A councillor's workbook on supporting mentally healthier communities

About the Mental Health Foundation and the authors

'To create this workbook the Local Government Association (LGA) worked with the Mental Health Foundation (MHF), who, for over 70 years, have pursued a vision for a world with good mental health for all.'

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Mental Health Foundation

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Introduction

This workbook has been designed as a distance learning aid to support councillors develop mentally healthier communities.

It is structured to reflect the three most important factors influencing health as identified by the World Health Organisation:

- individual characteristics and behaviour
- physical environment
- economic context.

Although health and social care services are vital, this resource focuses further 'upstream' on prevention, which also reduces service demand and aids recovery.

This broad public health approach echoes the intentions of our Victorian predecessors who developed modern local government to better support the poor and provide clean water. In England, workhouses and open sewers are long gone, but deprivation and air pollution are modern equivalents that need urgent action.

Since the return of formal public health powers to local government in 2013, councils have shown that they can improve and transform services, provide excellent support and encourage healthier behaviour. This effectiveness was evident during the COVID-19 outbreak when councils established hubs, maintained critical services and managed social distancing.

Now we have the opportunity to use this experience to renew our efforts to tackle other longer-term health and social challenges.

One of the most pressing is poor mental health, which affects every council and resident to a greater or lesser extent. Mental ill-health costs many thousands of early deaths and over £105 billion every year in England alone – an average of £700 million per upper tier council area. Covid-19 and the measures taken to counter it have caused huge health and economic harm that makes supporting mentally healthier communities even more important. These features are represented by the symbols shown below:

Guidance – this is used to indicate guidance, research, quotations, explanations and definitions that you may find helpful.

Challenges – these are questions or queries raised in the text which ask you to reflect on your role or approach – in essence, they are designed to be thought-provokers.

Case studies – these are 'pen pictures' of approaches used by councils elsewhere.

Hints and tips– a selection of good practices that you may find useful.

Useful links – these are signposts to sources of further information that may help with principles, processes, methods and approaches.

Challenge 1 – look up your council's Thriving Places Index score

www.thrivingplacesindex.org/results/england

Do any of the results surprise you?

Which indicators do you think are most relevant to mental health?

Note the red and orange indicators and think about how ideas in the workbook might help you work towards improving them

Individual and community psychology

Psychology describes how people think, feel and behave, how these affect each other, and how altogether they influence health and other outcomes.

Psychological insights enable us to design systems that make better outcomes more likely. For example, when work-based pensions and organ donation required people to 'opt-in' very few people ticked the boxes even though, when questioned, they said they wanted to. By reversing the default options, so that everyone is now automatically enrolled on both schemes, unless they specifically choose to opt-out, pensioner wealth and the supply of life-saving organs should increase.

Hints and tips

We evolved to conserve energy. Work with it.

Whether it is filling in forms properly, as in the above example, cooking healthy meals or going to the gym regularly people's actions don't always match their stated desires.

Psychologists suggest that conserving energy, is a survival mechanism that helped our ancestors in the wild be ready to escape attack, hunt and forage when necessary.

Armed with this knowledge we can use it to support better outcomes without too much effort, like changing defaults on forms, building exercise into everyday life and supplying benches in public spaces so people interact, social distancing rules permitting.

Our psychological processes evolved over hundreds of thousands of years, most of which was spent by our ancestors banded together in groups to survive harsh environments.

Even now, in order to thrive, not just survive, people need good connections with others. This connectedness provides:

- more ideas, experiences and solutions helping avoid and solve problems
- more opportunities to develop, increasing likelihood to fulfil potential
- support in times of trouble helping avert the worst and quicken recovery.

To support these connections councillors can help by working to ensure:

- communal spaces to meet and make friends
- access to nearby quality jobs
- good quality, accessible public services
- opportunities to gather like festivals, volunteering and markets.

When residents are connected to each other and good services they are more likely to be happy and successful. In turn they are more likely to support those around them to flourish further. Community wellbeing, when suitably nurtured, is a virtuous cycle.

A note on equalities

Conscious and unconscious discrimination means that not everyone is equally valued and connected – this can lead to worse health and other poor outcomes.

This was highlighted with COVID-19 with people from some Black, Asian and Minority Ethnic groups suffering much higher infection and mortality rates than white people. Black people are more than four times more likely to die from the virus than white people. Even when higher rates of deprivation are accounted for the mortality rate is twice as high.

www.gov.uk/government/news/review-into-factors-impacting-health-outcomes-from-covid-19

There are several reasons for this disproportionality, but we know that experiencing regular discrimination, including racism, leads to higher levels of the stress hormone cortisol which lowers immunity to illnesses, among other effects. Discrimination also makes economic deprivation and living in poor physical environments more likely which increases risks and reduces protective factors further. It is a toxic mix that worsens the three WHO factors this workbook is based on.

www.who.int

Similarly, because of discrimination, LGBT+ people have higher rates of mental ill health including self-harm and suicidal thoughts.

www.england.nhs.uk/ltphimenu/lgbt/prevention-and-health-inequalities/

When seeking to build community cohesion councillors should have equalities issues at the forefront of their minds. It is vital to be informed by local public health data about which groups of people, with characteristics protected under the Equalities Act 2010, are suffering disproportionately worse outcomes. For effective solutions you must ensure those groups are well represented in decision-making, are listened to, recognised and included in creating solutions, commissioning and providing support.

Challenge 2 – check your area's wellbeing inequality score in the What Works for Wellbeing report and reflect on how you can support groups disadvantaged by health inequalities have a greater influence on closing the health gap.

whatworkswellbeing.org/resources/measuring-wellbeing-inequality-in-britain/

Community wellbeing is affected by the same factors that influence individual wellbeing, but the way this is expressed is unique to every pattern of connections. The five core factors are:

• personal networks
• communication
• problem solving
• warmth and trust in relationships
• control

Networks and communication

The Danish word for community, **fællesskab**, literally means the 'common cupboard' or 'shared resources'. By sharing resources like time, money, space and knowledge we help each other survive the lows and reach greater heights.

Places where people have a greater number of links with each other, meet regularly, and have networks that overlap with each other have higher overall wellbeing and are more likely to take responsibility for what happens in their area. Councillors can support this by supporting people to organise community activities such as litter-picks, volunteering and shared celebrations. Creating networks can have a ripple effect that boosts wellbeing for people who aren't even part of that group.

"The evidence shows that the things that matter most for our happiness and for our misery are our social relationships and our mental and physical health. This demands a new role for the state – not 'wealth creation' but 'wellbeing creation'"

Lord Richard Layard, Economist and founder of NHS Increasing Access to Psychological Therapy (IAPT)

Councillors can use their power and influence to encourage people to:

• build their social networks

• maintain those relationships

• use them when needed.

Remember, it's not just about who can do what in times of trouble but also who can help people in your communities develop further in employment, skills and confidence.

In many places people volunteered and created 'mutual aid' groups to support each other during the COVID-19 crisis – can you encourage these groups to continue providing support in other ways?

Communication

More happiness can be created in people's lives by promoting effective communication through words and gestures. Happiness is heightened when we receive something nice from someone else especially if it is unexpected.

That's why we go through the ritual of wrapping and distributing birthday presents, for example. Highly visible random acts of kindness are a great way to spread more joy in your community, including:

• a community gardening event

• schools sending cards to care home residents

• events that include communal activity like singing.

Problem solving

Problem solving got our ancestors out of the rain and into caves and then into huts and finally flats and houses. Good problem solvers see ways to make things better, thereby reducing the duration of crises or avoiding them altogether, making this a core skill for promoting resilience. This naturally benefits those around them as well (particularly people in their network), and the ability to share problem solving tips and creations via technology such as the internet means this reach can be even further.

The great thing about being a problem-solving species is that everyone has the skills to help find solutions. This is why, properly managed, public consultations can be so useful –the more heads you have on a problem the better your solution.

Case study

The Neighbourhood Game and Minecraft Brixton
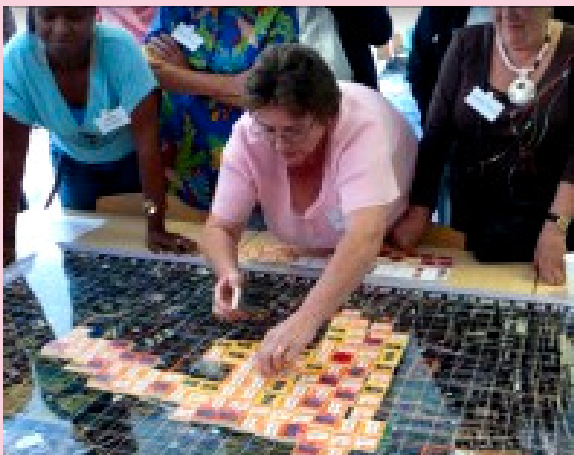
The Neighbourhood Game allows teams of people to test out their solutions to different scenarios using an aerial photograph 'game board', 'development tiles' made from basic stationery, and an excel spreadsheet to track unit costs, benefits, and overall scores. Games are perfect for serious problems because they structure problems in clear ways and let us have free reign to intuitively test ideas with immediate feedback.

A version of The Neighbourhood Game was developed by UI Studio to engage local people in the future development of Aylesbury Estate in Southwark, South London.

Similarly, the Lambeth Youth Council built a Minecraft (a computer simulation game) version of Brixton to enable children to take part in a consultation on making the town centre better for pedestrians and cyclists.

Guidance

Not solving problems

When someone is upset, we will often rush in with suggestions on how they can resolve what has caused the upset. Yet sometimes it seems our ideas fall on deaf ears: 'Yes, that might work, but here's why it won't...'

This is because the problem is that **there is a problem**, and our well-meaning efforts to make it disappear are at odds with the person's experience of feeling rubbish about it. It's like we're ignoring how upset they are.

- Next time someone tells you about their problem, try first empathising with how they are feeling, perhaps with something as simple as 'that sounds awful'.

- Once the person feels you understand them a bit better, they will be more receptive to problem-solving the more obvious issue; try asking 'what can I do to help?'

- By not solving the main difficulty straight away, your suggestions are more likely to be heard.

Warmth and trust

Warmth, trust, and sensitivity are the bedrock of all good relationships between people and even between services. Warmth must be **shown**, it's not something you can feel and hope the other person feels as well. It's those little acts of caring that show you keep the other person in mind that make up warm relationships. With constituents, it can be things like checking in with people who previously raised issues to see if it remains resolved.

Trust requires **opportunities** to earn it, such as having a lost wallet returned or keeping a confidence. Sensitivity is about **responding appropriately** to the person, whether they are excited, miserable, etc. If people have a poor opinion of a service or person, it will often be down to a deficit in warmth, trust or sensitivity.

Control

The desire for control includes the ability to **choose** what happens to us (even if we don't get to pick the choices), having a sense of **mastery** in some areas (such as hobbies, special skills, our homes), and that what we do is **meaningful**. Even when we choose not to control something, that is still us making a meaningful decision.

Case study

Giving away control: asset-based community development in Northumberland

An asset-based approach uses existing community strengths and resources to build capacity and generate positive outcomes. Since the main strength of any community is its people, citizens should be supported to develop positively. By listening to, acting with, and empowering local people to flourish, asset-based approaches naturally improve perceptions of self-determination.

They generally involve:

- assessing available resources, skills, and experience

- building supportive local networks to increase opportunities

- actively supporting citizens to raise issues important to them

- enabling individuals to activate others on community issues.

For example, Northumberland County Council's public health team held a World Café event about wellness to help identify local resources and connect people. People suggested that micro-grants would be a good way for people and groups to start activities to improve their own wellbeing.

A subsequent grants scheme has so far contributed to over 75 projects, with data suggesting 26 projects have together involved over a thousand people in positive action in the community.

Physical environment

Planning and licensing powers can be used to improve, or worsen, mental and physical health by influencing the environment in which residents live.

The ideal mentally healthy environment is one where **everyone has a decent home** with easy access, via **tree-lined, safe, walking, cycling and public transport routes**, to:

- high-quality employment and training opportunities
- communal green and blue space
- free/affordable 'pro-social' space including libraries, leisure and community centres
- decent childcare and schools
- healthy, affordable food.

It also limits:

- crime and anti-social behaviour
- air pollution
- access to cheap alcohol
- harmful gambling
- poor quality food.

Housing

Councillors will know from their casework that a stable home is fundamental to mental health and other important outcomes.

Homelessness and poor-quality housing are risk factors for mental health problems whilst secure, good quality housing is a protective factor and can be a vital element of recovery from mental ill health.

Local authorities in England have various legal duties housing and homelessness, and it is important that these are discharged effectively.

Hints and tips

- Ensure your council has an up-to-date homelessness strategy.

- Check the local data for success in preventing homelessness.

- Make sure your local planning guidance maximises the number of high-quality, genuinely affordable homes in new developments and what ratio is being achieved −at least 30 per cent social rent level as part of 40 per cent overall 'affordable' is a good level to aim for depending on local circumstances.

Guidance

'Any councillor has the right to access data and advice about their council's housing and other policies. Scrutiny can also be a good way to work with colleagues to investigate, and make suggestions to improve, housing, and in fact most other policies.'

Challenge 3 – examining and improving your local housing provision

What are your area's housing challenges? Think about how improvements might be made considering factors such as:

- who the major social housing providers are – this is usually a combination of housing associations, an arms-length management organisation or the council itself

- the condition of the housing stock and how well it is maintained

- any development opportunities to replace or build more social and other affordable housing.

Bearing these factors in mind develop a short plan of priorities and who you might work with in the council and beyond to improve housing in your area.

Hints and tips

Public Health England (PHE) Homes for health provides resources to help local authorities improve health and wellbeing through the places people live. www.gov.uk/government/collections/housing-for-health

PHE's 'Spatial planning for health: an evidence resource for planning and designing healthier places' www.gov.uk/government/publications/spatial-planning-for-health-evidence-review

Safe walking, cycling and public transport

Regular exercise is crucial to mental as well as physical health.

The most effective way of supporting more people to exercise is to build it into everyday lives through the planning process. From ensuring staircases are placed more prominently than lifts, to discouraging out of town developments that require more car journeys, local planners can make a huge difference to activity levels.

In the last 40 years distances walked have fallen by 30 per cent as planners have encouraged suburban housing and out of town facilities like shopping centres, making cars the default mode of transport.

Lower density, spread out, suburban living that requires more car journeys than denser in-town living, damages community cohesion – another predeterminant of mental health – because it reduces social interactions.

Increased walking and cycling has a range of benefits:

- better mental and physical health

- saved money on costs of cars and road maintenance

- increased footfall to local businesses

- reduced traffic congestion

- reduced climate changing gases – transport is now the biggest domestic source of carbon

- improved air quality –not only does vehicle emitted pollution kill about 60,000 people in the UK a year it also has been found to directly worsen mental health conditions such as depression.

What councillors can do

Check if your council has an up-to-date active travel plan. If it does not encourage work to take place – if it does check on progress towards realising its objectives.

Check your council's planning guidance on out-of-town developments and work to reduce them and use brown-field town centre space for developments of housing, work and leisure properly served by active travel routes.

Case study

Kent County Council – active travel strategy

Kent is one of the UK's largest local authorities covering rural, semi-rural, suburban and urban areas. Their active travel strategy is helping make walking and cycling a more attractive and realistic choice for journeys. The outcomes, of a healthier population, less congested and safer roads, are being realised by delivering the following actions:

- integrating and prioritising active travel into planning processes

- ensuring it is better integrated with public transport

- providing and maintaining routes for active travel with more crossings and secure cycle storage at destinations

- supporting people to gain the skills, confidence, information and, most importantly, the motivation to make active travel their preferred choice.

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www.kent.gov.uk/about-the-council/
strategies-and-policies/transport-and-
highways-policies/active-travel-strategy

Challenge 4 – increasing active travel in your area

What opportunities are there to increase active travel in your area?

Think about how you could lobby others in the council to support positive change.

If you are in the administration can you boost/refresh the travel strategy?

If you are a backbencher scrutiny could be one route.

If you are in opposition working with campaigning groups to exert pressure on the administration could be useful.

Useful links

PHE Active Travel Guide for local authorities

https://assets.publishing.service.gov.uk/
government/uploads/system/uploads/
attachment_data/file/523460/Working_
Together_to_Promote_Active_Travel_A_
briefing_for_local_authorities.pdf

Increasing access to green space and other leisure facilities

Access to open spaces and leisure and recreational facilities has direct and indirect impacts on people's physical and mental health in part by enabling supporting people to meet others in their community and feel a greater sense of belonging.

Plants including those in parks and street trees are known to improve health by releasing oxygen and absorbing pollution.

Challenge 5 – creating more communal and green space

Design a plan for increasing access to green and other communal space in your ward and council area considering:

- on street tree planting

- school 'green screens' to absorb pollution

- whether there are any disused plots of land that could be converted into pocket parks or other communal space.

Case study

Hackney urban forest

The London Borough of Hackney is planting 5,000 new street trees by 2022, increasing canopy cover by 50 per cent.

In addition, the council will deliver an additional 1,000 high-quality trees in parks and green spaces, and work with local volunteers and the third sector to deliver many more.

As well as environmental benefits the council say the trees can also play an important role in filtering polluted air and provide mental health and wellbeing benefits.

https://news.hackney.gov.uk/5000-new-street-trees-to-be-planted-in-hackney/

Useful links

PHE – Using the planning system to promote healthy weight environments

Whilst this guide is focused on reducing obesity many ideas are applicable to mental health improvement.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/863821/PHE_Planning_healthy_weight_environments_guidance__1_.pdf

Using licensing powers

Stricter alcohol licensing reduces consumption, thereby cutting mental and physical health risks associated with excessive drinking.

Guidance

Support development and delivery of your own local alcohol strategy focused on licensing conditions.

Some councils have used their public health functions to advance a 'health in all policies' approach imposing new conditions on alcohol off licenses including:

- restricting opening hours to between 11 am and 10 pm

- banning sale of 'super-strength' beer and cider, single cans and miniature bottles of spirits

- 'saturation zones' whereby there is a presumption that no new licences will be granted in an area with many existing licensees.

Case study

Middlesbrough has an excellent five year alcohol strategy which draws on PHE's evidence review, The public health burden of alcohol and the effectiveness and cost effectiveness of alcohol control policies, which summarises the research evidence for tackling alcohol related harm.

Case study

Newcastle City Council's local Minimum Unit Pricing

By mandating a Minimum Unit Price (MUP) for alcohol the Scottish Government has reduced consumption by 25 per cent. In the absence of an equivalent measure in England Newcastle City Council updated its licensing policy to encourage business owners applying for new licenses to introduce a minimum unit to all alcohol products of 50p per unit.

The MUP has been voluntarily adopted by a number of licensed premises with a positive impact on the city.

Challenge 6 – review and suggest improvements to your council's alcohol licensing strategy

Look up your own council's strategy and see how it compares to the above suggestions. Devise a plan for improving your council's alcohol licensing including who you will need to work with to make it happen – public health and licensing colleagues in the first instance for example.

Economic context

According to Office of National Statistics data the most deprived 10 per cent of people are more than twice as likely to die from suicide than the least deprived 10 per cent. In other words, the poorer a person is the greater their risk of dying by suicide.

Suicide rate per deprivation decile, England, 2006 to 2015
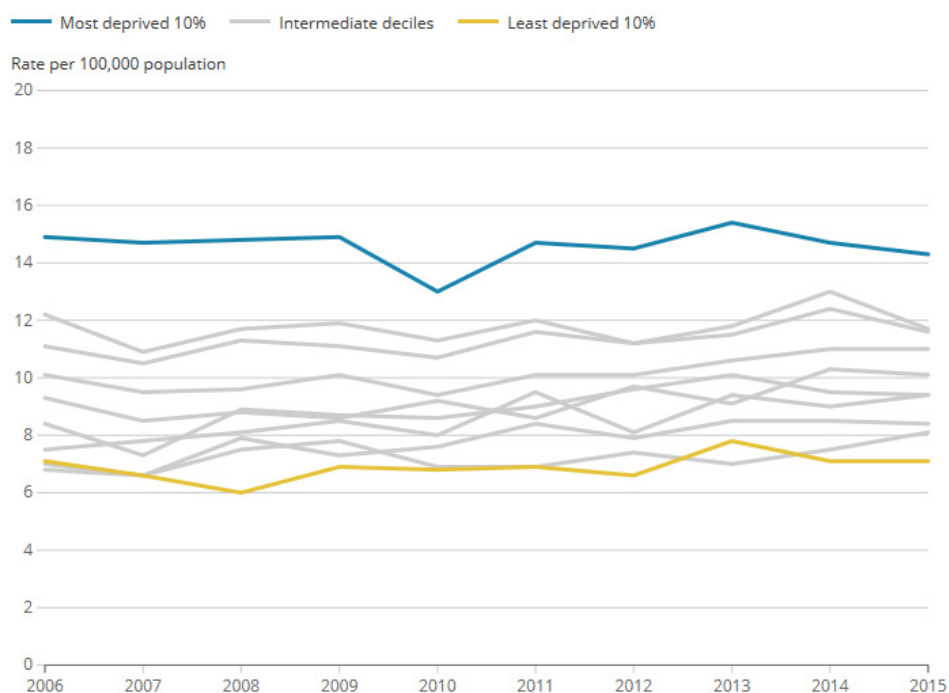
Source: Suicides in Great Britain, 2016 registrations, ONS

The same link, between poverty and poor outcomes, is true in almost all other areas of mental and physical ill health.

Researchers have found that two out of three people (66.4 per cent) claiming out of work benefits thought about taking their own life, 43 per cent said they had tried to end their lives and 33 per cent reported self-harming behaviours. Just to repeat: **two thirds of benefit claimants thought about taking their own lives, nearly half tried to kill themselves and one in three reported self-harming.**

A more recent study commissioned by the Department of Work and Pensions from the National Audit Office found that at least 69 suicides in recent years were linked to problems with welfare payments.

It is therefore vital to do all we can to reduce poverty, or, in the UK Government's language: 'level up'. Council back-to-work, training, apprenticeship and welfare advice schemes are a good investment in maximising incomes and supporting vulnerable residents.

Whilst supporting people into jobs is important, in-work poverty is an increasing problem. According to the Joseph Rowntree Foundation's latest figures (which pre-date COVID-19) around 56 per cent of people in poverty are in a working family, compared with 39 per cent 20 years ago –this is because often people's pay, hours, or both, are not enough and have worsened in the last two decades.

To state the obvious: in order to reduce poverty, it is necessary to increase the number of local people in decently paid employment. This may sound more easily said than done but, for example, only one third of local authorities, and fewer than 10 per cent of NHS employers, are Living Wage accredited. Nearly all major public sector bodies could do much more to employ, train and procure from local people thereby reducing poverty. In the wake of damage done to private businesses by COVID-19 it is even more important to ensure public sector bodies do as much as they can to support local economies.

Challenge 7 – is your council and local NHS paying living wages?

Check whether your local authority and local NHS trusts (being the largest employers in most areas) are Living Wage accredited.

www.livingwage.org.uk/accredited-living-wage-employers

Some councils have a 'Living Wage Champion' – does yours? If not, could you create and take on the role to encourage more bodies to get accredited?

Case study

Lambeth Living Wage campaign

Lambeth Council has been Living Wage accredited since 2012 with more than 99 per cent of its contractors also paying the London Living Wage rate of £10.55 (2020).

In 2019 the council leased an old council office block to a rental company with the condition that all tenants had to pay the Living Wage thereby creating the UK's first Living Wage building.

Councillors, including a designated 'Living Wage Champion', worked to persuade other major local employers to get accredited and in February 2020 Guy's and St Thomas's and South London and the Maudsley NHS Trusts, between them employing over 30,000 people, became accredited. Hundreds of residents are now being paid about £100 a week extra lifting them out of poverty making it less likely they will become patients at the hospitals where they work.

Guidance

Act to develop your local economy through anchor institutions and social value procurement

Councils, NHS bodies, universities and other large institutions can sometimes, and understandably, be so focused on delivering the direct services they can overlook their role as major employers and procurers of goods and services.

By focusing more on supporting the welfare of their directly employed and contracted staff and ensuring that they buy from responsible local public, private and voluntary sector partners they can reduce service demand, and health risks,
by promoting wealth creation.

An anchor institution is one that, alongside its main function, plays a significant and recognised role in a locality by making a strategic contribution to the local economy. Recruitment from lower incomes areas, commitment to paying the living wage, and building progression routes for workers are all examples of actions that anchor institutions can take to stimulate the local economy and bring social improvements to local communities.

The Health Foundation has done important work on developing anchor institutions which we refer to here. It is increasingly accepted that good health is shaped by the conditions in which people live, learn, work and age, with access to clinical care playing an important but more minor role. In addition to its core purpose of delivering health care services, the NHS has the potential to influence these conditions: it is the largest employer in the UK, spends billions on goods and services each year and controls significant land and physical assets – all of which give it enormous economic clout in local communities.

Through its scale, size and relationship with local populations, the NHS represents a powerful 'anchor institution' that can positively influence the social, economic and environmental factors that help create good health in the first place. The NHS Long Term Plan promised to explore the potential of the NHS as an anchor institution and identify examples of NHS initiatives that have benefited their surrounding communities. But how the health service chooses to operate and leverage its resources will determine the extent of that impact.

Hosting Health and Wellbeing Boards, being part of integrated care systems and through other mechanisms councils can have significant influence on their local NHS partners. Councils should use this leverage to support the local NHS to think differently about the social and economic value it brings to local populations.

The Preston Model

The City of Preston in Lancashire has several influential anchor institutions which collectively spend over £1 billion per year, employ thousands of local people, and exert a large influence over city life. Those institutions collectively decided to focus initially on leveraging maximum local economic and social benefit from their spend on goods, works and services. This began a period of close working between the anchor institutions and with CLES, the national organisation for local economies, to shift their spending towards local and socially responsible suppliers.

Following these initial conversations, CLES conducted an analysis of the procurement spend of each anchor institution and mapped the financial value and geographical location of their top 300 suppliers.

Over the next few years, the anchor institutions worked on ways to increase the local economic and social benefits generated by their supply chains. The impact of this work has been significant, with the most recent anchor institution spend analysis finding that the procurement spends retained within Preston was £112.3 million, a rise of £74 million from 2012/13. Within the wider Lancashire economy (including Preston) £489 million of spend had been retained, a rise of £200 million from the baseline analysis. Unemployment was reduced from 6.5 per cent in 2014 to 3.1 per cent in 2017.

The recirculation of over £200 million being spent with local suppliers as a result of the changes in procurement behaviour across anchor institutions has had a positive multiplier effect on local jobs, wellbeing,

health, and economic growth. Partly as a result of this work in 2018 Preston was named the 'Most Improved City in the UK' and moved out of the top 20 per cent most deprived local authority areas in the UK with reduced levels of in work poverty.

Smoking cessation

If there is a public health 'silver bullet' it is supporting people to quit smoking cigarettes. Smoking has been linked to mental health problems from depression to psychosis[1] and the higher rates of smoking among those with serious mental illness (SMI) are a major factor in an average reduced life expectancy of 20 years for people with SMI.

A disproportionate number of the poorest people smoke pushing them further into poverty and increasing their health risks. Action on Smoking and Health (ASH) estimates that if everyone in the UK quit smoking, over one million people would be lifted out of poverty.

Your public health team can advise on smoking cessation and councils can also:

• ban smoking in playgrounds, parks and other public spaces

• create smoke-free tenancies in their social housing properties

• ensure trading standards teams are enforcing legislation on displaying cigarettes and clamping down on illegal sales.

Covid-19 is a disease that attacks the lungs making smoking a major risk factor. With people more conscious of their respiratory health this is a good time to support them to quit.

Challenge 8 – check out the ASH local toolkit and use it to devise a plan to work with colleagues to boost quit rates on your area:

https://ash.org.uk/local-resources/local-toolkit/

Finally…

Check whether your council has a Local Government Mental Health Challenge Champion and, if not, perhaps you could use your new knowledge to join the more than 100 councillors who are formal champions of good mental health in their communities?

www.mentalhealthchallenge.org.uk/

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