Mental Wellbeing: Summary

- Mental wellbeing is a vital resource for individuals and communities in order to realise a full range of health, social and economic benefits for the population of Greenwich.
- Mental wellbeing is associated with a range of important outcomes including improved resilience and ability to cope with adversity, reduced levels of mental disorder, reduced mortality, better physical health, reduced crime and violence and better social relationships
- The wide range of impacts of mental wellbeing also have economic impacts as a result of greater success in education and work, higher income, improved physical health and longer life expectancy, making promoting mental wellbeing a key priority in reducing poverty and economic development.
- People over 16 in Greenwich are estimated as having lower rates of life satisfaction, feeling that what they do in their life is worthwhile and feeling of happiness than in England as a whole.
- The rate of feeling anxious in Greenwich is higher than England with 43.48% of over 16's reported as being anxious yesterday
- Greenwich performs slightly better than our inner London neighbours on the available national wellbeing scores.
- Significant inequalities exist in rates of subjective wellbeing in the Borough, with low wellbeing scores being closely correlated with the Index of Multiple Deprivation (national data), long term physical health conditions and those bringing up children without a partner (local data).
- Local research suggests a high correlation between people who undertake activities linked to the "Five Ways to Wellbeing" and levels of life satisfaction, particularly spending time with a friend or relative and attending organised activities
- A wide range of effective interventions exist to improve mental wellbeing across the life course
- Mental health problems "tend to affect people early (50% of cases occur by age 14). Yet most current public spending on mental health is focused on the results of problems, on crisis intervention and expensive longer-term care and support rather than on prevention and early intervention" (LSE, 2013).
- Knapp et al. (2011) at the London Schools of Economics produced a useful economic evaluation of 15 interventions designed to promote positive mental health, prevent mental ill-health or provide early intervention for mental ill-health. This modelling enables an analysis of return on investment per year one to six across public and private sector organisations
- Greenwich has a wide range of assets to support mental wellbeing including third sector organisations, green spaces, arts and cultural activities, employment support, debt advice services, parenting support and early year's services.

Mental Wellbeing

What do we know about it?

Introduction

Mental wellbeing is a vital resource for individuals and communities in order to realise a full range of health, social and economic benefits for the population of Greenwich.

Mental wellbeing is associated with a range of important health benefits, including:

- Improved resilience and ability to cope with adversity
- Reduced emotional and behavioural problems in children and adolescents (Parry-Langdon and Fletcher, 2008)
- Reduced levels of mental disorder in adulthood (Lyubomirsky et al 2005a, Keyes et al, 2010)
- Reduced suicide risk (Koivumaa-Honkanen et al, 2001)
- Better physical health (NHS Information Centre, 2011, Huppert, 2009)
- Reduced mortality (Huppert and Whittington, 2003)
- Healthier lifestyle and reduced health risk behaviour (Lyubomirsky et al, 2005b) including reduced smoking and harmful levels of drinking (Deacon et al.,2009)
- Less use of health services and reduced mortality in healthy people and in those with established illnesses (Joint Commissioning Panel for Mental Health, 2012)

The wide range of impacts of mental wellbeing also have economic impacts as a result of greater success in education and work, higher income, improved physical health and longer life expectancy, making promoting mental wellbeing a key priority in reducing poverty and economic development.

Improved wellbeing also has important non-health benefits including:

- Improved educational outcomes (NICE 2008, NICE2009a)
- Increased productivity at work (NICE 2009b, Boorman, 2009), reduced absenteeism (Keyes et al, 2005, Mills et al., 2007) and reduced burnout (Lyubomirsky et al, 2005a)
- Higher income (Lyubomirsky et al, 2005a)
- Stronger social relationships (Lyubomirsky et al, 2005a, Pressman and Cohen,2005, Dolan et al., 2006)
- Increased social/community participation (Huppert, 2008)
- Reduced antisocial behaviour, crime and violence (Coid et al., 2006, Sainsbury Centre for Mental Health, 2009).

(Joint Commissioning Panel for Mental Health, 2012)

What is mental wellbeing?

A wide range of terminology is currently in use to describe mental wellbeing: psychological wellbeing, emotional health, flourishing, emotional resilience and just plain wellbeing to name but a few. Essentially concepts of mental wellbeing are made up of the following:

- How people think and feel
- How people function personally and socially
- How people evaluate their lives - life satisfaction

Key components of mental wellbeing for an individual are:

- positive emotions and/or life satisfaction
- self-acceptance
- positive relations with others,
- autonomy (ability to think for yourself),
- environmental mastery (the ability to feel you can change your circumstances for the better),
- having a purpose in life (having goals and not feeling helpless)
- personal growth (being able to learn from the stresses and challenges of life)

(Ryff et al. 1996)

Mental wellbeing is not about feeling happy all the time:

"Sustainable well-being does not require individuals to feel good all the time; the experience of painful emotions (e.g. disappointment, failure, grief) is a normal part of life, and being able to manage these negative or painful emotions is essential for long-term well-being". (Huppert, 2009, p137)

Languishing refers to a state where a person has low levels of wellbeing but no mental ill-health (Keyes 2005a).

Resilience is associated with mental wellbeing and refers to the process of "withstanding the negative effects of risk exposure, demonstrating positive adjustment in the face of adversity or trauma, and beating the odds associated with risks" (Bartley, 2006 p.4).

The Young Foundation (2012) carried out an analysis of the National Understanding Society Population Survey (2009) and found a high correlation between people with high wellbeing and high resilience and that unemployment appeared to be one of the best predictors of levels of wellbeing and resilience.

However, they also found that 35% of the population have low wellbeing but high resilience and 16.6% have low resilience but high wellbeing and this calls for a more detailed understanding of our populations and what interventions and policies may be needed to support people and communities in difficult times.

National Strategies

Public mental health is concerned with the promotion of positive mental health, as well as prevention of mental ill-health, both for the general population and for those with mental disorders.

Creating a mentally healthy population is at the heart the mental health outcomes strategy, *No Health without Mental Health* (HM Government, 2011) that has two overarching goals:

1. Improve the mental health and wellbeing of the population and keep people well
2. Improve outcomes for people with mental health problems through high quality services that are equally accessible to all.

The Office for National Statistics (ONS) has recently embarked on a major programme to "Measure National Wellbeing" using both objective and subjective indicators in order that national policy can be informed by the impact of government decisions on people's quality of life and wellbeing. The Measure of National Wellbeing is made up of ten domains including:

1. Education and skills
2. Economy
3. Natural Environment
4. Our Relationships
5. Individual Wellbeing
6. Health
7. What we do
8. Where we live
9. Governance
10. Personal Finance

The current Measure of National Wellbeing is presented in a useful wheel format and can be viewed at: http://www.ons.gov.uk/ons/interactive/well-being-wheel-of-measures/index.html

In terms of Domain Five: Individual Wellbeing the ONS national survey asked respondents four questions to assess their own levels of subjective well-being . The four questions asked were:

1. Overall, how satisfied are you with your life nowadays?
2. Overall how happy did you feel yesterday?
3. Overall, how anxious did you feel yesterday?
4. Overall, to what extent do you feel the things you do in your life are worthwhile?

This national data has been modelled at Local Authority and Lower Super Output Area level which is presented below.

The newly established national body Public Health England have made improving mental wellbeing a priority in their work programme.

Facts and figures

This section provides a guide to the available objective and subjective data that can provide insight into levels of mental wellbeing in Greenwich.

Local Objective Indicators for Mental Wellbeing

A wide range of demographic, socio-economic environmental factors influence the rate of mental wellbeing and mental ill-health in the population. The tables below provide links to some of the key available indicators and data sources on the protective and risk factors for mental wellbeing. They

are not complete and during 2013/14 a more complete analysis will be undertaken of these risk and protective factors to enable work for improving mental wellbeing to be prioritised in Greenwich.

Table 1: Local Indicators for protective factors for mental wellbeing

Protective factors for mental wellbeing	**Locally Available Indicator**
Learning - Educational achievement	-Provision for children under 5 years of age in England -Children achieving a good level of development at early years foundation stage -GCSE achieved (5A*-C inc Eng & Maths) -Participation in Education, Training and Employment by 16-18 year olds in England -Healthy schools: participation in positive activities -Schools readiness ((placeholder in the Public Health Outcomes Framework)
Employment (including autonomy, support, security and control in an individual's job)	-Local rate of employment -Proportion of adults receiving secondary care mental health services in paid employment -Sickness Absence Rate
Good quality housing	-ONS (2012) Census tables on tenure (KS402EW) and housing (KS401EW) CLG Live tables on affordable housing supply by Local Authority -Proportion of adults receiving secondary care mental health services in settled accommodation -% of council housing meeting Decent Homes Standard
Early environmental factors	-Breast feeding and prevalence at 6-8 weeks
Being Active	-Local child and adult participation in physical activity
Giving – doing things for others	-Rates of local volunteering
Connecting – social support and networks	-Social Connectedness (placeholder in the Public Health Outcomes Framework) - Local 3rd Sector and community resources -Community centres
Feeling safe	-% of people who say they trust people in the local area -Older people's perception of community safety
Access to the natural environment/green spaces/trees	-% who accessed green space at least once a week -utilisation of outdoor space for exercise/health reasons
Arts and Culture	-Numbers of people accessing cultural assets such as libraries/theatres/arts

Table 2: Local Indicators for risk factors for poor mental wellbeing	
Risk factors for poor mental wellbeing/mental ill-health	**Locally Available Indicator**
Low income/poverty	-People living in the 20% most deprived areas -Children in poverty -Local basket of inequality indicators -Index of Multiple Deprivation -Marmot Review Team: Indicators for social determinants of health, health outcomes and social inequality -Fuel poverty - People in debt
Housing Quality and Status	-Housing by tenure -Statutory homelessness: homelessness acceptances (1.15i) and households in temporary accommodation- -% of population affected by noise – Complaints about noise
Parental factors	- Maternal smoking: **a**t birth and during pregnancy -Children in lone parent families -Children in out of work families -Children of parents with mental disorder -Children of parents with substance misuse problems
Child factors	-Low birth weight births -Ethnicity: population estimates by ethnic group, age and sex (some ethnic groups are at higher risk of mental health problems – see inequalities section below for details)
Educational factors	-Pupil absence from school -Permanent and fixed period exclusions from school -Behaviour in schools
Violence and abuse	-Percentage of pupils who say they have been bullied and who say their school deals poorly with bullying -SHEU data -Numbers of referrals and assessments of children and young people who were the subject of a child protection plan -Abuse of vulnerable adults -Episodes of violent crime per 1000

	population -Rate of Domestic Violence
Social isolation/loneliness	-Number of people living alone -Number of people who are divorced, widowed, separated
Higher risk groups (children and adolescents)	-Children on the child protection register -Looked after children including adoption and care leavers -Emotional Wellbeing of Looked After Young People -Children with Special Educational Needs -Children with parents in prison -Numbers of 16-18 year olds Not in Employment, Education or Training (NEETs) -Young offenders -First time entrants to the youth justice system
Higher risk groups (Adults)	-New mothers -Percentage of adults with no qualification -Numbers who are economically inactive, on job seekers allowance and claimants including numbers claiming incapacity benefit -Number of working age unemployed adults long term unemployed claimants of incapacity benefit/ severe disability allowance with mental or behaviour problems per 1000 working age population (LBOI Indicator 10.2) -Statutory homelessness: homelessness acceptances (1.15i) and households in temporary accommodation (1.15ii) -Ethnicity: population estimates by ethnic group, age and sex (some ethnic groups are at higher risk of mental health problems) -Refugees and asylum seekers -Prisoners -Learning Disability -People with a Long term limiting illness -Lesbian, Gay, Bisexual, and Transgender people -People registered deaf or hard of hearing - People misusing alcohol/substance misuse -Carers

Local Subjective Indicators of Mental Wellbeing - Adults

In the absence of local surveys to measure mental wellbeing, limited subjective wellbeing indicators for Greenwich are modelled from the results from the first ONS Annual Experimental Subjective

Well-being measures from the Annual Population Survey 2011-12. This is currently the best data available and is used by the Public Health Outcomes Framework to measure local performance on mental wellbeing. The survey asked respondents four questions to assess their own levels of subjective well-being. The four questions asked were:

1. Overall, how satisfied are you with your life nowadays? (PHOF Indicator 2.3i)
2. Overall, to what extent do you feel the things you do in your life are worthwhile?(PHOF Indicator 2.3ii)
3. Overall how happy did you feel yesterday? (PHOF Indicator 2.3iii)
4. Overall, how anxious did you feel yesterday? (PHOF Indicator 2.3iv)

The Public Health Outcomes Framework presents this data for the first three questions by focusing on the percentage of LOW scores for each domain (low being a score of 0-6 on a ten point range). Therefore, for 2.3i – 2.3iii a lower score indicates a better performance (low numbers of people with low satisfaction etc).

Figure1. Indicator 2.23i – Self-reported well-being – people with a low satisfaction score

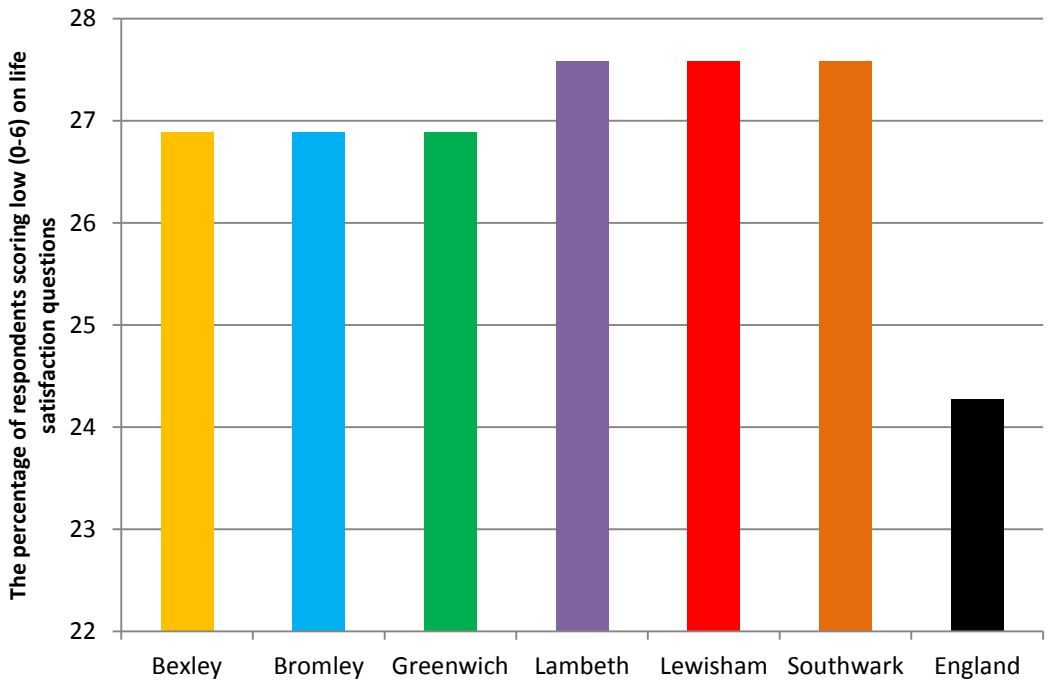

Figure 1 shows that people in Greenwich self-reported similar outcomes on the low satisfaction score to Bexley and Bromley, better outcomes than Lambeth, Lewisham and Soutwark, but poorer than the England average.

Figure 2. Indicator 2.23ii – Self-reported well-being – people with a low worthwhile score

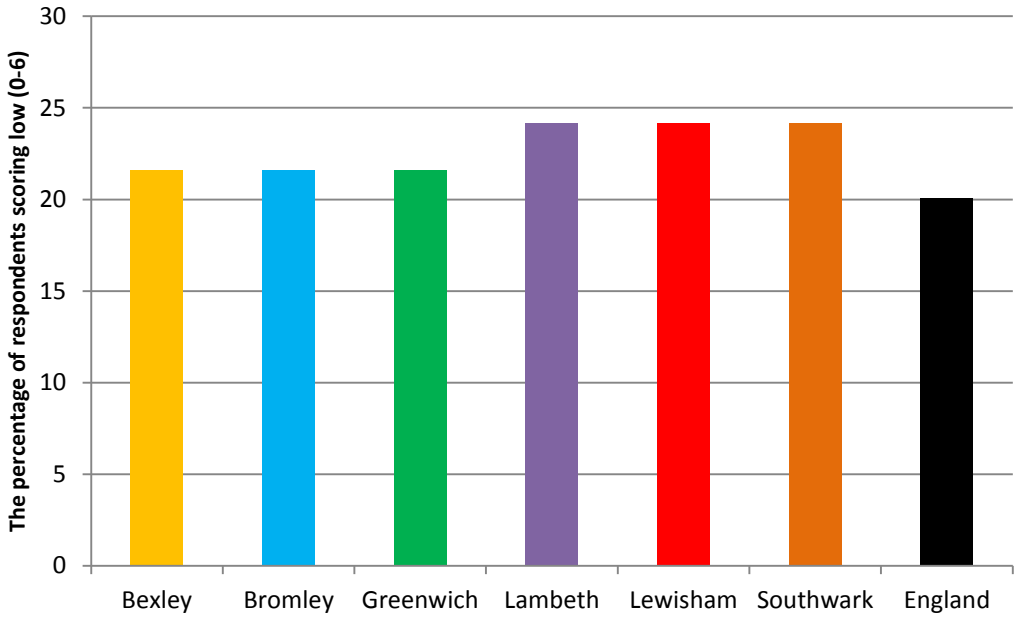

Figure 2 shows that people in Greenwich self-reported similar outcomes on the low worthwhile score to Bexley and Bromley, better outcomes than Lambeth, Lewisham and Soutwark, but slightly worse than the England average.

Figure3. Indicator 2.23iii – Self-reported well-being – people with a low happiness score

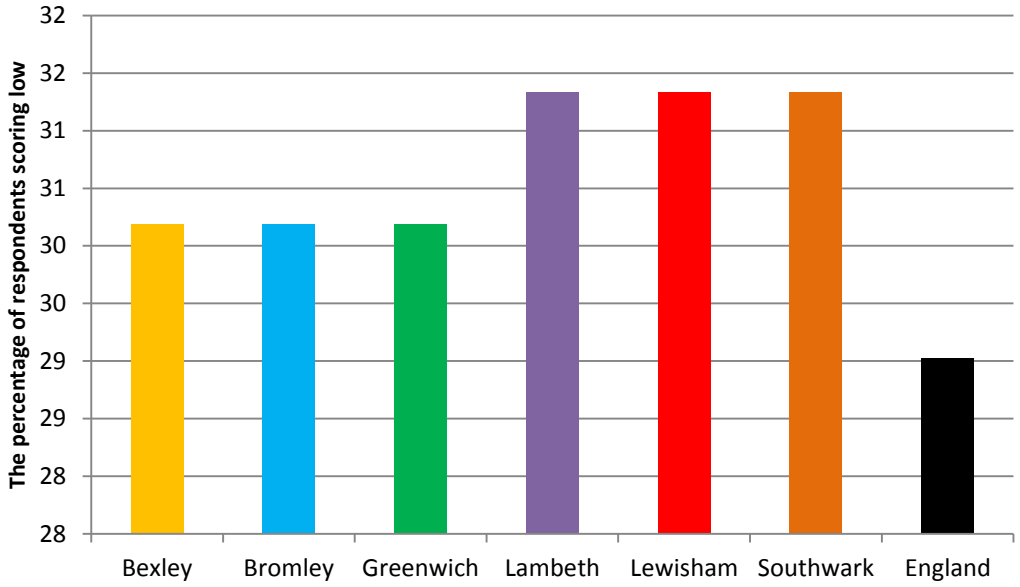

Figure 3 shows that people in Greenwich self-reported similar outcomes on the low happiness score to Bexley and Bromley, better outcomes than Lambeth, Lewisham and Soutwark, but poorer than the England average.

Figure 4. Indicator 2.23iv – Self-reported well-being – people with a high anxiety score

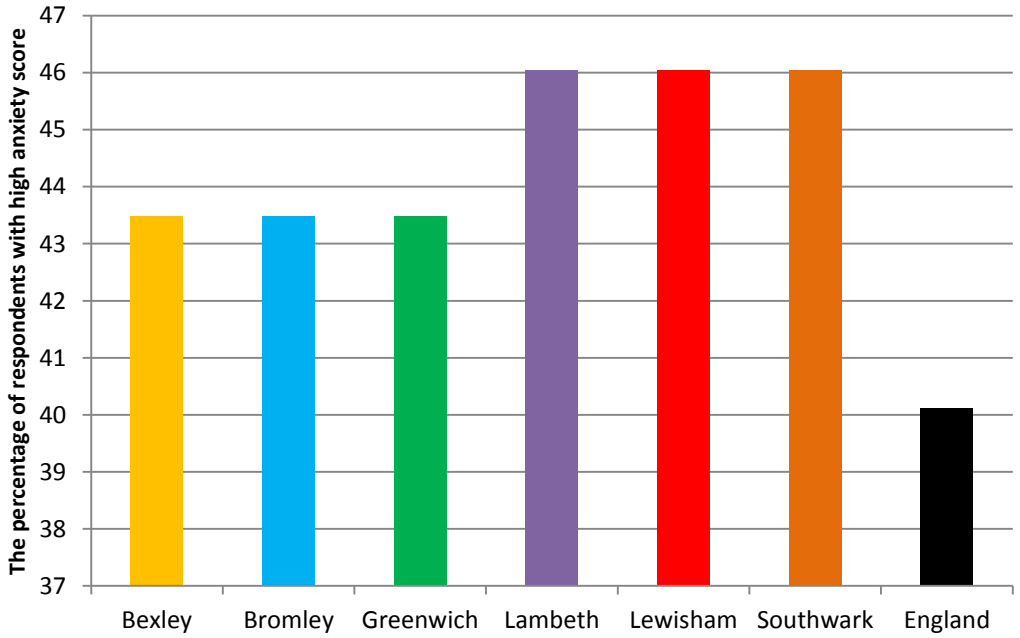

Figure 4 shows that people in Greenwich self-reported similar outcomes on the high anxiety score to Bexley and Bromley, better outcomes than Lambeth, Lewisham and Soutwark, but poorer than the England average.

Table 3: Summary of Subjective Wellbeing Scores for Adults age 16 and over
ONS Annual Experimental Subjective Well-being measures from the Annual Population Survey 2011-12

The percentage of respondents scoring low (0-6) on life satisfaction questions

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	England
2011/12	26.89	26.89	26.89	27.58	27.58	27.58	24.27

The percentage of respondents scoring low on worthwhile question (0-6)

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	England
2011/12	21.61	21.61	21.61	24.16	24.16	24.16	20.08

The percentage of respondents scoring low happiness yesterday

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	England
2011/12	30.19	30.19	30.19	31.33	31.33	31.33	29.02

The percentage of respondents with high anxiety score

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	England
2011/12	43.48	43.48	43.48	46.04	46.04	46.04	40.11

The 2011/12 ONS Data can also be modelled for Lower Super Output Areas for these measures and this enables us to identify specific areas of the Borough with high and low levels of wellbeing.

Table 4: ONS Annual Experimental Subjective Well-being measures from the Annual Population Survey 2011-12 (age 16 and over) Modelled by Lower Super Output Area.

Life satisfaction	LSOA	Percentage of adults with low life satisfaction	Ward	IMD Quintile (local)	IMD Quintile (national)
Highest rates	E01001642	18.27%	Greenwich West	5	3
	E01001584	18.31%	Blackheath Westcombe	5	3
	E01001580	18.37%	Blackheath Westcombe	5	3
Lowest rates	E01001655	38.57%	Middle Park and Sutcliffe	1	1
	E01001653	37.82%	Middle Park and Sutcliffe	2	1
	E01001574	37.59%	Abbey Wood	1	1

Worthwhile	LSOA	Percentage of adults with low worthwhile score	Ward	IMD Quintile (local)	IMD Quintile (national)
Highest rates	E01001614	15.34%	Eltham South	5	4
	E01001585	15.80%	Blackheath Westcombe	5	3
	E01001642	15.93%	Greenwich West	5	3
Lowest rates	E01001574	31.81%	Abbey Wood	1	1
	E01001655	31.38%	Middle Park and Sutcliffe	1	1
	E01001626	31.02%	Eltham West	2	1

Happy yesterday	LSOA	Percentage of adults with low rating of happy yesterday	Ward	IMD Quintile (local)	IMD Quintile (national)
Highest rates	E01001608	25.76%	Eltham North	5	4
	E01001614	25.79%	Eltham South	5	4
	E01001598	26.50%	Coldharbour and New Eltham	5	3
Lowest rates	E01001574	38.61%	Abbey Wood	1	1
	E01001655	38.60%	Middle Park and Sutcliffe	1	1
	E01001653	38.02%	Middle Park and Sutcliffe	2	1

Source: Estimates of subjective well-being from the first annual experimental Annual Population Survey (APS) Subjective Well-being dataset: by country, region, unitary authority and county, April 2011 http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcm%3A77-266404

Table 4. shows significant inequalities in rates of subjective wellbeing across the Borough which would appear to be closely correlated with the Index of Multiple Deprivation; this is explored in more detail below.

Overall, adults in Greenwich are estimated as having lower rates of life satisfaction, feeling that what they do in their life is worthwhile, feeling of happiness than England. In addition, the rate of feeling anxious in Greenwich is higher than England. Greenwich, however, performs slightly better than our inner London neighbours on these scores.

Analysis of these scores can also be considered by focusing on the percentages of people with a positive scores, so over 70% of people in Greenwich report good levels of life satisfaction, over 75% report that the things they do in life are worthwhile and almost 70% were happy yesterday. However, over 55% were anxious yesterday and this figure may continue to be influenced by the current economic environment with levels of debt and job insecurity having an impact on levels of anxiety in the population. Anecdotal evidence from local services suggests that along with worries about debt, fear of crime and neighbour disputes also play a role in levels of anxiety locally. During 2013/14 we will aim to take a systematic approach to understanding the issues influencing mental wellbeing locally.

Further analysis of these scores by Lower Super Output Area reveals significant inequalities in rates of subjective wellbeing across the Borough which would appear to be closely correlated with the Index of Multiple Deprivation. So for life satisfaction (2.3i) there is over double the levels of low rates of life satisfaction between the highest and lowest scoring areas (i.e. Blackheath Westcombe compared to Middle Park and Sutcliffe). For feeling that what you do in your life is worthwhile (2.3ii), there is over double the rate of a low score for this domain between the highest and lowest scoring areas (Eltham South compared to Abbey Wood). There are almost 50% more people who had a low score on feeling happy yesterday (2.3iii) in Abbey Wood compared to Eltham North.

Whilst this is modelled data on a limited range of indicators it provides an important insight into the mental wellbeing of the population in the Borough. The fact that some areas of the Borough have over a third of the population with low levels of some indicators of mental wellbeing is a significant factor when we consider the range of positive outcomes that good levels of mental wellbeing can influence; from education and employment to improved physical health.

Local Insight Research

In Spring 2012 the Campaign Company carried out 400 face to face interviews and seven focus groups with Greenwich residents in Woolwich and Charlton. The survey included an assessment of self-reported life satisfaction and attitudes to mental health and well-being. This provides us with a useful snapshot into mental wellbeing in the Borough and what messages and approach will be effective in promoting positive mental health (The Campaign Company 2012). Key findings were:

- The average rating for self-reported life satisfaction was 6.4 (0 to 6 is considered a low score)
- Self-rated satisfaction was highest in those living with a partner (whether with or without children) and lowest for those bringing up children without a partner
- Average self-reported life satisfaction for people with one or more long term condition or disability was 5.9 compared to 6.7 for those without.
- 60% of all respondents reported having done three or more activities related to the "Five Ways to Wellbeing" in the last month, suggesting a high resonance with these messages locally
- There was a high correlation between people who had undertaken activities linked to the "Five Ways to Wellbeing" and levels of life satisfaction, particularly spending time with a friend or relative and attending organised activities.

These findings appear to reinforce the national data indicating a significant number of people locally with low life satisfaction. These findings suggest a need to target interventions to improve mental wellbeing in people with long term physical conditions and those who are lone parents. The finding that there was a high correlation between those who undertook activities linked to the "Five Ways to Wellbeing "and those with higher life satisfaction provides some helpful local evidence that for individuals these activities can be effective in boosting mental wellbeing.

The Mental Wellbeing of Children and Young People in Greenwich

The Schools Health Related Behaviour Survey is conducted in Greenwich bi-annually and this data provides some insight into the factors impacting on the mental wellbeing of children and young people in the borough. A brief summary of some of the key 2013 data is below and further analysis will be undertaken of this data this year in order to prioritise work to improve mental wellbeing locally.

The top three worries of Primary School Children were:

1. Parent/carers or family
2. SATs/Tests
3. Crime

The top three worries of Secondary schools children were:

1. School work and exams
2. Parent/ carers or family
3. What to do after Year 11

Bullying

- 13.3% of Secondary School Children responded YES to “Have you been bullied at or near school in the last 12 months?”
- 26.6% Primary School Children responded YES to “Have you been bullied at or near school in the last 12 months?”
- 45.7% of Primary School children sometimes or often worry about going to school because of bullying

Other key results:

- 18.8% Primary School Children agreed with the statement “I often feel lonely at school”
- 22.5% of Year 12 Females got 5 hours or less sleep last night
- 74.1% of secondary school pupils rated safety going to and from school as good or very good

Trends

At the time of writing, the ONS Annual Population Survey Subjective Well-being dataset has only been carried out once. However, we are expecting an updated data set in the Autumn of 2013 and this should enable us to start to map trends in mental wellbeing.

Other Chapters within this JSNA (Common Mental Health Problems and Severe and Enduring Mental Health Problems) report that there are projected increases in the numbers of people with mental ill-health in the Borough with a rising overall population, and this makes promoting mental wellbeing a priority for health improvement locally.

Health inequalities

Inequalities exist both in levels of mental wellbeing and rates of mental ill-health in the population. These variations are related to a number of factors including:

- Poverty

As identified in local data above, levels of mental wellbeing in Greenwich are closely correlated with the Index of Multiple Deprivation. Poverty impacts on key material resources important for mental wellbeing such as income and housing quality and tenure. Recent research has also highlighted that poverty impacts on key social resources for mental wellbeing such as social participation, membership of organisations and trust in others (Ferragina et al, 2013). The psychological impact of

living in poverty, such as the "chronic stress of struggling with material disadvantage" and the social stigma of poverty are becoming increasingly recognised as impacting on both mental wellbeing (Friedli, 2011 p.III).

- Race and Ethnicity

Race and ethnic differences in the levels of mental well-being and prevalence of mental disorders are due to a complex combination of socio-economic factors, experience of racism, diagnostic bias and cultural and ethnic differences and are reflected in how mental health and mental distress are presented, perceived and interpreted (Cooke, Friedli, Coggins, Edmonds et al. 2011). For example: rates of schizophrenia are 5.6 times higher in Black Caribbean, 4.7 times higher in Black Africans and 2.4 times higher in Asian groups (Kirkbride et al 2012). Black populations have the highest rates of post-traumatic stress disorder, attempted suicide, psychotic disorder and drug use/dependence, while White populations have highest rates for suicidal thoughts, self-harm and alcohol dependence. South Asian women have the highest rates for common mental disorders (McManus et al 2007). Rates of mental disorder are several times higher for refugees and asylum seekers (Fazel et al. 2005, Lindert et al 2009).

- Long term condition/poor physical health/ disabilities

People with a long term physical health condition are more likely to experience lower levels of mental wellbeing. These can lead to significantly poorer health outcomes and reduced quality of life. Costs to the health care system are also significant – by interacting with and exacerbating physical illness, co-morbid mental health problems raise total health care costs by at least 45 per cent for each person with a long-term condition and co-morbid mental health problem (Naylor et al 2012).

Prevalence examples:

- Depression is two to three times more common in a range of **cardiovascular diseases** including cardiac disease, coronary artery disease, stroke, angina, congestive heart failure, or following a heart attack (Fenton and Stover 2006; Benton *et al* 2007; Gunn *et al* 2010; Welch *et al* 2009).
- People living with **diabetes** are two to three times more likely to have depression than the general population (Fenton and Stover 2006; Simon *et al* 2007; Vamos *et al* 2009).
- Mental health problems are around three times more prevalent among people with **chronic obstructive pulmonary disease** than in the general population (NICE 2009c).
- Depression is common in people with **chronic musculoskeletal disorders** (Sheehy *et al* 2006). Up to 33 per cent of women and more than 20 per cent of men with all types of arthritis may have co-morbid depression (Theis *et al* 2007).

What works?

Huppert (2009) has demonstrated that:

"A small change in the average level of symptoms or psychological resources in the population can produce a large decrease in the percentage with disorder and in the percentage who are

languishing. At the same time, a small shift could produce a large increase in the percentage who are flourishing" (p.153).

Therefore, promoting mental wellbeing in the whole population is an important approach in order to prevent mental ill-health and increase the range of personal, social and economic benefits that mental wellbeing can impact on. Some interventions are required for the whole population while others need to be targeted at those who are less likely to benefit from universal approaches and who are at higher risk.

Principles of effective interventions to improve mental wellbeing are:

- Enhancing Control
- Increasing Resilience and Community Assets
- Facilitating Participation
- Promoting Inclusion and Belonging

(Cooke, Friedli, Coggins, Edmonds et al. 2011)

No Health without Mental Health (2011) advocates a life course approach to improving mental wellbeing and effective interventions can be summarised in this way. The following represents a very brief summary of selected interventions from the Joint Commissioning Panel for Mental Health (2011). Further examination of the models and implementation requirements is essential to ensure the desired outcomes are achieved. This year we will undertake a benchmarking exercise to identify the provision of key interventions to promote mental wellbeing in Greenwich.

Starting Well - aims to give new born and young children a good start in life.

- Support to develop positive infant attachment
- Reductions in maternal smoking
- Breastfeeding
- Home visiting programmes
- Parenting programmes

Developing Well - uses mental health promotion activities to promote good mental wellbeing and prevent mental disorder in children

- Family Nurse Partnership
- Pre-school and Early Education programmes
- School based mental health promotion interventions - including mentoring and social and emotional learning
- Targeted Mental Health Support in Schools (TaMHS)

Living Well - Promoting environments and activities to enable everyone to have good mental wellbeing

- Increasing physical activity
- Adult learning
- Participation in arts and cultural activities
- Enhancing community engagement and participation
- Positive psychology and mindfulness interventions
- Debt advice and support for financial capability
- Improved housing and tackling fuel poverty
- Housing support for high risk individuals and families

- Neighbourhood interventions to improve quality of the local built and environment
- Neighbourhood interventions that facilitate cohesion and social interaction
- Increasing access to safe natural green spaces and trees
- Increasing community safety

Working Well – Good quality work promotes good mental wellbeing. Interventions include:

- Work based mental health promotion
- Work based stress management interventions
- Vocational interventions for unemployed people to increase employment and reduce distress

Ageing Well - promoting mental wellbeing in later life is crucial to improve quality of life and maintain good physical health

- Interventions to prevent social isolation
- Volunteering opportunities
- Learning programmes
- Addressing hearing loss
- Physical activity
- Ensuring adequate income and reducing fuel poverty

Encouraging individuals to adopt the "Five Ways to Wellbeing" actions recommended by the Foresight Mental Capital and Wellbeing Project (2008)

- **Be active** – Physical activity is vital for good mental wellbeing, improving mood and aiding relaxation
- **Keep learning** - Learning something new can be a great boost to confidence and motivation as well as making new social contacts
- **Take Notice** - Being aware of the natural environment, taking to time to savour the moment and appreciate the positives in life
- **Give** – People who regularly give time to others, such as through volunteering, are found to have improved mental wellbeing
- **Connect** - Social relationships are the key to good mental wellbeing and good social support helps to provide resilience during difficult times

As well as specific interventions, a wide range of local policy areas, development, services and infrastructure will influence the mental wellbeing of the population in Greenwich. For example, large scale regeneration programmes, green spaces, transport access, neighbourhood management, community safety and the delivery of key public services such as social care and education will all influence how people think and feel. Mental Wellbeing Impact Assessment is a tool that enables any service or policy area to assess and measure its impact on mental wellbeing using a framework based on the evidence base of what promotes and protects mental wellbeing. An action plan is then developed to maximise positive impacts and minimise any potential adverse impacts (Cooke, Friedli, Coggins, Edmonds et al. 2011). This tool could be used locally to maximise the impact of a wide range of existing service delivery and future plans on the mental wellbeing of the population of Greenwich.

Prevention

Mental health problems "tend to affect people early (50% of cases occur by age 14). Yet most current public spending on mental health is focused on the results of problems, on crisis intervention and expensive longer-term care and support rather than on prevention and early intervention" (LSE, 2013). Knapp et al. (2011) at the London Schools of Economics have produced a useful economic evaluation of 15 interventions designed to promote positive mental health, prevent mental ill-health or provide early intervention for mental ill-health. This modelling enables an analysis of return on investment per year one to six across public and private sector organisations see Table 5 below. This provides evidence to suggest that a number of interventions are potentially highly cost effective.

Table 5: Potential total return on investment per £1 investment across all sectors with cost benefit impact time frame (Knapp et al. (2011) p. 39)

Intervention	**Potential total return on investment per £1 investment across all sectors with cost benefit impact time frame** **S= Short term 1 years** **M =Medium term 2-5 years** **L= Long term year 6 onwards**
Prevention of conduct disorder through social and emotional learning programmes	83.73 (S,M,L)
Suicide awareness training for all GPs	43.99 (S,M,L)
Early intervention for psychosis	17.97 (S,M,L)
School based interventions to reduce bullying	14.35 (L)
Screening and brief intervention for alcohol misuse	11.75 (S,M,L)
Early detection psychosis	10.27 (M,L)
Workplace mental health promotion programmes	9.69 (S, no data on Medium or Long Term cost effectiveness)
Parenting intervention for conduct disorder	7.89 (S,M,L)
Early diagnosis and treatment of depression at work	5.03 (S,M, no data on Medium or Long Term cost effectiveness)
Debt Advice	3.55 (S,M, no data on Medium or Long Term cost effectiveness)
Early intervention for medically unexplained symptoms	1.75 (S,M)
Health visiting and reducing postnatal	0.80 (likely to be M,L)

depression	
Befriending of older adults	0.44 (S, no data on Medium or Long Term cost effectiveness)
Early intervention for depression in diabetes	0.33 (S,M, no data on Medium or Long Term cost effectiveness)

Mental health promotion

Local assets

There are a wide range of local assets for mental wellbeing in Greenwich.

Feel Good Greenwich

This new locally designed programme aims to provide support and opportunities for local residents to take practical steps to put the "Five Ways to Wellbeing" into action for themselves. Feel Good Greenwich improves access to a range of existing services and new opportunities that encompass the evidence-based "Five Ways to Well-being": **be active, take notice, keep learning, give** and **connect**. For example, through helping people take part in volunteering, physical activity and gardening.

The programme was developed and informed by extensive research undertaken with 400 local people (The Campaign Company, 2012). The term "feeling good" received positive responses amongst both young and older people. Many group participants felt it was direct, simple and got straight to the point of services designed to improve well-being and could be easily understood by all. Given the stigma and discrimination associated with the term "mental health", "Feel Good" is used to engage and signpost people to the wide range of services available locally to improve mental health, towards the goal of achieving positive mental health for people who may be languishing or experiencing low levels of mental health functioning.

Feel Good Greenwich is providing some specific interventions to increase mental wellbeing:

- "Your Best Possible Self" is a specific intervention to promote the mental wellbeing of young people aged 16-24 who are unemployed. The course aims to encourage young people to set goals and increase confidence and motivation to reach their aspirations.
- Mindfulness courses – these enable people to learn how to achieve and calm and focused state of mind which can lead to reduced stress, higher wellbeing, better memory and cognitive functioning and improved relationships (Davis and Hayes, 2012)
- Gardening for Health – community gardening programmes focused on improving wellbeing
- The Big White Wall – an online mental wellbeing service where people can simply log on to www.bigwhitewall.com and enter their postcode to join. It provides information about common mental health problems and offers people the benefit of being able to access a safe, anonymous space to share what's troubling them and a range of therapies to enable people to express and help themselves and each other.

The Third Sector

Third sector organisations are a major asset for mental wellbeing in Greenwich. They bring people together, enable people to support each other, and can give people meaning and purpose through volunteering, providing opportunities to be creative or learn something new. Third sector organisations can also help to tackle the root causes of poor mental health such as poverty, discrimination, isolation, and poor environments. Faith based and other community groups provide a sense of belonging and support that can increase resilience in difficult times.

Other local assets include:

- Arts and Culture
- Green Spaces and Community Gardening
- Early Years Services
- Employment Support Programmes and Adult Learning
- Debt advice and credit unions
- Greenwich Time to Talk
- Greenwich Healthy Living Service
- Action to tackle Bullying in Schools -Restorative Approaches work and annual Anti Bullying conference for schools
- Parenting programmes

During 2013/14 we will undertake a more detailed mapping of key local assets for mental wellbeing in Greenwich.

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