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## Introduction

Good quality of life and emotional well-being are vital for helping everyone to reach their potential and to lead happy and fulfilled lives. The term *quality of life* refers to an individual's subjective wellbeing and personal satisfaction with their lives in relation to their goals, expectations, standards and concerns. A wide range of determinants affect our quality of life, from personal relationships and activities to the environment and financial circumstances within which we live.

*Emotional wellbeing* is an important dimension of overall perceived quality of life. It refers to psychological wellbeing – a combination of feeling good and functioning effectively (in a psychological sense). It incorporates not only the positive emotions of happiness and contentment, but also emotions such as interest, engagement, confidence and affection. It involves having a sense of purpose, working towards valued goals, and experiencing positive relationships.

Quality of life and emotional wellbeing both refer to a positive state, not just the absence of mental illness or disease. Both concepts have frequently been ignored in the health debate, with the focus instead being on the effects of mental illness and services to address these. There are few measures of positive well-being and current data available in Sunderland relates predominantly to mental health problems rather than emotional wellbeing. However, national research indicates that good quality of life and emotional well-being is associated with a range of important health and non-health benefits, including:

- improved resilience and ability to cope with adversity

- reduced emotional and behavioural problems in children and adolescents
- reduced levels of mental disorder in adulthood
- reduced suicide risk
- healthier lifestyle and reduced health risk behavior, including reduced smoking and harmful levels of drinking
- better general health and less use of health services
- reduced mortality in healthy people and in those with established illnesses.
- improved educational outcomes
- increased productivity at work, reduced absenteeism, and reduced burnout
- higher income
- stronger social relationships
- increased social/community participation
- reduced antisocial behaviour, crime and violence.

There are also significant economic costs associated with failing to prevent or reduce poor mental health and illness:

- The annual cost of mental disorder in England is estimated at £105 billion. By comparison, the total costs of obesity to the UK economy are £16 billion a year and £31 billion for cardiovascular disease.
- In 2010/11, £12 billion was spent on NHS services to treat mental disorder, equivalent to 11% of the NHS budget
- By 2026, the number of people in England who experience a mental disorder is projected to increase by 14%, from 8.65 million in 2007 to 9.88 million. However, this does not take account of the current economic climate which is likely to increase prevalence.

The type of savings which can be made from public interventions that promote emotional health and wellbeing are highlighted by a recent Department of Health report (2011). This found that for every £1 invested, the net savings were:

- £84 saved – school-based social and emotional learning programmes
- £44 saved – suicide prevention through GP training
- £14 saved – school-based interventions to reduce bullying
- £10 saved – work-based mental health promotion (after 1 year)
- £5 saved – early diagnosis and treatment of depression at work
- £4 saved – debt advice services
- £235 saved – befriending services annual net savings

Improving quality of life and emotional wellbeing in Sunderland requires collaboration among partner agencies in the city. This is because emotional wellbeing is influenced by a broad range of social, cultural, economic, psychological, and environmental factors at every stage of the life course. An effective approach will use a combination of different interventions delivered by a range of partners in different settings. Because local authorities have the lead responsibility for public health and public mental health, they need to co-ordinate and achieve this collaboration with primary care services, social care providers, education providers, employers, criminal justice services, environmental planners, voluntary providers and community organisations.

### **Key issues and gaps**

A Mental Health Needs Assessment was carried out for NHS South of Tyne and Wear in April 2009. This identified the following gaps in service provision and areas in which services could be developed and strengthened:

- Social enterprises
- Group support

- Sustainable volunteering programmes
- Provision for refugees
- Substance misuse (drug and alcohol).
- Social prescribing
- Integrating both physical and mental health into services
- Self referral for children and young people for low level need through schools, children's centre and community settings.

Key partners to support work in promoting quality of life and emotional well-being include the local authority, GPs and other primary care providers, social care providers, schools and education providers, voluntary and community sector organisations, and local employers, with the possibility of training frontline staff/ volunteers in awareness of mental health issues and building emotional resilience in individuals, families and communities.

### Recommendations for Commissioning

Based on the findings of the Mental Health Needs Assessment (Makereth, 2009), an Emotional Health and Wellbeing Strategy for NHS South of Tyne and Wear (Sunderland, Gateshead and South Tyneside) 2010-2020 was produced to provide a strategic framework for commissioners. The Strategy sets out five aims:

- **Aim 1:** To improve the emotional health and well-being in the population
- **Aim 2:** To improve the emotional health and well-being in people who may need extra support
- **Aim 3:** To combat stigma and discrimination with regard to mental illness
- **Aim 4:** To promote partnership working between statutory and voluntary agencies and local communities to address deprivation and social inclusion, and to develop joint commissioning opportunities through an assets based approach
- **Aim 5:** To promote and commission research and evaluation on mental health promotion and to improve the measurement of emotional health and wellbeing.

Investment in improving emotional health and wellbeing should be based on '*Five Ways to Wellbeing*' (New Economics Foundation, 2008) and focus on helping people to:

- **Connect** – developing and strengthening social networks and helping people participate in community life
- **Be Active** – engaging people in physical activity
- **Take notice** – promoting positive thoughts and emotions through positive psychology and mindfulness interventions
- **Keep learning** – supporting new experiences and developing skills and confidence
- **Give** – supporting people to contribute to their community and the city through employment and voluntary activity (formal or informal volunteering)

Given the broad nature of the determinants of quality of life and emotional health, a holistic approach is needed, meaning interventions should be focused on four interconnected and interdependent levels:

- **Strengthening individuals** – Support for getting people into work is important, as is providing help to get people back to work after sickness. Public health interventions that address lifestyle issues are likely to have a considerable impact

on improving quality of life and emotional wellbeing. Physical exercise, in particular, has a major impact on maintaining positive moods and reducing depression and anxiety. The effects of drugs and alcohol on emotional health and the consequences of dual diagnosis can be profound and will need to be addressed within any strategy to improve the emotional health and wellbeing of the population.

- **Strengthening families and child development** – The earliest years of a child’s life provide the foundation for later life outcomes, including mental wellbeing. Interventions should adopt a whole family approach, recognising the significant impact of parents’ mental and physical health on their ability to build secure attachments and promote healthy child development. Parenting programmes and peer support are important, as are pre-school/early education programmes that focus on children’s social and emotional development, and school-based mental health promotion programmes.
- **Strengthening communities** – Social connections and sense of community are important factors in quality of life and emotional well-being. Not only does a sense of belonging contribute to individual and community wellbeing, but social networks can build resilience by enabling individuals and communities to help themselves. Networks and relationships within a community can provide people with access to essential resources, social support, and knowledge. They also have a role in improving employment opportunities, shaping behaviours and attitudes, and influencing public health. Therefore interventions that support people to participate in their community, for example through volunteering, can have significant and positive impact on an individual’s quality of life.
- **Strengthening services** – Adopting a holistic approach through an integrated wellness model will allow for multiple needs to be addressed rather than commissioning a plethora of single issue services. This will provide a single point of access into lifestyle risk management services and embed the promotion of emotional wellbeing into a delivery system that already tackles wider determinates of health inequalities. There is also a need to develop better intelligence around quality of life and emotional wellbeing in the city by investing in the development/roll out of assessment tools such as the Lodex Wellbeing Toolkit and the Warwick-Edinburgh Mental Well-being Scale (WEMWBS). This could support more effective commissioning through better targeting of resources and evaluation of impact.

### 1) Who’s at risk and why?

Because of their personal circumstances, experiences or characteristics, some groups are more at risk of poor outcomes than others in relation to their quality of life and emotional wellbeing. The Mental Health Needs Assessment for South of Tyne and Wear (Mackereth, 2009) identified the following vulnerable groups:

- ante- and post-natal women
- older people
- veterans
- people with physical disability
- people with life limiting/life threatening illnesses
- people with learning disabilities
- people with alcohol/substance misuse/dual diagnosis
- people experiencing poor mental health , and children of parents with a mental health need

- people at risk of suicide
- carers
- ethnic minorities, asylum seekers and refugees
- lesbian, gay, bisexual or transgender people
- victims/survivors of domestic violence and abuse
- offenders

## 2) The level of need in the population

There are very few measures of positive well-being available; therefore, current data in Sunderland relates predominantly to mental health problems rather than emotional wellbeing.

According to mental health data, Sunderland has the highest prevalence of depression in the country, with 20.3% of adults currently diagnosed with depression. This compares to 15.1% for the North East and 11.2% for England (JSNA 2012). The areas with the highest prevalence currently correlate with the most deprived areas in the Sunderland, including Redhill, Sandhill, Houghton, Southwick, Hendon, Millfield and Washington East.

Improving the measurement of emotional wellbeing is a key aim of the Emotional Health and Wellbeing Strategy 2010-2020. Action is needed to develop a deeper understanding of wellbeing and resilience at a very local level, in order to enable better targeting of resources and support a locality-based approach to commissioning.

## 3) Current services in relation to need

- **Primary Care and wellbeing service** provide information, assessment, screening and treatment for people suffering from common mental health disorders and recently developed new IAPT service in Sunderland to improve access to psychological therapies.
- **Community CAMHS Service** lower tier service to promote mental health and emotional wellbeing for moderate mental health needs.
- **Early years mental health service** provides services for children under 5 years of age and their families, to promote secure attachment and meet mental health needs
- **Health visitors and school nurses** both promote mental, physical and social well-being in the community by giving advice and support to families in all age groups, focusing respectively on families with pre-school children and school-age children.
- **Health trainers and health champions** are local workers or volunteers who provide health information and signposting into mainstream services.
- **Occupational therapists** enable people to participate in the activities of everyday life.
- **General practitioners**; the vast majority of people are registered with groups, who provide the first point of service provision around mental health problems.
- **Housing related support** commissioned by the City Council offers vulnerable people the opportunity to improve their lives and remain living independently in their own home or the community
- **Physical activity and wellness services** include exercise on referral, slimming on referral, community based and specialist Weight Management

Teams, anti-obesity drugs and weight loss surgery.

- **Drug and Alcohol Services;** community treatment is provided by NHS or voluntary agencies, working alongside different care providers. The Alcohol Strategy's areas for action include community safety, treatment, and education and communication
- **Happiness and wellbeing network** provides a forum for all partners and local residents within the city to raise awareness of emotional health and wellbeing.
- **Voluntary and community sector** organisations provide a number of services around emotional health and wellbeing including delivery of emotional resilience training, counselling, debt advice, carers' support, befriending, and offer opportunities for volunteering.
- **Family Focus** is a multi-agency initiative under the banner of Sunderland's 'Strengthening Families' that seeks to increase resilience, self-esteem and confidence in Sunderland's most vulnerable families using an asset-based approach.

A wide range of community based services are in place which promote quality of life and wellbeing and are provided by all sectors. These include library services, community associations, leisure and sports centres, allotments and community gardens, advocacy services, and services for victims and perpetrators of domestic abuse.

#### **4) Projected service use and outcomes in 3-5 years and 5-10 years**

The Sunderland Action Plan covers the period 2010/13, however, actions in this version are only for the 2010/11 and 2011/12 financial years. This is partly due to the fact that at the time of writing, Sunderland Local Implementation Team was undergoing a review of its function, changed its name in September 2010 to the New Horizon Partnership (Improving Mental Health and Well-being), and this formatted partnership oversees the Action Plan and agree actions for the final year. Over the next 10 years the emotional health and wellbeing strategy is from 2010-2020 and the NHP will continue to develop further action plans and outcomes for the strategy.

**Need to update this whole section with the current position**

#### **5) Evidence of what works**

The evidence base for both effective and cost effective interventions to improve emotional health and well-being is already robust and is growing stronger all the time. Recent research has identified the following key priorities:

- health provision that gives as much weight to patient experience and well-being as to clinical outcomes (for example, through paying more attention to low level social supports)
- community policies that encourage neighbours to get to know each other
- parenting programmes that deliberately try to support parents' wellbeing as well as their children's
- planning, transport and school policies that encourage more exercise
- systematic support to isolated older people to help them create and maintain social networks
- transport and economic policies that encourage lower commuting times
- spiritual support therefore allowing people to seek meaning and purpose of

life and develop personal belief systems.

- maintenance of your body to keep it in good condition through nutrition, physical activity, and avoid making harmful decisions about health
- occupational support – this can allow expression of personal values whilst gaining enjoyment and enrichment for paid or unpaid work, including the importance of work life balance.
- ability to recognise our own responsibility for a quality of air, water and land surrounding us
- having an open mind to new ideas and concepts whilst having emotional and psychological understanding and knowing of how to cope with everyday life and stress

For example, see *The State of Happiness* (2010) from the Young Foundation or the NHS Confederation Briefing *From Illness to Wellness* (October 2011, Issue 224).

A summary of effective and cost effective interventions to improve mental health and wellbeing has been produced for NHS SoTW by national expert Lynne Friedli (available on request), which has helped to inform the actions within the SoTW Emotional Health and Wellbeing Strategy Action Plan.

There is also strong evidence in support of the '*Five Ways to Wellbeing*': Connect; Be active; Take notice; Keep learning; Give (New Economics Foundation, 2008).

## 6) User Views

### Self-reported health status

Although self-reported health in Sunderland has improved over the last decade, the 2011 Census indicates that a considerably higher proportion of people in Sunderland consider themselves to be in poor health compared to both the regional and national average. In 2011, 8.6% of people in Sunderland reported poor health (down from 10.4% in 2001) compared to 7.4% in the North East and 5.5% in England as a whole.

**Public consultation** – As part of the Mental Health Needs Assessment (Makereth, 2009), independent consultants were commissioned to gain a clearer picture of local people's views of mental health and wellbeing (Stephenson and Wigmore, October 2008). In addition to seeking the views of members of the public, the consultation also explored the views of those with experience of accessing mental health services, and those with experiences of working in the sector, primarily from voluntary organisations.

Participants were asked to identify: the negative and the positive factors that influenced mental wellbeing; the sort of things that people do to improve their mental wellbeing; and where, and how, the promotion of mental wellbeing could be delivered. Themes which emerged through door to door surveys and focus groups are reflective of the '*Five Ways to Wellbeing*' and included:

- **Inclusion and belonging** – By these terms, participants meant such matters as spending time with family and friends, and being involved and belonging to a 'community'.
- **Being active and having a structure** – Structured activities were identified by many as important, including access to employment, education and training, volunteering, hobbies and sporting activities. People also discussed the benefits of having access to courses where new skills could be developed. Structured

activities were quite often linked to social aspects of wellbeing, as people would often take part in them alongside friends and family, or they might lead to the cultivation of new acquaintances and friends.

- **Personal time and a balanced life** – Mental wellbeing was connected to having all aspects of life and commitment in balance. Many respondents revealed that they led very demanding lives; work, family and financial commitments leave people feeling tired, and impact on the time perceived as available to indulge in the activities that make them feel relaxed, happy and rested.
- **Raising awareness of mental wellbeing** – The issue of educating, promoting and raising awareness of mental wellbeing was an area that was seen as important – not only in supporting people to improve their mental wellbeing, but also as a tool that challenges stigma.

The key factors perceived to have an impact upon mental wellbeing can therefore be summarised as:

- Finance and work
- Environment and housing
- Perceived and real experiences of crime or the threat of it
- Communication with family and friends
- Education and hobbies
- Psychological mood

Any information about user satisfaction with existing services?

## 7) Equality Impact Assessments

A EiA has already been carried out from the health needs assessment from this a BME mental health needs assessment and LGBT emotional health and wellbeing assessments were carried out separately. An initial Equality Impact Assessment has been carried out on the strategy.

## 8) Unmet needs and service gaps

The Mental Health Needs Assessment (Mackereth, 2009) identified a number of potential gaps in service provision, and highlighted areas in which services could be developed and strengthened. These include:

- Social enterprises
- Group support
- Sustainable volunteering programmes
- Provision for refugees
- Substance misuse (drug and alcohol).
- Social prescribing
- Integrating both physical and mental health

Key partners to support work in promoting quality of life emotional wellbeing include the local authority, GPs and other primary care providers, social care providers, schools and education providers, voluntary and community sector organisations, and local employers, with the possibility of training frontline staff/volunteers in awareness of mental health issues and building emotional resilience in individuals, families and communities.



## 9) Recommendations for Commissioning

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- **Give** – supporting people to contribute to their community and the city through employment and voluntary activity (formal or informal volunteering)

It is recommended that commissioners focus their efforts at four interconnected and interdependent levels:

- **Strengthening individuals** – Increasing emotional resilience through activities that promote self-esteem, build confidence, strengthen social networks; developing life skills such as communicating, negotiating, and relationships; supporting people into good quality work; promoting healthy lifestyles and influencing positive behaviour change.
- **Strengthening families** – Helping parents/carers provide their children with a strong foundation for good mental health, by promoting activities/services that support the development of secure attachments and positive relationships, and improving access to high quality childcare and evidence based parenting programmes;
- **Strengthening communities** – Supporting community-led solutions, peer support and self-help initiatives; promoting social inclusion and participation in community activities; improving community safety and neighbourhood environments; promoting mental health in schools and workplaces; and challenging stereotypes and the stigma attached to mental health.
- **Strengthening services** – More integrated service delivery, based on a

community resilience model that builds on local assets; improving data collection and outcome measurement in relation to quality of life and emotional wellbeing.

#### **10) Recommendations for needs assessment work**

A mental health needs assessment of the population was carried out 2009, with the strategy developed for the period 2010-2020. This to be reviewed at agreed date.

We have commissioned the development of an evaluation tool for organisations/ projects to measure changes in emotional wellbeing for individuals and groups. This new tool will be instrumental in strengthening the evidence base for community projects addressing emotional wellbeing. **(WHAT IS THE STATUS ON THIS?)**

#### **Key contacts**

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