

LEADING THE WAY TO WELLBEING

THE MENTAL WEALTH
OF GLOUCESTERSHIRE

**Report of the
Director of Public Health
2017/18**

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I would also like to thank those partners who are already delivering positive actions to promote mental wellbeing and who have shared their good work in this report.

Finally, I'd like to thank those Gloucestershire residents who shared their own thoughts on mental wellbeing as part of this year's report.

I welcome your thoughts on this report and hope it inspires you to get involved and to commit to promoting good mental health and wellbeing and preventing mental illness.

Please get in touch with me by emailing sarah.l.scott@gloucestershire.gov.uk.

FOREWORD

Ever since the mental health strategy for England, No Health Without Mental Health¹, was published in 2011, the subject has gained a growing profile, both within public services and amongst the population.

Given that mental health problems are one of the main causes of the overall disease burden worldwide², this is really positive.

Much of the attention and effort has, quite understandably, focused on the provision of good quality and timely treatment and support for people living with mental illness.

These services are critical and there is always more to be done to continue to improve them, but it is now time to put greater emphasis on the promotion of good mental health and wellbeing and the prevention of mental illness.

The topic of my annual report this year is mental wellbeing. The World Health Organization defines this as “a state where everyone is able to realise their potential, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to their community.”³ Good mental wellbeing can prevent self-harm, suicide and the onset or deterioration of mental illness and aid recovery.

My report sets out five mental wellbeing priorities for Gloucestershire’s Public Health team and our partners:

- Promoting good mental health and wellbeing from the earliest age;
- Helping people build the Five Ways to Wellbeing into their everyday lives;
- Creating and sustaining the conditions for good mental wellbeing;
- Working in partnership to prevent self-harm and suicide;
- Building mental health-friendly communities and workforces.

Although this report covers mental wellbeing for all, we know that some people, including those living in areas of socioeconomic disadvantage, are more likely to have poor mental health and wellbeing than others⁴ and that some of our work must be more targeted to address this.

This year, the Gloucestershire Health & Wellbeing Board launched GloW (Gloucestershire Wellbeing): Positive actions for better mental wellbeing. At the heart of GloW is a commitment: to promote good mental wellbeing and prevent mental illness.

I’m delighted that, at the time of writing, 29 Gloucestershire organisations have signed this commitment and pledged actions to support it.

My role – and the role of the public health team – is to provide leadership to the GloW movement, but its success will require all of us to play a part: organisations, communities and individuals.

As such, this report celebrates not only activity led by the county council, but by many of our partners. Equally, delivery of its recommendations should be considered a priority by everyone across the system.

I hope you find this report interesting and informative but also that it inspires you to work with us to make Gloucestershire a county where everyone has the opportunity, tools and support to have good mental wellbeing.

Sarah Scott

*Director of Public Health
October 2018*



WHAT IS MENTAL WELLBEING?

The definition of mental wellbeing can be very personal. I asked people to tell me about what mental wellbeing means to them.

You'll find their responses throughout the report. I was struck by the individuality of the responses, but also the many similarities.

"Good relationships, a balance achieved between what you have to do and what you want to do, avoiding unnecessary stress and capacity to manage life's challenges and to have or know you can call upon support when need."

(Anonymous male, late 50s, Gloucester)

"To me, it means being happy, not stressed, comfortable in my own skin, at peace with myself and others around me, being able to stick to what is good for me and avoiding what isn't, accepting what happens in life and moving on whether it's good or bad."

(Anonymous male, 40s, Gloucester)

"Mental is your head or brain and wellbeing is what emotions inside make you feel happy"

(Jamie, 10, Gloucester)

"Mental wellbeing to me means that a person can think, make decisions and be themselves on a daily basis without feeling any type of anxiety or depression. Living life without any doubt or fear."

(Ellie, 28, Self-Employed, Gloucester)

"It's about feeling good about yourself and being resilient enough to cope with the world."

(Deborah, 30s, Administrator, Forest of Dean)



‘Mental wellbeing’ can seem like a difficult concept to define.

I am using it in this report as distinct from – but related to – ‘mental health’, which is often considered to be defined by the absence of a mental illness.

There is a lot of crossover between these concepts and this report touches on them all. It is important to make this distinction because it is possible to have a diagnosed mental illness and to experience mental wellbeing or vice versa, as described below.

The New Economics Foundation (NEF) ⁶ says:

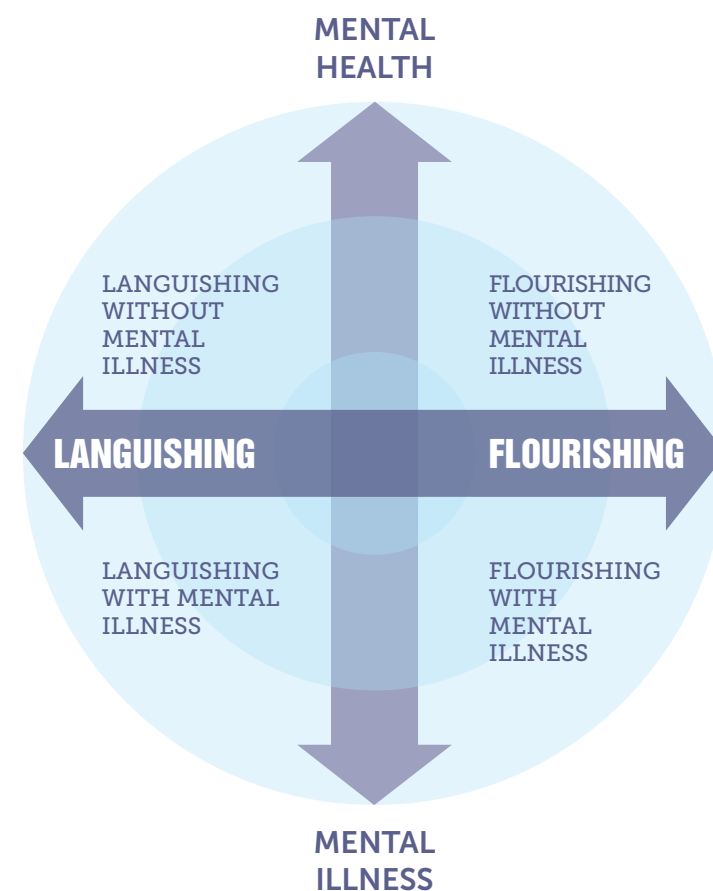
“The concept of wellbeing comprises two main elements: feeling good and functioning well.

“Feelings of happiness, contentment, enjoyment, curiosity and engagement are characteristic of someone who has a positive experience of their life.

“Equally important for wellbeing is our functioning in the world. Experiencing positive relationships, having some control over one’s life and having a sense of purpose are all important attributes of wellbeing.”

Poor levels of mental wellbeing can also have an impact on a range of other aspects of our lives, including our social and family relationships; our achievements in school or work; and our health behaviours, such as what we eat and whether or not we exercise.

A focus on mental wellbeing is therefore a vital component of the work our whole system does to improve the health, wellbeing and quality of life of our population.



(Adapted from Keyes's Languishing/Flourishing Continuum ⁵)

GLOW AND THE GLOUCESTERSHIRE COMMITMENT

Led by the Gloucestershire Health and Wellbeing Board, we are creating a countywide movement to promote good mental wellbeing and prevent mental illness.

We've started this by launching GloW: a commitment to taking positive action to improve mental wellbeing for everyone in Gloucestershire.

The aim of the campaign is to increase focus on the contributing factors of mental wellbeing – where we live, our education and employment, our social and community networks – and help organisations and communities recognise where they can make improvements to have a positive impact on our day to day wellbeing.

By looking to make a difference to these, we are able to improve the mental wellbeing of Gloucestershire residents, and prevent mental illness in the future.

This is a new approach for health and social care services as historically mental wellbeing has been considered only when a person feels they want to raise concerns with a professional or person of trust, and then treatment may follow.

When we focus on the factors that affect our wellbeing day to day, we are in a better position to keep ourselves well and less likely to hit crisis point.

At the heart of GloW is the Gloucestershire Commitment, signed by organisations in the public, private and voluntary sectors who want to pledge to be a part of the movement.

This is based on the national Prevention Concordat for Better Mental Health, led by Public Health England -

www.gov.uk/government/collections/prevention-concordat-for-better-mental-health

The wide range of partners who have already signed the Gloucestershire Commitment can be seen at

www.gloucestershire.gov.uk/glow



THE GLOUCESTERSHIRE COMMITMENT

Signed-up organisations are committed to promoting good mental health and wellbeing and preventing mental illness.

This means:

1. We agree that mental health and wellbeing is everyone's business, and all organisations have a role to play in promoting a prevention-focussed approach towards improving the public's mental health.
.....
2. We understand that in order to make the biggest impact on the public's mental health, we must commit to considering all factors that influence wellbeing, for all individuals, including influences that may not traditionally be thought of under the lens of mental health.
.....
3. We recognise the need for a shift towards prevention-focussed leadership and action throughout the system to promote better mental health. The use of more upstream interventions will ensure that wellbeing is promoted and protected earlier, preventing the development of mental ill health.
4. We agree that an increased focus on the prevention of mental health problems and the promotion of wellbeing for all should draw on the expertise of people with lived experience of mental health problems, and the wider community, to identify solutions.
.....
5. We will work collaboratively across organisational boundaries, disciplines and sectors, to continue to build and harness the assets of local communities which impact positively on mental health. This will ensure that place-based initiatives and activities that already exist, as well as newly developed interventions, are sustainable and continue to benefit local communities' mental wellbeing.
6. We will build a workforce that understands the wider determinants of mental health and what influences wellbeing. Our workforce will also understand the impact that we, as employees as well as residents and members of our own local communities, can have on promoting good mental wellbeing. We will build capacity and capability to ensure that the workforce demonstrates awareness of promoting wellbeing at every opportunity through everyday working practices.
.....
7. We are committed to supporting each other to adopt this concordat and its approach.



TAKING ACTION TO MAKE A DIFFERENCE

To sign up to the Gloucestershire Commitment, organisations are required to pledge an action to put it into practice.

This can either be within their working practice with clients or service users, or within their staff or volunteer team. All of the actions pledged so far can be found at www.gloucestershire.gov.uk/glow.

Below are a few examples of actions pledged. Each year, those who have pledged actions are asked to give an update on their progress.

We know that there is already a great deal of activity going on in the county that could be considered under the GloW banner.

Some of it is celebrated in this report. We're starting to map this activity so that we can make positive connections and learn and share good practice but also so that we can identify any gaps where more work is needed.

This will inform our partnership plans for action over the coming years, based on local need and evidence of what works.

Age UK Gloucestershire



"Age UK Gloucestershire is committed to offering older people an opportunity to improve and sustain mental wellbeing through peer to peer support and activity.

AUKG will further build on its Springboard Group hub model, promoting and supporting the growth of groups available to older people across Gloucestershire.

Older people will gain opportunities to work within the Springboard Groups and with other local community organisations to rebuild their own resilience and offer encouragement to others."

Gloucester City Council



1. "We will provide Mental Health First Aid training to our Members, Staff and Volunteers
2. In continuing our journey to becoming a dementia friendly council, we commit to ensure that 70% of our staff and members are 'Dementia Friends' by March 2019
3. We will train appropriate front-line services to recognise and respond appropriately to Adverse Childhood Experiences (ACEs) by March 2019
4. In designing our customer facing spaces, we will ensure that these are physiologically informed and meet the requirements of residents with mental health conditions."

Gloucestershire Constabulary



"The Constabulary is committed to promoting and supporting the positive physical and mental health and wellbeing of our staff and volunteers.

We will achieve this through implementing a structured programme of evidence-based activity that develops supportive leaders and impacts positively on all aspects that contribute to the wellness of our people.

Locally all activity will be co-ordinated through our Supportive Leadership & Wellbeing Steering Group and nationally all of our activity will be assessed through our MIND (mental health) action plan and through the Emergency Services Blue Light (Oscar Kilo) Wellbeing Framework."

PROMOTING GOOD MENTAL HEALTH AND WELLBEING FROM THE EARLIEST AGE

My last annual report focused on children and young people in Gloucestershire, setting out ambitious plans to secure their health and wellbeing.

This includes plans to improve their mental health and wellbeing from the earliest age, including supporting the mental health and wellbeing of parents during the perinatal period.

Over half of mental health problems in adulthood begin by the age of 14 and 75% by the age of 18⁷.

This means it is imperative we focus on children and young people's mental wellbeing and its determinants, not just to improve the quality of their life now, but also to prevent the longer lasting impact on their mental health.

Gloucestershire's Online Pupil Survey (OPS) surveys thousands of school age children and young people in the county every two years.

Included in this survey is the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS), which pupils are asked to score themselves against, giving us an insight into self-reported levels of mental wellbeing amongst the school aged population.

**"Having a snuggle with mummy.
Or playing football. Or pasta
with cheese. Or Ninjago lego.
Or Mario racing. But not when
you have to have a shower if you
are not muddy."**

(Edward, 6, Stroud)



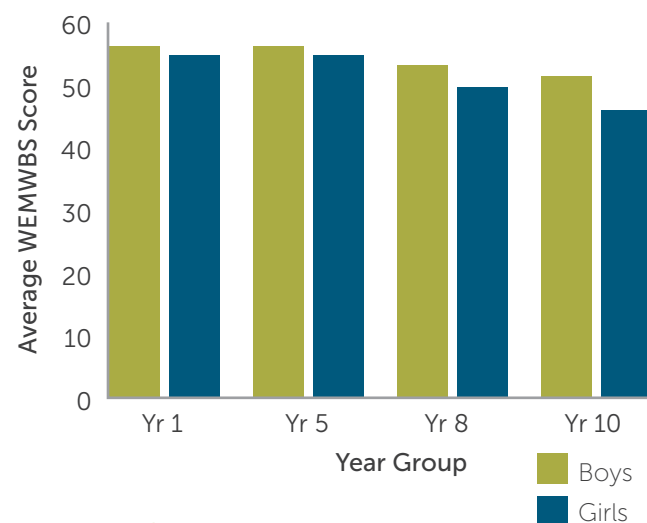
"Being happy being you."

(Matilda, 10, Stroud)

**"It's how you are coping
with what's going on. If you
let the stuff get you down,
how you sort your stuff."**

(Shayne, 16, Apprentice, Gloucester)

Average WEMWBS Score by Year Group and Sex (Online Pupil Survey, 2016)



WEMWBS scores can be categorised as:

SCORE

59-70 High emotional and mental wellbeing

41-59 Average emotional and mental wellbeing

33-40 Below average emotional and mental wellbeing

0-32 Very low emotional and mental wellbeing

We can see that the average WEMWBS score declines in the older year groups and that this decline is sharper amongst girls, although these scores remain in the 'Average emotional mental wellbeing' category.

Recent activity in Gloucestershire – including a pilot project to better link mental health services to schools and an improved counselling offer for young people – has highlighted anxiety as the most commonly reported issue, increasing as children grow into their teenage years.

Some young people use self-harm as a coping mechanism for emotional distress. In Gloucestershire, there is a higher rate of young people admitted to hospital for self-harm than in England. More recently, however, the Gloucestershire rate has improved against the South West rate.

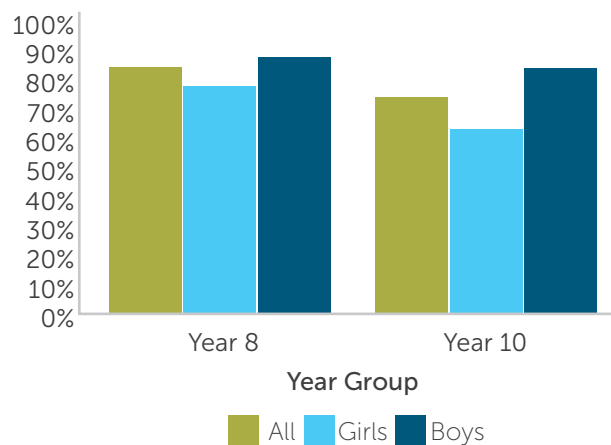
However, hospital admissions only tell us part of the story; research suggests that amongst 15-17 year olds, there is a rate ratio for hospital-presenting self-harm to community self-harm of 1:7⁸.

The Gloucestershire Online Pupil Survey (OPS) asks pupils in years 8 and 10 whether they have ever self-harmed or taken an overdose (the most common reason for admission to hospital for self-harm).



This graph shows that both self-harm and overdosing is more common in girls, with Year 10 girls most likely to report doing so. This is broadly in line with national trends, although estimates vary significantly.

% of young people reporting that they have never self-harmed or taken an overdose (Online Pupil Survey, 2016)



Section 7 outlines the work we have been doing with partners to reduce and prevent self-harm and improve the pathways to support those who do.

Prevalence of mental health conditions in children and young people in England is based on data from 2003, so is unlikely to accurately reflect the current situation. However, it suggests that 1 in 10 children between the ages of 5-16 years have a clinically diagnosed mental disorder ⁹.

Based on 2017 population estimates, this means around 7,075 children aged 5-16 in Gloucestershire have a diagnosed mental health condition, which would require treatment in primary care or in specialist mental health services.

However, there are risk factors that mean some children and young people may be more likely to have or go on to develop poor mental health.

These could include having a long-term physical illness; having a parent with mental health or substance misuse problems; being bereaved; experiencing abuse; living in poverty; experiencing discrimination; being a young carer; or having learning difficulties ¹⁰.

Action to support these children and young people – helping them to build resilience and protective factors to improve and maintain their wellbeing and prevent the onset of poor mental health and mental illness – is a particular focus of our work. One aspect of this is our work on ACEs.

SPOTLIGHT ON ACES

In my last annual report, I highlighted our early thinking on Adverse Childhood Experiences (ACEs): how we can prevent them and how we can mitigate their impact so that ACEs don't have to mean poor outcomes for the children and young people of Gloucestershire.

A study by Public Health Wales ¹¹ found that people who experienced 4 or more ACEs were 6.1 times more likely to have received treatment for mental illness and 9.5 times more likely to have self-harmed or felt suicidal.

They also had increased likelihood of other, interconnected outcomes, such as substance misuse, incarceration and physical health conditions.

Since my last report, the Gloucestershire Health & Wellbeing Board has formed an Advisory Panel on ACEs, which has developed a local strategy, setting out what partners intend to do to prevent, intervene early and overcome the effects of ACEs.

This complements and will be aligned with the work outlined in the forthcoming Children, Young People and Families Partnership Framework to:

- Reduce sources of stress;
- Support responsive relationships;
- Strengthen core life skills.

The Gloucestershire ACEs Strategy proposes to:

- raise awareness and understanding of ACEs with communities and organisations through delivery of a co-ordinated local campaign;
- implement training to equip communities and organisations to respond appropriately to ACEs;
- continue to work in partnership with communities and organisations to build resilience through encouraging trusted relationships and developing core life skills;
- develop relevant resources and information for people identified with ACEs who need signposting to further sources of support;

- increase our understanding of the distribution of ACEs across Gloucestershire;
- incorporate ACEs informed approaches into relevant organisational policies, strategies and contracts (to include safeguarding policies, referral screening tools, etc.); and
- evaluate interventions and share good practice and positive outcomes from ACEs work across Gloucestershire, the South West and beyond.



WHAT'S ALREADY HAPPENING IN GLOUCESTERSHIRE?

Future in Mind – making it easier for children and young people to access help as early as possible

Gloucestershire's Future in Mind Transformation Plan has seen increased focus on children and young people's mental health and wellbeing across all levels of need.

In particular, the plan has led to additional investment by Gloucestershire NHS Clinical Commissioning Group (CCG) and county council in prevention and early intervention.

Following feedback from young people, the On Your Mind website (www.onyourmindglos.nhs.uk) was launched to provide information and advice about a range of topics affecting young people's mental health and wellbeing, how young people can help themselves and their friends and the local services and support they can access.

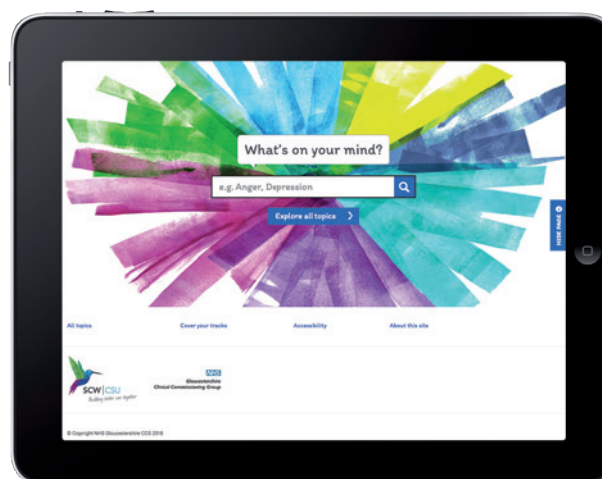
The site is designed to be attractive and accessible to young people and includes artwork designed by them during a workshop with a professional illustrator.

In 2016/17, there were 8,236 page users, rising to 18,832 in 2017/18.

To improve early intervention in the county, the CCG has also increased the availability of evidence based counselling for young people who are in emotional distress for a range of reasons.

This is provided by the voluntary sector organisation, TIC+, through both face-to-face provision and a new online counselling service (www.ticplus.org.uk).

TIC+ work closely with the Children and Young People Service (CYPS) and will ensure that young people with a higher level of need are supported by the specialist mental health service. In 2017/18 TIC+ saw 1,672 children, young people and families for counselling.



www.onyourmindglos.nhs.uk

The top ten issues reported by young people using TIC in 2017/2018

85% ANXIETY/WORRY/STRESS

60% FAMILY RELATIONSHIP PROBLEMS

43% ANGER

43% LOW SELF-ESTEEM

30% FRIENDSHIP PROBLEMS

28% DEPRESSION

28% SLEEP PROBLEMS

26% SCHOOL WORK

17% SUICIDAL THOUGHTS

OUR PRIORITIES FOR THE FUTURE AND HOW YOU CAN HELP

There is already a great deal of work going on in Gloucestershire to improve and sustain children and young people's mental health and wellbeing.

Much of this is not directly described as mental health and wellbeing work but will have a positive impact.

However, there are some specific areas of focus for Public Health and our partners in the near future:

- Rolling out the ACEs Strategy, so that partners and communities across Gloucestershire can understand, talk about and act on ACEs;
- Influencing the new Health & Wellbeing Strategy for Gloucestershire, ensuring the mental wellbeing needs of children and young people are well understood and incorporated as appropriate;
- Supporting the actions and strategy to create a child friendly county, ensuring children and young people's mental wellbeing is a key consideration;

- Continuing to support schools to implement early interventions to promote good mental health using whole school approaches;
- Working with the CCG and other partners to continue to implement the Gloucestershire Transformation Plan for Children & Young People's Mental Health & Wellbeing. This will include improving early intervention support in school settings for young people who have mild to moderate mental health needs and making information and advice more easily available to parents and carers.

Other priorities identified elsewhere in this report apply to children and young people; where this is the case, we will ensure that their needs are taken into consideration and our actions tailored to meet these needs.



HELPING PEOPLE BUILD THE FIVE WAYS TO WELLBEING INTO THEIR EVERYDAY LIVES

The Five Ways to Wellbeing are everyday activities that anyone can do to improve and maintain their own mental wellbeing.

Developed by the New Economics Foundation (NEF) in 2008¹², they were selected on the basis that they:

- Are evidence-based;
- Have universal appeal;
- Target the individual, not society;
- Are distinct and provide variety.



Although they are simple statements – Connect, Keep Active, Take Notice, Keep Learning, Give – they can be interpreted in lots of ways and adapted to suit the individual.

“Looking after yourself: taking time out to sleep, eat good food, recognise when you are tired, being around people that value you and uplift you, exercising and having fun.”

(Nasim, 50, mum and works, Gloucester)

“Regarding my volunteer work at Cirencester Library, I can assure you that the pleasure is all mine! ... It gives me great satisfaction to tidy the children’s section and join in and help them as much as possible... It has been an absolute pleasure, and has given me a focus in my life which was lacking, so I should be thanking the library.”

(Janet, Gloucestershire Libraries Volunteer)

“It’s about making sure you look after yourself, spending time with your friends and family, not working too hard and not getting yourself into too many stressful situations”

(William, 59, Engineer, Forest of Dean)

CONNECT

This activity focuses on building connections to the people around you: family, friends, colleagues or neighbours. NEF identifies an evidence base that shows an association between social participation and mental wellbeing. It also identifies the importance of both the strength and breadth of social networks.

It can be difficult to measure social connection, but we can look at proxy measures, such as the percentage of people who live alone.

In Gloucestershire, 13% of residents live in a household occupied by a single person (2011), which is higher than in England. Some people experience higher levels of isolation because of their circumstances. For example, 28.5% of adult carers in Gloucestershire say they get enough social contact, which is lower than the England rate of 35.5%.

KEEP ACTIVE

This is not just about taking part in organised sport but about finding a physical activity that you enjoy and suits your level of mobility, e.g. walking, running or cycling, playing a game or gardening.

NEF highlights a broad evidence base for the relationship between physical activity and mental wellbeing. Gloucestershire residents are more active than the England average, with 69.2% of adults in the county doing enough physical activity to meet or exceed Chief Medical Officer recommendations, compared with 66% for England.

However, rates of physical exercise are lower for those living in areas of higher deprivation, for black and minority ethnic groups and people with disabilities; factors which are also associated with a higher risk of developing poor mental health. .

TAKE NOTICE

For some, this activity means actively practicing mindfulness or meditation but, for others, it is simply about slowing down, being curious and noticing details in their own feelings and the world around them, such as the changing seasons or the taste of the food they are eating.

There is also a strong relationship between taking notice and taking part in arts, culture and creative pursuits. NEF identifies a number of intervention studies that show that even 8-12 week programmes of behaviour change training that help people to be more aware of sensations and thoughts can have lasting impacts on wellbeing and the ability to choose positive behaviours.

There are no obvious measures to show how Gloucestershire residents are taking notice. However, we know that mindfulness is being practiced in a range of settings.

KEEP LEARNING

This activity is about learning throughout our whole lives, not just when we are at school, and through formal and informal learning. NEF highlights the positive impact of ongoing learning on self-esteem, social interaction and feelings of self-efficacy, life satisfaction and optimism.

In 2017/18, the Gloucestershire Adult Education Service reached over 2,500 adult learners, with an emphasis on delivering learning in the most deprived communities and for people with moderate learning disabilities and difficulties, and/or very low levels of literacy and numeracy.

In the last year the service has worked with increasing numbers of adults with mental ill-health ranging from anxiety and depression to more complex and serious conditions in partnership with 2gether Trust, Independence Trust, Recovery College and community partners. The service also provides community and family learning, to encourage parents and carers to re-engage with learning and promote confidence and raise aspirations for the whole family.

GIVE

Doing something nice for a friend or stranger – even giving them a smile or a kind word – or giving back to and participating in your community, including through formal volunteering, is good for your wellbeing.

NEF refers to studies that indicate that social cooperation is intrinsically rewarding. It is particularly important to note the connection between the individual's wellbeing and the wellbeing of the wider community, so that inward-looking activities are less beneficial. There is no recent data on volunteering levels in Gloucestershire but there are many opportunities to volunteer in formal roles, such as school governors or parish councillors; in voluntary and community sector organisations; or for public services, such as local libraries:

WHAT'S ALREADY HAPPENING IN GLOUCESTERSHIRE?

In Gloucestershire, the county council and partners are developing ways to help people build these activities in to their everyday lives, so that they can take control of their own wellbeing, making it a normal part of their life.

Gloucestershire Healthy Living & Learning – building the FIVE WAYS into the school environment

Gloucestershire Healthy Living and Learning (GHLL) is an umbrella organisation for Gloucestershire Healthy Schools and Gloucestershire Healthy FE (Further Education).

Supported by funding from the county council and the Clinical Commissioning Group, GHLL has been working with schools to develop a Mental Health Champions schools award, which can be achieved if the school demonstrates that it is implementing interventions to promote staff or pupil mental wellbeing.

One of the ways schools have been promoting mental wellbeing is by bringing the Five Ways to Wellbeing into the school day.

Some schools have issued a task to complete each of the Five Ways to Wellbeing as alternative homework, called the OAKS challenge (One Act of Kindness Shared), which has resulted in increased self-reported happiness in pupils.

Other schools have created colourful signage to display in the school playground, which has been accompanied with an innovative 'Positive Playground Practice' initiative that sets up pupils to bring the Five Ways to Wellbeing to life during their break and lunch times.

A video showing these activities was recently produced:

To date, 19 Primary Schools, 6 secondary schools, 3 independent and 3 special schools have achieved the Mental Health Champions award.



WHAT'S ALREADY HAPPENING IN GLOUCESTERSHIRE?

Active Gloucestershire – helping people KEEP ACTIVE

Research shows that short-term standalone sport and physical activity programmes don't deliver long-term benefit. Gloucestershire Moves is a "whole system approach" to raise physical activity levels across the county and get everyone in Gloucestershire moving. Supported by all statutory partners,

Gloucestershire Moves will use behaviour change theory to create a culture of daily physical activity, through interventions at individual, community and population levels, as part of a cycle of planning, implementation and evaluation.

The impact of physical activity on mental wellbeing is being embedded across Gloucestershire Moves and has been informed by research that Active Gloucestershire undertook to understand the relationship between physical activity and mental wellbeing in Gloucestershire.

This research was funded by Gloucestershire NHS Clinical Commissioning Group and identified key learning:

- Being active where you want to be: moving away from traditional views and perceptions that physical activity has to be done in a gym or on a sports field. Everyone can be active wherever they are, and a lot of people prefer to be active in their own home
- Behavioural insight: focusing on motivation and using behavioural diagnosis to identify different interventions
- Marketing and communication: getting the right content at the right time to the right person to increase motivation to be active. Using a mixture of 'word of mouth' and social media is essential to getting this right
- Whole system approach – co-ordinated approach needed - all partners should work together to share consistent messages from policy to grassroots levels.

Active Gloucestershire, together with the Mental Health, Sport and Physical Activity Forum, will continue to explore these issues and feed into GloW ways in which physical activity can promote wellbeing.



WHAT'S ALREADY HAPPENING IN GLOUCESTERSHIRE?

Support at the Cavern – an opportunity to **CONNECT**

Funded by Gloucestershire NHS Clinical Commissioning Group, Support at the Cavern (run by Kingfisher Treasure Seekers) is an out of hours mental health support drop in, open every night of the year in a local café and tearoom in Gloucester City Centre. It offers a safe and supportive space as an alternative to isolation.

The drop in is a non-clinical offer, but instead focuses on social connections and listening support.

Through activities, such as board games and adult colouring and inclusive activities such as quiz nights, it helps people feel less isolated, cope with anxiety, meet new people and provide support at a time of day when little low level or early intervention support is available from the statutory services.

You can see a video about the support that was recently produced by the South West Zero Suicide Collaborative

Since it opened in July 2016, Support at the Cavern has seen 724 individuals walk through its doors, totalling 21,510 visits

Support at The Cavern has recorded a wide range of positive outcomes, including visitors reporting that attendance helped prevent over 200 instances of suicide attempts.

It has an average service user rating of 9.11 out of 10 with 86% of service users rating it 8 out of 10 or higher.

OUR PRIORITIES FOR THE FUTURE AND HOW YOU CAN HELP

The GHLL example outlined above shows that the Five Ways to Wellbeing can be adapted and embedded in different settings, helping individuals to practice them as a normal part of their day to day routine.

As part of the GloW campaign, we want to encourage workplaces, community groups and other settings – as well as individuals – to take up this challenge and share with us stories of how they've lived the Five Ways everyday.

We will also continue to work with organisations who can help Gloucestershire residents to practice one or more of the Five Ways so that these are promoted and taken up, particularly in areas where people may be at higher risk of developing poor mental health.



CREATING AND SUSTAINING THE CONDITIONS FOR GOOD MENTAL WELLBEING

In the last chapter, I referred to the actions that an individual can take to improve or maintain their own mental wellbeing.

However, there are other social, economic and environmental factors that can affect our mental health and wellbeing both positively and negatively.

Many will be familiar with the concept of these wider determinants of health, described in the well-known model by Dahlgren and Whitehead, but importantly, these factors are just as relevant to our mental health and wellbeing as our physical health.

"It's about feeling safe and secure where you live, and feeling at peace with life and yourself."

(Marie, 50s, Teaching Assistant, Forest of Dean)

K: I think it's being happy with yourself, in yourself and happy with your environment.

B: I don't know, I was thinking more along the lines of being able to cope, you know...

K: That goes with being happy with your environment... work/life balance...

B: Yeah, yeah I believe mental wellbeing is the ability to cope... to cope with everyday life, to fit in, to be a part of society... to not be struggling.

(Both male, 40s, Cheltenham)



CORE DETERMINANTS OF HEALTH

There is a range of different determinants, including our:

- **education and attainment** - increased levels of education are strongly and significantly related to improved health ¹³;
- **employment and working conditions** – having a job is generally good for our health but working in a stressful environment can have a detrimental effect on our mental health ¹⁴;
- **financial and social status** - socio-economic status is a major determinant of both life expectancy and healthy life expectancy ¹⁵;
- **housing** - home owners have better mental health and higher self-esteem (but can be at risk of stress due to financial pressures) but poor housing quality, e.g. cold or damp, also has an impact ¹⁶;
- **the physical environment in which we live** - there is strong evidence that access to green spaces improves mental health and wellbeing ¹⁷;
- **social networks** – as described in the previous chapter, strong and broad social networks can enhance mental wellbeing.

A 2014 review of evidence on the social determinants of mental health ¹⁸ identifies that the following factors can be associated specifically with a higher frequency of mental health conditions:

- Low educational attainment
- Material disadvantage • Unemployment
- Debt • For older people, social isolation.

IN GLOUCESTERSHIRE



5 or more A*-C GCSE grades (including English and Maths) are achieved by 61.4% of pupils, compared with 57.8% in England;



10.7% of the population live in income deprived households reliant on means-tested benefit, which is better than in England. 12.4% of children in the county (13,080) live in low income families, which is also better than in England (16.8%);



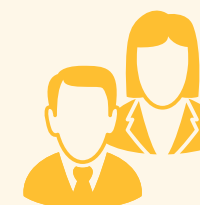
80.8%

The percentage of people aged 16-64 who are in employment (80.8%) is higher than in England (74.4%)

THERE IS SOME VARIANCE IN THESE DATA WHEN WE LOOK AT THEM AT DISTRICT LEVEL:



In Gloucester City, 53% and in Forest of Dean, 51% of pupils achieve 5 or more GCSEs at grades A*-C (including English and Maths), which is worse than in England;



73.9%

In Forest of Dean, 73.9% of people aged 16-64 are in employment, which is similar to England.

There is also variance at a much smaller geographical level, with 13 areas of the county (10 in Gloucester and 3 in Cheltenham) in the 10% most deprived nationally for the Indices of Multiple Deprivation.

These 13 areas account for 20,946 people (3.4% of the county's population).

From this, we can see there are likely to be mental health inequalities in Gloucestershire; poorer mental health outcomes which result from the factors that make up multiple deprivation.

The 2014 review referred to above emphasises the importance of long-term approaches to addressing these determinants; building mental health into all policies; and taking mental health into account in a wide variety of sectors, including not just health, but also education, criminal justice, economy and welfare, transport and housing sectors ¹⁹.

The Local Government Association (LGA) publication, *Being Mindful of Mental Health* ²⁰, sets out the ways in which local authorities can influence mental health and wellbeing.

This includes district councils' housing and homelessness responsibilities, planning, economic development, community safety, parks and green spaces and culture and leisure.

Whilst this publication is aimed at local authorities, it is clear that other partners have a role to play in these areas, e.g. housing associations, the police, the Local Enterprise Partnership (LEP) and local businesses and voluntary sector partners such as arts and natural environment organisations.



WHAT'S ALREADY HAPPENING IN GLOUCESTERSHIRE?

Making the most of Gloucestershire's natural environment to improve mental wellbeing



Gloucestershire

Gloucestershire Wildlife Trust's Natural Health Service

Gloucestershire Wildlife Trust recognises the wellbeing benefits of volunteering in conservation²¹ and has run weekly conservation groups on its nature reserves for many years.

Since 2014, two volunteer groups operating in Stroud District have been promoted as part of Gloucestershire's social prescribing system.

Not everyone who joins the group does so to improve their health and wellbeing but for some it is the primary reason for joining. The approach has been effective in reaching people who seldom engage with regular healthcare pathways, particularly men aged 55-75. The participants undertake moderate physical activity, benefitting from spending time in natural green spaces.

The social networks they form, support to manage their own health conditions such as type-2 diabetes and the positive experience motivates them to continue participation.



Our Bright Future

One of 31 Big Lottery funded projects in the UK, Our Bright Future gives young people aged 11-24 the opportunity to engage with the natural world in Cheltenham, Tewkesbury and Gloucester either in school or at community sites.

Participants over 16 often have anxiety or behavioural issues and can be socially isolated. Activities include learning practical skills to make bird boxes and insect houses, growing and selling plants and gardening tasks such as digging and raking, with a strong emphasis on team work and peer support. There is an opportunity to gain AQA accreditation, giving them a sense of purpose and achievement. Mental wellbeing is measured at regular intervals.

A video, made by one of the Our Bright Future young people, is available here:

<https://www.youtube.com/watch?v=eLQ7NyQuo7o>



Brighter Futures

Funded by the Police & Crime Commissioner in six locations across Gloucestershire, Brighter Futures is a six week course in a green space, open to all ages, which aims to:

- increase engagement with a local green space;
- improve employability skills;
- increase participants' sense of place;
- reduce social isolation;
- improve participants' wellbeing; and
- increase volunteering.

At the end of Year 1, there was an 81% improvement in participants' wellbeing, 89% of participants felt less socially isolated and 70% started volunteering with Gloucestershire Wildlife Trust or with other organisations.

A video about Brighter Futures is available here:

https://www.youtube.com/watch?v=5n-Vxg_znU

OUR PRIORITIES FOR THE FUTURE AND HOW YOU CAN HELP

We want to continue to build on the progress of the GloW campaign by engaging with partners who have a role related to one or more of the wider determinants.

This includes private sector employers, housing providers and district council planning and leisure teams. We will work with these partners to raise awareness of how mental wellbeing is related to their responsibilities and to help them to mitigate negative impacts and promote positive ones.

You can help us by engaging with the GloW campaign, pledging an action and raising the profile of this important shift in focus.

Some of our key areas of focus for the wider determinants over the coming months will be:

- Reviewing the impact of and learning from the Stroud Money Advice for Mental Health project;
- Supporting the Active Design workstream of Gloucestershire Moves, including the promotion of Gloucestershire Wildlife Trust's Building with Nature benchmark;
- Influencing planning policy and supporting planners to ensure the built environment enables good wellbeing;
- Ensuring that, while our mental wellbeing work will seek to reach the whole Gloucestershire population, we focus our efforts in areas where people may experience mental health inequalities.



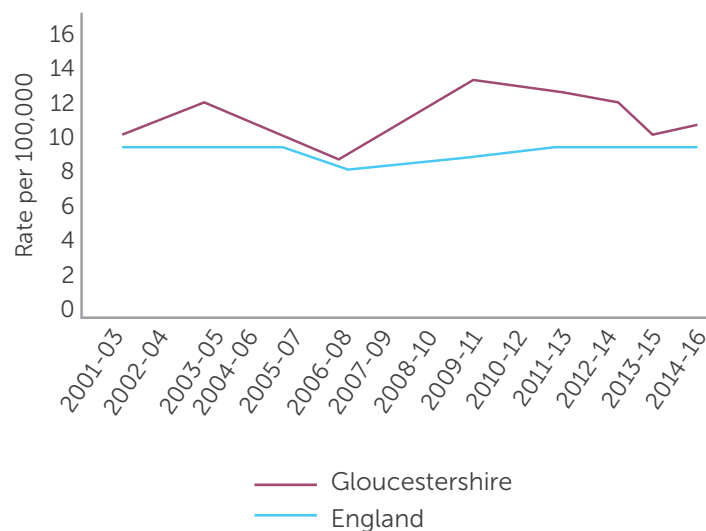
Positive actions for
better mental wellbeing

WORKING IN PARTNERSHIP TO PREVENT SELF-HARM AND SUICIDE

Partners in Gloucestershire have been working hard to reduce self-harm and suicide.

Gloucestershire residents have a lower prevalence of common mental health disorders (e.g. depression) than across England, but rates of people in the county being admitted to hospital having self-harmed or dying by suicide have been higher than the England rate for a number of years.

Suicide: age standardised rate per 100,000 population (3 year rolling average for 2001-2016)



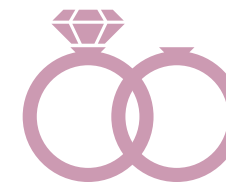
Our audit of deaths by suicide in Gloucestershire between 2013 and 2015 was published in 2017 and identified some key demographic trends:



4 out of 5 were men



35% were living alone



63% were single or separated/divorced



The 'Other White' ethnicity group was over-represented



Forest of Dean was the only district where the rate had increased



5.4% were known to identify as LGBT



10% were recently bereaved

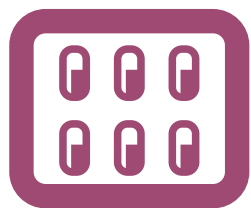


A quarter had a long term condition or disability



21% were employed in the skilled trade

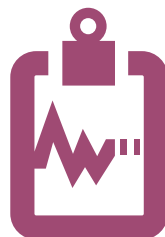
The audit also identified some important information about the way in which people who died by suicide accessed services in the months and years before their death:



10% had been a psychiatric in-patient at some point in the six months before their death



34% had been seen by secondary mental health services in the 12 months before their death



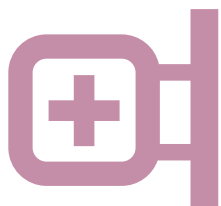
2/5 had attended A&E in the 12 months before their death



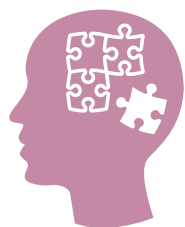
61% had visited their GP or Practice Nurse in the 12 months before their death; 31% had visited in the month before their death; and 12% had visited in the week before their death



22% had alcohol present at time of death; 1/3 of these people had a known alcohol problem



1/5 had been seen by their GP, mental health services and A&E in the year before their death



2 out of 3 had known mental health issue



2 out of 3 Suicides occurred in private address



A quarter had a known history of self-harm or suicide attempt

Suicide is preventable but, importantly, this is not the responsibility of any single organisation or individual, rather all of us working together.

In Gloucestershire, we have a long-established Suicide Prevention Partnership, which brings together a wide range of partners, including statutory organisations, voluntary sector groups and individuals with lived experience of suicidality or bereavement by suicide.

Led by public health, the partnership works collectively to implement the Gloucestershire Suicide Prevention Strategy –

www.gloucestershire.gov.uk/suicide-prevention

– through its shared action plan.

The most recent iteration of this action plan has been informed by the findings of the suicide audit, so that we are focusing our efforts where they will have the greatest impact.

Preventing self-harm is an important aspect of suicide prevention because, although many people self-harm without the intention of taking their own life, self-harm is the biggest single indicator of suicide risk ²².

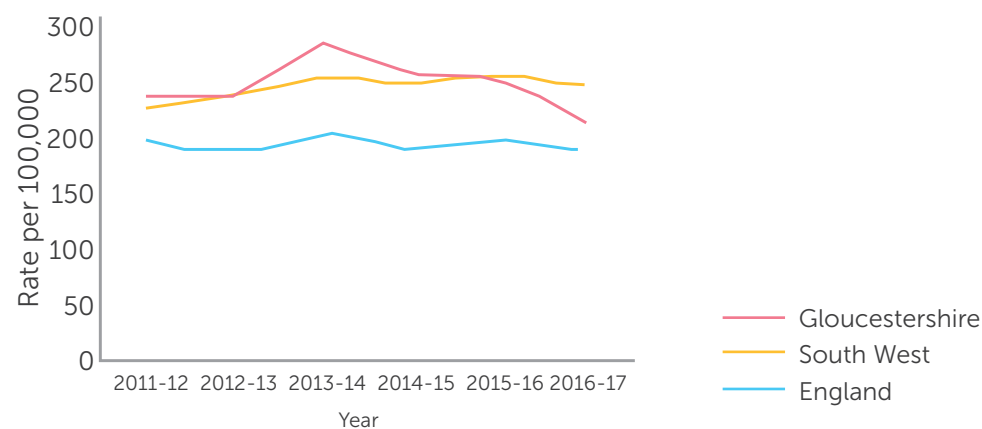
It is also a signal that an individual is in emotional distress, even if they do not have a diagnosable mental illness, so early intervention and effective support when someone is self-harming can prevent worsening mental health and wellbeing.

As with the Gloucestershire suicide rate, the rate of admissions to hospital for self-harm is higher in Gloucestershire than in England, although it is lower than the South West rate and is declining. The majority of admissions are of young women, in part because they are more likely to be admitted repeatedly.

There is a strong association between the highest rates of self-harm admissions and areas of highest deprivation in Gloucester and Cheltenham but this association is not found overall in the county.

However, as described earlier in this report, admissions to hospital do not tell us the whole story about self-harm in the county. In 2017, the Gloucestershire Health & Wellbeing Board asked public health to work with local partners to better understand the drivers for this issue and where improvements could be made to prevent self-harm and make it easier to get help.

Emergency Hospital Admissions for Intentional Self Harm: directly age-sex standardised rate per 100,000



SPOTLIGHT ON SELF-HARM

During 2017/18, the public health team led an extensive review of the help and support people get when they self-harm or are thinking about self-harm.

The review involved gathering data and information about what is happening locally and talking to a wide range of people, including people with lived experience, about what works in Gloucestershire and what could be improved: in prevention and early intervention; access to help in the community, primary and secondary care; the quality of treatment and care; and recovery from and prevention of future self-harm. This informed a stakeholder workshop and a resulting action plan, which has been agreed by the Gloucestershire Mental Health & Wellbeing Partnership Board.

This action plan is now being implemented by partners and is already leading to some tangible improvements, including:

- Better information, advice and signposting for parents and carers of young people who are self-harming;
- Training sessions for GPs and Practice Nurses on the basics of self-harm – prevalence, why people do it, myth busting – and local data, advice on how to respond (e.g. alternative strategies and harm reduction) and where to signpost or refer;
- Clearer pathways for primary care and minor injuries units;
- Training for a range of professionals, such as teachers, school nurses, minor injuries unit staff and paramedics;
- A new local online tool for front-line professionals to help them talk to young people about self-harm and get them the right level of help;
- Additional group support for vulnerable women, provided by Rethink Mental Illness at the Nelson Trust's Women's Centre.

A strong message from the review and from studies elsewhere is that admissions to hospital can often be driven by the way in which services are configured and pathways designed.

Commissioners are working together with providers to put in place small but impactful changes that should improve this pathway in the future.

WHAT'S ALREADY HAPPENING IN GLOUCESTERSHIRE?

Raising awareness on World Suicide Prevention Day

To mark World Suicide Prevention Day 2017, Public Health worked with the Gloucester branch of Survivors of Bereavement by Suicide (SOBS) and Gloucester Cathedral to hold a service to celebrate the lives of those lost to suicide; the support received by those bereaved; and those who work to prevent suicide.

The service included readings from those bereaved and a piece of music composed by a local young man who died by suicide. Two choirs from 2gether NHS Foundation Trust and Gloucestershire Police led hymns and local mental health charity, Lifting the Blues, supported performances by blues singer, Kyla Brox.

A memorial wall allowed people to display photographs and memories of their loved ones and volunteers from organisations including Samaritans and Cruse formed a 'support team' on hand for those who needed it.

Alongside the service, the Cathedral also launched a display of artwork by students of Creative Connections, a project by Gloucester Cathedral and the County Council's Adult Education Service, supporting adults in recovery and managing mental illness.

The service was an important part of the Gloucestershire Suicide Prevention Partnership's work to improve 'postvention' support (a term used to describe support for people bereaved by suicide) in the county and, alongside the art project, opened up the Cathedral as a place of solace and acceptance for people affected by mental illness and suicide.



OUR PRIORITIES FOR THE FUTURE AND HOW YOU CAN HELP

Local partners have worked hard to develop and deliver a strategy to prevent suicide and self-harm but there is still work to do.

Our partnership priorities for the coming years are:

- To improve the availability of 'postvention' support (timely support for people bereaved or affected by suicide). This will build on and join up existing services, such as peer support groups delivered by Survivors of Bereavement by Suicide (SOBS) and information packs provided through the Coroner's Office by local charity, Sunflowers Suicide Support, which also runs a range of events, activities and training;
- To appoint a lead GP for suicide prevention, who will work with other GPs and people working in primary care to share learning from deaths by suicide and increase training and development in identifying suicide risk and providing effective support / making appropriate referrals;

- To roll out the Suicide Prevention Partnership's communications and engagement plan, targeting key groups identified in the suicide audit and including a toolkit of resources and key messages for use by partners;
- To engage 'non-traditional' partners, who have responsibility for public places where people attempt or complete suicide, to increase the use of evidence-based preventative measures;
- To continue to raise awareness of the importance of sensitive media reporting of suicide to reduce risk to those who are vulnerable, balanced with the need to tackle stigma;
- To deliver the agreed action plan to reduce self-harm in the county.

None of these actions can be achieved by a single organisation but the Suicide Prevention Partnership makes it possible for anyone who has a role to play – however small – to join and contribute.

If you would like to sign up to the Partnership's bulletins and receive invitations to attend future events, email suicideprevention@gloucestershire.gov.uk.



BUILDING MENTAL HEALTH-FRIENDLY COMMUNITIES AND WORKFORCES

The social stigma that is still attached to mental ill health – and the discrimination that often occurs as a result – is an important consideration.

Not only can it prevent a person from seeking help when they need it, preventing the opportunity for early intervention, but it can also limit access to positive determinants of good mental wellbeing, such as a job or strong social relationships.

In 2008, a survey of Gloucestershire residents²³ identified attitudes relating to:

- Fear and exclusion of people with mental health problems
- Understanding and tolerance of mental illness
- Integrating people with mental illness into the community
- Causes of mental illness and the need for specialist services.

This was based on a national survey, enabling comparison with national attitudes.

The Gloucestershire responses showed local residents hold more supportive or positive views on mental illness (although the report acknowledges that the sample potentially had some bias as they had greater contact with people with a mental illness).

Since this survey, significant work has taken place in Gloucestershire to improve attitudes and tackle stigma and discrimination, although we are currently unable to measure the impact that this has had.



“Mental wellbeing is one half of my overall health. It is essential to lead a healthy life and should be cared for just as much as our physical health. However, it is something we often overlook as it is not something we can see and it’s not always clear to us what is wrong when we don’t feel right.”

(Tim, 24, Actor, Gloucester)

SPOTLIGHT ON TACKLING STIGMA

Co-chaired by an Expert by Experience and a Director from 2gether NHS Foundation Trust, the Gloucestershire Tackling Mental Health Stigma Group brings together statutory and voluntary sector partners to coordinate activity to reduce the stigma and discrimination experienced by people with poor mental health or a mental illness.

The group has established a recognisable 'speech bubble' brand – Gloucestershire Tackles Stigma – Talk Mental Health – to help communicate its message to targeted groups, including:

- New parents, including both new mums and their partners
- Men, who the group reach through branded stickers and signs, e.g. 'Kick stigma into touch', at sports clubs and matches
- Farmers and vets, primarily through events for agricultural students
- Children and young people, working with SkillZone, the Girl Guides and local Youth Councils.

Alongside this targeted work, the group has been increasing its social media presence, with a dedicated Twitter identity (@GTacklesStigma) and hashtag (#glostacklestigma) to raise awareness, promote events and activities and signpost to support.



...talk mental health

Gloucestershire
tackles stigma...

WHAT'S ALREADY HAPPENING IN GLOUCESTERSHIRE?

We also know that equipping people with the skills to spot the signs of poor mental health and the confidence and knowledge to provide access to the right support can make a significant difference.

Training our workforce

Gloucestershire County Council currently commissions two internationally recognised training programmes – Mental Health First Aid (MHFA) and Applied Suicide Intervention Skills Training (ASIST) – so that people working in public or voluntary sector organisations can access them free of charge.

During 2017/18, our courses equipped 449 people with important knowledge to help them spot the signs of poor mental health or suicide risk and the skills and confidence to provide an immediate response:

- 81 people completed one of four half day MHFA Lite courses (now known as Mental Health Aware)

- 83 people completed one of six full two day MHFA courses
- 285 people completed one of 13 full two day ASIST courses.

99% of people who attended a full MHFA course said it improved or refreshed their knowledge and awareness regarding brief mental health interventions and advice and 96% said it improved their confidence.

86% of people who attended a full ASIST course said their learning had a practical use in their work life and 67% said it also had a practical use in their personal life.

In addition to this, we fund Gloucestershire Healthy Living & Learning (GHLL) to provide MHFA training to teachers and other staff working in primary, secondary and special schools and further education settings across the county.

We are also developing other types of training and have recently trialled Postvention: Assisting those Bereaved by Suicide (PABBS) training, developed by Suicide Bereavement UK.

PABBS enables attendees to recognise that supporting those bereaved by suicide is a key component of suicide prevention and increases attendees' knowledge and skillset.

Originally designed for health professionals, it is also relevant to a much wider audience.

Sixteen delegates from Gloucestershire (including representatives from Winston's Wish, Sunflowers Suicide Support, 2gether Trust, Gloucestershire Counselling Services, Cruse Bereavement Care, Relate, Suicide Crisis, the Good Grief Project and Gloucestershire Hospitals Trust) attended the course.

All the feedback received has been positive, demonstrating an improved knowledge of suicide bereavement and improved skills and confidence in supporting those bereaved by suicide.

"For me, something I know from experience, but came over loud and clear was - don't underestimate the power of kindness and being a supportive listener."

"All in all a very beneficial day for me with information that I will incorporate into my work."

OUR PRIORITIES FOR THE FUTURE AND HOW YOU CAN HELP

The Tackling Mental Health Stigma group plans to continue its work, with a new focus on Patient Participation Groups (PPGs) to broaden their reach across the county.

They have also been working with the national Time to Change campaign, which emphasises involvement of people with lived experience.

In Gloucestershire County Council, we want to continue offering training that contributes to a Gloucestershire workforce that is mental health-aware and skilled to support people with mental health problems, to intervene early and prevent crisis, including suicide. In particular, we are using the findings of our recent Suicide Audit to help target ASIST courses to those professions that we believe could have the biggest impact.

Partners can help with this by promoting the training to their workforce and releasing their staff to attend. They can also help by encouraging staff who attend the courses to share their learning in the workplace.

To find out more about either MHFA or ASIST courses, contact info@hlsghs.org.

We are also thinking about how we can extend this training to Gloucestershire communities, who may be able to use these skills with friends, family and colleagues.

We know many of our partners work closely with communities, as do elected members at county, district and parish level, and could help us to achieve this.



GLOSSARY

Are you new to public health? Some of the terms we use explained.

ACEs

Or Adverse Childhood Experiences, can have an impact on people's health and wellbeing through their lives. For more information on ACEs, see the Public Health Wales pages.

[Public Health Wales pages](#)

Concordat

An agreement establishing consensus, for example Public Health England's Prevention Concordat for Better Mental Health.

[Prevention Concordat for Better Mental Health](#)

Determinants

Meaning a factor that has an affect. Usually in the context of the wider determinants of health, meaning the social, environmental and economic factors that affect people's health. [This video will tell you more](#)

Healthcare pathway

The different health and care services that people might come into contact with through a particular experience. We may talk about pathways for certain conditions or overall.

Indices of multiple deprivation (IMD)

The English Indices of Deprivation or IMD measure relative levels of deprivation in 32,844 small areas or neighbourhoods, called Lower Super Output Areas, in England. These areas are usually smaller than ward areas and larger than postcode areas. The information helps the government and local authorities target and evaluate support.

[The English Indices of Deprivation](#)

Intervention

We use intervention to mean a service, support or action taken to improve health or health prospects.

Postvention

This describes the support provided to people who have been bereaved or affected by suicide. Using this term reminds us that this is suicide prevention activity in itself.

Self-harm

When someone intentionally injures themselves, usually as a way of coping with emotional distress. Many people commonly think of cutting, but self-harm can include other behaviours, such as poisoning, punching or hitting or excessive exercise.

[The NHS has more information here.](#)

Socioeconomic

The combination of social and economic factors, such as education, income levels and employment status, which can affect an individual's health and quality of life.

Whole system

We often talk about taking a 'whole systems approach' to tackling complex and multifaceted problems. Put simply, this means we work across all the different organisations and people involved and consider the causes and influences of the problem and how they interact.

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