among the focus groups. Members of the groups enjoyed team activities such as football and netball, and also physical activities that can take place in groups, such as yoga and walking. They enjoyed being able to combine physical activity with building social connections, which is another important factor that can improve levels of wellbeing.


Reflecting the evidence in the literature, the benefits of being outdoors were also a very strong theme from the focus groups. People told us that they found allotment groups particularly helpful as they combine a range of different elements that have a positive impact on their wellbeing, including physical activity, being in a social group and being outdoors.

Leisure and recreation facilities were also extremely important for many members of the focus groups who said that they used local gyms, swimming pools, parks and footpaths to take part in physical activity, which had a significant impact on their wellbeing. Several members expressed concern at the closure of local facilities, which they felt meant that they were less likely to take part in physical activity.

Members of the focus groups who were less physically mobile, particularly older people and those living with disabilities and long-term physical health conditions, highlighted the importance of providing suitable opportunities for physical activity that they could also take part in; physiotherapy, chair-aerobics and walking groups were all raised as examples.

“Physically, physio gives me the exercise I need, and mentally, relaxation. I can carry on and be more positive, because I think ‘you’ve done that today, you can move on and do a bit more.’”

Focus group participant with Multiple Sclerosis

A woman with blonde hair, wearing a bright green t-shirt and black pants, is bent over a garden bed. She is using a shovel with a yellow handle that has 'BULLDOG' written on it. The garden bed is filled with dark soil and some green plants. In the background, other people are visible, including a man in a blue shirt and another person in a green shirt. The scene is outdoors with trees and foliage in the background.

“Why they keep closing these places I don’t know. Even the local park used to have a big garden centre in where they used to grow all their own stuff and they used to have birds in it; you could walk around there and now that’s all gone. Why? There’s no encouragement to make you be fit and healthy.”

Focus group participant

Case study 2: Ecominds

Since 2009, with support from the Big Lottery Fund, Mind has funded 130 projects in England through its Ecominds scheme to provide access to a range of nature-based activities that improve physical and mental wellbeing.

The scheme has allowed people with mental health problems – and those at risk of developing a problem – to get involved with gardening and food growing, environmental conservation and green exercise such as walking in green spaces.

Ecominds funded Wellbeing Comes Naturally, a network of 28 Green Gyms, run by The Conservation Volunteers (TCV). At sites across England, local volunteers worked to reclaim neglected green spaces for the community whilst enjoying the benefits of being active in nature, having social contact and learning new skills.

Penge Green Gym was founded in May 2011 in partnership with the London Borough of Bromley. It brings together local people to do conservation and horticultural work in a park; an environment that has clear benefits to people's wellbeing. Their inclusive programme makes it easy for those from different backgrounds to join and find a role. The work takes place outdoors all year round giving volunteers space to breathe, feel appreciated and benefit from being part of a non-judgemental group.

One Green Gym participant said: "Volunteering has helped me tremendously; it has been a life changing experience. I was totally freaked out beforehand and in the first two months I got really worked up before the sessions, but it has helped no end. Now I love being connected to the community and food growing. Projects such as building the greenhouse in Winsford Gardens were amazingly satisfying and I am proud showing friends my work."

Using the SF12⁵⁹ scale the Penge Green Gym demonstrated that 36 per cent of participants experienced improved physical health and 67 per cent improved mental health. This increased to 50 per cent and 100 per cent respectively for those who took on a position of responsibility.

A recent independent evaluation of the Ecominds scheme, carried out by the University of Essex, found that participants recorded average increases in wellbeing of 17 per cent and self esteem of 11 per cent – allowing those participants with lower levels of mental wellbeing to reach population average levels⁶⁰.

Another Ecominds participant told us: "The project has brought people from various backgrounds together and the group works extremely well as a team. All the participants have commented that the project has enriched their lives in so many ways. I feel truly alive again."

7.3 Take notice

What the literature tells us

Taking notice and being attentive to our thoughts, sensations and feelings is increasingly being promoted as a way of enhancing wellbeing. Being trained for eight to 12 weeks to be aware of sensations, thoughts and feelings has been shown to continue to enhance wellbeing for several years⁶¹. Mindfulness – the state of being attentive to and aware of what is taking place in the present, sometimes referred to as mindful meditation – is one specific technique which has been shown to enhance wellbeing and to ‘promote awareness, quality of life, and positive mood and reduce psychological distress’⁶².

Mindfulness Based Stress Reduction (MBSR) has been shown to:

- improve reported levels of pain in those suffering from chronic pain
- lead to a 65 per cent improvement in mood and 35 per cent reduction in stress symptoms for those receiving treatment for cancer
- lead to significant improvements in quality of life as well as better immune system functioning for HIV patients compared with controls
- be associated with improvements for patients with chronic fatigue syndrome⁶³.

Mindfulness courses are increasingly being delivered in workplaces and through local community groups and there are a range of podcasts and other resources available online for individual practice. Unlike some other forms of meditation, mindfulness has no religious component and can be practiced by anyone. Public health teams should communicate the practical nature of mindfulness and its benefits, to overcome the misperception that it is not an effective use of time or has little effect.

What local communities are telling us

Dr Chetna Kang, a consultant psychiatrist and Hindu Pastor, explained how she had introduced meditation to members of her faith community who were struggling with poor wellbeing and difficult life circumstances.

“We did meditation together, breathing meditation and mantra meditation. And they found it really beneficial. Some of them took it away and did it themselves and they’d come back and I really saw week in, week out, you know, when I first started everybody would come looking really quite down in the dumps, with a heavy burden of being isolated, not understood and living with these symptoms for such a long time. And slowly as the weeks progressed I’d come and they’d be like, you know, big smiles and looking happy and really looking forward to things. I told them how breathing [meditation] is really good for you and we all did it together. And they felt really empowered, like, okay, I’ve done something that I can go and take back and share with other people. That was success story where I felt two worlds of mental health and faith came together.”

Meditation and other relaxation techniques were also found to reduce and manage anxiety and stress by several members of the focus groups.

“The relaxation classes that we hold here ...they’re free and give really good meditations. We give each other CDs of music and we exchange ideas for relaxation techniques. We all need to learn how to relax more, so for me, that is crucial.”

Focus group participant

7.4 Keep learning

What the literature tells us

Learning activities have been shown to reduce the risk of depression, improve mental health, improve social competencies and social networks, and improve health behaviour⁶⁴.

A review of evidence carried out for the Mental Health Foundation’s project, Learning for Life⁶⁵, found that learning gives direction to people’s lives, that attending adult learning can facilitate friendships, improvements in physical health and greater social support, and that education reduces the risk of developing depression.

The practice of setting self-generated goals and developing planning skills, particularly relevant in a learning environment, have also been shown to improve wellbeing⁶⁶.

What local communities are telling us

“It gives you that good feeling, ‘I’ve learnt something new and I’m improving a skill’ and it has some purpose to it, you’re not just doing something because you’re doing it.”

Focus group participant

Creative and arts-based activities were popular with many of those who attended the focus groups. They took part in a range of creative activities, including attending choirs, film groups, reading groups, acting classes, art groups, photography groups, cooking, making and listening to music and visiting museums. The groups said that creative activities gave them a sense of pride and distracted them from negative thoughts and situations.

The people who attended our focus groups were also keen on academic activities and libraries were highlighted as important for facilitating adult learning. People were interested in a wide range of learning, including specifically learning about wellbeing and mental health.

“Our library service here recognises that people come in very often looking for health and self-improvement books, they have a group that meets around that and the librarians are particularly skilled in it.”

Director of Public Health

7.5 Give

What the literature tells us

Feelings of reciprocity, or ‘giving back’ to others, have been shown to promote wellbeing for people of all ages. Research has shown that committing an act of kindness once a week over a six-week period is associated with an increase in wellbeing⁶⁷.

Active participation in community life has been associated with feelings of happiness and is an important predictor of life satisfaction, even after health and levels of social support have been controlled for⁶⁸. Volunteering in particular has been found to increase peoples’ sense of purpose, improve self-worth and wellbeing, and reduce anxiety⁶⁹.

An extensive review of the published literature on the health benefits of volunteering found that volunteering was shown to decrease mortality and improve self-rated health, mental health (including levels of depression and psychological distress), life satisfaction, the ability to carry out activities of daily living, social support and interaction, healthy behaviors and the ability to cope with long-term illness⁷⁰.

Models of volunteering reviewed and found to be beneficial included⁷¹:

- Peer support – including self-help groups, peer-led education and advice
- Counselling
- Organising or participating in environmental projects
- Volunteering in health settings – particularly when involved in the direct care and education of patients
- Mentoring and teaching programmes
- Social support of older people
- Providing palliative/hospice care
- Organising community activities
- Volunteering within a religious community

What local communities are telling us

Many people who attended the focus groups told us that 'feeling useful' was a very big factor that influenced their wellbeing, and for a considerable number this feeling came predominantly from volunteering.

Volunteering was particularly important for those who were unemployed, many of whom told us that it gives them a sense of responsibility as well as important social connections and new skills. A number of focus group participants were unable to work due to ill-health and explained that volunteering helps them to feel valuable.

"We used to have a life, we used to feel valuable to society, and you do sometimes feel you're not. Which is why somewhere like this [MS Society group] and other places make you feel important again."

Focus group participant with Multiple Sclerosis

People told us that volunteering helped to promote wellbeing by providing a sense of ownership and purpose as well as building social connections. Some members of the focus groups also told us that doing things to help their children or other family members was good for their wellbeing as this generated similar feelings of being needed.

"I usually volunteer at the hospital. I help with the meet and greet...It is about meeting people and having somewhere to work, even though I am not being paid. It did a lot of good to my confidence."

Focus group participant who is currently unemployed

7.6 Recommendations for promoting wellbeing

Local authorities and public health teams

- Review existing local provision to ensure that facilities, resources and services support people to take part in activities involving each of the five-ways to wellbeing.
- Ensure that an effective strategy is in place to support the wellbeing of local authority employees.

Health and Wellbeing Boards

- Ensure that Health and Wellbeing Strategies prioritise building resilience and preventing mental health problems, including through provision of services and interventions that support people to take part in activities involving each of the five-ways to wellbeing.

Local community groups and service providers

- Review the extent to which existing services, facilities and resources support people to take part in activities involving each of the five ways to wellbeing and ensure that this is prioritised wherever possible

7.7 Building social connectedness

The importance of social connections has a strong evidence base in its own right and was a clear priority for the majority of both focus group participants and interviewees. Building social connections is also an area where local authorities, community groups and service providers can make a significant impact.

"I'm a member of a walking group and just going out and being with other people is important. When you're walking you don't necessarily have to talk, it's just about being around other people."

Focus Group participant

What the literature tells us

Social relationships are a major factor in promoting wellbeing and preventing mental health problems across all age groups. Having close relationships with others has been found to be a key characteristic of people who have high levels of wellbeing⁷². The most significant difference between people with mental health problems and people without is social participation and people with fewer than three close relatives or friends are more likely to experience mental health problems in the future than those with more close relationships, even where past experience of mental health problems is accounted for⁷³.

An analysis of over 300,000 people's data across 148 different studies in 2010 found that, regardless of the follow-up period, people with stronger social relationships had a 50 per cent greater chance of still being alive at the end of the study. This makes having good social networks as important as not smoking, moderate alcohol intake and regular exercise in terms of good health⁷⁴.

The Department of Health reviewed a wide range of interventions aimed at enhancing wellbeing. It found that interventions which strengthened social networks, reduced isolation and increased levels of social support (particularly among groups at increased risk of poor mental health) included:

- Group programmes
- Self-help and peer support groups
- Social prescribing – where support coordinators in GP practices provide a person with information about community services and activities in the area, referring them to relevant programmes that will provide them with support
- Community based arts and creative activities⁷⁵

The Foresight report into mental health found that group interventions involving educational and social activity were effective at reducing social isolation and loneliness, and interventions that promoted trusting relationships and frequent social contacts improve the quality of social relationships⁷⁶.

Our research has identified three key priorities for local authorities, service providers and community groups wishing to build greater social

connections between people in their areas; targeted interventions specifically to build social relationships, particularly amongst socially isolated groups, changes to the way existing (non-wellbeing focused) services and support are run to facilitate social connections and interventions that encourage social connections between people with similar experiences to provide peer support.

Targeted support to tackle isolation

“The people who are isolated at home who can't get out to activities, are lonely, are isolated, what's available for them? I think they are a group that are missed out a lot because they can't get out to services... When they get up in the morning, they sit in their chair and they stay there all day and then they go to bed and they haven't seen anybody.”

Advocacy Manager, Local Age UK branch

Targeted interventions are needed to support the most socially isolated people who are not accessing other services. Many of those interviewed told us that befriending services had a significant impact on wellbeing. However, they also told us that these were difficult to fund and anecdotally we heard that these are often the first services to be cut as they were seen as 'additional extras'.

“We used to have a befriending service which we saw as a real preventative service. We ran it for 12 years and I think 2 years without funding, but unfortunately there's just no money out there at the moment for things like that. For me, I feel that's a real core service, something we should be providing, but without the funds we haven't got the capacity.”

Advocacy Manager, Local Age UK branch

Health visitors, housing officers, GPs, social workers and other frontline staff are well-placed to refer isolated people into these services but work needs to be done locally to ensure that the services are in place and that professionals have the necessary understanding of wellbeing and social isolation to make these referrals.

Reconfiguring existing services to facilitate social connections


In their review of how the five ways to wellbeing have been used so far, NEF highlighted examples of 'upstream' implementation at an organisational or community-wide level. This is where, rather than aiming to motivate people to change their behaviour or access a new service, a service-provider reconfigures an existing targeted or universal service to promote wellbeing. For example, 'the social service department of a local authority – could examine its processes and look for ways to increase opportunities for promoting wellbeing in the way that it deals with clients'⁷⁷.

All organisations have the potential to affect the wellbeing of either their own employees or the people who use their services. While it may be possible to reconfigure some services to provide opportunities for people to give, learn, take notice or get active, increasing opportunities for social connectedness is often the clearest way in which this can be achieved. Given the strong evidence for the importance of social connections, service providers and commissioners should take any opportunity available to promote these.

Building connections as informal peer support

A number of people told us that what they value most are social connections with people who have been through similar experiences. This peer support is invaluable in helping people to deal with difficult circumstances, whether that's unemployment, physical or mental health problems, bereavement or other difficult circumstances.

Social groups that bring together people with these similar experiences provide an invaluable source of support that is not always available within people's existing social networks.



“When you are first made unemployed, you go to the job centre and they put you on a training course which then provides you with a manual handling certificate. What you need is groups where people can help each other. Where you can meet your peers.”

Focus group participant who is currently unemployed

Case study 3: The St Dymphna Befriending Group

The St Dymphna Befriending group is a locally run organisation, based in the Catholic community in Nuneaton and the local area. Run by volunteers, they aim to promote wellbeing and build resilience by offering a befriending service, educational sessions around mental health awareness and stigma and facilitating social events for isolated people in their local community. Jo, the group coordinator said:

“We’ve been working with one older lady who has numerous physical health problems and suffers with some symptoms of anxiety. She has been reluctant to access anything called a ‘mental health service’ because of the stigma attached with this, but enjoys regular home visits from her befrienders. The befrienders offer emotional support - allowing her to discuss her worries and helping with problem solving. This has particularly focused on how she can get more involved in other social activities in the community and as a result her experience of loneliness and anxiety has significantly reduced.

“Another young lady we’re working with has got a young family and she’s very isolated because she moved here quite recently. She doesn’t know anybody, she only sees her family and just needs that little bit of additional support. She wouldn’t meet the criteria for mental health services but she still needs something to help her get by. It’s just about her knowing that she’s got a number to call if she’s feeling a bit down or worried, someone to meet up with her and go out for coffee. It’s befriending in its truest sense because she hasn’t got any friends locally so it gives her that social contact that she’d miss out on otherwise.”

The group was set up using a grant of £2,500 from the Catholic Bishops Conference and now depends on individual donations and fundraising. With more local funding they would like to employ a part-time coordinator who could help to run the group.

Case study 4: Redbridge MS Society

The Marjorie Collins Centre is home to the Redbridge branch of the MS Society, supporting people in their local area who live with Multiple Sclerosis. They receive a grant from their local authority to pay for food and transport but are otherwise funded through individual donations and fundraising.

The Centre coordinator, Tom, says:

“Our grant has recently decreased by around ten per cent. Food prices and petrol prices, costs like that have all gone up significantly so in that respect the whole financial climate is making this place more difficult to run.”

The centre supports around 30 people who attend up to three times each week to socialise with other people with MS and to take part in therapeutic activities such as physiotherapy, massage and reflexology.

Tom continues:

“It is vitally important for people with restricted mobility to be able to speak to others in a similar situation as they are the only ones who can really empathise and understand. Often they help each other with ideas, suggestions and experiences that they can pass on.

“The centre has made a huge difference to the lives of people in our area with MS, for example Don*. Before his condition worsened, Don was a music composer. Unfortunately, his MS has now progressed so much that he has lost the use of one of his arms and uses a wheelchair; he can now only use one side of his body. Don lives in a care home and his only real venture out is to our centre. Here he’s able to access the music that he loves on our computers with the help of volunteers, and can talk to friends about his passion. It helps him to relax and makes a huge difference to his wellbeing.”

Dan*, who also attends the centre, said that the social support he received was particularly helpful immediately after his diagnosis. ‘I was diagnosed with MS and within two weeks I’d lost my licence to drive a taxi. It was that quick. Cab driving, that was my social life as well. We used to meet up, all my pals, we always used to eat together, we’d have a laugh. I thought, ‘I’ve lost all my friends and I’ve got this awful illness’. And then I found this place, and it’s amazing.’

**Participants names have been changed.*

7.8 Recommendations for building social connections

Local authorities and public health teams

- Review how existing local authority services can be reconfigured to promote the five ways to wellbeing, in particular building social connections.
- Provide or commission targeted support to build social connections for isolated people, for example through befriending services.
- Provide or commission specific groups or facilities to build social connections between people experiencing similar challenging life circumstances, such as bereavement, unemployment or physical health problems.

Health and Wellbeing Boards

- Ensure that isolation and social connectedness are considered in local joint strategic needs assessments and health and wellbeing strategies.

Community groups and service providers

- Review how services are provided to ensure that they facilitate building social connections between people wherever possible, particularly through providing befriending or peer support services.

7.9 Building psychological coping skills

Positive psychology focuses on the techniques we can use to optimise the way we function as human beings. Positive psychologists, such as Martin Seligman and Mihaly Csikszentmihalyi, argue that there are things that people can do to boost their ability to cope with stress and adversity; to build their resilience.

We have discovered that there are human strengths that act as buffers against mental illness: courage, future-mindedness, optimism, interpersonal skill, faith, work ethic, hope, honesty, perseverance, the capacity for flow and insight, to name several....Much of the task of prevention in this new century will be to create a science of human strength whose mission will be to understand and learn how to foster these virtues in young people.⁷⁸

Martin E P Seligman

A review of the basis of resilience for the Government Office for Science's Foresight programme also highlights some of these psychological characteristics: 'cognitive flexibility' (the ability to think about multiple concepts at the same time) and 'coping strategies' as well as adding 'positive affectivity' (how people experience positive emotions and interact with others), and the ability of a person to provide themselves with positive feedback. The report goes on to describe how levels of resilience can be proactively altered over the course of time.

There is a growing evidence base around the use of psychological treatments (including cognitive behavioural therapy) and psychological education for the prevention of mental health problems. Studies suggest that 22 per cent to 38 per cent of major depressive episodes could be prevented with currently available methods.⁷⁹

Taking just one example, the 'Coping with Depression course' has been shown to reduce the risk of participants developing depression by 38 per cent compared to people in a control group⁸⁰. This course involves teaching participants to restructure negative thought patterns and change their behaviour to increase the frequency of events that make them feel good.

Local Government Association guidance on the role of local authorities in promoting wellbeing recognises the value of positive psychology in building resilience and wellbeing, as well as alleviating specific symptoms of depression⁸¹. NICE-approved psychological therapies for people

with long-term physical health conditions have also been shown to have benefits for health outcomes more broadly⁸²:

- to improve the mental wellbeing and physical symptoms of patients newly diagnosed with angina
- to be an effective treatment for chronic pain, with reductions in distress and disability as well as increases in employment and likelihood to engage with health services.
- to reduce admissions, injections, referral for physiotherapy and total health care costs for rheumatoid arthritis.
- to improve anxiety and depression for those with Type 2 diabetes
- to reduce stress, anxiety and depression for patients with Chronic Obstructive Pulmonary Disease.

We also know that psychological therapies can be particularly beneficial in preventing mental health problems during periods of transition or stress such as moving into a residential home or following a stroke^{83 84}. Many people with long term health conditions told us that they felt that their resilience was especially tested when they were diagnosed, particularly with potentially progressive conditions like Multiple Sclerosis.

“My first thought was ‘my God, my life is over’...I didn’t get any support...it was just like a brick wall falling on me. I just thought, ‘that’s it, I might as well die now.’”

Focus group participant with Multiple Sclerosis

In addition to the time around their diagnosis, several people told us they needed support to manage the longer-term impacts of their physical health condition on their life and on their wellbeing. The provision of psychological therapies to people managing long term physical health conditions can have a significant impact on their wellbeing and help to prevent some mental health problems.

“I was getting frustrated because I couldn’t get my blood sugars down ...in the end I saw one of the psychologists at the hospital...she gave me the confidence to say ‘don’t beat yourself up every time you get your blood sugars wrong. This is life, this is what happens’. That I found very reassuring and that genuinely helped build my confidence after several years of beating myself up. Actually all I can do is my best.”

Focus group participant with diabetes describing a psychological therapy he received

7.10 Recommendations for building psychological coping skills

Public health teams and clinical commissioning groups

- Commission interventions that build psychological coping skills, particularly for those at increased risk of poor wellbeing such as people with long term physical health conditions, isolated people or people who are unemployed.

Health and Wellbeing Boards

- Facilitate joint working between public health teams and clinical commissioning groups to support the joint provision of preventative psychological therapies.



“One of the things I’ve learnt in my many years of being a councillor is nothing beats knocking on a door and actually talking to someone.”

Local councillor

8. What makes resilient communities?

In addition to providing the right services, facilities and resources to increase people's resilience, it is important that local communities have the capacity and infrastructure to be able to support people to access them. In particular, levels of mental health awareness, availability of information, good connections between local services and accessibility of support are essential.

8.1 Mental health awareness

Staff attitudes and actions can have a profound influence on their clients' wellbeing and yet there is a gap in public health or public mental health training for the wider workforce (e.g. teachers, youth workers, health trainers and housing officers).

Speller and Dewhirst⁸⁵

To ensure that targeted and universal support to build resilience, as well as early intervention services, reach the people who would benefit most, local authorities will need all frontline staff, service providers, local councillors, faith and community groups to act as ambassadors for this work. Local authorities can learn from the NHS initiative 'Making every contact count'⁸⁶ to ensure that every contact locally is an opportunity to help people to build their resilience and look after their wellbeing.

A number of providers of local services that we spoke to said that they would like to do more to support the wellbeing of the people that they work with, but that they did not have enough information or support. Many frontline staff have had no mental health training at all, and where they have it is often focused entirely on supporting people living with severe mental health problems.

"The Public Services workforce is very varied, including health visitors, district nurses, school nurses, social workers, teachers, police, and I think 'what if they all knew how to help someone improve their health?', then every contact would matter and could lead to a change - that would be impressive!"

Associate Director of Public Health

Training and resources about mental health and wellbeing need to be provided across local communities. This should include information about what wellbeing, resilience and mental health problems are; how to spot the signs of poor wellbeing or early indications of mental ill health; the practical steps that can be taken to build resilience and help to prevent mental health problems; and the availability of services and support in each local area.

"Housing providers and housing staff do their job because they're socially minded and so there's always, I think, a willingness there to help and support people. Where maybe housing providers can be a little bit lacking is sometimes understanding how to deal with issues, because they're not mental health professionals.

"...We notice little things, like suddenly someone starts getting into arrears when they've never had arrears before or their neighbour mentions they've suddenly stopped looking after their garden. We do notice those sorts of things and we don't have to go 'it's mental health!' - people just need a hand, they need a bit of help."

Head of Housing Options, Housing Association

In order to reach the most excluded people, this training and support must be extended to a wide range of voluntary sector and faith organisations that are more likely to be in touch with, and trusted by, certain groups within communities.

“It wouldn’t have worked so well if the council had put on this training because some groups are wary of the council. We were able to reach quite small minority ethnic groups...small women’s groups and refugee groups who usually don’t have much contact with the council. This reach is a result of us having worked for many years to establish our reputation and our credibility and because people trust us.”

Development Director, Islington Faith Forum, on their programme of mental health awareness training

8.2 Recommendations on mental health awareness

Local authorities and public health teams

- Provide training on mental health, wellbeing and resilience to all frontline staff as well as community groups, councillors, faith groups and service providers. Where appropriate provide for this training to be delivered by other local organisations and encourage take-up by building this into organisations’ Service Level Agreements.
- Ensure that frontline staff across the community understand the importance of making ‘every contact count’ for wellbeing.

Health and wellbeing boards

- Ensure that Health and Wellbeing Strategies incorporate the importance of making ‘every contact count’ for wellbeing, particularly through the roll-out of mental health awareness training for all frontline staff and community groups.

8.3 Information

Another concern that was repeatedly raised by service providers, community groups, frontline professionals and members of the public alike was a lack of information about the services that are available locally.

“One of the barriers is, there’s not information in one place, like a resource book of all activities that are open to the general public and how you access them”

Focus group participant

Without comprehensive, accessible and well-promoted information many people struggle to find out what is happening in their area. People are unable to access support independently and professionals often struggle to signpost people on to different services. A good information service is also essential to making ‘every contact count’ in promoting wellbeing and resilience. Sadly, we also heard that when budgets are constrained and councils have to make cuts, it is often information provision that suffers.

“We used to have an information and advice function, I used to manage it and it’s gone, in the last two years it’s gone. It’s seen as a luxury, having information. There used to be quite a few information points and things like that in libraries and so on. We just don’t seem to be able to carry on doing that under the circumstances that we’re in now with finances.”

Council Head of wellbeing services

However, there are some excellent examples of wellbeing directories and information services. Feel Good Greenwich⁸⁷ and the Gateshead, Sunderland and Tyneside Wellbeing info directory⁸⁸ are both extensive directories of wellbeing services, delivered by Local Minds in partnership with the local authority and other community groups. Not everyone has access to online directories so it is important that information is also provided offline in local community facilities like libraries and children’s centres as well as

being actively promoted to groups most likely to benefit from the services on offer.

“There’s now a Feel Good Greenwich website which is a sort of one stop shop information point for people who want to do those things that can help them improve and enhance their resilience and their mental wellbeing. So it would help people find out very easily where they can get active, where there’s volunteering opportunities, where they can find out more and do mindfulness... pulling together in one place all the different opportunities that there are in Greenwich.

“Greenwich Mind also now run what we call ‘Feel Good Greenwich Pop Up Village’ which is a tent that does literally pop up around the borough, particularly targeting areas of deprivation ... it’s out on the street and it encourages people to come and have conversations. They can find out about what the ways to wellbeing are and get support accessing things. They can try out things on the day...and then they register with Feel Good Greenwich which means that we can provide text message and telephone ongoing support.”

Director of Public Health, Greenwich

8.4 Recommendations on information provision

Local authorities and public health teams

- Provide a comprehensive information tool covering all wellbeing and resilience activities, resources and services.
- Ensure this resource is accessible to people with visual impairments and other disabilities, as well as people without access to the internet.
- Actively promote this information resource to groups most likely to benefit and to frontline professionals who can signpost people to further support.
- Use local community groups and networks to disseminate this information.

8.5 Local networks

In addition to information about the services that are available in a local area, several community groups told us that they wanted to have better relationships with other local providers. A closely integrated network of service providers, including voluntary, statutory and private sector organisations, will enable people to be referred easily between services for additional support, allow for the sharing of intelligence and best practice and help to prevent duplication of provision. Local authorities have a role in either fostering these links themselves or supporting local umbrella groups to do so, which is likely to result in more efficient, integrated services with people able to access a wider range of support.

8.6 Recommendations on supporting local networks

Local Authorities

- Facilitate connections between local voluntary, statutory and commercial service providers, for example through existing partnership arrangements or forums.

“None of these things are like islands, they’re all connected to everything else and for me it’s about how you can hold them all together in a sort of matrix. They work their best when they’re connected to each other, when everybody knows what everybody else is doing.”

Associate Director Public Health

8.7 Accessibility

It is important to work with local communities when developing services, facilities and resources to ensure that they are open and accessible to everyone, without disadvantaging people as a result of any of the nine protected characteristics under the Equality Act 2010.

People with some of these characteristics, for example disabilities, Lesbian, Gay, Bisexual and

Transgender people and those from BME groups, may already face significant challenges to their resilience and wellbeing as a result of stigma, discrimination and other issues. It is therefore all the more important that they are able to access appropriate services, leisure facilities and other activities that can help to promote wellbeing and resilience.

For a significant number of people, the accessibility of services and support is in itself a wellbeing issue. Being unable to take part in an activity because it is inaccessible to or inappropriate for people with particular disabilities or mental health problems, people who have low levels of literacy, for whom English is not their first language or who are from a particular religion can have a significant impact on that person's wellbeing.

Several focus group members with mobility issues explained that they were unable to use many universal community and leisure services because of access issues and instead relied upon a day-centre specifically for people with physical health conditions. Whilst they valued the support of the day centre, many spoke of frustration at not being able to access other community resources like galleries, council offices and supermarkets.

“When we all meet up...we don't half know how to party, don't we? We're not stopping living; we just live in a different way. We need the disabled loos and the wider doors and bits and pieces... it's important to all of us that we can have a good night out without having to worry about where to park the car or having to get up slopes or whether you have to book an appointment. I think that puts people at ease more that they can have a social life still, that they can enjoy life.”

Focus group participant with Multiple Sclerosis

A further barrier to the accessibility of services is the stigma around mental health. Particularly in some BME groups, stigma can make it very difficult to access wellbeing support or to proactively take steps to build resilience. Local Authorities should develop a plan to tackle mental health stigma and sign the Time to Change pledge⁸⁹ to demonstrate

to staff, people who use local services and the wider community that they are leading the way in addressing stigma and discrimination. As well as taking active steps to reduce stigma, local authorities need to work with local communities to understand the existing barriers to accessing support and ways of overcoming these.

“One of the big challenges has been with working with people from BME communities because there's all sorts of barriers that people face...We've done this through community organisations who are already engaged with people from those communities and then we've adapted our courses. Where we hold them is really important... It's important to have things during the day, during school hours, to provide a crèche...to provide interpreters ...And also to adapt it for the people whose first language isn't English ...the concepts are different and the stigma is huge in some communities.”

Local Mind Chief Executive

A number of areas explained how they had 're-branded' services in order to reduce the stigma around accessing support.

“In the old centre we had a big sign above the door saying, 'Mind' ...it just puts people off! We want this to be an un-stigmatised place, where people can be coming in for a cup of coffee or some nice food and if they want some help they can go and talk to Steven and Zoë over there, who can quietly arrange for them to see somebody.”

Local Mind Chief Executive

In addition to addressing the physical barriers, local authorities need to be aware of the impact of people's wellbeing and mental health on their ability to access services. One service spoke of how people can sometimes cite cost, lack of transport or lack of childcare as their reason for not attending services, when the underlying reason is often a lack of confidence.

In order to help people to overcome these challenges, services should offer a buddying system, or offer to accompany people the first time they attend a service. Both the focus groups and service providers highlighted the positive impact that this can have. A number of focus group attendees spoke about the difference it made to have someone who is able to come along with them to an activity the first time. However, the services frequently mentioned that this element of their services is often one of the first to be lost when budgets were reduced, and consequently many of the services we spoke to had stopped offering this as an option.


“We’ve got a whole array of services to offer people, but at the end of the day, they’ve somehow got to find that courage to actually make that step alone, which is why I think a befriending scheme is what really, really works.”

Councillor

8.8 Recommendations on accessibility

Local Authorities and public health teams

- Work with the local community to understand and overcome barriers to accessing wellbeing and resilience services as part of the Joint Strategic Needs Assessment process.
- In collaboration with your local community, assess the accessibility of all services, facilities and resources in your area and make any necessary adjustments.
- Where possible, co-produce services with the local community to ensure that they are as accessible as possible, learning from local community groups with experience in co-production.
- Sign the Time to Change Pledge and create a plan to tackle mental health stigma locally.



“Sometimes going to something for the first time is very difficult...You need someone to be there, to meet you, because you wouldn’t go otherwise.”

Focus group participant

9. Making it happen

9.1 Leadership

The evidence for commissioning effective wellbeing and resilience services is strong and the economic case has made considerable progress in recent years. However, in many areas mental health is still catching up with other areas of public health in terms of the availability of resources, level of local expertise and senior-level buy-in. There is no historic blue-print for the perfect resilience or wellbeing service and there are fewer examples of good practice to draw on than for other areas of public health. It requires strong leadership to drive forward an effective public mental health strategy, from public health teams but also from others within local authorities.

Councillors can act as powerful advocates for public mental health in their local area and can sign up to The Local Authority Mental Health Challenge coordinated by a group of national mental health charities for resources and support to do this⁹⁰.

9.2 Joint working

Building strong regional and local networks and working jointly with other teams will be important to overcoming some of the barriers to commissioning and providing effective public mental health services. The move towards greater joint-working through Health and Wellbeing Boards was seen by some public health teams as an opportunity to open up new ways of working, enable more joint funding for services and encourage a wellbeing focus across all policies and departments. It was highlighted that a lack of collaboration and shared understanding across local authority departments and between local authorities and health can be a significant barrier to joint budgets and commissioning working effectively; Health and Wellbeing Boards will have an important role to play in bringing together all of the relevant people and organisations needed to really drive forward an effective public mental health strategy.

“Having strong leadership for improving mental wellbeing across the population is key; it’s not just about commissioning local services to build resilience but about ensuring that all policy and sectors have a positive impact on mental wellbeing and influencing others to take action when a population’s mental wellbeing is at risk. Good mental wellbeing is essential for a thriving economy, community, organisation or family - so it makes sense we collaborate at all levels.”

Independent Public Health Consultant

9.3 Involvement

“We had carers on the evaluation panels routinely, we had service users on the panels routinely, people with learning disabilities, people recovering from health problems... and it was quite a challenging process, not always a comfortable one at times, but we think that the process benefited hugely from that and that, more to the point, services that came out of that process benefited.”

Local Commissioner

Community involvement is also integral to a successful resilience or wellbeing service. Involving local people in the co-production of services is not only consistent with the principles of the five ways to wellbeing - facilitating connections, learning and allowing people to give something back - but will result in better services that are more appropriate for and appealing to the local population. The NEF report, ‘The Challenge of Co-production’ sets out what co-production is, and isn’t, and how communities, commissioners and service providers can benefit from taking a co-production approach⁹¹.

Local providers and voluntary sector organisations are also an invaluable source of knowledge and information about the wellbeing of the people that they work with or represent. Where commissioners told us about wellbeing services that they were particularly proud of or that had made a real impact they were often the services that were co-produced with the community or local organisations, through honest and open dialogue and shared expertise.

9.4 Understanding need and impact

There are a very large number of organisations and groups delivering local services and facilities which build resilience or affect wellbeing. However, many of these organisations, and some local authorities, are not aware of the wellbeing impacts of the resources and services in their area and the majority are not measuring wellbeing as an outcome.

It is important that local services and commissioners understand the connection between what they provide and the wellbeing of their local population. Understanding the relationship between factors like social connectedness, physical activity, volunteering and mental health will help to gain a fuller appreciation of the impact that commissioning, or cutting, a service may have locally and who may benefit from accessing it.

Where possible, wellbeing outcomes should be measured and evaluated robustly using a tool like the NEF handbook, 'Measuring Wellbeing'⁹². This allows the design and delivery of services to be tailored for the maximum impact on wellbeing and resilience, supports funding applications and ensures that, where cuts are needed, their impact on local wellbeing and resilience can be minimised.

"We've made the savings we need to make but they're better services, they really, really are better services. People are out there, they're getting their boots muddy, they're getting their hands dirty, they're growing stuff, they're learning how to coppice, they're learning how to make dry-stone walls, they're in the gym and they're swimming. They're doing all that sort of stuff, that most of them wouldn't have been doing 12 months ago. So that seems pretty good to me really and it's kind of a win/win."

Adult Services commissioner

Local Joint Strategic Needs Assessments (JSNAs) also have a crucial role to play in informing the commissioning of effective public mental health interventions. Local intelligence should be gathered on areas such as numbers of people in particular groups at higher risk of mental health problems, local levels of wellbeing and the number of people currently receiving interventions that promote wellbeing and resilience and help to prevent mental health problems. JSNAs should also consider the local unmet need for wellbeing and resilience services, including by understanding which particular groups within communities are least likely to be accessing services. The Joint Commissioning Panel for Mental Health sets out a clear guide for gathering local public health intelligence through JSNAs in its *Guidance for Commissioning Public Mental Health Services*⁹³.

Case study 5: Transformation of Tameside, Oldham and Glossop Mind

Describing the reconfiguration of their services, Richard Edwards, Chief Executive of Tameside Oldham and Glossop Mind said:

“Following a review of mental health day-service provision, our local authority decided they wanted to develop a wellbeing centre, possibly with a café. Rather than put this out for tendering our commissioners approached us directly, believing we were the organisation with both the local respect and the national standing to make this work.

“At that point “wellbeing” felt to me to be just a passing buzz word so I stayed on at work one evening, read some articles, and then spent several hours wandering the building on my own, wondering how this tired day centre could become a place cherished and used by the whole community. The notes I made in my diary are now framed on the wall next to my desk.

“When the commissioners and I next met and we shared ideas something just seemed to click. It sounds like a cliché but between us we were excited about a vision; they had

the trust in me to make it real and I trusted them to provide financial resources and maintain political support.

“We undertook the transformation of the building and the service it housed - what we thought might take 3 months and £80k actually took a year and over £250k. Throughout this we maintained our commitment to the vision and our trust in each other.

“When we rebuilt this place, one of the things we were very clear about was that this isn’t for a particular person with a label, it’s for the whole community.

“The result is a fantastic example of partnership which is indeed cherished and used by the wider community as we envisaged as well as having a reputation nationally for what a modern wellbeing service can look like. The trust that grew between us and our commissioners to make this happen continues, allowing us to discuss and develop other innovative community projects.”

9.5 Recommendations on how to make it happen

Health and wellbeing boards

- Prioritise facilitating joint working around public mental health.
- Ensure that views of people in the local community, voluntary sector and providers are represented on Health and Wellbeing boards.
- Gather effective public mental health intelligence through a local JSNA, as set out in the Joint Commissioning Panel for Mental Health guidance.

Local authorities and public health teams

- Co-produce wellbeing and resilience services with local communities, voluntary groups and service providers.
- Support local providers to evaluate the wellbeing impacts of their services.
- Consider wellbeing as part of impact assessment of any new service or proposed service cut.

Service providers

- Ensure that you have a clear understanding of the relationship between the service you provide and the wellbeing of the people who access it, where possible through a robust mental health impact assessment.

Councillors

- Sign up to the local authority mental health challenge run by national mental health charities and appoint an elected member as 'mental health champion' across the council, to provide leadership and ensure public mental health is prioritised.
- As Lead Member for health or adult services, prioritise mental health in your portfolio and across all areas of the council's work.
- Ensure all elected members are provided with mental health awareness training to support your strategic role in promoting public mental health and your community role in engaging with people who may be at risk of or have mental health problems.
- As members of the Overview and Scrutiny committee or the Health Scrutiny panel, ensure you include mental health and wellbeing in your work to scrutinise how well the council promotes wellbeing, builds individual and community resilience and prevents mental health problems.
- Ensure the budget affords appropriate priority to public mental health by investing in evidence-based interventions and that all funding decisions are assessed for their impacts on individual and community wellbeing.

10. Conclusion

“It’s quite difficult sometimes to bounce back, to show a smiling face all the time when you’re really hurting...if someone says to you, ‘how do you feel?’ you say, ‘I’m alright’, because you know that it’s not worth going on about it because nothing’s going to change. You’ve got to have that resilience in you which comes from having support from people. People that you can talk to and that you can have a laugh with.”

Focus group participant

Mental health must be a core part of any public health strategy. This has always been true, but is even more pressing in a time of recession, austerity and economic uncertainty. People, services and community groups are under increasing pressure and it has never been more important to take a preventative approach to mental health. Aside from the personal cost to the people concerned, we can no longer afford the economic cost of failing to address the rising burden of mental health problems.

The next two years will be a key moment for public health generally, and for public mental health in particular. The ring fence on public health budgets will be lifted in 2015 and public health teams have until this time to make the case for public mental health funding to be protected – or in many areas for funding to be allocated in the first place.

There is clear evidence and a convincing economic case for investment in public mental health. We know what makes a difference, and we now know what a successful public mental health strategy looks like. Every local area should be supporting its community to take part in activities that promote wellbeing, build social connections and improve psychological coping skills – building community resilience and ‘future-proofing’ wellbeing. In particular, a targeted approach is needed to support the wellbeing of people with the most difficult life circumstances;

people who are socially isolated, stigmatised, living with long term health problems or in difficult economic circumstances.

However, while Directors of Public Health and their teams need to take responsibility for driving forwards their local strategy, this is not an area that one person or one team can tackle alone. To be successful, public mental health strategies must touch a whole community and involve the whole community in both their development and delivery. We need Health and Wellbeing Boards, councillors, Clinical Commissioning Groups and all teams within local authorities to take responsibility for the impact of their work on wellbeing and the role that they can play in championing public mental health locally. Equally, all frontline staff, community groups and service providers need to play a role in championing public mental health and wellbeing to the people they work with, as well as modelling these behaviours themselves and within their own staff teams. If we are going to grasp this opportunity and build community resilience in such challenging times, it is essential that we make every contact count for wellbeing.

“We need to change the mental health literacy and capability of whole communities”

Local Mind Chief Executive

Appendix A

We would like to thank everyone who agreed to be interviewed, take part in a focus group, or sit on our steering group and shape this project. We are also grateful to Jonathan Campion, Harriet Butler and Dave Wilson for peer reviewing this report.

Interviewees

Alex Czerniewska	Researcher, Family Mosaic
Ashley	Person living with a long term health condition
Bridget Immeson	Director of Public Health, Greenwich
Bridget Strong	Chief Executive, Sheffield Mind
Bryonie Shaw	Head of Housing Options, New Charter Housing Association
Catherine Mackereth	Public Health Lead, South Tyneside
Chetna Kang	Consultant psychiatrist and Hindu Pastor
Dave Wilson	Adult Services commissioning, Tameside Metropolitan Borough Council
David Smith	Chief Executive, York Mind
Debbie Bishop	Head of Wellbeing services, Tameside Metropolitan Borough Council
Harriet Butler	Operations Manager, Homestart Croydon
Jill Ward	Age Connect Manager, Age UK Croydon
Jo Bird	Chair, St Dymphna Befriending Group
Jude Stansfield	Independent Public Health Consultant
Kathy Sturgess	Deputy Chief Executive, York Mind
Lucy Smith	Public Health Programme Manager, Southwark
Marietta Evans	Director of Public Health, North Tyneside
Miriam Davidson	Director of Public Health, Darlington
Patrick Taylor	Chief Executive, Oxfordshire Mind
Paul Gray	Public Health Lead, Gateshead
Paula Morison	Assistant Director for Public Health, Bromley
Peter Gianfrancesco	Chief Executive, Norwich Mind
Richard Cumbers	Public Health Programme Manager, Lincolnshire County Council
Richard Edwards	Chief Executive, Tameside, Oldham and Glossop Mind
Richard Pacitti	Chief Executive, Croydon Mind
Rosalind Miller	Organiser, Islington Faiths Forum
Stuart Dexter	Chief Executive, Tyneside Mind
Tom Murtagh	Coordinator, Redbridge MS Society
Trevor Tench	Adult Services commissioning, Tameside Metropolitan Borough Council
Val Smith	Locally elected councillor

Focus groups

- Croydon Mind
- Redbridge MS Society
- York Mind
- Diabetes UK, Hammersmith and Fulham branch
- Oxfordshire Mind

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For the additional resources
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