

Mental Wellbeing

In Gloucestershire there are...

14.6% of people aged 16+ in 2017 that are estimated to have a common **mental health disorder***, significantly lower than in England (16.9%)¹



Between 2018-20, **84.3 per 100,000 people** in Gloucestershire suffered **premature mortality due to severe mental illness**, however this was significantly better when compared to the **103.6 per 100,000 people in England**.²

In the 2020 Gloucestershire Pupil Wellbeing Survey **female pupils** have a higher percentage of **poor mental health***** across the year groups compared with **male pupils**. There is a **15.8% gap** between females and males reporting poor mental health in year 10.³



I found that TIC has helped me a lot. I think you need to promote and spread your name around a bit more, as I only found out about you from a GP, and I think I would have been in a much worse place if I didn't have this opportunity.

– TIC+ Service User (Teens in Crisis)

In the 2020 Pupil Wellbeing Survey **79%** of year 10 pupils had **high or average levels of mental wellbeing** and **17%** had scores indicating **low mental wellbeing**⁴



There were **11.0 per 100,000 suicides** recorded in Gloucestershire between 2018-20 which is in line with the England rate of **10.4 per 100,000 suicides** for the same time period⁵



There were **182.7 per 100,000** emergency hospital admissions for intentional **self-harm** in 2020/21 which is in line with the England average of **181.2 per 100,000**⁶

In 2017/18...

504
women had
mild-moderate depressive
illness & anxiety in the
perinatal period⁷



151
women had
severe depressive
illness in the
perinatal period⁸



What are we doing locally?

-  The Gloucestershire '**All Age Mental Health and Wellbeing Strategy**' focuses on the promotion of good mental health across the life course. Key areas of work include: supporting early intervention through training and access to support; improving the outcomes for those experiencing mental health crisis; supporting recovery and resilience; and creating a mental health friendly county by tackling stigma and discrimination.
-  '**Gloucestershire Future in Mind**' is the local transformation plan for improving the mental health and wellbeing of children and young people. Work streams focus on building resilience, joining up support across the system, improving access to services, and supporting those with more complex needs.
-  **GloW (Gloucestershire Wellbeing)** is Gloucestershire's Health and Wellbeing Board's commitment for better mental health. To date, fifty organisations across the county have signed up to GloW and pledged to take positive action to promote good mental health.
-  Gloucestershire has achieved **Trailblazer** status; a government programme to establish community based Mental Health Support Teams in schools and colleges.
-  Gloucestershire has a strong multi-agency **suicide prevention partnership** which oversees delivery of the county's suicide prevention strategy and action plan.

Areas of best practice

-  Good mental health is strongly influenced by the conditions in which people are born, grow, live and work. Poor mental health often overlaps with other vulnerabilities. It is important to take a system-wide partnership approach to improving mental health which recognises the range of factors which can impact on our wellbeing (from employment and education through to housing and our social connections); and also works to address inequalities.
-  National data suggests that over half of mental health problems in adulthood begin by the age of 14 and 75% by the age of 18. Ensuring all children get the best start in life, supporting parents and families, and intervening early, can help build resilience and prevent mental health problems in later life.
-  The care and support of people accessing mental health services should be person-centred and focused on recovery.
-  Interventions to promote resilience can support good mental wellbeing and recovery. Resilience refers to our ability to respond positively and recover from everyday stresses and challenges in life.

Key evidence

[What-Good-Public-Mental-Health-Looks-Like-Final.pdf \(adph.org.uk\)](https://www.adph.org.uk/What-Good-Public-Mental-Health-Looks-Like-Final.pdf)

Public mental health: Evidence, practice and commissioning [b215d040-2753-410e-a39eb30ad3c8b708.pdf \(rspn.org.uk\)](https://www.rspn.org.uk/b215d040-2753-410e-a39eb30ad3c8b708.pdf)

DATA SOURCES: 1. Fingertips, 2017. *any type of depression or anxiety. 2. Fingertips. 3. Online Pupil Survey, 2020. ***Poor mental health represents responses more than 1 standard deviation below the mean i.e. those significantly different to the normal deviation. 4. Online Pupil Survey, 2020. 5. ONS, 2018-20. Age-standardised mortality rate from suicide and injury of undetermined intent per 100,000 population. 6. Hospital Episode Statistics (HES), NHS Digital, 2020/21. 7. Births, deaths and marriages, Office of National Statistics (Fingertips) 2017/18. Calculated by applying the national prevalence estimate (100 in 1,000) to the total number of maternities (including stillbirth deliveries) in the area. These figures are based on national prevalence estimates and do not take account of socio-economic or demographic differences or anything else which is likely to cause variation across areas. 8. Births, deaths and marriages, Office of National Statistics (Fingertips), 2017/18. The estimated number of women with severe depressive illness, calculated by applying the national prevalence estimate (30 in 1,000) to the total number of number of maternities (including stillbirth deliveries) in the area. These figures are based on national prevalence estimates and do not take account of socio-economic or demographic differences or anything else which is likely to cause variation across areas.