Mental Wealth

Director of Public Health Annual Report 2018

Northumberland
County Council

www.northumberland.gov.uk

Contents

'Without mental health there can be no true physical health'

There is an inextricable link between the mind and the body - between mental and physical wellbeing.

Liz Morgan FFPH
Director of Public Health

Mental wellbeing has a critical role in shaping physical health and it has been shown that people with a mental illness are more likely to experience poor physical health and die earlier - the latest data suggests that early deaths in those with a serious mental illness are 3.7 times higher than in the general population and that this gap is widening. We also know that mental illness, along with substance misuse disorders, account for just over one fifth of the total burden of ill health in England. The importance of mental health is nothing new though and it was Dr Brock Chisholm, the first Director-General of the World Health Organisation who said in 1954 'Without mental health there can be no true physical health'

Ensuring people have timely access to good quality services is important but as an approach to improving mental health at a population level, this is not sustainable unless we also invest in public mental health, those upstream activities which improve and promote good mental health and wellbeing and prevent mental ill health. Our public health approach in Northumberland has a focus on what makes us well, as well as what makes us ill, and on the factors that support health and wellbeing, rather than cause disease. This approach is as applicable to mental and emotional wellbeing as it is to physical health, perhaps even more so.

In last year's report, we focused on the wider determinants of health, all of which will have a significant impact on mental health, some of which we mentioned in the report - for instance the link between cold homes and the risk of mental health problems in young people. Many people in our communities have poorer mental health because of where they live and how their lives started but it doesn't have to be that way. There are a number of things we can do collectively to support good mental health, so this report has explored mental health across the life course, concluding with some recommendations which include a collective commitment to take action to prevent mental ill health and improve mental well being.

Finally, I have two thank you's. Firstly to 'Colour to the Grey', an inspiring creative project run by young people in Blyth from which many of the photos, including the front cover were sourced. Secondly, to the fantastic public health team here in the council who have again all contributed to the development of this report.

Introduction

Mental health, mental illness and mental wellbeing

Mental health, mental illness and mental wellbeing

What do we mean by these terms? Aren't they just the same thing? And isn't mental illness just the opposite of mental health? Well not quite. There are many definitions for these terms and in some cases, a difference of opinion as to whether we should be focusing on some of them at all[1] but for the purposes of this report, we've adopted the following meanings:[2]

Mental Health

A state of wellbeing in which the individual realises their own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to their community.[3] We suggest that mental health includes here the concept of mental wellbeing and mental illness.

Mental Wellbeing

This is a relatively new term which is not well-defined and for which the evidence of effective interventions is still emerging but we can think of it as:

- 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.
- Experiencing positive relationships; having some control over one's life, and having a sense of purpose are all important attributes of wellbeing.[4]

Mental Illness/Disorder

Is something which is more serious and persistent; which can be diagnosed through a range of defined symptoms and criteria that can range from mild to devastating.

1 Davies SC (2014). Annual Report of the Chief Medical Officer 2013, Public Mental Health Priorities: Investing in the Evidence. London: Department of Health (2014)

2 Faculty of Public Health. Concepts of Mental and Social Wellbeing. Available from: https://www.fph.org.uk/policy-campaigns/special-interest-groups/special-interest-groups-list/public-mental-health-special-interest-group/better-mental-health-for-all/concepts-of-mental-and-social-wellbeing/

3 WHO (2018). Mental health: strengthening our response. WHO Fact Sheet. WHO. 30 March 2018. Available from: https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response

4 Aked J et al (2008). The Five Ways to Wellbeing. New Economics Foundation. 22 Oct 2008.

Dual Continuum Model of Mental Health

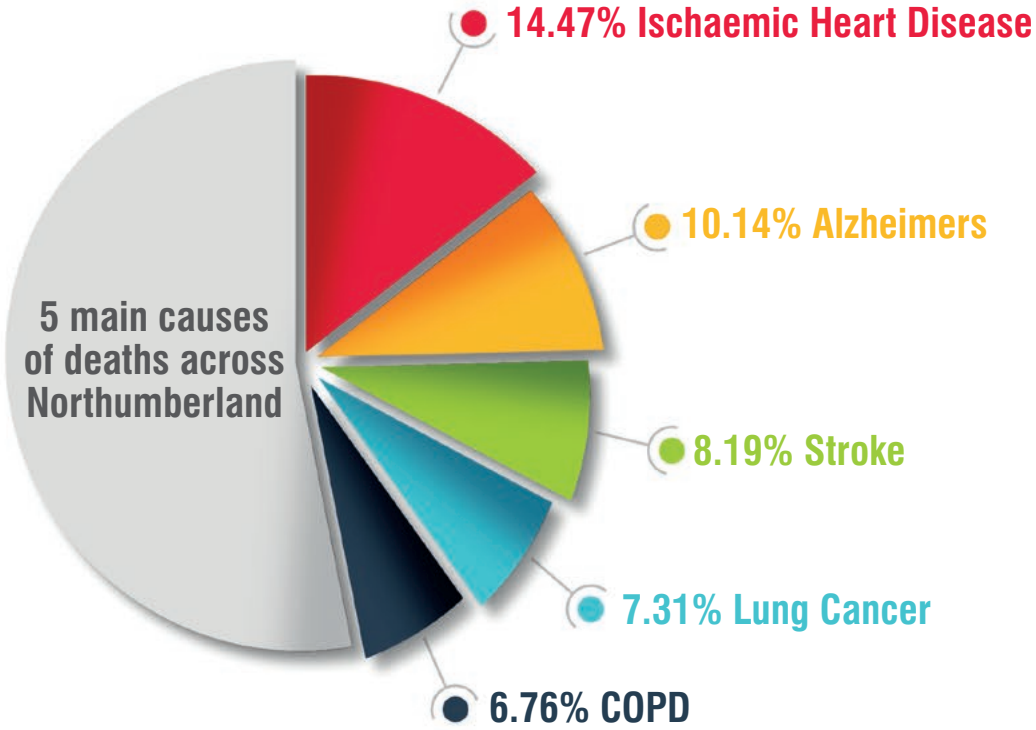
Mental health and wellbeing and mental illness are not necessarily opposite ends of the same continuum. Individuals can have quite severe forms of mental illness but still have high levels of wellbeing; equally, people may have no diagnosable mental illness but have low levels of mental wellbeing.

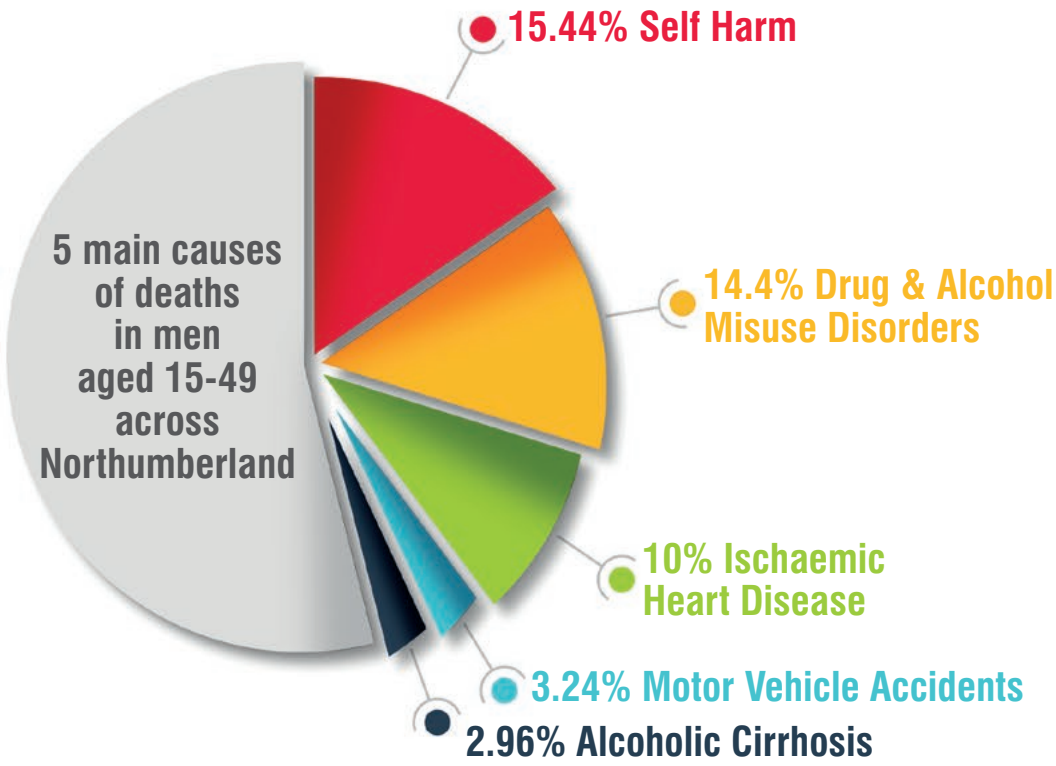
Adapted from Todor, K. (1996).
Mental Health promotion: Paradigms and practice. New York, NY: Routledge.

Why is mental health important?

Over the last few decades there has rightly been a focus on reducing the number of premature deaths from heart disease and stroke. Across the whole of the county's population, about 45% of all deaths are due to 5 causes and heart disease and stroke still cause nearly 30% of all deaths.

There is quite a difference though between the conditions that people are dying of and the conditions which contribute to disability and ill health during life. Mental ill health makes a significant contribution to ill health and in some groups, is the major cause of death and ill health. For instance in men aged 15 - 49, nearly 30% of deaths are attributable to mental illness.





Whilst mental health issues contribute about 1 in 8 years lived with disability in the population as a whole, in men in the 15-49 age group, this rises to 1 in 5 [5]

5 Institute for Health Metrics and Evaluation (IHME). GBD Compare. Seattle, WA: IHME, University of Washington, 2015. Available from http://vizhub.healthdata.org/gbd-compare. (Accessed 13 January 2018). The Global Burden of Disease Study is a comprehensive regional and global research program of disease burden that assesses mortality and disability from major diseases, injuries, and risk factors. GBD is a collaboration of over 1,800 researchers from 127 countries.

Studies suggest that about 1 in 10 children aged 5 - 16 years (3809 children in Northumberland) may have a mental health disorder[6] but this is likely to be an underestimate. Not surprisingly, mental illness is more common in adults. Although severe mental illnesses like schizophrenia can be treated, people with these conditions often suffer from recurrences which can be devastating and may have long term disabilities.

More common mental disorders like anxiety and depression don't usually distort someone's thoughts and beliefs in the same way that severe mental illnesses do but they still cause significant distress and can be equally devastating in how they affect the way people function on a daily basis. As they're more common, the cost to society in terms of the impact on public services such as housing, social/health care, the criminal justice system and the economy is greater.

Data from 2014[7] suggested that in England:

About 1 in 6 adults had symptoms of anxiety and depression (1 in 5 women compared to 1 in 8 men);

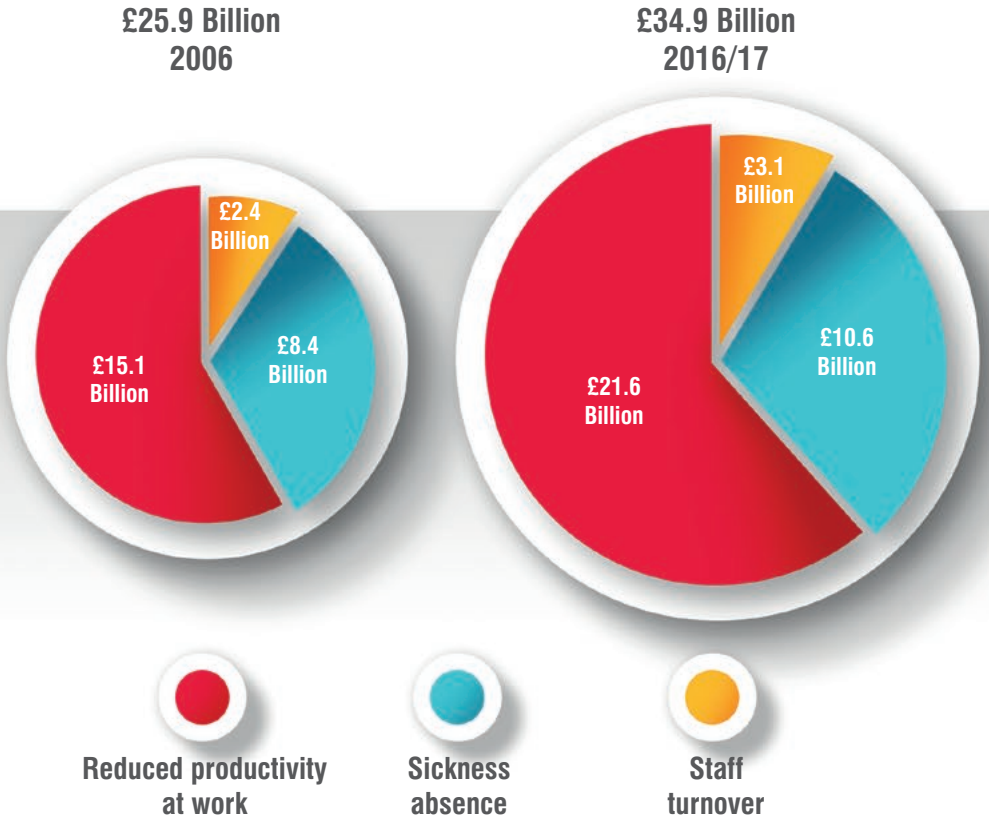
About 1 in 50 were likely to have bipolar disorder (a common, lifelong, mental health condition characterised by recurrent episodes of depression and mania);

About 7 in 1000 people had a psychotic disorder such as schizophrenia.

6 PHE (2018). Fingertips. Children and Young People's Mental Health and Wellbeing. Available from: https://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh/data#page/3/gid/1938133090/pat/6/par/E12000001/ati/102/are/E06000057/iid/91141/age/246/sex/4

7 McManus S, Bebbington P, Jenkins R, Brugha T. (eds.) (2016) Mental health and wellbeing in England: Adult Psychiatric Morbidity Survey 2014. Leeds: NHS Digital.

There are also huge cost implications in relation to sickness absence - the pie charts illustrate some of these costs and associated facts and figures.



The aggregate costs of mental health problems at work (UK, 2016/17)[8]

	Cost per average employee (£)	Total cost to employers (£ billion)	Share of total (%)
Absenteeism	395	10.6	30.4
Presenteeism	790	21.2	60.8
Turnover	115	3.1	8.8
Total	1300	34.9	100.0

In Northumberland, about 2 in 7 people (5,500 people) are claiming Employment Support Allowance for mental health and behavioural issues.[9]

8 Parsonage M, Saini G (2017). Mental health at work: the business costs ten years on. Centre for Mental Health. September 2017

9 PHOF (2018). Available from: https://fingertips.phe.org.uk/search/ESA#page/1/gid/1/pat/6/par/E12000001/ati/102/are/E06000057/iid/92621/age/204/sex/4

People with severe mental health conditions die 10 - 20 years sooner than the general population - that mortality gap is widening.[10] We also know that people with mental health problems are more likely to smoke, be overweight, misuse drugs and alcohol, be unemployed, take time off work and have an inconsistent education. What we can say from all this is that there is a social, ethical and economic argument to focus on mental health and wellbeing. Fortunately, there is a wealth of evidence on effective interventions to protect and promote mental health, particularly early intervention and prevention. If we invest in these upstream activities, there's also plenty of evidence that we will contribute to improving life expectancy and healthy life expectancy, educational and economic outcomes and reduce pressure on the criminal justice system.

The link between mental and physical health

There is a very clear link between mental and physical health - between psychology and biology. We know that long term exposure of a child to a chaotic and stressful environment can lead to toxic stress that affects the physical development of a child's brain and body. These changes can result in poor self-control and emotional regulation, impaired cognitive development[11] and increase the risk of heart and respiratory disease, diabetes and cancer both directly and indirectly through higher levels of risk taking behaviour. They have an adverse impact along the whole of the life course and we talk about this more later in the section on Adverse Childhood Experiences. In adults, increasing loneliness, stressful environments and the lack of a sense of purpose and wellbeing also leads to an atmosphere of threat and stress. As in children, this has an effect on the immune system leading to chronic inflammation which is now thought to be the driver for many long-term conditions.

The Pathway Of Ill Health[12]

10 Hayes JF, Marston L, Walters K, King MB, Osborn DPJ. (2017) Mortality gap for people with bipolar disorder and schizophrenia: UK-based cohort study 2000–2014. The British Journal of Psychiatry Jul 2017, bjp.bp.117.202606; DOI: 10.1192/bjp.bp.117.202606

11 Cognitive development means how children think, explore and work things out. It is the development of knowledge, skills, problem solving and mind/character quality, which help children to think about and understand the world around them.

12 After Dr William Bird. The Pathway of Ill Health. www. Intelligenthealth.co.uk

The relationship between mental and physical health is two way. Not only is mental illness and stress a risk factor for physical ill health

People with mental illness are two to four times more likely to die prematurely from physical diseases such as cardiovascular disease.[13]

but physical long term conditions are a risk factor for mental illness.

Up to 1 in 3 women and 1 in 5 men with arthritis may also suffer from depression.[14]

One in four adults will experience a mental health problem each year[15] and there are several indications that the demand for mental health services is increasing[16]. The prevalence of common mental health problems has increased over the past 10 years as has the number of adults and children accessing specialist mental health services over the past two years. People living in difficult socio-economic circumstances are more likely to experience mental illness and poor mental health can also cause a person's socioeconomic circumstances to deteriorate, which then exacerbates the issue. Likewise, low educational achievement is associated with parental mental illness but children with mental health issues may also have worse educational outcomes as a result of missing lessons due to ill health or exclusions. Mental health is vital to public health as it is integral to a person's quality of life and their capacity to cope with issues they encounter.

A public mental health approach concentrates on promoting mental wellbeing, preventing mental illness and supporting people to recover. This report is focused on the first two areas and will take a life course approach to highlight the protective and risk factors for positive mental health; where the inequalities lie within our communities; and what we're doing to improve good mental health.

13 Eaton WW, Martins SS, Nestadt G, Bienvenu OJ, Clarke D, Alexandre P (2008). 'The burden of mental disorders'. Epidemiologic Reviews, vol 30, no 1, pp 1–14.

14 Theis KA, Helmick CG, Hootman JM (2007). 'Arthritis burden and impact are greater among U.S. women than men: Intervention opportunities'. Journal of Women's Health, vol 16, no 4, pp 441–53.

15 McManus S et al (2009) Adult psychiatric morbidity in England, 2007: results of a household survey. Cited in BMI (2018) Tackling the causes - Promoting public mental health and investing in prevention

16 British Medical Association (2018). Tackling the causes - Promoting public mental health and investing in prevention

Supporting The Best Start In Life

Author Karen Herne, Senior Public Health Manager

Supporting the Best Start in Life - Author Karen Herne, Senior Public Health Manager

About 2900 babies are born to mothers living in Northumberland each year - this number has fluctuated, but has levelled out over recent years. The 0-5s make up about 5.75% of the population.

The brain develops most rapidly in the first few years of a child's life. The ongoing interchange between genes and different environments – within which children are born, grow, learn and live – shapes the developing brain. During these critical years, the foundation is laid for a child's physical and mental health, affecting everything from longevity to the lifelong capacity to learn, from the ability to adapt to change to the capacity for resilience against adverse circumstances.[17]

The early years play a large role in determining mental health through childhood and beyond. A mentally healthy child is one with a clear sense of identity and self-worth, the ability to recognise and manage emotions, to learn, play, enjoy friendships and relationships and deal with difficulties. A wide range of interrelated factors play a role such as individual, family, wider society and environmental issues.[18]

Protective factors for good mental health.

Secure attachment occurs when children feel they can rely on their caregivers to attend to their needs and know they'll return and provide emotional support and protection. Parenting during the first year of life is one of the primary predictors of infant attachment security[19]. Secure attachment, which is built up by everyday sensitive and appropriately responsive parenting, means a child will be more likely to grow up with good mental health and wellbeing, the ability to develop positive relationships and to make the most of their opportunities in later life.

17 WHO. 10 facts about early child development as a social determinant of health. Available from: https://www.who.int/maternal_child_adolescent/topics/child/development/10facts/en/

18 NHS Scotland (2016) Early Years & Children and Young People Publications and Research Evidence for Parents & Professionals http://www.maternal-and-early-years.org.uk/topic/0-3-years/mental-health-and-wellbeing

19 PHE (2015) Healthy child programme: rapid review to update evidence https://www.gov.uk/government/publications/healthy-child-programme-rapid-review-to-update-evidence

Family structure impacts on physical and mental health and even when poverty is taken into account, living with both natural parents during the first 7 years of life has a positive effect on mental health.[20] In Northumberland, over 94% of births were registered by both parents, about the same as England but one of the highest rates in the north east.[21]

Early literacy, for instance being read to daily at 10 months and engaging in a range of activities and events by 22 months[22] is associated with higher scores for cognitive development. For all children, the quality of the home learning environment is more important for intellectual and social development than parental occupation, education or income. "What parents do is more important than who parents are."[23]

Access to **high quality pre-school education** is associated with better self-regulation, social behaviour and reduced hyperactivity (measured at primary school entry as well as at the end of Years l and 2 of primary school). Uptake of free early education in 2-4 year olds remains high

Risk factors for poor mental health

The risk factors for a poor start are largely the opposite of what supports good mental health but another risk factor is **poor maternal health** both before and after birth. Around 3 in 25 women experience depression and slightly more women experience anxiety, the most common mental health problems during pregnancy. Many women will experience both. Depression and anxiety also affects 3 - 4 women in 20 in the first year after childbirth.[24] This may affect the ability of mothers to communicate and bond with their babies which may lead to longer term speech, language and communication development problems as well as behavioural issues.

A WHO literature review found that infants of chronically depressed mothers do not perform as well in thinking and intelligence tests at 18 months, with speech development in baby boys being affected most strongly. Children of depressed mothers are also more distractible, less playful and less social up to the age of 5 years.[25]

Poor maternal mental health is closely associated with social circumstances - mothers living in poverty or in more deprived communities are more likely to experience mental health problems.

The average cost to society of one case of perinatal depression is around £74,000, of which £23,000 relates to the mother and £51,000 relates to impacts on the child.[26]

20 Pearce A, Lewis H, Law C (2013). The role of poverty in explaining health variations in 7-year-old children from different family structures: findings from the UK Millennium Cohort Study J Epidemiol Community Health 2013;67:181-189.

21 PHE Fingertips (2014). Solo registered birth: Percentage of births registered by one parent only (2014). https://fingertips.phe.org.uk/search/postnatal#page/3/gid/1/pat/6/par/E12000001/ati/102/are/E06000057/iid/92272/age/29/sex/4

22 NHS Scotland (2012) Establishing a core set of national, sustainable mental health indicators for children and young people in Scotland: Final Report http://www.maternal-and-early-years.org.uk/topic/0-3-years/mental-health-and-wellbeing#cognitive

23 Sylva, K., Melhuish, E.C., Sammons, P., Siraj-Blatchford, I. and Taggart, B. (2004).The Effective Provision of Pre-School Education (EPPE) Project: Technical Paper 12 - The Final Report: Effective Pre-School Education. London: DfES / Institute of Education, University of London.

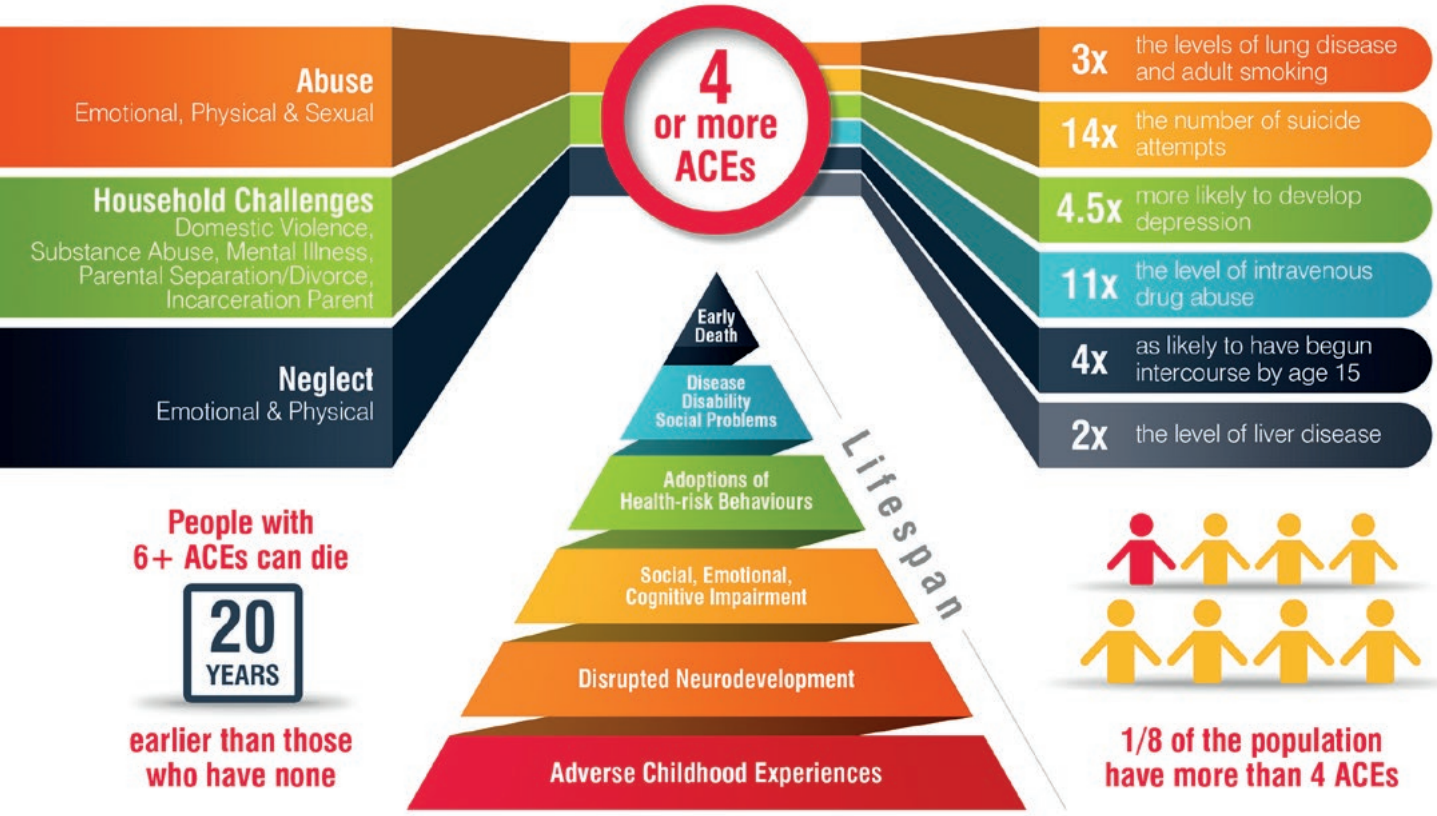
24 NICE (2014). Antenatal and postnatal mental health: clinical management and service guidance. NICE. 17 December 2014.

25 Stewart, D.E., Robertson, E., Dennis, C-L., Grace, S.L., & Wallington, T. (2003). Postpartum depression: Literature review of risk factors and interventions.

26 Bauer A et al (2014). Costs of perinatal mental health problems. LSE and Centre for Mental Health. October 2014.

Mental illness in a parent is just one contributor to Adverse Childhood Experiences (ACEs) which is a summary term for those issues which have the biggest impact on a child's mental and physical development and health.

67% of the population have at least 1 Adverse Childhood Experience (ACE)



To learn more about how ACEs impact on a child's health, have a look at this video

"Parents used to smoke in the car with kids in the back and the windows rolled up. How long ago those days now seem; how wise today's parents are to the dangers of those toxins. Yet every week children present with symptoms of a new pollutant – one that is just as damaging. But unlike the smoke-filled car, this new pollutant is invisible, curling undetected around children's lives and causing lasting damage to their lungs, their hearts, their immune systems."[27]

When children are exposed to multiple ACEs in their home environment, there are long term impacts on mental health as well as poor outcomes in later life such as increased risk of being involved in crime. For this reason it is crucial that all agencies involved with communities make every effort to recognise and support families exposed to domestic violence, parental substance misuse and parental mental health problems.[28]

27 Cocozza P (2017). Interview with film-make James Redford on his documentary 'Resilience' (https://kpjrfilms.co/resilience/). How childhood stress can knock 20 years off your life. Available from: https://www.theguardian.com/lifeandstyle/2017/apr/29/how-bad-parenting-can-knock-20-years-off-your-life

28 EIF (2018). Realising the potential of Early Intervention. Early Intervention Foundation. October 2018. Available from: https://www.eif.org.uk/report/realising-the-potential-of-early-intervention

Interventions to promote good mental health and prevent mental illness in under 5s

There is general expert consensus that it is somewhere between economically worthwhile and imperative to invest more heavily, as a proportion of both local and national spend, in the very earliest months and years of life.

...returns on investment on well-designed early years' interventions significantly exceed their costs. The benefits range from 75% to over 1,000% higher than costs.[29]

The early identification and effective support of children who are at risk of poor outcomes is critical to preventing problems from occurring in the first place, and to address them when they do. A proportionate universalism approach applies a universal intervention with increased intensity in parents and young children that have a greater need for it. This approach is designed to effectively reduce inequalities and have the greatest impact on reducing the need for intensive programmes.[30] For this stage of the life course, evidence based interventions include the 0-19 Healthy Child Programme, targeted home visiting programmes, parenting programmes, breastfeeding promotion and many others.

Targeted home visiting programmes. Health Visitors throughout Northumberland offer a universal screening and support programme to all families with 0-5s aligned to the Healthy Child Programme (HCP).[31] The universal health review at age 2 to 2.5 years uses the Ages and Stages Questionnaire (ASQ) to assess child development outcomes which include:

- Communication
- Skills
- Problem solving
- Social-emotional development
- Aspects of physical development.

Developmental delays identified at this stage are associated with poorer longer term outcomes including mental health and general wellbeing.[32]

Positive early experience is therefore vital to ensure children are ready to learn, ready for school and are able to access a range of opportunities later in life.[33]

Locally, we have developed a bespoke Health Visiting Plus Programme created as a more equitable and flexible alternative to the Family Nurse Partnership programme. This targeted support for parents and children includes a minimum of 4 semi structured antenatal contacts from 16 weeks of pregnancy and 10 post natal contacts in the first year with flexible intensive support available for a further year. Although focused on young parents who are at higher risk of poorer mental health as are babies born to teenage mothers, the programme can also be offered to older mothers who may be particularly vulnerable. This continued focus on teenage pregnancy is contributing to the downward trend in teenage conceptions.

29 Wave Trust (2013). Conception to age 2 - the age of opportunity report. Appendix 4 - The economics of early years' investment. DfE. 2013

30 Bo Burström, Anneli Marttila, Asli Kulane, Lene Lindberg, Kristina Burström. Practising proportionate universalism – a study protocol of an extended postnatal home visiting programme in a disadvantaged area in Stockholm, Sweden BMC Health Serv Res. 2017; 17: 91. Published online 2017 Jan 28. doi: 10.1186/s12913-017-2038-1. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5273844/

31 PHE (2018). Best start in life and beyond: Improving public health outcomes for children, young people and families. PHE March 2018. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/686928/best_start_in_life_and_beyond_commissioning_guidance_1.pdf

32 PHE (2017) Better mental health: JSNA Toolkit https://www.gov.uk/government/publications/better-mental-health-jsna-toolkit/5-children-and-young-people

33 PHE (2016) Health Matters: Giving Every Child the Best Start in Life https://www.gov.uk/government/publications/health-matters-giving-every-child-the-best-start-in-life/health-matters-giving-every-child-the-best-start-in-life

Targeted parenting programmes.
We have adopted the Incredible Years approach to parenting and are implementing the programme countywide to support families who have been identified as requiring additional support around parental engagement and positive behaviour management. The Incredible Years programme has good evidence of benefits lasting into adolescence when it has been offered to families identified as having difficulties with their preschool child's behaviour.

Its estimated that every £1 invested in the Incredible Years programme yields £1.37 of benefits.[34]

Programmes targeting children's behaviour are frequently delivered to small groups of parents by trained and supervised practitioners for a period of 10 weeks or longer through our Sure Start Children's Centres as part of their parenting offer.

Breastfeeding benefits both mother and child's mental health and cognition; longer durations of breastfeeding are associated with fewer parent-rated behavioural problems in children aged 5 years[35]. Breastfeeding uptake and sustainability across the North East is a challenge replicated in Northumberland. We see inequalities in rates across Northumberland with more deprived areas less likely to maintain breastfeeding than affluent areas. There are multiple reasons for this based around support, historical behaviour and motivation. Health Visitors and Sure Start Children Centres provide additional targeted peer support programmes in more deprived areas and promote the benefits across social media networks.

" I really want to provide feedback as I used the group and the support network extensively as I found breastfeeding one of the hardest things about being a new mum. The help I received from you, and the peer supporters and the group was invaluable and there's absolutely no way I would have continued to breastfeed without it. Me and A are now 10 months in and still going strong!"

Closed Facebook Page

34 Public Policy Institute for Wales (2015) Quantifying the benefits of early intervention in Wales: a feasibility study. Cardiff: Public Policy Institute for Wales.

35 UNICEF (2016) Mental health and Emotional Development
https://www.unicef.org.uk/babyfriendly/news-and-research/baby-friendly-research/infant-health-research/infant-health-research-mental-health-and-emotional-development/

Preventing and supporting perinatal mental illness. It is critical that mothers that may have mental health issues are identified and supported as soon as possible. At all contacts after the first contact with primary care or the booking visit, health visitors and other healthcare professionals who have regular contact with a woman in pregnancy and during the postnatal period (first year after birth) should have a conversation about mental health and wellbeing.[36] The Health Visiting Plus Programme Lead is one of two perinatal and infant mental health champions for Northumberland and alongside a midwife, ensures best practice is cascaded through healthcare and partner agency staff training.[37]

CASE STUDY 01

Buggy Fit

With funding awarded from Sport England, Active Northumberland is helping to support local women at risk from the effects of postnatal depression to become and stay active. The scheme aims to support women to build activity into their existing routine at times convenient to them by breaking down the barriers that prevent them from taking exercise.

active Northumberland

36 NICE (2014). Antenatal and postnatal mental health: clinical management and service guidance. CG 192. NICE. December 2014.

37 MMHA (2018) Health Visitor Champions https://maternalmentalhealthalliance.org/projects/health-visitor-champions/

The father's voice.

Safeguarding and Early Help reviews indicate that the father's voice is very rarely considered in health and social care records.

That is not to say that fathers are never involved in family meetings or given the opportunity to share in their child's journey, however this is one of the key areas for development across agencies in ensuring that the views and contributions of fathers to a child's care is part of the whole family approach.

During the transition to fatherhood for first time fathers, there are three main factors that affect their mental health and wellbeing[38].

The formation of the fatherhood identity

Competing challenges of the new fatherhood role

Negative feelings and fears relating to becoming a father

Restrictions associated with being a father and changes in lifestyle often resulted in feelings of stress, for which fathers used denial or escape activities, such as working longer hours or drinking or smoking more, as coping techniques. Fathers wanted more guidance and support around the preparation for fatherhood in addition to changes within partner relationships. Barriers to accessing support included lack of tailored information and resources as well as a lack of acknowledgment from health professionals.

Better preparation for fatherhood and support for couple relationships during the transition to parenthood could facilitate better experiences for new fathers and contribute to better adjustments and mental wellbeing.

For parents participating in the Health Visiting Plus Programme there are additional antenatal visits and targeted support based around a bespoke programme tailored to each family. Often fathers aren't present though (especially for antenatal visits) due to work commitments so this remains a challenge but also an area to explore further.

38 Baldwin, S., Malone, M., Sandall, J. and Bick, D., (2018). Mental health and wellbeing during the transition to fatherhood: a systematic review of first time fathers' experiences. JBI database of systematic reviews and implementation reports, 16(11), pp.2118-2191.

Growing Well In Northumberland [5 - 19 years]

Author Yvonne Hush. Public Health Manager

Growing well (5 - 19 years) - Author Yvonne Hush. Public Health Manager

Children and young people's emotional wellbeing and mental health is vitally important for their physical wellbeing, educational attainment, gaining of new skills and employment and protecting them from risk taking behaviours.

We know that 1 in 10 children will have a clinically diagnosed mental disorder at any one point in childhood; 50% of all mental disorders emerge before the age of 14; and 75% of all mental disorders emerge before the age of 25.[39] Not all cases will be known to mental health services, which potentially leaves a significant number of children and young people undiagnosed and not receiving appropriate support until they reach a crisis point.

9.4%

An estimated 9.4% of children and young people in Northumberland aged 5-16 years have a mental health disorder, about the same proportion as England (9.2%) but lower than the value for the North East (10%).

Mental illnesses are grouped into four broad types:

01 emotional disorders
02 behavioural (or conduct) disorders
03 hyperactivity disorders
04 other less common disorders.

Rates of mental illness have been found to be highest in children living with a parent with poor mental health, or in children living with a parent in receipt of disability related income. Children with a mental illness were more likely to have adverse experiences such as parental separation or financial crisis at home. Having low levels of social support, a smaller social network and not participating in clubs or organisations (either in or out of school), were all associated with the presence of a mental illness. Over a third (38.2% in England) of children living in families with the least healthy functioning had a mental illness. Daily social media use is also more common in young people with a mental illness.[40]

39 Public Health England (2015) Measuring Mental Wellbeing in Children and Young People:Prevalence estimates are based on ONS 2004 Survey of Mental Health of Children and Young People in Great Britain. Estimates applied to 2014 mid year population children aged 5 – 16 years https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/611494/Measuring_mental_wellbeing_in_children_and_young_people.pdf

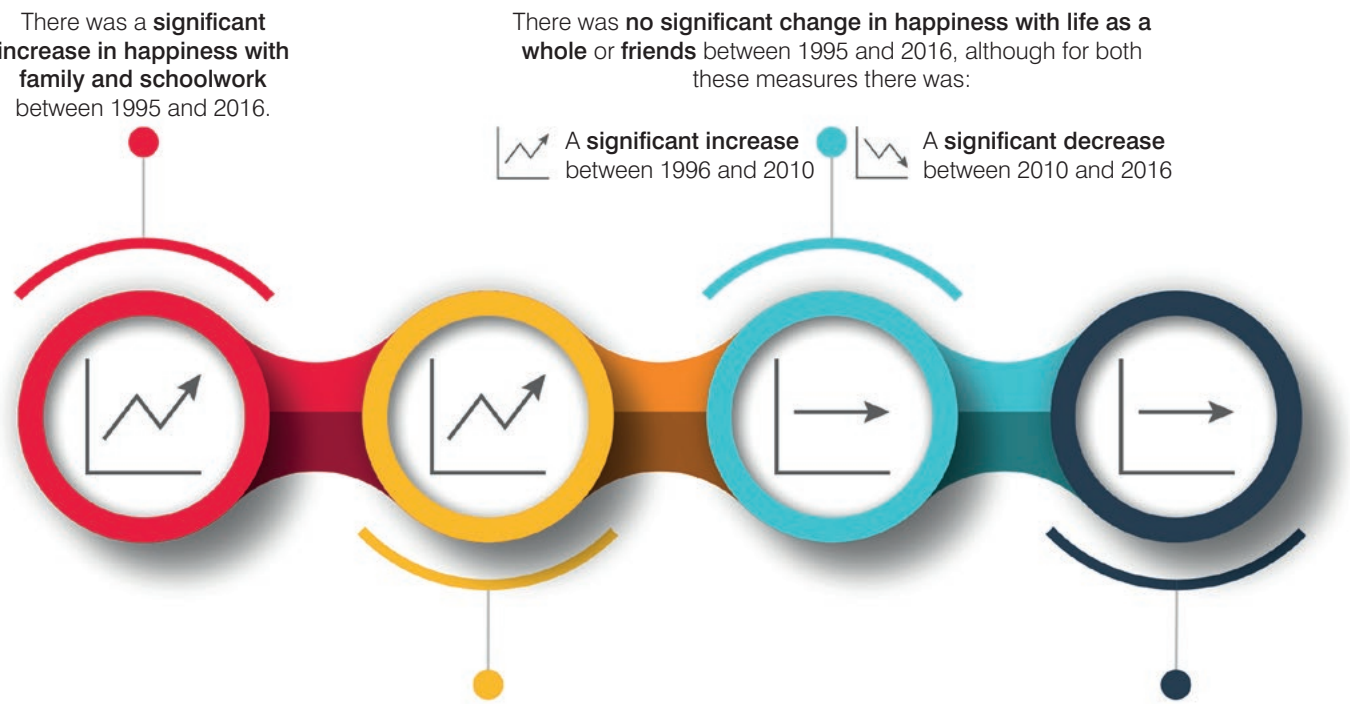
40 NHS Digital (2017) Mental Health of Children and Young People in England, Summary of Key findings,

The association between mental health and social media use is complex. For example, increased hours of social media has been shown to be related to body weight dissatisfaction which in turn linked to higher depressive symptom scores directly and indirectly due to lower self-esteem.[41] Risk-taking behaviours such as drug and alcohol misuse, smoking, unprotected sex, self harm, eating disorders, anti-social behaviour, aggression and school exclusion can all be a manifestation of untreated mental health problems. Preventing mental health problems in childhood and supporting children's resilience will have long-lasting impacts.[42]

Measuring the positive aspects of mental health is more difficult than measuring mental illness. Much of what we know is from national reports which have drawn on different data sets.

At a local level, about two thirds of 15 year olds in Northumberland (64.3%) have reported positive satisfaction with life which is about the same as both the England and North East average.[43] In contrast however, there is some evidence that in the same survey measures of wellbeing in 15 year olds in Northumberland were one of the lowest in the region.

Long term trends in children's subjective well-being show that for children aged 11 to 15:



https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2017/2017

41 Y. Kelly, A. Zilanawala, C. Booker, et al (2018). Social Media Use and Adolescent Mental Health: Findings From the UK Millennium Cohort Study. https://doi.org/10.1016/j.eclinm.2018.12.005

42 Public Health England (2015). Promoting children and young people's emotional health and wellbeing: a whole school and college approach https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/414908/Final_EHWB_draft_20_03_15.pdf

43 PHE Fingertips (2018). Children and Young People's Mental Health and Wellbeing. Positive satisfaction with life among 15 year olds: % reporting positive life satisfaction. 2014/15. Available from: https://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh/data#page/3/gid/1938133089/pat/6/par/E12000001/ati/102/are/E06000057/iid/92980/age/44/sex/4

Protective factors for good mental health

As in younger children, families and parenting go on being important in this age group. When children start going to school though, they spend a large proportion of their waking lives in the school environment so a child's experiences in school really matters. Young people face many different pressures which range from the more severe adverse childhood experiences of abuse and neglect to the more normal pressures of family disruption and exam stress. A young person's ability to deal with these pressures in a way which leads to the best outcomes is dependent on their resilience.

Resilience is the capacity to bounce back from adversity. Protective factors increase resilience, whereas risk factors increase vulnerability. Resilient individuals, families and communities are more able to deal with difficulties and adversities than those with less resilience.[44]

The conditions in which people are born, grow, live, work and age shape their capacity to respond to external shocks or adversity without experiencing significant harm. In this way, the family, community, social, cultural, and economic environments in which we live, the opportunities available to us and our experiences across the life course all shape the outcomes we experience in the face of adversity.[45]

PERSONAL (OR MENTAL) CAPITAL

Our cognitive and emotional resources, including emotional intelligence, social skills, and abilities to cope with stress.

RELATIONSHIP CAPITAL

Our closer personal and family relationships and whether these offer trust, acceptance, and the potential for mutuality.

ECONOMIC CAPITAL

Financial resources that enable us to cope without excessive stress on a day-to-day basis and to achieve our aspirations.

IDENTITY CAPITAL

Positive personal and social identities give us 'currency' in relation to wider social participation and accessing social capital - and help us to buffer us from threats or challenges.

SOCIAL CAPITAL

Being part of durable formal or informal social networks.

> **"It is during our childhood and adolescence that the greatest opportunities exist to develop our resilience"**

44 Institute of Health Equity (2014) Local action on inequalities: Building Young People's Resilience in Schools. London: University College London

45 Public Health England (2014) Local Action on Health Inequalities: Building children and young people's resilience in schools. Health Equity Evidence Review 2 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/611494/Measuring_mental_wellbeing_in_children_and_young_people.pdf

For young people in this age group, resilience is particularly important because of the number of transitions experienced during this time and we know that these can be challenging for young people. These transitions include moving from primary to middle and/or secondary schools; from being at school to further or higher education; from education into employment; from being a child to an independent adult; from living with parents to living independently; and for some, from children's to adult social care.

One factor that can be particularly influential is having trusted relationships with adults.[46]

The single most common finding is that children who end up doing well have had at least one stable and committed relationship with a supportive parent, caregiver, or other adult.[47]

A supportive adult can provide a young person with a buffer against disruptive and adverse experiences through a combination of emotional, informational or instrumental aid (such as access to funding or services). These relationships help children to develop the skill sets needed to respond to adversity and thrive.

46 Burstow, P., Newbigging, K., Tew, J., and Costello, B., 2018. Investing in a Resilient Generation: Keys to a Mentally Prosperous Nation. Birmingham: University of Birmingham.

47 National Scientific Council on the Developing Child. (2015). Supportive Relationships and Active Skill-Building Strengthen the Foundations of Resilience: Working Paper 13. Available from: http://www.developingchild.harvard.edu.

48 Association for Young People's Health (2016). A public health approach to promoting young people's resilience. London. 2016.

Risk factors for poorer mental health in young people.

We mentioned earlier about the effect of chronic stress on child development and studies have now quantified the effect that ACEs, such as abuse, neglect and a dysfunctional home environment can have on longer term health outcomes.

Some children though are particularly vulnerable to mental illness and low levels of mental wellbeing.

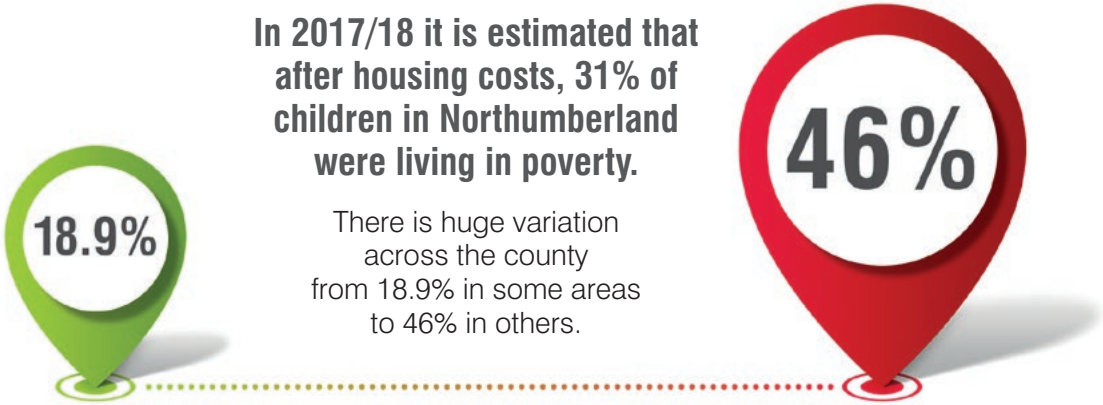
Vulnerability Factors include

- **In care**
- **Young carers**
- **Disabilities**
- **Chronic physical illnesses**
- **Bullying and cyber-bullying**
- **Substance misuse**
- **Criminal Justice System**
- **Not in education, employment or training**
- **Bereavement**
- **Lesbian, gay, bisexual or transgender**

What do these look like in Northumberland

In 2017/18 it is estimated that after housing costs, 31% of children in Northumberland were living in poverty.

There is huge variation across the county from 18.9% in some areas to 46% in others.



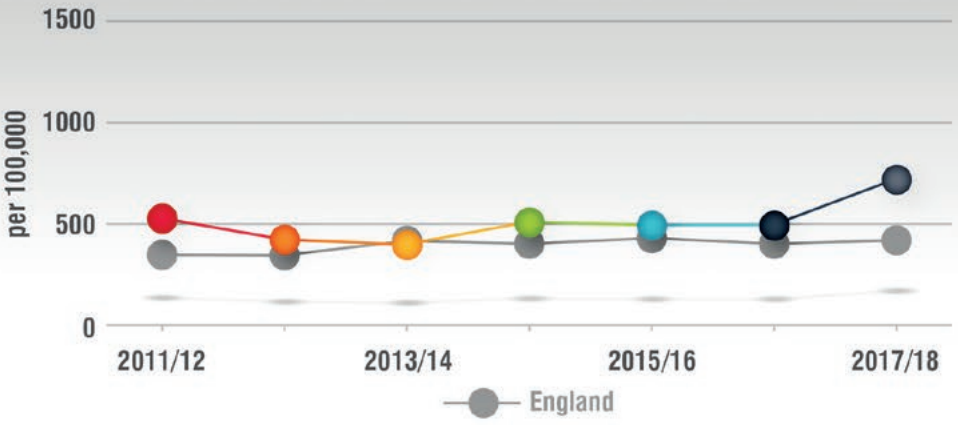
- In 2017, 290 young people (4.5%) were not in education, employment or training (NEET)
- In 2018 there were 387 (66 per 1000 children under 18) Looked after children (ONS)
- Between 2014-15/2016-17, 82 young people (under 18) were admitted to hospital for alcohol-specific conditions
- In 2017, there were 95 first time entrants into the youth justice system
- Between 2015-16 and 2017-18 122 young people (15-24 years) were admitted to hospital for misusing substances
- In 2017/18, the average attainment 8 score was 46.6% which is similar to the England Average (46.7 %) and significantly better than the North East average (46.7%) but again, this varies across the county and between children who are and who are not eligible for free school meals.
- There are 557 children living with an adult with an opiate dependency, (71% of these adults are in substance misuse services) and 1153 living with an adult with an alcohol dependency, (22% of these adults are in treatment). There are a further 20,000 children living with high risk drinkers in the North East 2018).[49]

49 Problem parental alcohol and drug use: A toolkit for local authorities PHE (2018)

Bullying can take many forms including physical and psychological. Technology has provided a new medium for 'virtual' bullying which means bullying can now occur both within and outside of school. In a recent local school survey 81% of primary school aged pupils said they think their school takes bullying seriously, compared with only 48% of secondary aged pupils (5,900 pupils aged 8 - 15 years took part in the survey). [50]

Self Harm is a common cause of assessment, treatment and admission to hospital. In 2017/2018 there were 341 hospital admissions in Northumberland due to self-harm in young people aged 10-24 years. The rate of admissions (720.5 per 100,000) was significantly higher than the value for England (412.2 per 100,000) and the North East average (458.0 per 100,000).[51] However, this measures young people being admitted to hospital; many are not admitted and the majority of those who self harm do not present to hospital at all. Estimates suggest that the proportion of those aged 15 years who are self harming could be as high as 1 in 5 and that it is more common in girls than boys.[52] This is reflected in our local school survey in which 1 in 5 secondary pupils surveyed responded they had deliberately hurt themselves but not recently. Importantly, self harm is a risk factor for suicide; it also causes significant distress to families and is associated with poorer educational attainment.

Hospital admissions as a result of self harm, Northumberland, North East, England (10-24years)



Period		Count	Value	North East region	England
2011/12	●	269	527.3	545.6	347.4
2012/13	●	212	419.0	479.7	348.9
2013/14	●	203	402.5	507.3	415.8
2014/15	●	254	509.4	477.9	401.9
2015/16	●	240	492.2	443.2	430.5
2016/17	●	232	489.2	425.7	407.1
2017/18	●	341	720.5	458.0	421.2

50 Northumberland County Council: Northumberland Health and Wellbeing Survey- A Summary Report 2017

51 PHE Fingertips (2018). Children and Young People's Mental Health and Wellbeing.
Available from: https://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh/data#page/0/gid/1938133089/pat/6/par/E12000001/ati/102/are/E06000057

52 Saunders KE, Smith KA (2016). Interventions to prevent self-harm: what does the evidence say? Evidence-Based Mental Health 2016;19:69-72.

Interventions to promote good mental health and prevent mental illness in 5-19s.

Young people in our county have already identified 'mental health, emotions and stress' as the most important aspect of health to them.[53]

So what are we doing about it?

Schools and other educational settings, play a critical role in promoting and supporting good mental health and wellbeing and in the early identification of mental illness. Public Health School Nurses provide access to children and young people in various ways. There are weekly drop-ins for secondary school pupils and the ChatHealth service provides digital access to all children and young people, including those who are home educated. These specialist Public Health nurses also provide targeted support for children and young people who self-refer or who are referred by school staff or healthcare professionals when concerns are identified. Significant numbers of referrals are also taken from the social care hubs where emotional or behavioural issues are identified as the primary source of concern. Primary Mental Healthcare Services provide more specialist support but also offer additional training and advice to school nursing teams.

The 'Early Help Locality Hubs' across the county are a point of access for families who need support. The children and young people's mental health service (CYPS) is represented along with the other emotional health services such as school nurses, primary mental healthcare services and Talking Matters Northumberland.

There is solid evidence that good mental health is essential for children to learn and achieve. By providing opportunities for children, and the adults surrounding them, to develop the strengths and coping skills that underpin resilience, schools can help their pupils (and staff) flourish and succeed.

Schools across Northumberland adapt universal resources around Personal, Social, Health and Economic Education (PSHE) to shape guidance to children and young people that build self-esteem and aspirations for all children to be successful in their futures. For those children and young people who experience adverse circumstances or groups identified as having vulnerabilities there are a range of staff training resources available as part of the Local Safeguarding Children Board and Early Help Training programmes.

Actions to increase resilience can be targeted at different levels in schools, they can aim to increase achievements of pupils: can support them through transitions and encourage healthy behaviours; can promote better interpersonal relationships between people - particularly parents or carers and children; and can create more supportive, cohesive schools that support both pupils and the wider community.

53 Healthwatch Northumberland (2015). Young People's Health Services. A report highlighting young people's positive and negative experiences of the health services, support and information available to them in Northumberland. October 2015

The county's five year **Children and Young People's Mental Health and Wellbeing Transformation Plan** has been developed with a range of partners in line with the national ambition and principles set out in the Future In Mind report. [54] The model for the provision of emotional and mental health services for children and young people has been re-conceptualised based on the THRIVE model. This moves away from a service focused tiered model towards one which is based on the needs of children, young people and their families and has a stronger focus on building resilience, prevention and early identification. In fact the aim is to create a local culture that not only promotes resilience but establishes it as the pillar of a whole system approach to promoting good mental health and preventing mental illness.

Collaboration with schools in Northumberland has taken place to develop and raise awareness of a whole-school approach which means making child, staff and parent/carer mental health and wellbeing 'everybody's business'. It involves all parts of the school working together and being committed. It requires partnership working between governors, senior leaders,teachers and all school staff as well as parents, carers and the wider community. Many schools in Northumberland have identified a designated mental health lead for their school, and a multi-agency group of professionals is working with schools to develop this role, and embed a whole school approach to mental health and wellbeing.

Northumberland has been successful with a bid led by NHS Northumberland Clinical Commissioning Group to be a Children and Young People's Mental Health Trailblazer Site. The mental health support team element includes the development of a graduated model of support based on Thrive; the development of two mental health support teams that are multi-agency and multi-disciplinary to support the participating schools; and development of the designated senior lead role in schools for mental health, promotion of resilience and a whole school approach. There is also ongoing work around reducing the waiting time between initial referral and first contact with the service for both a young person and their family.

54 Dept of Health/NHS England (2015) Future in Mind: Promoting, protecting and improving our children and young people's mental health and Wellbeing https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

CASE STUDY 02

Emotional health in the Seaton Valley Federation

Seaton Valley Federation is a federation of three schools, comprised of one high school and two middle schools. They are all relatively small in size with a combined figure of 1083 pupils. The Federation has a Senior Leadership Team with close working practices and very strong partnership working with their feeder schools.

There are a range of practical things they do on a daily basis to encourage good emotional health including start of term phone calls and workshops in school for stress, anxiety and mental health management. Also, for students who struggle to access the full curriculum, appropriate alternative provision is in place which ensures no one is out of school full time. Pastoral staff and the Special Educational Needs Co-ordinator (SENCO) meet every week after school to discuss issues. The school's leadership team supports strong pastoral leadership and the school has invested in pastoral support workers.

Individualised support is available for some pupils with action plans in place including guidance for staff around how to respond if the young person presents in a certain way. Support is in place for parents even though this often means just sitting and listening. Ultimately, learners are treated as individuals and adjustments are made to practice when necessary. There are also provisions in place to support staff emotional health and wellbeing.

"Emotional health in the Seaton Valley Federation, we want it to be good so we try and make sure it's good!"

John Barnes Executive Headteacher,
Seaton Valley Federation

CASE STUDY 03

Promoting Emotional Health and Wellbeing at St Bede's

St Bede's is a primary school in Bedlington with just over 240 pupils. Over recent years the school has been working with parents and families to ensure children are 'school-ready' when they start in the Early Years Foundation Stage. The initial steps that they took were mainly reactive to situations that occurred. More recently though, the school has established more targeted initiatives with the prominent theme being the importance of nurturing all relationships in school.

Some of the initiatives they have implemented include:

- Meditation - this takes place immediately after lunch break. Staff decide on the length of time ranging from 1 minute to 10 in order to tailor it to each class. Children know the routine and mantra. The impact is that children and staff are able to clear their minds ready for the afternoon which can help to improve behaviour, reduce stress and improve wellbeing. There is also a wider impact as children are using meditation at other times when needed and also at home. They are learning a strategy for life.
- St Bede's Sparks - characters have been developed by the school community, with each character representing a characteristic of effective learning. Staff and children use the characters to target habits and develop them.
- Poverty Proofing of the school day - Children North East were engaged to carry out an audit and to provide recommendations to make the school day more inclusive for everyone. They have put some measures in place and continue to reflect on further improvements to make the school day accessible for everyone.
- Mini Vinnies - a group of pupils who look at the school environment and the ethos in school. It is linked to the St Vincent de Paul Society. The group meet regularly to discuss how they can improve life at school for all pupils.
- Counsellor - A counsellor currently works one day a week and this is being extended in response to increasing demand. The service is available for children, parents and staff meaning that it caters for the whole school community.
- Nurture Zone - at lunch times children can drop in if they need to talk. Staff can also refer children so that individuals that are a cause for concern, can receive targeted support from a member of staff.
- Outdoor Learning - The school are developing the outdoor learning environment, and have purchased a yurt to use as an outdoor classroom. The aim is to engage all children and develop an enjoyment of school.
- Training from CYPS - helped staff to understand what CYPS is and how they can help schools.

"Our next step is to embark on the Wellbeing Award for Schools so that we can assess what we are doing well and what we now need to focus on. This will help us look at all areas including children, parents and staff.!

Therese Worrall, Headteacher, St Bede's RCVA School

CASE STUDY

04 Colour To The Grey

Museums Northumberland bait is a programme of arts events and activities which aims to create a long-term increase in levels of arts engagement. This is driven by the creativity and ambition of people living in South East Northumberland and seeks to increase wellbeing and social energy.

Colour to the Grey was commissioned in January 2017 by Museums Northumberland through the bait programme, and delivered in partnership with Silx, Leading Link, Real Deal, Action for Children, Education Other Than At School and Northumberland College.

Young people decided to raise awareness of the factors that contribute to mental health and wellbeing, as well as to provide a space in which young people and adults could increase their own sense of wellbeing through creative activity and exhibitions. A group of 8 young leaders collaborated with artist Amy Lord and producers of The Empty Space to lead the project and deliver 5 days of art, activism and wellbeing in Blyth during August 2018.

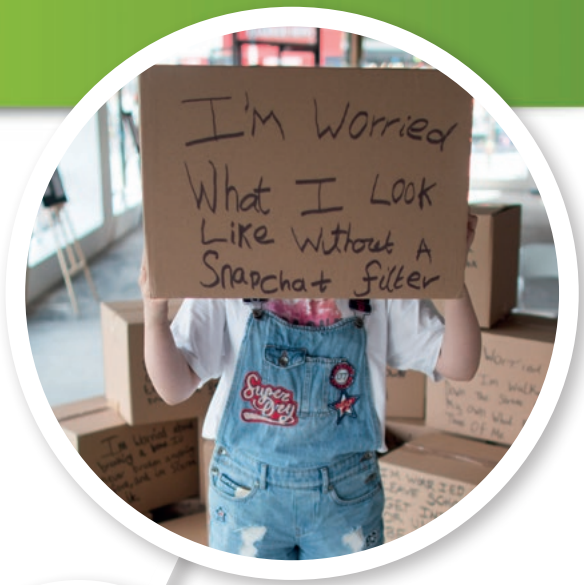
The focus on community activism has enabled over 80 young people from 7 youth organisations to learn about the potential for arts in supporting positive change in their communities and provide a conduit for their views to be heard.

The young leaders reflected that…

"Taking part in this event has made me feel epic! I have a fire in my stomach to do something amazing"

"Taking part has helped me understand more about mental illness"

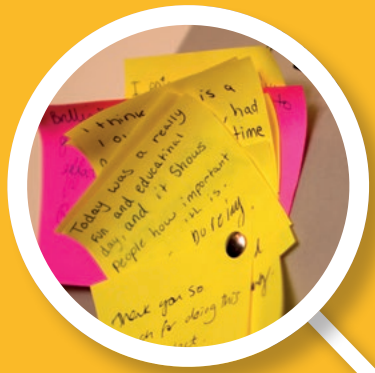
"I'm proud of the relationships we've got with each other, every person around the table we've developed a relationship with each other and its great"



Museums Northumberland bait is funded by Arts Council England, Northumberland County Council, Ballinger Charitable Trust and Garfield Weston Foundation. 'Museums Northumberland bait's consortium is Museums Northumberland, Northumberland College, Northumberland County Council, Queen's Hall Arts and Northumberland Community Voluntary Action.

Working Well In Northumberland

Author David Turnbull, Public Health Manager



Working Well in Northumberland - Author David Turnbull, Public Health Manager

In last year's report we looked at the impact that employment had on health in general but clearly the impact is applicable to both physical and mental health. Here's a quick summary:

01

Employment is a primary determinant of health, impacting both directly and indirectly on the individual, their families and communities[55]

02

Unemployment is associated with an increased risk of death and poor health, including cardiovascular disease, poor mental health, suicide and health-damaging behaviours[56]

03

Individuals unemployed for more than six months have lower wellbeing than those unemployed for less time[57]

04

There are substantial variations in employment rates across groups and health conditions. In particular, people with histories of substance misuse[58] and those affected by mental ill health[59] often face barriers in securing employment.

05

Poor wellbeing is found to impact productivity directly but also through staff presenteeism. This is a common and growing concern for organisations and is often the greatest cause of lost output.

06

Involving employees in decisions that affects them gives them a sense of ownership of the process and a perception of fairness.

55 McGinnis JM, Williams-Russo P, Knickman JR. The case for more active policy attention to health promotion. Health affairs. 2002 Mar;21(2):78-93.

56 Marmot M, Allen J, Goldblatt P, Boyce T, McNeish D, Grady M. Fair society, healthy lives. The Marmot Review. 2010 Feb;14.

57 Chanfreau J, Lloyd C, Byron C, Roberts C, Craig R, De Feo D, McManus S, available at: http://www.natcen.ac.uk/media/205352/predictorsof-wellbeing.pdf

58 https://www.gov.uk/government/uploads/system/ uploads/attachment_data/file/214409/rrep640.pdf

59 https://www.gov.uk/government/uploads/system/ uploads/attachment_data/file/212266/hwwb-mentalhealth-and-work.pdf

Why is mental wellbeing important in this group?

Work and health is central to the story of people and place. Helping people to obtain or retain work, and be happy and productive within the workplace is a crucial part of the economic success and wellbeing of every community.

Evidence shows that good quality work is beneficial to an individual's health and wellbeing[60] and protects against social exclusion through the provision of income, social interaction, a core role, identity and purpose.

There is a clear relationship between health and work with good worker health contributing to high productivity and successful local enterprise partnerships, which in turn supports economic prosperity, and the social wellbeing and wealth of communities[61]. Ultimately, good work affects the productivity and profitability of businesses and contributes to economic growth.

Most adults are in work, a place where we spend a large proportion of our time, so our jobs and our workplaces can have a big impact on our health and wellbeing. In Northumberland, around 73% of the working age population (defined as those aged 16-64) are in employment[62]. This figure is greater than that for the North of Tyne Combined Authority (71%), North East Local Enterprise Partnership (71.3%) and the North East Region (70.6%), however still below the national average at 75%[63].

A healthy and happy workforce has synergistic benefits for:

Productivity can be reduced through the lower level of performance of employees who are at work but experiencing stress, mental health or other causes of ill health. This is known as 'presenteeism'. A recent report estimated that impaired work efficiency associated with mental health problems costs £15.1 billion a year, which is almost twice the estimated annual cost of absenteeism (£8.4 billion)[64].

60 Parker L, Bevan S. Good work and our times: Report of the Good Work Commission. Work Foundation. 2011 Jul.

61 Burton J, World Health Organization. WHO Healthy workplace framework and model: Background and supporting literature and practices.

62 Annual Population Survey - Labour Force Survey - www.nomisweb.co.uk

63 Know Northumberland - Economic Performance Bulletin, December 2018 - Economic Performance Bulletin, December 2018

64 Sainsbury Centre for Mental Health (2007) Mental health at work: developing the business case. Policy paper 8. London: Sainsbury Centre for Mental Health.

What are the risk factors; what are the protective factors

The public health benefits of tackling worklessness will only be fully realised if improvements are made in tandem with those in workplace wellbeing. Good evidence shows that the financial benefits of interventions outweigh the costs of managing employee sickness and absence. Benefits include:

- **Reduced sickness absence**
- **Improved productivity – employees in good health can be up to three times more productive than those in poor health and experience fewer motivational problems**
- **Reduced staff turnover – employees are more resilient to change and more likely to be engaged with the business's priorities**

A large proportion of sickness absences are caused by musculoskeletal conditions (MSK) and by mental health issues[65], including work-related stress. The pain and disability of poor MSK health limits independence and the ability to participate in family, social and working life. In 2017, MSK problems were the second most common cause of sickness absence, accounting for 28.2 million days lost in work (17.7% of total sickness absences)[66]. 1 in 6 employees in the UK reported having a mental health condition with mental ill health accounting for 14.3 million working days lost per year. Employers have an important role to play in supporting their staff to stay well and in work. Jointly published by Public Health England (PHE) and Business in the Community (BITC) the Mental Health Toolkit for Employers provides a framework for organisations to ensure that their business is providing the ideal environment for employees to work productively, have positive relationships and make good choices.

Ill-health leads to higher unemployment in the North compared to the rest of England but reduced working hours in the rest of England compared to the North. This suggests that people in the North are more likely to completely drop out of the labour force when ill, whereas people in the rest of England reduce their working hours.[67] Absence from work due to these common health problems can be reduced by introducing workplace interventions or taking action to improve employee health and wellbeing.

Despite the many benefits of work, poor working conditions, lack of job security and poor health and safety regulation are just some of the contributors towards work being damaging to our health. Jobs where employees don't feel able to cope with the demands made on them is very strongly associated with low levels of wellbeing among both men and women. Work needs to be sustainable and offer a minimum level of quality, to include not only a decent living wage, but also opportunities for in-work development, the flexibility to enable people to balance work and family life, and protection from adverse working conditions that can damage health[68].

1 in 6 employees in the UK reported having a mental health condition with mental ill health accounting for 14.3 million working days lost per year.

65 ONS, Full Report: Sickness Absence in the Labour Market, February 2014

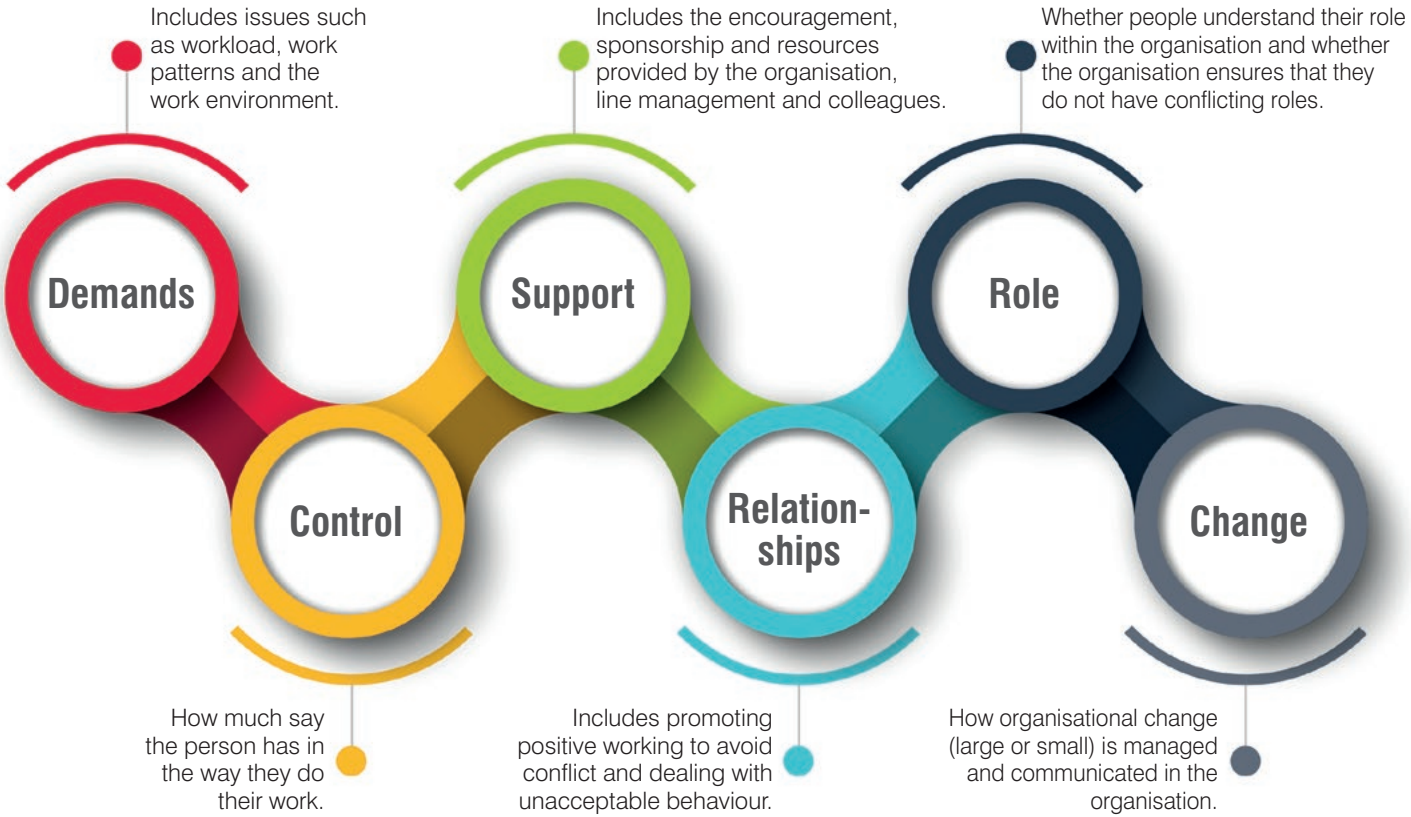
66 https://www.gov.uk/government/publications/health-matters-health-and-work/health-matters-health-and-work

67 Bambra, Munford, Brown et al (2018) Health for Wealth: Building a Healthier Northern Powerhouse for UK Productivity, Northern Health Sciences Alliance, Newcastle.

68 Marmot M, Allen J, Goldblatt P, Boyce T, McNeish D, Grady M. Fair society, healthy lives. The Marmot Review. 2010 Feb;14.

What Can Be Done To Prevent Stress Within The Workplace

The Health and Safety Executive (HSE) have produced a set of management standards[69] which represent a set of conditions that, if present, aim to mitigate the impacts of work-related stress or even better, highlight underlying causes of stress and prevent stress occurring. The Management Standards cover six key areas of work design that if managed well and designed in conjunction with employees are associated with good workplace health.



What do these look like in Northumberland and where are the inequalities

Part of supporting people to achieve their potential in life is looking at how to enable them to enter the job market and maintain economic independence for themselves and their families, especially as they age. This is especially important for individuals with long term conditions and disabilities where the difference in employment rate between disabled people and the general population is unacceptably large and misrepresents the large number of people in this group who want to work and live independent lives. In Northumberland the percentage point gap* between those who have a long-term condition, classified as employed vs the percentage of all respondents in the Labour Force Survey classed as employed is 28.8. This is higher than the North East average at 27.3 but lower than the national average of 29.4 percentage points. Creating pathways to good jobs requires partners from across the private, public and third sector to work together, especially for those who are living with long term conditions or disabilities such as those arising from mental illness.

*The percentage point gap between the percentage of respondents in the Labour Force Survey who have a long-term condition who are classified as employed (aged 16-64) and the percentage of all respondents in the Labour Force Survey classed as employed (aged 16-64)

69 http://www.hse.gov.uk/stress/standards/index.htm

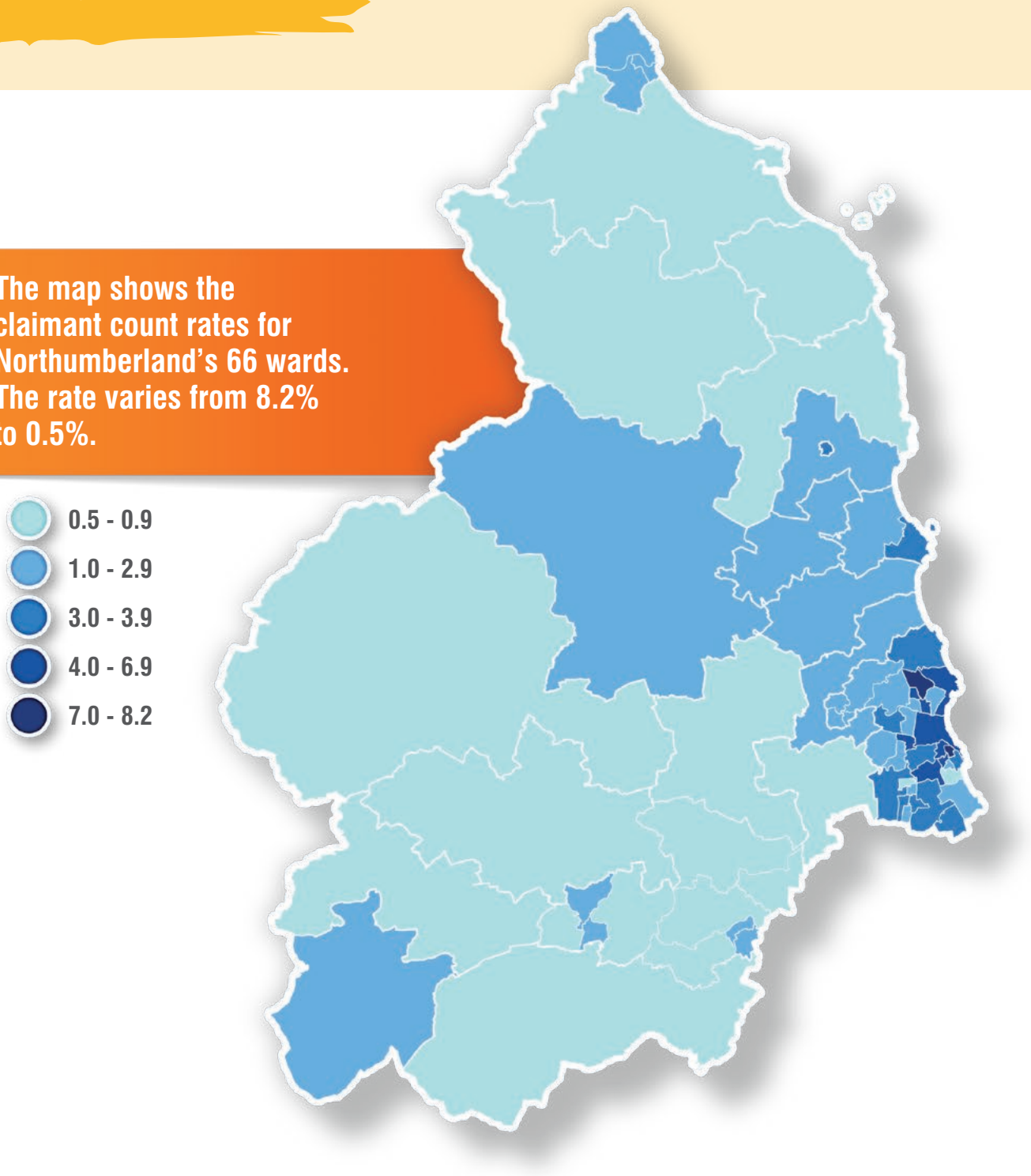
Claimant Count (November 2018)

The number of people claiming Jobseekers Allowance, plus those who claim Universal Credit and are required to seek work and be available for work is now the headline indicator of the number of people claiming benefits principally for the reason of being unemployed.

In November 2018, the claimant count rate for the resident population age 16-64 in Northumberland (2.4%) was higher than England (2.3%) but lower than the North East LEP (3.7%) and the region (3.8%).

Northumberland	2.4%
England	2.3%
North East LEP	3.7%
The Region	3.8%

The map shows the claimant count rates for Northumberland's 66 wards. The rate varies from 8.2% to 0.5%.



What interventions work to improve mental wellbeing and do we have info on Return on Investment (ROI)/ Social return on Investment (SROI)?

Promoting the Mental Wellbeing of Employees
There is a large body of evidence relating to the effectiveness of wellbeing interventions at an organisational level. Overall, the evidence suggests that organisational interventions may be effective in improving a variety of mental health and wellbeing outcomes in employees. Organisational interventions or combined approaches may provide longer term relief from burnout than individual level interventions alone[70].

A range of interventions have been identified which may improve employee mental well-being including:

- those targeting work flow, work quality improvement and interventions in resilience and resource-building[71,72]
- targeting work conditions and schedules, improving communication and workplace support[73]
- employee participation at the organisational level and organisational level job training/ education interventions[74]

participatory interventions.

Workplace mindfulness interventions are likely to be effective in improving work related outcomes, work-life balance, mental wellbeing, and other outcomes[75,76,77].This was found for different groups of employees, including those with poor mental health and generalised anxiety disorder[78,79].

70 Awa WL, Plaumann M, Walter U. Burnout prevention: A review of intervention programs. Patient education and counseling. 2010 Feb 1;78(2):184-90.

71 Linzer M, Poplau S, Grossman E, Varkey A, Yale S, Williams E, Hicks L, Brown RL, Wallock J, Kohnhorst D, Barbouche M. A cluster randomized trial of interventions to improve work conditions and clinician burnout in primary care: results from the Healthy Work Place (HWP) study. Journal of general internal medicine. 2015 Aug 1;30(8):1105-11.

72 Vuori J, Toppinen-Tanner S, Mutanen P. Effects of resource-building group intervention on career management and mental health in work organizations: randomized controlled field trial. Journal of Applied Psychology. 2012 Mar;97(2):273.

73 Marine A, Ruotsalainen JH, Serra C, Verbeek JH. Preventing occupational stress in healthcare workers. Cochrane Database of Systematic Reviews. 2006(4).

74 Dreison KC, Luther L, Bonfils KA, Sliter MT, McGrew JH, Salyers MP. Job burnout in mental health providers: A meta-analysis of 35 years of intervention research. Journal of occupational health psychology. 2018 Jan;23(1):18.

75 Bartlett L, Lovell P, Otahal P, Sanderson K. Acceptability, feasibility, and efficacy of a workplace mindfulness program for public sector employees: a pilot randomized controlled trial with informant reports. Mindfulness. 2017 Jun 1;8(3):639-54.

76 Aikens KA, Astin J, Pelletier KR, Levanovich K, Baase CM, Park YY, Bodnar CM. Mindfulness goes to work: Impact of an online workplace intervention. Journal of Occupational and Environmental Medicine. 2014 Jul 1;56(7):721-31.

77 Van Dongen JM, van Berkel J, Boot CR, Bosmans JE, Proper KI, Bongers PM, Van Der Beek AJ, van Tulder MW, van Wier MF. Long-term cost-effectiveness and return-on-investment of a mindfulness-based worksite intervention: results of a randomized controlled trial. Journal of occupational and environmental medicine. 2016 Jun 1;58(6):550-60.

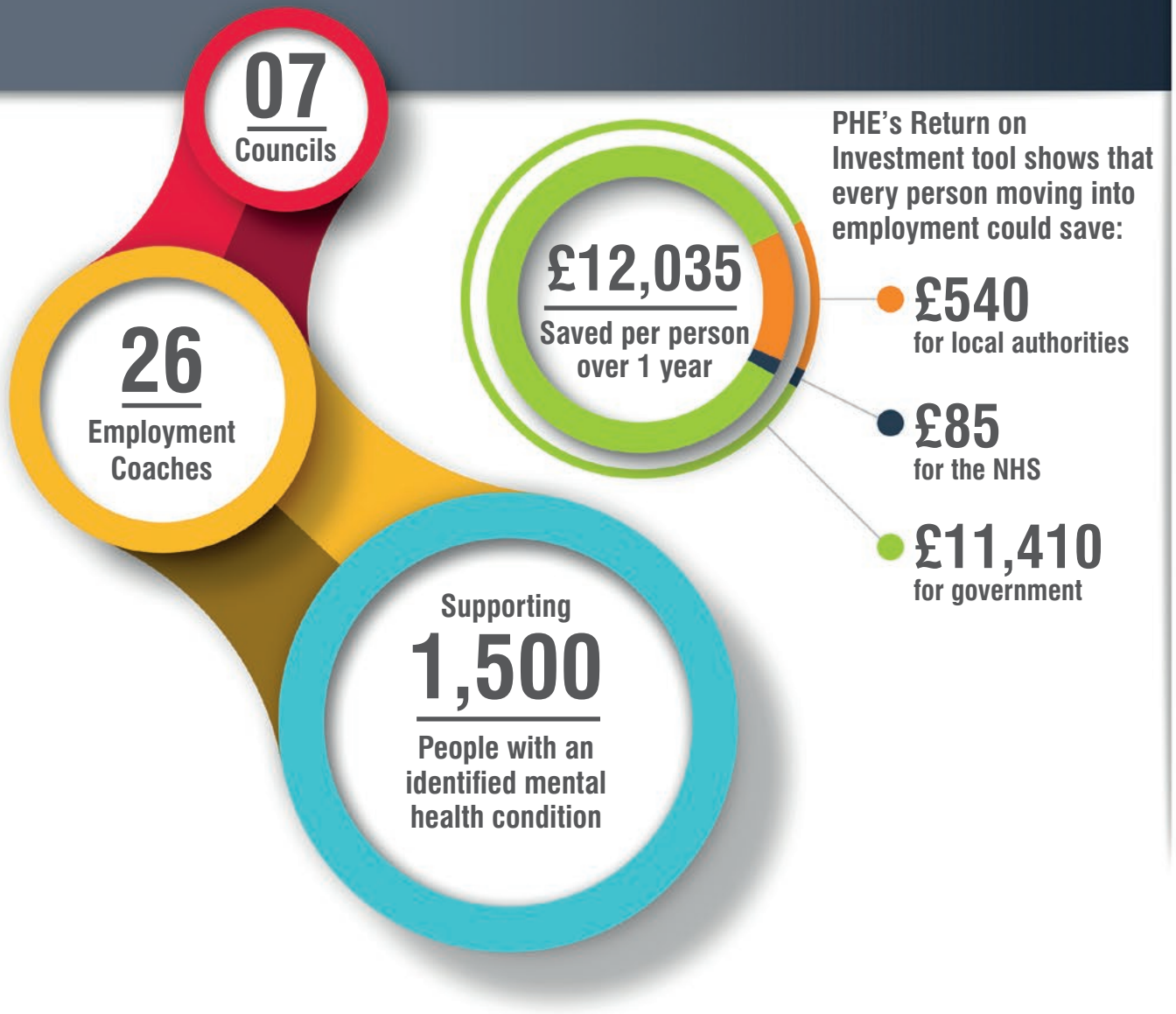
78 Hoge EA, Guidos BM, Mete M, Bui E, Pollack MH, Simon NM, Dutton MA. Effects of mindfulness meditation on occupational functioning and health care utilization in individuals with anxiety. Journal of psychosomatic research. 2017 Apr 1;95:7-11.

79 Huang SL, Li RH, Huang FY, Tang FC. The potential for mindfulness-based intervention in workplace mental health promotion: results of a randomized controlled trial. PloS one. 2015 Sep 14;10(9):e0138089.

CASE STUDY

05 Mental Health Trailblazer

The Mental Health Trailblazer was launched by seven councils in the North East to help those with mental health problems find work. The aim is to support 1,500 people into employment over the two year project. Employment coaches are co-located with clinicians to share responsibility for clients with an emphasis on starting the job hunt quickly. The coaches also work with local businesses, building on the successful schemes that have been run in the past. Key to the programme is integrating employment support with the local Increasing Access to Psychological Therapies (IAPT) programmes commissioned by CCGs. The 26 employment coaches are co-located with the IAPT services so they share responsibility for the cases and the programmes complement each other. The model is based on the NICE approved Individual Placement Service model where each individual receives tailored support to help them into employment while continuing with their clinical recovery.



Ageing Well In Northumberland

Author Rebecca Brown, Public Health Manager

Ageing Well in Northumberland - Author Rebecca Brown, Public Health Manager

As we continue to age, our needs change, and mental wellbeing continues to be important in this age group. Healthy ageing is about "optimising opportunities for good health, so that older people can take an active part in society and enjoy an independent and high quality of life"[80]. Amongst the North East regions, we have the highest percentage of our population living in the 65+ age range[81]- over a quarter of residents. Last year's report highlighted Northumberland's larger proportion of older people and smaller proportion of young adults, particularly in rural areas and how this is likely to lead to disproportionately higher needs and costs in health and social care.

Source: ONS Mid-year Population Estimates, taken from PHE Fingertips

Percentage Population Aged 65+ 2017

Area	Recent Trend	Count	Value
England	↑	10,030,511	18.0
North East region	↑	514,903	19.5
Northumberland	↑	76,259	23.9
Redcar & Cleveland	↑	29,967	22
County Durham	↑	106,879	20.4
Darlington	↑	21,284	20.0
South Tyneside	↑	29,725	19.9
North Tyneside	↑	40,476	19.8
Gateshead	↑	39,092	19.3
Sunderland	↑	53,209	19.2
Hartlepool	↑	17,702	19.0
Stockton-on-Tees	↑	35,017	17.8
Middlesbrough	↑	22,565	16.0
Newcastle upon Tyne	↑	42,728	14.4

80 Agren G, Berensson K. Healthy ageing: a challenge for Europe. Swedish National Institute of Public Health. 2006;2006:29

81 Taken from https://fingertips.phe.org.uk

What impacts on our mental wellbeing as we age?

The ageing population is growing - mortality rates of older people have fallen significantly since the 1970s[82]. However, ageing doesn't always happen positively - people are living longer, but not necessarily healthier, lives. There are many risks to our mental wellbeing as we age:

01

The link between retirement and depression is well-documented[83],[84] ; as we become less involved in the workforce, there's a tendency to decrease social activities and perpetuate feelings of loneliness and isolation.

02

As we age, our physical health needs are likely to increase. The relationships between poor physical health and poor mental wellbeing have been explored in depth, with poor physical health contributing to feelings of depression[85], loneliness and low self esteem[86].

03

Dementia is a risk to all as we age, with more than 1 million people estimated to be living with a form of the condition by 2040[87]. For the North East, the prevalence of dementia amongst over 65s is higher than the England average (463/10,000 compared to a National average of 433/10,000)[88]. Here in Northumberland, we have a significantly lower prevalence of dementia at 413 per 10,000.

04

In addition, these care needs can result in family and friends offering unpaid care. It's estimated that 2.8%[89] of our population in Northumberland is providing unpaid care to a family member.

05

Financial strain can cause stress and impact on mental wellbeing. Around 12.8%[90] of households in Northumberland are in fuel poverty over winter, which can lead to both physical and mental strain.

82 Rau R, Soroko E, Jasilionis D, Vaupel JW. Continued reductions in mortality at advanced ages. Population and Development Review. 2008 Dec;34(4):747-68.

83 Szinovacz ME, Davey A. Retirement transitions and spouse disability: Effects on depressive symptoms. The Journals of Gerontology Series B: Psychological Sciences and Social Sciences. 2004 Nov 1;59(6):S333-42.

84 Hamilton VH, Merrigan P, Dufresne É. Down and out: estimating the relationship between mental health and unemployment. Health economics. 1997 Jul;6(4):397-406.

85 Geerlings SW, Beekman AT, Deeg DJ, Van Tilburg W. Physical health and the onset and persistence of depression in older adults: an eight-wave prospective community-based study. Psychological medicine. 2000 Mar;30(2):369-80.

86 Alpass FM, Neville S. Loneliness, health and depression in older males. Aging & mental health. 2003 May 1;7(3):212-6.

87 Ahmadi-Abhari S, Guzman-Castillo M, Bandosz P, Shipley MJ, Muniz-Terrera G, Singh-Manoux A, Kivimäki M, Steptoe A, Capewell S, O'Flaherty M, Brunner EJ. Temporal trend in dementia incidence since 2002 and projections for prevalence in England and Wales to 2040: modelling study. bmj. 2017 Jul 5;358:j2856.

88, 88, 89 Taken from https://fingertips.phe.org.uk

There is evidence that early retirement can be good for you as it reduces fatigue (both mental and physical) and lowers rates of depression[91].

In the current economic environment, early retirement isn't always an option. Those of us remaining in employment reap the benefits too - employment has been shown to positively impact on mental wellbeing[92]. Over 70% of our working age population are in employment[93].

Community connections can boost mental health and wellbeing amongst populations. Feeling connected and belonging is important. Almost half of our social care users report getting as much social contact as they would like[94] and over 40% of adult carers say the same[95].

We have a diverse range of environments in Northumberland, including access to great outdoor spaces, which can positively impact on mental wellbeing.

91 Westerlund H, Vahtera J, Ferrie JE, Singh-Manoux A, Pentti J, Melchior M, Leineweber C, Jokela M, Siegrist J, Goldberg M, Zins M. Effect of retirement on major chronic conditions and fatigue: French GAZEL occupational cohort study. Bmj. 2010 Nov 24;341:c6149.

92 Organisation for Economic Co-operation and Development. The Looming Crisis in the Health Workforce: How Can OECD Countries Respond?. Organisation for Economic Co-operation and Development; 2008

93 Annual Population Survey - Labour Force Survey, 2017/18 https://fingertips.phe.org.uk

94 Adult Social Care Users Survey, 2015/16 https://fingertips.phe.org.uk

95 Adult Social Care Users Survey, 2015/16 https://fingertips.phe.org.uk

Community Development:

Promoting the development of an age-friendly environment will support healthy living in older age. Evidence suggests that community-level initiatives can promote older adults' participation in health promotion activities[96], and therefore reduce the risk of serious mental and physical ailments. For example, creating valued roles for older adults within the community and providing accessible assistance around financial and care concerns from statutory or voluntary services can enhance the community experience. Even actions to improve the walkability of local areas can encourage healthy ageing through physical activity and increased opportunities for social interaction.

Reducing social isolation and loneliness:

Social isolation and loneliness is at the heart of many health and well-being problems in our older adults. With over 2 million people over the age of 75 now living alone in the UK[97], promoting engagement with others has never been more important. Communities which provide ample opportunity for social activities, physical exercise (including through improved walkability) and interactions with others (including intergenerational work) are those which support residents to thrive in older age.

Improving community cohesion:

Although research in this area is lacking, results suggest that aspects of neighbourhoods, such as perceived safety and trust among neighbours, are associated with outcomes including physical activity rates[98], psychological well being[99] and self-rated health[100]. If we encourage our communities to grow together and promote inclusion across the life course, we can build healthy environments in which to age and reduce the health and wellbeing risks associated with poor community spirit.

96 Wilson DK, Van Horn ML, Siceloff ER, Alia KA, St. George SM, Lawman HG, Trumpeter NN, Coulon SM, Griffin SF, Wandersman A, Egan B. The Results of the "Positive Action for Today's Health"(PATH) trial for increasing walking and physical activity in underserved African-American Communities. Annals of Behavioral Medicine. 2014 Nov 11;49(3):398-410.

97 https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/later_life_uk_factsheet.pdf

98 Yen IH, Anderson LA. Built environment and mobility of older adults: important policy and practice efforts. Journal of the American Geriatrics Society. 2012 May;60(5):951-6.

99 Greenfield EA, Oberlink M, Scharlach AE, Neal MB, Stafford PB. Age-friendly community initiatives: Conceptual issues and key questions. The Gerontologist. 2015 Mar 16;55(2):191-8.

100 Norstrand J, Chan KT. The relationship between health and community across aging cohorts. Journal of aging research. 2014;2014.

Policies to support an ageing workforce:

Taking a collaborative approach to support healthy ageing will acknowledge that members of the ageing population can still be economically active. Enhancing workplace policies to address issues which may face older employees - such as menopause and andropause, long term health conditions and stepped retirement - can encourage employees to continue working and feel more valued within their workplace. In addition, wider policies affecting the health and wellbeing of the community should consider the effect on those in the older age brackets.

Supporting carers:

As adults live longer, and with long term conditions, it is inevitable that a number of our ageing population will take on caring responsibilities; for spouses, older family members and children. Caring responsibilities can add to health and wellbeing issues already experienced in older age including mobility, mental well being and financial difficulties. An understanding of the needs of carers and the provision of policies, support and activities which will facilitate healthy ageing in older carers is key.

Providing training around key issues:

As part of initiatives to develop age-friendly communities, training and awareness in age-related issues is vital to promote an inclusive environment. Dementia friendly communities which enable independence promote understanding are positive additions to the area. An awareness of loneliness and common mental health conditions can support individuals to check on others, stimulating interactions and contributing towards a reduction in associated illnesses, for example winter ailments.

Ageing Well in Northumberland

As well as the new Empowering Communities project, Ageing Well is a programme designed to support the rich diversity of rural and urban populations and increasingly ageing population we have here in Northumberland. Ageing Well is a positive approach to planning and working with local people to ensure Northumberland is a good place to grow older. It seeks to promote the health and wellbeing of older people within local communities while valuing the skills, experience and energy people offer. Ageing Well is coordinated and delivered by the Involvement and Service Development Team and the Integrated Wellbeing Service of Northumbria Healthcare NHS Foundation Trust. The team delivers a comprehensive training programme to professionals working with older adult and provide healthy lifestyle advice and checks to older people directly. The team also works with individuals and existing local community groups helping to link local activity, initiatives and people to quality public service advice and information around health, wellbeing and social support.

Ageing Well Network

The network is a thriving, county-wide information network of public and voluntary sector organisations with a common interest in promoting wellbeing in later life; helping the community and individuals to keep active, connected and well. Membership exceeds 80 groups, organisations, specialist workers or team representatives and frequently shares information and updates on work in the area.

Ageing Well Conference

The third Ageing Well Conference took place in May 2019 and was well attended and well received. The day provided a mixture of speakers and interactive sessions, as well as an information exchange for delegates.

Ageing Well Allies

The Allies are a group of trained individuals who are confident in providing advice around key public health and social care messages, safeguarding issues and carer lifestyles. This enables them to confidently signpost older people to the relevant advice and services; ultimately helping people to maintain control and make the changes they can to improve their health and wellbeing. There are over 240 Allies across the county.

The Importance Of Place

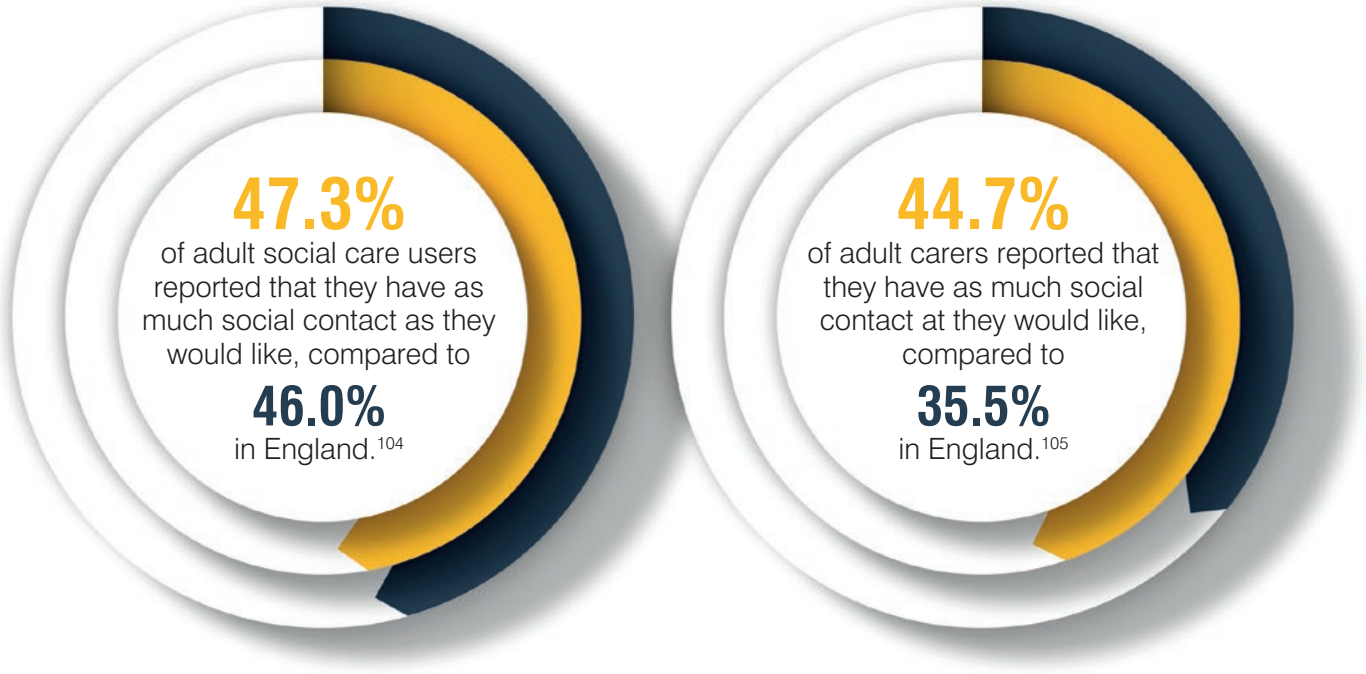
Author Dr Jim Brown, Consultant in Public Health

The importance of place - social relationships and networks for wellbeing and health

Our social relationships and networks have a key role in determining our mental wellbeing, and have a major impact on our physical and mental health. People with adequate social relationships have a 50% higher likelihood of survival compared to those with poor or insufficient social relationships.[101] So being connected has the same wellbeing benefits as not smoking and greater wellbeing benefits than being physically active (compared to being inactive) or having a healthy weight (compared to being overweight). Being part of a social network gives a sense of purpose to life, increases self-esteem and feelings of control, and helps people to be more resilient to life's stressors, promoting good mental wellbeing.[102] Good mental wellbeing also increases our capacity and motivation to choose healthy behaviours.

What does this look like in Northumberland

In Northumberland, we have a long history of connected, resilient communities. In the most recent Residents' Survey in 2015, 76% of respondents said they feel they belong to their area.[103] Just over half of residents (52%) agreed that local people pull together to improve things in the area. However, only a minority (29%) agreed that they can influence decisions which affect the local area.



101 Holt-Lunstadt J, et al. Social relationships and mortality risk: a meta-analytic review. Plos Medicine 2010;7(7). www.plosmedicine.org doi:10.1371/journal.pmed.1000316

102 Foot J, et al. (2012) What makes us healthy? The asset approach in practice: evidence, action, evaluation. http://www.assetbasedconsulting.co.uk/uploads/publications/wmuh.pdf

103 https://www.northumberland.gov.uk/NorthumberlandCountyCouncil/media/Northumberland-Knowledge/NK%20people/Resident%20Insight/Northumberland-CC-Residents-Survey-Report-January-2016.pdf

104 Adult Social Care Users Survey, 2015/16 https://fingertips.phe.org.uk

105 Personal Social Services Carers survey, 2016/17 https://fingertips.phe.org.uk

Numerous studies have shown that participation in volunteering is strongly associated with better health, lower mortality, better functioning, greater life satisfaction, and a lower risk of depression.[106]

In Northumberland, one in four residents are involved in regular formal voluntary work with groups, clubs and organisations in the local area.

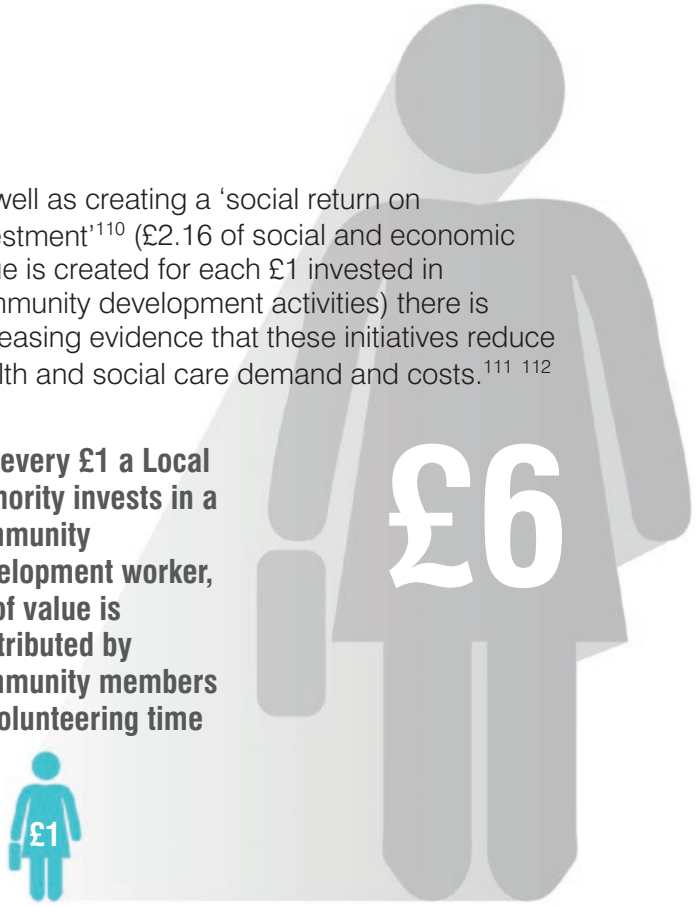
Residents are more likely to do regular informal voluntary work through help they give to someone who is not a relative (35%), although this figure has fallen since 2012 (down from 40%). This could be anything from cutting a neighbour's grass to doing their shopping.

In spite of these positives, there are inequalities in levels of involvement, social support and connectedness. In the 2015 Residents Survey, residents in South East Northumberland were less likely to say that they feel they belong to the area, feel able to influence decisions, or agree that local people pull together compared to other parts of Northumberland. The Marmot Review reported just under a fifth of people (19%) living in the most deprived areas of England have a severe lack of social support and around a quarter (26%) have some lack, compared to 12% and 23% in the least deprived areas.[107]

Initiatives which engage and involve communities increase social connections, social support, mental wellbeing and health behaviours. [108] [109] They tend to be most effective when residents are involved in both the planning and delivery of activities and initiatives are developed based on local priorities, contexts and needs.

As well as creating a 'social return on investment'[110] (£2.16 of social and economic value is created for each £1 invested in community development activities) there is increasing evidence that these initiatives reduce health and social care demand and costs.[111] [112] [113]

For every £1 a Local Authority invests in a community development worker, £6 of value is contributed by community members in volunteering time



106 South J, et al. (2015) A guide to community centred approaches for health and wellbeing. PHE publications gateway no. 2014711. https://www.gov.uk/government/publications/health-and-wellbeing-a-guide-to-community-centred-approaches

107 Marmot M, et al. (2010) Fair Society, Healthy Lives. The Marmot Review. http://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review

108 Milton, B. et al. The impact of community engagement on health and social outcomes: a systematic review. Community Development Journal 2012;47(3):316–334

109 O'Mara-Eves A, et al. Community engagement to reduce inequalities in health: a systematic review, meta-analysis and economic analysis. Public Health Research 2013; 1(4).

110 nef consulting. Catalysts for community action and investment: A Social Return on Investment analysis of community development work, based on a common outcomes framework. Executive Summary. Community Development Foundation, 2010

111 Knapp M, Bauer A, Perkins M, Snell T. Building community capital in social care: is there an economic case? Community Development Journal. 2013;48(2):313-31.

112 British Red Cross (2012). Taking Stock. Assessing the value of preventative support.

113 PPL Consulting. Realising the Value: Impact and cost: Economic modelling tool for commissioners https://www.nesta.org.uk/publications/impact-and-cost-economic-modelling-tool-commissioners

Asset-based, community-centred approaches to improving wellbeing and health

Asset-based, community-centred approaches recognise that many of the solutions needed to improve health and wellbeing and reduce health inequalities, can be found within communities. They value resilience, strengthen community networks, and recognise local expertise, skills, knowledge and potential. They have been described as a **'family of community-centred approaches'** across four strands: see diagram.[114]

These approaches have gained prominence nationally and have been advocated by the National Institute for Health and Clinical Excellence (NICE),[115] NHS England,[116] and in the national Loneliness Strategy.[117]

114 Public Health England. Health matters: community-centred approaches for health and wellbeing. 28 February 2018. https://www.gov.uk/government/publications/health-matters-health-and-wellbeing-community-centred-approaches/health-matters-community-centred-approaches-for-health-and-wellbeing

115 NICE. Community engagement: improving health and wellbeing and reducing health inequalities. NICE guideline [NG44] Published date: March 2016.

116 NHS England. Five Year Forward View. October 2014.

117 Department for Digital, Culture, Media and Sport. October 2018. A connected society: A strategy for tackling loneliness – laying the foundations for change. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/750909/6.4882_DCMS_Loneliness_Strategy_web_Update.pdf

Social prescribing in Northumberland

One example of an asset-based approach that is being embraced by the NHS is referred to as 'social prescribing'. The first thing to say is that the concept is nothing new - health and social care professionals have been taking a social prescribing approach for decades. Social prescribing is a way of linking patients with sources of support within the community, for example advice on employment, housing and debt or befriending, volunteering and physical activity opportunities.[118] Social prescribing may be done by a healthcare or other frontline professional with a patient or client, but more usually involves a link worker having a discussion about what alternative support might be available in the community to improve the outcomes that are important to them, and then supporting the individual to access those resources.[119]

Social prescribing schemes have been shown to improve health and mental wellbeing, and reduce feelings of loneliness and social isolation. As with other asset-based approaches, there is increasing evidence that social prescribing reduces the number of GP consultations needed (by an average of 28%).

There are several mechanisms for social prescribing in Northumberland:

Support Planners

Work within social care and with people who have lower level needs to find information, advice and support through networks and activities in the community to keep people independent in their own homes and communities and prevent them from needing services (health and social care) for as long as possible. This could be anything from a weekly phone call through a befriending scheme to participating in a group building a skiff.

Practice Care Navigators

These are receptionists in general practices who have been trained to identify and address social issues that may be causing frequent GP consultations; refer or signpost to other organisations, services or community groups to ensure patients access the services and support they require; communicate identified issues and needs to the multidisciplinary team; and link with local support planners and the Single Point of Access in order to maintain knowledge of local services and providers, how to access them and how to support the maintenance of an up to date directory of services.

118 Bickerdike L, Booth A, Wilson PM, et al. Social prescribing: less rhetoric and more reality. A systematic review of the evidence. BMJ Open 2017;7:e013384. doi:10.1136/bmjopen-2016-013384

119 Polley M, et al. A review of the evidence assessing impact of social prescribing on healthcare demand and cost implications. 2017:University of Westminster. Downloaded from: https://docs.wixstatic.com/ugd/14f499_75b884ef9b644956b897fcec824bf92e.pdf

In addition, Northumberland Community Voluntary Action provides vital information, advice, training and support to volunteers and local voluntary and community groups in Northumberland.

The new Locality Coordinators are mapping the 'assets' in the community and are enabling people to come together to support each other and to take action on local issues - see box.

The Northumberland Integrated Wellbeing Service is also supporting community groups and helping new groups to establish in order to increase individuals' control over their health and lives as a strategy for mental and physical health improvement.

The Empowering Communities project: Locality Coordinators

As part of the move towards community-centred, asset-based approaches in Northumberland, Northumberland County Council Public Health and Northumbria Healthcare NHS Foundation Trust have appointed a Locality Coordinator in each of the five Local Area Council localities. Embedded within voluntary and community sector or not-for-profit organisations, the Locality Coordinators are going out to meet people in their local communities to hear about their priorities and needs. They are finding out about and 'mapping' the community assets in their localities - the knowledge, skills, connections, groups, networks, activities and services.

They will help to create or maintain the networks and systems to link people to activities in their communities and enable people to come together to support each other and to take action on local issues.

Where necessary, small grants will be available to support activities in the community. Recognising the diversity in Northumberland and that different localities will have differing needs and priorities, the grants may be small ('micro-grants') to enable groups to start up or develop, or slightly larger to support ongoing community development and community navigation.

CASE STUDY

06 Being Active Matters Mind and Body

Being Active Matters Mind and Body - is an example of a more formal social prescribing scheme which is being delivered in Northumberland.

'Being Active Matters - Mind and Body' is a three-year project that will see Talking Matters (part of the Mental Health Matters charity) recruit a volunteer workforce to help adults with mental health issues to take up a sport or physical activity. Two Volunteer Coordinators are recruiting and managing a team of volunteers. The volunteers support adults of all ages referred by Talking Matters or their GP, providing one-to-one support to participate in a sport or physical activity.

There is a growing body of evidence that being physically active is good for your mental wellbeing as it can help recovery, build resilience and sustain good mental health. However, that first step to becoming physically active can often be the hardest; particularly for individuals who may be anxious, lack self confidence, worry about meeting new people or have other concerns such as their body image or level of fitness. Supporting individuals on a one-to-one basis, at a pace that suits them, the volunteers help them identify an activity that is right for them. Working together the volunteer will then assist them to overcome any barriers to participation. The project, supported by Sport England and the County Council, is also helping to raise mental health awareness amongst sports clubs and activity providers.

Recommendations

Improving mental health and wellbeing in Northumberland

Recommendations - Improving mental health and wellbeing in Northumberland

There's a good deal going on to promote good mental health, prevent mental illness and to support those with existing mental illness but there is so much more we could do. So a small number of key recommendations have been identified which we think are achievable and measurable and which could have a significant impact on the mental wellbeing of our population. These are:

01 Develop an ACE Aware Northumberland plan

Our increasing understanding of the impact that adverse childhood experiences have across the life course means that this is an area where we must take further action. Some of the things we could do include:

- Raising awareness of ACEs and their cumulative impact on health and wellbeing across health and social care, the wider public sector and communities; and
- Think about how we embed routine enquiry about adverse childhood experiences in assessment by practitioners.

02 Support all schools to adopt whole-school approaches to promote mental health and wellbeing

Schools are crucial sites for promoting mental health and wellbeing and resilience. Helping children to flourish, learn and succeed can't be done effectively by just focusing on pupils; it requires a whole school approach that includes support for staff too, working across the curriculum and with governors, parents/carers and the community. Taking a universal approach to interventions to improve mental health and wellbeing achieves the optimal impact, developing the wellbeing and resilience of everyone with targeted support for those who have or who are at risk of mental health problems. This requires commitment from senior leaders, staff development and a supportive culture. Every school should prioritise this as an action.

03 Prioritise mental wellbeing in the workplace as part of the North East Better Health at Work Award

Local initiatives such as the North East Better Health at Work Award support businesses to understand the benefits of improving wellbeing and realise the benefits of a healthy workforce. Progress in this area will help to tackle some of the underlying issues which can inflict large costs on businesses and the local economy, as well as creating a wider public health benefit. The public sector is ideally placed to become an exemplar.

Better Health at Work Award - 10 years at the heart of workplace wellbeing

04 Grow initiatives which increase social connectedness

Social connectedness is one of the five steps that can be taken to improve our wellbeing but it's as important in developing community resilience as it is for individuals, and loneliness is something which affects all age groups. As commissioners and providers of services, communities and individuals there is an action for us all to take every opportunity to identify loneliness in ourselves and others and make those connections which are so important.

05 Make a cross sector commitment to prevention through the Prevention Concordat for Better Mental Health

The Prevention Concordat for Better Mental Health is a national initiative aimed at encouraging local organisations to make a shared commitment to promote a cross-sectored approach to improving the public's mental health through preventative measures. The concordat is intended to provide a focus for action to deliver a tangible increase in the adoption of public mental health approaches across local authorities, the NHS, public, private and voluntary, community and social enterprise (VCSE) sector organisations, educational settings, employers and people with lived experience of mental health problems. This should be lead by Northumberland's Health and Wellbeing Board.