POSITION STATEMENT: MENTAL WELL-BEING

1.0 Purpose

1.1 The ChaMPs Business Plan for 2011-2012 includes an extended programme on mental health and well-being which aims to support achievement of local outcomes and implementation of national policy across Cheshire and Merseyside.

1.2 The purpose of this paper is to provide a summary of the current position with regards improving mental well-being and the recommended priorities for future collaborative action by ChaMPs and partners.

1.3 The paper has been informed by Directors of Public Health, local Public Mental Health leads and literature on policy, guidance and evidence.

2.0 Scope

2.1 This programme recognises mental well-being (mental health, or simply well-being) as a positive and dynamic state of feeling good and functioning effectively, as individuals, communities and as a society. It is independent of mental ill-health status: people with mental health problems can enjoy good well-being, whilst people without a diagnosed mental health problem may sometimes have low levels of well-being.[1,2]

2.2 The focus of the programme is to improve mental well-being across the population and to establish this as a priority social goal. This will lead to increases in:

- Improved physical health (e.g. heart disease, stroke)
- Improved health behaviours
- Reduced prevalence of mental illness
- Educational attainment
- Improved productivity
- Reduced absenteeism
- Higher incomes
- Crime reduction
- Participation in community life
- Reduced mortality[1]

2.3 By focusing on improving population mental well-being this programme will contribute to the wider Public Mental Health agenda. However this

programme does not seek to address specifically the priorities to prevent mental ill-health, improve the life expectancy, health inequalities, recovery and quality of life of people with mental health problems, prevent suicide, improve access to efficient and effective mental health services or reduce the stigma associated with mental illness.

3.0 Policy context

3.1 Mental health and well-being has been a growing area of national policy and development over recent years. There has been an expansion in evidence on the determinants and outcomes of mental well-being and of effective interventions and best practice. The Public Health White Paper, *Healthy Lives Healthy People* and the Mental Health strategy *No health without mental health* both prioritise improving population mental well-being.

3.2 Policy recognises that:

- A universal approach to improving well-being across the whole population combined with targeted interventions for those most at risk will improve outcomes for all;
- Improving mental health & well-being will lead to outcomes across health and wider social and economic outcomes;
- Mental well-being can be improved through sustained, systematic (cost) effective interventions;
- Mental well-being as a specific outcome can be measured;
- Mental illness accounts for the highest burden of all disease and the highest proportion of health care spending;
- Prevalence of mental illness is increasing, adding to the burden of huge inequalities;
- Mental health and physical health are more effectively addressed holistically;

1.3 Policy and guidance calls for the above to be addressed through effective leadership, commissioning, needs assessment, economic impact and resilience and community empowerment.

1.4 The development of Health & Well-being boards and strategies present a new opportunity to progress the well-being agenda. The developments of new commissioning infrastructures are also an opportunity to review availability of services that improve mental well-being.

1.5 The European Pact for Mental Health and Well-being was adopted in 2008 and in June 2011 the Council of the European Union adopted conclusions on results and future action. It recognises that

- “mental well-being is an essential constituent of health and quality of life, and a prerequisite for the ability to learn, work and contribute to social life; and that it is an important factor for the economy;
- that determinants are multifactorial and action requires innovative partnerships between health and other sectors;
- that regional and local level organisations play a key role in action for mental health and well-being, both as agents for improving mental well-being in their own right, and as promoters of participation from other sectors and communities.

3.6 The European, national and local contexts are also dominated by the economic downturn and policy responses. This presents an urgent need to build individual and community resilience and organisational capability in reducing the negative impacts and maximising the positive impacts of policy.

4.0 Population mental health & well-being

4.1 In 2009 all the Cheshire and Merseyside localities participated in the regional survey of population mental well-being (Deacon et al, 2010). This produced a new baseline for well-being, using the Short Warwick Edinburgh Mental Well-being Scale, alongside data on a range of determinants of well-being. Figure 1 shows the mean scores for localities and the mean for Cheshire & Merseyside. Figure 2 shows the proportion of the population within Cheshire and Merseyside who have low, moderate and high mental well-being*.

4.2 The aim is to improve population mental well-being and increase the mean score, by shifting those with low levels of mental well-being to have moderate levels of mental well-being and those with moderate to high levels of mental well-being, thus shifting the population curve. In line with Marmot, it is important to take a universal approach to improving well-being across the whole population combined with targeted interventions for those most at risk in order to improve outcomes for all (proportionate universalism).

Figure 1.

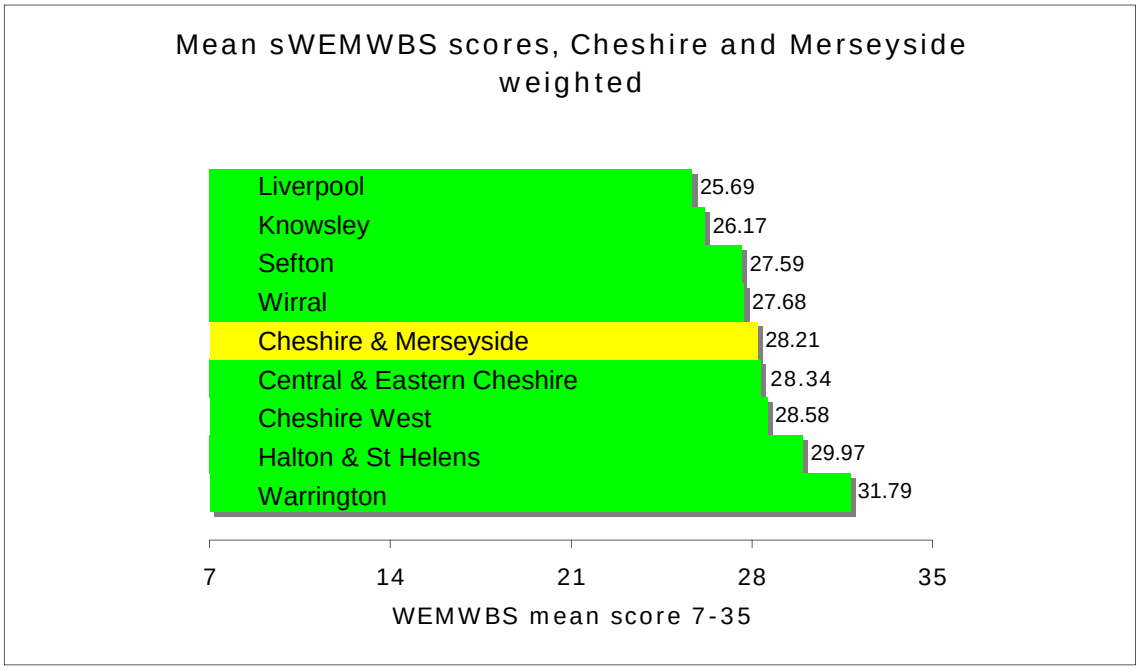
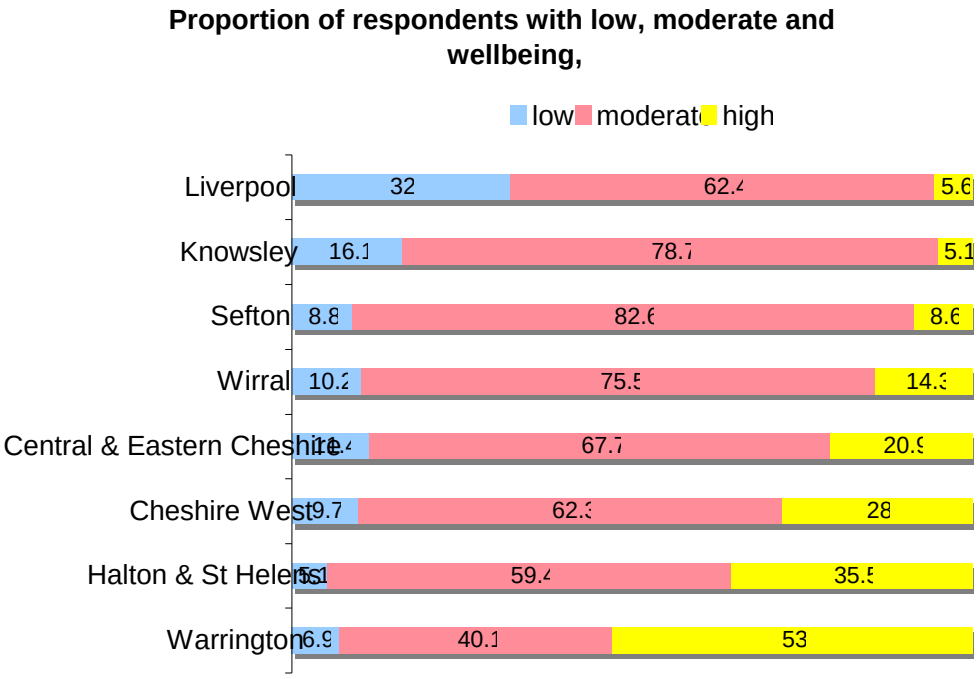


Figure 2.



4.3 Differences were observed in age, ethnicity and deprivation but not in gender. Levels of mental well-being were more likely to be low amongst 40-54 year olds, white adults and those living in the most deprived areas[1].

[1] Deacon et al, 2010, North West Mental Well-being Survey 2009, NWPHO

4.4 **What influences wellbeing**

Analysis of the survey also shows that well-being is strongly associated with[2]:

1. Having enough money to live on and financial control

Nearly 1 in 5 adults were finding it difficult on their present income. Over 3 in 10 adults had worried about money quite often or almost all the time in the previous few weeks.

2. Having strong personal relationships and financially supportive relationships;

Around 3% of adults had not spoken to anyone outside their household in the previous week.

Just over 50% said they spoke with neighbours on most days but 3% never speak to them at all.

Most people meet friends or relatives each week but 1% never have any contact with friends or relatives.

Most people had someone to rely on in times of need but 25% didn't have anyone if they needed financial help.

3. Household economic status, rather than individual unemployment;

11% of working-age households were economically inactive and 60% of people lived in households where at least one person was employed.

4. Being active and having time to do the things you enjoy;

25% of people participated in group activities on a regular basis

Most people had the time to do the things they enjoyed but 20% of adults felt they didn't.

Around 1 in 10 adults care for somebody else.

Adults with low wellbeing were 4 times more likely to be sedentary for more than 8 hours a day.

30% of adults were meeting the government physical activity target and 70% were not.

5. Being satisfied with the area you live in;

Most people were satisfied with their area as a place to live but 1 in 20 were dissatisfied;

Most people felt a sense of belonging to their neighbourhood but 1 in 5 people didn't;

Over 50% felt they couldn't influence decisions in their local area;

4.5 **Profiles of well-being**

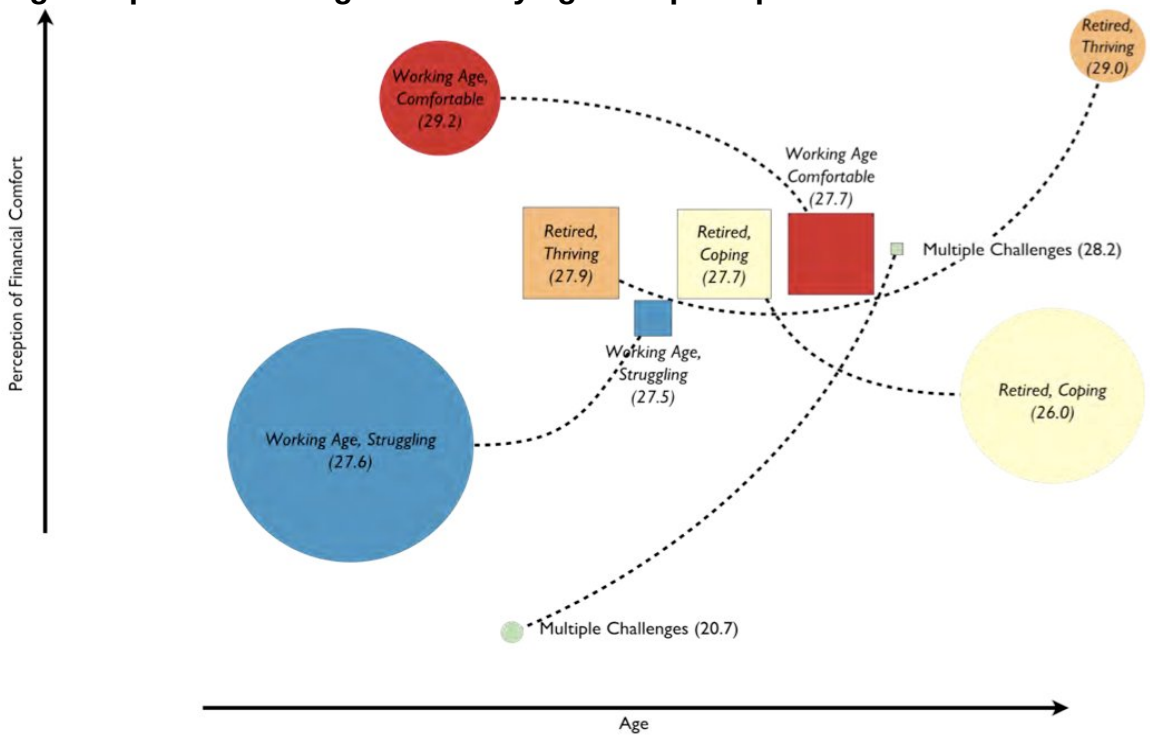
[2] Carlin et al, 2011, What influences well-being, NWPHO

A cluster analysis[3] of the survey data has produced five different profiles of the population, grouped by well-being characteristics. Fig 3 shows these five profiles within the five circles, size reflecting proportion of the population within this profile. The mean sWEMWBS score is in brackets. The squares show a linked population whose characteristics are most aligned to one profile but not entirely matched.

4.6 The five profiles are summarised as:

- Working age, struggling represents the youngest of the groups, with lower levels of perceived financial comfort and lower well-being
- Working age, comfortable is a little older than the struggling group and sees its financial situation more positively and has higher levels of well-being
- Multiple challenges has the lowest well-being of all the groups, perceives its financial situation as being very difficult, average age is generally skewed towards the younger end
- Retired, thriving is the oldest group, with highest levels of perceived financial comfort and well-being
- Retired, coping is an older group, but perceives its financial situation as poor and has one of the lowest well-being scores.

Fig 3 Map of well-being clusters by age and perception of financial comfort



[3] Carlin et al, 2011, Profiles of Well-being, NWPHO

5.0 Local capacity

5.1 All but one locality has someone within the Public Health team with lead responsibility for mental well-being. The amount of capacity varies between localities, in line with overall resources. A priority for many of the leads is to work with colleagues to integrate mental well-being across programmes. Many areas no longer have dedicated strategic plans or partnerships for mental health & well-being.

5.2 There is no national or regional improvement programme for mental well-being.

6.0 Strengths & Opportunities

6.1 Public health leads have participated in a small strategic inquiry into mental well-being within Cheshire & Merseyside using a SOAR framework. SOAR is similar to a SWOT analysis but uses a positive asset based inquiry into strengths, opportunities, aspirations and results. Summary findings are presented in Figure 4.

Fig 4. Strategic Inquiry and Appreciative Intent: Inspiration to **SOAR**

Strengths **What are our greatest assets within Champs for Public Mental Health?**	**O**pportunities **What current opportunities do we have to improve well-being?**
• Range and depth of knowledge and experience of staff leading and delivering on mental well-being; • Wide range of innovative initiatives; • Commitment to the social model of health;	• Ability and commitment to integrate and align strategic needs assessments and asset based approaches; • To shape future agenda and investment towards a well-being focus • Decade of health and well-being; • To create a systematic approach, collectively

Aspirations **What is our preferred future?**	Results **What are the measurable results for mental well-being?**
• An increase in the number of people who are flourishing • That mental *health* and well being will be a concern of all public services. • That everyone is aware of how to improve their well-being through the *Five Ways to Well-being.* • To see a marked increased investment upstream; • For all to have access to good work, warm homes and live in thriving communities;	• Wider use of WEMWBS as an outcomes measure; • Mental well-being as a specific outcome within all policy; • Improvements in mental well-being measured in commissioning and investment (using WEMWBS and other indicators)

6.1 Five Ways to Well-being

The *Five Ways to Well-being* is a set of public messages to improve mental well-being produced by the new economics foundation. The evidence suggests adopting these systematically will lead to 7.5 years increased life expectancy. They provide a positive set of messages and reflect that well-being is determined socially and collectively.

The *Five Ways to Well-being* are widely viewed across Cheshire & Merseyside as being a useful tool to engage partners and the public in taking action to improve mental well-being. A great strength and further opportunity is that all localities are participating in the Decade of Health & Well-being. This has generated interest and commitment to addressing well-being and has given a higher profile to the *Five Ways to Well-being.*

7.0 Recommendations

7.1 The table below summarises the proposed prioritises arising from discussions with Public Health directors and staff. It is intended that these will support the Public Health transition and wider reforms.

Priority theme:	**Proposed action:**

1. Leading for wellbeing	□ Appraise the range of evidence for well-being (determinants, survey data, cost-effectiveness, best practice narratives) and present a comprehensive summary of priorities and application within different sectors. □ Produce a public health briefing/ easy guide on well-being priorities for senior staff/ directors to use to inform local partnership and strategy development & implementation. □ Support learning and development opportunities for leading strategic change in well-being (through the WD programme and joint working between localities) □ Support the Decade of Health & Well-being and engagement across champs.
2. Commissioning for wellbeing	□ Review the availability of cost-effective interventions across the patch and support the application of economic evidence and use of tools. □ Identify gaps and priorities for service development and support effective commissioning processes. □ To develop performance indicators, CQUINs, contract schedules, quality standards and specifications to support commissioning for mental wellbeing.
3. Data needs for improving well-being	□ To maximise use and application of the current and recent analysis from the NW Well-being Survey and explore options for further improving intelligence in population mental well-being. □ To produce a standard outcomes and indicator framework against the national policy and local priorities.
4. Wellness services	□ To produce a wellbeing brief intervention, based on the *five ways to well-being,* and support its application. □ To identify appropriate well-being assessment and outcomes tools for use by wellness services.

5. Building community assets	To disseminate learning from across the region and elsewhere and support the development of community asset approaches (e.g. ABCD, social growth, local democracy) and their alignment to the *Five Ways to Well-being* and mental well-being outcomes To identify current and planned community asset approaches within Cheshire and Merseyside and their contribution to mental wellbeing.
6. Impact of the recession/ worklessness	To identify how welfare reform (incapacity benefit changes) can effectively address mental well-being through undertaking a Mental Well-being Impact Assessment and make and support recommendations for improvement.
7. Integrate mental well-being across ChaMPs programmes.	To identify and improve best practice in addressing mental health and well-being within CVD health checks. To review the healthy weight care pathways and outcome monitoring surveillance system and make recommendations for improvement. To disseminate and apply learning to other care pathways (e.g. smoking, alcohol). #4 well-being brief intervention To embed *Five Ways to Well-being* across all programmes, workforce development and increase its usage through better social marketing and communications.
Long-term priorities	
Leading for wellbeing	To have aligned the well-being outcomes across local policy, organisational and commissioning priorities.
Commissioning	To have optimal commissioning within the new commissioning arrangements of joint initiatives across localities aligned to the 'best buys'. E.g. parenting support, healthy workplace
Decade of Health & Wellbeing	To have achieved large-scale change in population wellbeing through measured outcomes

Data	To have readily accessible, meaningful, comparable and timely local data on mental well-being. To have generated new evidence using WEMWBS and other outcome measures from local interventions.
Policy impact	To develop mentally healthy public policy across other key sectors using MWIA and other tools e.g. affordable warmth.

Jude Stansfield, Mental Health & Well-being Programme Lead, ChaMPs, June 2011