



# *Thrive Bristol*

## Creating a whole-city approach to mental health and wellbeing

Victoria Bleazard

Mental Health & Social Isolation Programme Manager



# Why focus on mental health and wellbeing?

## Individuals and families:

- 1 in 4 adults will experience a mental health problem each year
- 1 in 6 workers exp. depression, anxiety or unmanageable stress
- 1 in 10 children will experience a mental health problem (9k in Bristol).  
Approx. half of all lifetime mental illness starts by mid-teens
- WHO (2017): depression is leading cause of ill health & disability globally.
- Having a severe mental illness can lead to you dying up to 20 years early due to preventable physical health conditions.

## More broadly:

- Significant driver of demand for public services
  - Negative impact on productivity
  - Whole system problem: schools, employment, housing, communities
  - Increasing evidence around what works – not necessarily acting on it
  - Public opinion is changing on MH – there's a will for more to be done.
-

# What are the issues for Bristol?

**Bristol has a higher prevalence of mental ill health** than the national average – both for children and young people and for adults.

- 8.8% of Bristol patient population has depression diagnosis (8.3% nationally)
- 1 in 10 children will experience a mental health problem (9k in Bristol)
- Figures are unlikely to fully reflect need.

**Mental health is the largest cause of Employment & Support Allowance** claims in Bristol (54%). This is the 6<sup>th</sup> highest rate in England.

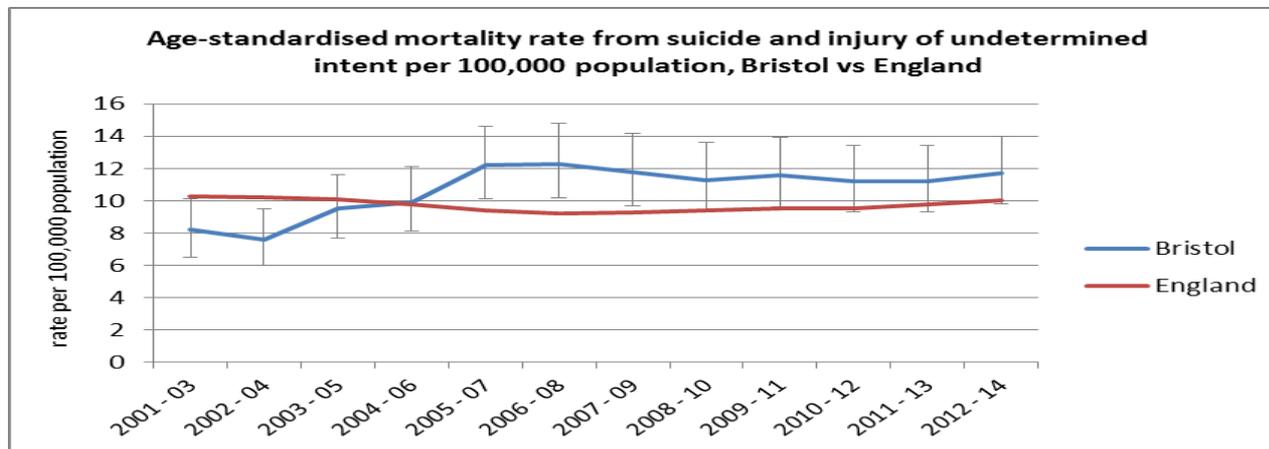
- Lawrence Hill: more than 2x number of MH claimants than any other ward.

**Bristol has high numbers of individuals who are at greater risk of mental ill health**, such as:

- looked after children
  - Unaccompanied asylum seekers
  - Highest rate in England of first time entrants to the criminal justice system
  - Higher rates of young people Not in Education, Employment or Training
-

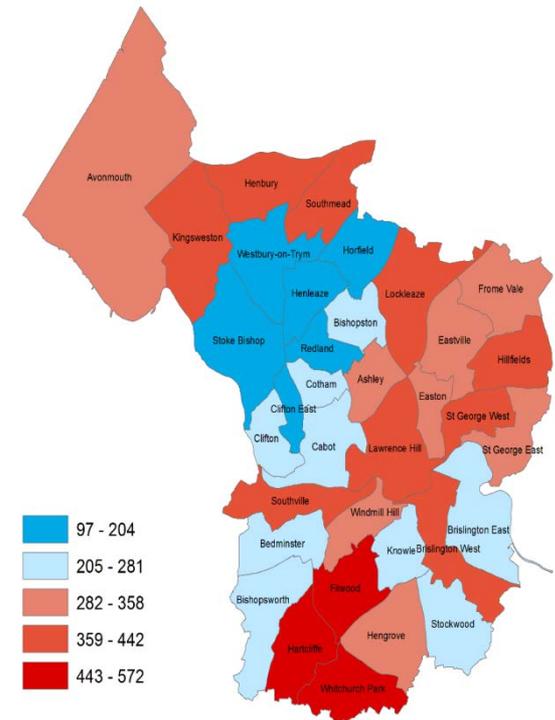
# What are the issues for Bristol? Suicide

- UK suicide rates: on increase since the onset of 2008 recession.
- Bristol has a much higher suicide rate than the national average: 12.8 per 100k compared to national average of 10.1 per 100k.
- In UK 3 x higher rate for men, middle aged men represent highest suicides in UK, esp. in Bristol (28.2 per 100k, compared to UK 20.2).
- 2<sup>nd</sup> highest suicide rate for women in England.
- Rates highest in deprived areas / Student need.
- Revising Suicide and Self Harm JSNA / Strategy this year



# What are the issues for Bristol? Self Harm

- Self harm and admission to hospital in Bristol is higher than the national average.
- Almost twice as many females as males (1.9).
- 5 young people per week (approx. 200 annually) attend the Bristol Children's hospital following self harm.
- Bristol's 'Children of the 90's' research (ALSPAC): approx.  $\frac{1}{4}$  of our young people using self harm.
- Link between deprivation, poverty and suicide. This map shows self harm alongside deprivation percentile in Bristol:

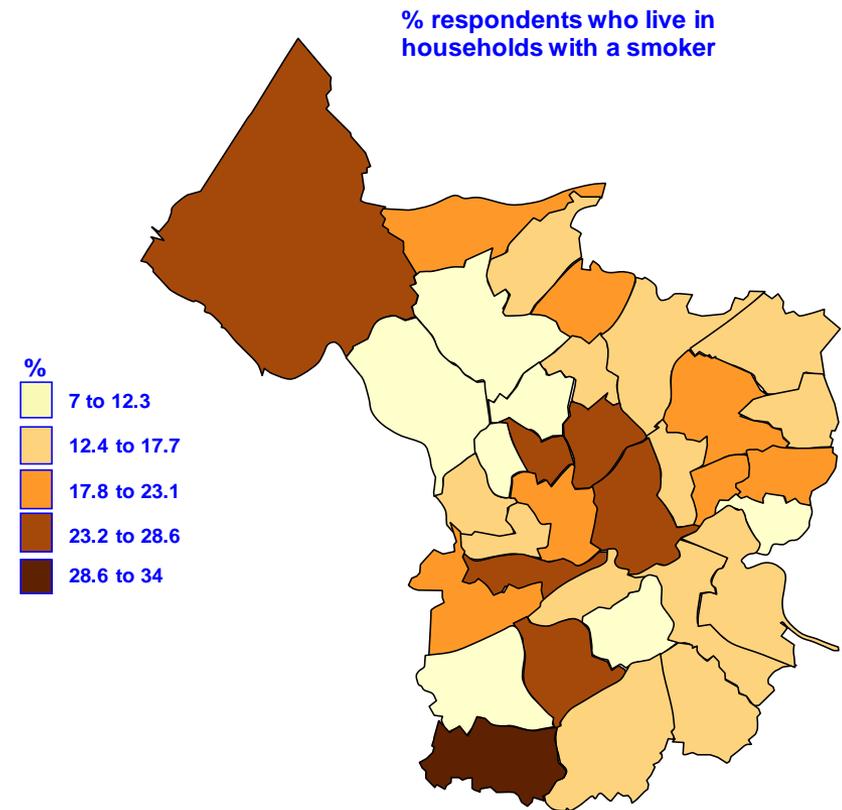


# Issues for Bristol? Smoking & Mental Health

Smoking rates in Bristol have fallen. However, smoking prevalence in adults with serious mental illness in Bristol is high: 47.3% compared to England Average of 40.5% .

People affected by severe mental illnesses are at risk of dying 15-20 years too soon. Smoking a key – and preventable - factor.

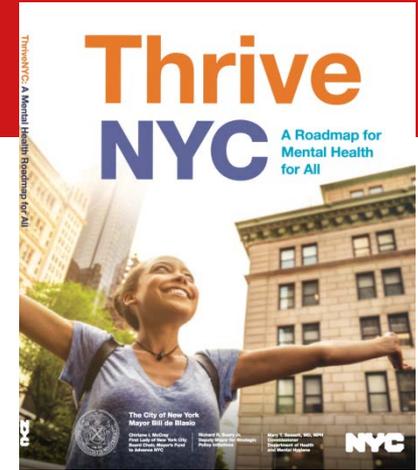
- **Local data** (*Quality of Life 2015*) shows differences over city – from 7% households with a smoker in Westbury & Henleaze to 34% in Hartcliffe & Withywood.



# The cost for Bristol?

- We all know that the impact on us as individuals, as families and as communities is huge.
  - But so are the economic and social costs of mental health problems.
    - o *(detailed figures to follow soon).*
  - This is our opportunity to agree our city-wide ambition for improving mental health and wellbeing in Bristol, & to get commitments across the city to act.
-

# Introducing Thrive New York



- In New York, Thrive NYC is a citywide programme endorsed by the Mayor & First Lady of New York to reduce the toll of mental illness, but also promote mental health and protect New Yorkers' resiliency, self-esteem, family strength and joy.
- In November 2015 Thrive NYC published their roadmap for mental health. A team within City Hall in New York is implementing 54 actions. Achievements from its first year include:
  - Training 2,300+ New Yorkers in identifying signs & symptoms of mental illness, how to respond in a crisis & how to connect people to treatment
  - Launching a public awareness campaign called *Today I Thrive* - its subway poster campaign alone is estimated to have reached 2 million people
  - Creating a network of 23 School Mental Health Consultants to ensure that every school has access to experts to help meet the needs of their students. 100 consultants will be in place by the end of 2017.

# Thrive West Midlands

- Mental Health Commission backed by West Midlands Combined Authority (chaired by Norman Lamb MP)
- Mental ill health costs region £12.6bn a year = local businesses, Local Enterprise Partnerships and industry leaders joined forces with NHS, LAs, voluntary sector & police.
- Significant public engagement (listening events / Citizens' Jury)
- Action orientated, concordat approach which agreed to:
  - Train 500,000 citizens in Mental Health First Aid
  - Trial 'Wellbeing Premium': tax incentive for employers acting on staff wellbeing
  - Housing First service to people who are homeless
  - Widespread use of the Mental Health Treatment Requirement
  - Ambitious suicide prevention plans
  - Widespread community engagement schemes & mental health campaigns



# Thrive London



- This week by Sadiq Khan launched ‘a conversation’ #ThriveLND
- A different approach to the West Midlands (fewer tangible commitments at outset). It strives to raise awareness of mental health issues; challenge stigma; encourage Londoners to look after their mental wellbeing; facilitate improvements in care.
- Phase 1: Engagement ‘Starting the conversation’:
  - Encouraging Londoners to join movement / attend events / new ways of talking about MH through ‘Problem Solving Booths’
  - Localised #ThriveHarrow #ThriveLambeth
  - Secure funding (incl. philanthropists) to fund projects which local areas bid for.
- Phase 2: Agree programme (Sept onwards)

# Black Thrive (Lambeth)



- People of African and Caribbean descent suffer disproportionately when it comes to mental health and wellbeing / trust:
    - Over-represented by 3x in acute end of services & 6x more likely to suffer from death under restraint in police custody.
    - Less likely to receive preventative services & 40% more likely to be turned away from MH services when they ask for help.
  - Statutory & community partners join to improve mental health and wellbeing for Lambeth's black communities. Engages all stakeholders, facilitate dialogue and leads to action in three areas: a.) better prevention b.) improved access to services, and improved experience.
  - Collating all of the existing data (both quantitative and qualitative) on mental health inequities in Lambeth & creating shared measurement system to monitor progress.
-

# Thrive Bristol – what we do know

## Needs to be co-created & owned by city partners & public & states:

- What mental health improvement looks like & how we'll achieve & measure it
- Recognises healthcare accounts for just 10% of our health. If we want to be healthier, we need to look to education, employment, housing...
- A focus on prevention, early intervention, resilience & health inequalities.  
Address needs of all, focus on those with greatest disadvantage:
  - o Universal Interventions: build resilience / promoting wellbeing at all ages.
  - o Targeted early intervention : (e.g. looked after children, refugees)
  - o Support for people with MH problems (e.g. tailored smoking cessation).
- What is effective and what is not (support from national partners).
- Build upon good work being undertaken. Be honest about £.



# Evidence: what works?

## **Interventions which have good evidence for cost-effectiveness:**

- Identification and treatment of anxiety and depression for women during pregnancy and after childbirth
- Treatment of conduct disorder in young children
- Early intervention services for first episode psychosis
- Liaison psychiatry services in acute hospitals
- Integrated care for people with long-term physical & MH conditions
- Improved management of medically unexplained symptoms
- Supported employment services for people with severe mental illness
- Community-based alternatives to acute inpatient care for people in a crisis
- Improving physical health of people w. severe MI, esp. smoking cessation
- Suicide prevention

## **Being developed:**

- Mental health and housing interventions (Housing First)
  - Mental Health Treatment Orders – criminal justice
  - Strengthened city-wide anti-stigma campaigns (Time to Change)
-

# Possible focus – need to prioritise



**A strong focus on prevention and early intervention:** support families, schools, and workplaces to prevent poor mental health and to reduce the impact of known risk factors such as violence, abuse, and discrimination. Address inequalities in mental health.

**Throughout focus on:** tackling stigma and discrimination; tackling health inequalities; role of digital and data; developing capacity and capability (incl. training).

## Possible themes:

- **Start early and start young:** identify and meet need to prevent mental distress entrenching into lifelong mental ill-health (full range of perinatal support; support to strengthen parenting and reduce parental conflict).
  - **Mental health and wellbeing to be embedded in schools / universities**
  - **Promote mental wellbeing:** social prescribing (role of art, sport etc) / physical health of people with mental illness / Strengthen primary care role to prevent
  - **Mental health friendly workplaces** to support workforce's mental wellbeing: Create incentives as part of health and safety obligations; placement and support schemes to aid the return to work of people who have experienced severe mental health problems.
  - **Housing** – providing safe and stable places to live.
  - **Addressing social isolation.**
-

# Who to involve?



- People with lived experience and their carers & wider population
  - Bristol City Council; Public Health England
  - Bristol CCG and Sustainability and Transformation Plan system leaders; NHS Trusts (MH and acute); NHS England South; provider groups
  - Those working in the community and voluntary sector (e.g. Healthwatch / CASS)
  - Local Enterprise Partnerships; Chambers of Commerce; Chartered Institute of Personnel and Development; Business In the Community , Local DWP; West of England Combined Authority (WECA); trade unions; disability employment groups.
  - Housing Associations; Homeless organisations
  - Ambulance Service NHS Foundation Trust
  - Children's Centres, Schools; Universities and further education
  - Police and Crime Commissioner
  - Police, Youth Justice, Probation and the courts, including Community Rehabilitation Companies
  - BASA and Time to Change
  - Fire Service
  - And many more
-

# Timeframe?

- June 28<sup>th</sup>: Health & Wellbeing Board agreed to all-age 'Thrive Bristol'. Today is our first opportunity to begin to discuss what this should look like, for example:
    - Which issues should 'Thrive Bristol' focus on?
    - Who needs to be involved, and how?
    - More broadly: what does a mentally healthy Bristol look like, and how do we get there?
  - Your feedback will shape development of 'Thrive Bristol'
  - Inform Mental Health & Wellbeing Joint Strategic Needs Assessment (JSNA)
  - Feeding back to Health & Wellbeing Board in August. Detailed timeframes to follow.
-

# Further information



For further information, please contact:

Victoria Bleazard

Mental Health & Social Inclusion Programme Manager

[victoria.bleazard@Bristol.gov.uk](mailto:victoria.bleazard@Bristol.gov.uk)

#ThriveBristol

---