



Office for Health
Improvement
& Disparities

ADPH West Midlands Annual Conference

Mental Health & Wellbeing

Sustaining prevention at place, using a Mental Health in All Policies Approach.

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October 16th 2024

What is mental health?

Presence (or absence) of mental illness?

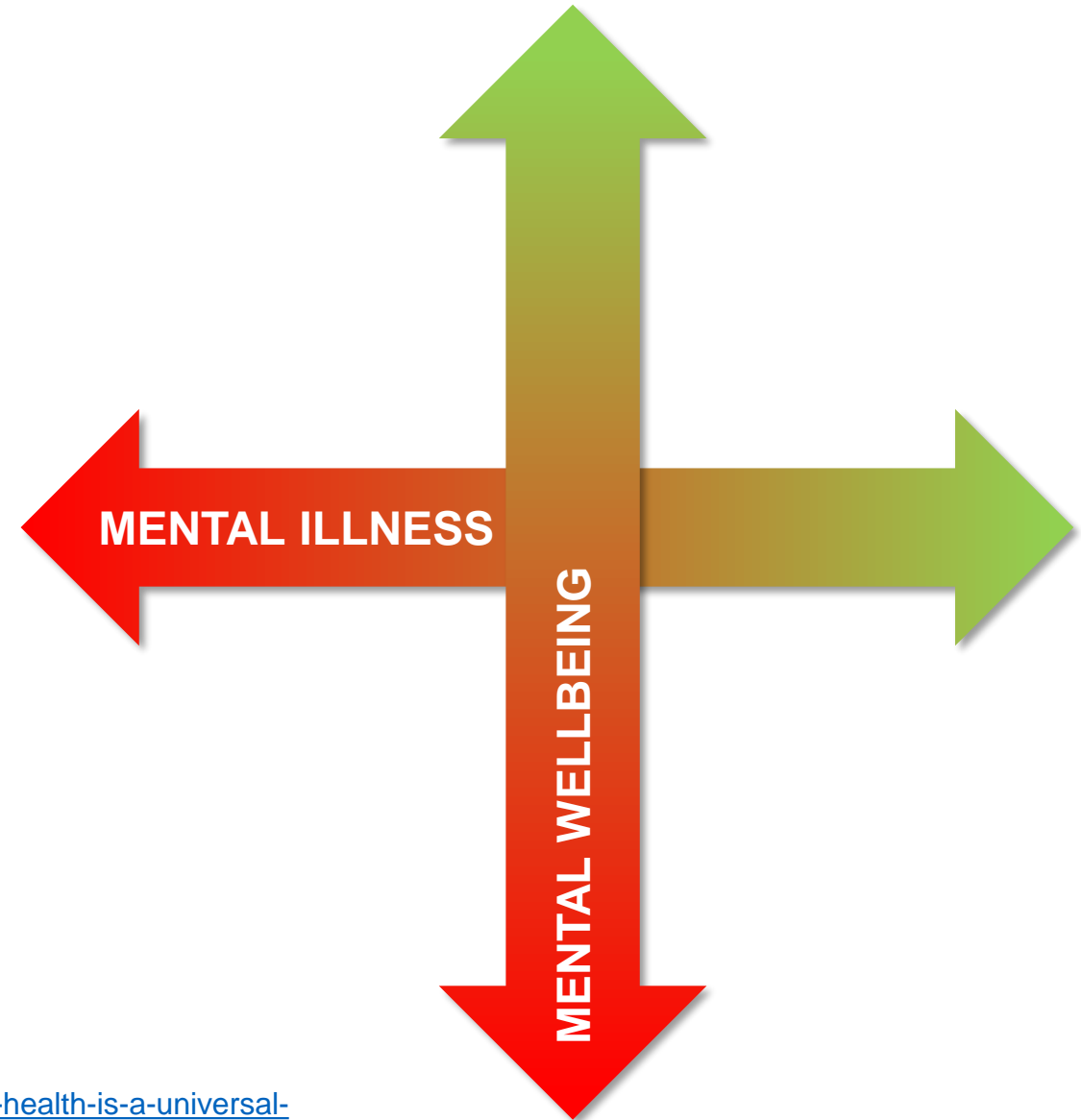
Common mental health disorders (CMHDs), e.g. anxiety, depression .. Usually transient or episodic, can affect anybody, affects c.25% adults each year

Serious mental illness (SMI), e.g. schizophrenia, bipolar, PTSD, OCD, EDs, PD or treatment-resistant or 'major' depression with psychotic symptomology. .. Usually long-term, affects c.1%, generally emerges in adolescence

Presence (or absence) of mental wellbeing?

Rooted Greek philosophy (Aristotle 4th Century BC): suggests wellbeing is subjective, comprising both eudaimonic (maximising fulfilment) and hedonic (maximising pleasure) wellbeing. .. Consensus 'lay' definition: 'feeling good and functioning well'

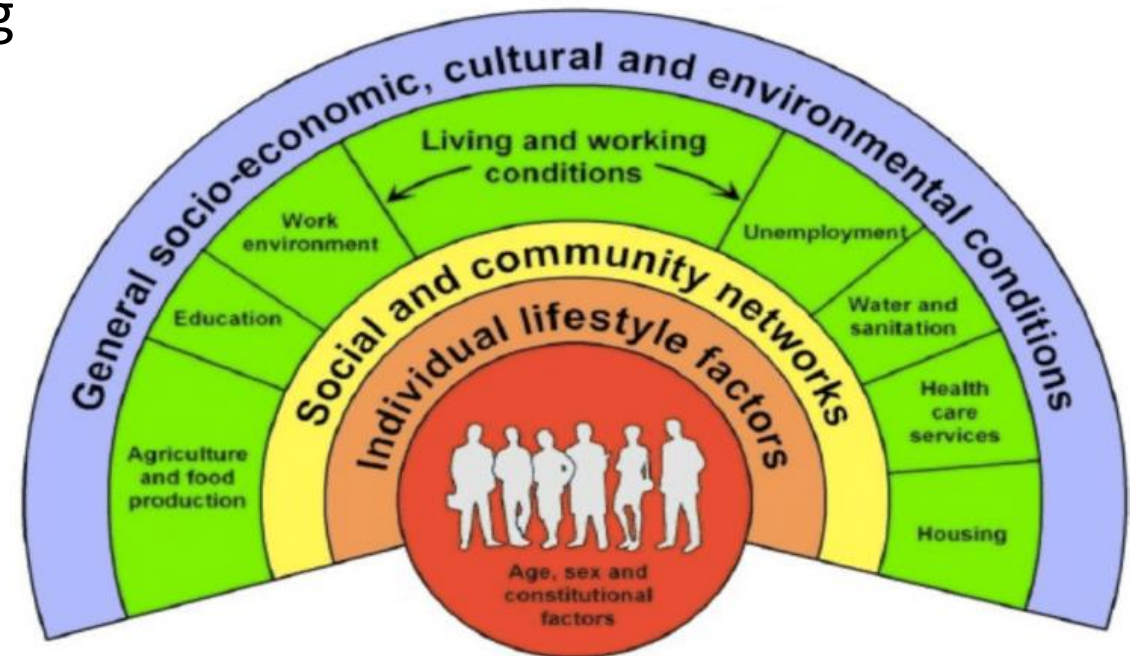
<https://www.who.int/southeastasia/news/detail/10-10-2023-world-mental-health-day-mental-health-is-a-universal-human-right#:~:text=The%20focus%20of%20human%20rights,the%20overall%20quality%20of%20life.>



What causes mental illness / affects mental wellbeing?

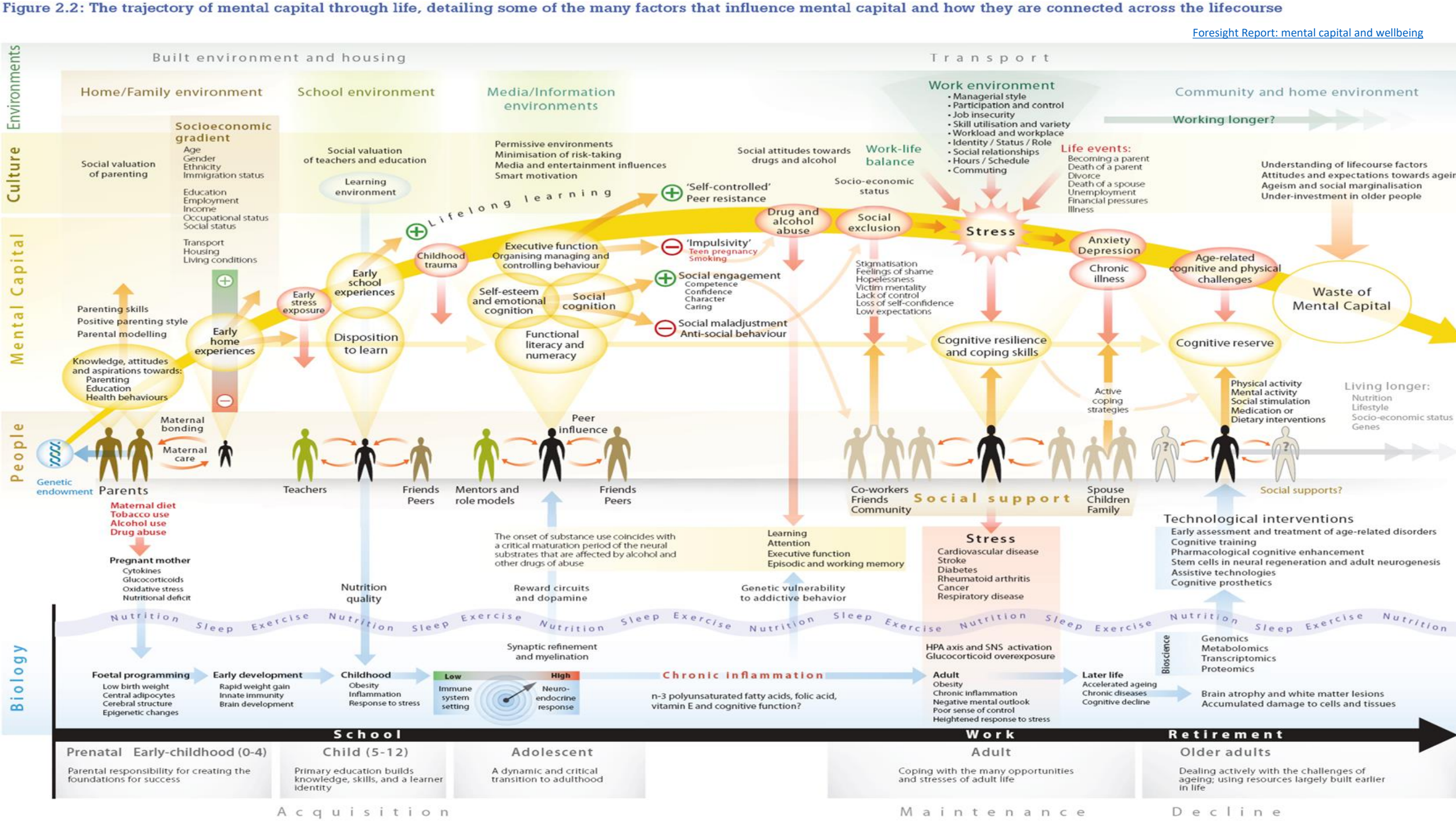
- It's complex! .. But likely to involve one or more of the following:
- **Genetic causes** or **family history** (esp. schizophrenia)
- **Brain chemistry** imbalance (e.g. serotonin and dopamine)
- **Physical health** (e.g. ABI, or neurological conditions such as epilepsy) can affect mood and behaviour
- **Lifestyle factors:** e.g. alcohol and drugs, gambling
- **Life experience:**

ACEs (e.g. abuse, trauma or neglect); social isolation & loneliness; discrimination; stigma; poverty; debt; social disadvantage; severe or long-term stress; bereavement; long-term physical health; unemployment; insecure housing; DV & SV; adult trauma (e.g. violent crime, military service) Etc.



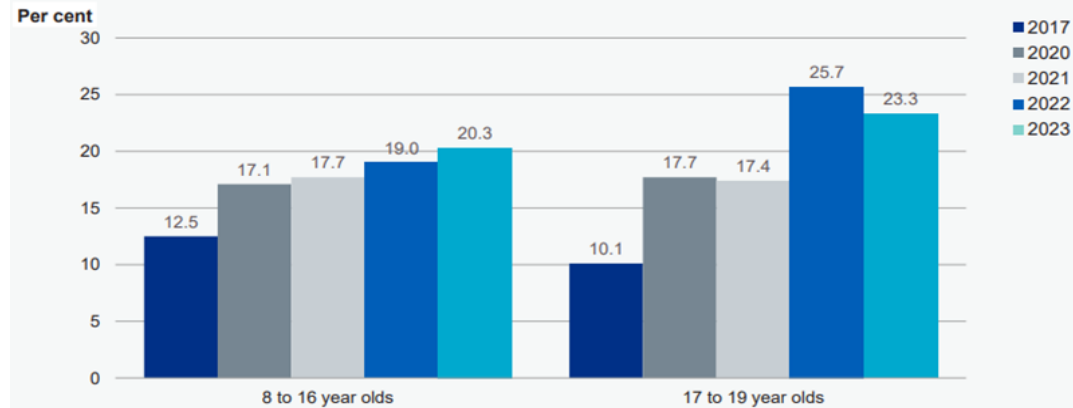
Source: Dahlgren and Whitehead, 1991



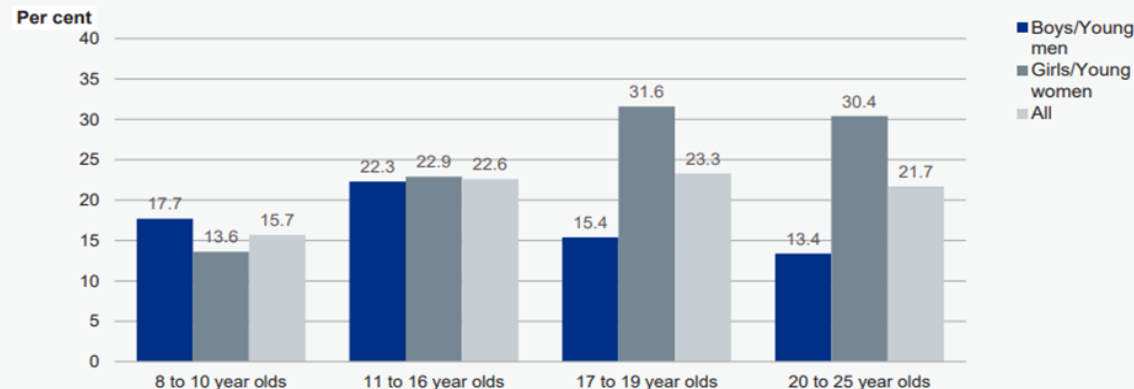


Current trends in MH - CYP

After a rise in prevalence between 2017 and 2020, rates of probable mental disorder remained stable in all age groups between 2022 and 2023



In 2023, about 1 in 5 children and young people aged 8 to 25 years had a probable mental disorder. Rates of probable mental disorder for 8 to 16 year olds were similar for boys and girls, while for 17 to 25 year olds, rates were twice as high for young women than young men

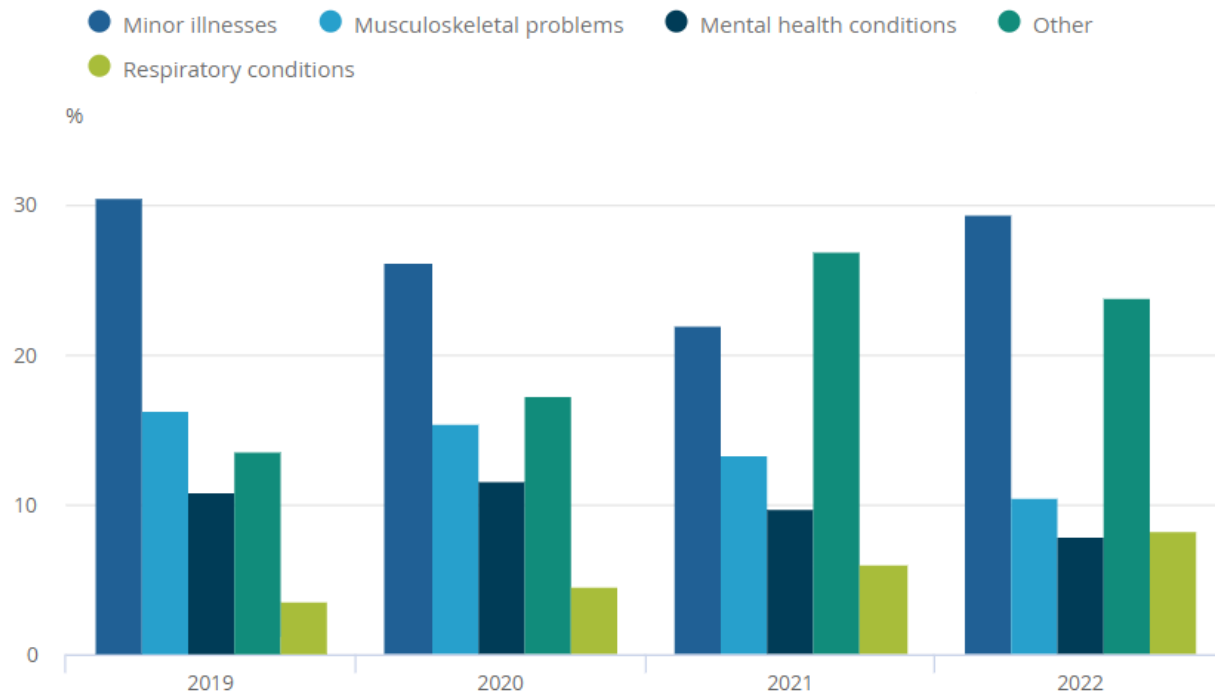


Indicator (age range)	Children with probable disorder %	Children without probably disorder %
No exercise in 7 days (11-16)	17.7	4.4
No exercise (17-23)	26.6	8.7
No time in green space (17-23)	34.0	21.1
Vaped or e-cig in 7 days (17-22)	32.9	18.4
Self-harmed in month (8-16)	5.9	0.4
Self-harmed in month (17-22)	10.6	0.8
Feel safe at school	56.3	85.1
Friend support at school	75.3	92.4
Bullied at school (11-16)	36.9	7.6
Bullied online (11-16)	10.8	2.6

[Mental Health of Children and Young People in England, 2023 - wave 4 follow up to the 2017 survey - NHS England Digital](#)

Current trends in MH: Working-age adults

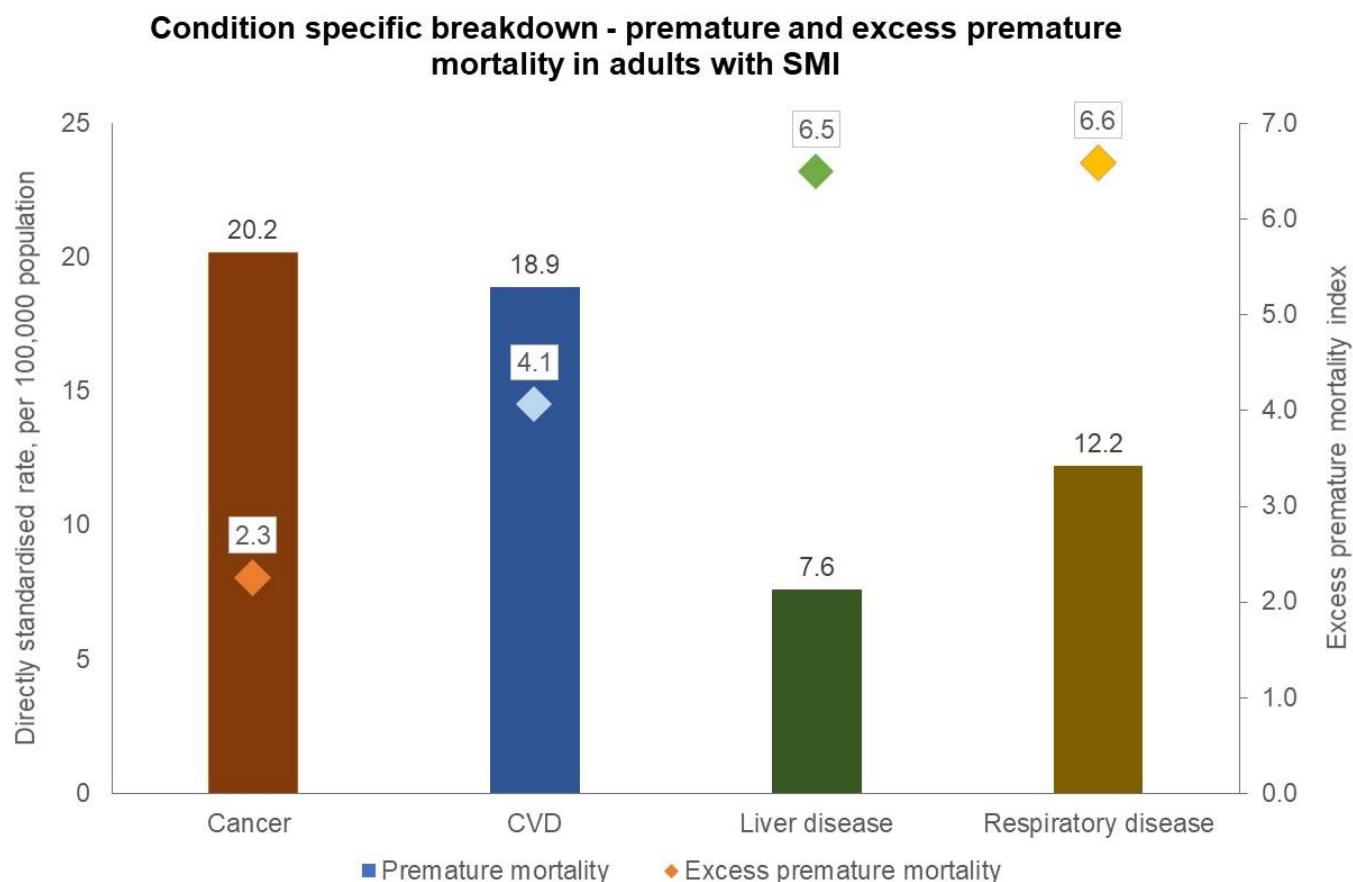
Percentage of occurrences of sickness absence, by top five reasons in 2022, UK, 2019 to 2022



- [It is estimated that 15% of UK workers have an existing mental health condition](#)
- [In 2022, mental health was the 5th most common reason given for sickness absence](#)
- [Mental ill health is now the most common cause of work-limiting conditions among those aged 44 years and younger, accounting for 7.9% of occurrences](#)
- [Over the past decade, the number of workers aged 16–34 years who reported that their mental health limits the type or amount of work they can do has more than quadrupled](#)
- [In 2022/23, there were an estimated 875,000 workers suffering from work-related stress, depression or anxiety, resulting in 17.1 million working days lost](#)
- [Poor mental wellbeing costs employers in the UK an estimated £42 billion to £45 billion annually through presenteeism, sickness absence and staff turnover](#)
- [64% of long-term sick report mental health as a main or secondary reason](#)

Current trends in MH: Serious Mental Illness (SMI)

[Premature mortality in adults with severe mental illness \(SMI\) - GOV.UK \(www.gov.uk\)](https://www.gov.uk)



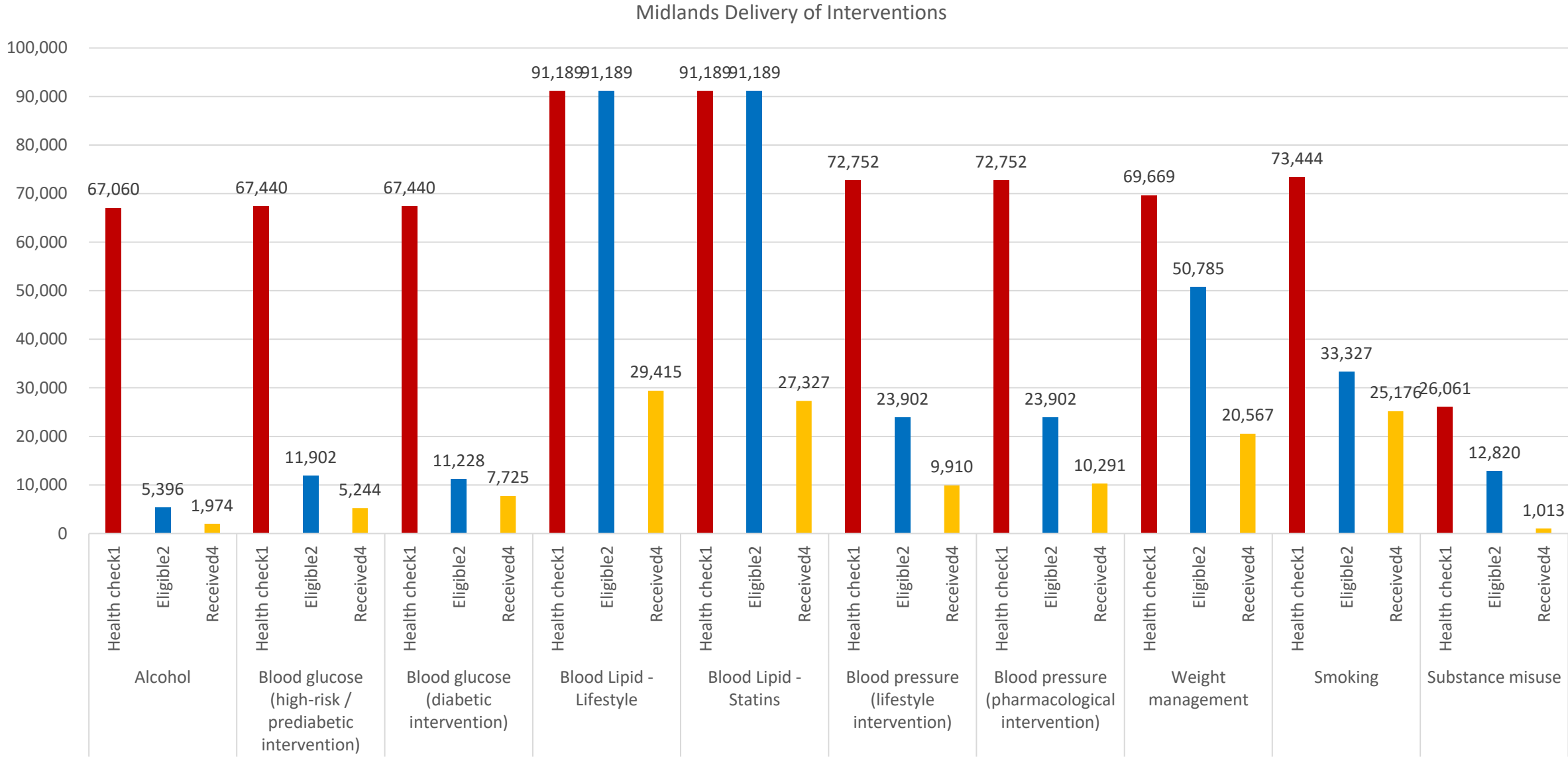
For the period 2018 to 2020, in England

- **Two-thirds** of all deaths in adults with SMI were due to cancer, cardiovascular disease, liver disease or respiratory disease
- **Cancer** with **23,412 deaths** had the highest number of premature deaths in adults with SMI – for CVD it was **21,852** deaths
- The **inequality** in premature mortality is greatest for **liver** and **respiratory disease** where adults with SMI are around **6.5 more likely to die young**



Current trends in MH: Serious Mental Illness (SMI)

Access to clinical or behavioural interventions for SMI following SMI Health Check



An argument for taking a MH in all Policies Approach ..

- Behaviour change model assumes self-efficacy
- Psychosocial focus on broader H&WB delivery may well support improved outcomes (e.g. smoking, D&A, obesity, CVD prevention)
- The association between poor MH outcomes and deprivation, wider determinants and inclusion health is strong
- SMI covered by inequalities public service duty (equal right to improved physical and wider determinant health outcomes)
- Whole system approach to support primary, secondary and tertiary prevention of mental illness
- [Prevention Concordat for Better Mental Health - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/612222/prevention-concordat-for-better-mental-health.pdf)



Prevention Concordat for Better Mental Health – Coventry and Warwickshire ICS

Paula Jackson & Jane Fowles, Consultants in Public Health, Coventry and Warwickshire ICB
Warwickshire County Council & Coventry City Council

Our Concordat Journey

- Local ambition to strengthen our approach to mental health and wellbeing
- Concordat provided us with tried and tested evidence-based framework
- Built upon the commitment of Coventry City Council and Warwickshire County Council who had signed up to the Prevention Concordat pre pandemic
- Tripartite approach led by 2 public health teams and Coventry and Warwickshire MIND
- Planning and consultation phase lasted just over 4 months
- C&W Mental Health Collaborative supported our application to drive forward its strategic aims of improving mental health and tackling inequalities
- System wide approach endorsed by our Integrated Care Partnership
- Application approved by the OHID in November 2023
- Extremely positive feedback -example of good practice at system level.

Navigating a complex system

- Coventry and Warwickshire has a very diverse population of circa 900,000
- Urban and rural communities with high levels of inequality
- Complex system with a wide range of key partner organisations including :
 - ICB
 - 4 NHS Trusts
 - A unitary and county council, plus 5 district councils
 - Voluntary and Community Sector
- We did not want to reinvent the wheel
- Application draws on and aligns existing work undertaken systemwide and reflected in our local strategies and delivery plans including:
 - The Integrated Care Strategy
 - Integrated Health and Care delivery plan
 - ICB Healthcare Inequalities Strategy
 - Coventry & Warwickshire Health & Wellbeing Strategies
 - Coventry & Warwickshire Suicide Prevention Strategy
 - Mental Health Provider Collaborative strategic priorities.

5 domain framework

1

Effective use of data and intelligence.

Having a clear understanding of the key mental health issues affecting local communities, and which interventions should be prioritised to best meet local needs.

2

Partnership and alignment.

Local organisations and populations working together across sectors to align plans and undertake joint or complementary programmes of work.

3

a

Translate need into deliverable commitments

Ensuring that high-level strategic aims to promote better mental health are translated into actions and integrated into operational plans across a range of organisations and across the life course.

3

b

Tackle inequalities

Ensuring that tackling mental health inequalities is incorporated in all actions. This should include discrimination, racism and stigma, vulnerable groups and those at greater risk, with a focus on disadvantaged faced by local communities.

4

Defining success outcomes

Having a clear understanding of how to measure outcomes in preventing mental ill-health, promoting good mental health; most relevant to local communities.

5

Leadership and accountability

Ensuring that the wide range of organisations are involved in better mental health and are held to account for jointly agreed actions, with clear leadership and direction.

Tried and tested evidence-based framework to:

- Support local action planning around:
 - Population mental health
 - Galvanise local support
 - Collaboration
- Focus action on the groups facing the greatest health inequalities.

West Midlands Mental Health Commission: Towards mental health equality

We have aligned our concordat approach with this regional workstream

There are 13 recommendations: [mental-health-report.pdf \(wmca.org.uk\)](#)

Report recommendations that our Concordat Delivery Group will help drive forward :

- increase access to and take up of evidence-based parenting programmes (developing i-Thrive)
- developing social value in procurement
- support and invest in community led infrastructure to deliver safe and effective mental health support for people from racialised communities
- mental health services should provide access to physical activity opportunities buildings treatment pathways for anyone waiting for or receiving treatment
- enable voice of marginalised communities and voice of those with mental health issues and lived experience
- reduce barriers that may prevent people from engaging in physical activity

Mental health inequalities- a quick win

- Concordat approach shines a light on mental health inequalities and helped us galvanise work across the system
- New mental health inequalities fund – Mental Health Investment Standard
- Oversight and governance provided by the ICB and Mental Health Collaborative
- Currently 8 mental health inequalities projects underway including work targeting:
 - men in deprived communities, South Asians, children and young people, recent migrants
 - Innovative approaches including green therapy and art therapy
 - Led by VCSE alongside our Cultural Inclusion Network
- The Concordat has strengthened our relationship with key partners and supported further funded workstreams including Core20 Community Connectors programme to support the onward referral of people with SMI following their annual health check

Concordat priorities

The concordat approach provides an umbrella for a range of new and ongoing workstreams including :

- Develop a Mental Health in all Policies approach systemwide
- Core20 Community Connectors programme supporting SMI physical health checks
- A partnership approach with local housing associations to improve mental health and wellbeing
- An innovative approach led by MIND to support the mental health and wellbeing of young black men
- Establishing a new public mental health offer with Fire and Rescue Services
- Designing a new systemwide Mental health and wellbeing communications plan
- A proportionate approach to monitoring impact and publication of an annual report

Concordat delivery- how we make it work

- We focus on collaboration and maximising system opportunities to improve mental health and wellbeing
- Our Concordat Delivery Group meets virtually and face to face
- Spotlight sessions on key delivery priorities
- Delivery plan critical to keeping us focused and maintaining momentum
- We report into the Mental Health Provider Collaborative.
- The concordat work programme feeds into a range of system wide Boards including:
 - Coventry and Warwickshire's VCSE Mental Health Alliance.
 - Mental Health Long Term Plan Programme Delivery Board.
 - Children and Young People's MHWB Board.
 - Integrated Care Partnership Board.

The benefits of our concordat approach

- Increased the visibility of the mental health and wellbeing agenda
- Helped us to articulate the breadth of work and how it intersects systemwide
- Provides a vehicle for the delivery of our local system strategic priorities for mental health and wellbeing
- Placed prevention and inequalities at the forefront of our Mental Health Provider Collaborative
- Helped to leverage resources including funding and people's time
- Strengthened relationships and collaboration
- Supports place-based approach through co-ordination of work at System, Place and Neighbourhood levels.
- Helped us build upon existing good practice and also innovate
- Provided an evidence-based framework to structure our local approach and monitor and evaluate impact and outcomes
- Connected us with wider regional workstreams including the WM Mental Health Commission
- Enabled us to bring to life recommendations from JSNAs and other reports
- Opened up conversations about gaps in existing provision
- Helped us start to put all the small bits of the puzzle together – work in progress !

Lessons Learned

- Don't underestimate time needed to inform, consult, draft and review application, We were fortunate to have dedicated officer time to co-ordinate our application
- As a systemwide application it had a very wide scope and many more pages than first anticipated
- Gaining endorsement from ICB/ICP Chair was instrumental
- Finding the most appropriate route for system level sign off was challenging
- Gaining buy in from all key stakeholders across the system takes time
- Maintaining engagement and momentum takes time
- The importance of a clear plan with actions owned and monitored
- Monitoring impact is not straightforward

Wolverhampton
Prevention Concordat
for Better Mental
Health

Developing and
Sustaining
Partnerships



City of Wolverhampton

**Health &
Wellbeing
Together**

Overview

- Starting point: Better Mental Health 2021-22
- Partnerships: Building towards Concordat signatory
- Prevention and promotion at heart: Wolverhampton HWT
- Learning : Key points
- Partnership project example: Head 4 Health (Wolves Foundation)

Starting point: Better Mental Health 2021-22

The Prevention and Promotion Programme for Better Mental Health 2021-2022

73% of people engaging in mental health support interventions lived in the **30% most deprived lower super output areas** (LSOAs) in England, **18% disclosed having a disability**, and **39% of people were from ethnic minority backgrounds**



357 people who attended suicide prevention awareness training are now able to support someone experiencing suicidal ideation

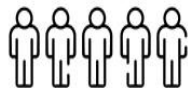


The '**Look out for Wolverhampton**' suicide awareness and prevention campaign was spearheaded by the Wolverhampton Suicide Prevention Stakeholder Forum helping people learn more about the campaign and where they can seek support for suicide

141 people belonging to some of the groups disadvantaged by COVID-19 pandemic took part in co-creation programmes to improve mental wellbeing



996 adults completed our in-depth **#WolvesWellbeingandMe** survey



205 people facing complex life challenges supported by the Head4Health pilot programme offering wellbeing sessions, social contact, physical activity, 'Walk and Talk' and 'Extra Time' initiatives



400+ hours of 1-1 counselling provided to people with more complex wellbeing needs

61 people facing complex barriers to work benefited from targeted skills and learning support to improve access to employment

150 people engaged in face-to-face interactions to help end loneliness and provide supportive social contacts



50 people became Mental Health First Aid (MHFA) qualified champions



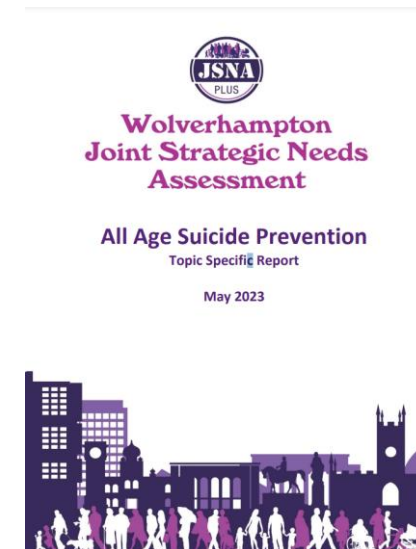
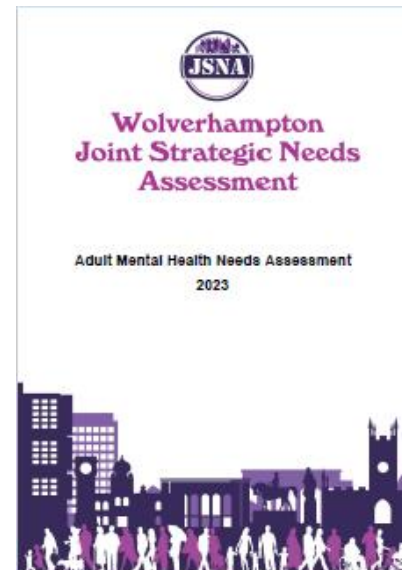
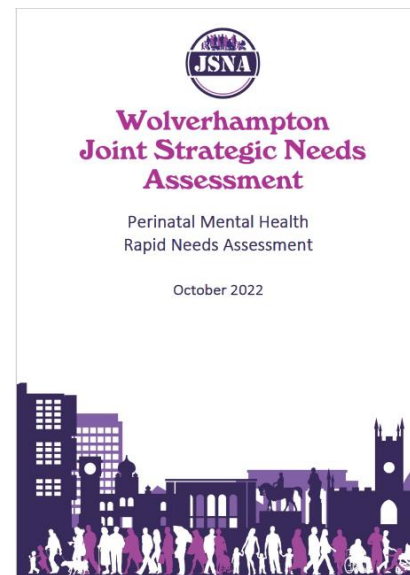
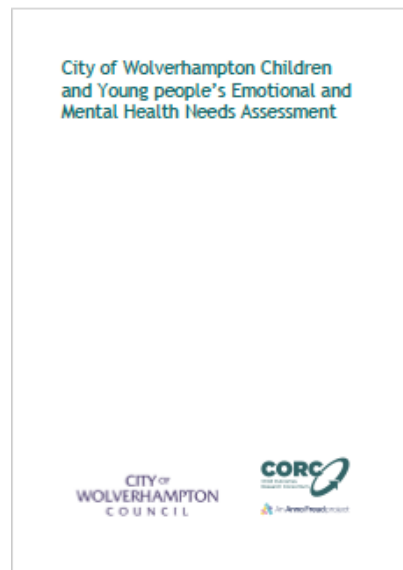
400+ people are estimated to have been supported by MHFA Champions to improve their mental health and wellbeing through engagement activities using evidence based approaches

<http://www.bettermentalhealthwolves.co.uk/>

Partnerships: Building towards Concordat signatory

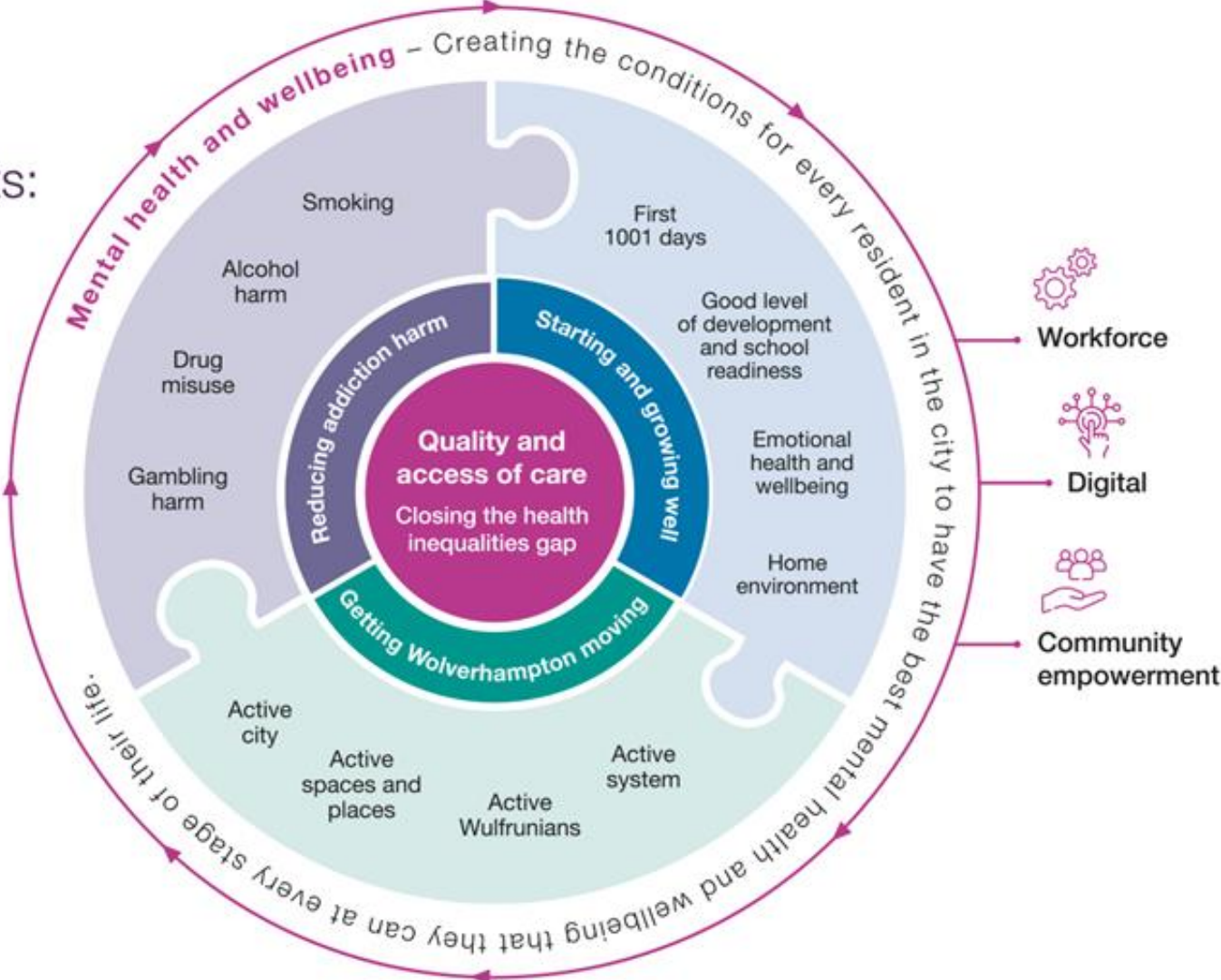
Prevention Concordat signatory panel noted:

- They were “*impressed by the breadth of needs assessment available, covering the entire life course, and the in-depth understanding of mental health needs within the Wolverhampton population*”.
- That “*Overall, this was recognised as a very strong submission and the panel unanimously agreed its approval to be a concordat signatory*”.



Prevention and promotion at heart: Wolverhampton HWT

Where we will focus our efforts: priorities on a page



Learning : Key points

- Show how the work of partners might '**already**' be supporting prevention.
- How can public health help partners? Need, evidence and evaluation.
- **Use your JSNAs as the table and give people a seat.**
- Get ASC MH teams involved.
- As much '**the art**' as the science – be the glue of the partnership.
- Concordat **action plan** becomes 'what, how and the why'.
- Mental health and wellbeing **prevention at the heart of HWT strategy**
- Building connections and trust takes time.
- Established working relationships sustained into mental health place partnerships with several joint prevention/ promotion projects.
- As HWT partners we are greater than the sum of our parts.

wolverhampton.gov.uk



Head
4 Health



Wolves
Foundation

Strategy Overview 2022-2025:

Wolves Foundation is the official charity of Wolves. Incorporated in 1991 and becoming a registered charity in 2008, we now employ a team of 100 staff and volunteers to work towards positive change in Wolverhampton and our communities around the world.

We share the values of Wolves:

Progressive. Determined. Unified. Humble. Bright.

Our mission:

To use the power of Wolverhampton Wanderers FC to motivate, educate and inspire local people and communities across Wolverhampton to change their lives for the better.

Our objectives:

- Healthier & more active people
- Safer, stronger communities
- Lifelong learning & skills

Our principles:

Equality, Diversity & Inclusion. Safeguarding. Sustainability.

Our annual engagement:

- 51,000 participants
- 225 venues
- 775,000 contact hours





Overview:

- Launched in 2018 (male only)
- Funded by Premier League & Professional Footballers Association with additional funding from City of Wolverhampton Council
- Focuses on adults (18+)
- Aim is to improve mental and physical wellbeing through informational workshops and physical activity sessions.
- 8-week programme with sustained activities
- Partnerships with local services






BMH Fund Growth:

- Better Mental Health funding in 2021 enabled expansion & growth
- Open to all adults, 18+
- Addition of private counselling sessions
- Focus on more complex & vulnerable adults
- Creation of new partnerships & resources such as workbook with Mental Health Foundation
- Greater training opportunities e.g., LGBTQ+ training
- External evaluation by spear, based at Canterbury Christchurch University – highlighted significant increase in wellbeing scores.
- Promotion & marketing campaigns to increase awareness


Outcomes:

205 
 participants engaged (74 females,
 130 males & 1 non-binary)

35 
 Groups
 delivered




104 
 Beneficiaries living in the most
 deprived 30% of LSOA's

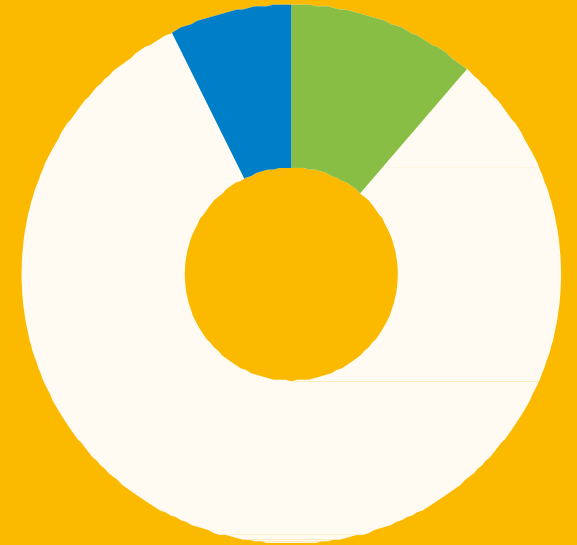
600 
 Hours of
 delivery

24 
 Beneficiaries living in the most
 deprived 10% of LSOA's

409 
 Hours of
 counselling

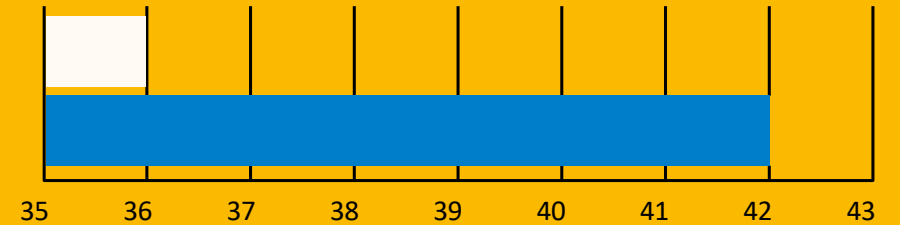
Participant ages:

-  **18-24 (23)**
-  **25-64 (167)**
-  **65+ (15)**



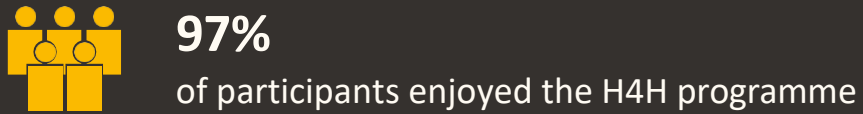
Wellbeing Score

 Average WEMWBS (Pre)  Average WEMWBS (Post)

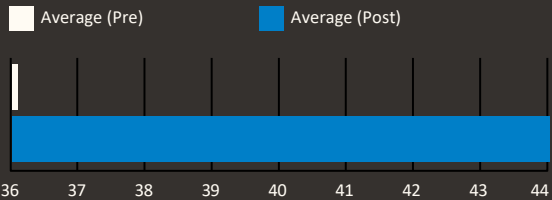




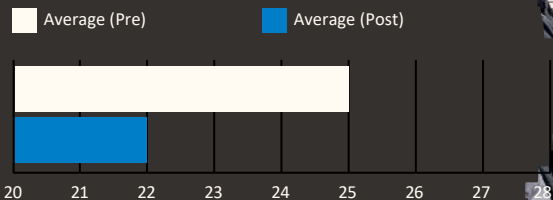
1200
individuals engaged
over 6 years



Wellbeing Score



Stress Score



In 2023

funding from BCHFT to support individuals on waiting list for wellbeing services



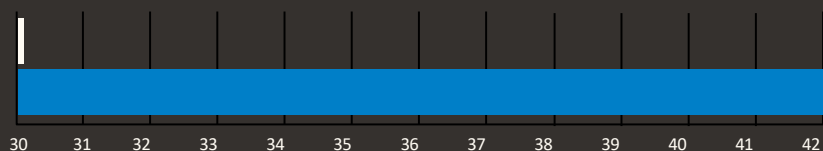
77 referrals (52 male, 25 female)



48 attended cohort with 60% completing cohort

Wellbeing Score

Average week 1 WEMWBS Average week 8 WEMWBS



Stress Score

Average week 1 PSS Average week 8 PSS



Wellbeing Service Support:

'I looked forward to Monday sessions and met some lovely people in a very relaxed and safe place. On session one I saw the pitch and I was in my happy place.' **Annabel**

'I've learnt how to cope and who to contact if I need help' **David**

'My confidence has improved. I have never felt judged at the group' **Jat**

'It has made such a difference to me. I feel like I have really improved from writing things down and journalling to joining a gym.' **Anita**





Wolves
Foundation

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