



Mental Wellbeing

Director of
Public Health
Annual Report
2018

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Introduction

Mental illness is the **biggest source of burden of disease in the UK**. Mental health problems often begin in childhood and have **lifelong impacts**. Improving childhood mental health will reduce inequalities, improve physical health and reduce health risk behaviour. Improved mental health can contribute to increased life expectancy, economic productivity, social functioning and quality of life. Helping people to thrive in a rapidly changing environment is a major challenge we must overcome to ensure that the benefits of protecting and promoting mental health are felt across generations in all areas of Leicester.

Adverse childhood experiences, such as neglect, substance misuse, domestic violence and physical or sexual abuse are associated with future mental illness. The right support for children and families in the early years is therefore critical. We need to ensure that services are there for everyone, with more attention focused on the parts of the city with highest levels of need and deprivation.

Specialist mental health services are under pressure. Only a minority of those who need help get support. The NHS Five Year Forward View for Mental Health recognises that **we need to put greater energy into prevention, rather than waiting until people reach crisis point**. Even with planned expansion of mental health services, those for children will still only reach 35% who need support.

Changes in how we live and work have created new pressures. **Social isolation is now recognised as a health issue**, with important consequences for mental health and wellbeing. Technology has created both opportunities and barriers: social media has allowed people to connect to each other in new ways, but the

impacts of new technologies on young people is also increasingly linked to health issues including anxiety and sleep problems.

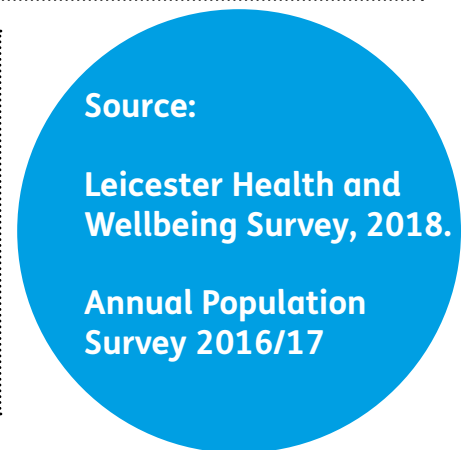
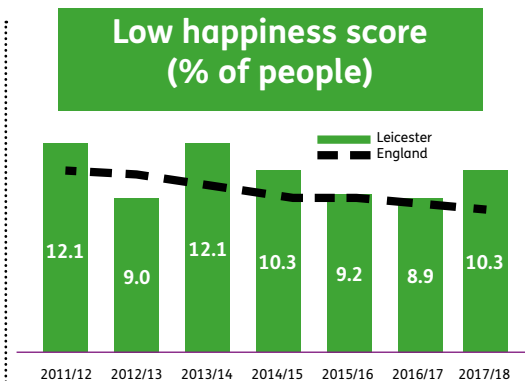
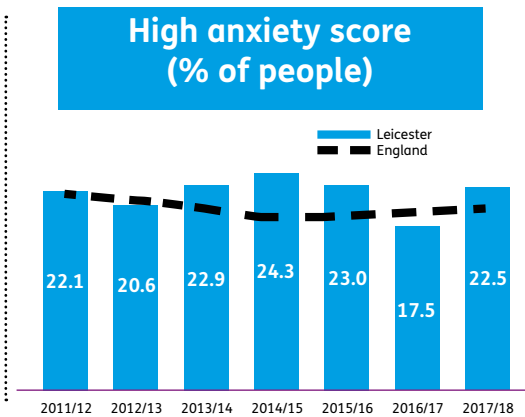
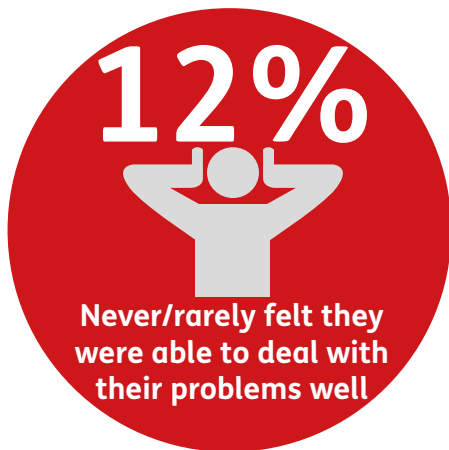
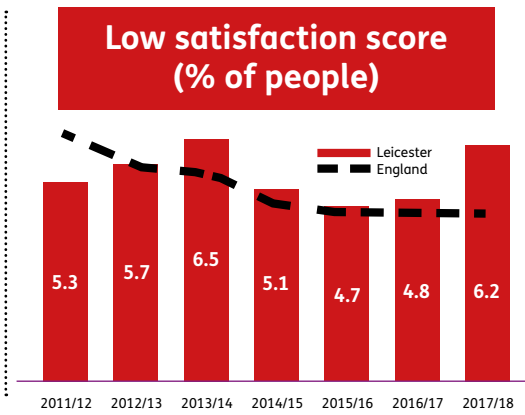
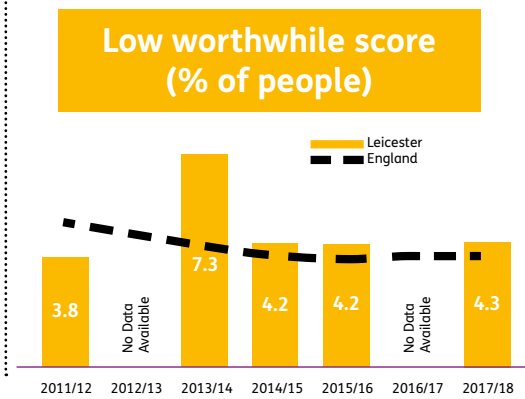
There is growing recognition that while many people have poor emotional health, they also have social and community assets which can strengthen resilience to mental health problems. **Support can start in schools, libraries, workplaces and communities**. Across the city, there are schemes, such as mental health champions, 'books on prescription' in libraries, volunteering in parks and museums and community walks which can be beneficial for health and wellbeing. These can reduce social exclusion and social isolation and contribute towards healthier lifestyles, better educational attainment and employment.

With many services under immediate pressure today, investing to reduce tomorrow's problems is challenging and may require one organisation to invest now for another to save in the future. **We have good economic evidence of the impact of some things we can do today, which will save money in 2-5 years' time**. Other areas, such as investment in city design and the urban environment have a less strong evidence base but equally have important immediate benefits beyond improving health.

If we want to turn the tide, we need to think differently about how we mobilise resources from the NHS, local government, the voluntary sector, local communities and business. Only by drawing on the wider resources in society can we reduce the economic and social burden of mental illness through prevention and early intervention

Ruth Tennant (2015 – 2018)
Director of Public Health
Leicester City Council, 2018

Mental and Emotional Wellbeing



Mental Wellbeing in the Home

Positive relationships build a sense of belonging and self-worth. Good mental health is linked to a safe home life, and the opportunity to take part in activities which enable people to thrive. The Whitehall II study found that people who report that they have low control at home have a higher risk of depression¹. Poor mental health is linked to difficult relationships and poor environmental circumstances.

For children, the strongest driver of poor wellbeing occurs when they experience weak and uncaring relationships. The 1001 Critical Days² is an All-Party Parliamentary Group initiative to emphasise the importance of the period from conception to age 2 in shaping brain development, in the lifelong impact on emotional health and on a person's life chances.


Poor mental health has an intergenerational impact. Many adults with a mental health problem in Leicester are likely to be parents and that is in addition to the number of mothers with perinatal mental ill health. Taken

together, these factors impact on people's ability to manage parenting issues.

The importance of mental wellbeing at home can be seen when considering the times when people are vulnerable in their family life; such as leaving home, bereavement, separation and divorce. All such occasions may result in feelings of isolation. Although people have different social needs, and feeling lonely isn't itself a mental health problem, most people need some kind of social contact to maintain good mental wellbeing. Conversely, having a mental health problem increases the chance of feeling lonely.

Responses to the Leicester Health and Wellbeing Surveys generally reflect the evidence. **They show that loneliness impacts on people of all ages.** People who are socially isolated are more likely to have poor mental health and wellbeing and are less able to ask for help from people around them. Between a quarter and a third of respondents to the survey felt lonely and were left out of activities.

% often / all of the time:	Poor (7 - 20)	Average (21 - 30)	Good (31 - 35)
...excluded, lonely or alone?	30%	8%	5%
...that you lack companionship?	21%	9%	3%
...left out of activities/events that you would enjoy or like to go to?	22%	9%	5%
...isolated from others?	22%	5%	3%

 Significantly higher than the overall
 Significantly lower than the overall

Mental health problems are higher in children who experience poverty and domestic violence. For adults of working age, the breakdown of relationships, and adverse circumstances, such as risk of falling into debt, all have a detrimental impact on people's mental health. Local Health and Wellbeing Surveys bear out these factors. With longer life expectancy, protecting the mental wellbeing of older people is becoming more of a problem. **Mental wellbeing in old age is affected by deprivation, bereavement, isolation and physical illness.**

Support for Families

Supporting new parents

The occurrence of mental health problems during pregnancy can have a significant impact on women, children and families. Children's services are involved in the prediction and detection of mental health problems in the perinatal period. They ask questions about experience of mental illness, previous treatment by specialist mental health practitioners, and self-reported measures of mental wellbeing such as the Edinburgh Postnatal Depression Scale. Effective intervention can improve the quality of life for new mothers and have a positive impact on reducing postnatal depression.

Supporting older people

Loneliness and isolation for older people may be physical isolation, lack of companionship, and sometimes the lack of a useful role in society. If schemes to target loneliness in older people are to be effective, they should involve older people at every stage, including planning, development, delivery and assessment.

Befriending schemes have proved one of the more effective services for combating both isolation and loneliness, but they are best used in conjunction with other services. Group support, including intergenerational activities, can be useful in helping older people out of loneliness and isolation.

Older people tend to experience more social isolation and loneliness as they are more likely to have experienced life events such as



25%

of adults in mental health care are likely to be a parent



Social isolation in older people is associated with increased risk of death from any cause in the UK;



In Leicester, based on 5,000 births per year there are likely to be

10 cases of post-partum psychosis,

500-700 cases of mild to moderate depression linked to pregnancy and

150 cases of severe post-natal depression

bereavement, retirement and declining health all of which are recognised risk factors. People living with multiple illnesses are more likely to be isolated and this in turn further impacts negatively on their health. Therefore, for older people, having social connections and being part of society is particularly important. The **Healthy Aging** section of Leicester's new Joint Health and Wellbeing Strategy emphasises the need to support the mental and physical health of older people. It also emphasises the importance of 'aging confidently and comfortably' and the need to ensure that older people continue to feel valued and useful part of society.



Those who are socially isolated are more likely to have poor mental health and wellbeing

The most effective way to help people manage social isolation and loneliness is through befriending schemes and by encouraging attendance at social activities. However, there is also a need to intervene before people experience it, this can be achieved by targeting people when they become at risk. Examples of where this could be effective include the recently bereaved, carers, recently retired, people diagnosed with a second chronic illness. The local authority is in the process of exploring these ideas to ascertain how to best support those with or at risk of being isolated and lonely.

Identifying people at risk of loneliness can be difficult but targeting those disproportionately affected by loneliness – lower socio-economic groups, the widowed, the physically isolated, people who have recently stopped driving, those with sensory impairment and the very old – has proven most effective

Key prevention opportunities

Build relationships for wellbeing means:

- Strengthening your relationships with people who are close to you, such as family and friends;
- Broadening your relationships in your community and the wider world.

Personal action plan:

- If possible, take time each day to be with your family. This could include a fixed “family time” each day;
- Arrange a day out with friends you haven’t seen for a while;
- Switch off the TV and play a game with the children, or just talk (see some tips on talking to children about feelings and talking to teenagers);
- Make the effort to phone people sometimes – it’s all too easy get into the habit of only ever texting, messaging or emailing people;
- Speak to someone new today; Have lunch with a colleague;
- Visit a friend or family member who needs support or company;
- Volunteer at a local school, hospital or community group;
- Make the most of technology by using video chat apps to stay in touch with friends and family



Case study

A pregnant 24-year-old woman of South Asian ethnic background was referred to Early Start by her midwife. Before her pregnancy, she had been in hospital because of bipolar disorder. She was closely monitored but towards the end of her pregnancy her mental health had started to deteriorate once more.

As part of the Early Start offer, she was assessed by a Public Health Nurse in the antenatal period. Her care included a joint approach with mental health nurses and weekly supportive visits.

After her baby was born the patient was discharged home. However, her mental health worsened, and both mother and baby were admitted to a postnatal mental health unit. This was a difficult time, during which the new mum experienced recovery and relapses. In baby's first year she was had several inpatient episodes, sometimes in different parts of the country and sometimes sectioned under the Mental Health Act.

The Public Health Nurse felt that when she was well, her patient was excited to be a mum and very enthusiastic. But the disruption in the first year of baby's life meant that she needed all possible support to help her to bond with her child.

This was complex work, covering different settings. For instance, the nurse visited her patient in the mother and baby mental health unit. This helped to develop a trusting relationship which meant that supportive visits could easily continue when the patient was back in the home environment. In addition, there were some periods where the patient was unwell, and the baby's grandmother provided most of the care. Home visits helped the nurse to build relationships with her patient's extended family.

These supportive visits meant that together they were able to build on the new mum's strengths in the interactions with her baby. Steadily her confidence in her parenting skills grew. By the time her baby was 2 years old, her patient was able to provide, and enjoy most, of the baby's care. Their bond was evident and her patient was feeling well enough to engage in community groups for families



Mental Wellbeing in Educational Settings

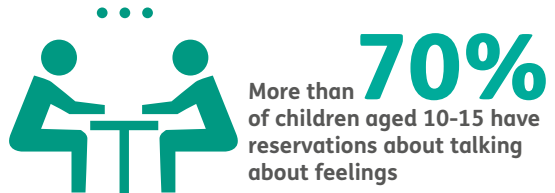
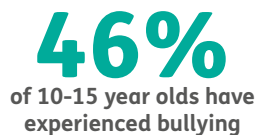
By supporting childhood emotional health schools can influence cognitive development, learning and physical health. Poor mental health in childhood is likely to lead to lifelong mental health problems. The extent of the problem is shown by the average UK classroom which has 3 children with a mental health problem, 7 who are being bullied and 6 who self-harm.

Social disadvantage and adversity increase the risk of developing mental health problems. Children and young people from the poorest households are 3 times more likely to have a mental health problem than those growing up with no experience in of adversity. This issue goes far beyond mental illness, because

the more adverse experiences people face in childhood the higher the risk of diabetes, respiratory and cardiovascular disease.³

Such experiences are associated with an increased risk of disruption to education. Long term outcomes include poor educational attainment and employment prospects. Children who fall behind with work and do less well in exams can have reduced life chances. The more time children spend with each other, whether in the classroom or as part of a team or club, the more chance they have of making friends and feeling included, boosting social skills, confidence and self-esteem.

Leicester - Children & Young People's Health and Wellbeing Survey 2016/17



SIXTY EIGHT PERCENT have an adult they can trust to talk about problems



*PHE fingertips

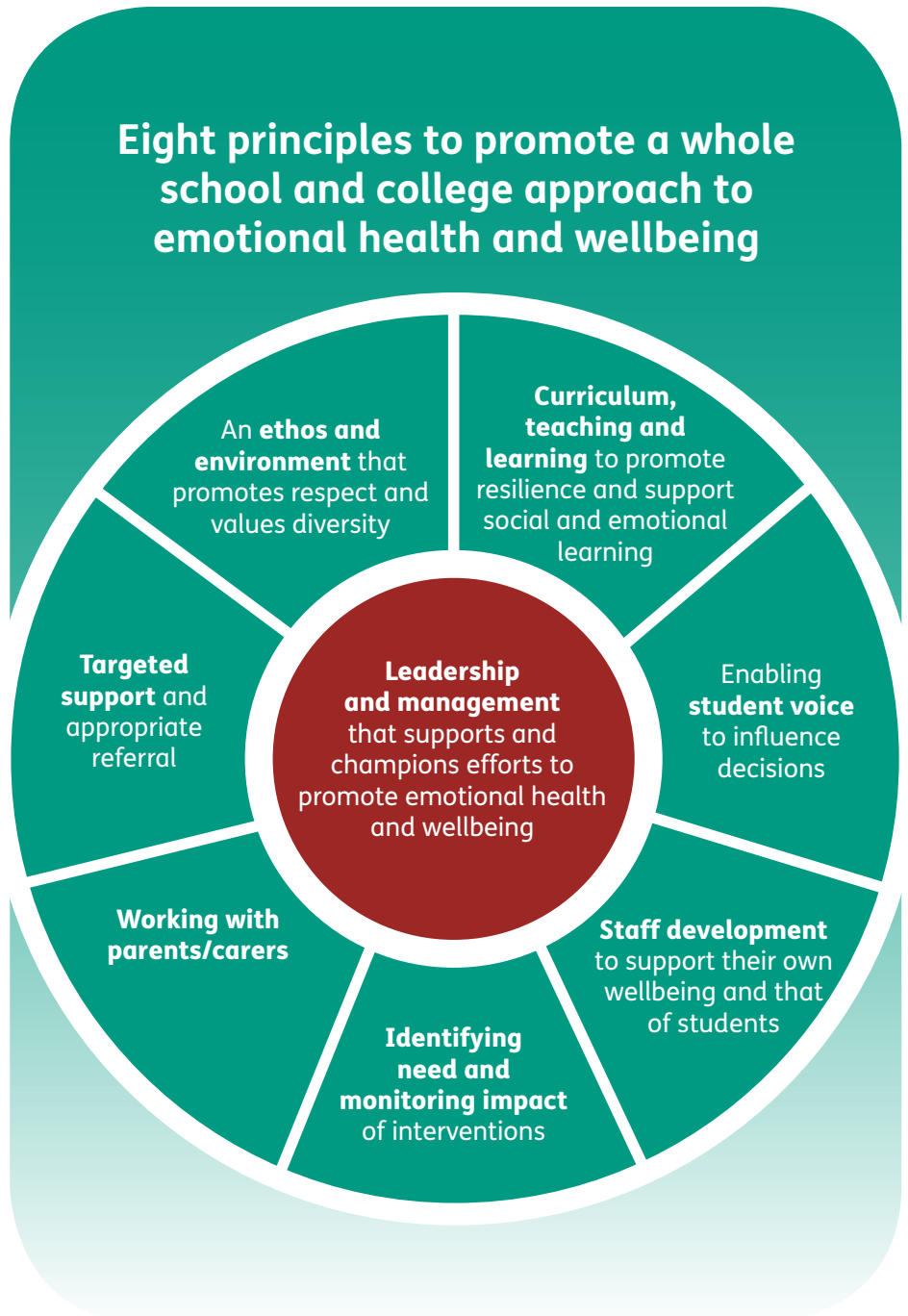
Our Young People’s Health and Wellbeing Survey showed that about 25% of Leicester children have experienced bullying in the last 12 months and 20% feel sad or upset a lot. However, 30% find it hard to trust people, more than 70% have reservations about talking about feelings, and **66% of 14-15 year olds did not agree that school teaches them how to deal positively with feelings.** When it comes to supporting people, 25% said they would be there for a friend and 68% have an adult they trust to talk about problems.

In a short questionnaire of Head and Deputy Head teachers, most believed there is an increase in childhood mental health problems, especially those which are beyond the skills of teaching staff, but which do not meet the threshold for referral to specialist Child and Adolescent Mental Health Services. Evidence also suggests that **nearly half of teachers have poor mental health.**⁴

Taken together these findings show that there are higher than average rates of bullying in Leicester, and while some young people are supportive and know trustworthy friends or adults, they are generally unlikely to talk about their feelings. More should be done, beyond specialist mental health services, to protect the young people’s mental health.

The diagram here summarises how **whole school engagement in prevention and promotion is an effective way to build resilience to mental illness.**⁵

This approach advocates that the ethos of the school should promote respect and value diversity. This will be properly established through leadership, policy development, curriculum based social education, programmes for parents and teachers and targeted support for children at high risk of poor mental health.



A key message is that promoting wellbeing in school has the potential positively to influence pupil's readiness to learn. By facilitating pupil success schools can help children to be resilient and mentally healthy. As the demands of teaching can also have a detrimental impact on a teacher emotional wellbeing, protecting teachers' health is also important⁷

Improving emotional wellbeing in educational settings

Tackling bullying in Leicester schools

Experience of bullying is a strong predictor of poor emotional wellbeing and lower educational attainment. A child's sense of belonging to a school is higher where there are lower levels of bullying. Such schools are more likely to be high achieving.

In order to tackle bullying, Leicester City Council worked with schools and governors to develop an anti-bullying strategy⁸ and an anti-bullying alliance.⁹ The key strands of this work are leadership, best practice, and better communication, participation of young people and data management. The strategy recognises that schools can promote pupil emotional health through better social interactions, and that these can benefit academic performance. It encourages schools to tackle behaviour which undermines relationships and to involve pupils in decision making so that they have a stake in school life.

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Future in Mind

Future in Mind is a national initiative, led by the NHS with other local organisations to improve children and young people's access to mental health care and support. Across Leicester, Leicestershire and Rutland, this programme has put in place a new service, Route to Resilience. This service helps schools to promote positive mental health, support vulnerable families and individuals, and offer advice as to how and where to get help. It is developing a network of schools which can approach emotional health with confidence and clarity.

Time to Change Leicester

Time to Change Leicester is a key public mental health campaign to stimulate broad conversations about mental wellbeing. Raising awareness of mental wellbeing in schools is an important way of challenging stigmatising attitudes for the benefit of young people.

Using information taken from the Health and Wellbeing Survey of Young People in Leicester, Time to Change Leicester has highlighted the problem of bullying in Leicester and has worked with schools and universities to help improve understanding about young people's mental health.



Healthy Child Programme

Healthy Together [see diagram below] is the Healthy Child Programme for 0-19 year olds, delivered by Leicester Partnership NHS Trust for children and families. Public Health Nurses support positive mental health of children and parents by monthly drop-ins in primary school and weekly drop-ins in High School. Healthy Together also offers a digital service for parents, which is helpful at moments of anxiety such as children starting school, transition between primary and secondary school and at times when pressure of exams can take a toll [such as in Year 11]. Young people in secondary school can access digital support from Public Health Nurses through the ChatHealth Text Service. There is a web-based support for primary and secondary age children, with useful information about emotional health and wellbeing. Healthy Together offers thematic Web Chats which cover topical issues such as bullying and exam pressures

2017/18
95% of infants
received a
new birth visit
within 14 days
of birth

2017/18
174 families
participated in
the Early Start
programme

2017/18
433 vulnerable
mothers
attended support
sessions

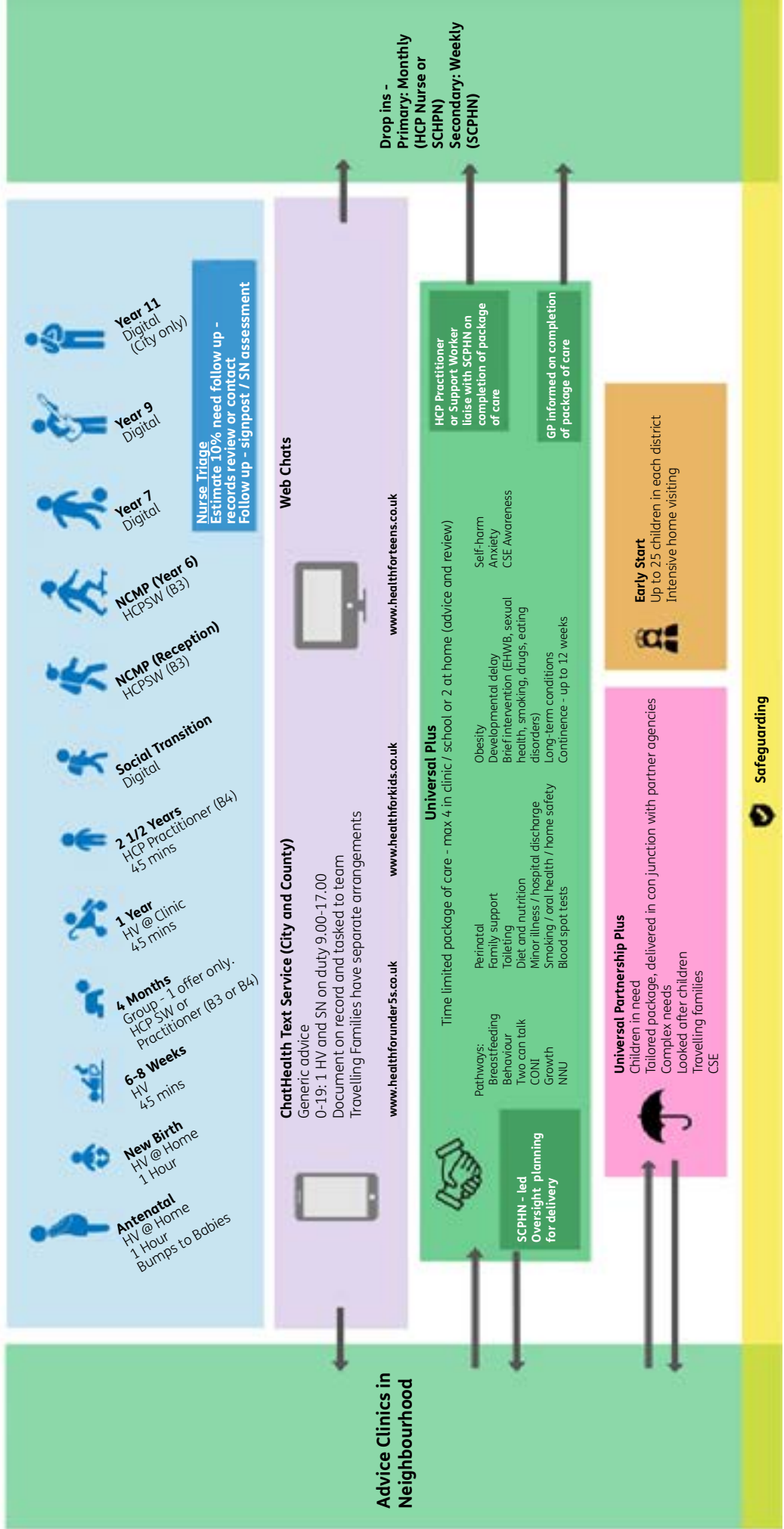


Diagram of Healthy Together the 0-19 Healthy Child Programme

Healthy Together

Community
Building community capacity
Healthy profiles
Health fairs

High impact area health campaigns
Asset based community development work



Case study

Eyres Monsell Primary School is located in an area with high rates of deprivation and children born into poverty. There is a history of disrupted education and low social mobility which cuts across generations. Children often enter school with poor concentration levels, emotional and behavioural issues and special educational needs.

The school has worked to address these barriers with a holistic approach, creating a value based culture which actively promotes and supports mental wellbeing and training for staff and pupils, to encourage mental wellbeing.

School leadership has promoted core values of resilience, respect, aspiration, honesty, co-operation and reflection. Children are encouraged to articulate their feelings and emotions and have a greater understanding and ability to cope with situations and challenges they encounter in daily life.

Pupils now have yoga and meditation as part of their daily lives, through planned Mini Me Yoga sessions. Children learn 'calm down' strategies and develop an awareness of how to regulate their bodies through methods such as breathing techniques. Every child accesses weekly opportunities to improve resilience, communication, self-confidence, self-awareness and emotional regulation as part of the curriculum. Children have time to calm down after playtimes. There is a more open culture aimed at reducing stigma and anxiety around speaking about concerns and worries. Additional services such as RELATE counselling are sourced through Pupil Premium Funding, to provide specialist early intervention for pupils needing additional expertise and professional support.

Empowerment of teaching staff has become a key driver. Staff members are encouraged to develop self-awareness to manage their own mental wellbeing. All staff have received training and development in Creating a Culture of Well-Being, to ensure the sustainability of our whole

school approach. Additional enhanced professional development has been accessed by individuals, with two Mental Health First Aiders trained in 2018, to further aid staff through peer support programmes.

Outcomes

- School academic outcomes have improved. In 2017 the school achieved in the top 10% nationally for its reading results at the end of Key Stage 2 and was one of the top 3 most improved schools in Leicester City.
- Improved attendance rates with a reduction of pupils who are persistent absentees.
- Improved behaviour and reduced exclusion rates.
- Reduced stigmatisation across the whole school community of mental health.
- Reduction of staff absence related to mental health and a reduction in the associated costs of absence management.
- The first Primary School in the East Midlands to have all teachers trained in Yoga and Meditation, receiving the Mini Me Yoga Accreditation.
- The first school in the UK to be awarded Carnegie Centre of Excellence for Mental Health in Schools School Mental Health Award at Gold standard.

The more we placed emphasis on the wellbeing of pupils the more we also began to recognise the need to support our staff too. For staff to perform to their best they need to have a positive mindset

K Hill, Headteacher

Future action

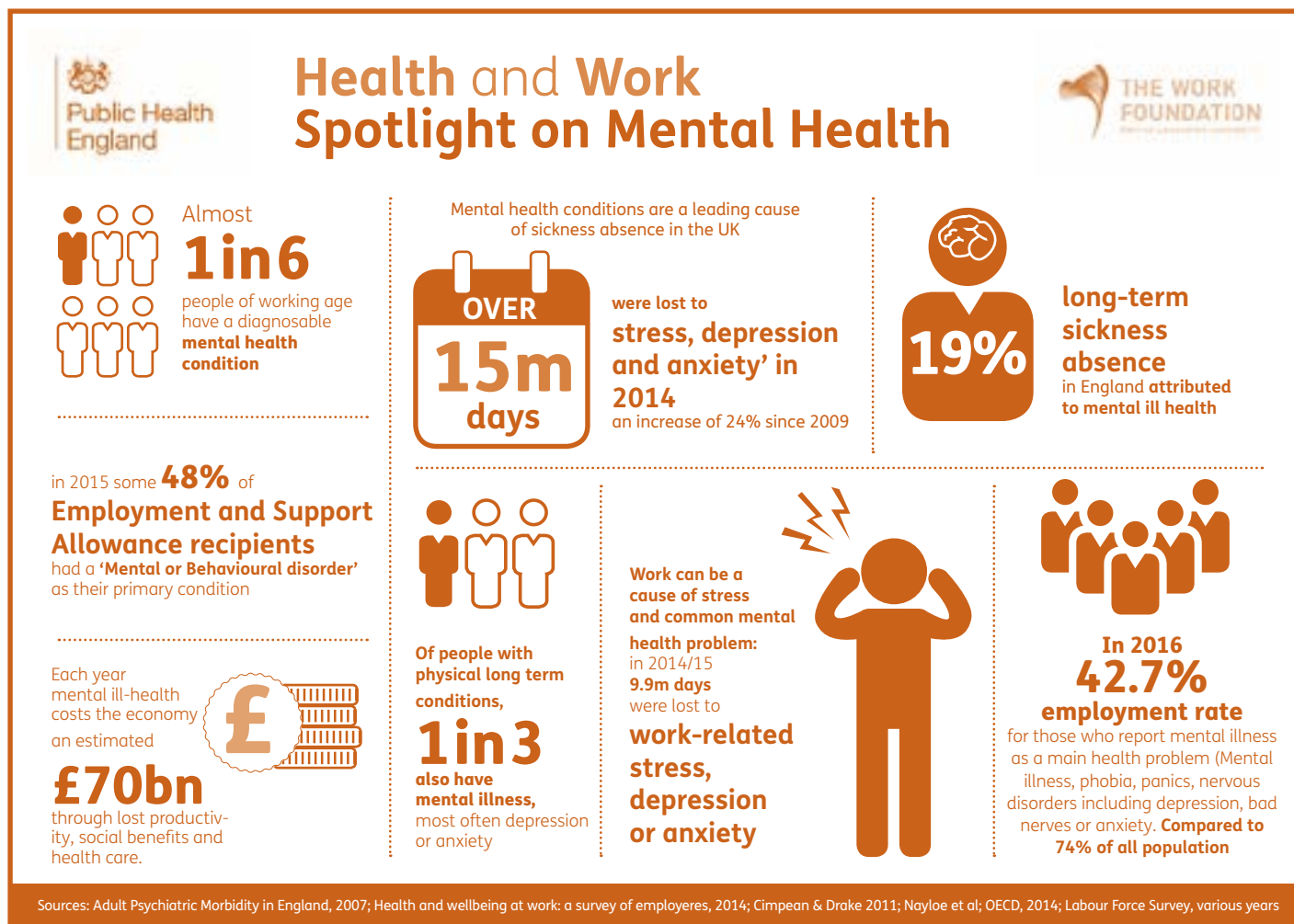
The school is committed to further supporting the wider school community through providing parental engagement and support. The school has recently received a Time to Change Leicester Community Grant for a parents' mental Health Group called "Chatter Matters". This hopes to support parents and carers in developing their own well-being strategies and providing a forum where parents and carers can build connections and relationships to support their own mental health.

The school continues to develop its own well-being and mental health provision and is committed to encouraging further staff development. The school has recently appointed a dedicated Mental Health Lead to the leadership team, who is receiving training through Leeds Beckett University's Mental Health in School Leads programme. A further member of staff is undertaking Mental Health First Aid for Youths. The school is also participating in an academic research study in 2018 – 2019, looking at applying positive psychology to grow character strengths – the VIA Youth Project.



Mental Wellbeing in the Workplace

Mental health problems including anxiety, stress and depression are common and a leading cause of absence from work. In 2016, more than **15 million working days were lost because of mental health problems in the UK**, with the estimated annual cost of such problems at work estimated as over £70 billion.¹⁰



Employment is a strongly evidenced determinant of mental health. There is a distinction between good work, characterised by fair treatment, autonomy, security and reward, and bad, in which individuals do not feel valued, supported or stimulated. Better employee mental health is associated with higher staff retention, improved productivity and performance, higher levels of collaboration and reduced absenteeism.

Marmot¹¹ identified people with mental health problems as being among the most likely to be in low-quality, low-status and insecure work. They are also more likely to be unemployed. The employment rate for people living with mental health problems is 10-35%, depending on the problem, compared to 59% for people with a general health problem and 77% for people who do not have a health problem.

The workplace has a significant influence on individual emotional wellbeing. There is a growing body of evidence that some simple workplace interventions can promote, maintain or improve mental health and performance at work. Effective interventions include those with elements that are consistent with empowerment, such as increasing employee control over are more likely to be successful if they combine individual need with an organisational focus such as improving the work environment or changing the organisational culture.

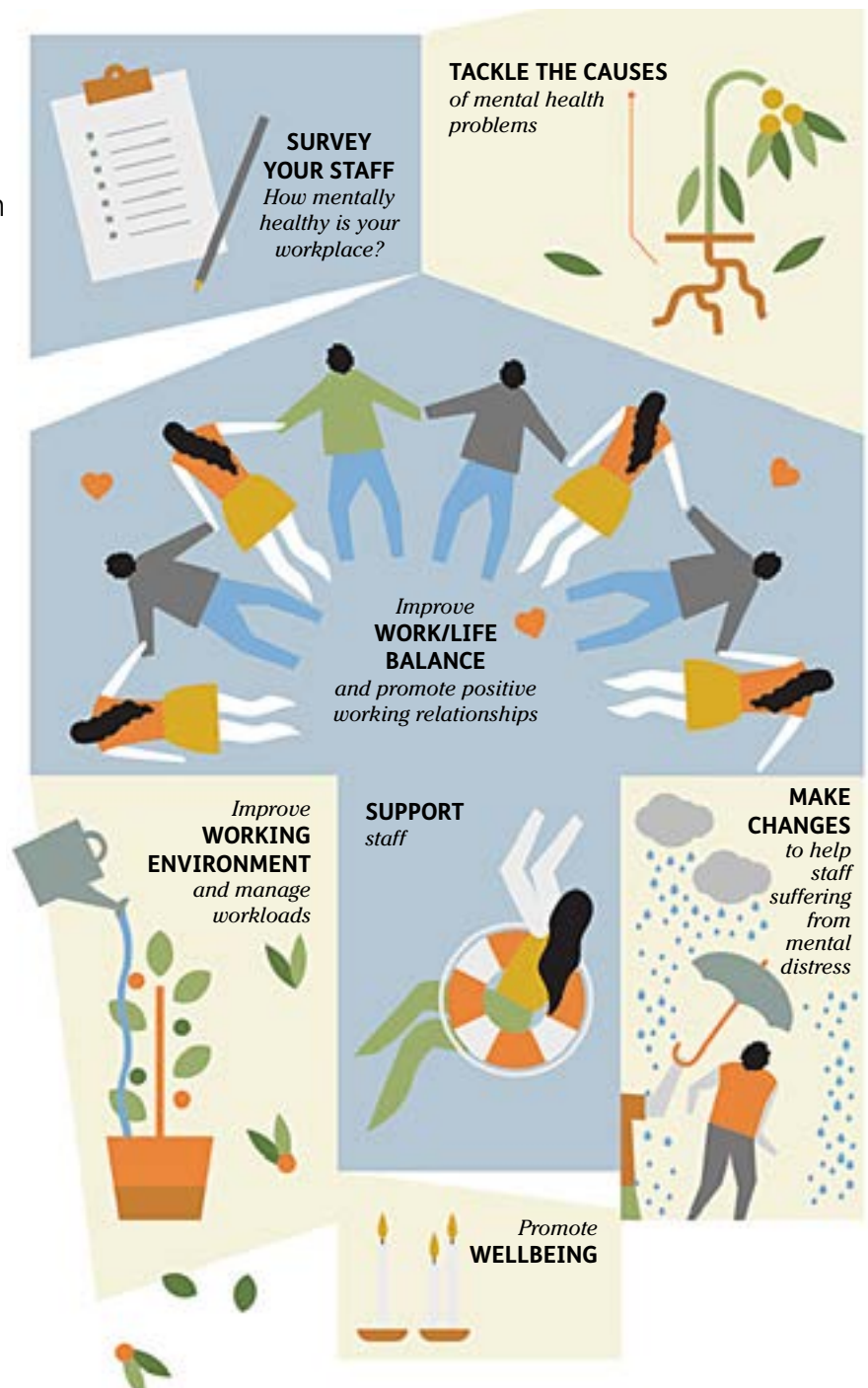
Gaining the support of managers and supervisors is important for achieving positive outcomes.

Health and wellbeing in the workplace

Lack of work is detrimental to health and wellbeing. Those who have been unemployed for more than 12 weeks show between 4 and 10 times the prevalence of depression and anxiety.¹² The extreme impact on

mental wellbeing can be seen in that a rise in unemployment correlates with a rise in the rate of suicide, but that the impact varies according to social protection spending, unemployment benefits, family support and health care.¹³

The diagram¹⁴ below shows how everyone can play a part in developing better mental health and wellbeing in the workplace. This includes a better balance between work and private life, surveying and taking note of staff attitudes, improving the work environment and promoting wellbeing.



What employers can do

- Sign the *Time to Change* pledge and develop a workplace action plan to challenge stigma linked to mental illness
- Take up the *Workplace Wellbeing Charter*
- Encourage employees to become Mental Health Champions
- Explore processes to support workforce mental wellbeing
- Support managerial styles which are supportive, approachable and responsive
- Proactively support staff to plan, monitor workload, encourage healthy working hours and a positive work/life balance
- Provide staff with meaningful work and opportunities for personal development

What we all can do

- Take personal responsibility for your work-life balance, speak up when work expectations and demands are too much
- Take proper breaks at work, for example by taking a proper lunch and getting out of the workplace if you can
- Draw a line between work and leisure
- Recognise the importance of protective factors, including exercise, leisure activities and friendships.

Key prevention opportunities for Leicester to protect employees' mental wellbeing

Sign the pledge and use the free resources to develop a workplace action plan to challenge the stigma of mental illness: www.time-to-change.org.uk/get-involved/get-your-workplace-involved/employer-pledge By signing the Pledge you will join a growing movement of more than 450 employers in England, including a growing network in Leicester.

Health and Safety Executive

Employers are required by law to assess the risk of stress-related ill health arising from work activities and to take action to control this risk. Tools for

workplace wellbeing, developing a stress policy and action plan, are available from <http://www.hse.gov.uk/stress/>



Approximately

57,000

adults in Leicester aged over 16 have a diagnosable common mental health disorder. (PHE fingertip 2017/18)

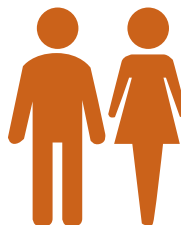


In Leicester **64.6%** of the working population (aged 16-74) are in employment and **6,450** (2.6%) of people are unemployed as at Jan 2019. (Nomis)



29,413

(9.4%) registered patients (aged 18+) in Leicester are diagnosed with depression. (QOF 2017/18)



9.5% of adults in Leicester (aged 18+) report a long-term mental health problem.

(GP patient survey 2017/18)



ACAS has teamed up with the NHS's Mindful Employer initiative to develop a training package and advisory booklet designed to help employers to:

- Tackle the stigma around mental health
- Focus on the practical things that can be done to help
- Develop solutions by listening

Resources available at <http://www.acas.org.uk/index.aspx?articleid=1900>

Workplace Wellbeing Charter

The *Workplace Wellbeing Charter* is a national framework which brings together best practice from existing workplace health programmes. Employers can 'self-assess' themselves against the standards and access a range of useful links and information

<http://www.wellbeingcharter.org.uk/index.php>

Case study

Leicester City Council is currently running its fourth workforce running programme. The programme is designed to help people to get fit and learn to run but recognises that running may feel intimidating for beginners. It consists of 10 weeks of lunchtime running sessions with experienced volunteer run leaders. The groups are aimed at everyone, and participants are encouraged to develop and achieve their own goals, running with people of similar ability. Over the course of the programme people build from short periods of running interspersed with walk breaks to running for 30 minutes.

To encourage discussion of mental health and wellbeing at work, Leicester City Council developed a training scheme to train workplace Mental Health Champions who signpost their colleagues to ways to boost their mental wellbeing.

The training involved a session in 'bouncebackability', a series of practical skills taught to safeguard mental health

during times of stress. This included group mindfulness exercises and quick techniques to restructure negative thoughts, inspired by similar exercises done in Cognitive Behavioural Therapy. These were skills that Champions took back to their workplaces and could teach to other colleagues.

Leicester City Council is using lessons learned from Champions training to devise a scheme for local businesses which will support them to challenge stigma linked to mental health problems. The intention is to build a network of organisations which are committed to Time to Change principles.

Workplace mental wellbeing

Time to Change Leicester is working with the management of Highcross Shopping Centre to improve workplace mental wellbeing. The retail industry is vital for the Leicester economy. The Highcross management company is committed to improving the experiences of employees and shoppers. Supporting Time to Change Leicester is one way of improving workplace strategies to support people with mental health problems and maximise the overall sense of mental wellbeing in the workplace.

For the Time to Change Leicester campaign, employment is a way of maintaining people's mental wellbeing. Work benefits mental health financially, socially and in terms of people's feelings of self-esteem.

Highcross and Time to Change Leicester, in partnership with Leicester Samaritans have developed training which will ensure that businesses will give priority to mental wellbeing, ensuring that it becomes an important asset. The main objectives are that people with mental health problems will feel supported at work, that they will work in an environment where it is possible to recover and thrive and in which they feel able to disclose their mental health problem. Highcross employees will also be better able to help members of the general public who have feelings of mental distress.

Mental Wellbeing and City Spaces

The quality of the environment in which we live and work influences our mental wellbeing.

Places which are attractive places, supportive of social interaction and with which people feel an emotional bond, can elicit greater community commitment and a sense of wellbeing.

Unpredictable and uncontrollable environments can induce a sense of helplessness.

Local environments which show signs of neglect are known to be associated with poor mental health. It is unclear to what extent the built environment has this effect independently of other factors such as individual, family and community level deprivation. While transport can enable easier access to work, leisure and other activities, traffic can have a negative impact, because of accidents and poor air quality.

Housing has a moderately strong effect on the mental health of occupants, women in particular. Increased residential density, overcrowding and high rise housing, are associated with psychological distress. Poor indoor air quality has been linked to negative effects and feelings of helplessness. Low levels of lighting are associated with depression. Poorly adapted home environments are associated with reduced functional ability and an increased rate of falls in older people. **People living near green spaces have better mental health,**¹⁵ and moving to a greener area enhances mental health. According to Marmot,¹⁶ active transport, travel which involves exercise, has a beneficial impact on mental and physical health and contributes to a less polluted environment.

There is evidence that mixed density, mixed land use and street connectivity are associated with increased walkability. People walk more if they perceive streets are safe and are aesthetically pleasing. Accessibility to public spaces designed for all ages and stages of life will result in greater use and increased physical activity. There is a greater willingness to use active travel solutions where these appear to be prioritised within an environment. Social inclusion can be supported by positive environmental planning and engagement of residents and users.



Museums and public libraries are important resources which help to sustain and improve local mental health and wellbeing. They are valued community spaces, which give people the opportunity to engage in the Five Ways to wellbeing, by helping them to connect, learn and take notice, though for example interest groups, reading groups and opportunities to volunteer. Furthermore, many vulnerable people use libraries to gain on-line access to different services and benefits. In so doing they have the opportunity to get accredited health information, health signposting, learning and literacy.

83%

of Leicester residents are satisfied with their local area as a place to live, particularly among BME respondents and those aged 35-64

(Leicester HWB Survey 2018)



Leicester has double the proportion **(10%)**

of overcrowded

households, compared to England **(5%).**

(Census 2011)



50%

of Leicester residents are concerned with air quality.

(Leicester HWB Survey 2018)

46% of Leicester's population experience 'Living Environment deprivation' (which considers housing, air quality and road traffic accidents) compared to 20% in England overall

(Index of Multiple Deprivation 2015)



80%

of residents in Leicester are satisfied with the quality of green space in their local area

(Leicester HWB Survey 2018)

People with mental health problems are less likely to exercise. Evidence, such as NICE **Healthier Air for Leicester: Leicester's Air Quality Action Plan** sets out the ambitions, and the sixteen actions to be taken, to reduce air pollution in the city. The actions aim to reduce transport emissions, promoting sustainable transport, improving traffic management and enhance planning and the environment. <https://www.leicester.gov.uk/your-council/policies-plans-and-strategies/environment-and-sustainability/air-quality/>

The Local Plan set out a vision and a framework for the future development of the city, addressing needs and opportunities in relation to housing, the economy, community facilities and infrastructure – as well as a basis for safeguarding the environment, adapting to climate change and securing good design. The *National Planning Policy Framework*, requires systems to: 'support strong, vibrant and healthy communities, by providing the supply of housing required to meet the needs of present and future generations; and by creating a high quality built environment, with accessible local services that reflect the community's needs and support its health, social and cultural well-being'.

What organisations can do

- Take into account the need to promote mental wellbeing and health in planning and in development and maintenance of the environment in general
- Ensure the engagement of citizens to shape and to care for the living and working environment is a shared responsibility;
- Have long term plans to improve both the functioning and the quality of the built environment throughout the city.

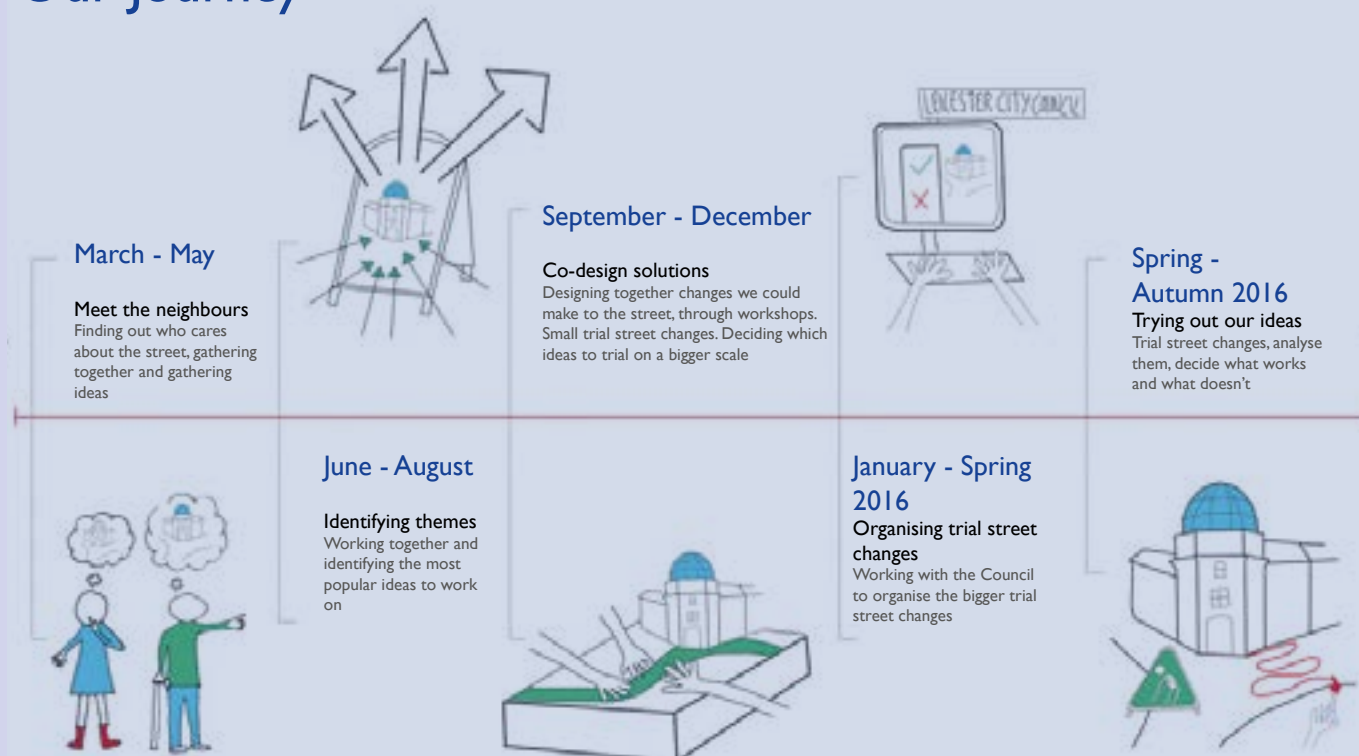


Case studies

Sustrans and Leicester City Council undertook a project in 2015 to co-design changes to a small area of Leicester with those who live and work there. The outcomes were more social interaction on the streets, as the presence of people attracts more people and encourages slower traffic speeds, streets and public places feel safer and there are less barriers to walking and cycling. The engagement leads to improved social cohesion and empowered decision making, as seen in the graphic below.

Braunstone Gate Places For People

Our Journey



The 2018 Joint Health and Wellbeing strategy for the city has five key themes, of which Healthy Minds is one. This theme emphasises the link between mental and physical health and emphasises the importance of positive mental health across all age groups. It recognises that people living in poorer, more deprived communities are more likely to suffer with mental illness, the importance of parity of esteem with physical illness and the link between poor mental and poor physical health. **The strategy focuses on the role of the wider environment in supporting positive mental health such as open and green spaces, living**

and working conditions and supportive networks. Heathy Minds, along with the other themes of the strategy take a person centred, holistic approach to health and wellbeing.

New Parks Library Centre

A number of initiatives are run by local groups using the shared space and friendly welcome at New Parks Centre Library. New Parks New Friends was set up at New Parks Centre Library in February 2015 with £200.00 of ward funding. The aim of the group is to combat social isolation and to keep vulnerable people mentally active and connected within the local

community. The group meet every Tuesday each week. There are talks from invited guests about 3 or 4 times a year, but the vast majority of their activities are just about talking to each other and helping people to interact. One gentleman lost his wife a couple of years ago and became very isolated. Since coming to the group he has made new friends and now visits them in their homes as well as attending New Parks New Friends every week.

In 2016 Linking Lives started, taking the ideas behind New Parks New Friends one step further. Run by the Methodist Church, Linking Lives aims to reach people who feel unable to leave their homes to combat isolation. They employ a support worker for 10 hours each morning with around 30 people attending a week. The project was started with £10,000 from a local business man who believes in the project. The support worker trains and supports volunteers who do the visiting for one or two hours each week. She also matches people who are isolated and does all the admin behind the project. They are currently supporting six people.

New Parks Community Panel also run a lunch club at New Parks Library Centre on Wednesdays. Many of the isolated people

identified by Linking Lives are encouraged to try the lunch club and New Parks New Friends as their first trips out. The lunch club costs £1.50 for a meal and has about 30 people each week.



This Annual Report is a call for action for a joint approach to protect mental wellbeing. **Mental disorders affect more than 1 in 4 of the population at any one time.** They can start at an early age and can have lifetime consequences. They disproportionately impact on people living in deprived circumstances and can have a detrimental impact for generations.

Stigma and discrimination are also important, many people with mental health problems identify stigma as the main cause of social exclusion. **This exclusion can be compounded further discrimination linked to ethnicity, cultural background or sexuality.**

The Report shows that public health practitioners should take every possible opportunity to

promote and protect good mental health from childhood to old age. **This can be achieved by implementing a Health in all Places approach; enhancing mental health in our homes, schools, workplaces and communities.**

One key driver is that mental wellbeing is associated with a wide range of improved outcomes in health, education and employment. In addition, a **Health in all Places approach will deliver reduced inequalities and better quality of life.**

It is only through intelligence led partnership work, which draws on the resources of society that we can effectively promote better mental wellbeing.

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