

**MENTAL HEALTH AND WELLBEING
PROMOTION STRATEGY FOR
DEVON 2010 - 2013**

Contents

Section:	Page No:
Foreword	1
1. Background	2
2. Aims and objectives	3
3. The policy context	3
4. The cost of mental health	9
5. Devon mental health profile	10
6. Evidence and interventions for promoting wellbeing	13
7. Recommendations for action	17
8. Implementation plan and governance	22
9. References	23
Appendix 1 Rurality and Mental Health	25
Appendix 2 Factors influencing mental wellbeing of communities	26
Appendix 3 Measurement tools	27
Appendix 4 Potential Indicators for Mental Health	28

Foreword

There is increasing evidence that early intervention, prevention and the promotion of better mental health and wellbeing across the whole population is vital for a healthy society. Therefore promoting mental health and wellbeing can have multiple benefits: improved health outcomes, life expectancy, productivity and educational and economic outcomes as well reductions in violence and crime.

This strategy considers the policy context and evidence base to a life course approach and the impact that the wider determinants of health play as people move through the life phases. A major focus throughout the document is the development of **'mental capital'**, and **'mental wellbeing'**, the extent of an individual's cognitive and emotional resources and their ability to achieve their potential and contribute positively to relationships and their community.

Some people and groups are more at risk of common mental health problems often as a result of the social, economic or environmental circumstances in which they find themselves. Therefore early identification and supportive intervention, across a range of public policy initiatives, will help provide stability and negate the need for further more intensive health care and treatment.

An overview of the combined approach needed across a range of strategies is presented. It builds on the work already in place and sets out five main objectives with a range of actions specified under each one. Whilst the action plan covers a three year timescale it is acknowledged that as the Coalition Government formulates new policies there needs to be a degree of flexibility and consequently an annual action plan will be produced.

In recognition of the complexity of issues that this strategy addresses the accountability for the implementation of the actions best sits with the Healthier and Stronger Communities Partnership and will then pass to the new Health and Wellbeing Board, due to be formally established by April 2012. It will also be important to ensure there are links with mental health treatment services so to this end reporting arrangements will be put in place with the Devon Local Implementation Team for Mental Health and the Dementia Steering Group.

As we enter a period of increasing economic, social and environmental uncertainty people's mental health and wellbeing will be increasingly important. This will only be achieved by the combined efforts of a range of partners spanning the private, public and voluntary and community sector.

I commend the strategy to you and strongly encourage you to commit to those actions that relate to your roles and responsibilities that impact on the lives of the people of Devon.

Dr Virginia Pearson
Joint Director of Public Health
Devon County Council and NHS Devon

Why is mental health important?

- 1.1 Mental health is intrinsic to wellbeing. Mental health and wellbeing can positively affect almost every area of a person's life: education, employment, family and relationships.
- 1.2 Promoting mental health and wellbeing has multiple benefits. It improves health outcomes, life expectancy, productivity and educational and economic outcomes and reduces violence and crime.
- 1.3 Poor mental health is both a contributor to and a consequence of wider health inequalities. It is associated with increased health-risk behaviors and increased morbidity and mortality from physical health causes.

The impact of poor mental health and mental illness

- One in six of the adult population experiences mental ill health at any one time.
- About 50% of lifetime cases of diagnosable mental illnesses begin by age 14.
- Dementias currently affect 5% of people aged over 65 and 20% of those aged over 80.
- The NHS spends 11% of its annual budget on mental health services. Recent estimates put the annual wider economic costs of mental health problems at around £77 billion.
- Mental illness accounts for over 20% of the total burden of disease in the UK, more than cardiovascular disease or cancer.

(Department of Health 2010b)

Defining Mental Health

- 1.4 The World Health Organisation (WHO 2007) has defined mental wellbeing as a state:

'in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.'

- 1.5 The World Health Organisation European Declaration on Mental Health (WHO 2005) underlines the centrality of mental health to life:

'There is no health without mental health. Mental health is central to the human, social and economic capital of nations and should therefore be considered as an integral and essential part of other public policy areas such as human rights, social care, education and employment.'

- 1.6 The terms 'mental health', 'mental wellbeing' and 'wellbeing' are often used interchangeably, since their definitions are varied and often overlap.

- 1.7 The New Economics Foundation (2009) highlights the benefits of ‘wellbeing’ proposing that...*wellbeing is more than just happiness. As well as feeling satisfied and happy, wellbeing means developing as a person, being fulfilled, and making a contribution to the community.*’
- 1.8 The issue is complicated by the fact that mental health/wellbeing does not operate independently from the continuum of mental illness i.e. an individual may not have a mental illness, but may have poor levels of mental wellbeing. Conversely, it is possible for an individual to fulfil the criteria for a specific mental disorder, but enjoy good levels of mental wellbeing.

2. Aims and objectives

- 2.1 The aim of the Devon mental health and wellbeing promotion strategy is to:

improve the mental wellbeing of all the people of Devon

by

- *creating flourishing and connected communities through the promotion of wellbeing and resilience and the reduction of inequalities.*
- *improving the quality and accessibility of services for people with poor mental health*

- 2.2 The main objectives of the strategy reflect the **New Horizons A Shared Vision for Mental Health** (Department of Health 2010a) framework:

- ensure a positive start in life and good health across the life course
- build resilience and a safe, secure base
- integrate physical and mental health and wellbeing
- develop sustainable, connected communities
- promote meaning and purpose

3. The policy context

- 3.1 A number of strategies and policy directives have contributed to the development of approaches over the last ten years. The main ones that inform this strategy are:

National Service Framework for Mental Health (Department of Health 1999)

- 3.2 The framework set out a ten-year plan prioritising mental health as one of three key areas of health needing investment and development, alongside cancer and coronary heart disease. Among the seven standards established, Standard 1: Mental Health Promotion, and Standard 7: Preventing Suicide, have a health improvement perspective.

Making it Happen: A Guide to Delivering Mental Health Promotion
(Department of Health 2001)

3.3 This document contains many useful guidelines that continue to be valid in considering mental health promotion and the implementation of the National Service Framework. It recommends that health and social services should:

- promote mental health for all, working with individuals and communities
- combat discrimination against individuals and groups with mental health problems, and promote their social inclusion

It defines mental health promotion as a process of:

Strengthening individuals – by increasing emotional resilience through interventions designed to promote self-esteem, life and coping skills, e.g. communicating, negotiating, relationship and parenting skills.

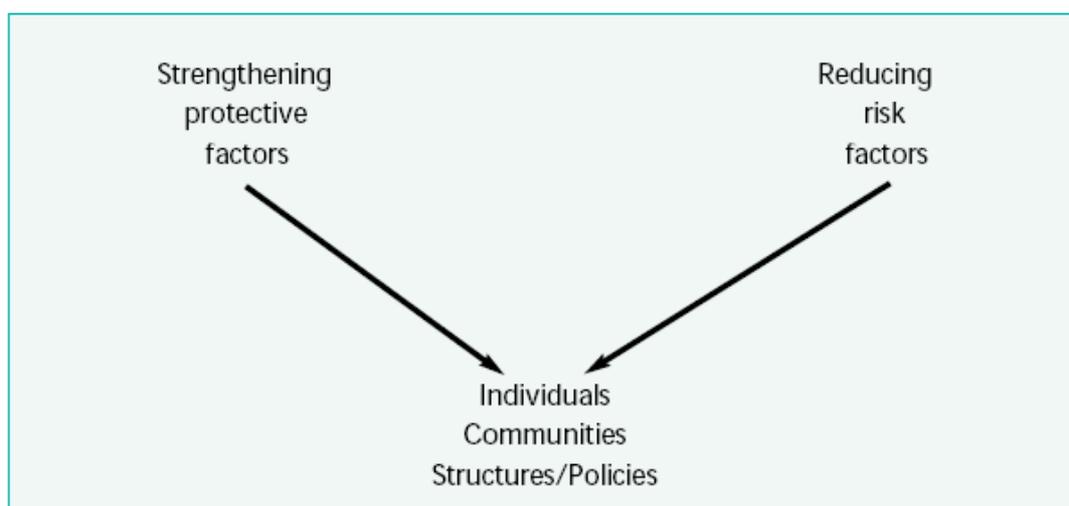
Strengthening communities – by increasing social inclusion and participation, improving neighbourhood environments, developing health and social services which support mental health, anti-bullying strategies at school, workplace health, community safety, childcare and self-help networks.

Reducing structural barriers to mental health – by initiatives to reduce discrimination and inequalities and to promote access to education, meaningful employment, housing, services and support for those who are vulnerable.

Making it Possible: Improving Mental Health and Wellbeing in England
(National Institute for Mental Health in England 2005)

3.4 This document builds on the ‘Making it Happen’ messages and reinforces the need to increase protective factors whilst reducing risk factors.

Figure1: Making it possible: protective and risk factors



Source: National Institute for Mental Health in England 2005

The Depression Report: A New Deal for Depression and Anxiety Disorders
(London School of Economics 2006).

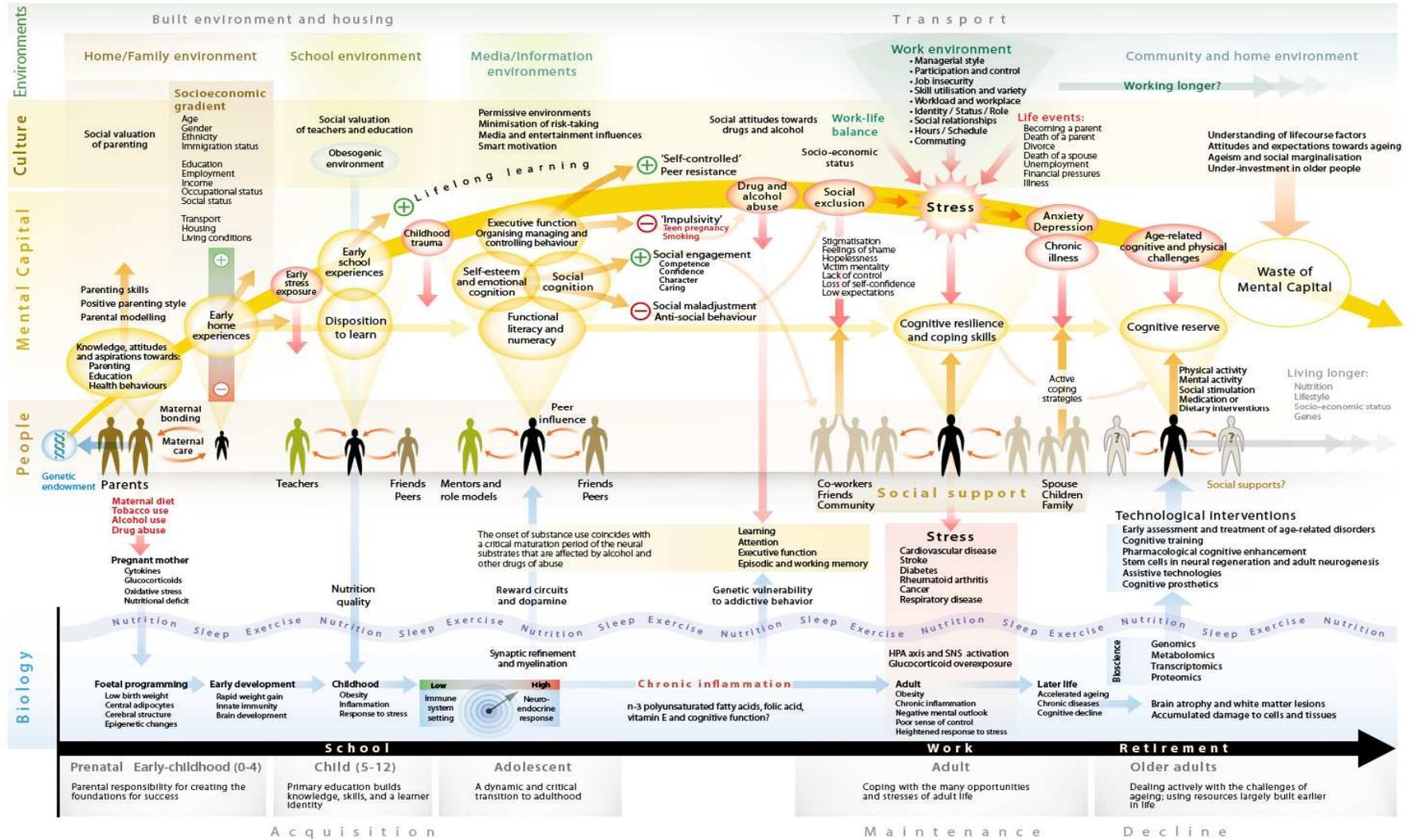
- 3.5 Central to this report is the social and economic costs of mental illness, stating that a million people were on Incapacity Benefits as a result of mental illness, affecting one in three families and costing the tax payer £750 a month.
- 3.6 The report also stated that mental illness accounted for over a third of the burden of illness in the UK, and takes up a third of GP time. It also argued that the strongest predictor of a person's happiness was not material, but mental, even though material deprivation is often linked to mental illness.
- 3.7 The total loss to the economy as a result of depression and anxiety was £12 billion, whereas a proper therapy service would cost £0.6 billion. Therapy has been shown to be as effective as drugs in the short-term and more effective in the long-term at preventing relapse.

Foresight Project: Mental Capital and Wellbeing: Making the most of ourselves in the 21st century (Government Office for Science 2008)

- 3.8 The aim of the Foresight Project on Mental Capital and Wellbeing is to use the best available scientific and other evidence to develop a vision for:
- the opportunities and challenges facing the UK over the next 20 years and beyond, and the implications for everyone's "**mental capital**" and "**mental wellbeing**"
 - what we all need to do to meet the challenges ahead, so that everyone can realize their potential and flourish in the future
- 3.9 **Mental capital** encompasses a person's cognitive and emotional resources. It includes their cognitive ability, how flexible and efficient they are at learning, and their "emotional intelligence", such as their social skills and resilience in the face of stress. It therefore conditions how well an individual is able to contribute effectively to society, and also to experience a high personal quality of life.
- 3.10 **Mental wellbeing** is a dynamic state, in which the individual is able to develop their potential, work productively and creatively, build strong and positive relationships with others, and contribute to their community. It is enhanced when an individual is able to fulfil their personal and social goals and achieve a sense of purpose in society.
- 3.11 Therefore an individual's mental capital and mental wellbeing crucially affect their path through life. Moreover, they are vitally important for the healthy functioning of families, communities and society. Together, they fundamentally affect behaviour, social cohesion, social inclusion, and our prosperity.
- 3.12 **A key conclusion of the Project is that mental capital and mental wellbeing are intimately linked: measures to address one will often affect the other. This argues for them to be considered together when developing policies and designing interventions.**
- 3.13 Figure 2 identifies the mental capital trajectory and factors that may impact on it across the life course which are integral to the approach set out in this strategy.

Figure 2: Mental capital trajectory and factors that may act upon it Source: Foresight Group 2008

Appendix B: Synthetic view of the mental capital trajectory and factors that may act upon it



Fair Society, Healthy Lives (The Marmot Review 2010)

- 3.14 In assembling the evidence and advising on the development of a health inequalities strategy in England the Marmot Review team recognised the relationship between health inequalities and impact on mental health and wellbeing. The review team proposes that by giving more people the life chances enjoyed by a few then:

“People in society would be better off in many ways: in the circumstances in which they are born, grow, live, work, and age. People would see improved wellbeing, better mental health and less disability, their children would flourish, and they would live in sustainable, cohesive communities.”

(The Marmot Review 2010 Pg 3)

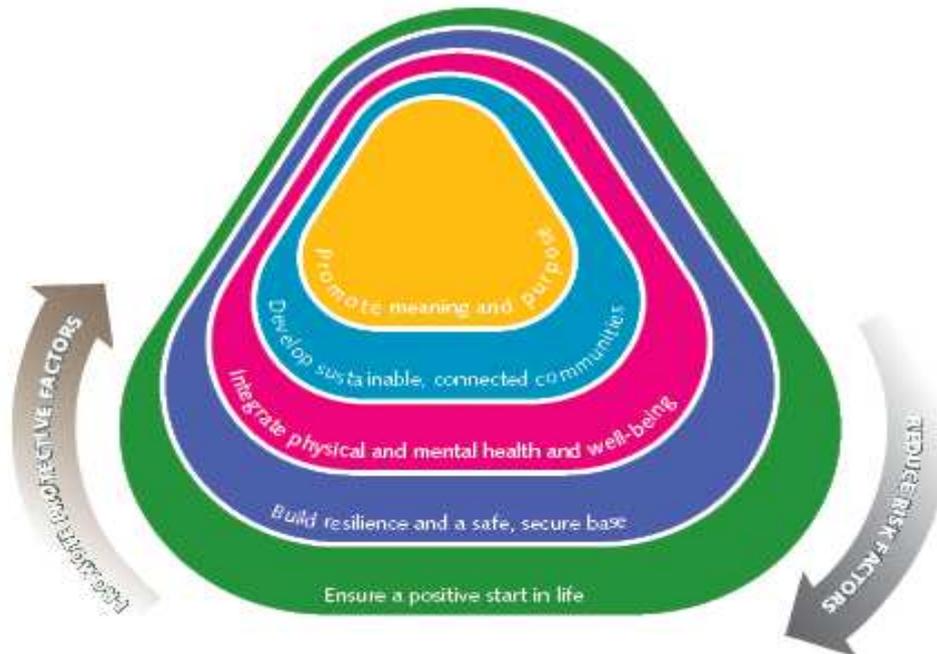
New Horizons in Mental Health (Department of Health 2010a)

- 3.15 This strategy, building on the Foresight Project (2008): ***Mental Capital and Wellbeing: Making the most of ourselves in the 21st century***, brings a new focus on the overall mental wellbeing of the population, and to prevention and early intervention, whilst continuing to support specialist services for people with severe and long-term mental health problems. It also aims to strengthen the focus on eradicating the stigma and social exclusion that is frequently associated with mental health problems.
- 3.16 The vision of **New Horizons** is that by 2020:
- everyone will understand why good mental health is important and know what to do to help their own mental health
 - children will be taught in school about how to protect their mental health
 - a person’s physical health and their mental health will be equally important to health services
 - people with mental health problems will not be treated differently just because of their problem
 - older people with mental health problems will be treated with the same respect as younger people
 - people from ethnic minorities with mental health problems will get the treatment they need, in a way that suits them
 - people who cannot work because of mental health problems will be able to do other things that help them to be part of their community
 - people with mental health problems will not have more health problems than other people. For example they will not be more likely to smoke, to be overweight or to have heart problems
 - we will understand why poor people are more likely to have mental health problems
 - other parts of government will think about the needs of people with mental health problems when planning things like: housing, education or transport
- 3.17 Central to **New Horizons** is the recognition that the wider determinants of health and wellbeing and consequences of mental ill health require all sectors

to take co-ordinated action in all spheres of activity if the benefits of improved mental health are to be realised for the people of Devon.

3.18 Figure 3 presents a framework for addressing wider social and environmental determinants within a life course approach based which underpins this strategy:

Figure 3: A framework for developing wellbeing



Source: Department of Health 2010a

New Horizons: Confident Communities, Brighter Futures (Department of Health 2010b)

3.19 This supporting document to ***New Horizons in Mental Health*** provides a comprehensive analysis of the evidence base for preventative interventions and the range of policies and actions that will promote positive mental health and wellbeing. Section 6 of this strategy sets out more detail of this analysis.

National Dementia Declaration for England (Dementia Action Alliance 2010)

3.20 A range of organisations have formed an Alliance committed to transforming the quality of life for millions of people affected by dementia. People with dementia and their family carers have described the outcomes they would like to see:

- having personal choice and control or influence over decisions
- knowing that services are designed around personal needs
- having support to live their own life
- having the knowledge and know-how to get what is needed
- living in an enabling and supportive environment where people are valued and understood

- having a sense of belonging and of being a valued part of family, community and civic life
- knowing there is research going on that delivers a better life now and for the future

The Big Society (Cabinet Office 2010)

- 3.21 The Coalition Government is committed to putting more power and opportunity into people's hands. The concept is that by giving citizens, communities and local government more power and information they will come together and be able to solve the problems they face.
- 3.22 The five principles underpinning the Big Society complement the provision of opportunities to develop mental capital and mental wellbeing for both individuals and local communities:
- Give communities more powers
 - Encourage people to take an active role in their communities
 - Transfer power from central to local government
 - Support co-ops, mutuals, charities and social enterprises
 - Publish government data

4. The cost of mental health

- 4.1 The Sainsbury Centre for Mental Health (2010) estimate the annual costs of mental health in England to be £105.2 billion a year rising from £77.4 billion in 2003. The impact on quality of life, including premature mortality, accounted for well over half that figure. Output losses associated with missed employment opportunities were estimated at £23 billion per year with state benefits to people with mental health problems estimated at £9.5 billion. Therefore investment in preventive services will have considerable social and economic benefit.
- 4.2 The World Health Organisation (2007) ranks English mental health services among the best resourced in Europe; with 13.8% of the NHS budget being spent on mental health services, higher than any other country. Investment in mental health services has increased by 30% from 2002/03, totalling £5.530 billion in 2007/08.
- 4.3 The vast majority is being spent on assertive outreach, crisis resolution/home treatment and early intervention in psychosis. Given the growing emphasis on preventative strategies and the promotion of whole-population mental wellbeing, relatively little is being spent on mental health promotion, with £4 million spent in 2007-08 (NHS Confederation 2009). This equates to only 0.72% of the total mental health budget.
- 4.4 The King's Fund, in the report **Paying the price: the cost of mental health care to 2026** (Kings Fund 2008), taking into account NHS costs and costs across the public sector including costs of social care and lost employment, predict a 45%

rise in costs (from £22.50 billion to £32.6 billion in 2026 at 2007 prices, or 111% to £47.5 billion at predicted 2026 prices).

- 4.5 This increase is a combination of predicted population increase and an increasingly ageing population. Although the most prevalent class of mental illness is personality disorder, the service costs associated with dementia are far higher than all the other conditions put together, and currently comprise 66% of total costs, predicted to rise to 73% in 2026 (at 2007 prices).
- 4.6 It is important to note that many people with mental disorders are either not in contact with services or are in contact but not receiving treatment. There is significant potential to treat more people with undiagnosed dementia and undiagnosed depression, anxiety disorders and eating disorders, for example, if diagnostic services and treatment are more accessible and available.
- 4.7 Net savings would occur as reductions in lost employment costs are likely to outweigh costs of treatment, however, although the cost of care falls to the Primary Care Trusts (GP Consortia in the near future), these savings obviously accrue elsewhere. The one exception in which evidence-based interventions have the potential to make significant savings to the NHS would be reducing the prevalence of dementia in those aged under 85 (Kings Fund 2008).

5. Devon mental health profile

- 5.1 With the increasing emphasis on the Joint Strategic Needs Assessment to inform and monitor commissioning decisions the opportunity exists to develop a core dataset of indicators and outcomes which reflects the mental capital trajectory approach set out in section 3.8 and the nature and extent of high risk groups identified in 5.2.
- 5.2 Certain groups of people are at high risk of common mental health problems including:
 - lone parents
 - people with two or more physical illnesses
 - unemployed
 - people with disabilities
 - economically inactive
 - low achieving school leavers(Social Exclusion Unit 2004)
- 5.3 A snapshot of key mental facts identifies that:

Nationally

 - 17.6% of the English population meets the criteria for one common mental disorder (2007), up from 15.5% in 1993
 - The most common mental disorder is mixed anxiety and depressive disorder (9.0%). Women more likely than men to have a common mental disorder (19.7% compared to 12.5%). Largest increase between 1993 and 2007 in women aged 45-64

- Those aged 75 and over least likely to have a disorder (6.3% of men; 12.2% of women)

(NHS Confederation 2009)

- Approximately 30% of GP visits are mental health related, with the most common problem being depression. Antidepressant prescriptions have tripled in the last twelve years

(Mental Health Foundation 2009)

Locally

5.4 The **Annual Public Health Report 2007- 08** estimates that in Devon:

- around 89,314 adults aged 16-74 and 9,000 children aged 5-15 are likely to have one or more diagnosable mental health problems
- around 20,000 people over the age of 75 have symptoms of depression
- depression or anxiety affects around 34,000 and 28,000 people aged 16-74, respectively

5.5 Other related findings are:

- Ilfracombe, Barnstaple, and certain areas in Exeter fall into the top 10% nationally for rates of mental health prescribing and admissions. These are all areas of deprivation, which is in line with research showing that people living in deprived areas have higher levels of mental health problems (Fryers T et al 2003)
- In a 2007 survey of individuals living in Devon with a drug and/or alcohol misuse problem, approximately two thirds reported a previous or current mental health problem, most commonly stress, anxiety, mild depression or severe depression.
- It is estimated that there are 11,955 people with dementia in Devon, with an overall prevalence rate in the 65 and over population of 7.56%. (Joint Strategic Needs Assessment 2009)

Wider determinants: unemployment

5.6 As figure two (page 6) shows a range of social, economic and environmental determinants impact on mental health and wellbeing with employment being one of the most important. There is evidence that unemployment has been linked to poor mental health (Dorling 2009) as well as poor physical health and has an associated increased mortality. Within the group of people who are unemployed, the risk of common mental health conditions such as anxiety, stress and depression is highest amongst young men.

5.7 Devon has a lower rate of unemployment than the national average, but this rate is still much higher than at the beginning of the economic downturn. Figure 4 provides analysis of unemployment benefit claimants by local authority area. It can be identified that:

- claimants are most likely to be male, aged 25-44, and out of employment for over 3 months, which is of particular concern as this is also the demographic group most likely to commit suicide (see Suicide Prevention Strategy). However, one third of claimants are aged 16-24.

- claimant numbers have risen sharply in all regions. However, East Devon and Teignbridge are particular areas for concern, with a 246.4% and 252.8% increase respectively.
- it appears that the majority of claimants are unemployed for less than 6 months, and the smallest percentage have been unemployed for over 12 months. Torridge appears to have an unusually high rate of people out of work for over 6 months and 12 months. Unemployment, or job insecurity, may contribute significantly towards mental ill-health. The longer people are out of work, the higher they are at risk of mental health problems such as stress, depression and anxiety.
- although there is unemployment in any economic climate, this issue is acutely topical in the current downturn.

Figure 4: Claimants for Unemployment Benefit 2007 and 2009

	East Devon	Exeter	Mid Devon	North Devon	South Hams	Teign-bridge	Torridge	West Devon
Aug 2007	569	1,130	478	682	422	699	656	281
Aug 2009	1,402	2,181	1,016	1,239	971	1,767	1,099	592
Increase	246.4%	193.0%	212.6%	181.7%	230.1%	252.8%	167.5%	210.7%
Claiming over 6 months (at Aug 2009)	25.3%	28.4%	26.1%	23.0%	24.7%	24.9%	35.0%	27.0%
Claiming over 12 months (at Aug 2009)	4.6%	7.1%	7.4%	4.8%	5.7%	5.7%	9.1%	7.6%

Source: Devon Local Authority Districts Stock and Flow Summary Data April 07 to March 09; EHOD Economic Trends Report – June 09.

Rurality and mental health and wellbeing

- 5.8 Mind offers a helpful overview of rural issues (*see Appendix 1*). With over 52% of the people of Devon living in rural areas understanding the impact of rural life on mental health and wellbeing is important. The Rural Health and Wellbeing Strategy for Devon 2010-13 addresses this issue. What is clear is that **access** and **social isolation** are major factors in determining the mental state of people in rural areas.
- 5.9 The loss of a number of services e.g. local shops, post offices, pubs and changes to transport services has presented a number of challenges to people in rural areas in terms of meeting some basic human needs. The changes to the rural economy, particularly in relation to agriculture, have affected the nature and extent of job opportunities and coupled to issues of affordable housing has resulted in some outward migration. The often sparse nature of rural communities compounds the impact of social isolation and exclusion, particularly for low numbers of minority groups

6. Evidence and interventions for promoting wellbeing

- 6.1 Drawing on the evidence set out in **New Horizons: Confident Communities, Brighter Futures** (Department of Health 2010b) this section details some of the main objectives, relevant issues and priorities for action that relate to the promotion of wellbeing and therefore the achievement of the aim of this strategy.
- 6.2 **Ensure a positive start in life and good health across the life course:** Childhood and early adulthood are key periods in the development of personal resilience and educational and social skills that will provide the foundations for good mental health across the whole life course.
- 6.3 **In promoting a positive start in life** universal and targeted interventions during the first few years of life can influence the entire life course and can reduce inequalities.
- 6.4 Key interventions to promote good mental health and wellbeing in this phase are:
- promoting parental mental and physical health
 - supporting good parenting skills
 - developing social and emotional skills
 - preventing violence and abuse
 - intervening early with mental disorders
 - enhancing play
- 6.5 **Ensuring healthy later years is also a priority.** Interventions that particularly help to maintain mental health in later years include:
- reducing poverty
 - keeping active
 - keeping warm
 - lifelong learning,
 - social connections and community engagement, such as volunteering
- 6.6 Early intervention benefits those affected by mental illnesses such as depression and dementia and their carers. Early diagnosis and treatment of physical conditions is also important.

Build strength, safety and resilience

- 6.7 Resilience may help mitigate the negative impacts of inequalities as well as promote personal and community capacity to face other challenges (see *Appendix 2*).
- 6.8 Suicide may be prevented by addressing individual resilience. Building community resilience through interventions aimed at preventing violence; reducing poverty, debt, unemployment, poor housing and homelessness; and

mitigating the impacts of climate change is also likely to have positive impacts on wellbeing

6.9 Poor mental health and wellbeing can be both a determinant and an outcome of poverty, disadvantage and social inequalities, therefore interventions should focus on:

- building resilience at the levels of the individual, family, community and environment can help promote wellbeing during times of adversity
- developing personal resilience to help prevent suicide, in combination with effective community suicide prevention measures
- increasing individual, family and community resilience by actions to reduce inequalities, prevent violence, reduce homelessness, improve housing conditions and debt management and promote employment
- addressing environmental resilience includes adapting to the effects of climate change and adverse weather events such as flooding

Integrate physical and mental health

6.10 Integrating approaches to promoting physical and mental health to reduce health risk behaviours and health inequalities and improve health outcomes can improve overall good health. Evidence shows that:

- physical and mental health are intimately linked – physical ill health affects mental health and vice versa.
- people with mental illness are less likely to have their physical health problems diagnosed and treated; people with physical health problems often have undiagnosed mental health problems.
- excess mortality and morbidity are both mediated by higher levels of health-risk behaviour such as smoking and excessive alcohol consumption.
- depression is two to three times more common in people with chronic physical health problems.
- depression is also associated with a 50% increase in mortality, comparable with the effects of smoking, and is associated with increased rates of coronary heart disease, cancer and strokes.

6.11 Therefore key interventions are:

- universal population health improvement programmes promoting healthy lifestyle choices
- targeted health improvement programmes and physical health checks for people with mental health problems.
- broadening discussions when addressing a physical health need to include consideration of any mental health need

Develop sustainable, connected communities

6.12 Social exclusion can be reduced by addressing stigma and discrimination. Sustainable communities can be enhanced by promoting social and ecological engagement to develop connected, inclusive communities.

6.13 The communities and environment in which we live affect mental health and wellbeing. Evidence shows that:

- sustainable development promotes a healthy environment to support the wellbeing of a population
- social isolation increases the risk of developing mental health problems
- promoting social capital connects communities and supports sustainability and wellbeing
- increasing access to green spaces can enhance wellbeing, increase social interaction and increase physical activity
- discrimination and stigma create social exclusion and contribute to mental and physical ill health as well as socio-economic inequalities

6.14 Therefore priorities for action are:

- sustainable interventions that promote mental health and wellbeing including insulating homes, healthy eating, active transport and access to green spaces
- interventions that enhance social capital and build social networks which include volunteering and social prescribing
- ensuring that evidence-based interventions to promote wellbeing and prevent mental ill health need to combine universal measures with targeted approaches aimed at socially excluded populations

Promote purpose and participation

6.15 Achieving a balance of physical and mental activity, a positive outlook, creativity and purposeful community activity will enhance wellbeing. Evidence based actions are:

- activities that balance physical and mental activity – including physical activity, lifelong learning, relaxation and sleep
- positive psychological interventions including psychological therapies, which promote positive thoughts and emotions, appreciation, goals and a sense of purpose
- mindfulness interventions that promote awareness, quality of life, positive mood and reduce psychological distress (for some people, spirituality plays an important role)
- participation in the arts and creativity which can enhance engagement in both individuals and communities, increase positive emotions and a sense of purpose
- ‘Good Work’ which can provide meaningful activity and enhance wellbeing (examples of healthy workplace practices include flexible working and initiatives to reduce workplace stress)
- education and lifelong learning can promote wellbeing and resilience and reduce the risk of mental illness

- leisure activities which promote wellbeing through associated meaningful engagement, self-expression, creativity and the opportunity to experience control and choice over such activities
- purposeful community activity, such as volunteering can help to develop values within communities and organisations

7. Recommendations for action

7.1 The following plan sets out actions for each of the following priorities set out in section 6:

1. Ensure a positive start in life and good health across the life course
2. Build resilience and a safe, secure base
3. Integrate physical and mental health and wellbeing
4. Develop sustainable, connected communities
5. Promote meaning and purpose

7.2 Actions may be specific programmes or existing strategies that address the factors detailed in Figure 2: Mental capital trajectory and factors that may act upon it (actions may be relevant to more than one priority).

1. Ensure a positive start in life and good health across the life course					
A positive start to life					
	Action	Lead Organisations	Resources	Impact Measures	Timescale
1.1	Maintain the delivery of objectives within the Devon Parenting Strategy that promote good parenting skills and develop social and emotional skills	Children & Young People's Services (CYPS) and NHS Devon Joint Commissioning Health visitors, midwives, Children's Centres, Parental Support Advisors	Within existing contract (Funding risk for April 2011)	Number of parenting skills courses delivered by location and number of participants	March 2012
1.2	Identify post natal depression and offer appropriate support and advice	NHS Devon and NHS Acute Trusts Midwives and health visitors	Within existing contract	Number given advice as % of all new mothers	Ongoing March 2011
1.3	Ensure victims of and children who witness violence and abuse are given appropriate support	Devon ADVA Partnership	Within existing contract (Funding risk for April 2011)	% of all reported victims and children who witness violence receiving support	March 2011
1.4	Deliver the Child Health Promotion Programme	NHS Devon Public Health Nursing Service	Within existing contract	Number receiving the programme as a % of all mothers	March 2011
1.5	Carry out Family Health Needs Assessment, including the AUDIT screening tool to raise alcohol	NHS Devon and NHS Acute Trusts Midwives and health visitors	Within existing contract	Number assessed as a % of all mothers Number supported as a % of all	March 2011

	issues, on all mothers and identify and provide additional support for those with special needs including the			mothers identified as having special needs	
1.6	Implement play strategies and play programmes	Devon County Council, District, Borough and City Councils	Additional resources required	All Local Authorities to have play strategies Number of schemes by location	March 2012

Healthy later years

	Action	Lead Organisations	Resources	Impact Measures	Timescale
1.7	Identify and support vulnerable older people for healthy lifestyle support; smoking cessation, healthy eating, sensible drinking stress reduction, coping with abuse	Devon County Council Adult and Community Services and NHS Devon	Within existing contract	Number receiving lifestyle support as a % of all identified older people Number of frontline staff trained to give brief intervention advice for smoking and alcohol	March 2011
1.8	Promote a range of opportunities to be active	Active Devon District Community Sports and Physical Activity Networks	Grant and DCC funding	Increase in people meeting Active People Survey criteria	March 2012
1.9	Promote free travel schemes with public and community transport providers to improve access to services	Devon County Council Directorate of Economy and Environment	To be agreed	Number of travel schemes offered and uptake	March 2011
1.10	Target fuel poverty interventions to the most vulnerable older people	Cosy Devon Strategy Group	Local Authority funding	Number receiving interventions as a % of all vulnerable older people	March 2012
1.11	Increase access to lifelong learning opportunities including arts and creativity opportunities	Devon County Council Adult and Community Services and NHS Devon	Within existing contract	Number of programmes and number of participants (establish baseline at March 2011)	March 2011
1.12	Increase the range of volunteering opportunities	Devon County Council and District Authorities	Within existing contract	Annual increase in number of volunteers from LAA baseline	March 2011

2. Build resilience and a safe, secure base

	Action	Lead Organisations	Resources	Impact Measures	Timescale
2.1	Maximise the number of sustainable jobs available across the County and identify barriers to employment; mental health, learning disabilities, alcohol & drugs	Devon Economic Partnership		Number of jobs created versus number of jobs lost on annual basis from baseline at March 2011	Ongoing

2.2	Develop support programmes which include mental health inputs for unemployed people in Devon	Devon Economic Partnership	Within existing contracts	Number receiving mental health support as a % of all new unemployed	Ongoing
2.3	Develop user friendly processes to maximise welfare benefits uptake for all eligible families and debt management support	Devon Strategic Partnership (Local Area Agreement Programme 15a Board)	Grant and reward funding	Total of benefits secured on an annual basis	Ongoing
2.4	Produce a Child Poverty Reduction Action Plan	Devon Children and Young People's Services	Within existing contract	Strategy produced and endorsed by Devon Strategic Partnership	Sept 2011
2.5	Increase the number of schools delivering emotional wellbeing (EW) programmes through the Healthy Schools Plus programme	Devon Children and Young People's Services Learning Development Partnership	Government grant funding	Number delivering EW programmes as a % of all Healthy Schools Plus schools (annual increase on baseline at March 2010)	Annually
2.6	Roll out the 'Targeted Mental Health in Schools' Programme	Devon Children and Young People's Services Learning Development Partnership	Within existing resources	Annual increase in schools from baseline at March 2011	March 2012
2.7	Implement the recommendations in the Devon Suicide Prevention Strategy	Devon Suicide Prevention Reference Group	Within existing contract	Reduction in rate of suicide	Ongoing
2.8	Implement housing strategies focusing on meeting decent homes standards in deprived communities	District, Borough and City Councils	Within existing contract	Increase in homes meeting the decent homes standard	Annual
2.9	Deliver recommendations within homelessness strategies which reflect national good practice	Devon County Council, District, Borough and City Councils	Within existing contract	Decrease in number of people classified as homeless	Annual
2.10	Scope the potential future environmental impacts and develop an environmental resilience action plan	Devon Futures Group	To be identified	Production of environmental resilience action plan	March 2012
2.11	Reduce stigma and discrimination for people with mental health needs through promotion campaigns e.g. 'Time for Change	Devon Local Implementation Team	Within existing resources	Number of positive new stories relating to the promotion of mental health and wellbeing	Ongoing

3. Integrate physical and mental health and wellbeing					
	Action	Lead Organisations	Resources	Impact Measures	Timescale
3.1	Maintain universal health improvement programmes to promote: <ul style="list-style-type: none"> • smoking cessation • participation in physical activity • healthy eating • sensible drinking and reductions in alcohol misuse • prevention of and reduction in substance misuse 	NHS Devon Health Promotion Devon Devon Drug and Alcohol Action Team Active Devon	Within existing contract and grant funding	Number of people quitting smoking Number of people participating in physical activity as a % of local authority populations Number of people meeting 5 A DAY criteria as a % of local authority populations	Ongoing
3.2	Improve access to healthy lifestyle advice for people with mental health needs at early stages of diagnosis	NHS Devon Primary Care and Community Services	Within existing contract	All patients with mental health needs being given healthy lifestyle advice	March 2011
3.3	Explore the potential for running a '5 A DAY for mental wellbeing pilot'	Devon Partnership Trust	Within existing contract	To be specified in project proposal	March 2011
3.4	Increase self referrals to the 'Improving Access to Psychological Therapies' (IAPT) service	NHS Devon Primary Care and Community Services	Within existing contract	Number of patients receiving psychological therapies increasing annually from March 2011 baseline	March 2011
3.5	Integrate identification and treatment of mental illness in people with chronic and limiting long term conditions (LLTC) particularly people with disabilities	NHS Devon Primary Care, Community Services and NHS Acute Trusts	Within existing contract	Number of chronic, LLTC patients or people with disabilities receiving mental health support increasing annually from March 2011 baseline	March 2011
4. Develop sustainable, connected communities					
	Action	Lead Organisations	Resources	Impact Measures	Timescale
4.1	Ensure plans for new communities build in green spaces, opportunities for being active and the provision of community resources to promote social networks	Devon Health Impact Assessment Steering Group	Partner commitment to steering group	All new plans to make proposals explicit	Ongoing

4.2	Implement the recommendations of the Cosy Devon Strategy	Cosy Devon Strategy Group	Local Authority funding	Number of households receiving grants by location and type of improvement	March 2011
4.3	Promote active transport and access to green spaces within the Devon Travel and Transport Plan 3	Devon County Council Directorate of Economy and Environment	To be agreed	Targets for cycling and walking uptake	March 2011
4.4	Deliver the Devon 'Active Villages' Programme	Active Devon	Grant and DCC funding	Increased uptake in people meeting Active People Survey criteria as a % at Local authority level	March 2012
4.5	Deliver the Devon Consortium 'Stronger Communities' projects	Devon Stronger Communities and Health Improvement Group	LPSA Reward grant	As specified within individual project plans	March 2012
4.5	Implement emotional wellbeing related actions in the Devon Rural Health and Wellbeing Strategy 2010 – 2013 plan	Devon Healthier and Stronger Communities Partnership	Within existing funding streams	As specified within the overall implementation plan	April 2011
4.6	Implement the recommendations within the Health Needs Assessments for: <ul style="list-style-type: none"> • Learning Disability • Migrant Workers • Gypsy and Travellers • Alcohol • Farmers (due March 2011) 	NHS Devon and Devon County Council Children and Young Peoples Service and Adult and Community Services	Within existing funding streams	As specified within each individual needs assessment	April 2011

5. Promote meaning and purpose

	Action	Lead Organisations	Resources	Impact Measures	Timescale
5.1	Increase participation in physical activity and sport	Active Devon	Grant and DCC funding	Increased uptake in people meeting Active People Survey criteria as a % at Local Authority level	March 2012
5.2	Promote healthy workplace practices across public, private and voluntary and community sector employers	All employers	Within existing resources	Reduction in sickness absence due to stress Number of organisations with healthy workplace policies	March 2013
5.3	Explore the range and availability of 'mindfulness' programmes across Devon	Devon Partnership Trust	Within existing resources	Nature and extent of courses available Uptake of courses by number of participants	March 2012

8. Implementation and governance

- 8.1 The complexity and span of policy areas that contribute to mental health and wellbeing logically places the accountability for the implementation of the strategy with the existing Devon Healthier and Stronger Communities Partnership (HSCP). (It is anticipated that this responsibility will then transfer to the Devon Health and Wellbeing Board, proposed in the NHS White Paper: *Equity and Excellence: Liberating the NHS*, due to be established in April 2012).
- 8.2 To ensure coherence between actions to promote mental health and wellbeing and mental health treatment services there will be a reporting link established to the Devon Local Implementation Team for Mental Health.
- 8.3 An annual action plan will be produced and performance against the impact measures monitored.
- 8.4 It will be important to monitor overall progress in increasing the mental health and wellbeing of local people in Devon. Some work nationally (see Appendix 3) and other regionally initiated by the South West Public Health Observatory (see Appendix 4) has been undertaken to identify relevant and appropriate indicators.
- 8.5 **To take this area forward locally it is proposed that the Devon Joint Strategic Needs Assessment Steering Group take account of work going on nationally and regionally and produced a draft dataset of indicators and outcomes by April 2011 for consideration by the Devon Healthier and Stronger Communities Partnership.**

9. References

- Commission for Rural Communities (2007) *Rural Proofing Toolkit*
- Cabinet Office (2010) *Building the Big Society* available at www.cabinetoffice.gov.uk/media/407789/building-big-society
- Care Services Improvement Partnership CSIP (2005) *Making It Possible: Improving Mental Health and Wellbeing in England*
- Care Services Improvement Partnership CSIP (2006) *Mental Wellbeing Impact Assessment: A Toolkit*
- Devon County Council and Devon Primary Care Trust (2008) *Annual Public Health Report 2007-8*
- Devon County Council (2008) *Ageing Well in Devon*
- Department of Health (1999) *National Service Framework for Mental Health*
- Department of Health (2001) *Making it Happen – A Guide to Delivering Mental Health Promotion*
- Department of Health (2004) *National Service Framework for Mental Health - Five Years On*
- Department of Health (2009) *New Horizons: Towards a Shared Vision for Mental Health* (executive summary)
- Department of Health (2010a) *New Horizons in Mental Health*
- Department of Health (2010b) *New Horizons: Confident Communities, Brighter Futures*
- Dorling, D. (2009) Unemployment and health: health benefits vary according to the methods of reducing unemployment. *British Medical Journal*, 338, p829
- Government Office for Science (2008) Foresight Project: *Mental Capital and Wellbeing: Making the most of ourselves in the 21st Century*
- Fryers, T. Melzer, D. and Jenkins, R. (2003) *Social psychiatry and psychiatric epidemiology*. 38:229-37
- Healthcare Commission (2009) *Equality in Later Life*
- King's Fund (2008) *Paying the Price: the Cost of Mental Health Care to 2026*
- London School of Economics (2006) *The Depression Report: A New Deal for Depression and Anxiety Disorders*
- McKenzie, K. Whitley, R. and Weich, S. (2002) 'Social capital and mental health' *The British Journal of Psychiatry* 181: 280-283.
- Mental Health Foundation (2007) *Feeding Minds: The Impact of Food on Mental Health*
- Mental Health Foundation (2009) *Moving on up*
- Mind (2007) *Rural issues in mental health: a factsheet* available at: www.mind.org.uk/help/people_groups_and_communities/rural_issues_in_mental_health.
- Mind 2007 *Ecotherapy: The Green Agenda for Mental Health*
- NHS Confederation (2009) – Mental Health Network *Key Facts and Trends in Mental Health*
- National Institute for Mental Health in England (2005) *Making it Possible: Improving Mental Health and Wellbeing in England*

National Institute for Health and Clinical Effectiveness NICE (2007) *Public health interventions to promote positive mental health and prevent mental health disorders among adults*

National Institute for Health and Clinical Effectiveness NICE (2009a) *Promoting mental wellbeing through productive and healthy working conditions: guidance for employers*

National Institute for Health and Clinical Effectiveness NICE (2009b) *Depression Treatment and management of depression in adults, including adults with a chronic physical health problem*

National Institute for Health and Clinical Effectiveness NICE (2009c) *Depression in adults with a chronic physical health problem Treatment and management*

New Economic Foundation (2009) *National Accounts of Wellbeing: bringing real wealth onto the balance sheet*

Social Exclusion Unit (2004) *Mental Health and Social Exclusion*

The Future Vision Coalition (2009) *A Future Vision for Mental Health*

The Sainsbury Centre for Mental Health (2003) *Policy Paper 3: the economic and social costs of mental illness*

World Health Organisation (2005) *Promoting Mental Health: Concepts, Emerging Evidence, Practice*

World Health Organisation (2007) *Mental Health Factsheet*

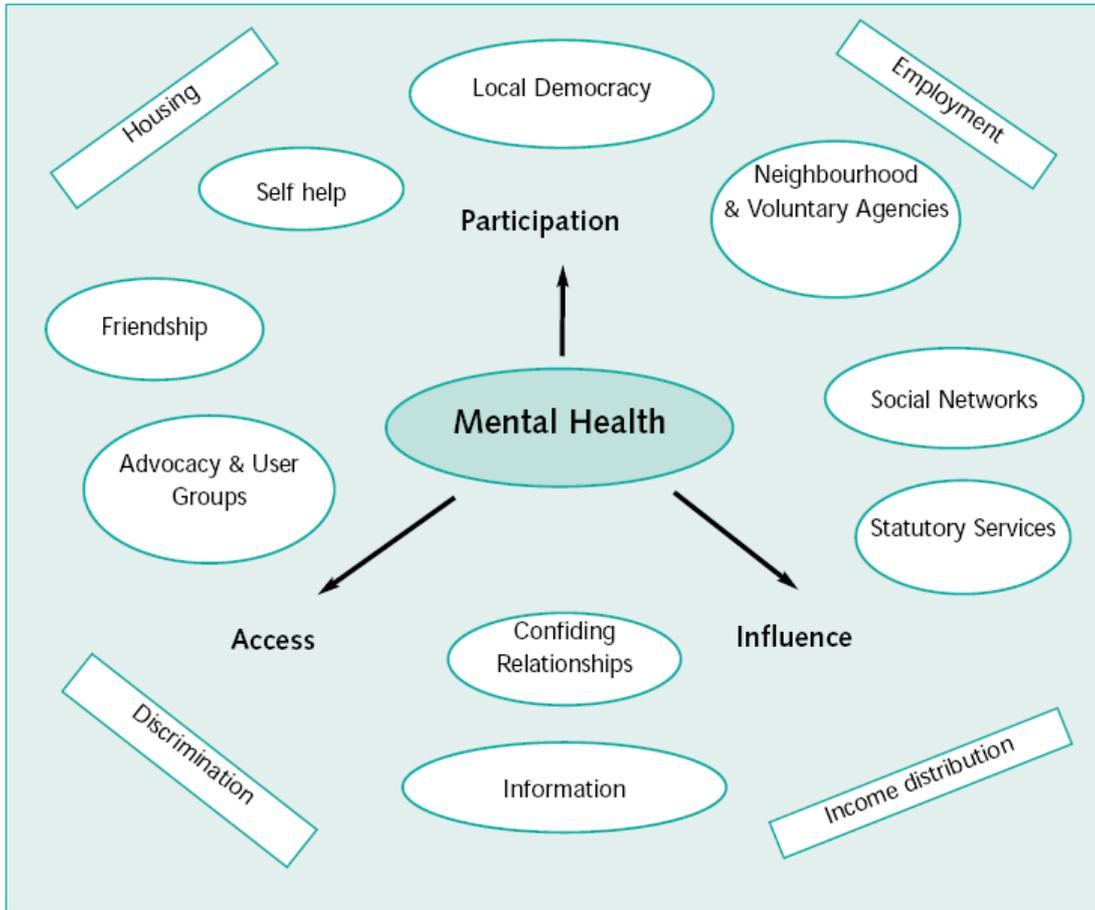
APPENDIX 1

Rurality and Mental Health (Mind 2007)

The factsheet on rural issues in mental health highlights many key points:

- Overall, rural populations have better health (higher life expectancy and lower infant mortality).
- Other positive aspects include peace and quiet, natural environment, close-knit communities and lower crime rates.
- Negative issues include poverty, lack of services, poor public transport and traumatic social or economic change at a local level.
- Specialist services (such as care and support for people with mental health problems) are more often located in urban areas. Time, money and effort involved in getting to specialist services can impede treatment and recovery.
- Transport issues
- Relative lack of information outlets e.g. shops, post offices, libraries (phone, e-mail and internet services are a partial solution)
- Disabled access may be limited
- Social stigma can be compounded in rural areas – lack of confidentiality, lack of group support, population sparsity
- Strong tradition of self-reliance; people are less likely to seek help

Factors Influencing the Mental Wellbeing of Communities



(Department of Health 2001)

Measurement Tools

The National Institute for Health and Clinical Effectiveness NICE (2007) guidelines on mental health promotion identify a number of valid tools designed to measure the general mental wellbeing of an individual. The main ones are:

1. Amalgamation of the Psychological Wellbeing Scale, the Sense of Coherence Scale, the Affect Balance Scale and the Affectometer.

Key elements of these tools include:

- agency (locus of control)
- capacity to learn, grow and develop
- feeling loved, trusted, understood and valued
- interest in life
- autonomy
- self-acceptance and self-esteem
- optimism and hopefulness
- resilience.

(Stewart-Brown 2002 cited in NICE 2007)

2. Audit Commission Individual quality of life indicators

These include:

- satisfaction with neighbourhood as a place to live
- quality and amount of natural environment
- availability of cultural, recreational and leisure services
- opportunities to participate in local planning and decision making
- concern that a neighbourhood is getting worse and about noise
- area of parks and green open spaces per 1000 of population.

(Audit Commission 2003 cited in NICE 2007)

3. Social capital and health indicators(www.statistics.gov.uk/socialcapital).

Neighbourhood renewal programmes use some of the following indicators:

- feeling safe
- trusting unfamiliar others
- participation
- influencing local decisions
- believing the local neighbourhood is improving
- access to social support
- employment
- meaningful activity
- support for parents

South West Public Health Observatory Potential Indicators for Mental Health (draft)

Children and Young People	1	Percentage of children that meet the current recommended level of physical activity	Protective
	2	Percentage of pupils aged 15 years in local authority schools achieving 5 or more grade A*-C GCSEs or equivalent	Protective
	3	Children living in poverty	Risk
	4	NEETs	Risk
	5	Teenage pregnancy	Risk
	6	Bullying	Risk
	7	Emotional Health of children	Measure
	8	Effectiveness of child and adolescent mental health services	Services
Adults	9	Percentage of people of working age in employment	Protective
	10	Percentage of adults that meet the current recommended level of physical activity	Protective
	11	Percentage of adults who consume 5 or more portions of fruit and vegetables per day	Protective
	12	Percentage of adults with a limiting long term illness	Risk
	13	Percentage of alcohol consumption above 'sensible' daily limits (more than 4 units for men, more than 3 units for women)	Risk
	14	Percentage of adults of working age with a mental health problem in employment	Measure
	15	Mortality rates (age-stand) for suicide and injury undetermined (persons aged 15 -64)	Measure
	16	Self harm hospital admission rates (age-stand) per 100,000 population	Measure
	17	Percentage psychoses	Measure
	18	Emergency Hospital admission rates (age-stand) for neuroses, rates per 100,000 population aged 15 to 74	Measure
	19	Emergency Hospital admission rates (age-stand) for schizophrenia, rates per 100,000 population aged 15 to 74	Measure
	20	Mental and behavioural disorders incapacity benefit claimant rate per 100,000 population aged 16 to 64years	Services
	21	Adults accessing NHS specialist MH services	Services
Older People	22	Dementia	Risk/Measure
General	23	IMD Score	Risk
	24	Estimated proportion with depression	Measure
	25	Estimated proportion with severe mental illness	Measure
	26	Prescriptions anti-depressants	Measure/Services
	27	Prescriptions psychoses and rel. Disorders	Measure/Services
	28	Prescriptions Hypnotics And Anxiolytics	Measure/Services
	29	Total spend per head on MH services	Services

Source: South West Public Health Observatory Potential Indicators for Mental Health (2010)