

Appendix 3. Update on Emotional Wellbeing (including mental health) for the Health and Wellbeing Board. Clare Mitchison, Public Health Specialist, Brighton and Hove City Council September 2014

1. Why was emotional wellbeing identified as a priority for Brighton & Hove?

1.1 Mental ill-health is very common: one in four people experiences a mental health problem at some point in their lives.

1.2 For many years, Brighton & Hove has had higher rates of mental illness than the national average. At the start of the strategy:

- The city had a higher prevalence of people (1.1%) on a GP register for severe mental illness than the average for England (0.8%). In 2011-12, 3,335 people (all ages) were included on these registers. Severe mental illness includes schizophrenia and other psychoses, and bipolar disorder.
- In 2011-12, 12.69% of people aged 18 years and older (31,044 adults) were included on a GP register for depression; the figure for England was 11.68%.¹
- Rates of hospital admission following self-harm were around double the national rate, and rising for young people.
- Suicide rates have also been higher than average for many years. In the three years from 2009-2011, the standardised rate for deaths from suicide and injury undetermined for Brighton & Hove residents was 11.1 per 100,000. This is 41% higher than the rate for England of 7.9 per 100,000.

1.3 Emotional wellbeing was measured nationally for the first time by the government in 2012, giving us robust comparative data. Brighton & Hove residents reported slightly higher than average levels of emotional wellbeing in the first survey published in July 2012.

1.4 The government's national strategy for mental health *No Health without Mental Health* gave a strong message about the importance of mental health, including 'parity of esteem' between the importance of physical and mental health.

2. New activity since the start of the Health & Wellbeing Strategy

Our key actions for emotional wellbeing and mental health in September 2013 were:

1. Map current activity in Brighton & Hove against the recommended actions in the Implementation Framework for No Health Without Mental Health;
2. Develop an all-ages mental health and wellbeing commissioning strategy;
3. Engage local people about happiness and wellbeing, focussing on the Five Ways (Connect, Be active, Take notice, Keep learning, Give).

¹ Health and Social Care Information Centre. Indicator Portal: Compendium of Population Health Indicators [online]. Available at: <https://indicators.ic.nhs.uk/webview/> [Accessed 2013 May]

The strategy

Over the last year, the council and CCG have worked together on the development of *Happiness: Brighton & Hove Mental Health and Wellbeing Strategy*. This document was presented to the July 29 meeting of the Health & Wellbeing Board. The strategy takes an all-round approach covering prevention of mental ill health, and promotion of happiness and wellbeing, as well as the development of services that are specifically shaped and commissioned for mental health. It includes all ages. The strategy has looked to innovative ways of bringing together resources, ideas and support for improving the happiness of our residents, including arts and culture, gardening, cooking and eating, sports and walking and workplace health. A network of Happiness Champions and an innovation fund will help to support this work.

Mapping progress

Progress against the Implementation Framework for No Health without Mental Health was mapped as part of the development of the strategy. Equally important was a wide consultation with groups identified as vulnerable in No Health without Mental Health and with the wider public, which sought to identify gaps in services and recommendations for improvement.

Happiness & the Five Ways

Happiness Champions have been recruited as part of the strategy development, and their engagement has already led to:

- A debate at the Brighton & Hove Economic Partnership on happiness in the workplace;
- A 'happiness map' developed as part of the Brighton Festival in 2014;
- A network meeting for Green and Growing providers, leading to ongoing work on evaluating the impact of green projects on mental wellbeing, facilitated by Brighton University.

The Five Ways approach has received considerable publicity over the past year:

- Through the consultation on the strategy – each of the 26 consultation meeting included gathering views (and therefore informing participants) on the Five Ways;
- The public survey as part of the consultation was focussed on people's views about the Five Ways – we had 835 responses;
- The strategy includes a commitment to promoting the Five Ways, including development of a web section to provide more information about opportunities to practice them.

In addition, the Five Ways were the focus of an arts programme commissioned from The Basement in support of World Mental Health Day in October 2013.

2. Detailed proposals and CVS forum recommendations to fill gaps

2.1 'What we can do to make a difference'

Our proposals in this section of the strategy included:

- Shift the balance of spend towards prevention and early intervention;

- Take a city wide approach to promotion of mental wellbeing;
- Develop better services for people with dual diagnosis, for the transition between children's and adult services and for families where a parent has a mental health condition;
- More priority for mental health and integration into other services including physical healthcare.

2.2 CVS forum - gaps identified

The CVS forum identified the following gaps, many overlapping with those we had identified:

- A need for resilience services and community based services;
- A joined-up, integrated approach to commissioning, especially for those with more complex problems such as dual diagnosis;
- Further integration of physical and mental health services;
- Better physical care for those with serious mental illnesses;
- Improvement of transition between child and adult services;
- Gaps in services for some high risk groups including people with learning disabilities, prisoners' families, people isolated in their own homes, people with HIV, young men.

The strategy addresses many of these issues. It includes commitments to:

- Develop a city wide network of champions to promote mental wellbeing in the arts, workplaces and a range of other services.
- Fund a variety of innovative approaches to prevention and promotion of wellbeing.
- Promote joined up services and improve access to information for service users and professionals.
- Identify gaps in provision for high risk groups and work towards filling these.

Transition from children's to adult services

The strategy includes a commitment to develop a care pathway to ensure more effective transition. It also includes a commitment to improve young people's experience of CAMHS.²

The CCG has developed a perinatal mental health pathway that combines maternity, obstetric and mental health resources through the antenatal and postnatal period. More effective links between adult and children's commissioning and services will enable the impact of mental ill-health in parents on children's development to be minimised.

Dual diagnosis

An action plan for improving services for people with both substance misuse and mental health problems has been developed and significant progress has been made. For example, a universal screening tool has been piloted and is now being rolled out; shared

² See action plan numbers 20, 21

care planning is being piloted; and the recommissioning of substance misuse services will provide a more integrated service. The strategy refers to this work.³

Physical health for people with severe mental illness

The Rethink report, *Lethal Discrimination*, on poor health outcomes for people with severe mental illness emphasised the need for action. The strategy’s action plan summarises our plans to address this.⁴ Better physical healthcare and screening by GPs is incentivised by the local SMILES scheme, which has been running for several years.

3. Update on outcomes

Brighton & Hove continues to have higher than average rates of mental illness and around or below average rates for self-reported wellbeing.⁵

In 2012-13, one year on from the data quoted in the initial strategy:

- Brighton & Hove prevalence of people on a GP register for severe mental illness has remained the same, at 1.1%. This is higher than the average for England (0.8%).
- There has been a national fall in prevalence of depression recorded on GP registers, but the rate for Brighton & Hove is still significantly higher, at 7.3% of the population aged over 18, compared to 5.8% in England.
- Similarly, the proportion of local residents reporting anxiety or depression in a GP survey is 15.2% in Brighton & Hove, compared to 12% across England; 7.1% of local residents report a long term mental health problem in the same survey, compared to 4.5% nationally.
- Rates of hospital admission following self-harm are still more than double the national rate.
- Suicide rates remain higher than average, but the gap between the national and local rate is closing. For the three years from 2010-2012, the standardised rate for deaths from suicide and injury undetermined for Brighton & Hove residents was 11.3 per 100,000, compared to 8.5 per 100,000 for England.

The outcomes listed below were those cited in the strategy, where updated information is available.

Measure	Local rate
Improved ONS subjective wellbeing scores	No significant difference for <ul style="list-style-type: none"> • Happiness yesterday • Life satisfaction • Worthwhileness of things done

³ See action plan number 9

⁴ See action plan number 15

⁵ <http://fingertips.phe.org.uk/profile-group/mental-health>



	Significantly higher rate for <ul style="list-style-type: none"> Anxiety yesterday
Better emotional wellbeing of looked after children	Local 'difficulties score' is slightly above average at 15.2 compared to 14.
Reduced hospital admissions for self harm	The rate per 100,000 of emergency admissions following self-harm is almost double the national average.
Increased employment for people with mental illness	35% are in employment, close to the national average.
Increased settled independent accommodation for people with mental illness	58% are in 'stable and appropriate accommodation'. This is near to the national average.
Improved outcomes for psychological therapies	The proportion of patients moving towards recovery having completed IAPT treatment is a little lower than average at 42% compared to 46%.
Reduction in premature death for people with serious mental illness	The standardised mortality ratio for people under 75 years with a severe mental illness is not significantly different to the national average.
Reduction in suicide rate	The local rate is significantly higher than for England, but falling relative to the average.

4. Proposals for the future

The action plan for the strategy sets out our plans for the first year, from August 2014 to July 2015. The strategy has a life of three years, and the action plan will evolve with time. An annual review of progress will be brought to the Health & Wellbeing Board.