

Being mindful of mental health

The role of local government in
mental health and wellbeing



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Foreword

This report is testimony to the myriad ways in which local government supports and influences mental health and wellbeing. I hope it will help raise awareness of the important work that councils do to support the health of our communities. Especially, it highlights the importance of addressing the mental health and resilience of our children and young people.

We need to change perceptions of mental health, so that people think of their mental health as akin to their physical health. It is something that we have to look after; we can make ourselves stronger, but sometimes people are unwell. We can all help to make sure they are treated, supported, recover, and get back on their feet – exactly the same as when someone is physically unwell.

We need to move away from just focusing on mental ill health to helping everyone stay mentally well, providing community support and helping people continue with their lives. Fundamentally, good mental health is good for our society and our economy.

Mental health is finally getting the attention and profile nationally that it deserves. We want to work with the new Government to bring the unique position and expertise that councils have on mental health, and the determinants of mental health, to bear on plans to improve the mental wellbeing of all of our communities.



Councillor Izzi Seccombe OBE
Chairman, LGA Community Wellbeing Board

Introduction

This report explores how councils influence the mental wellbeing of our communities and how council services, from social care to parks to open spaces to education to housing, help to make up the fabric of mental health support for the people in our communities. Many of our partner organisations have kindly contributed their view of the role of local government in mental health.

The World Health Organisation describes mental health as ‘a state of wellbeing in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community’.

Good mental health is essential for a healthy and prosperous society. However, it is easy to focus on what happens when a person becomes mentally ill, and how the health service intervenes, rather than how to keep our communities mentally well in the first place, preventing mental health issues arising, intervening early if problems do start surfacing, and helping people manage their lives going forward. This is where councils play a fundamental role in the mental health and wellbeing of the population.

The mental health of our communities and individuals is a priority for local government. Councils have a range of statutory duties directly related to mental health, statutory duties that support mental wellness, non-statutory duties they undertake on mental health, and non-statutory duties that have an impact on mental wellness. This report sets out this significant range of services to demonstrate the key role councils have in the mental wellness of their communities.

With mental health such a fundamentally important issue for the country, and with councils playing such a key role, it is surprising that local government has featured so little in national dialogue about how to improve mental health. Announcements have been piecemeal, focusing on either the health service, schools, or employment. What is needed, for the mental wellbeing of the country, is to look at how the whole system around mental health works, and could work better, with councils at the heart of a reinvigorated drive to improve our nation’s mental health.

Recognising the value of councils in mental health; councils do need to have adequate resources so they can use all their levers, leadership, oversight role and responsibilities to really support our communities to be mentally well.

Despite national initiatives to fund specific sections of the mental health system, there are substantial waiting lists for children and young people’s mental health services, there are more and more section notices under the Mental Health Act, and demand for mental health services keeps increasing. All players in the system needs to work together, with our communities, to create mentally well places.

The last national mental health strategy, ‘No health without mental health’¹ was published by the Coalition Government in 2011. Whilst this acknowledged and supported the key role of local government, much of the health and social care infrastructure and legislation has moved on since then. It is time for a new national approach, led at the local level, to mental health and wellness.

Importance of the voluntary and community sector

The voluntary and community sector (VCS) are key partners in helping our communities keep mentally well, and in supporting people when they become mentally ill. This is why we've invited many of our VCS partners to contribute to this report. Locally based voluntary groups that provide specialised support, and are based on the uniqueness of local circumstances, are invaluable partners in the mental health system. Some of the areas they provide targeted support for include:

- veterans
- older people
- young people
- BAME groups
- LGBT groups
- those having experienced domestic violence
- victims of abuse
- isolated rural communities.

Severe cuts to local government funding, over 40 per cent since 2010, have hampered the ability of councils to continue to provide funding to these vital local groups. If we are to see an improvement in the nation's mental health, the role of local government – and how local government supports the voluntary sector – needs to be a fundamental part of a new collective approach to mental health and wellness.

Case study Torbay: barbers helping young men

In Torbay, a project inspired by local barber Tom Chapman, who lost a friend to suicide, is now raising awareness nation-wide among barbers to look out for clients who may be undergoing emotional stress and are even considering taking their own lives.

Mr Chapman explains: "Men often share confidences with their barbers that they would not discuss with their friends, families or partners. I feel my clients trust in me to share any problems or troubles they are having in their life and many have done so in the past. As barbers we are therefore in a unique position to encourage our clients to seek help and indeed help them to find it".

The Lions Barbers Collective has seen local barbers and the council's public health team work collaboratively to develop training initiatives and are in the initial stages of developing a charity to promote awareness about men's mental health. Suicide is the main cause of death in young people under 35 – over 1,600 take their own lives every year. Three-quarters of them are young men.²

Summary

- Councils make a significant contribution to the mental wellbeing of their local communities.
- Councils have key statutory and non-statutory duties that are an integral part of the mental health services landscape. To improve services and the mental health of our communities, a whole-system review that looks at the future of all mental health services, including the voluntary and community sector, is needed.
- Councils need adequate funding to enable them to fully play their essential part in the mental health system.
- There needs to be a re-focus in mental health policy away from medicalisation and mental ill health to prevention, early intervention and mental wellness.

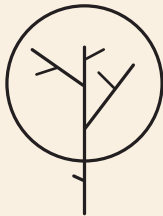
Recommendations for a new government ✓

Any ambitions to improve the mental wellness of the country can only be achieved in partnership with local government. We call on the new Government to:

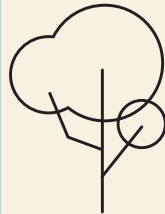
- Use the reform of mental health legislation and the new Mental Health Act to prioritise mental wellbeing, the prevention of mental ill health and the delivery of ongoing support. New initiatives or legislation should facilitate a move away from a focus on risk, detention and medication, to build on a person's strengths, the provision of personalised support and the services that enable a person experiencing mental health issues to live a healthy and fulfilling life.
- Ensure the new Mental Health Act includes the work of the Law Commission on legislative reform of Deprivation of Liberty Safeguards to simplify the current complex legislation. This should better protect the rights of the very vulnerable and address the current financial burden on councils associated with this reform.
- Use the new Mental Health Act, or any reform of mental health legislation, to establish a coordinating role for councils on mental wellness and health, with the devolution of associated services and funding.
- Explicitly include investment directed at councils in future funding for mental health. Mental health should not exclusively be about treatment within an NHS setting, but should include the mental health, wellness and prevention services provided by councils.
- Ensure the Green Paper on Children and Young People's mental health recognises the importance of preventative initiatives as well as specialist support. Councils with their statutory public health responsibilities (including the commissioning for 0-5 services) and their statutory corporate parenting responsibilities (for looked after children) have a key role to play in embedding effective practices across universal and targeted services in local areas.
- Make sure the Green Paper recognises the role of health and wellbeing boards (HWBs) in ensuring local accountability for the quality of and spend on mental health and wellbeing services. Furthermore, proposals should set out options for growing the capacity and capability of providers and the broader system to deliver on the spectrum of support needed, from early intervention and prevention, through to specialist clinical and recovery services.

A vision of a 'mentally healthy' place

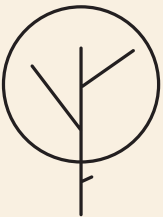
The Local Government Association (LGA) has been asked by member authorities to articulate what a 'mentally healthy' place could look like, how it could be designed, how it could affect the day-to-day lives of residents, and what the top things councils should be looking at to enable their residents to live in better mental health are:



Expectant parents are told about the importance of their mental health alongside advice on vitamin supplements and healthy eating; and are given the opportunities to discuss any concerns they have.



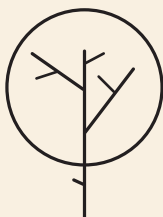
New mothers and fathers are given information about their mental health and wellbeing when they are discharged from hospital, with signposting for further information.



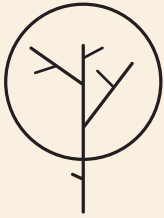
Checking on the mental health and wellbeing of mothers, fathers and siblings is part of the general conversation for health visitors for 0-5s.



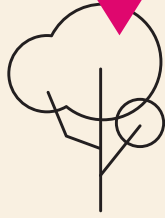
Children have lessons on mental wellness and resilience in the same way they have physical education lessons.



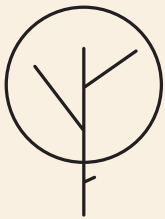
Mental wellness of pupils is a key concern for schools, further and higher education establishments, alongside academic attainment.



Bullying and cyber-bullying is taken extremely seriously by schools, academic institutions, employers and the police, and the community does not tolerate it. People feel empowered to report it and are supported to deal with it. The perpetrators are assessed and supported for their mental health.



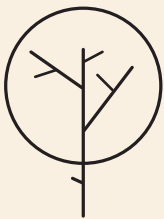
Whenever a person visits their doctor for a physical ailment, its impact on their mental health is also reviewed and incorporated into their treatment.



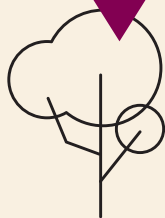
The community has accessible and local green space of a good quality where they can socialise, exercise, walk and reflect.



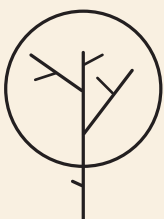
Homes are of an adequate size, appropriately located and are in good condition, reducing overcrowding, fuel poverty, the risk of noise pollution, light pollution, and so on.



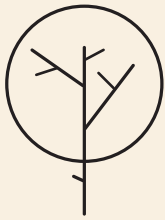
Where a person is experiencing substance misuse, is a smoker or obese, their mental health is part of their support package.



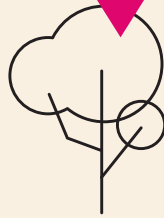
Local employers understand the importance of mental good health in their employees – this is a management responsibility, incorporated into, workplace assessments and training; and extends to the design of the workplace, opportunities for breaks, and so on.



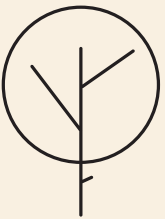
If a person begins to experience mental health problems, there is a clear and well-communicated route for them to get support either at school, in the workplace, through their local doctor's surgery, or more generally in the community where they interact with public and private services. This could include leisure centres, cinemas, pharmacies, shopping centres, restaurants, and so on.



Mental first aid training is considered a core skill, and is offered in schools, public sector employment and private sector employment. It is a basic part of new employment training and all first aid training.



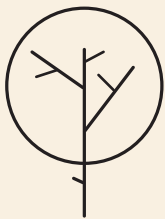
People with mental health concerns do not fear being stigmatised or that their chances for employment, financial products, public appointments, and so on will be affected.



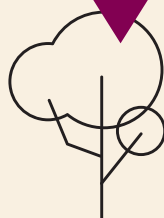
People experiencing mental health issues are supported to retain employment, where they can, by their employer and local public services.



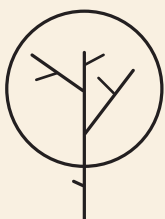
Where a person has experienced a mental illness, there is housing and support for them and their families once they leave hospital to help them rebuild their lives.



New developments take into account mental wellness and suicide prevention, considering issues such as access to daylight, street lighting, green and blue spaces, building materials and design. High-incidence suicide locations, such as railways, high buildings and bridges, are designed to reduce this risk.



Older people do not feel isolated from their community and there are opportunities for them to meet and interact. The local transport infrastructure supports this connectivity.



The community is informed and understands mental health and mental health problems. There are people in prominent public positions who have or have experienced mental health issues.

Ten top tips for councils in creating mentally well places

- 1 Include mental health in all policies.
- 2 Enable people in public and high profile appointments to share stories of mental health experiences, and have a member Mental Health Champion³.
- 3 Work closely with the local voluntary and community sector, incorporating their role into local mental health and wellbeing plans.
- 4 Work closely with the NHS and local clinical commissioning groups; consider mental health and mental wellness within health and wellbeing board activities.
- 5 Include design for mental wellness in planning policies and new developments.



6

Provide mental health training, awareness, protocols and support for the council's staff and councillors.

7

Focus on perinatal and early-years mental health and prevention and early intervention in general.

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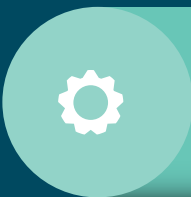
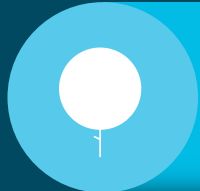
Work with schools and other children's facilities to raise awareness of mental health and resilience.

9









Emphasise the links between physical and mental health; in both treatment of ill health and in promoting the importance of leisure and outdoor facilities.

10

Have regard for the impact of home and place on mental health.



The building blocks of mentally well places:

-  Treatment services
-  Support services
-  Self-help services
-  Mental health in children's education
-  Mental health training essential for all teachers and public sector staff
-  Mental health training available to all
-  Easy access to nearby green and blue spaces
-  Easy access to leisure and cultural facilities



Local councils and mental health

How local government can champion wellbeing and equality

Andy Bell Deputy Chief Executive Centre for Mental Health

From the first spark of life and throughout our lives, our mental health is profoundly affected by the places we live, the people around us and the communities to which we belong.

Children living in poverty are four times as likely as those from the wealthiest homes to have a mental health problem by the age of 11. Experiences of abuse, neglect and violence are major risk factors for poor mental health. People who have a mental health difficulty face a lifetime of disadvantage and the likelihood of dying younger than average.

Local councils have a significant yet seldom recognised impact on the mental health of the people they serve. County, borough, district and unitary authorities all have opportunities to improve mental wellbeing for all and enhance the health and life chances of people with mental health problems.

The services councils provide and commission play an important part in supporting mental health. Social care services, children's services, youth services, housing and public health can all protect our mental health and support people with mental health problems in their recovery. All of these face significant funding pressures.

Councils also have a critical role in understanding the mental health needs of their communities. Through needs assessments, health and wellbeing strategies and scrutiny, councils can identify

what promotes and what undermines mental health for people of all ages. Some have looked particularly at mental health and engaged directly with people to hear their experiences; for example Blackburn with Darwen's children and young people's emotional health and wellbeing assessment and Lambeth's Black Mental Health Commission. Most councils also now have suicide prevention strategies to help prevent loss of life by taking action to reduce risk and build resilience.

Following on from this, councils can be at the heart of local partnerships to improve wellbeing and support people's mental health. Through HWBs, and other forums, they can bring together local public services to agree and take shared action on mental health. In Bracknell Forest, for example, the public health team works with partners across the borough, to promote mental health in schools and to reduce loneliness.

Finally, councils have the ability to reach out into communities to build mental health awareness and literacy. Many have now signed up to the national anti-stigma campaign Time to Change. Hertfordshire has encouraged employers across the county to support mental health at work and offered training to businesses.

To help more councils to fulfil their potential, seven national charities created the local authority Mental Health Challenge. Councils are encouraged to appoint an elected member champion for mental health. In return, they get information, advice and support to lead the way in their areas. From just one in 2012, there are now 90 councils across England with a member

champion. Each has their own priorities and approaches. Many advocate for mental health in council debates and in developing policy and practice, for example in Lewisham to ensure housing policies are fair and that staff can identify the early signs of mental health difficulties among tenants. Some, like Andrew Gordon from Basildon, have spoken publicly about personal experiences of mental ill health to help combat negative stereotypes and create positive role models.

Councils are operating under intense financial pressure. Many are having to reduce spending and make cuts to vital services. This is putting particular pressure on services that intervene early, stacking up problems for later when people reach a distressing and costly crisis. From youth services to supported housing, council services that are pivotal to wellbeing and independence are facing some of the biggest cuts.

Nevertheless, there is growing awareness and understanding about the importance of mental health in all of our lives, and the many ways in which local councils can make a difference. Elected members, backed up by creative and committed officers, are beginning to challenge established ways of working and try out innovative approaches to meeting people's needs within limited resources. By building partnerships and reaching out to communities, councils are using their influence to bring about lasting solutions to longstanding inequalities.

www.centreformentalhealth.org.uk

www.mentalhealthchallenge.org.uk

Chapter 1

Mental health and adult social care

Around one in five of the working-age population has a mental health condition, and it is one of the main working-age health conditions in the UK. Only 32 per cent of people with a mental health illness manage to retain employment.⁴ Depression affects around 22 per cent of men and 28 per cent of women aged 65 years and over.⁵ People with learning disabilities have six times the risk of developing mental health problems.⁶

In 2015/16, councils' adult services departments in England spent **£1.35 billion** on services directly related to supporting adults with mental health conditions, rising to a further **£7.1 billion** when learning disabilities are included. Councils spent a total of **£14 billion** on adult social care in 2015/16.⁷

Councils are facing a **£2.3 billion** gap in funding by 2020.

Social care is the key statutory function that councils have to support those experiencing mental health problems.

Under the **Mental Health Act 1983** Section 117, councils must provide after care services and support to individuals with a mental health condition moving out of hospital, and they must employ approved mental health practitioners (AMHPs) under the 2007 amendments to the Act to provide community-based mental health support.

The Care Act 2014 is the legislative framework for councils on the provision of social care and support for adults in England. It covers a range of responsibilities, including eligibility for social care, assessment, personal budgets and support for carers.

The Care Act also sets out a legal framework and safeguarding duties for how councils and other parts of the system should protect adults at risk of abuse or neglect.

Association of Directors of Adult Social Services (ADASS) The main statutory functions relating to social care and mental health

The Care Act 2014 puts wellbeing at the heart of care and support. It gives councils a duty to prevent, reduce or delay the needs for care and support services, rather than just waiting to respond when people reach crisis point or become unwell.

Councils have duties under the Act to undertake 'needs assessments' of those who may be in need of care and support, and apply to those with mental health needs. These are usually delivered in partnership with NHS Mental Health Trusts. Many councils second social care staff to NHS Mental Health Trusts through flexibilities allowed under S75 of the Health Care Act 2006.

However, some councils have recently withdrawn from these arrangements, and the type and level of integration varies from one council to another. Whilst some day-to-day operational responsibilities can be delegated to Trusts through Section 75 agreements, some aspects remain the responsibility of local councils, including the work of approved mental health practitioners (AMHPs).

Councils also provide additional advocacy support to people with a mental health condition where they need additional support to have their voice heard, and there is nobody available that they can depend on to represent them. This is sometimes referred to as Care Act advocacy, as it is distinct from independent mental health advocates (IMHAs) under the Mental Health Act or independent mental capacity advocates (IMCAs), under the Mental Capacity Act.

Mental Health Act and the Mental Health Act Code of Practice

Councils have the responsibility for recruiting **approved mental health professionals** (AMHPs). This role replaced the earlier approved social worker role, and can now include nurses and therapists as well as social workers. The local council retains responsibility for AMHPs, and the majority are still social workers. They must be approved by a specific local council, and each council has the duty to ensure there are sufficient AMHPs in their area. Also, the council must ensure that AMHPs have up-to-date information about services.

AMHPs are an essential part of the process for admission of a person to hospital under various sections of the Mental Health Act. An admission under these sections cannot be decided by a doctor alone.

Councils also have to provide an AMHP when there is a Mental Health Act Tribunal (to decide whether or not a section can be lifted) and have the duty to provide the tribunal with a statement of relevant facts, together with certain reports, and to ensure that patients understand their rights to apply for a tribunal hearing.

The council is responsible for the identification, appointment and displacement (where necessary) of nearest relatives under the Mental Health Act. Whilst the police have powers to remove a person under S135 of

the Mental Health Act, it is the AMHP who must apply for the warrant for this. Councils should work in partnership with the police, the NHS and ambulance services on joint local policies on powers under S135 and S136 (managing local places of safety for people with mental health needs under the Mental Health Act).

Section 117 of the Mental Health Act requires clinical commissioning groups (CCGs) and councils, in cooperation with voluntary and community agencies, to provide or arrange for the provision of aftercare to patients who have been detained in hospital for treatment under Section 3, 37, 45A, 47 or 48 of the Act who then cease to be detained. This includes patients granted leave of absence under Section 17 and patients going on Community Treatment Orders (CTOs). It applies to people of all ages, including children and young people.

Mental Capacity Act

In addition to the Care Act duty to provide independent advocacy, councils have the responsibility for commissioning advocacy services under the Mental Health Act (the IMHA service) and the **Mental Capacity Act** (the IMCA service).

Councils have the power to arrange 'guardianship' for people discharged from hospital under the Mental Capacity Act. The council can be the guardian, or can approve someone else (such as a family member) to be the guardian. Councils have the duty to ensure that people subject to guardianship and their 'nearest relatives' understand their rights. Guardianships are used less frequently following the implementation of the **Mental Capacity Act Deprivation of Liberty Safeguards**.

Mental health staff, particularly those who work with dementia, often have to work with the Mental Capacity Act, and the council has duties under that act for authorising Deprivation of Liberty Safeguards (DoLS) in a care home or a hospital, and for progressing

applications for Community DoLS in other settings, such as a person's own home.

Find out more about what AMHPs do here:

Liverpool City Council: <http://justrated.metropos.co.uk/news/10543/a-day-in-the-life-of-an-approved-mental-health-professional>

Devon County Council: www.communitycare.co.uk/2013/08/28/live-only-got-an-amhp-warrant-a-phone-and-some-section-papers-day-two-on-the-amhp-frontline/

Sanctuary Social Work news: www.sanctuarysocialcare.com/blog/a-day-in-the-life-of-an-emergency-duty-team-social-worker-66119232422

The masked AMPH: <http://themaskeamhp.blogspot.co.uk/2013/07/what-is-amhp.html>

Guardian article on an AMPH working in Camden: www.theguardian.com/society/2009/dec/09/day-mental-health-professionals

LGA resources on Safeguarding: www.local.gov.uk/topics/social-care-health-and-integration/adult-social-care/safeguarding-resources

LGA resources on Mental Capacity Act Deprivation of Liberty Safeguards (DOLS): www.local.gov.uk/topics/social-care-health-and-integration/adult-social-care/mental-capacity-act-including-dols

In addition to the core mental health statute that councils deliver via the Care Act, councils also provide social care support for carers and adults with specific conditions that may mean they are more likely to also experience a mental health issue, such as dementia, a learning disability or autism. There can be challenges associated with dual diagnosis for many people with multiple conditions, which is where the person-centred support role of the council can add to the medical 'specialist' model that often ends up treating single issues or conditions.

Jeremy Hughes CBE, Chief Executive Alzheimer's Society

With the number of people developing dementia on the increase, and the fact that it is set to be the nation's biggest killer, uncertainty about the future, the effect of symptoms and fear are all things that people can experience. In both the short and long term, the consequences and impact of a dementia diagnosis can increase the risk of mental health problems in people with dementia and their carers. The development of psychological conditions due to dementia, or from the effects of caring for someone with dementia, can seriously affect a person's emotional and mental health. For people with dementia in particular, co-existing mental health problems can be difficult to detect because of symptoms that are present in their dementia.

Apathy, depression and anxiety are some of the more common psychological symptoms experienced by people with dementia. Carers are also at risk of anxiety, stress, depression and 'burnout'.

Many people feel short of drive or lose their spark occasionally, but apathy is a persistent loss of motivation to do things, or a lack of interest in things. It is much more common among people with dementia than in older people without dementia. Carers find apathy particularly difficult to handle, because it seems as if the person is 'just not trying'.

We may all experience feeling low or down from time to time, but depression is a condition that lasts for longer periods. Feelings such as sadness and hopelessness dominate a person's life and make it difficult for them to cope. Whilst at least one in five people in the UK will experience depression at some time in their lives, it affects 20 to 40 per cent of people with dementia, particularly those with vascular dementia or Parkinson's disease dementia. Depression is often diagnosed in the early stages of dementia, but it may

come and go, and may be present at any stage.

As with apathy and depression, anxiety is a normal feeling that everyone experiences occasionally, but that in some people can be very strong and persistent, interfering with their everyday life. Anxiety is more common in people with dementia than those without, affecting between five and 20 per cent of people with dementia as opposed to affecting around one in 10 of people without dementia.

Carers of people with dementia are often in their 50s or 60s, balancing work and caring for parents and others, or are older people caring for a partner. Caring for someone with dementia differs from caring for people with most other types of illness or disability, due to its complex, unpredictable and progressive nature. Carers often report feelings of guilt, confusion, resentment, helplessness, grief, sadness and fear (Benbow et al 2009; Callaby et al 2012). As dementia progresses, the carer has to adapt to a changing relationship with the person with dementia, increasing restrictions to their own lifestyle and learning to understand and cope. As a consequence, carers of people with dementia are likely to have higher than normal levels of stress, and report higher levels of depression than carers of other older people (Wills and Soliman, 2001; Moise et al, 2004; Hirst 2005).

Despite the rigours of caring, an Alzheimer's Society survey of 500 people with dementia and their carers found that half of carers do not receive help. Other studies have found that carers do not access support because of resistance from the person with dementia, reluctance due to guilt on their part, the hassle involved, costs, and concerns over quality of care (Cascioli et al, 2008).

For people with dementia who develop mental health conditions, it is important that they or their carer are able to access support if they are behaving in an unusual or worrying way, or have deteriorated more

rapidly than expected. Where people with dementia are in residential or nursing homes, there is a need for their ability to meet the mental health needs of people with dementia to be regularly assessed. For people going to their GP, it can be difficult for a doctor to diagnose mental health problems due to overlapping symptoms, or other factors, such as the effects of certain medications. Alzheimer's Society has recently developed a Dementia Friendly GP Toolkit, to assist general practice in better recognising and responding to the needs of people with dementia. It is not only essential that GPs, and other primary care staff who may regularly see people with dementia, are aware of the increased risks and prevalence of mental health problems in people with dementia and the relevant referral pathway, but that within structured care planning and regular review, they consider people's needs in an holistic way that looks at the person, not just their dementia.

www.alzheimers.org.uk

Alzheimer's Society Carer Information and Support Programme (CrISP):

www.alzheimers.org.uk/info/20023/our_dementia_programmes/323/carer_information_and_support_programme

Carers Trust

Nearly two thirds of unpaid carers (63 per cent) report that they experience depression because of caring.⁸ Councils have a unique and important role in carers' wellbeing, and to support carers to prevent mental health needs developing. Councils provide a wide range of social care support, funding local carers' services, and other community services to provide support to carers, and social care for the person the carer is caring for. We know that councils are challenged in the amount of funding available to them, they can have a stronger impact on both local carers support services, and the carers they support, through stronger commissioning and by judiciously utilising tendering as one

of a range of approaches to transforming services. Where tendering is used, strong engagement with carers and longer contracts can help create stability.

To maintain their own social support networks, education and employment opportunities and mental health, carers must be able to take a break from their caring role and have a life alongside caring. Limited respite options are not always adequate for carers' needs. Some carers need paid care workers to support the person they care for, some need a longer break away from the person they care for, and some want a break with the person they care for.

Councils can also make significant strides in their streamlining of support to carers by liaising closely with health services. Carers often tell us that having to tell their story over and over to a wide range of professionals, to ensure joined up support for themselves and those they care for, is stressful and emotionally tiring.

The role of councils in identifying, assessing and supporting carers are welcome. Assessments and services alone do not maintain someone's mental health. Mental health is promoted and maintained when an individual is valued, supported and feels in control of their life. Councils can contribute towards this by ensuring the voices and experiences of carers are central when planning their local support offer. Carers Trust and our Network Partners can help with this.

An important role that the Care Act introduced was the requirement for councils to develop and publish '**Local Market Position Statements**'. These statements provide an opportunity for the council to set out the current, and expectation for future demand for mental health services in their local area, where they think they need more input from the market, and so on.

Example local market position statement from Greenwich: https://ipc.brookes.ac.uk/market-position-statements/Greenwich_Mental_Health_MPS_July_2015.pdf

In partnership with the NHS

Mental health is estimated to account for a quarter of the country's 'burden of disease'. It receives 11 per cent of NHS funding.⁹ Early intervention and home-based care to support people with mental health problems is estimated as having the potential to save £38 million through the reduction in acute hospital admissions (700 per annum), shorter lengths of hospital stay (25 per cent reduction) and less use of high cost intensive interventions (NHS West Midlands, 2010).

The NHS leads on the diagnosis and treatment of mental health conditions, whilst councils provide the support to individuals and carers to remain independent, cope, adapt and rebuild; so they can live fulfilling lives beyond diagnosis and treatment. Mental health, with the combination of core statutory duties and wider influence on mental health that councils have, should be a key area for partnership and information sharing between councils and the NHS. Indeed, in many places council statutory functions and NHS functions have been brought together.

To improve NHS performance on mental health a Mental Health Taskforce was convened in 2015 to develop a mental health plan as part of the NHS Five Year Forward View (5YFV). The LGA was a member of this group and highlighted the key role of councils on mental health. However, with the focus on the NHS, local government was mainly referenced in terms of its role in public health, rather than its statutory duties within social care.

What the NHS Mental Health 5YFV does do is set out the national priorities and key performance indicators for the NHS and CCGs, which mean local HWBs can use the 5YFV to hold their local NHS partners

to account on their performance on mental health.

The development of sustainability and transformation partnerships (STPs) provide an opportunity to strategically review all the local mental health services across both the NHS and social care, and how they complement each other. The Human Rights and Equalities Commission will be reviewing mental health in STPs in 2017.

The NHS published their latest NHS 5YFV delivery plan on 31 March 2017. The report's section on mental health opens by acknowledging that 'there is now good evidence that tackling some major mental health problems early reduces subsequent problems, improves people's life chances, and also saves money for the wider economy'. The report sets out that NHS England has increased mental health funding by £1.4 billion in the last three years, investing in specialist mental health treatment. Going forward, NHS England will increase treatment for common mental health conditions via talking therapies by 20 per cent, will increase treatment to pre and post-natal women with severe mental health problems, have more specialist mental health care in A&Es and increase investment in children and young people's mental health (CAMHS) treatment.

Given the well-documented concerns over NHS spending and funding of mental health matching their commitments, it is welcome news that NHS England will be introducing 'an overarching CCG 'investment standard' directing growth in mental health funding' and 'clear performance goals for CCGs and mental health providers, matched by unprecedented transparency using the new mental health dashboard'. This is an opportunity for HWBs to use this information to have oversight of mental health investment in their local area, holding CCGs to account, particularly on children's mental health where HWBs signed off the local transformation plans for investment in CAMHS in their local areas.

Mental health and crisis

In February 2014 the **Mental Health Crisis Concordat** was launched. Its aim, and those of the founding 22 organisations including the LGA and ADASS, was to set out the standards of care people should expect from public services if they experience a mental health crisis and how the emergency services should respond. It is intended as a key point of reference for good practice to support momentum for national and local organisations to improve commissioning and standards of delivery. A key focus is for local organisations to enable access to support for people before a crisis occurs as well as to ensure that people experiencing a mental health crisis can access timely, effective and integrated services and support.

The Concordat challenged local health, care and criminal justice partnerships to develop a range of supports for people at risk of or who are experiencing a crisis in their mental health that are community based, help to avert crisis and reduce reliance on hospital beds where possible. It set out an ambition that police custody should not be used just because mental health services are not available. It also encouraged services to get better at sharing essential need to know information about patients which could help keep the public safe and stipulated that police vehicles should not be used to transfer patients between hospitals.

The aim was that local areas sign their own regional and local agreements to improve crisis provision for people experiencing a mental health crisis. It set out a challenge for local areas to strive to ensure that:

- Health-based places of safety and beds are available 24/7 in case someone experiences a mental health crisis.
- Police custody should not be used because mental health services are not available and police vehicles should also not be used to transfer patients.
- Timescales are put in place so police responding to mental health crisis know

how long they have to wait for a response from health and social care workers. This will make sure patients get suitable care as soon as possible.

- People in crisis should expect that services will share essential 'need to know' information about them so they can receive the best care possible. This may include any history of physical violence, self-harm or drink or drug use.
- Figures suggest some black and ethnic minority groups are detained more frequently under the Mental Health Act. Where this is the case, it must be addressed by local services working with local communities so that the standards set out in the Concordat are met.
- A 24 hour helpline should be available for people with mental health problems and the crisis resolution team should be accessible 24 hours a day, seven days a week.

Since February 2014, all local areas have signed the Concordat. This is an important achievement. The challenge now is that areas continue to deliver the Concordat locally.

See the commitments and examples of good practice on the Crisis Care Concordat website: www.crisiscareconcordat.org.uk

The LGA report into the local delivery of the Crisis Care Concordat in 2015:

www.local.gov.uk/sites/default/files/documents/mental-health-crisis-conc-60f.pdf

The LGA report on the Crisis Care Concordat for Safeguarding Boards: www.local.gov.uk/sites/default/files/documents/mental-health-crisis-care-7dc.pdf

Chapter 2

Mental health and public health

Acute loneliness has been consistently estimated to affect around 10 to 13 per cent of older people. Recent estimates place the number of people aged over 65 who are often or always lonely at over one million. It is increasingly understood to be a serious condition, which can affect a person's mental and physical health very detrimentally.¹⁰

Suicide is a major national public health concern; **6,188** people took their own life in the UK in 2015.¹¹

In 2015/16, councils spent just over **£3 billion** on public health. By 2020, councils will have had their public health budgets cut by **10 per cent**.

Under the **Health and Social Care Act 2012**, responsibility and funding for public health interventions were transferred to councils. It created a new duty for all upper-tier and unitary councils in England to take appropriate steps to improve the health of the people who live in their areas.

The Act also introduced **HWBs** as statutory committees for all upper-tier councils. The role of these boards is to improve the health and wellbeing of the people in their area, reduce health inequalities, and promote the integration of services. Part of the statute was also for councils to develop Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs). JSNAs and JHWSs should form the basis of the plans of CCGs, the NHS Commissioning Board and council commissioning; across all local health, social care, public health and children's services.

JSNAs provide the opportunity to evidence the level and characteristics of mental health locally, and to build on this to improve mental health and wellbeing. Public Health England have developed tools to help identify local mental health needs, risks and assets for JSNAs.

Whilst public health is a statutory duty for councils, public mental health is not specifically mentioned in the regulations. Councils are linking mental health to other public health responsibilities in a number of ways. For example:

- Individuals experiencing substance abuse, drugs, smoking and alcohol often also have mental health problems and combining support for both can have the most positive impact. It is important to avoid the pitfall of 'single-issue' working, which can mean people with a dual diagnosis struggle to have either supported as they are shunted between respective disciplines.
- In the case of Type 2 diabetes, £1.8 billion of additional costs can be attributed to poor mental health. Yet fewer than 15 per cent of people with diabetes have access to psychological support. Pilot schemes show providing such support improves health and cuts costs by 25 per cent.¹²
- Equally, there is growing evidence that obesity, especially in extreme cases, is linked to mental health problems, rather than being a purely physical manifestation of an unhealthy lifestyle. Individuals experiencing obesity can also begin struggling with mental health problems, increased isolation, loneliness, and so on. Including a recognition of the psychological impact of obesity on individuals, and using

'mental wellbeing' techniques such as mindfulness, is being incorporated into advice on healthy eating.

Public health is also perfectly placed to advocate, champion and take forward the agenda to prevent mental health problems. Public Health England (PHE) are launching a Prevention Concordat for Better Mental Health in July 2017, alongside a number of other resources, such as a return on investment tool.

Public Health England fingertips tool on co-occurring substance misuse and mental health problems: <https://fingertips.phe.org.uk/profile-group/mental-health/profile/drugsandmentalhealth>

NICE guidance (2016) on coexisting severe mental illness and substance misuse: community health and social care services www.nice.org.uk/guidance/ng58

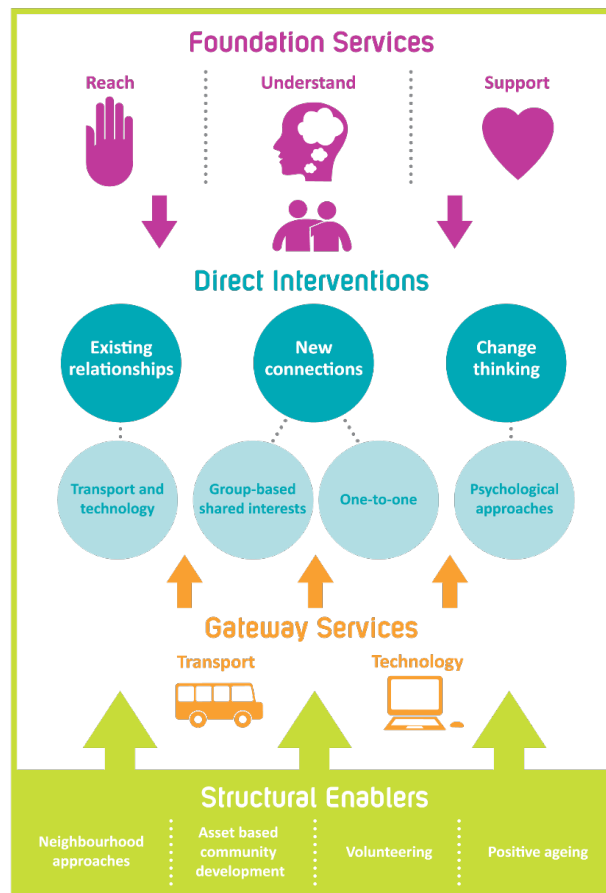
Loneliness

Campaign to End Loneliness

Loneliness has been likened to the social equivalent of thirst or hunger; it's a way for our bodies to indicate a specific need. In the case of loneliness, that is the need for social connections. Just like food or water, if your body goes without these social connections it can have detrimental health effects. Research shows that the impact of loneliness on health is comparable to the effect of high blood pressure, lack of exercise or obesity. In fact, it can have the same effect on mortality as smoking 15 cigarettes a day.¹³

In addition to it having an impact on health, it is also costly. Research by Social Finance estimated that the cost to the health and social care system was as much as £12,000 per person.¹⁴ As such, loneliness should be considered a major public health concern that should be addressed at all levels of government and society. At the Campaign to End Loneliness, we believe local government in particular has an important role in tackling loneliness.

In order to address this issue, the Campaign, along with Age UK created a loneliness framework which outlines the various levels at which loneliness can be addressed. It is comprised of four separate levels: foundation services, direct interventions, gateway services and structural enablers.



Our loneliness framework sets out the full range of interventions needed from stakeholders across the community, beyond the health and social care sector, to support older people experiencing, or at risk of experiencing, loneliness. We believe a strategic approach needs to be taken to tackle loneliness and there are a number of steps to do this.

Campaign to End Loneliness has developed guidance for councils and commissioners: <http://campaigntoendloneliness.org/guidance>

Age UK have a series of heat maps that map the risk of loneliness in different areas:

www.ageuk.org.uk/professional-resources-home/research/loneliness/loneliness-maps

Further information about identifying loneliness can be found in the Campaign to End Loneliness' guide, 'The Missing Million: A practical guide to identifying and talking about loneliness':

www.campaigntoendloneliness.org/wp-content/uploads/CEL-Missing-Millions-Guide_final.pdf

The LGA has produced a guide, including case studies, for councils on tackling loneliness: www.local.gov.uk/combating-loneliness

Suicide prevention

According to ONS statistics for 2015, suicide is the second most common cause of death in 5-19 year old boys in England and Wales, after road traffic accidents.¹⁵

Although not a statutory duty, there has been increasing recognition of the key role of councils in leading the development of local suicide prevention strategies. This was echoed by the Government's 2011 Suicide Prevention strategy¹⁶, which identified that 'an effective local public health approach is fundamental to suicide prevention. This will depend on effective partnerships across all sectors including health, social care, education, the environment, housing, employment, the police and criminal justice system, transport and the voluntary sector'.

The strategy also highlights the key role of HWBs and states that directors of public health 'can play a key part in developing local public health approaches' and that they are 'in a unique position to contribute to taking forward the suicide prevention strategy'.

The most recent update to the strategy, the third progress report¹⁷, published in January 2017, placed a greater expectation on councils to have local suicide prevention strategies. The Health Committee's 2017 report into suicide prevention has gone significantly further, recommending that local suicide prevention strategies are 'quality

assured' and that 'Government should set out how the additional funding will be distributed and accounted for so that local authorities and CCGs can plan their suicide prevention work effectively. If there is insufficient funding, the Government should be realistic about what is achievable on existing resources and set out the evidence on prioritising resources'.¹⁸

As of May 2017, 95 per cent of councils either have, or are developing, a suicide prevention strategy. However, some councils are concerned that because the current data on suicide is based on where the person lived, rather than where they took their own life, that both the emphasis on prevention and any discussion on funding allocation based on this data does not support areas that have locations that have a high incidence of suicide taking place. Some areas have deceptively low rates of suicide, based on their residents, but have a high number of suicides taking place within their areas that are not reflected in the statistics.

Currently, councils receive no specific funding for suicide prevention, so any review of distribution of available funding that recognises the role of councils and the resource implications is very welcomed, if we are serious as a nation about reducing suicide.

The LGA has produced a suicide prevention guide for councils, including good practice case studies: www.local.gov.uk/suicide-prevention-guide-local-authorities

Public Health England has produced guidance on suicide prevention strategies: www.gov.uk/government/publications/suicide-prevention-developing-a-local-action-plan

Public Health England has also developed a 'fingertips' tool, bringing together information on suicide: <https://fingertips.phe.org.uk/profile-group/mental-health/profile/suicide>

Many councils are members of the National Suicide Prevention Alliance: www.nspa.org.uk

Case Study

Suicide prevention in the City of London

The City of London (the City) has the highest daytime population of any local authority area in the UK, with hundreds of thousands of workers, residents, students and visitors packed into just over a square mile of densely developed space. It has a reputation for a 'work-hard, play-hard' banking culture, as well as iconic bridges and tall buildings, which have recently seen a number of high profile suicides. The City of London profiled the people who committed suicide and found that as well as residents who live in the City, and those who work in the City, there are also people who travel to the City with the specific intention of committing suicide, but who have no specific connection. Other councils with high buildings and bridges may be experiencing similar issues.

The City of London Suicide Prevention Action Plan was developed in January 2016, using the priorities from the National Suicide Prevention Strategies, with tailored actions for the City's unique local infrastructure and population needs. Drawing together a partnership including the City of London Police, the City Corporation, and other local stakeholders, such as the clinical commissioning group, the Samaritans and the RNLI, the action plan sets out how the City's partners will work towards a reduction in suicides.

"We spoke to the local coroner, and he told us that the majority of suicides were actually from bridges in the City" says Dr Penny Bevan, Director of Public Health for Hackney and the City of London. "This meant it was imperative that we worked in partnership with the City of London Corporation, City of London Police, the Metropolitan Police and the Samaritans to raise awareness and encourage help-seeking behaviour on the City bridges".

The Bridge Pilot began in April 2016. As part of this initiative, permanent signs with

the Samaritan's free phone number have been placed on bridges within the City. The Samaritans and City Corporation, with the help of East London Foundation Trust and City and Hackney Mind, have put together a training package for frontline staff and members of the public, which was delivered free of charge. The training addresses the stigma of suicide and encourages approaching and engaging people who are at risk. A train-the-trainer version of the programme has been developed to maximise reach. So far 121 people have been trained over six sessions and a further 18 trained to be trainers themselves. This includes security staff on the bridges and members of the police force, who are often first responders. It also includes those who work near the bridges, to give them the skills to recognise someone who may be at risk and the confidence to intervene if necessary.

A leaflet has also been developed, which outlines how to recognise a person who may be at risk and how to approach them. So far 5,000 leaflets have been handed out to members of the public during rush hours on London Bridge and as part of the training.

"With the City of London, we have been able to focus our activities on specific hotspots, to try to intervene and prevent suicides in places where we know they are an issue," says Dr Bevan. "We've learned that a really local approach works best – you have to take national resources and tailor them to your own geography and population".

Case study Brighter Berkshire

The Royal Borough of Berkshire has launched its 2017 campaign, Brighter Berkshire, to raise awareness of mental health. The council hopes the programme will make a real difference to the mental wellbeing of its residents.

The council will be making sure its own policies and services fully respect mental health. This includes:

- mental health impact screening of local policies
- establishing a schools network to raise awareness in children and young people
- offering mental health first aid training to council staff and local secondary schools
- working with partners across Berkshire to launch a Berkshire-wide suicide prevention strategy
- implementing numerous projects on reducing stigma.

<http://brighterberkshire.com>

Chapter 3

Mental health, children and young people

One in 10 children in the country has a diagnosable mental health condition. Over half of all mental ill health starts before the age of 14 years, and 75 per cent has developed by the age of 24.¹⁹ Mental health problems in children and young people can limit their life chances, making it harder for them to fulfil their education, find a job, find a house, have relationships; even potentially ending up dependent on the state or their loved ones.

The Early Intervention Foundation, a charity that champions and supports intervention in the preschool period, estimates that in England and Wales **£17 billion per year** is spent on late intervention ‘addressing the damaging problems that affect children and young people, such as mental health problems, unemployment and youth crime’. This includes **£440 million per year** on child mental health hospital admissions, **£40 million** on child self-harm hospital admissions, **£440 million** on children in specialist substance misuse services, and a range of other costs to public agencies including local authorities, the NHS, schools, welfare, police and the criminal justice system.²⁰

In 2015/16, councils spent **£8.3 billion** on children’s services. These services face a **£2 billion** gap in funding by 2020.

Child and adolescent mental health services (CAMHS)

- Between 2013/14 and 2014/15, referral rates increased five times faster than the CAMHS workforce.
- Specialist mental health services are on average turning away nearly a quarter (23 per cent) of the young people referred to them for treatment.²¹

In September 2014, the Department of Health and NHS England established a Children and Young People’s Mental Health and Wellbeing Taskforce whose work culminated in the ‘Future in Mind’ report (March 2015). This sets out ambitions for improving care over the next five years.

A key theme of the report is promoting resilience, prevention and early intervention, with a recognition of the role councils play in mental health and wellbeing in the early years. There is an emphasis on local leadership and ownership through the development and agreement of ‘local transformation plans’ (LTPs). These should set out the mental health offer for children and young people in a local area, covering the full spectrum of services from prevention through to intervention, and need to be signed off by the local HWB for the associated funding to be released.

Councils have a key contribution to make to the prevention and early intervention agenda through universal early years services such as health visiting, children’s centres (which are seen as a good model for breaking down silos and bringing together a range of

services including preventative mental health services), and youth information, advice and counselling services (YIACS). This work is essential to avoid over medicalising mental health and reducing stigma.

To support Future in Mind, the 2015 Government committed £1.25 billion additional investment in CAMHS services until 2020. There is also specific investment to improve community based eating disorder services for teenagers (£30 million recurrent funding until 2020) and perinatal services (£290 million by 2020).

In January 2017, the Prime Minister Theresa May announced a package of measures on mental health support in schools, workplaces and communities. Aspects of the reforms relating to children and young people highlighted the central role and contribution of schools to children and young people's mental health.

CCG spend on children and young people's mental health

The aim of LTPs was to create local partnerships and a shared plan for the delivery of mental health services for children and young people. However, the funding to support the delivery of the plans has been given exclusively to CCGs in their baseline allocation, without establishing local accountability structures for ensuring the funding is spent according to the mutually agreed LTP.

In 2015/16, £75 million was released to CCGs and in 2016/17, £119 million was allocated to CCGs, again included in their total baseline allocation. There have been reports from mental health providers that they have not yet seen increased investment.²²

The role of health and wellbeing boards

Health and wellbeing boards (HWBs) can be a useful mechanism through which partners are held to account for how money is spent and for ensuring the quality of LTPs. Guidance on the LTPs assurance process issued by NHS England requires that they be signed off by the local HWB.

In September 2016, the LGA surveyed directors of children's services to gain further insights into local issues relating to children and young people's mental health services, including how HWBs had been involved in LTPs.²³ Councils were specifically asked the extent to which their health and wellbeing board has oversight for the spending of LTP funding. Forty-eight percent of councils indicated the extent of their oversight on spend as small. This suggests there is scope in some areas to strengthen the role of the health and wellbeing board in supporting the transformation and delivery of children and young people's mental health and wellbeing services.

Prevention and early intervention in mental health and wellbeing for children and young people

Future in Mind and a number of other reports recognise that to achieve real change, a whole systems approach that focuses on prevention of mental ill health, early intervention and recovery is needed. There is also evidence that makes both the moral and economic case for early intervention.

Children's charities have highlighted that between 2010/11 and 2015/16 the Government's early intervention allocation to councils has fallen by 55 per cent in real terms (this refers to the total early intervention allocation from central government that can be used by councils to fund a range of services for children, young people and families).²⁴

At the same time, there is a reported rise in the numbers of both routine and emergency presentations with partnerships suggesting an average increase of 25 per cent in referrals to CAMHS since 2012, possibly due in part to the impact of regional and local cuts on community based services and voluntary and community sector services.²⁵

Mental health and wellbeing needs of looked-after children

Children in care are four times more likely to have a mental health difficulty than children in the general population, and in 2016, 57 per cent of children in care had a special educational need, compared to 14 per cent of all children. A third of young people leaving care report problems with drugs or alcohol within a year.²⁶

The **Children and Social Work Act 2017** defined the role of the council as a “corporate parent” to children in care. It includes a responsibility on councils to promote the mental health and wellbeing of children in care, as well as stability in their lives and preparation for adulthood.

Councils have to publish a local offer for care leavers, including all services provided by the council that might help them in key areas (whether those are things they have to provide by law, such as access to personal advisers, or more universal services that could help, such as careers advice). The Act specifies that this should include services in relation to health and wellbeing, relationships and participation in society.

The Act also brings in changes to local child safeguarding arrangements, which end the legislative need for a Local Safeguarding Children Board and instead calls on councils, the police and health to form locally relevant safeguarding arrangements (which can have a bigger footprint than the council if that’s what works). There’s no legal requirement for schools to take part in these arrangements, but the three statutory partners should

make arrangements to work with ‘relevant agencies’.

Councils continue to have a central role in coordinating safeguarding arrangements in a local area, with its potential wider impact on mental wellbeing, for example issues around children going missing, child sexual exploitation and modern slavery.

In addition, the Children’s Commissioner has launched a **Stability Index** to monitor placement moves, school moves and social worker changes for children in care due to the negative impact of instability on children’s wellbeing (placement moves have been associated with lower levels of GCSE attainment for children in care and higher levels of psychiatric disorders, while stable out-of-home placements have been associated with improvements in children’s mental health over 18 months). The number of looked after children in England with three or more placements a year has been in decline since 2002, falling from 15.2 per cent of looked after children to 10.1 per cent in 2015.

The Children’s Commissioner Stability Index technical guide: www.childrenscommissioner.gov.uk/sites/default/files/publications/Children%27s%20Commissioner%27s%20Stability%20Index%20Phase%20One%20Technical%20Report%201.3.pdf

Schools and academies

The Children and Social Work Act 2017 makes it a requirement that all secondary schools in England teach relationships and sex education (RSE). The amendments also allow the government to make regulations requiring personal, social, health and economic education (PSHE) to be taught in all schools in England (primary and secondary, maintained and at a point in the future, academy). There is an opportunity to review how PHSE fits with a whole-schools approach to mental health and wellbeing to help break stigma around this issue. It should also be noted that whilst the national curriculum recommends PSHE for maintained schools,

this does not apply to academies and free schools (65 per cent of secondary schools).

There is a growing body of evidence that indicates that emotional wellbeing is an important foundation for learning and educational achievement. Links between mental health services and schools need to be strengthened, with better training and information for teachers and parents to reduce stigma.

The mental health services and schools link pilot (launched in 2015) aimed to strengthen joint working between schools and mental health services. A total of 22 areas, incorporating 27 CCGs and 255 schools, were funded to establish named lead contacts within NHS children and young people's mental health services and schools.

An evaluation of the pilot programme was published in February 2017. It demonstrated the potential added value of providing schools and NHS CAMHS with opportunities to engage in joint planning and training activities, improving the clarity of local pathways to specialist mental health support, and establishing named points of contact in schools and NHS CAMHS.

At the same time, the evaluation has underlined the lack of available resources to deliver this offer universally across all schools at this stage within many of the pilot areas. The pilots show that additional resources would need to be allocated locally to deliver the offer universally across all schools. A number of the critical success factors identified in the evaluation highlight the role and contribution required from councils to make joint working arrangements a success.

The Department for Education has also announced it will be running a programme of pilot activity on peer support for children and young people's mental health and emotional wellbeing across schools, colleges and community settings and undertake randomised control trials (RCTs) of promising preventative programmes that can be delivered in schools.

There is a wider issue of engaging

academies and free schools with this agenda.

Compared to schools maintained by councils, academies have greater freedom to commission a range of services according to their particular preferences and the nature of their pupils' needs. Consequently, local councils have very little influence over the approach that individual academies take on the issue of mental health and wellbeing, and few levers through which to influence exactly what mental health support schools choose to commission for their pupils.²⁷

Online mental health support services, social media and cyber bullying

Online counselling services are seen as a positive move, however, it is recognised that the internet can also enable access to material that can cause harm to a child's mental health and wellbeing. Social media has a growing impact on children and young people's mental health. Dudley Council has identified six young people who have committed suicide due to cyberbullying.

Children need to be taught e-resilience and councils should be mindful of internet access in public facilities such as libraries. Young people will rarely share concerns about cyberbullying for risk of having their technology taken away. Staff need training to understand the dangers and opportunities of digital technology including apps.

Case Study

Working with care leavers in the London Borough of Sutton

My Life, My Future is a programme working with young people in care and care leavers aged between 10 and 18 from the London Borough of Sutton. The programme aims to:

- increase self-confidence
- enhance emotional wellbeing and build resilience
- improve aspirations.

Three workers and two volunteers work alongside young people to build knowledge and through group work exercises, peer support, activities and mentoring. Both of the volunteers are care leavers and provide valuable support to the young people on the programme. Their ability to empathise with the young people, and understand where they are in their lives, has been a key component of the programme's development.

Health visitors 0-5s

Perinatal depression, anxiety and psychosis carry a total long-term cost to society of about £8.1 billion for each one year of children born.²⁸

In 2015 health visiting was brought into the local government fold for the first time since 1974. As with so much of public health, the move into local government offers fresh opportunities. By integrating health visiting with other services, such as children's centres, early help, mental health, safeguarding and public health teams, we can provide better support to children and their families. Health visitors for children aged 0-5 have a unique opportunity to ascertain the mental health and wellbeing of parents and children. It may be that parents do not go to their GP, or do not realise an issue is arising, particularly if they themselves are suffering.

LGA publication 'Best start in life, promoting good emotional wellbeing and mental health for children and young people': www.local.gov.uk/best-start-life-promoting-good-emotional-wellbeing-and-mental-health-children-and-young-people

LGA information on health visiting services: www.local.gov.uk/improving-outcomes-children-and-families-early-years-key-role-health-visiting-services

Special educational needs and care plans

Part 3 of the **Children and Families Act 2014** places legal duties on councils to identify and assess the special educational needs (SEN) of children and young people. They must then ensure that those children and young people receive a level of support which will help them 'achieve the best possible educational and other outcomes'. If a child has severe or complex needs, they may have an 'Education, Health and Care (EHC)' assessment. As with dual diagnosis of conditions in adults with associated mental health problems and risks, this applies equally with children, and the SEN assessment and EHC provides an opportunity to address mental health alongside specific educational and care needs.

Chapter 4

Housing and homelessness

According to 2017 research by Shelter, of people who had experienced housing worries within the past five years, 69 per cent said their mental health was affected, and a worrying minority stated they had considered suicide.

The most common mental health problems amongst those experiencing housing worries are:

- stress – 64 per cent
- anxiety – 60 per cent
- sleep problems – 55 per cent
- depression – 48 per cent
- panic attacks – 30 per cent.

Official data for statutory homeless households indicates a **56 per cent increase** in households who have been found vulnerable due to their mental health since 2009/10, but as with other individual factors, this will be an underestimate, and is likely to refer to households who have a diagnosed mental health problem (some form of evidence would be required by the council). This increase compares with an overall increase in statutory homeless households of **44 per cent**.

In 2015/16, councils spent **£1.6 billion** on housing and homelessness (excluding the housing revenue account).

Councils have statutory duties under the **Housing Act 1996** – Part VII, which provides the legislative framework for council duties to respond to homelessness. Vulnerable householders are classed as having a priority need, and a learning disability or mental health issue would be considered as making

a person vulnerable. This extends to needing care and support but not having family, friends or social care support.

The recent **Homelessness Reduction Act 2017** updates these duties, by adding additional emphasis on preventing homelessness.

Councils have additional duties regarding the continuing upkeep and use of existing properties through their environmental health functions, particularly in relation to the **Housing Health and Safety Rating System (HHSRS)**.

There are well recorded links between mental health, housing and homelessness. Councils have a range of statutory duties related to housing and homelessness, and in turn, provide housing support for those experiencing mental illness. The quality of the home can also have an impact on mental wellness, and councils have a role to play through their HHSRS duties (especially overcrowding) and their planning duties, in terms of space requirements, noise abatement requirements, and so on.

The 2016 Mental Health Taskforce report²⁹ notes that: 'Stable housing is a factor contributing to someone being able to maintain good mental health and [is] important ... for their recovery if they have developed a mental health problem. Common mental health problems are over twice as high among people who are homeless compared with the general population, and psychosis is up to 15 times as high. Children living in poor housing have increased chances of experiencing stress, anxiety and depression'.

Mental ill health can be a cause and a consequence of homelessness. There are correlations between:

- Financial problems and mental health
- Housing insecurity and anxiety, stress, loss of confidence and worry about the future.^{30,31}
- For people who experience mental health problems, the importance of safe, secure and affordable housing is well evidenced³²:
- Their illness may lead to job loss or relationship breakdown, which in turn may lead to homelessness. Common mental health problems are over twice as high among people who are homeless compared with the general population, and psychosis is up to 15 times as high.
- Mental ill health is frequently cited as a reason for tenancy breakdown.³³
- Partners and councils report of the increasing complexity of homeless single persons' situations, including mental health, drug/alcohol abuse, offending, and/or learning disabilities.

Dual needs (mental health and substance misuse) are common amongst homeless people, particularly those on the streets and on the edge of rough sleeping. There is a good deal of evidence to show that mental ill health and dual needs are more prevalent amongst the homeless population than the general population. Homeless Link's 2014 audit of health needs reports that 12 per cent of participants in their survey who were diagnosed with mental health issues also reported drug and alcohol problems, and 41 per cent of those people with mental health needs said they self-medicate with drugs and/or alcohol.³⁴

Not addressing mental health and homelessness impacts on health care services, for example, housing problems are frequently cited as a reason for a person being admitted or re-admitted to inpatient health care.³⁵ Also, a lack of appropriate housing can contribute to delayed transfers of care into the community, the unnecessary

use of residential care and out-of-area placements.

Young homeless people are an extremely vulnerable population.³⁶ Homelessness often follows from relationship breakdown with their family, and young people face increased instability as they lack formal support and struggle to access services.

Up to 70 per cent of homeless children and young people have mental health problems and 33 per cent self-harm.³⁷ Young homeless people are significantly more likely to have been diagnosed with a mental health condition than the general population (27 per cent compared to 6 per cent).³⁸

There are many examples of positive practice in relation to mental health and homelessness:

- Camden has designated homeless pathway workers co-located with mental health and offender services to assist single people threatened with homelessness on institutional discharge. As well as 650 beds in their Adult Hostel Pathway, Camden provides 250 beds in a specialist Mental Health Pathway. They make the point that priority need is irrelevant for both of these pathways.
- Brighton and Hove developed an integrated homeless health hub during 2016. This is based around the homeless GP surgery and the co-location of services such as adult social care, housing, the Mental Health Homeless Team, and the Rough Sleepers Street Outreach Team.
- Bradford has a Housing Options officer who works closely with Bevan Healthcare's Street Medicine Team to meet the needs of vulnerable clients identified at food banks and/or sleeping rough. They have also recently appointed a housing social worker, based at the psychiatric hospital working closely with the Housing Options Service, to meet the housing needs of people who also have mental health need.
- South Norfolk District Council is building an improved pathway for mental health cases in relation to housing and discharge from acute health providers.

LGA Housing Commission

The right homes in the right areas enable people to live healthy and happy lives, driving growth for all and preventing public service challenges and costs. This means building homes that are affordable, that meet the diverse aspirations of communities and our ageing population, and that are well supported by the services and infrastructure. In 2017, the LGA published the findings of its Housing Commission. It was established to help councils deliver their ambition for places. It was supported by a panel of advisers and has engaged with over 100 partners; hearing from councils, developers, charities, health partners, and many others. All partners agreed that there is no silver bullet, and all emphasise the pivotal role of councils in helping to provide strong leadership, collaborative working, and longer-term certainty for places and the people that live there.

www.local.gov.uk/topics/housing-and-planning/housing-commission

Supported housing

Supported housing provides good quality housing, alongside an additional 'support' element, to help people in the community who need assistance to live more independently. It is particularly important for the support of people who have received treatment for a mental illness, to enable them to recover and rehabilitate so they can manage their condition, rebuild their lives, relationships, employment, and so on. An adequate supply of supported housing is particularly important to allow for the safe discharge of patients under Section 117 of the mental health act.

Councils currently fund the support element of supported housing through their social care functions, and any additional care that is required. The rent element of supported housing is currently funded centrally through housing benefit.

In September 2016, the Government announced that supported housing would be subject to the Local Housing Allowance cap (LHA) from April 2020, with councils receiving a 'top-up fund' to pay for the difference between the LHA rate and actual rents, whilst providing some commissioning oversight of quality and forwarding planning based on need and demand. The Government's evidence review for the consultation estimated that the total cost of supported housing in England is £5.1 billion a year. Housing benefit contributes £3.49 billion, and councils contribute £1.3 billion. Around 33 per cent of this council contribution is from adult social care, 28 per cent from housing departments and 20 per cent mainly from other council sources. Only 5 per cent is from the NHS, including social care partnerships. The average estimated cost of a person in supported housing for a week is £122 compared with an average cost of £2,800 in hospital for a week.³⁹

The LGA responded to the future funding of housing consultation, suggesting that a more coherent vision for the future of supported housing is needed, alongside a sustainable funding regime: www.local.gov.uk/topics/social-care-health-and-integration/adult-social-care/future-funding-supported-housing

The uncertainty over the future funding of supported housing has caused the market to wobble, with some schemes being pulled. Given the importance of supported housing to enable people to move out of hospital and live in the community, a sustainable and long-term funding solution is needed that enables the continued growth of this sector.

Integration of housing, health and care

The contribution of housing to the care and support system has been recognised throughout the Care Act 2014. Housing is defined as a 'health-related service', placing housing firmly on the care and support map. According to Care Act Guidance 4.90, 'Integrated services built around an

individual's needs are often best delivered through the home. The suitability of living accommodation is a core component of an individual's wellbeing and when developing integrated services, councils should consider the central role of housing within integration, with associated formal arrangements with housing and other partner organisations'.

The LGA published a report in 2015 setting out good practice examples of housing, health and care integration, 'A home is much more than a house': www.local.gov.uk/case-study-home-much-more-house-integrated-approaches-housing-health-and-care-needs-vulnerable.

The LGA is also a signatory to the 'Memorandum of Understanding (MoU) to support joint action on improving health through the home'. It recognises that the right home environment is essential to health and wellbeing, throughout life: www.housinglin.org.uk/_assets/Resources/Housing/Support_materials/Other_reports_and_guidance/A_Memorandum_of_Understanding_MoU_to_support_joint_action_on_improving_health_through_the_home.pdf

Quality of housing

According to the Chartered Institute of Housing, poor housing has a disproportionate effect on the physical and mental health of the most vulnerable. The mental health effects are made worse for older people living isolated lives, the young, those without a support network and adults with disabilities.

For many individuals with mental health problems, there is a strong link to insecure, poor quality and overcrowded homes. Substandard housing has also been found to impact on socio-emotional development, psychological distress, behavioural problems, and educational outcomes of children and young people.

There is a growing base of evidence to indicate that children under school age are very susceptible to long term mental health issues, such as anxiety and depression, if they are in substandard housing.

Qualitative research, with a small number of families, has revealed a link between overcrowding and stress, tension, sometimes family breakup, anxiety and depression. The lack of privacy particularly affects adolescents and leads to disrupted sleep patterns, which for the young can lead to problems with cognitive development, reading skills and sometimes even the ability to speak with clarity which ultimately will impact on their education and health. The chaotic sleeping arrangements were an underlying cause of many mental health effects.

Excess cold also has an impact with clear evidence linking home temperatures and mental health. The evaluation of the UK Warm Front Scheme, found that increasing the warmth of homes had a clear impact on mental health – those with bedroom temperatures of 21 Degrees Celsius were 50 per cent less likely to experience depression and anxiety than those whose bedrooms were only 15 Degrees Celsius.

Other housing hazards such as condensation, damp, mould, noise, pests, living in flats, draughts and the age of homes have also been shown to have some connection to mental health.

Table 1

Hazards and their impact on mental health and wellbeingSource: Chartered Institute of Housing www.cih.org

Hazard	Effect on mental health and wellbeing
General substandard housing	Mental health – anxiety, depression Socio-emotional development Disruption to education and impact on academic achievement
Damp and mould growth	Depression, anxiety Feeling of shame
Excess cold	Depression and anxiety Slower physical growth and cognitive development in children
Lead	Continual exposure at low levels has been shown to cause impaired cognitive development and behavioural problems in children
Crowding and space	Psychological distress and mental disorders, reduction of tolerance A reduction of the ability to concentrate Disruption to education and impact on academic achievement Stress tension and sometimes family breakup Lack of privacy
Entry by intruders	Fear of crime Stress and anguish
Lack of natural lighting	Depression and psychological effects caused by a lack of natural light or the lack of a window with a view
Noise	Stress responses Sleep disorders Lack of concentration Anxiety and irritability
Domestic hygiene, pests and refuse	Emotional distress
Personal hygiene, sanitation and drainage	Feeling of shame

Chapter 5

Community safety

According to 2013 analysis by Kings College London, people with a severe mental illness were three times more likely to be a victim of crime, and nearly 45 per cent of people with a severe mental illness reported experiencing crime in 2012.

Women with a severe mental illness were 10 times more likely to experience assault and 62 per cent of women with a severe mental illness reported being victims of sexual violence as adults.

The Prison Reform Trust states that **10 per cent** of men and **30 per cent** of women have had a previous psychiatric admission before they entered prison, and **25 per cent** of women and **15 per cent** of men in prison reported symptoms indicative of psychosis. The rate among the general public is about **4 per cent**. Forty-six per cent of women prisoners reported having attempted suicide at some point in their lives. This is more than twice the rate of male prisoners (**21 per cent**).

Overall, according to homeless link, **90 per cent** of prisoners have substance misuse problems, mental health problems, or both.⁴⁰

In 2015/16, councils spent **£264 million** on community safety (<http://lginform.local.gov.uk/>).

Unfortunately, many children and adults with mental health conditions find themselves within the criminal justice system, while many victims of crime find themselves experiencing mental health issues as a result. Those experiencing a mental health condition are more likely to be a victim of crime.

Councils have a strong role to play in community safety, working alongside the police and other organisations to both work

with those at a higher risk of committing crimes, and those at risk of, or who have been, the victims of crime. Councils will have involvement in local antisocial behaviour issues, vandalism, graffiti, and so on.

Appropriate adults

Many councils supply or commission a service to provide an 'appropriate adult' where a person in custody is deemed vulnerable, to support them through the process. The appropriate adult role was created alongside the Police and Criminal Evidence Act (PACE) 1984. An appropriate adult is responsible for protecting or safeguarding the rights and welfare of a child or 'mentally vulnerable' adult who is either arrested, detained by police or is interviewed under caution voluntarily. People can be vulnerable because of a learning disability, mental health, autism or other issues. An appropriate adult can be a parent, another family member, a social or care worker, or a volunteer.

There is a legal duty for councils to provide an appropriate adult for children and young people through their youth offending teams. Although there is no specific legislative requirement for councils to take the lead on appropriate adult provision, many view this as part of their overall 'care responsibility'. Social workers often act as appropriate adults.

Domestic abuse and violence against women and girls

Depression affects nearly half of women exposed to domestic violence.⁴¹ According to the charity Refuge, abused women can develop post-traumatic stress which includes a range of symptoms: agitation and anxiety, depression, panic attacks, trouble sleeping or relaxing, numbness, sense of isolation and nightmares.

Women's Aid describes in their 'Survivors Handbook' that it is now well accepted that abuse (both in childhood and in adult life) is often the main factor in the development of depression, anxiety and other mental health disorders, and may lead to sleep disturbances, self-harm, suicide and attempted suicide, eating disorders and substance misuse.

The impact of abuse on women and men who experience it is considerable. In addition to a negative effect on mental and physical health, the experience affects the victim's role in, and contribution to, society and the economy. For example, it can isolate a person from their family, friends and community, and have a negative effect on work leading to possible loss of independent income.⁴²

It is the major cause of injury to women under 60 years of age and a major risk factor for psychiatric disorders, chronic physical conditions and substance abuse. Children's mental health can also be affected if their immediate family is experiencing domestic violence.

Councils are active partners in addressing and preventing domestic violence, funding the provision of safe places and wraparound support. This support can include information, care and guidance on mental health, housing, finance, employment, education, and so on. This is a key area where councils work jointly with the voluntary and community sector. Child safeguarding and mental health will also be part of this wraparound support.

In 2016, the Government published an 'Ending Violence Against Women and Girls (VAWG)' strategy, setting out the Government's objective to reduce the prevalence of all forms of VAWG and increase reporting, police referrals, prosecution and convictions for what can still be hidden crimes.

The strategy makes clear the Government's intention to work with councils, the NHS, police and crime commissioners (PCCs), the specialist VAWG sector and other local partners to ensure a secure future for a range of services including rape crisis centres, specialist BAME-led provision (including working to address issues such as FGM and forced marriage), national helplines and refuges.

As part of this, the Home Office has published a 'National Statement of Expectations for Violence Against Women and Girls Services', which sets out what local areas need to put in place to ensure their response to VAWG.

In the Queen's Speech, June 2017, the Government announced a Domestic Violence and Abuse Bill and the creation of a Domestic Violence and Abuse Commissioner. The LGA supports the Bill's objectives of ensuring that victims feel able to report abuse and are confident that organisations will do everything possible to support them and their families and pursue their abusers. It will be important that this definition encompasses the different forms that domestic abuse can take. It will also be important that there is consistency between the approach of the new Commissioner and the National Statement of Expectations for councils on violence against women and girls (including domestic abuse).

National statement of expectations:
www.gov.uk/government/uploads/system/uploads/attachment_data/file/574665/VAWG_National_Statement_of_Expectations_-_FINAL.PDF

'Ending Violence Against Women and Girls' strategy:
www.gov.uk/government/publications/strategy-to-end-violence-against-women-and-girls-2016-to-2020

LGA resources on domestic violence:
www.local.gov.uk/domestic-violence-and-abuse

LGA resources on FGM:
www.local.gov.uk/topics/community-safety/female-genital-mutilation

families. The second phase will run until 2020, with annual progress reporting until 2022.⁴³

Data from the interim national evaluation⁴⁴ of the Troubled Families programme published in July 2014 showed that, as well as having significant problems with truancy, youth crime, antisocial behaviour and worklessness, 46 per cent of adults had a mental health concern.

Offenders' mental health and support in the community

Once offenders leave prison and return to the community to rebuild their lives, councils have an active role to play in their support, particularly if they also have a mental health condition or substance misuse issues. Councils help fund the wraparound support to address these issues, and also work with the probation and health service to help people not to reoffend.

Troubled Families

Troubled Families is a programme of targeted intervention for families with multiple problems, including crime, antisocial behaviour, truancy, unemployment, mental health problems and domestic abuse.

Councils identify 'troubled families' in their area and usually assign a key worker to act as a single point of contact. Government then pays councils by results for each family that meet set criteria or move into continuous employment.

£448 million was allocated to the first phase of the programme, which ran from 2012 to 2015. Councils worked with around 120,000 families, and 'turned around' 99 per cent. The second phase of the Troubled Families programme was launched in 2015, with £920 million allocated to help an additional 400,000

Chapter 6

Parks and green spaces

The Faculty of Public Health suggests that interaction with nature might be effective in treating some forms of mental health problems. For example, there is emerging evidence that engaging with nature benefits those living with conditions such as ADHD, depression and dementia by improving cognitive functioning and reducing anxiety.

According to research by the University of Exeter, published in 2013, individuals have both lower mental distress and higher wellbeing when living in urban areas with more green space. Although effects at the individual level were small, the potential cumulative benefit at a community level highlights the importance of policies to protect and promote urban green spaces.

In a 2016 blog by Stephen Morton from Public Health England, he explains that “the impacts on mental wellbeing, social networks and sustainable communities probably work through a variety of mechanisms and it is in these areas that the strongest evidence is emerging that urban green space can improve the public’s health.

We know people who live in the areas within our cities and towns that have more green or blue space have better mental health”.

In 2015/16, councils spent **£1 billion** in maintaining parks and open spaces.

A key role of councils is the planning of, provision and maintenance of green and open spaces for residents to use and enjoy. In addition to this, councils manage smaller green areas, such as roadside verges, urban trees, green streetscape, and so on. These are particularly important for residents who

live in urban environments being able to access the natural environment.

Many councils have also taken on a role in the protection of local biodiversity and the management of green spaces to enhance the natural environment through their planning and management practices. Councils themselves use their local green spaces to hold community events, such as local fetes, events and health activities, such as ‘walking for health’: www.walkingforhealth.org.uk

Natural England, in their good practice guidance on social prescribing for mental health⁴⁵, explain that there is currently a convincing evidence base to show that exposure to the natural environment positively affects physical health and mental wellbeing. Specific psychological benefits highlighted in research include reduced stress and anxiety, improvements to mood, increased perceived wellbeing, improved concentration and attention and cognitive restoration. Other implications from research are that gardens and nature in hospitals enhance mood, reduce stress and improve the overall appreciation of the health care provider and quality of care.

They identify a significant relationship between the proximity of urban open green spaces, visiting frequency, duration of stay and the level of self-reported stress experienced. The quantity of available green space has been correlated with longevity; a reduced risk of mental ill health and lower levels of income deprivation-related health inequality.

Natural England goes on to state that ‘nature-based interventions (also called green care and ecotherapy) could be part of a new solution for mental health care’.⁴⁶

**Richard Barnes, Senior
Conservation Advisor
The Woodland Trust**
**The mental health benefits of
trees and woodland**

Trees and woods are vital to the health and wellbeing of people in the UK, with a strong correlation between the quality of the natural environment where people live, and their health and wellbeing. At the same time, there is increasing concern about spiralling costs of healthcare in the UK, including for mental health.

A large and increasing body of evidence suggests that increasing tree and woodland cover, along with other green space, can be part of the solution, helping with both prevention and cure, particularly in urban areas. However, while this is also increasingly recognised in policy, there are still significant barriers to translating this into practice.

How trees and woods benefit mental health

Green space, including woodland, can help improve levels of physical activity, with the associated physical health benefits. There is also evidence that both physical activity in green space, and passive engagement with natural surroundings, can have benefits for mental health and wellbeing.

Trees and woods can have a restorative and therapeutic effect on the mind.⁴⁷ Studies of hospital patients found that they recovered more quickly with a view of trees and nature from their windows.⁴⁸ Research in the Netherlands and Japan indicated that people were more likely to walk or cycle to work if the streets were lined with trees; and live longer and feel better as a result.⁴⁹ Recent research⁵⁰ has also shown that cortisol levels, associated with stress, were lower in deprived areas with a higher percentage of green space.

A British study⁵¹ examined the effects of moving to greener and less green urban areas on mental health over a number of

years. They revealed that individuals who moved to greener areas had significantly better mental health following the move. Another study⁵² reported that residents living in buildings with little surrounding vegetation reported more aggression and violence than did their counterparts in greener buildings. In addition, levels of mental fatigue were higher in buildings with no surrounding vegetation, and this mental fatigue was accompanied by aggression.

Trees and woods can also have indirect effects on wellbeing through improving living conditions or even economic prosperity of an area. Industrial areas and employment sites with access to natural green space can have more productive employees⁵³, with greater job satisfaction too.⁵⁴ As a consequence of all of these contributions, commercial and urban areas with good tree cover tend to attract higher levels of inward investment⁵⁵.

While all green space has the potential to help deliver health benefits, woods have some definite advantages. They are usually attractive and can be designed and managed to ensure people feel safe in them. Because of their structure, woods also have the advantage that they can absorb a lot of people without seeming crowded and can filter noise and air pollution, perhaps more than some other green spaces.

Forest Research has published⁵⁶ results from research that analyses the wellbeing benefits gained by different sections of society through viewing, engaging with, and accessing woodlands and forests in Britain.

Provision of access to woodland and trees

There are links between the proximity of green space to people's homes and the increased likelihood of residents walking.⁵⁷ Recent spatial analysis by Natural England's MENE (Monitoring Engagement with the Natural Environment) confirmed that levels of visiting green space correlated with nearby provision of accessible green space.

The link between inequalities in health and environmental factors is described in the Marmot Review of 2010⁵⁸, which recommended improving good quality green spaces, and making them available across the social gradient in order to reduce health inequalities. The Woodland Trust has shown that only around 18.2 per cent of the UK population have access to local woodland within 500 metres of their home.⁵⁹

Evidence from the 'Trees in Towns II'⁶⁰ report prepared for the Department of Communities and Local Government recommended more investment and planning is needed by some councils in maintain and expand tree cover. The report highlights the need for specialist staff and a clear tree strategy in order to take full advantage of the many benefits trees can bring to people living in urban areas.

Direct interventions

A project in the north east of England, to develop a woodland-based health project at the Forestry Commission's Chopwell Wood, in partnership with primary care trusts, led to positive outcomes. The project included a GP referral scheme, with patients referred to cycle, walk, do Tai Chi or conservation work. There were 33 referrals, with completion rates for the 13 week GP referral programme very high at 91 per cent. The majority of individuals continued to participate in Chopwell Wood activities post programme, and evaluation of the project showed individuals experienced improvements in physical health, particularly due to weight loss and the development of social networks.⁶¹

Dementia Adventure, a social enterprise set up to connect people with dementia with nature, has worked in partnership with The Woodland Trust to enable people with dementia living in care settings to access woodland, which would otherwise be very difficult or impossible for them. The pilot project⁶² reported physical, emotional and social benefits including improved sleep, dietary intake, activity and exercise levels, improved memory and increased

verbal expression, mood enhancement and stronger sense of self, and a sense of belonging and friendship/kinship.⁶³

The 2013 Natural Solutions Conference report⁶⁴ suggested a need for greater communication and collaboration between the natural environment and health sectors. There is an opportunity for the natural environment sector to foster stronger links between councils, CCGs, HWBs, town planners, land owners and managers, as well as local non-governmental organisations (NGOs), community groups and the private sector.⁶⁵

Chapter 7

Culture and leisure services

In 2015/16, councils spent £2.5 billion on culture and leisure services.

The ability to make connections, have networks and meet like-minded people with the same interests are all important in mental wellbeing and reducing isolation and loneliness. Councils have a key role to play in the provision and running of local leisure facilities that provide places for their local communities to meet, share, learn and experience. Councils provide libraries, museums, leisure centres, swimming pools, playgrounds, football fields, community halls, art galleries, educational facilities, cultural facilities, and so on. They also provide facilities for specialist support groups for mental health to meet and support each other.

Reading Well is a national scheme, led by the Reading Agency and supported by the Society of Chief Librarians as part of the universal health offer for libraries. 'Reading Well Books on Prescription' are self-help books for managing common conditions including stress, depression, anxiety and dementia. The books are recommended by health experts and people with experience of the condition, and have been tried and tested and found to be useful. Recommended titles and leaflets containing booklists and other sources of help are available from libraries.

Brighton and Hove: www.brighton-hove.gov.uk/content/leisure-and-libraries/libraries/reading-well-books-prescription-libraries

Devon County Council: www.devon.gov.uk/readingwell

Reading Well: <http://reading-well.org.uk>

Sport England and Mind Improving mental health through physical activity: the key role that councils can play

Mental health and physical activity

There is strong evidence to show that physical activity is associated with improved psychological wellbeing, including reductions in stress, anxiety and depression.⁶⁶ Being physically active also leads to improved mood and self-esteem, and better brain function across all age groups.⁶⁷ There is also evidence to show that exercise can have a very positive impact on the symptoms of mental health problems.

It is well established that people with mental health problems are more likely to experience physical health problems. They are at a higher risk of being overweight or obese⁶⁸, are twice as likely to die from coronary heart disease as the general population⁶⁹, and are four times more likely to die from respiratory disease.⁷⁰

Unfortunately despite the many benefits that could be gained, studies show that people with mental health problems are less likely to see playing sport or being active as important, and are less likely to be engaged compared to people with other impairments.⁷¹ Mind's research found a range of significant barriers to people with mental health problems leading a healthier and more active life, including lack of motivation, low self-esteem and confidence, financial barriers and negative body image.

Councils have a key role to play in improving people's mental health and helping those

with mental health problems to lead healthy and happy lives. They commission a range of services that directly impact mental health including those that help people to get active. Prioritising better access to these physical activity and sport opportunities can play a role in both the prevention and treatment of mental health issues.

Mind and Sport England designed and delivered 'Get Set to Go' (GSTG), a programme to get people with mental health problems physically active in their local communities. It also helped by establishing sport and mental health networks to share and disseminate good practice.

The programme learnings provide useful insights into the approaches needed by a whole range of organisations, including councils, to successfully engage and support inactive people with mental health problems to become and remain active. We hope that the following recommendations can be used to help develop or strengthen physical activity opportunities to improve mental health:

- Put the customers' needs first by co-designing programmes with those who have lived experience of mental health problems.
- Include positive awareness of the mental wellbeing benefits of taking part in physical activity within marketing.
- Enable taster and beginner sessions which often allow an individual's confidence to build before they move to a mainstream activity or can attend a session on their own.
- Facilitate peer support by setting up and encouraging peer networks. We've seen that peer support in a physical activity setting has a positive impact on initial engagement and ongoing retention rates. Volunteer 'peer navigators' (people with previous or ongoing mental health problems) act as mentors for new participants joining the programme. They provide an essential

support network and contact point for those struggling with motivation, confidence or access.

- Councils could work with voluntary and community sector partners (such as Local Minds) to actively engage people with experience of mental health problems and enable them to support others in engaging with local physical activity sessions. An example of this includes Brentwood Leisure Fitness in Mind programme.
- Help to facilitate social prescribing hubs and improve the experience of social prescribing by working with partners to introduce peer supporters to strengthen the likelihood of the individual participating in physical activity.
- Enable a wide range of activities to give people choice. This might include:
 - improving access to mainstream activities such as existing council facilities, for example by providing concessionary rates for those on low incomes or accessing benefits
 - offering dedicated and targeted opportunities for people with mental health problems.
- Enable and encourage better signposting about how and where to engage with physical activity in places such as faith centres, libraries, community centres, mental health units, GP surgeries, advice centres and online.
- Support the sport and physical activity workforce ensuring they are appropriately supported with basic mental health awareness to meet the needs of those living with mental health conditions. An example of this is Birmingham City Council wellbeing hub. Mind and Coaching UK has co-designed a 'Mental Health Awareness for Sport and Physical Activity' course with people with a lived experience of mental health problems to meet this need.

Examples of good practice include Cambridge City Council, Birmingham City Council and Central Bedfordshire Council.

“Prepare us to be more capable and confident in dealing with mental health issues”

Mind coaching survey, 2015
<http://getsettogether.mind.org.uk>

Chapter 8

Other council responsibilities

Planning and place-shaping for mental wellness

In 2015/16, councils spent £1.2 billion on planning and development services.

Several councils have expressed interest in using their planning powers and role in local development to design and build for mental wellness. This could include addressing issues such as space standards, noise abatement, access to green space, access to natural light, and so on. It can also include considering suicide prevention and designing out high risk sites. It is about designing places that allow people to live mentally well lives, and being sensitive that some environments may actually damage mental health.

The University of the West of England (UWE) has been leading work under the World Health Organisation's (WHO) Healthy Cities programme, looking at how urban planning could have a substantial role to play in cities being designed with mental wellbeing in mind.

Given the importance of home and place on mental health, it is important for councils to be able to have oversight of developments to ensure new build does not lead to problems with issues further down the line. Many offices are being converted into flats under permitted development, with no oversight of space standards, heating standards, noise issues, and so on. This could be storing up problems further down the line.

'Happy City' in Canada:
<http://thehappycitylab.com/>

University of the West of England
collaborating with WHO: <http://www.uwe.ac.uk/et/research/who/aboutthecentre.aspx#http://www1.uwe.ac.uk/et/research/who/aboutthecentre.aspx>

Equalities

People in marginalised groups are at greater risk of developing mental health conditions, including black, Asian and minority ethnic (BAME) people, lesbian, gay, bisexual and transgender people, disabled people, and people who have had contact with the criminal justice system, among others. BAME households are more likely to live in poorer or over-crowded conditions, increasing the risks of developing mental health problems.⁷²

Under the Equalities Act 2010, and as part of representing the broad spectrum of people living in any area, councils must have regard for age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion/belief, sex, and sexual orientation in all their activities, commissioning and services.

To support councils in the delivery of the Equalities Act, the LGA has developed the Equality Framework for Local Government (EFLG) to help councils, in discussion with local partners including local people, review and improve their performance for people with characteristics protected by the Equality Act 2010. By using the EFLG organisations can also be helped to deliver on the public sector equality duty (PSED).

Equality Framework for Local Government: www.local.gov.uk/our-support/guidance-and-resources/equality-frameworks/equality-framework-local-government

Refugees

Refugees can have a unique set of mental health needs. As part of the Syrian refugee resettlement programme, councils have been supporting highly vulnerable people. Their mental health requirements are part of the package of support that is needed.

Migration Yorkshire has produced a briefing document for councils on the Syrian refugee resettlement programme that includes information on mental health support: www.local.gov.uk/sites/default/files/documents/syrian-refugee-resettleme-229.pdf

Armed forces

Serving members of the armed forces, veterans, and their families can also have a unique set of mental health needs. All councils in England and Wales have agreed to locally deliver on the Armed Forces Covenant, which seeks to ensure that those who have served, and their families, are not disadvantaged as a result of their services. This can include access to and the type of support they receive for mental health issues and associated issues such as substance misuse.

The LGA and Forces in Mind Trust have published a report on the local delivery of the Armed Forces Covenant: www.fim-trust.org/wp-content/uploads/2017/06/Covenant-Report-2nd-Ed.pdf

Forces in Mind Trust has produced a specific briefing on veterans and mental health, with recommendations for councils regarding the development of JSNAs: www.fim-trust.org/wp-content/uploads/2015/10/CALL-TO-MIND-REPORT.pdf

Forces in Mind Trust are funding an in-depth research programme into the mental health needs of veterans: www.fim-trust.org/mental-health/research-programme/

Employment support

People with long-term mental health conditions have an employment rate of 32 per cent, which is significantly below the overall employment rate for disabled people at 48 per cent.⁷³ Mental health problems are estimated to cost the UK economy £70 to £100 billion each year.⁷⁴

The 2017 'Improving Lives: Work, Health and Disability' Green Paper set out proposals for supporting and improving employment rates for those with disabilities and long-term illnesses, including mental health illness. It advocated a national approach to the commissioning and funding of agencies through disparate schemes such as Jobcentre Plus (JCP) and the Work Programme (WP).

However, across England, every area has unique labour market conditions, which will affect job prospects. Without effective partnership with local partners, national schemes struggle to respond to local economic and demographic variations. This leads to a sub-optimal service for individuals who most need support, including people with mental health conditions, who interact with a number of services. It also contributes to a costly, complex, and fragmented services and programmes.

All the evidence points to locally designed schemes, which target and tailor support, as being the best way of supporting people with mental health conditions into sustained jobs.

Leeds City Council expanded its Workplace Leeds scheme to help 500 people a year with mental health problems stay in work or find new employment. In 2016, nine in 10 people helped through the scheme were helped into jobs, including nurses, teachers and IT professionals.

Hertfordshire County Council's in-house Work Solutions programme helps the long-term unemployed with health conditions or learning disabilities and has an annual budget of £850,000. Participants are helped with confidence building, interview techniques, CV preparation and applying for jobs. More than 100 people found employment last year at a range of employers from cleaning agencies to coffee shops and the local library.

Southampton and Portsmouth's Solent Jobs Programme aims to support 1,200 people with physical and mental health problems who left the national Work Programme without finding work. Approximately 50 per cent are expected to benefit from a Transitional Employment programme, which includes paid work experience of between 16 and 25 hours per week (flexible to meet client's needs) paid at National Living Wage for up to six months, alongside caseworker support, skills and job search advice.

Devolution: the West Midlands Combined Authority Mental Health Commission

The West Midlands Combined Authority (WMCA) became a substantive body in July 2016. The WMCA is using the benefits of devolution to use their resources so that it more effectively meets the needs and challenges of the West Midlands region.

The WMCA identified poor mental health and wellbeing as a significant issue for the region, not only in terms of the effects for individuals and families, but more widely on the communities and the economy of the area. It results in enormous distress for people, greater demand for public services

and reduced productivity, and so has been identified as a priority area where the WMCA could deliver public sector reform.

The WMCA Mental Health Commission, chaired by Rt Hon Norman Lamb MP, was established to work out how the opportunities of devolution could help to address poor mental health and wellbeing across the region. The plan was that the commission would make recommendations to the WMCA (and to government) about ways to improve mental health and wellbeing services and improve outcomes, for people in the region and across the country.

The WMCA estimated that the cost of mental ill health to the region is £12.6 billion per year. Just over 4.1 million working days are lost a year to mental health problems, costing businesses in the region around £1.7 billion in lost output and productivity. The total cost of mental health related economic inactivity to the region was estimated at just over £2 billion per year.

The WMCA launched its 'Thrive West Midlands' action plan in 2017 to address mental health issues. This focuses on five themes:

- supporting people into work, and whilst in work
- providing safe and stable places to live
- mental health and criminal justice
- developing approaches to health and care
- getting the community involved.

The 'Thrive West Midlands' full report and action plan: <https://westmidlandscombinedauthority.org.uk/media/1723/wmca-thrive-full-report.pdf>

Multiple and complex needs

For many people, mental health may be the cause or effect of a wider set of issues within their lives. This could include relationship break-downs, domestic violence, homelessness or housing difficulties, missed education opportunities, unemployment, financial difficulties, debt, ill health, substance misuse and interaction with the criminal justice system. For a lot of people it will be a combination and complex interaction of all of or some of the issues listed. Councils have a unique role in making the links between these sets of issues and can tackle the underlying causes, rather than waiting to deal with an individual crisis. Local government just needs the right funding and the right levers to use their position as local leaders, place-shapers, commissioners and deliverers of services across all these areas to really improve the mental health and wellbeing of our community and stop people falling into a mental health crisis.

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