Strategy for Promoting Mental Health and Wellbeing in Islington

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SUMMARY - Promoting Mental Health and Wellbeing in Islington

"Mental health for each person is influenced by experiences in everyday life, in families and school, on streets, and at work. The mental health of each person in turn affects the health of the community." **(World Health Organisation, 2004)**

Our mental health is one of the most important and precious resources in life, affecting our personal, social and economic lives and wellbeing, and deserves to be developed and nurtured. We want to promote better mental health in Islington to improve the quality of people's lives and to make the borough a better and healthier place to live for all of our community.

To do this, we need to ensure that we plan and provide services that not only treat or respond to needs when people have mental health problems, but which help to keep people healthy, promote independence, help people to flourish and fulfil their potential, cope with challenges and contribute to people's sense of wellbeing.

This cannot simply be an NHS task. The opportunity and responsibility for working together to improve mental health and wellbeing needs to be shared across all partners and communities in Islington.

Promoting Mental Health and Wellbeing in Islington is a long term strategy that sets out proposals to transform how we think about and respond to mental health needs, emphasising the importance of building and promoting good mental health for everyone within the context of everyday life.

What we mean by mental health and wellbeing (Chapter 2)
Mental health is not simply the absence of mental health problems, but a much broader concept incorporating positive characteristics that shape the individual and the community. Wellbeing describes the activities and feelings that contribute to a sense of fulfilment, satisfaction with life and a good quality of life. Good mental health helps to protect against the risk of mental health problems.

"There is more to good health than just a physically healthy body: a healthy person should also have a healthy mind. A person with a healthy mind should be able to solve the various problems faced in life, should enjoy good relations with friends, colleagues at work and family, and should feel spiritually at ease and bring happiness to others in the community. It is these aspects of health that can be considered as mental health." (Patel 2003).

Mental health promotion (Chapter 3)
Mental Health Promotion builds skills and environments that are proven to protect and promote better mental health and wellbeing. It is based on the principle that everyone has mental health needs and deserves to be mentally healthy and live life to the full. It helps to:
- protect against mental health problems and prevent suicide
- tackle the stigma and discrimination associated with mental health problems
- support people, organisations and communities to realise more of their potential and flourish
- improve a range of social, economic and health outcomes, and
- contribute to a greater sense of satisfaction and wellbeing.

Mental health promotion activities and programmes involve work across the community. Activities and programmes include:
- promoting understanding among the wider population of the importance of mental health and ways to increase and maintain their mental health and wellbeing, particularly with regard to:
  - educating people about good mental health
  - how to access help and support, and
  - building better coping skills and resilience
- promoting early access to effective services
- acting on those social, economic and environmental factors that affect our mental health, creating mentally healthy settings in schools, workplaces and neighbourhoods.

Factors that can affect mental health and wellbeing (Chapter 4)

Mental health promotion interventions are designed to improve mental health and other health, social and economic outcomes by:
- reducing or minimising **risk factors** that may adversely affect mental health
- promoting **protective factors** that build and enhance good mental health.

As the box below shows, factors relate to individuals, households, communities and society as a whole.

Risk factors include:	Protective factors include:
- Recent adverse or challenging life event - Family conflict - Inconsistent parenting - Marital instability - Overcrowding - Friend(s) engaging in problem behaviours - Low attachment to one's community, school, family and workplace - Alcohol and drug use, including parental misuse for children - Discrimination, including racism, homophobia and ageism - Social exclusion - Deprivation and unemployment - Poor diet, smoking - Past history of mental ill health; traumatic experiences - Work-life imbalance; 'high demand, low control' jobs	- Good self esteem - Positive attachment with an adult for children - Good problem solving skills - Ability to seek help and support - Supportive housing environment - A culture of cooperation and tolerance between individuals and between institutions and diverse groups in society - A sense of belonging to one's family, school, workplace or community - Good relationships within and outside the family - Positive achievements - Stability - Community safety - Well maintained neighbourhoods and access to green space - Opportunities to engage in meaningful work-related and voluntary activity - Connection to the spiritual and/or natural world - Open access to religious, political and cultural affiliation

Levels of need in Islington (Chapter 5)

Mental health needs are influenced by a range of demographic, social, economic and environmental factors. Islington has relatively high levels due to:
- population characteristics (e.g., more young adults, greater diversity, people living with long term conditions, refugees and asylum seekers),
- neighbourhoods (e.g., community safety, quality of local environments, housing) and
- socioeconomic deprivation (e.g., worklessness, households living in poverty, overcrowding, homelessness)

What works to promote and protect mental health? (Chapter 6)

Many countries have implemented Mental Health Promotion activities and programmes with good results. Some of the long-term outcomes of embarking on mental health promotion programs include:

- building positive resources in the community, e.g. accessible support, people supporting others, sign posting, initiatives to improve mental health and wellbeing in settings such as schools, neighbourhoods and work places
- improving quality of life
- reducing the severity of mental health problems and preventing future illness
- reducing suicide

The Mental Health Promotion strategy brings together evidence about mental health promotion including examples of successful programmes from other countries. Successful Mental Health Promotion programmes create:

- good awareness of Mental Health Promotion and its outcomes, for example, through education and briefings among leaders of local organisations
- high level organisational support and commitment to the Mental Health Promotion agenda across the community reflected in policies, programmes, activities and funding
- strong partnerships, with a shared understanding and commitment to building better mental health and wellbeing, and of the contribution each can make to improving mental health.
- evidence-based programmes designed, delivered and evaluated to meet key needs and outcomes
- capacity within organisations and communities to promote mental health, working in partnership.

Our objectives for improving mental health in the borough (Chapter 7)

The goals of mental health promotion are set out through 5 core objectives. These form the basis of our proposed Delivery Plan.

Objective 1. Build good mental health in Islington through community partnerships.
Objective 2. Raise awareness about mental health.
Objective 3. Decrease stigma and discrimination and promote social inclusion.
Objective 4. Encourage people and services to recognise and respond to problems early.
Objective 5. Prevent suicide.

A delivery plan to help achieve improved mental health and wellbeing (Chapter 8)

Our Delivery Plan shows how we hope to work towards a mentally healthier Islington through:

- mental health campaigning to address stigma and discrimination, designed to raise awareness of mental health and mental illness and to decrease social exclusion and discrimination
- training initiatives and programmes to help people understand the early warning signs of mental health problems, seek help early and build resilience
- offer training with staff in local services, including the community and voluntary sector, to raise awareness about mental health problems and how to support people who have mental health problems in their everyday life
- community activities which encourage people to stay connected and get to know their local community
- promoting mental health in schools through the classroom and the overall school environment
- promoting resources, such as fact sheets, to raise awareness about simple steps that people can take to have good mental health

- action to support earlier access to help when people develop problems
- joined up working across the community to enable services to consider mental health needs and promote better mental health when they plan and go about their everyday work

The time frame
Promoting mental health across the community is a long term task and will involve a lot of work. We will aim to lay the foundations for mental health promotion in the first year through a campaign, training and some targeted activities.

How we will be doing it
Our work will be a combination of broad community activities and smaller targeted activities, as well as working through existing planning and commissioning structures to promote access to services and support that build good mental health and early access to help when it is needed. Work on stigma and discrimination will be important throughout, since we know that defeating stigma and increasing awareness of mental health is a powerful way of promoting mental health. At the same time, we need to work with vulnerable groups through existing programmes and structures to help meet their mental health needs better.

The strategy is available electronically at: www.islingtonpct.nhs.uk.

1	Introduction – the purpose of this strategy

At some stage in our lives, we are all likely to experience or be affected by mental health problems. In Islington, we estimate there are about 35,000 people in the community with mental health problems during any week, about 1 in 5 people in the borough. The effects on the social, emotional and economic wellbeing of individuals, households, organisations and communities are far-ranging.

Last year, Islington's Annual Public Health Report was on *Promoting Mental Health in Islington* aimed to raise awareness about the need not only to treat and support people when they are ill, but also to keep people and communities healthy, independent and with a sense of wellbeing.

Mental health promotion offers the opportunity to build the skills, services and environments that support good mental health. This enables people, organisations and communities to realise more of their potential and flourish, improves outcomes and contributes to a greater sense of satisfaction and wellbeing in our lives. It helps to protect against mental health problems, and encourages people and services to recognise and respond to problems early on if problems do develop.

This draft strategy follows on from last year's report. The strategy was developed by Islington Primary Care Trust's Public Health team working with stakeholders from the Mental Health Local Implementation Team and the Islington Strategic Partnership's Health and Older People Partnership Board.

The main aim of this strategy is

To enhance the mental health and wellbeing of people living in Islington and prevent mental health problems and suicide.

The rest of this strategy sets out what we mean by mental health and mental health promotion, the need for action and what we can do to help improve mental health and wellbeing in the borough in order to achieve this aim.

Mental health is often thought of as a health issue, but it is not an area that the PCT, primary care or specialist services can tackle on their own, though they all have an important role to play. A particularly important message that runs through this report is the need for action across partnerships to raise awareness, promote self-help and help-seeking, tackle stigma and promote inclusion to meet the diverse and varying needs of our community.

If we are to succeed in improving mental health and wellbeing, this must be a shared endeavour with common understandings and goals. As the World Health Organisation (2004) states:

> "Mental health for each person is affected by individual factors and experiences, social interaction, societal structures and resources, and cultural values. It is influenced by experiences in everyday life, in families and school, on streets, and at work. The mental health of each person in turn affects life in each of these domains and hence the health of a community or population." (WHO 2004)

10 reasons why mental health promotion matters in Islington

Mental health is one of the biggest causes of misery in our society, at least as important as poverty.

Mental health problems cost people, public services and businesses in Islington almost £500 million a year. It is a major source of social and economic inequality.

Islington has one of the highest estimated needs for specialist mental health services in the country.

35,000 people in the borough are experiencing mental health problems at any one time. This is one of the highest burdens of mental health problems in the country.

Mental health problems are an important contributor to ill health and early death, including heart disease.

At least 1 in 3 GP appointments include a significant mental health component.

50% of people on incapacity benefit – almost 6,500 people in the borough – have a mental health problem (more people than unemployed people on Jobseeker's Allowance)

1 in 9 children aged 11 – 16 in Islington schools have a mental health problem.

Mental health problems are a major source of social, economic and health inequalities in the borough.

There is much we can do to promote good mental health and reduce mental health problems.

2	Mental Health and Wellbeing

2.1   What is Mental Health?

Mental health relates to how we think, feel and behave.

Mental health is not just the absence of illness: it reflects a person's optimum state of being. The World Health Organization describes it as:

> "a state of wellbeing in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community."
>
> (World Health Organisation, 2001)

Mental health is important because what we think and feel, and how we behave, affects our overall health and wellbeing and our quality of life. We all have mental health needs: from time to time in our lives we all have experiences that may be difficult to cope with, such as starting a new school, sitting exams, moving home, separation or bereavement or becoming unemployed; on occasion, we are all likely to feel anxious, stressed, worried or afraid. These needs are likely to change over time as we encounter new circumstances and challenges, and we can always acquire new skills and engage in new endeavours that can help to improve our mental health and wellbeing.

Good mental health involves the characteristics of having good self-esteem, resilience, good problem solving and coping abilities, good interpersonal skills and being engaged in the community in a way that promotes connectedness, reward and inclusion. It is often linked to a good sense of wellbeing, and there is increasing evidence that it is linked to better physical health.

There are a wide range of beneficial social and economic outcomes for communities and society associated with positive mental health, including more cohesive and harmonious community relationships, greater participation and involvement, greater levels of trust and tolerance, better engagement and outcomes in employment, education and training, and reductions in long term disability and ill health.

Poor mental health may be characterised by a range of difficulties and problems, ranging in severity and duration, and which may affect many areas of a person's life. This may include sleeplessness, feeling anxious, irritability, difficulties in relationships with others and in everyday activities, and a sense of alienation and isolation. These problems may be exacerbated by discrimination and stigma. Mental health problems can also affect physical health resulting in poorer physical functioning, the development of physical conditions and an increase in treatment costs.

Poor mental health can incur many costs to communities and society as a whole. The Sainsbury Centre for Mental Health estimated that mental health problems in England in 2002/03 cost a total of £77 billion in terms of health and social care costs, in productivity and output, and the human costs of ill health and disability. The human and economic costs are far higher than the costs of treatment and care.

Wellbeing describes activities and feelings that contribute to a sense of fulfilment, satisfaction with life and a good quality of life. It is often used synonymously with happiness, however wellbeing refers to how people view their lives as a whole, rather than about moment-to-moment emotions or feelings.

2.2   What influences mental health and wellbeing?

Mental health is determined by a combination of hereditary, genetic, environmental and individual factors. These can work individually or together to influence our mental health and wellbeing. Factors include our upbringing and families, important life events, the environment, housing, employment, education and our relationships and social networks. In order to promote good mental health and wellbeing, we need to identify and act on those factors that create risk to mental health and promote those that are protective.

2.3   Why is mental health and wellbeing important?

Mental health is important because of the scale of its impact upon individuals and communities and society's ability to function and potential to flourish. It is a major source of inequalities and misery for individuals, communities and society. Our mental health contributes to our quality of life which can be affected positively and/or negatively by the actions of the society and communities in which we live. Maintaining the wellbeing and positive mental health of communities is important to create a healthy and sustainable society:

1. We know that factors affecting our environment such as housing, access to green spaces or community services can contribute to mental health for better or for worse.
2. People who experience adverse factors can experience symptoms that reduce their ability to contribute socially and economically to the community in which they live, and to realise their own potential and quality of life.
3. These symptoms may affect people surrounding the individual, including families, friends and workplaces, and contribute to anti-social behaviour.

2.4   Social Exclusion and Mental Health

Individuals and communities experiencing stigma, discrimination and exclusion face barriers to engaging fully in society that affect their mental health and wellbeing. Among these are people who have spent long periods in custody or in the care of a local authority, the long-term unemployed, people with learning disabilities (who are at significantly higher risk of mental health problems and early onset of dementia compared with the general population) and people with mental health problems.

People from black and minority ethnic communities are adversely affected by institutional and individual racism. Research has indicated that racism and its effects are major contributing factors to the prevalence of mental health problems and affect mental health in two distinct ways: as contributors to anxiety, stress and low self-esteem as well as to feelings of helplessness and hopelessness and lack of control over external forces. Racism can also act as a barrier to accessing and receiving appropriate services, e.g. through communication difficulties from language differences, staff attitudes or harassment.

Lesbian, gay and bisexual and transgender people are adversely affected by harassment, stigma and discrimination. There is a heightened risk of mental health problems, which can be associated with increased risk taking in terms of health behaviours, and there is evidence of increased risk of suicide among younger people, linked to experiences of bullying and the process of coming out.

Individuals with symptoms of mental health problems may become isolated through not participating in the community as much as they would like, e.g. in work, voluntary or recreational activities. The stigma and discrimination of mental health problems may also act as a barrier to people seeking help or becoming involved in community activities. The involvement of people with mental health problems in mental health promotion can be one of the most effective ways of working to improve mental health and wellbeing, particularly in terms of promoting understanding and tolerance, addressing stigma and promoting inclusion.

Social exclusion, or excluding particular groups from participating, is detrimental to mental health. It needs to be addressed through mental health promotion programmes as well as through organisations' policies and Equality Schemes. Camden & Islington Mental Health and Social Care Trust, Camden & Islington Providers Forum and Islington Borough Users Group actively work to promote inclusion and better outcomes for service users and people with mental health problems.

2.5   Mind and Body

The mind and the body are inextricably linked – if the health and wellbeing of one is affected, so often is the other. Stopping smoking, physical activity, eating healthily and moderation in drinking are all associated with improving mental health and wellbeing, as well as better physical health. There is strong evidence of the link between depression and coronary heart disease and stroke, and increasing evidence pointing to the impact upon immune functioning. There is evidence that maintaining good mental health and a sense of wellbeing is associated with lower mortality, reduced risk of respiratory and infectious disease and greater independence in old age.

A recent national review of the physical health and wellbeing of people with serious mental health problems identified barriers to access to health services and significantly poorer physical health outcomes. People with serious mental health problems have significantly higher risks of long term physical illness and dying early, particularly from cardiovascular diseases, and are more likely to have a range of lifestyle risk factors for physical ill health, including smoking, less healthy eating and physical activity, and heavier use of alcohol.

Key Messages

This strategy recognises the need to enhance wellbeing across the full spectrum of mental health.

There is high need for enhancing wellbeing in Islington due to a number of risk factors that may contribute to the development of mental health problems.

Promoting good mental health and wellbeing is as important as promoting good physical health. Indeed, there is strong and growing evidence of the links between mental and physical health.

Mental health promotion can reduce the human, social and economic costs associated with mental health problems.

3	Promoting mental health and wellbeing – everybody's business

3.1 Defining Mental Health Promotion

The goals of mental health promotion aim to prevent or reduce mental health problems, and promote the characteristics that help us to flourish and which shape us as individuals and communities. These goals are exemplified by this quote:

> "There is more to good health than just a physically healthy body: a healthy person should also have a healthy mind. A person with a healthy mind should be able to solve the various problems faced in life, should enjoy good relations with friends, colleagues at work and family, and should feel spiritually at ease and bring happiness to others in the community. It is these aspects of health that can be considered as mental health."

> Patel, 2003

People often think about mental health promotion as being the province of health and social care services, but in fact opportunities for promoting better mental health and wellbeing are wide-ranging. Mental health promotion involves a range of approaches and interventions, based on an understanding of what increases the risk to people's mental health and what protects or builds good mental health. It seeks to minimise these risks and to promote protective factors.

Mental health is affected by many individual, social, and cultural factors, and the promotion of good mental health is not simply the province of health and social care services. It involves wide collaboration and partnership working across the community. Promoting mental health in the community involves attention to all aspects of living: individual health, housing and the environment, leisure activities, childcare, education, transport, community safety, among others. Research suggests that promoting good mental health in communities can lead to a more productive and higher functioning society and can be a protective factor in the context of social disadvantage.

There are multiple health, social and economic benefits associated with promoting a mentally healthy society.

3.2 What is Mental Health Promotion?

Mental health promotion is based on the principle that everyone in the community deserves to be mentally healthy and live life to their full capacity. While some people are predisposed to the development of a mental health problems, mental health promotion strategies also target people who are not showing risk signs. Everyone, whether healthy or ill, has the capacity to further enhance their mental health. This means that mental health promotion needs to be as accessible as possible to ensure that the wider population is able to benefit, in turn reducing the prevalence of the most frequent mental health problems, and supporting individuals and communities to help realise their potential and flourish.

Actions to improve emotional health and wellbeing and promote positive mental health include:

- educating the wider population in the importance of mental health and ways to increase and maintain their mental health and wellbeing, particularly with regard to:
- educating people about good mental health
- how to access help and support and
- how to build better coping skills and resilience
- promoting early access to effective services
- acting on those social, economic and environmental factors that affect our mental health.

Benefits of Mental Health Promotion
- Enhancement in or protection of mental health and wellbeing
- Reduction in stigma and increased awareness
- Links between mental and physical health reinforced, helping prevent physical as well as mental health problems
- Increased understanding and tolerance through education
- People empowered to improve their own mental health
- Identification of local services and support
- Prevention of mental health problems
- Impact of disorder on individuals and their households lessened
- Impact of the social and economic costs of mental health problems on individuals and communities reduced
- Reduction in suicide rates

Evidence indicates that to gain broad access to the general public and achieve the highest impact, mental health promotion:
- is best delivered at a community level by a range of organisations and in a range of different settings, and
- combines action at **individual**, **community** and **policy/structural** levels simultaneously for greatest effect.

Individuals: At an individual level, the aim is to educate people about mental health and to build emotional intelligence and resilience. Programmes are designed to strengthen a person's ability to identify and cope with stress, manage life-changing situations and equip them to fulfil a meaningful place within society. Skills in this area include communication, negotiation, maintaining positive relationships and parenting. Activities such as physical activity and exercise, volunteering, and relaxation can all help to promote a sense of wellbeing and promote mental health. Involving people with experience of mental health problems, particularly serious mental health problems, is important in actively shaping work to reduce stigma and promote inclusiveness.

Communities: To impact on communities, mental health promotion works to enable people to live and work together positively, for example through promoting social networks, social life and engagement and offering meaningful opportunities for participation in society. Examples include improving the local environment, community safety and promoting health in schools and work places, and neighbourhood design and improvement. They can involve individuals, community and voluntary sector groups and statutory services. People have the

opportunity to be involved and participate in how these develop and such schemes are accountable to local people.

Society: Policies, legislation and guidance that seek to eliminate discrimination and reduce inequalities can promote mental health. This includes interventions to reduce poverty; anti-discrimination measures; opportunities for meaningful employment; improved access to education; affordable housing and heath care; and strengthened support systems, particularly for the most vulnerable and at risk groups.

3.3	Suicide Prevention

The current target, established in *Saving Lives: Our Healthier Nation* (1998), is to reduce the death rate from suicide and undetermined injury by at least 20% between 1995/97 and the year 2010.

The *National Service Framework for Mental Health* (1999) is designed to contribute to suicide prevention through mental health promotion and treatment and service standards. The *National Suicide Prevention Strategy for England* (2002) sets out a range of actions to reduce suicide, with a particular focus on population-level work. Mental health promotion remains the cornerstone of preventing suicide, but there are a number of other specific actions set out in the national strategy:

- Reduce risk in key high risk groups
- Promote mental wellbeing in the wider population, including anti-discriminatory measures and promotion of social inclusion
- Reduce the availability and lethality of suicide methods
- Improve the reporting of suicidal behaviour in the media
- Promote research on suicide and suicide prevention
- Improve the monitoring of progress towards the target for reducing suicides

3.4	What does the promotion of mental health and wellbeing involve?

Over the past 20 to 30 years, research has significantly advanced our understanding of the factors that may either predispose individuals to greater risk of mental health problems or protect and support good mental health. This has enabled a shift in emphasis towards the promotion of positive mental health and intervening earlier, whereas in the past mental health promotion interventions were introduced *after* mental health problems were diagnosed with the aim of managing the condition.

Mental health promotion efforts can now be applied across the whole continuum of mental health – from enhancing wellbeing, building resilience and preventing the onset of mental health problems to limiting the impact and duration of mental health problems if they occur.

Health and social care services have traditionally focussed on the illness end of this continuum, but many countries are now beginning to focus more on what can be done to promote better mental health. In the UK, the *National Service Framework for Mental Health: modern standards and service models* (DH, 1999) outlined a new vision for mental health which includes standards for health and social care providers on mental health promotion and preventing suicide. Sustained efforts to reduce the burden of mental health problems are only likely to succeed through dual action on mental health promotion at the same time as ensuring the provision of accessible and responsive treatment and rehabilitation services

for mental health problems. The expectation within the national service framework is that health and social care services should increasingly promote mental health and wellbeing. The shift towards promoting mental health requires earlier intervention in primary care and community-based promotion efforts, so that help and support starts earlier with less ill health and better outcomes. Specialist mental health services remain vital for those with the most serious mental health problems, but reflect the increasing emphasis on supporting people to live their lives fully in the community, including supporting action on stigma and discrimination, wellbeing, and earlier intervention for better outcomes.

Why the shift to mental health promotion?

This new approach to addressing mental health needs has been underpinned by several important developments in recent decades:

● Compelling evidence that earlier interventions can reduce the severity and duration of illness and can protect against future ill health.
● The discovery that protective characteristics such as resilience, coping strategies and problem solving are not simply innate as previously assumed, and can be taught successfully with long lasting benefits.
● Increased management in the community of people with serious mental health problems, and the need to promote social inclusion.
● Increasing recognition of the extent of mental health need across society and how it impacts on us all.
● The relevance of positive mental health in contributing to community cohesion and social capital.
● The fact that increasing affluence has not led to improvements in mental health or wellbeing, while the failure to eradicate poverty continues to affect the mental health and wellbeing of many of the most vulnerable individuals, families and communities.

3.5 Mental health promotion in public policy

Mental health promotion is the first standard in the National Service Framework (NSF) for Mental Health, and is included within other NSF's for children and older people and other policy guidance. At a national level, mental health promotion has been found to be the least developed of the mental health NSF standards, as highlighted by the National Clinical Director for the Mental Health NSF in his report 'Mental Health NSF: Five Years On'.

Public health policy documents increasingly make reference to mental health promotion and wellbeing as being a key factor in overall health. *Choosing Health* (2004) suggests a three level approach for mental health promotion, which involves strengthening individuals, communities and reducing structural barriers. *Every Child Matters* and *Our Health, Our Choice, Our Say*, underline the importance of an approach to promoting mental health and wellbeing in the community.

There is increasing interest in the links between mental health and employment, with a major cross-government review of the issue expected in autumn 2007; building resilience among children and young people and their families; in promoting social inclusion and pro-social behaviour; and in the issue of improving wellbeing and quality of life. In recent years, an increasing proportion of this policy development has come through the Treasury or the Social Exclusion Unit and in the form of cross-government policy reviews.

Key needs, described in the national documents around mental health promotion, are:

- the role of the community in enhancing mental health and wellbeing
- the importance of the relationship between physical health and mental health
- the need to confront social exclusion of people with mental health problems, often focussing in on employment and housing
- the need to address stigma and discrimination

Despite these steps forward, there is much work to be done in promoting the value of mental health promotion and improving understanding of positive mental health among the general public, our workforce, decision-makers and other stakeholders.

Key messages

The scope for mental health promotion is extremely wide, giving substance to the view that mental health is everybody's business.

The activities taken to promote good mental health also serve to prevent mental health problems, and contribute to a wide range of other positive benefits, too.

Action to prevent suicide is an important part of our approach to promoting mental health and wellbeing.

Mental health promotion depends on shared action among different partners working towards common objectives.

4	Reducing risk and promoting protection

4.1   Risk and protective factors for promoting positive mental health and wellbeing

Mental health promotion interventions are designed to improve mental health and other health, social and economic outcomes by acting to reduce **risk factors** that may adversely affect mental health and promoting **protective factors** that build and promote good mental health.

Risk factors include:	Protective factors include:
• Recent adverse or challenging life event • Family conflict • Inconsistent parenting • Marital instability • Overcrowding • Friend(s) engaging in problem behaviours • Low attachment to one's community, school, family and workplace • Alcohol and drug use, including parental misuse for children • Discrimination, including racism, homophobia and ageism • Social exclusion • Deprivation and unemployment • Poor diet, smoking • Past history of mental ill health; traumatic experiences • Work-life imbalance; 'high demand, low control' jobs	• Good self esteem • Positive attachment with an adult for children • Good problem solving skills • Ability to seek help and support • Supportive housing environment • A culture of cooperation and tolerance between individuals and between institutions and diverse groups in society • A sense of belonging to one's family, school, workplace or community • Good relationships within and outside the family • Positive achievements • Stability • Community safety • Well maintained neighbourhoods and access to green space • Opportunities to engage in meaningful work-related and voluntary activity • Connection to the spiritual and/or natural world • Open access to religious, political and cultural affiliation

4.2   Risk factors

There are a range of important risk factors that may adversely affect mental health on an individual level, of communities or for society as a whole. The presence of risk factors does not necessarily mean that we will experience mental health problems, since as individuals and communities we respond differently to risk factors. For most people, though, these factors are likely to challenge their mental health and sense of wellbeing to at least some degree, and they increase the chance of mental health problems occurring.

Most research in this area has focused on characteristics and/or behaviours affecting the individual. Factors include incomplete or low level attainment in education, low self esteem stemming from poor parenting or neglect in childhood, social isolation, and poverty. Life changing events include unemployment, bereavement, financial difficulties, loneliness, relationship problems and experiencing violence or trauma. Experiences outside a person's direct control can also contribute, e.g. systematic bullying or harassment, discrimination, inadequate or poor housing or a long-term caring commitment.

As well as personal, social and environmental factors, mental health problems may also stem from physiological causes such as brain infections, physical illnesses, and in some cases family history is a risk factor.

Some individuals or groups in the community may be more at risk of developing mental health problems due to their range of risk factors. In general, the more risks, the greater the likelihood of mental health problems.

4.3   Protective factors

This is now a major field of study within the disciplines of positive psychology and mental health promotion, linked to advances in neuroscience and epidemiological research methods. Our understanding of protective factors is largely based on studies of why people can experience the same life changing events and yet their ability to respond to them may be entirely different. Increasingly those factors that support individuals to flourish, overcome adversity, contribute positively and enjoy a high level of life satisfaction and wellbeing, are being identified. There has been significant research in childhood that collectively points to the lasting impact of formative experiences in building lifelong protection.

Protective factors such as positive parenting, social support or coping strategies may act as a buffer against risk factors and prevent mental health problems from developing. On an individual level, feeling respected, valued and supported, feeling that there is control over the immediate environment and an ability to respond appropriately to life experiences, together with a sense of hopefulness about the future and a place within it are all contributory factors.

At a community and societal level, the ability to engage in both formal and informal social networks, membership of groups, and engagement in society contribute to positive mental health. At a neighbourhood level, the better the quality of the environment we live in and the safer and more trustful we feel about others, are important predictors of better mental health. There is evidence that for people in lower social and occupational groups living in more affluent areas is protective of psychological health.

Key messages

We can improve mental health and other outcomes through reducing risk factors and enhancing protective factors.

Acting on risk and protective factors in childhood, adolescence and early adulthood is important, but we continue to have needs throughout our lives as our experiences, circumstances and needs change.

Environmental and community factors play an important part as well as individual and family factors in influencing our overall mental health and wellbeing.

There are opportunities for enhancing protective factors across the community.

5	Mental health need in Islington

5.1 Mental health problems among children and adults in Islington

Estimates suggest that in Islington in any week there are approximately 35,000 people experiencing mental health problems, ranging from mild, short-term depression and anxiety to severe and enduring mental health problems. This is almost 1 in 5 of the population.

- Among 5 –16 year olds, the estimated prevalence of any mental health disorder in Islington *in any week* is 2,962 or 13.1%. This is about 36% higher than the national average. Mental health disorders are generally more prevalent in older children and more common in boys than girls, although girls are more likely to experience emotional disorders such as depression.
- Among adults, it is estimated that *during any one week* there are approximately 32,000 people in Islington with a mental health problem. That is more than one in every seven men and more than one in every five women. Women in Islington are more likely to have a neurotic disorder than men (estimated prevalence 20.1% compared with 14.8%), while men are more likely to have a psychotic disorder. Prevalence of mental health problems among both men and women are greater than for England.
- Estimates of dementia are lower in Islington than national estimates, about 10 per 1,000 population compared with 16 per 1,000 nationally, reflecting the lower proportion of older people in the borough. Dementia is often undiagnosed. Data from primary care shows a rate of diagnosed dementia in Islington among older people of 39 per 1,000 (719 people) in 2007/8, higher than expected compared with national averages.

5.2 Characteristics of the borough

Suicide. About 30 people in Islington die each year through suicide. Potentially, most of these deaths are preventable. In 2002 – 2004, Islington had the highest rate of suicide in London and the third highest rate in England and Wales. Among men, it was the 4th highest, with a rate of 22.8 per 100,000, and among women it was the 18th highest with a rate of 8.2 per 100,000. Whilst national trends have shown a decline in incidence during the last decade, Islington has seen an increase over the same period. **Local analysis of deaths indicate that men and women born in Ireland, adult men in their 30s, and people with serious mental health problems are at relatively higher risk within Islington.**

Indices of need for specialist mental health services. There are several different indices used to estimate the need for treatment and care for mental health problems. These suggest that:

- The level of need for mental health services in Islington is between 79% and 135% higher than the national average for specialist mental health services.
- Islington has between the highest and 4th highest level of need in London for specialist mental health services.
- 99 out of 118 of Islington's super output areas have higher than expected mental health deprivation, compared to the national average, indicating a higher need for specialist community and primary care services.

Social exclusion of people with mental health problems. People with severe and enduring mental health problems seen by the mental health trust are significantly more likely to live in the most deprived parts of the borough. Half of the 12,500 people on Incapacity Benefit in Islington are due to mental health problems. Nationally, only 24% of adults with a long-term mental health problem are in work, the lowest employment rate among any of the major disabilities. There are inequalities to access to general health and social care services, contributing to worse health outcomes for people with serious mental health problems. **Action to address stigma and discrimination and barriers to access has the potential to improve outcomes for people with serious, long term health problems, and can help all of us to feel more able to seek help, or give help and support to others, when it is needed by addressing negative perceptions of mental health problems.**

Deprivation. Islington is an inner London borough with a high rate of deprivation and disadvantage. There are significant inequalities within the borough, characterised by extremes in wealth and poverty and in educational attainment. **Evidence points to worse psychological health for people in lower socioeconomic groupings living in deprived areas.**

Poverty. For many of us and as a society, more money will not make us happier, mentally healthier or improve our wellbeing. However, deprivation and poverty are associated with greater risks and challenges to mental health, and a lower level of wellbeing. Money worries can be a major source of stress, and for people with long term mental health problems poverty can be cause and consequence of social exclusion and less healthy lifestyles. Children in the borough are particularly likely to be living in poverty, with 42% of Islington primary school children entitled to free school meals, compared with an average 16% for England. **Action to reduce, or ameliorate the effects of, poverty is an important way of improving wellbeing and helping to reduce risks to mental health.**

Space. With just over 190,000 people resident in Islington, the borough has the second highest residential density in England and Wales, and the smallest amount of green space (about 13%) of any London borough. Since 2001 the population has grown by 8.4% (equivalent to 14,750 people) and is estimated to increase by around 10.8% to 211,050 between 2006 and 2016. The borough has seen an increase in overcrowded households in recent years, particularly among families with children living in social housing. **Population density and overcrowding can create stress, for example through contesting limited space and lack of privacy, and there are a range of ways to help people and communities to share and make better use of space to improve mental health.**

Neighbourhood. Neighbourhood environments are improving in Islington, but there is on average more litter and detritus, less available green space and greater neighbourhood deprivation in Islington. The quality of our local neighbourhood environment is one of the most important predictors of mental health need and wellbeing. There are many active tenants associations and community groups and activities in the borough which bring people together, but with a highly mobile and transient population, many individuals may feel unconnected from their neighbours and neighbourhoods and feel isolated. **High levels of population mobility within the borough can present greater challenges to building social capital and community cohesion which can help build good community mental health.**

Employment. 5.4% of Islington's residents were unemployed in 2005, lower than the average for London (7.1%). More than a quarter of the Jobseekers' Allowance claimants in Islington are 18-24 year olds. **Unemployment is associated with an increased risk of suicide, particularly among younger men. Work, whether waged or voluntary, can bring a range of social and other advantages that can benefit mental health and wellbeing, although the type of work and employment is important.**

5.3	Characteristics of the local population

Children. One in five of Islington's population is a child or young person aged under 18. Childhood is an important time in helping to shape our lifelong mental health and wellbeing. Children in Islington are more likely to experience significant separation and loss than counterparts elsewhere in London and the country. For example, almost 20% of Islington households are lone parent families with dependent children, higher than the London average (13%) and than England and Wales (10%). Only a fifth of lone parents in Islington are in employment, increasing the economic hardship faced. Looked after children have high levels of mental health needs. **Interventions to build resilience and early intervention can support children and young people to flourish and reduce the risk of long-term mental health problems. School and neighbourhood environments can support children's self esteem and wellbeing, for example through action on bullying and discrimination, provision of positive activities and opportunities, etc.**

Younger adults. Islington's population is younger than the population of England and Wales, with a large proportion (44.5%) of young adults aged between 20 and 39 (17% higher than the proportion of young adults in England and Wales as a whole). **The onset of mental health problems, as well as of alcohol and substance misuse dependence, is highest in younger adults.**

Ethnicity profile: Islington has an ethnically diverse population, with approximately 44% of Islington's population members of BME communities. With the notable exception of the Irish community, a high proportion of people from BME communities are children and young adults. Prevalence of common mental health problems, such as depression and/or anxiety ranged from 12.6% amongst Bangladeshis to 19.6% among Pakistanis. Among males, rates were largely similar between ethnic groups (11.6% - 13.8%), except for Irish men who had a prevalence of 18.4%. **There is evidence to point to different experiences, help seeking behaviour, access routes and outcomes for mental health problems across different ethnic groups. Addressing these longstanding issues is a major challenge for mental health and social care services and children's services. Whilst rates of psychotic illness, and severe neurotic illness, are comparatively rare in all communities, men and women from some BME communities – notably Black African, Black Caribbean and Irish communities – are significantly more likely to be sectioned or admitted to inpatient care.**

Refugees and asylum seekers. About 5 – 10% of residents belong to refugee and asylum seeker communities. Estimates of mental health problems vary, but rates of post traumatic stress disorder are high. Mental health can deteriorate further, compounded by hostility and discrimination, and loss of status, families and social networks, associated with the new country. The impact can be long lasting and the effects can be transmitted through three generations. **Action to promote inclusion and help-seeking may improve mental health and wellbeing.**

Crime: Almost 70% of super output areas in Islington fall into the worst 20% in England for the crime deprivation domain of the Indices of Multiple Deprivation 2004. **Crimes against the person and perceptions of community safety are strongly associated with higher mental health need and lower quality of life. Levels of mental health need among people who commit crime are high.**

Housing/Homelessness. Compared with the rest of the country, there is a low level of owner occupation, and a high level of social and private rented housing. Around 1,000 Islington households are classified as homeless and living in temporary accommodation at any one time.

Physical ill health. The proportion of people in Islington who report long term limiting illness adjusted for age is 24% higher than for England & Wales. Serious mental health problems and depression are associated with increased risk of coronary heart disease, diabetes and risk. A sense of wellbeing is associated with better physical health. **Physical and mental health problems often co-exist and it is important that professionals and services are able to recognise and respond to both in order to reduce health inequalities and improve outcomes.**

Carers. There are about 13,500 carers in Islington, including young carers. **Carers who provide someone with substantial support are twice as likely to have mental health problems as those they are caring for. Young carers may be particularly at risk.**

5.4	Costs associated with mental health problems

The full cost of mental health problems in Islington has conservatively been estimated to be £453.8 million during 2005/6, about £1,482 per weighted head of population. Of this total, less than a quarter is accounted for by NHS and local authority social care spending. The economic and human costs of mental health problems are far higher. Updated to 2008/9 costs, the estimate would now be closer to £500 million.

Islington PCT spends more on mental health than on any other condition. In 2005/6, Islington PCT spent 23.8% of its total budget on the treatment and care of mental health problems (£79.3 million). This includes both specialist and primary care, as well as expenditure on substance and alcohol misuse, and equates to £259 per weighted head of the population – the second highest amount in the country. In primary care, about £1 in every £10 spent on prescribing, equivalent to 6,500 – 7,000 patients at any time, is for the treatment of mental health problems. Spending on mental health *promotion*, however, was only £0.10 per weighted head of capita.
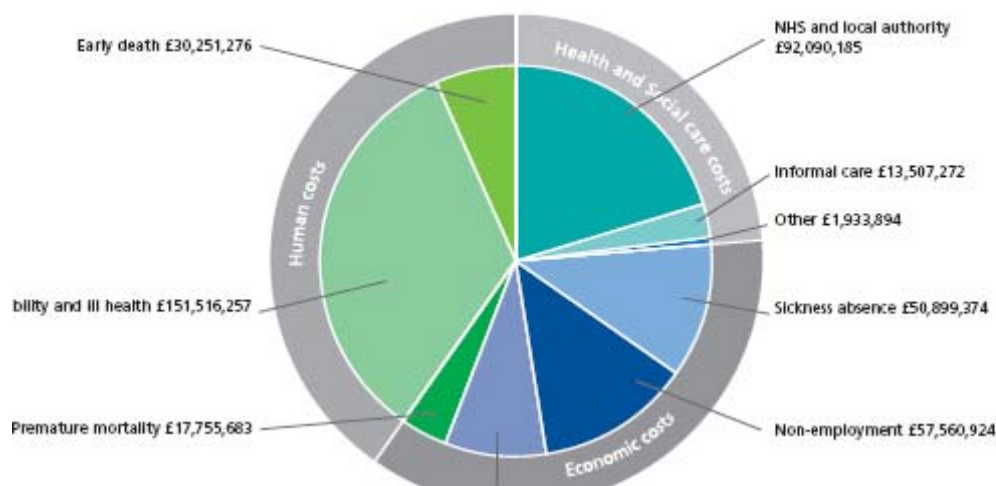
For further information on needs please see chapter 2 of the Annual Public Health Report (2006), *Promoting Mental Health in Islington*.

Key messages

There is greater estimated need around mental health and mental health promotion in Islington compared with most of the rest of the country. This higher level of need includes more common mental health problems, such as depression and anxiety, as well as rarer mental health problems such as schizophrenia or bipolar affective disorder.

There are particular groups or communities within Islington who may require more attention in mental health promotion efforts, either because they may be more at risk of developing mental health problems due to developmental stage, life events, social factors or patterns of illness or setting.

The more risks that any individual or community experience, the greater the cumulative risk of poorer mental health and wellbeing.

6	Reviewing the evidence

6.1   The Effectiveness of Programmes of Mental Health Promotion

Reviews of programmes internationally show that individual interventions on their own are unlikely to have maximum effect unless they are part of a co-ordinated programme of work. In practice, this means that the greatest improvement in mental health and wellbeing will be achieved through a combination of interventions operating at different levels, by taking action to simultaneously:

- Strengthen individuals
- Strengthen communities
- Reduce structural barriers to mental health

The most effective programmes have been those which aimed to impact on a number of risk or protective factors (e.g. pre-school education or parenting skills); that involved the social network of the target group (e.g. circle time in schools or problem-solving); were applied at a number of different times over a defined period (e.g. childhood, adolescence) and included a range of interventions (e.g. ante natal classes, parenting support groups, career and life planning etc.) Such an approach enables participants to recognise and reduce anxiety, increase feelings of control over their immediate environment, improve skills in working and communicating with others and help to support social cohesion.

6.2   Evidence about interventions

There is a rapidly growing body of evidence about the effectiveness of interventions for mental health promotion. There is sufficient evidence internationally to show that outcomes from mental health promotion include:

- Positive resources built in the community, e.g. accessible support, people supporting others, sign posting, incorporating wellbeing promoting elements into the provision of services such as the workplace mental health
- The development of social capital and community cohesion supported, enabling better quality of life, healthier neighbourhoods and participation
- Future episodes of mental or physical illness, e.g. psychosis, prevented
- Improved social, educational and employment outcomes
- Reduced severity of mental health problems once they have occurred
- Reduction in the suicide rate

Evidence from mental health promotion activities has not only been assessed in terms of health outcomes, but has often included social, educational and economic outcomes, too. These benefits for individuals, families and communities include enabling people to find and engage in meaningful activity, including employment, performing better at work or in education, enabling better physical health and creating safer and more cohesive communities.

Many mental health promotion interventions aim to encourage social inclusion and engagement in meaningful activity. Some interventions aim to work directly with individuals and groups, while others focus on creating supportive environments that promote good mental health. These interventions may not actually involve discussion about mental health

at all. For example, a cooking class for recently arrived refugee women may improve mental health and coping by reducing social isolation and promote social support without ever directly raising the issues of mental health with participants.

Interventions for mental health promotion vary considerably, reflecting the diverse needs and requirements of different individuals and communities and the wide-ranging nature of situations and experiences that can affect mental health positively or negatively. This becomes particularly important when targeting different groups, settings and life events, since what may work in one group or setting may not work in another. Similarly, it is important to tailor initiatives to the local context and ensure they are designed around key outcomes of local relevance. Organisations who regularly work with key high risk groups and community groups are well placed to advise on how mental health promotion programmes may be designed to be acceptable and effective in the local communities they work with.

The most effective mental health promotion interventions are designed around key outcomes and are targeted either at specific issues (e.g. stigma and discrimination) or to groups or settings where there may be increased risk of developing mental health problems. It is generally accepted that there are three levels of intervention in mental health promotion:

> **Three levels of mental health promotion intervention**
>
> *Universal interventions* are intended for the general population due to the size and relevance of the issue across society (e.g. general messages fighting stigma and discrimination). These efforts aim to reach a broad cross section of the population.
>
> *Selective interventions* target specific groups or communities within the population (e.g. providing information and education about good mental health in schools).
>
> *Indicated interventions* target high-risk groups who may be experiencing some mental health problems that are not fully developed, or may be at greater risk due to the presence of a number of risk factors (e.g. people with multiple deprivation factors).

A detailed overview of the evidence is attached in Appendix 1.

6.3   Inequalities and mental health promotion

Mental health promotion can close the gap on health inequalities at a number of levels. Health inequalities can occur as a result of unequal access to health services. Mental health promotion efforts aim to encourage help-seeking by identifying preferred pathways to care through decreasing stigma, raising awareness of mental health problems and working with services to be more responsive in assessment and management of people with mental health problems.

Evidence for mental health promotion supports taking action on the wider determinants of mental health such as poverty, housing, neighbourhood renewal, the school environment and community cohesion. Action in these areas can prevent or limit health inequalities from developing. Similarly action on social inclusion and discrimination can reduce inequalities of

people experiencing mental health problems through addressing stigma and raising awareness of the nature of mental health problems.

Mental health problems can also create inequalities in physical health, for example as evidenced by higher rates of heart disease and stroke in people with serious mental health problems. Mental health promotion seeks to work with services to reduce the likelihood of these physical conditions developing by building in support for physical health earlier in treatment.

6.4   Cost effectiveness and Mental Health Promotion

Emerging evidence, linked to long term studies of health and social outcomes, has identified that mental health promotion programmes can be cost effective, reducing the number of people who require treatment and care by health and social services, and reducing the costs to individuals and society associated with worklessness, benefit payments, and criminal and anti-social activity.

Long-term worklessness due to mental health problems represents a major cost to individuals, households and the wider community. Interventions to tackle depression among people who are out of work is cost-effective, with potentially significant health, economic and social benefits.

Key messages

Programmes of co-ordinated activity, covering actions at individual, community and policy levels, are likely to create greatest benefit.

There is now extensive evidence about what interventions work across many different communities, settings and life stages and events. This will help inform how we develop the delivery of this strategy.

Evidence for mental health promotion supports action on the wider determinants of mental health such as poverty, housing, neighbourhood renewal, and community cohesion.

Interventions have the potential to promote better social, educational, employment and health outcomes cost-effectively.

7	Delivering mental health promotion – our five key objectives

7.1   Our Five Key Objectives

Our Mental Health Promotion Strategy has five key objectives necessary to achieve the strategic aim of a mentally healthier Islington. These five core objectives are:

- *Build good mental health in Islington through community partnerships*
- *Raise awareness about mental health*
- *Decrease stigma and discrimination and promote social inclusion*
- *Encourage people and services to recognise and respond to problems early*
- *Prevent suicide*

The objectives have been identified from national and international evidence on what matters in implementing effective mental health promotion and suicide prevention programmes. These objectives are presented below, each explaining why they have been selected as an objective together with an overview of the evidence and interventions that will support their achievement.

Objective 1. Build good mental health and wellbeing in Islington, working in partnership

Mental health and wellbeing should be a crucial part of the vision of a holistic approach to health and quality of life for people living and working in Islington.

Mental health promotion is a broad area that involves participation from many organisations and groups, as well as the community as a whole. For example, health services have an important part to play in improving and promoting mental health and wellbeing, but on their own cannot address many of the factors that help to influence and shape mental health for the better. Research also shows that mental health promotion is often more acceptable when packaged with other community or health promotion initiatives. We can only achieve our goal of good mental health and wellbeing in Islington by working together and integrating mental health improvement into our activities:

- empowering people to improve their own mental health and wellbeing and self manage where appropriate
- building resilience
- developing a common understanding of mental health promotion and wellbeing across agencies and our community
- encouraging the workforce, services and commissioners to consider mental health needs when planning and delivering services

Interventions:
Community Partnerships:
In order to tailor interventions and build skill locally, we need to work in partnership to deliver mental health promotion interventions through current activities and initiatives. Working with key organisations in Islington will help to determine the selection and development of

interventions for the longer term, which will be most effective in meeting need and will produce the most impact. A combination of universal, selective and indicated interventions will be the most effective way to promote mental health in the community.

- Evidence and knowledge needs to be translated into briefing sheets, seminars and presentations to inform key stakeholders as an early part of the delivery of this strategy.
- Further consultation occurs with key organisations, users and carers to develop shared understanding of mental health promotion and priorities, and to assist with engaging stakeholders in future mental health promotion initiatives.
- An assessment of current activity in mental health promotion and potential for development is undertaken. Some of this is described in the Annual Public Health Report but further, more detailed review of work needs be undertaken with local organisations to identify gaps and potentials for building mental health promotion into current activities and workforce and service redesign.
- Mental health promotion takes an increasing profile within the ongoing work plans for Primary Care Mental Health, Delivering Race Equality and Child and Adolescent Mental Health strategies over time, as part of a continuing move towards promoting help-seeking, early intervention, more responsive services and inclusion.
- Mental health promotion is built into the local Sustainable Community Strategy and becomes a priority for the Islington Strategic Partnership (ISP). Opportunities are taken to promote better mental health and minimise risk factors in the environment and community that may lead to poor mental health.

For partners in the ISP, potential examples of important beneficial activities include:

- Promoting better outcomes for children and young people and their families through parenting support, reduction in teenage pregnancy, school based mental health promotion, and contributing to pro-social behaviour

- Promoting pathways into employment, education and training, opportunities for volunteering and getting involved in the community; promoting mentally healthy workplaces; and social inclusion

- Promoting community safety through reducing crime and fear of crime; promoting safe environments; addressing the mental health needs of victims of crime; and reducing anti-social behaviour

- Promoting sensible drinking and minimising harm due to alcohol

- Improving the quality and upkeep of housing and the built environment including: access to good quality green spaces; regeneration; and improving housing quality

- Promoting and improving the accessibility and inclusiveness of all ISP / partner activities and services to ensure the needs of people with mental health issues are met effectively and equitably

Objective 2. Raise awareness about mental health
Objective 3. Decrease stigma and discrimination and promote social inclusion for people with mental health problems

These two objectives focus on the contribution that mental health promotion can make towards raising awareness about mental health to help to:

- decrease stigma about mental health problems and seeking help
- increase understanding about early warning signs associated with mental health problems
- encourage people, communities and services to support people who may have mental health problems through a better understanding of the nature of mental health problems
- reduce social exclusion and discrimination experienced by people with mental health problems.

Stigma is a powerful deterrent to people seeking help. Stigma can be externally enforced on the individual or internally focused through feelings of guilt and blame. Both internal and external stigma can be addressed through mental health awareness campaigns.

Interventions
- There is review-level evidence from the UK, Norway and the USA to show that mass media campaigns, particularly those that include community activities,
  - have a beneficial effect on attitudes towards mental health issues
  - increase knowledge of mental health issues
  - impact on individuals' behavioural intentions
  - support behaviour change that improves individuals' mental wellbeing.
- The aim of mental health awareness and action on stigma and discrimination is to make the issue of mental health visible. This may involve *saturation* over a short period of time to kick-start a programme. The use of social marketing techniques, tailored to the local community, can improve the impact and relevance of promotional and campaign activities.
- Research has shown that service users sharing their experiences, particularly around recovery, with the general public and becoming involved in local events such as theatre projects, arts and sporting events has been powerful in dispelling myths about mental health problems and promoting social inclusion.
- There are many different types of media that can be used to help raise awareness about mental health including: campaigns, websites, podcasts, information bulletins, posters, articles in local newspapers and training sessions.
- The Annual Public Health Report (2006) on *Promoting Mental Health in Islington* aimed to raise awareness about mental health and to provide recommended actions for mental health promotion activities in key groups and settings. This report was useful in raising awareness. It will be useful to further market this report with the general public and the community and voluntary sector.
- Corporate sponsorship of mental health promotion programmes is useful in raising the profile of mental health and wellbeing and allowing the business sector to invest in and support the wellbeing of the local community and their workforces.

Objective 4. Encourage people and services to recognise and respond to problems early.

Mental health literacy aims to enhance people's understanding of what mental health is, how to notice a change in mental health, and how to seek help if they start to develop mental health problems. This aids the recognition, management and prevention of mental disorders, and helps to reduce stigma.

Help-seeking behaviour refers to the ways in which people seek help for their health problems. This may include informal means such as approaching family or friends, and

seeking information from the library or internet, as well as more formal help mechanisms such as primary care, counselling services or mental health services, accident and emergency departments, or helplines.

There is good evidence that the ways different groups seek and prefer to receive help for mental health problems is influenced by factors such as age, sex, ethnicity and stage of illness.

Interventions
Better understanding of access to services needs to be developed in order to support planning and delivery of services, and to understand the barriers and inequalities that people may face in accessing appropriate services for mental health problems. This can be developed through:
- Health Equity Audit with primary care and community-based services, in order to assess how fully and equitably need is being met
- Evaluations of attitudes, experience and use of services by different communities within Islington
- Enabling people to access help when mental health problems emerge

Australia's Mental Health First Aid programme aimed at increasing understanding of mental health issues in the general public and teaching people how to help others. It was shown to be effective in:
- Improving recognition of mental health problems through case vignettes
- Improving understanding of ways to treat mental health problems
- Decreasing social distance from people with mental health problems
- Increasing confidence in providing help
- Increasing the amount of help provided to others

Objective 5. Prevent Suicide

Objectives 1-4 above all impact on suicide prevention, through action to improve our skills in recognising and coping with emotional challenges and problems, and encouraging help seeking behaviour. It is also possible to act to reduce suicide through action on relevant social, community, environmental, and emotional factors.

Interventions:
Specific suicide prevention interventions that have been shown to be effective include:
- regularly updated profiles of the pattern of suicides within the borough through local suicide audit and other methods
- promoting responsible media coverage
- taking action on means of suicide within the borough (e.g. 'hotspots')
- ensuring support and follow-up for those affected by suicide, both in terms of relatives and friends and people working in health and social care services
- targeting people and communities who have multiple risk factors
- provision and coordination of risk assessment training in suicide prevention, particularly for primary care workers
- training health, social care and other workers to recognise mental health problems early and make efficient and effective referrals.

Key Messages

Action on 5 key objectives will support progress towards a mentally healthier Islington.

These objectives require community and partnership wide action.

Mental health promotion is the cornerstone of suicide prevention, but specific action on hotspots, media reporting and training is also needed.

8	**Delivering and evaluating the strategy**

8.1   A Staged Approach to progressing Mental Health Promotion

Progress in mental health promotion work is dependent on:
- Changing attitudes
- Raising awareness
- Building capacity across the community
- Tailoring programmes and initiatives according to local need

The development of evidence-based activities or interventions to promote mental health and wellbeing should build on existing planning structures and work in the borough. Many of the activities to promote better mental health will be best advanced through existing strategic and service planning groups, and by helping to develop how existing services respond to need. Activities and interventions to promote mental health and wellbeing should include evaluation.

Challenging stigma and discrimination is a key theme that runs throughout the strategy. Activities and interventions addressing stigma need to be on going, applied to all settings and should support the objectives and interventions described throughout this strategy. It is recommended that this theme continues to be a major focus of awareness raising and educational activities throughout the lifetime of this strategy.

Given the breadth of activities important to promoting mental health and wellbeing, we aim to progress the strategy through three main avenues:
- A **Mental Health Promotion Steering Group** to support community based, public mental health promotion activities, and to provide an overview on overall progress on the strategy. This is linked to the Health and Older People Partnership Board of the Islington Strategic Partnership and the Mental Health National Service Framework Local Implementation Team.
- Participation in **existing planning structures for mental health and social care services**, such as work with Camden & Islington Mental Health and Social Care Trust, and with multi-agency Delivering Race Equality, Primary Care Mental Health Strategy and Child and Adolescent Mental Health Service Strategy groups. This is intended to work with planners and services to promote better mental health and wellbeing, for example through the development of more responsive and earlier interventions.
- Through **wider partnerships**, such as through the Sustainable Community Strategy and the Islington Strategic Partnership. This is intended to assist with addressing the wider determinants of mental health and wellbeing across the borough.

Activities and interventions to promote mental health and wellbeing require long term action. The recommendations in this strategy cannot all be tackled in one go. An annual action plan will be developed each year to support the wider implementation of the objectives and Delivery Plan set out in this strategy. The Delivery Plan, set out in Section 8.2, describes the key milestones over the next five years that we would want to achieve. There are three main phases:

Foundation Phase (1-2 years)

In order to achieve success and sustainability in mental health promotion it is important to lay strong foundations in the first 1-2 years. This phase aims to build a solid foundation for mental heath promotion through the development of key partnerships across sectors, creating a unified approach through the mental health promotion strategy and designing mental health promotion projects. At this stage we would need to ensure high level organisational and partnership support and commitment to future investment consistent with the principles of promoting better mental health, including, for instance, service and workforce redesign and training.

The stigma of mental health problems and of people with mental health problems is a significant and powerful barrier in promoting mental health and communicating key mental health messages to the community. Evidence shows that the reach, impact and long-term outcomes of mental health promotion are limited if attitude change and awareness is not addressed early on. Mental health promotion should be an important, visible area of work in the local community and services in order to raise its profile. Therefore, in the first 1-2 years we expect to achieve key outcomes in:

- Reducing stigma
- Raising awareness
- Increasing skills and confidence among services and stakeholders in promoting mental health.

Indicators of progress will reflect work towards the key areas that are evidenced as being successful for the sustainability of mental health promotion work:

- Consulting across sectors on the content and direction of the strategy through the Sustainable Community Strategy and Islington Strategic Partnership, and relevant planning and commissioning groups
- Developing ongoing partnerships and links across sectors to enable discussion and consultation
- Consulting with key groups, organisations and individuals about level of need, current activity and opportunities for building capacity
- Signing off the mental health promotion strategy across partnerships, promoting an agreed understanding and approach to mental health promotion
- Developing joint initiatives across sectors in order to build capacity for mental health promotion through a variety of settings
- Designing awareness raising tools, campaigns and training resources with partners, including anti-stigma and mental health awareness raising campaigning.

Measures of early progress (1-2 years) include:
o an identifiable mental health promotion strategy owned across partners in the borough
o a co-ordinated programme of action across sectors, involving people with and/or affected by mental health problems
o concrete project outlines and proposals for joint working in each sector, for example through the Sustainable Community Strategy and Mental Health NSF Local Implementation Team
o increased and shared understanding of mental health promotion demonstrated through a package of training resources and mental health promotion information, widely implemented across services and the community
o action to promote early intervention and access to self help resources, supported through a completed Health Equity Audit of access to mental health care and support through primary care and other community services, with recommendations for action agreed through the Mental Health NSF Local Implementation Team

o locally tailored anti-stigma, mental health awareness campaigning based on evidence
    and social marketing techniques

Medium Term (2-4 years)

In the medium term we would aim to implement joint ways of working, specifically defined mental health promotion projects and continue raising awareness of mental health promotion in the community. The work achieved in the shorter term would enable the building of capacity in each sector for mental health promotion to ensure stability.

Mental health promotion would be a routine part of the existing range of public health initiatives and would be supporting the goals of access, early intervention and recovery within the mental health system by addressing stigma and inclusion, and engaging partners in tackling the wider determinants of mental health and wellbeing.

Longer Term (5+ years)

In the longer term we would expect that a number of effective, best practice models in mental health promotion would have been developed, evaluated and mainstreamed. This would include: active community and service-based anti-stigma campaigns, resources on raising awareness around mental health promotion, creation of mentally healthy settings, and a number of community based programmes designed to promote mental health and wellbeing.

8.2	Delivery Framework

Aim 1. Build good mental health and wellbeing in Islington, working in partnership.

Standards	Foundation Phase (1-2 yrs)	Medium Term (2-4 yrs)	Longer Term (5 yrs +)	Health Impact	Other Benefits
A variety of mental health programmes across sectors aimed at the general population and at risk groups and settings.	• Increase in awareness of mental health problems. • Identification of key areas of opportunity for mental health promotion.	• Increased capacity of staff to deliver mental health promotion.	• Increased resilience, self esteem and coping. • Increased community cohesion. • Development of mentally healthy settings e.g. workplace, school, community, etc. • Reduction in suicides.	• Increased mental health (buffer for risk factors). • Increased physical health or the prevention of physical health problems and chronicity through a reduction in serious mental health problems.	• Retainment in education, and work • Community cohesion. • Enhanced cross sectoral partnership working

Aim 2. Raise awareness about mental health and decrease stigma and promote social inclusion
Aim 3. Decrease stigma and discrimination and promote social inclusion

Standards	Foundation Phase (1-2 yrs)	Medium Term (2-4 yrs)	Longer Term (5 yrs +)	Health Impact	Other Benefits
An identifiable, locally tailored anti-stigma, mental health awareness raising campaign.	• Implementation of anti-stigma campaign across the community. • Increased visibility of mental health as a health issue. • Identifiable mechanisms and compliance with physical health monitoring of people with SMI.	• Increase in awareness of mental health problems. • Reduction in stigma. • Increased help-seeking. • Increased self management.	• Increased social inclusion. • Community cohesion. • Increased self management.	• Increased self management of mild mental health problems • Increased help-seeking of mild to moderate mental health problems • Shorter duration of untreated illness • Increase in compliance. • Reduction in physical health problems in people with serious mental health problems.	• Community cohesion. • Social inclusion.
• Briefings have been provided to key stakeholders	• Raised awareness of the nature of mental health problems. • Raised awareness of the overlap of mental health problems with other issues.	• Incorporation of mental health promotion into existing strategies, initiatives and work plans. • Reduction in stigma.			

• An identifiable resource of training material for mental health promotion for staff across the community.	• Increased access to specific mental health promotion training	• Increased sign-posting and awareness of mental health problems	• Increased capacity in staff groups across the community to sign post and make early referrals for mental health problems. • Increased capacity to carry mental health promotion initiatives forward in the community setting.	• Earlier access to care with shorter duration of untreated illness, better chance of recovery and decreased disability • Decrease in mental health problems.	• Increased capacity in the community across staff groups with potential to deliver other public health initiatives

Aim 4: Encourage people and services to recognise and respond to problems early

Standards	Foundation Phase (1-2 yrs)	Medium Term (2-4 yrs)	Longer Term (5 yrs +)	Health Impact	Other Benefits
Services have identifiable mechanisms to respond to mental health problems early and equitably The general public have clear information on pathways into care. The general public are informed about the nature of early warning signs	• Identification of obstacles in help-seeking • Implementation of integrated access to psychological therapies • Health Equity Audit and community evaluations • Strengthening of joint working through shared programmes and initiatives, sign posting and referral • Development of a community based programme to upskill the capacity of the general community to help others e.g. Mental Health First Aid	• Action to minimise barriers and maximise access to appropriate use of services • Shorter duration of illness from development to receiving care therefore reduction in severity of symptoms, better compliance, better outcomes • Increased perception of service's ability to deal with mental health problems	• More targeted access to services matched to need • Better mental health outcomes • Retainment of functioning and increased recovery e.g. in work, education, home duties • Increased understanding of mental health problems enabling more targeted caring, patient involvement in the treatment process, and compliance • Reduction in problem drinking and drug use	• Reduction in duration of untreated illness • Increased compliance with treatment • Increased understanding of the progression of illness and management of illness	• Create more capacity across the mental health system instead of need being concentrated at the acute end • Potential cost savings in reduction of severity of symptoms and retainment of functioning • Potential savings in A&E, acute admissions, medication etc

Aim 5: Prevent Suicide.

Standards	Foundation Phase (1-2 yrs)	Medium Term (2-4 yrs)	Longer Term (5 yrs +)	Health Impact	Other Benefits
Understanding of the factors contributing towards suicide in the Islington population	• A clearer picture of the demographics of people who suicide, their contact with services and pathways and potential hotspots in the borough • Action on media reporting	• Minimising physical means to access through hotspots • Targeted interventions to high risk groups through mental health promotion initiatives • Work to investigate pathways into care • Improvement in help seeking • Linking high risk individuals with services	• Improvement in mental health • Reduction in suicide • Decreased suicide attempt rate • Better ongoing identification of hotspots • Identification of trends	• Improved mental health • Lowered death rate due to suicide • Protection of grief of people left behind by suicide	• Prevention of loss of life and associated costs

8.3   Evaluation and monitoring

Strategy implementation
The strategy will be supported by an annual action plan containing defined activities.   At each of the stages of the strategy, progress will be reviewed, reflecting on achievements and obstacles. It is proposed that key aims will be assessed using a scorecard approach and assessed according to levels of attainment, complemented by evaluations of progress by individual projects and work programmes against defined objectives.

High level indicators of mental health and wellbeing in the borough
There are a number of well-validated instruments designed to measure *positive* aspects of mental health in *individuals*. These include the Psychological Wellbeing Scale, the Sense of Coherence Scale, the Affect Balance Scale and the Affectometer. Key elements of these tools include:

- Agency – a sense of control over one's destiny
- Capacity to learn, grow and develop
- Feeling loved, trusted, understood and valued
- Interest in life
- Autonomy
- Self-acceptance and self-esteem
- Optimism and hopefulness
- Resilience

There is national and Europe wide work in development hoping to produce reliable survey measures of mental wellbeing that can be used routinely to measure the mental health and wellbeing of the *population*. We will work with regional and national mental health promotion fora to identify suitable outcome scales and questions for use in different settings and with different subgroups, as they emerge. In the foreseeable future, however, there is unlikely to be a single indicator that tells us how good or how poor mental health is overall in the borough, or for specific groups within the community. A mixture, or basket, of measures will instead need to be used to help assist in assessing need and progress.

There are a number of health, quality of life and social capital indicators that can help to track progress. Indicators of social capital related to mental health and wellbeing include formal and informal social networks, group membership, generalized trust, reciprocity and civic engagement, and are often linked to the goals of neighbourhood renewal programmes.

Indicators include:
- Annual data published on deaths due to suicide and undetermined injury
- The Quality and Outcomes Framework, which provides a range of increasingly useful information on primary care activity associated with serious mental health problems and some common mental health problems
- Mental Health Trust and CAMHS service data on caseload, source of referral, and the annual Count Me In ethnicity census of inpatient activity
- Annual benchmarking and programme budgeting
- The percentage of people satisfied with their neighbourhood as a place to live
- Quality and amount of natural environment
- Cultural, recreational and leisure services available
- Opportunities to participate in local planning and decision making
- Percentage of people who consider that their neighbourhood is getting worse
- Percentage of respondents concerned about noise

- Area of parks and green open spaces per 100 head of population
- Feeling safe
- Trusting unfamiliar others
- Participation
- Influencing local decisions
- Believing the local neighbourhood is improving
- Access to social support
- Engagement in employment, education and training
- Engagement in meaningful activity
- Support for parents

Key messages

The strategy will work through to support planning and delivery of the objectives of this strategy:
- a co-ordinated programme of activities across sectors, involving people with mental health problems
- existing health and social care planning structures
- wider partnerships

A phased approach will be necessary, starting with a foundation phase in which a range of development work to raise awareness, develop common understandings and priorities and develop resources, will be carried out.

A basket of measures, including a 'scorecard', will need to be used to support monitoring and evaluation.