Health and Wellbeing Board
Report for Resolution

Report to: Health and Wellbeing Board – 10 June 2015

Subject: The impact of poor mental wellbeing on achieving the priorities of the Health and Wellbeing Strategy

Report of: David Regan, Director of Public Health, Michele Moran, Chief Executive of Manchester Mental Health and Social Care Trust

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Summary

Poor mental health and wellbeing has a significant impact on individuals, families and communities in the City. It is a cross cutting issue which impacts on self confidence, motivation, social isolation, physical health and employment. This report highlights the impact that poor mental health has on achieving the priorities of the health and wellbeing strategy and makes the case for continued investment and support for preventative, community based responses to support good mental health and build emotional resilience in individuals as well as our diverse communities.

Recommendations

The Board is asked to note the report and to consider and respond to the recommendations below:

1) Agree a strategic approach and system-wide investment over time to ensure that frontline staff are equipped to support people experiencing mental distress and that he public have access to training and information on self care and emotional resilience.

2) Mental health services delivered in the community are incorporated to the first phase of the One Team implementation plan.

3) Commissioners of health and social care services should incorporate work and skills outcomes into all relevant areas within commissioned services, including provision of suitable training and support on acknowledging work as a health outcome.

4) Board Members are asked to ensure that their respective organisations play their role in supporting the mental health of the workforce.

Board Priority(s) Addressed:

Health and Wellbeing Strategy priority	Summary of contribution to the strategy
Getting the youngest people in our communities off to the best start	Good mental health and wellbeing makes a significant contribution to achieving the

Educating, informing and involving the community in improving their own health and wellbeing	significant contribution to achieving the outcomes of Manchester's Health and Wellbeing Strategy.
Moving more health provision into the community	
Providing the best treatment we can to people in the right place at the right time	
Turning round the lives of troubled families	
Improving people's mental health and wellbeing	
Bringing people into employment and leading productive lives	
Enabling older people to keep well and live independently in their community	

Lead board member: Michele Moran, Chief Executive, Manchester Mental Health and Social Care Trust

Contact Officers:

Name: Christine Raiswell
Position: Programme Manager – Public Mental Health
Telephone: 0161 234 4268
E-mail: c.raiswell@manchester.gov.uk

Name: Douglas Inchbold
Position: Senior Manager – Manchester Wellbeing Service
Telephone: 0161 882 2570
E-mail: douglas.inchbold@mhsc.nhs.uk

Name: Janet Mantle
Position: Consultant in Public Health
Telephone: 0161 234 3600
E-mail: j.mantle@manchester.gov.uk
(Leaving MCC on 26th June 2015)

Background documents (available for public inspection):

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

Manchester Joint Strategic Needs Assessment – Mental Wellbeing

1. Introduction

1.1 Mental health and mental wellbeing are issues that influence every wake of modern day life. This is reflected very well in the WHO's statement 'No health without mental health'. Responding to mental ill health and poor mental wellbeing is central to improving health, happiness and full participation in life in the City. This is recognised within the health and wellbeing strategy under priority six and provides the backdrop to this report. Only a relatively small proportion of mental ill health is dealt with in specialist mental health services, and where this is required an appropriate and local service is required. For others a range of preventative and alternative responses to formal mental health services is vital. Manchester has many community assets that can sustain mental health and wellbeing and support recovery as long as they are recognised and supported.

1.2 Mental wellbeing is often defined as 'feeling good and functioning well'. It describes how happy we are feeling, how well we are coping with day to day life, how engaged we feel and the extent to which we feel our lives have meaning and purpose. Low levels of mental wellbeing can impact upon motivation; the ability to secure and maintain employment; self confidence and social inclusion. Mental health is generally defined as the absence of mental illness, i.e. a clinically diagnosable condition such as depression or schizophrenia. Whilst mental health and mental wellbeing are often used interchangeably, they are not the same thing – improving mental wellbeing across the whole population benefits people at whatever stage of the continuum of mental health or ill health. Good mental wellbeing can support people to manage mental health conditions and live happy and productive lives. It can also prevent mental health problems from occurring in the first place.

1.3 It is clear that improving mental wellbeing across the city will have a positive impact on achieving the other priorities of the health and wellbeing strategy and conversely, low levels of mental wellbeing will have a negative impact. This report details the importance of supporting mental health and wellbeing as a central component of achieving the outcomes of the seven other priorities by considering the extent of poor mental health and wellbeing within the priority group, how poor mental wellbeing impacts on the specific priority, how the issue is currently being addressed within the context of this priority and makes recommendations for next steps.

2. What is known about mental health and wellbeing in Manchester

2.1 Manchester has higher rates of mental ill health than national averages. 18.7% of patients in north Manchester, 15.4% in central and 15% in south report moderate or extreme anxiety or depression, compared to 12% nationally. In north Manchester, 8% of patients themselves report a long term mental health problem, with 6.6% in south and 5.7% in central compared to 4.5% nationally.1

1 Public Health England Community Mental Health Profiles 2014

It is estimated that between one in eight and one in ten Manchester adults are prescribed antidepressant medication.2

2.2 There is good research and local evidence that some population groups are subject to circumstances that make them more prone to poor mental health and low mental wellbeing. Poverty, disadvantage and social exclusion are key, consistent determinants for mental ill health and so many people in Manchester will be vulnerable on this count. In Manchester, 46% of local areas are amongst the most deprived in the country3 and this may guide interventions towards certain parts of the city and certain population groups, e.g. people who are homeless, those who are unemployed.

2.3 Being subject to discrimination and stigma are also indications of greater vulnerability, e.g. lesbian, gay, bisexual and transgender people, some ethnic minority communities and migrant groups.
Experience of abuse and trauma are also important indicators for mental ill health, e.g. survivors of childhood abuse, victims of domestic violence, refugees and asylum seekers, some veterans of armed forces.
It is estimated that a quarter to a third of the burden of adult psychiatric disorders is attributable to the effect of childhood abuse. Being a victim of sexual or domestic violence in adulthood is associated with the onset and persistence of depression, anxiety and eating disorders, substance misuse, psychotic disorders and suicide attempts. 4

2.4 Having a long term health condition, or multiple conditions, is also associated with poor mental health. 6.6% of Manchester's population has a long term condition or disability (2011 census).
People with more serious mental ill health, e.g. those subject to Care Programme Approach are amongst the most vulnerable to poor health and lack of social opportunity. It is estimated that people with a diagnosis of schizophrenia, for example, will have up to 20 years less life expectancy than the average due to suicide and poor physical health. For those using secondary care mental health services in Manchester, 95% are recorded as not being in paid employment and 20% are recorded as not being in settled accommodation. 5

2.5 It should be noted that, despite evidence of greater vulnerability for people in these groups, individuals can also show remarkable resilience in adversity. It is important that we understand and build on such positive attributes as an asset for the city.

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2 Anti depressant prescribing. Estimated from data and advice supplied by Health and Social Care Information Centre http://www.hscic.gov.uk/home using data from NHS Prescribing Services)
3 The English Indices of Deprivation 2010
4 Annual Report of the Chief Medical Officer 2013: Public Mental Health Priorities Sept 2014
5 People in contact with secondary care mental health services. Data from Manchester Mental Health and Social Care Trust reporting for March 2015

3. Strategy and policy context

3.1 'No Health Without Mental Health' the government's mental health outcomes strategy states that "Mental health is everyone's business – individuals, families, employers, educators and communities all need to play their part. Good mental health and resilience are fundamental to our physical health, our relationships, our education, our training, our work and to achieving our potential".

3.2 Future in Mind Report, published in March of this year by the Children and Young People's Mental Health Task Force describes the current challenges for children and young people's emotional health and wellbeing and puts forward 49 recommendations to radically change mental health services for children. This includes promoting resilience, prevention and early intervention.

3.3 A Greater Manchester Mental Health Partnership has been established chaired by the Deputy Police and Crime Commissioner bringing together commissioners and providers of services across Greater Manchester. In addition Mental Health and Employment is one of the seven "Early Implementer" projects under the Health and Social Care Devolution Agreement and will provide opportunities for scaling up work at a city region level.

4. Current local public health approach to improving mental wellbeing (priority 6)

4.1 Given that the vast majority of mental health and wellbeing problems are not dealt with by Mental Health Services it is crucial that a community-based and partnership approaches are developed, including:

- The integration of public mental health and wellbeing into high level strategic planning and programmes.
- Public mental health continues to be identified as one of the priority areas of the Health and Wellbeing strategy and is addressed across all priority areas.
- Commissioned training and information for professionals and the public (see section 5.2)
- Community-based programmes that support mental health (see section 5.2)

5. How poor mental health and wellbeing impacts on Manchester H&WB priorities

This section summarises the ways that poor mental wellbeing impacts on each of the strategic priorities in the Manchester Health and Wellbeing Strategy. More detailed information relating to each priority can be found in appendix 1 where available.

5.1 Priority 1: Getting the youngest people off to the best start

Key issues and activities

5.1.1 Poor parental mental health and wellbeing can have a significant impact on young people getting the best start in life. It can affect children's school readiness, physical and emotional health and wellbeing, ability to develop healthy social relationships and their own mental health as they grow up. Poor mental health in parents is a risk factor for poor mental health in children and unlike with physical health problems, it is common for mental health problems to start in earlier age.

5.1.2 Mental Health and Wellbeing support is provided both as part of universal and targeted services. The new early years delivery model supports families with newborn children up to final assessment aged 5 – including parental mental health assessment. A number of targeted programmes exist to support families with mental health problems, such as Troubled Families, and the Child and Parent Service. It is crucial that these continue to be supported by broader community responses and an awareness of mental health issues in the wider workforce.

5.1.3 The Future in Mind Report offers significant challenge to mental health services – both preventative and treatment services for children and young people. A collaborative review of all children's and adolescent mental health services was recently completed and work streams developed around 9 recommendations and this review has synergy with the Future in Mind recommendations. A central element of this has been improving the identification of emerging mental health conditions in the school setting. It is important at both Greater Manchester and Manchester level that this work is continued and overseen by the Children's Board.

5.2 Priority 2: Educating, informing and involving the community in their own health and wellbeing

Summary of key issues and activities

5.2.1 A range of educational courses about maintaining good mental health and building emotional resilience are now available to the public in Manchester. Many of these courses target people in population groups vulnerable to poor mental health and wellbeing e.g. people with long term conditions and those managing pain, carers, victims of domestic violence, troubled families and people with depression.

5.2.2 A range of specific courses designed for people with long term conditions are available. These courses aim to support people in living with and managing long term conditions better with support in a group setting. Courses to build skills in the workforce are available in mental health (Connect 5) and in Enabling Self Care and Personalised Care Planning. The distribution of self help information and publications provides appropriate, evidence-based guidance for people who want to improve their mental health; and the Mental

Health in Manchester website provides a guide to better mental health and getting help, including emergency contacts and phone lines www.mhim.org.uk

5.2.3 The recently established Transformation Board between Manchester City Council and Manchester Mental Health and Social Care Trust will oversee the implementation of the new Wellbeing Service. A key component of this will be the delivery of the courses described above.

5.3 Priorities 3 and 4: Moving more health provision into the community / best treatment in the right place at the right time

Summary of key issues

5.3.1 Among people under 65 nearly half of all ill health is mental illness however the present share in NHS expenditure is approximately 13%. Expenditure is primarily focused on secondary care treatment for people with severe and enduring mental illness.

5.3.2 Unlike most long term physical conditions, much of the lower level mental illness is curable, particularly anxiety states and short term stress conditions. However, currently, much of this is chronically undertreated.

5.3.3 Currently the system in Manchester has more emphasis upon reactive care which draws resources away from more preventative approaches. There is significant opportunity for Manchester's health and care services to work as a system; ensuring improved cost effectiveness, quality, safety experience and ultimately better health and wellbeing outcomes. The 'Living Longer Living Better – One Team Place Based Care' initiative provides an ambitious plan for better health and social care integration and incorporates mental health services.

5.3.4 It is recommended that Mental Health Services delivered in the community are incorporated into the first phase of the One Team implementation plan. It is important that wider Health and Wellbeing Services and the Self Care work-stream of LLLB are strongly aligned to ensure focus on primary prevention. In addition the One Team planning needs to incorporate:

a) A review of investment to focus on prevention and early intervention.
b) Effective management of mental health conditions at different levels of need.
c) Effective management of physical health conditions for people who have a mental illness.
d) Integration of mental health support to avoid exacerbation of physical health conditions e.g. management depression & anxiety.

5.4 Priority 5: Turning round the lives of troubled families

Summary of key issues and activities

5.4.1 As part of the wider Confident and Achieving Manchester Programme, Troubled Families provides integrated and intensive support through evidence

based interventions which take a whole family / whole individual approach to supporting behaviour change.

5.4.2 During phase 1 of the Troubled Families Programme, 63% of families had a mental health support need at the time of assessment – equating to 1503 families during this phase. A number of other factors associated with poor mental wellbeing were also present within this group – bereavement (13%) alcohol / drug misuse (24% each), and worklessness (63%).

5.4.3 Poor mental health and wellbeing has a significant impact on the delivery of the TF programme and this has been recognised in the criteria and outcomes framework. Anxiety is a major barrier to engagement with the programme, lack of confidence can affect an individuals ability to engage in positive activity (e.g. employment, training, volunteering), or even their ability to ensure that their children are attending school.

5.4.4 Multi-systemic therapy for young family members is available as a resource for key workers, and there are a number of specialist mental health support providers within the TF commissioning framework that can be drawn on where other specialist services need to be procured e.g. support for teenagers.

5.4.5 The service is constantly evolving and has the flexibility to identify where new support around mental wellbeing is required and needs to be brought into the programme.

5.4.6 There is a general concern about the length of waiting times for statutory specialist mental health provision making alternative support and provision within the TF programme and the wider community crucial.

5.4.7 It is acknowledged that Phase 2 of TF has specific criteria around health outcomes for children and parents, and the new financial / outcomes framework targets significant and sustained change to health within families including improving mental health and reducing alcohol and substance misuse. This is welcomed and it will be important to monitor the impact of the programme during 2015/16.

5.5 Priority 7: Bringing people into employment and leading productive lives

Summary of key issues and activities

5.5.1 Being out of work is generally bad for mental health and wellbeing and poor mental health is both a cause and an effect of unemployment. Poor mental health can have a major impact on economic and social aspirations of the individual and has a significant cost to health and social care and the economy as a whole.

5.5.2 A number of programmes and approaches are being tested in the City including Fit for Work (North Manchester out of work pilot), Fit for Work (In work) service, Local Development of CQUIN, routine monitoring of employment status in primary care, Mental Health in the workplace, Greater

Manchester Mental health and Employment Pilot and Greater Manchester Working Well. Further details of these programmes can be found in appendix A)

5.5.3 Challenges remain around the ability of existing Mental Health Services to respond to identified need, and this will become a greater issue as the work and skills system scales up to meet the 50,000 target in the devolution agreement. Work is underway to begin to address this through the GM Mental Health Commissioning work stream.

5.6 Priority 8: Enabling older people to keep well and live independently

Summary of key issues and activities

5.6.1 Poor mental health and wellbeing is strongly associated with and has a significant impact upon the three themes of this priority - loneliness and isolation, falls and dementia.

5.6.2 Older people are further vulnerable to poor mental health and wellbeing due to cognitive, sensory or mobility difficulties including sight loss.

5.6.3 The Age Friendly Manchester Programme is overseen by the AFM Senior Strategy Group, which is chaired by the Deputy Leader of the City Council. It is the key policy response to tackling loneliness and social isolation and in turn improving mental wellbeing through four themes: age-friendly neighbourhoods, knowledge and innovation, age-friendly services and engagement and communication. Action taken includes supporting age-friendly networks, providing small grants to community groups, CCG investment of £600k in projects aimed at reducing isolation and loneliness experienced by older people, a successful GM bid of £10.6m to the Big Lottery Ageing Better Fund, which will initially support projects in for Manchester wards.

6. Conclusions

- There is a strong case for investment in primary prevention of mental health problems and a focus on supporting the development of emotional resilience throughout the life course.

- Community asset building is an evidence-based approach to raising awareness of mental health and wellbeing, reducing stigma and supporting strong and supportive communities. Improving access to training and drop in sessions and self help resources for local people are key.

- The use of Cognitive Behavioural Therapy (CBT) approaches to support community based prevention and management of low level anxiety and depression should be supported and built upon.

- There is significant scope for supporting low mental health and wellbeing through the existing workforce who have contact with those vulnerable to poor mental health.

- Primary and secondary healthcare providers need to understand the health risks of worklessness, and routinely monitor this through consultations and make active referrals to the right services.

- Coherent referral pathways should be in place, which provide primary and secondary care with a trusted service which can make an assessment of the socio-economic needs of the patient and co-ordinate the right support in a sequenced, prioritised way.

7. Recommendations

1. Agree a strategic approach and system-wide investment over time to ensure that frontline staff are equipped to support people experiencing mental distress and that the public have access to training and information for the public on self care and emotional resilience.

2. Mental health services delivered in the community are incorporated to the first phase of the One Team implementation plan.

3. Commissioners of health and social care services should incorporate work and skills outcomes into all relevant areas within commissioned services, including provision of suitable training and support on acknowledging work as a health outcome.

4. Board Members are asked to ensure that their respective organisations play their role in supporting the mental health of the workforce.

Appendix 1: Evidence of the impact of poor mental wellbeing on the health and wellbeing strategy priority areas

This section provides additional information and evidence that could not be included in the report where available.

Priority 1: Getting the youngest people off to the best start

Low mental health and wellbeing is relevant to achieving the best start in life for our youngest people in terms of its impact on parenting, and children and young peoples own mental and emotional health and wellbeing.

Poor mental health can impair parenting through anxiety, reduced confidence, motivation and self esteem and low energy. Stigma and discrimination can also discourage parents from seeking help when they need it. It is also vital to recognise that many people with mental health problems cope well and flourish as parents and it is crucial to promote and support this.

There are strong links with the worklessness and poverty agenda. This is highlighted further under priority 7. There is a body of evidence that demonstrates the impact of poverty and income inequality of outcomes for children. Socio-economic status patterns confidence, emotional and cognitive development concentration and hence readiness for school. By the age of six, more able children from economically disadvantaged backgrounds have been overtaken in educational outcomes by their less-able economically advantaged counterparts. 6 Poor mental health and wellbeing is a barrier to improving economic position.

There is relatively little data about prevalence rates for mental health disorders in pre-school age children. A literature review of four studies of 1021 children aged 2 – 5 found the average prevalence rate of any mental disorder was 19.6% (Egger, H et al 2006) applying this to the estimated population in Manchester gives a figure of 5,570 children aged 2-5 that are likely to have a mental health disorder. For children 5 – 16 prevalence rates are estimated based on mental health and behavioural disorders causing distress to the child or having considerable impact on the child's day to day life. Estimates are 11.4% for boys and 7.8% for girls.

Nationally, the most common mental health problem in childhood is conduct disorder. In about 40% it persists into adulthood and is predictive of a range of poor outcomes, including criminal behaviour, substance misuse, poor educational and labour market performance and disrupted relationships. Conduct disorder affects 5.8% of all children in Great Britain between ages 5 - 167.

Priority 2: Educating, informing and involving the community in their own health and wellbeing

6 Dr Lynne Friedl (2009) Mental Health, resilience and inequalities WHO
7 Stewart-Brown S (2004) Mental Health Promotion: childhood holds the key? Public Health Medicine5:3 8-17

Poor mental health and wellbeing impacts on how individuals and communities engage and are involved in support of their own health and wellbeing as it can leave people feeling low in motivation, confidence and self esteem. It can also lead to people adopting less healthy lifestyle choices and caring for themselves less. For people with existing health conditions there is an impact on how people manage their health and care for themselves leading to exacerbation and acceleration of symptoms and associated complications.

Evidence suggests that targeting interventions early is key to preventing the onset and long term negative effects of poor mental health. 75% of mental illness starts before the age of 25 and many health risk behaviours such as smoking and substance misuse start in childhood, having a lasting adverse effect.

Further information about training and community based programmes

Mental Health Training for Professionals

The Connect 5 course commissioned from Manchester Health and Wellbeing Service includes training on responding helpfully to mental health problems and when to refer to more specialist support. Most organisations in receipt of training are in contact with people from vulnerable groups. Additional training is offered on various aspects of mental health is offered, e.g. dementia, stress and sleep problems.

The ‘Emotional Aspects of your Consultations’ course is targeted at clinicians working with people who have long term health conditions.

Public Health has commissioned a programme of enabling self-care training to support staff delivering integrated care under the Living Longer Living Better programme. People coping with long term conditions can be at high risk of mental health problems and higher suicide risk.

Training and Information for the Public

A range of educational courses about how to maintain good mental health and build ‘emotional resilience’ are available to the public, including ‘Boost’; ‘Living Life to the Full’; and ‘Reclaim Your Life’. Courses are often delivered in partnership between statutory and voluntary sector organisations in a growing collaboration via a network co-ordinated by Manchester Health and Wellbeing Service.

The distribution of self help information and publications provides appropriate, evidence-based guidance for people who want to improve their mental health. This includes publications on how to manage suicidal thoughts, depression, anxiety, bereavement and mental health at work.

The Mental Health in Manchester website provides a guide to better mental health and getting help, including emergency contacts and phone lines. This site receives over 5000 visits a quarter over 75% of these are new visits. www.mhim.org.uk

Priorities 3 and 4: Moving more health provision into the community / best treatment in the right place at the right time

The context

Given Manchester's high levels of ill health, both mental and physical, and resultant impact upon quality and length of life it is important to ensure that the health and care system is best placed to respond to that need but also to play its part in tackling the root causes.

Currently the health and care system has more emphasis upon reactive care than other parts of the country. This draws resources away from more preventative approaches.

There is significant opportunity for Manchester's health and care services to work as a system; ensuring improved cost effectiveness, quality, safety experience and ultimately health and wellbeing outcomes. The 'Living Longer, Living Better – One Team Place Based Care' initiative provides an ambitious plan for achieving better health and social care integration, which includes consideration of mental health clinical pathways. However, more needs to be done to change the understanding of and response to mental health need in the City, especially in terms of prevention and early intervention.

Mental health and the impact on health services

Among people under 65 nearly half of all ill-health is mental illness. In other words, nearly as much ill health is mental illness as all physical illnesses put together, however the present share in NHS expenditure is approximately 13%. Expenditure on mental health services is primarily focussed on secondary care treatment for people with severe and enduring mental illness.

Unlike most long term physical conditions, much mental illness is curable and for anxiety conditions the number needed to treat (i.e. the number that need to be treated in order to achieve a successful outcome) is under 3.

However, currently mental health issues, especially at lower levels, are chronically undertreated. The life expectancy for people with severe mental illness is approximately 15 years less than average. This is partly due to high smoking rates but also due to the way mental illness intensifies the effects of physical illness by, for example, intensifying inflammation and the production of stress hormones like cortisol, and by undermining the immune system. If we consider patients with cardiovascular disease of given severity, the rates of hospitalisation and death for those with mental health problems are up to three times higher than for other. Similar results are found for asthma, diabetes and COPD.

Mental illness, including anxiety, often increases the scale of physical illness and it can also cause physical symptoms. It is estimated that half of all NHS patients referred for first consultant appointments in the acute sector have 'medically unexplained symptoms'. The extra physical healthcare caused by mental illness

costs the NHS at least £10 billion, which supports the argument for improved access to psychological therapy8.
Physical health and mental health are closely linked. Poor mental wellbeing and mental heath problems are more common amongst people living with long term physical health conditions than those in good health. Manchester has a high incidence of poor mental health generally and rates of depression and/or anxiety in those living with chronic illness tend to be higher.

> Investment in improving the mental health of people with long-term conditions, particularly in the identification and treatment of depression and anxiety should lead to financial savings in unscheduled and scheduled care services (*Sharpe et al 2008*)

The case for primary prevention and better self care

Taking into account the impact on health identified above there is a strong case for investment in primary prevention of mental health problems and a focus on supporting the development of emotional resilience throughout the life course.

There is a strong evidence base for the use of CBT (cognitive behavioural therapy) approaches to support community based prevention and management of low level anxiety and depression. This can be delivered in a number of ways, through community asset building to raise awareness of mental health and to build strong and supportive communities; improving access to training and drop in sessions for local people such as the 'Boost' emotional resilience programme; improving access to self help resources via libraries and dedicated websites such as www.mhim.org.uk and by training frontline staff across agencies to support people in emotional distress and to enable them to self care.

Priority 5: Turning round the lives of troubled families

Family Intervention Project – Case Study

The family composition is:-

Mum aged 36 years,
2 sons aged 14 and 11 years old.
Father to the youngest child who is sometimes resident at the family home aged 46 years.

Presenting Issues

The mother presents as very overprotective towards her children, this is due to her own childhood experiences where she had shared she was sexually abused. Mums level of engagement is poor and during visits she has a very negative approach to support. Mum has shared that she turns to alcohol when stressed. Dad is also a regular drinker. Mum has a history of self harming. Mum has health concerns she is epileptic and has only one functioning lung. Referral was made to Children's

8 How mental illness loses out in the NHS. Centre for Economic Performance. Mental health group. 2012.

Services, due to increased concerns with alcohol and verbal /physical and emotional abuse being experienced by the children because of the domestic disturbances.

Interventions / Outcomes

Mum was allocated a worker from the Community Alcohol team. At first mum was not open and stated that they were not supporting her. Through encouragement and the FIP worker attending sessions with mum she continued to meet with the worker. This led to mum disclosing the actual amount that she was drinking on a daily basis. A residential detox programme was arranged for the 29/01/14 which mum attended. Dad has completed a home detox. He has an allocated CAT worker.

Mum has completed a course of counselling with the Self Help service which allowed her to explore her past and what she had experienced when she was younger. Referred to Manchester Mental Health and was allocated a caseworker. Mum has attended one appointment at Park House to see a psychiatrist, mum will continue to meet with them on a 3 monthly basis. Mum has not self harmed since January 2014, is taking her medication on a regular basis and is also taking her anti depressants. Both children were referred to Eclypse (October 2013) they have just been allocated a caseworker (June 2014) and have had an initial meeting which was positive with both boys wanting to engage with the service. Mum and Dad are also happy for this to happen.

Priority 7: Bringing people into employment and leading productive lives

In Manchester 54,520 (15% of working age population) claim an out of work benefit and for 59% of these it is as a result of a health condition. 51.5% of those claiming sickness-related benefits in the City have mental health as the primary health condition, however mental health problems will also co-exist with the primary claiming condition in other claimants.

Being out of work is associated with a 20% higher rate of preventable deaths in the out of work population –

- 1 in 7 men is diagnosed with clinical depression within six months of losing their job and unemployed young men are 25 times more likely to attempt suicide than unemployed young men9
- The employment rate for working age people with a mental health condition is only 37%
- It is estimated that for those with mental health conditions, reduced productivity accounts for one and a half times as much working time lost as sickness absence.10

Fit for Work (North Manchester out of work pilot)

9 Mental Health and Work, Royal College of Psychiatrists (2013)
10 Mental Health at Work: Developing the business case (2007), Policy Paper 8, London: The Sainsbury Centre for Mental health

Programme commenced delivery in the North Manchester CCG area in November 2013. This is designed to test whether improved employment outcomes can be achieved through a health-focussed pathway. The service relies on GP engagement via referral of out of work patients with health conditions to condition management and work progression services. Nine practices are participating in the pilot.

An interim evaluation was completed in July 2014. Of the 125 patients referred 68% fully engaged with the service. Of these, 51% had mental health issues and 25% had musculo-skeletal problems as their primary condition. 60% were over 40 years of age, 49% had no qualifications, and 20% had been unemployed for over 5 years.

The support delivered included motivational interviewing/behaviour change, health condition management and self-care, support to access mental heath services, work clubs and training courses. By July 2014, 8 patients had moved into employment, and others reported significant improvement in feeling positive about returning to work, anxiety/depression scores, pain/discomfort and self-care. Uptake of voluntary work and engagement in social groups also improved. Consultations with GPs reduced by one third. A final evaluation will be completed in June 2015.

Fit for Work' (In work) service

This service has been commissioned to deliver a service through GP referrals to prevent people who are in work but off sick from falling out of employment following on from a GM pilot from which a strong evidence base was developed. The service is currently exceeding targets with strong engagement from GP practices across the city – 77 practices have referred in patients. 57% of the referrals are for patients who are off sick with a mental health condition. The programme includes access to CBT and counselling as part of the support offered.

Local Development of CQUIN

The development of a GM Mental Health & Employment CQUIN has been led by Manchester Mental Health and Social Care Trust. Locally we are co-designing how the Council and partners will work with the Trust to ensure that monitoring of employment status is effective, staff are trained on work as a health outcome and an integrated local offer is in place for the referral pathway.

Routine monitoring of employment status in primary care: A GP health and employment clinical sub group has been formed to ensure clinical participation in the design of routine monitoring of work status and design of referral pathways for those aged 16-65 who are out of work or at risk of becoming so. The Health and Wellbeing Board has approved the routine monitoring proposal and it is going to CCG Executive Teams for approval and implementation.

Mental health in the workplace

Health and Wellbeing Board representatives have agreed to prioritise mental health as a priority for Board members to take forward in their organisations and through their supply chains as part of their leadership role. They are also looking to expand

opportunities for work experience placements for people with mental health issues. Further work will be progressed in 2015

Greater Manchester Mental Health & Employment Pilot

The Greater Manchester Growth Deal was published in July and included the announcement of a mental health and employment trailblazer pilot. The pilot will test mechanisms to boost employment and clinical outcomes for people with mental health conditions. This is one of four pilots nationally building on the first phase of the Department for Work and Pensions and Department of Health's scoping trials. Manchester has been allocated a £2.6 million grant, with expected ESF and local match of £2.6m bringing the investment to £5.2m total. The bid contains two core components

- A referral route from Jobcentre Plus for people identified as needing increased support
- A GP referral route, building on the findings of the Manchester Fit for Work pilots.

The pilot will be delivered to GM Working Well-type model. Progression of this pilot will be in alignment with wider devolution developments and reforms. The cohort for this programme will form part of the expanded 50,000 individuals identified in the devolution agreement.

Greater Manchester Working Well

Working Well was designed by the GM Combined Authority with the DWP and is being delivered in Manchester by Big Life. This service supports ESA Work Related Activity Group claimants who have spent two years on the DWP's Work Programme without a job outcome.

Manchester residents on the programme have identified mental health as the most severe barrier to employment in 72% of the Manchester cases.

There are some good examples of collaboration to meet the health needs of the cohort between Big Life and public service partners. The Mental Health Trust has, for example, agreed a case management protocol with Big Life for North Manchester which involves a lead worker triaging and managing any Working Well clients, prior to a full mental health assessment taking place where there are currently waiting lists for services.

Priority 8: Enabling older people to keep well and live independently

The terms loneliness and social isolation are often used interchangeably. While there are clear links between the two it is useful to treat them as distinctive – it is possible for people to be isolated but not lonely or vice-versa. In the most recent general household survey 7% of people over 65 described themselves as being often or always lonely. Applying this rate to the Manchester over 65 population there is likely to be around 3,429 over 65s who are very lonely. However research has shown that loneliness rates tend to be even higher amongst older people living in socially

disadvantaged urban communities and may be up to 16% 11 Poor mental wellbeing reduces confidence and self esteem making loneliness and social isolation more likely.

Depression and poor mental health and wellbeing are closely linked. Depression and anxiety is more prevalent in people with dementia and it is unclear whether depression is a cause or effect of dementia or both.12 There is evidence that some of the more distressing symptoms of dementia such as aggression are made worse by depression. Low mental wellbeing, depression and physical illness are often also seen in those caring for people with dementia impacting on their quality of life.

Falls are a major cause of injury, disability and the leading cause of mortality resulting from injury for people aged 75 and over. They are often a turning point in an individual's life, reducing their independence and mobility and leading them to rely on others for support. The consequences of having one or more falls can be far reaching in terms of the physical and mental health of older people. For some, their quality of life will be severely and permanently affected after falling. Low mental wellbeing can reduce the likelihood of people taking part in physical and social activities thus making falls more likely. Remaining physically healthy will mean that people will not become frail, or if they do it will happen later in life.

Case study: Age-friendly Manchester Cultural Programme

Culture Champions

Established in 2011 to support the aims of the Age-friendly Manchester Cultural Offer Working Group, there are now 140 Culture Champions across all 32 Manchester wards. They connect older people from disadvantaged wards to the world class creative and cultural opportunities in the city; share their insights, experiences and knowledge of the cultural programmes in Manchester with their friends, networks and local community and support visits to the organisations involved in the project, or make links with the cultural organisations 'mobile.' cultural offer. Directly working with a diverse range of community groups, Culture Champions are a rich community resource.

11 Scharf et al 2002
12 Rodda J et al (2011). Depression in older adults. BMJ, 343