



Salford Mental Wellbeing Strategy 2011 - 2015



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Introduction

In No Health without Mental Health the Department of Health set out the aspiration that “More people of all ages and backgrounds will have better wellbeing and good mental health. Fewer people will develop mental health problems, by starting well, developing well, working well, living well and ageing well”.

Mental wellbeing is not about being happy and contented all the time. Life has periods of happiness and contentment, but it also has periods of unhappiness, e.g. bereavement or work/family stress. This is normal. Failure, disappointment and sadness are part of normal human life. Indeed it is only through these experiences that we can appreciate joy, happiness and success. We must not ‘medicalise’ what is normal, nor protect people from normal variation of feelings that constitute the experiences of a full life. We must equip our citizens to have the resilience to cope with life’s uncertainties themselves through self-reliance and/or their own support systems.

This strategy sets out our local commitment to addressing mental health and wellbeing in Salford. No other health condition matches mental ill health in the combined extent of prevalence, persistence and breadth of impact. Salford has some of the highest levels of mental ill health in the country.

Current evidence shows that treatment (however effective) will avert only 40% of the burden of disease. The focus of this strategy therefore is on prevention; because the scale of the problem is so great, the potential benefits from prevention are correspondingly large. Improving our population’s mental health will have a wider impact on physical health, improved educational attainment, improved quality of life and reduced sickness and unemployment.

There remains some discrimination and stigma attached to mental health problems and the strategy therefore also has a focus of raising awareness that mental wellbeing is a specific and positive dimension of health and tackling stigma and discrimination.

The strategy demonstrates a joined-up approach which actively encourages engagement from all agencies across Salford to implement the required evidence-based actions and ensure mental wellbeing underpins all our work programmes. The aim is to develop the public mental health capacity of the local workforce, including GPs, to deliver the strategy at all levels and this strategy establishes a local coalition and shared vision for Salford.

This document serves as a bridge – drawing attention to existing actions in other Salford strategies and identifying future areas of focus linking to the Joint Strategic Needs Assessment to ensure that we have up-to-date information on the levels of mental health need.

It takes the format set out by the mental health strategy No Health Without Mental Health and the Public Health White Paper Healthy Lives, Healthy People (which covers public mental health and wellbeing). This is a life-course approach, defining key stages of life: starting well, developing well, working well, living well and ageing well.

Importance of Mental Wellbeing

2.1 The term “mental health” is often used to denote mental illness and related issues of treatment; however it can also refer to positive states. “Good mental health” doesn’t simply refer to the absence of a mental illness or mental health problem. It allows us to make the most of our potential, cope with life and play a full part in the lives of our families, friends, communities and workplace. Everyone feels stressed or ‘down’ at some point but these feelings usually pass. For others they may develop into a more serious problem. Mental health does not remain constant and can fluctuate as circumstances change.

Good mental health is characterised by a person’s ability to fulfill a number of key functions and activities: the ability to learn; feel, express and manage a range of positive or negative emotions; maintain good relationships; and cope with or manage change and uncertainty. Poor mental health often carries a stigma. Mental health problems range from the worries we all experience to serious long-term conditions. The majority of people who experience mental health problems can get over them or learn to live with them, especially if they get help early on.

Within this strategy the terms “mental wellbeing” and “mental illness” are also used:

- “Mental wellbeing” describes life satisfaction, optimism, self-esteem, feeling in control, having a purpose in life, and a sense of belonging and support.
- “Mental illness” refers to a diagnosable illness that significantly interferes with an individual’s cognitive, emotional or social abilities e.g. depression, anxiety and schizophrenia.

2.2 Studies of the significant causes and processes involved in the development of mental illness have found that there are physical, social, environmental and psychological causes for mental illness. Physical causes include individual genetic make-up, severe head injuries, substance misuse, illness of mothers during pregnancy and diet. Social and environmental causes include where we live, whether we have strong support networks, our place of work and how and where we can relax. Psychological factors include trauma, abuse, significant life events and self-destructive thought patterns and perceptions.

2.3 Why is Mental Wellbeing Important?

Mental wellbeing is fundamental to a person’s quality of life. It is linked to: improved educational attainment and outcomes; reduced level of mental illness and improved health outcomes; reduced level of crime and antisocial behaviour; reduced absenteeism and improved productivity and improved employment opportunities and retention.

2.4 Poor mental health is both a contributor and consequence of wider health inequalities, associated with an increase in health risk taking behaviours and increased morbidity and mortality from physical health.

2.5 National Perspective – Scale and Impact

The NHS spent around 11% of its annual budget in 2008/9 on mental health services (£10.4 billion) and estimates of the annual wider economic costs are £105.2 billion each year. ³ For people of working age, being employed is generally better for physical and mental health, than being unemployed ⁴ – however depression, anxiety and stress account for more days lost from work than any other single cause⁵ (43% of total days lost from work).⁶ Mental illness is a leading cause of incapacity benefit payment – around 44% of the 2.6 million people currently on long-term health-related benefits have a mental or behavioural disorder as their primary condition.

Some Key Facts:

- Mental illness accounts for more than 20% of the total burden of disease in the UK – more than cardiovascular disease or cancer.
- 1 in 6 of the adult population experiences mental ill health at any one time – 1 in 4 will experience it at some point in their lives. For half of these people the problem will last longer than one year.
- Half of all mental illness (excluding dementias) start by the age of 14 – potentially 25%-50% of mental health problems are preventable through interventions in the early years.
- Dementias currently affect 5% of people aged 60 and above and 20% of those aged over 80.

2.6 Starting Well and Developing Well

Poor mental health and wellbeing is associated with many poor childhood outcomes: lower educational attainment; increased likelihood of smoking/alcohol/substance misuse; poorer social skills and poorer physical health. These can lead to a broad range of poor adult health outcomes. It is essential that this strategy links risk taking behaviours and mental wellbeing.

- 2.7** Deprivation contributes to a greater burden of mental health problems than would be found in more affluent areas. It is consistently associated with higher prevalence of mental health problems. Young people in areas of deprivation are at increased risk of poor health and social outcomes. The economic downturn has brought into sharper focus the negative impact on mental wellbeing. Research⁸ shows that 15% of children in the lowest socio-economic group develop mental health problems compared with just 5% in the highest.

2.8 Living Well

The main risk factors to building resilience are unemployment, homelessness, crime and fear of crime and fuel poverty. Reducing these risk factors is about reducing inequalities and increasing partnership working.

- 2.9** Poor mental health is associated with unemployment, lower income and other adversity. Evidence shows that work meets important psychosocial needs in societies where employment is the norm and allows fuller participation in today's society.⁹

- 2.10** The recession will impact upon health. Negative effects include unemployment and fear thereof. The quality of available work deteriorates and employment discrimination increases. Household incomes suffer, thereby increasing poverty and times of economic instability create stress for families. Problems can be exacerbated with poor employment practice.^{10 11}

The effects of recession build over time and will increase mortality, mental health hospital admissions, prison admissions and suicide.¹²

- 2.11** Fear of crime affects people's sense of mental wellbeing. The 2007 Salford Lifestyle Survey found that 52% of respondents felt unsafe walking alone after dark and 12% felt unsafe when they were home alone at night. (Note: This will be updated once the 2010 Survey has been completed).



- 2.12** Individuals who are homeless or marginally housed are additionally at risk for the onset of mental health problems associated with the harsh and often traumatic life circumstances of homelessness.

- 2.13** Stigma associated with mental health has damaging effects on individuals and discourages them from seeking help when they need it, making it harder to find or return to work and exacerbating feelings of isolation. Social exclusion is both a cause and a consequence of mental health problems.

- 2.14** Social exclusion can be reduced by addressing stigma and discrimination; and promoting social and 'ecological engagement'. Sustainable development promotes a healthy environment to support the wellbeing and social interaction of a population. Promoting social capital connects communities and supports sustainability.

- 2.15** Poor mental health is more of a contributor to poor physical health than vice versa. There are higher levels of risk behaviour among those with mental illness or mental health problems. There is a high likelihood that people presenting at the alcohol support service will have a mental health problem and smoking rates among those with depression are twice as high as in those without depression.

- 2.16** Poor mental health can make physical health problems worse. Depression is 2-3 times more common in people with chronic physical health problems and is associated with a 50% increase in mortality. 17% have two or more physical illnesses which means they have 6.4 times the risk of mental health problems.

- 2.17** Feeling useful and feeling close to and interested in other people contribute to positive mental wellbeing.¹³ Strong social networks, social support and social inclusion play a significant role both in preventing mental health problems and improving outcomes and increasing recovery.¹⁴ However, social support and social participation will not overcome the effects of material deprivation.¹⁵ Learning encourages social interaction and increases self-esteem and feelings of competency.

2.18 Working Well

Being in work has important psychological benefits – people who become unemployed are at increased risk of developing mental health problems and the longer a person is out of work, the harder it is for them to return to the job market. Some employers may need advice in order to support employees with mental health problems remain in work and to develop healthy workplaces.¹⁶

2.19 Ageing Well

Wellbeing in older age is associated with both cognitive ability and reduced mortality. It is a misconception that depression is natural as we get older and that cognitive decline is a normal feature of ageing. Improved physical health, supportive social conditions and opportunities for personal growth improve mental health and wellbeing regardless of age.

- 2.20** In terms of depression, 40% of older people who consult their GP have some form of mental health problem and approximately 25% of older people living in the community have symptoms of depression that require intervention, 11% have minor depression and 2% major depression.

The risk increases with age so that 40% of those over 85 are affected.

- 2.21** By 2020, one in five of us will be over 65 years old and by 2026, the increased costs of dementia alone will be an extra £9 billion per annum. Dementia affects 5% of the over 65s and 20% of the over 80s – only a third of cases are diagnosed. Factors associated with an increased risk of developing dementia include: high blood pressure; high BMI and diabetes – overlapping with CVD risk factors. Alcohol is linked to dementia in 10-24% of cases.

Mental Wellbeing in Salford

- 3.1

Salford is ranked as the 9th most deprived Local Authority (LA) area in England and has some of the highest levels of mental ill health in the country. The 2006 estimates from the Mental Health Observatory show Salford ranking fourth nationally as the PCT with highest rates of neurotic disorders or common mental health problems in the country.
- 3.2

Over 48% of people claiming Incapacity Benefit in Salford do so for mental health reasons compared with 43% for the Northwest and 41% for England. It is estimated that, at any time, one in ten people in Salford are suffering from common mental health problems. Research suggests a great proportion of people suffering from depression (35%) and anxiety (51%) are not in contact with services, which means that these figures may be underestimated. Claims for Incapacity Benefit as a result of a mental health problem have increased over the last three years. Up to 40% of patients consulting their GP for any reason have a mental health problem and for 20-25% of patients, a mental health problem will be the sole reason for attending.
- 3.3

The number of Salford residents admitted to the hospital by reasons of intentional self-harm (ISH) in 2008-09 was 704. This represents a 7.9% increase compared with 2007-08 (N=652), and a 16.2% increase since 2006-07 (N= 606).
- 3.4

An estimated 2,266 people in Salford have dementia and this number is expected to increase to over 2,461 over the next 15 years because of the ageing population. Historically, the profile of dementia has not been high and has suffered from a lack of understanding and from stigma around old age and mental health.
- 3.5

Salford Statistics (2006-09)

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Around 36,000 adults (20% of people aged 16+) and 6,000 children (12% of people aged 0-18) living in Salford are estimated to have a mental wellbeing need.

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Of these, it is estimated that:

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7,900 adults are likely to have extreme anxiety or depression and almost 7,700 claimed benefits due to mental ill health or nervous reasons.

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Over 6,500 adults and children in contact with community mental health teams, of which around 3,500 are with outpatient psychiatrists.

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Nearly 7,000 adults and children are treated as outpatients and 3,500 are treated as inpatients for all mental and behavioural disorders.

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Around 650 people are treated as inpatients for self-harm. 60 people died from suicide or undetermined injury from 2006 to 2008 (20 per year) which contributes 3.2% to the gap in male life expectancy between Salford and the England average.

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The most deprived populations are currently identified as having the greatest need for services. However, there are also gaps within the data sources that prevent assessment of whether services (especially community services) are meeting need.

3.6

Health Needs Assessment (2010) Key findings:

Poor mental wellbeing generally corresponds with areas of deprivation but the pattern is not always clear-cut in Salford.

Deprivation

Living in deprived communities is associated with lower levels of mental wellbeing and in Salford we see this trend but the gradient, as deprivation increases across wards, is not very strong. The gradient for anxiety and depression across wards in Salford increases more sharply as deprivation increases. However some wards with higher deprivation measures have slightly lower than expected anxiety and depression: Winton, Ordsall, Blackfriars and Pendleton.

In general, the most deprived communities show a higher rate of contact with mental health services, with 4-5 people admitted to hospital for every 1,000 residents in Langworthy and Broughton. Winton also shows high rates of hospital admission for self-harm.



In the most deprived fifth of areas where 50% of Salford’s population live, over 80 in every 1,000 people of working age claim benefits for mental or nervous reasons. A total of 90-120 in every 1,000 people of working age claim benefits for mental or nervous reasons in the communities with the greatest need: Broughton and Langworthy wards and Urban Challenge areas.

Some wards show much lower levels of self harm than might be expected when taking deprivation into account: Kersal, Irwell Riverside, Little Hulton and Ordsall.

Salford’s most deprived areas have:

- 1.5x higher levels of below average mental wellbeing
 - 3x higher levels of anxiety and depression
 - 5.3x higher level of Incapacity Benefit claims for mental or nervous disorders
 - 6.6x higher levels of contact with Mental Health Services
 - 3.3x higher contact with outpatient mental health teams
 - 7x higher inpatient mental health admissions
 - 6.5x higher levels of self-harm
- ...than the more affluent areas.

Equity issues need to be considered – is access to outpatient poorer for deprived groups?



It is not possible to fully determine the causes of difference within the gradient. There may be a number of factors responsible; for example, there may be greater levels of resilience in more affluent areas that enable people to cope with below average wellbeing/severe anxiety or depression without the need for services. We could be seeing this in the wards of Irwell Riverside, Little Hulton, Ordsall and Kersal. Other mechanisms of treatment may be accessed in more affluent communities that are privately paid for – healthcare or social activity.

Gender, age and ethnicity

The highest rates of admission for self harm are seen within females aged 16-29 but both sexes aged 16-44 and females aged 45-59 show high rates of admission for self-harm. The rate of having some anxiety or depression increases with age such that people over 40 have two times higher rates than people aged 16-24. Older people experience poorer mental wellbeing than young people.

In Salford there are around 20 deaths each year from suicide and undetermined injury. Since 2001 there has been a gradual increase in male deaths, but not female. The majority of these deaths are in people aged 15-44 (55%) with none under the age of 16 and a very small proportion in the elderly.

Ethnicity data is not generally recorded making it difficult to determine service attendance across cultural groups.

Salford Statistics (2006- 09)

Mental Wellbeing Health Needs Assessment 2010

Number of people dying from suicide and underdetermined causes	21	2008	
Months of lives lost	55(m) 11(f)	2006-2008 average across all people	
Possible attempted suicides	55(m) 11(f)	If 0.5 - 2% succeed	
Number of people on Care Service Approach	2,510	2008/9 MHMDS	
Enhanced CPA	1,553		
Standard CPA	957		
Number of people treated in hospital for mental and behavioural disorders (F00 - F99)	3,576	2008/9 SUS	
Due to psychoactive substance use (F10 - F19)	1,508		
Schizophrenic, mood and neurotic disorders (F20 - F48)	1,328		
Number of people treated in hospital for Self Harm (X60 - X84)	649		
People attending outpatients for mental and behavioural (F00 - F99) or Psychiatry treatment	6,983	2008/9 SUS	
People attending outpatients for Specialist Psychiatry	5,631		
Number of contacts with community mental health team and outpatients	6,576	2008/9 MHMDS	
Consultant psychiatrist contact (Outpatients)	3,474		
Community psychiatry nurse contact	2,871		
Claims of benefits for mental or nervous disorders	7,685	August 2009	
Number of people who have mental wellbeing needs	6,000 Young people aged 0-18	36,500 Adults aged 16+	2009 estimates
People with below average mental wellbeing	32,000		
Extreme depression /anxiety disorders	7,900		
Moderate depression /anxiety disorders	28,600		
Nervous trouble or depression (in last 12 months)	19,250		2007 estimate

What works?

4.1 There are a number of interventions and processes that can be delivered to improve mental wellbeing at population, community, family and group level. Confident Communities, Brighter Futures¹⁷ provided a framework of measures and interventions which can be found in the supporting documents section and most of these recommendations have been retained in Healthy Lives, Healthy People and No Health Without Mental Health. This report draws on an extensive policy background and evidence to support its recommendations.

4.2 These actions require collaboration across a wide range of partners to further develop an environment that supports and facilitates mental wellbeing.

4.3 Interventions to Support Starting Well and Developing Well

These include awareness raising about good parental mental and physical health and supporting good parenting skills, plus intervening to provide support, e.g. assisting in the child's development of social and emotional skills and early intervention with mental health disorders. Wider prevention measures include preventing violence and enhancing play facilities.

4.4 Interventions to Support Living Well and Working Well

These include society-wide measures and require cross-departmental/agency working to prevent violence; to reduce poverty, debt, unemployment, poor housing, and homelessness and to mitigate the impact of climate change. They also include principles for ways of working – e.g. to promote wellbeing, rather than curbing such interventions, during times of adversity.

These include practical measures to reduce social exclusion by addressing stigma and discrimination and physical improvements such as: insulate homes; encourage and facilitate healthy eating; active transport and access to green spaces. Promoting social capital connects communities and supports sustainability and wellbeing – e.g. volunteering and social prescribing. Universal measures need to be combined with targeted approaches aimed at the socially excluded population.

There needs to be targeted health improvement programmes and physical health checks for people with mental health problems and Improved Access to Psychological Therapies for people with physical health problems. Early physical health promotion in those with mental illness increases wellbeing and also prevents development of physical health problems.

These are varied: promote activities that balance physical and mental activity; promote lifelong learning, relaxation and sleep; encourage art and creativity projects; support education, leisure and volunteering; and ensure that work is of good quality.

4.5 Interventions to Support Ageing Well

These include: reducing poverty; helping people to keep active and warm and supporting people to maintain their social connections and community engagement.

Current Practice

5.1 The Mental Wellbeing Health Needs Assessment consulted with a sample of 34 different and diverse services with the aim of including a sample of services covering the NHS, Salford City Council and third sector organisations. This is in the supporting documents section.

5.2 The areas explored with each service were:

- Their understanding of mental wellbeing and the impact their service has on mental wellbeing.
- The main activities they provide which have an impact on mental wellbeing through delivery of their core services.
- How their policies, programmes and projects affect mental wellbeing.
- Ways of enhancing the mental wellbeing of their clients/staff.
- Gaps in service provision.
- Training needs.



5.3 There is commitment from some services across Salford to look at the mental wellbeing agenda and to integrate it into the strategic planning process, including a shift from treatment to prevention. This has begun to take place, although this clearly needs accelerating. There is a positive emphasis in Salford on the worklessness agenda and its impact on mental wellbeing.

Many services do not always see mental wellbeing as an integral part of their work or how it fits into their work agenda, even though they may be offering services that have a huge impact on the mental wellbeing of the people with whom they work.

5.4 There are some excellent examples of partnership working between the public sector and third sector organisations, e.g. the Neighbourhood and Health Improvement Teams, Salford Foundation, Salford Carers, The Angel Healthy Living Centre and Unlimited Potential. There are projects targeting specific mental wellbeing issues, e.g. Skills and Work, Salford Moneyline, Mind and Improving Access to Psychological Therapies and there are also projects targeting particular groups, e.g. Day Opportunities, StART in Salford, Progress 2 Work, BEST and Big Life/Energise Centre.

5.5 Services offer support across the age spectrum, providing individualised advice or group activities covering prevention, treatment and recovery. These include parenting support, play and physical activities, violence prevention, unemployment and debt support, dealing with housing and homelessness, social networks, tackling discrimination, provision of green environment and volunteering.

Current Policies and Strategies

6.1 We have mapped existing strategies and policies to identify existing practice linked to mental wellbeing and to avoid duplication. Below is a list of the policies and strategies that support mental wellbeing in Salford according to the No Health Without Mental Health's life course approach. The detail of how they link to improving mental wellbeing is included in the supporting documents section.

	Existing Policies
Starting and Developing Well	Emotional Health and Wellbeing Strategy for Young People and Action Plan Family Poverty Strategy (2011)
Living Well, Working Well	Salford's Climate Change Strategy 2010 Salford Crime and Disorder Reduction Strategy Parks for People Strategy Workforce Strategy Tobacco Control Strategy Healthy Weight Strategy Alcohol Strategy Sexual Health Strategy Personalisation Strategy Salford Community Cohesion Strategy CVS Volunteering Strategy Skills for Life Strategy Health and Wellbeing Strategy (in development)
Ageing Well	Growing Older in Salford Mental Wellbeing for Older People including Dementia

Where do we need to focus?

The Health Needs Assessment has identified a great deal of work and activity already taking place in Salford to address mental health and wellbeing. This allows this strategy to focus on programmes and projects that will further strengthen Salford's approach to public mental health.

Strategic Planning

- Develop a common agreement across Salford on the meaning and usage of the terms mental wellbeing, mental health and mental illness.
- Continue to ensure a shift of focus to prevention - specialist mental health services to more community-based services.
- Ensure a joined-up partnership approach between commissioners and providers to improve mental wellbeing.
- Undertake comprehensive evaluation and equity audit of service delivery commencing with mental health services and then looking at services by theme, e.g. IAPT, children's focused services, those for older people.

Service Delivery

- Develop joint outcomes within the Way to Wellbeing pathway/service specification for the Health Improvement Teams and Neighbourhood Teams/Community Development Workers to ensure better integrated working and ensure sustainability of programmes.
- Ensure better integrated working between the public and third sector ensuring that the third sector is listened to and can fully contribute towards influencing practice.

- Strengthen communication between services, commissioners and providers.

Commissioning

- Raise the profile of mental wellbeing and ensure it is specified in current Service Level Agreements.
- Support the wider determinants approach by asking for evidence of additional social, environmental and economic impact in every contract commissioned.
- Adopt the RE-AIM approach for planning and performance managing mental health outcomes.

Communication

- Combine the mental wellbeing agenda with the health and wellbeing strategy.
- Develop a central directory of services impacting on mental wellbeing to support signposting for professionals. This is now complete as part of the work to develop the strategy and is managed as part of the City Council's single directory of services.

Training

- Incorporate mental wellbeing into the training offer developed by the Health Gain Programme to develop the Salford-wide workforce public health capacity.

Data

- Share indicators developed for mental wellbeing with all partners.
- Ensure routine analysis from systems currently recording data on mental wellness is undertaken and circulated to provide evidence of a realistic picture of Salford's issues around mental wellbeing. This needs to be linked to the Joint Strategic Needs Assessment.

Other Housing

- Support existing work on housing stock and fuel poverty to reduce exposure to damp conditions.
- Ensure housing providers develop a more coordinated approach on tenancy sustainability and promotion of mental wellbeing.
- Scope need of supported tenancies for low-level mental wellbeing.

Financial Wellbeing

- Scope need to develop more services to provide advice on debt/financial literacy.
- Explore the impact of welfare reform.

Social Prescribing

- Provide guidance on appropriate social prescribing for commissioners and raise awareness of this as an appropriate intervention to help people.

The actions presented here represent a broad and diverse array of work and with this in mind the strategy will use one year action plans, starting with actions that the evidence suggests will have the greatest impact and create a foundation for future activity.

Work programme

8.1 The process of the needs assessment has helped partners identify gaps and issues. This in itself has resulted in a developing work programme which is already implementing many of the recommendations within current resources. These are included in the supporting documents section. This section of the strategy is focused upon what is missing from agencies' current activities. These objectives are embedded in the principles as described in Section 1.

8.2 Improving Mental Wellbeing through Service Delivery

This section includes a range of actions, some of which would require funding to progress but many do not. It is recognised that this strategy has been written in a reduced cost environment, and therefore the intention is to focus initially on those programme areas which can be progressed within current workstreams or identified budgets (e.g. PCT Strategic Plan funded workstreams). Programmes that would require extra resource to implement are highlighted with an asterisk.

To raise the profile of mental wellbeing as an important aspect of all health and wellbeing services there needs to be a shift in the emphasis of the commissioning cycle, from commissioning, through delivery to evaluation.

This includes:

- Improved data collection would improve service commissioners' and providers' understanding of local need* particularly around children's mental health needs.
- Greater visibility in the commissioning process and service level agreements.
- Integrated working between the public and third sectors for improved third sector engagement.
- Strong, clear communication within and between services.
- Improved training for frontline workers*.
- Comprehensive evaluation of service delivery.

8.3 Starting Well and Developing Well

- Provision of childcare to support parents who need a respite from caring*. The Carers' Strategy has plans for this aspect.
- Children require support around coping with stigma and developing resilience skills. This needs to be linked to physical health.

8.4 Living Well and Working Well

Employment:

- Greater provision of basic skills training/development and education to support people find employment*.
- Increased provision of social enterprise schemes to provide extra support for those ready to work but needing additional help*.
- Mental wellbeing principles need to be incorporated into all services' policies to support employee mental wellbeing.

Housing:

- Work with all housing providers to ensure a more coordinated approach on tenancy sustainability, building quality and promotion of mental wellbeing*.
- Exploring the need to develop more services to provide advice on debt/financial literacy*.

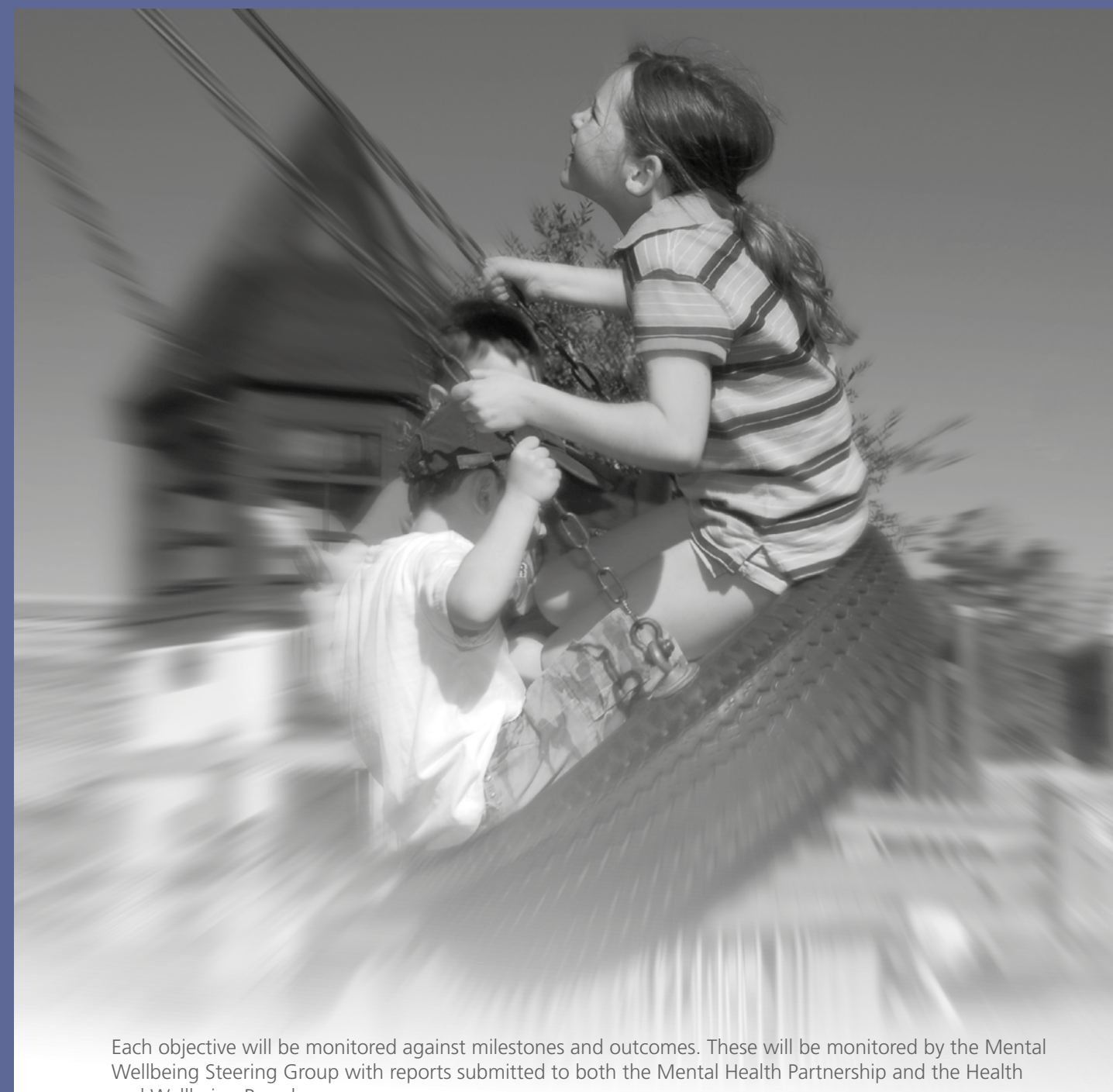
8.5 Living Well and Ageing Well

- Raise awareness of social prescribing to frontline services.
- Ensure links are strengthened between Day Care Opportunities and Exercise on Prescription Schemes.

8.6 Action Plan

These objectives will be incorporated into the strategy's action plans over the next five years. Annual Action Plans will be developed by the Mental Wellbeing Steering Group and submitted to the Mental Health Partnership Board for approval.

An initial recommendation is that efforts are focused on the objectives that facilitate other objectives – e.g. efforts to improve communication and training – and can be done within existing resources.



Each objective will be monitored against milestones and outcomes. These will be monitored by the Mental Wellbeing Steering Group with reports submitted to both the Mental Health Partnership and the Health and Wellbeing Board.

8.7 Resources for 2011/12 and 2012/13

There is a limited resource identified to support delivery of some of the actions in 2011/12 and 2012/13 within the PCT Strategic Plan. Funding post-2013 cannot be commented upon at the time of writing.

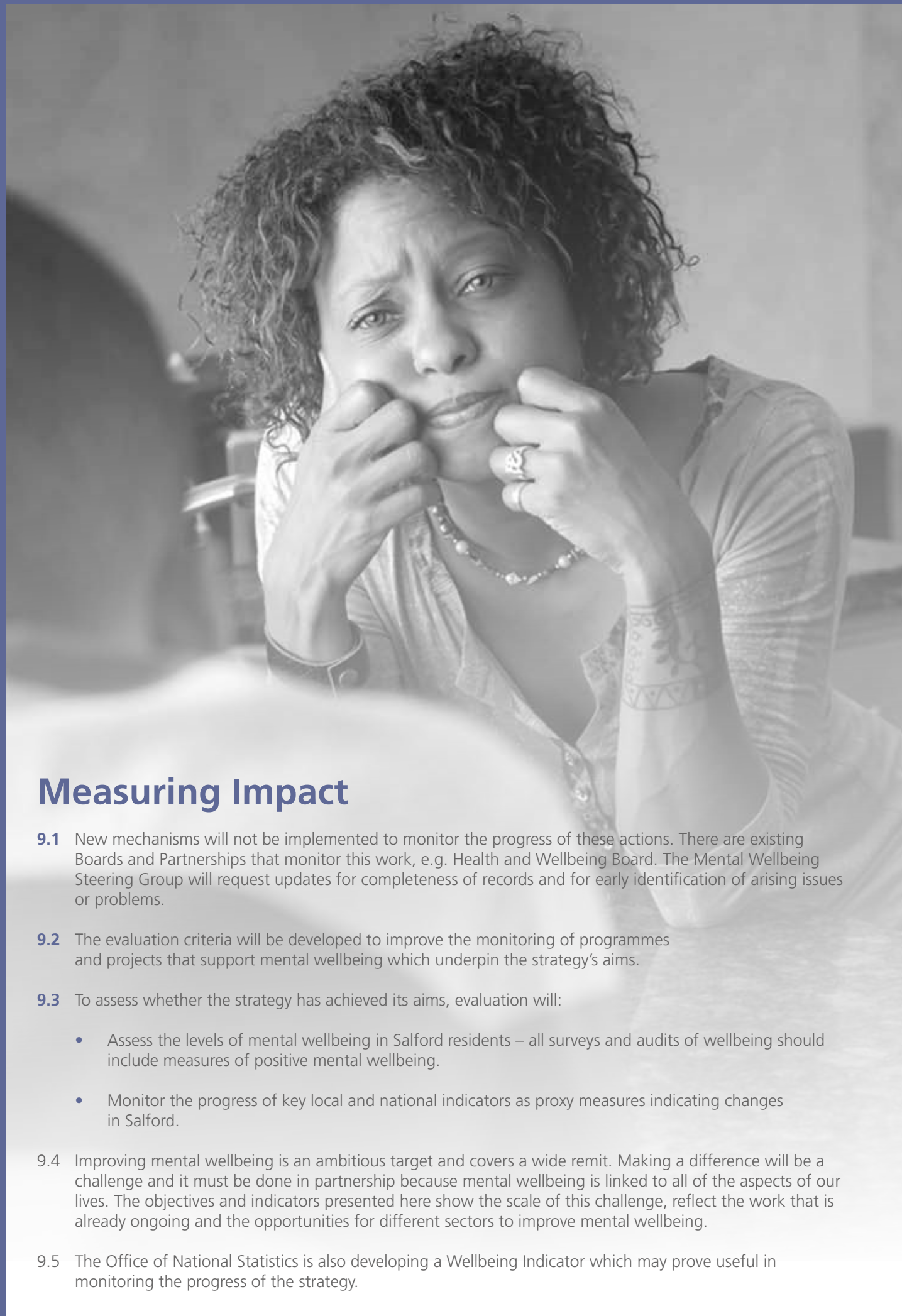
To date, limited PCT funding has been identified to support the following actions following detailed business cases:

- Improved training for frontline workers
- Exploring the need to develop more services to provide advice on debt/financial literacy.
- Raise awareness of social prescribing to frontline services.
- Improve workplace health.
- Improve access to services that promote good health.
- Resources for schools.

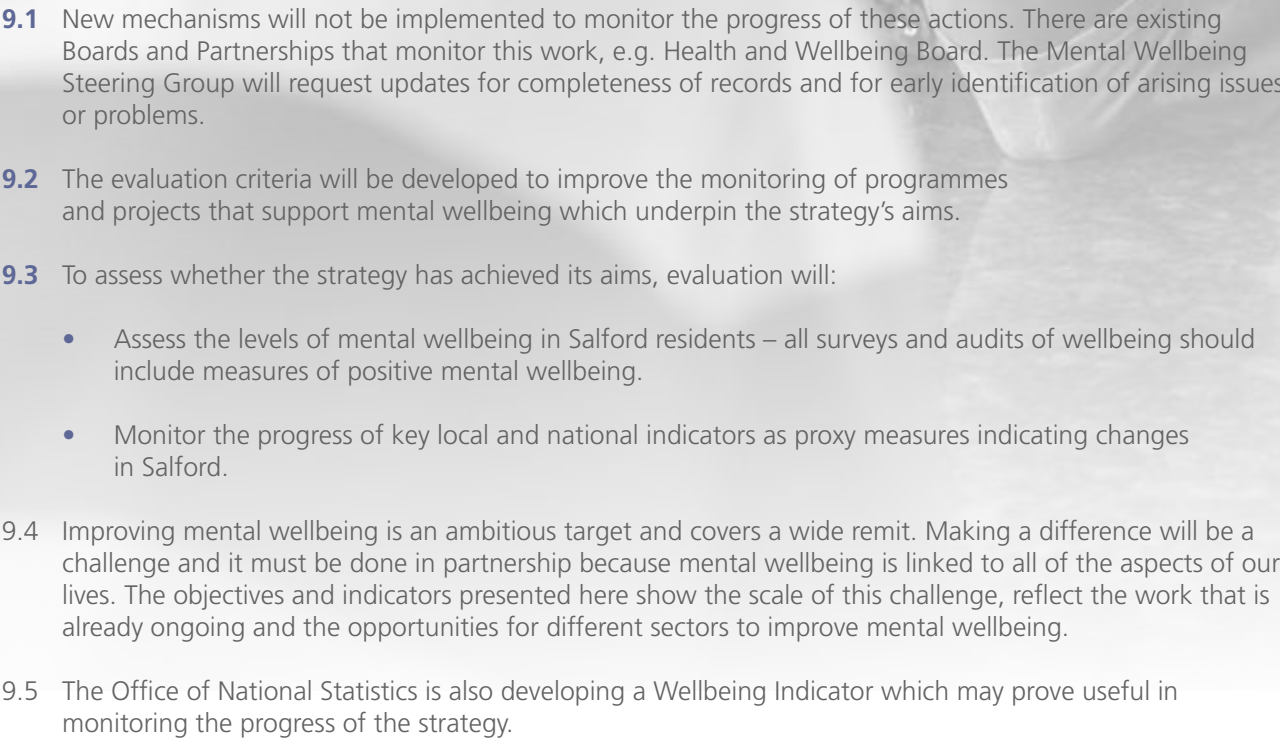
See overleaf for more detail on the finance plan.

Theme	Secondary Driver	Specific Action Plan Project	Target Outcome	What is the mechanism to measure this outcome?
Ensure the provision of appropriate training and use of resources therein.	Target young people and service providers' attitudes to mental health problems.	Identify resources to support mental health training aspect of the Health Gain Programme. Identify resources to support PHSE in schools around eating disorders.	Reduce stigma around mental health and raise awareness of positive actions.	Monitoring tools in place within NHS Salford.
Improve access to services that support good mental wellbeing and health.	Target communities with unmet mental health need.	Time Banking Support to Orthodox Jewish community in accessing mental health services.	Increase social cohesion and reduce isolation. Increased recovery from mental health problems.	Star recovery model.
Provide better support for people with mental health problems on debt and financial literacy and explore the impact of Welfare Reform.	Provide debt and financial advice to people with mental health problems.	Provide better support for people with mental health problems on debt and financial literacy and explore the impact of Welfare Reform.	Reduce the pressures that contribute to existing mental health problems.	Monitoring tools in place within NHS Salford and development of national tools.
Reduce the incidence of self harm.	Target service providers and young people to raise awareness about self harm.	Awareness training in schools, for A&E staff and carers.	Prevent repeated attempts to self harm and reduce stigma.	Monitoring tools in place within NHS Salford.
Improve workplace health.	Target workplaces for improved mental health.	Workplace Mental Health Manager.	Support for those returning to work and to reduce absence.	Monitoring tools in place within NHS Salford and development of national tools.

Potential Beneficiaries? ¹⁸	How many will come in contact with the project?	Target - % who will achieve the outcome?	Further 'Quality evaluation' being conducted? If yes give brief details	Cost of Intervention	Opportunity to Save
36,500 adults (+16) 6,000 children (0-18)	60 staff in various providers. 3,000 children in the targeted age range.	100%	Uptake to be monitored and comparison of appropriate baseline figures and post-12 months.	£1,700 Therefore £0.55 per intervention.	Economic savings estimate: £1,080 per child. Benefits are long-term in nature. Associated increased tax revenues and savings in social security expenditure. (Source: No Health Without Mental Health, 2011)
7,000 treated as outpatient, 1,500 treated for substance misuse.	300	70%	Evaluation planned	£65,000 Therefore £216 per intervention.	Economic modelling by the LSE found that a conservative estimation of the economic value of the contribution of each member would exceed £1,300. (Source: No Health Without Mental Health, 2011)
7,700 Incapacity Benefit for Mental Health problems, 6,500 in contact with Community Mental Health Teams.	500	60%	Research planned	£68,000 NB £48,000 is direct support. Therefore £96 per intervention.	People with mental health problems are more likely to get into problematic debt. Debt rates for those with depression and anxiety are 24%. Nationally, associated savings are estimated at around £220 million from productivity gains.
650 people treated for self-harm.	300	40%	Uptake to be monitored and comparison of appropriate baseline figures and post-12 months.	£22,000 Therefore £74 per intervention.	2009/10: Total cost for patients admitted at SRFT for self-harm was £390,324. A&E attendance for this group cost £77,004. Total cost £467,328. Potential reduction of £186,931 (Source: Smith 2011)
36,500 adults (+16)	4000	70%	Uptake to be monitored and comparison of appropriate baseline figures post-12 months.	£48,000 Therefore £12 per intervention.	£40,000 investment in a promotion programme could result in savings of + £340,000 over one year - a nine-fold annual return from productivity gains and reduced absenteeism. (Source: No Health Without Mental Health, 2011)



Measuring Impact

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- 9.1** New mechanisms will not be implemented to monitor the progress of these actions. There are existing Boards and Partnerships that monitor this work, e.g. Health and Wellbeing Board. The Mental Wellbeing Steering Group will request updates for completeness of records and for early identification of arising issues or problems.
- 9.2** The evaluation criteria will be developed to improve the monitoring of programmes and projects that support mental wellbeing which underpin the strategy's aims.
- 9.3** To assess whether the strategy has achieved its aims, evaluation will:
- Assess the levels of mental wellbeing in Salford residents – all surveys and audits of wellbeing should include measures of positive mental wellbeing.
 - Monitor the progress of key local and national indicators as proxy measures indicating changes in Salford.
- 9.4** Improving mental wellbeing is an ambitious target and covers a wide remit. Making a difference will be a challenge and it must be done in partnership because mental wellbeing is linked to all of the aspects of our lives. The objectives and indicators presented here show the scale of this challenge, reflect the work that is already ongoing and the opportunities for different sectors to improve mental wellbeing.
- 9.5** The Office of National Statistics is also developing a Wellbeing Indicator which may prove useful in monitoring the progress of the strategy.

Notes

This image shows a full page of blank, lined paper. It features approximately 28 horizontal blue or grey lines spaced evenly apart, typical of notebook paper. The lines extend across the entire width of the page, leaving small margins at the top and bottom. There are no vertical lines, text, or other markings on the page.

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Want to know more about our organisation?

Please visit NHS Salford's website at www.salford.nhs.uk for further details.

The website contains information on:

- Board papers
- Latest news
- Location and opening times of health services
- Events
- Consultations and chances to get involved
- Key contacts.

Alternatively, find us on Twitter, Facebook and Youtube.

If you would like to join our Citizen and Patient Panel Tel: 0161 212 4853.