

# Manchester Mental Wellbeing A Framework for Action

## 2024-2029

*Draft*

Version	Date	Changes (who by)
V0.1	02/05/2024	N/a
V0.2	08/05/2024	Additional section at beginning summarising themes/action areas
V0.3	9/05/2024	CO amends to structure and title
V0.4	10/05/2024	Info re GM mental health and wellbeing strategy (LF)
V0.5 (this version)	16/05/2024	Amends to action areas to reflect feedback to date from strategic stakeholders (LF)

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## Foreword

To complete

### 1. Introduction

#### 1.1 Why do we need a strategic framework?

Mental ill-health is now the commonest single cause of disability adjusted life years lost in the Western world (23%, compared to 16% each for cardiovascular disease and cancer). It affects one in five working age adults at any one point in time and over a third of adults during a year. Mental health problems are responsible for more sickness absence than any other illness and represent the largest single cost to the NHS (11% of all current spending). Mental illness costs England approximately £105 billion each year once its impact on work, crime and violence has been considered.

Mental, emotional, or psychological problems, many of which fall short of diagnosable mental illness, together account for more disability than all physical health problems put together. Mental illness is under-diagnosed and under-treated - a minority of people with clinically recognisable mental illness in the UK receive treatment – and treatment for mental illness is only partially effective. It has been estimated that if all those with mental illness were given the best available treatment, the total burden of mental illness would reduce by only 28%.

Protection against mental illness by reducing risk factors and increasing protective factors is therefore of paramount importance. Prevention is possible – we know what causes mental ill-health, so we know what needs to be addressed. There are opportunities to reduce risk and build protective factors at every stage of the life-course, so prevention needs to start early, and works best when agreed as a system goal, underpinned by a social justice approach to tackling the wider determinants or poor mental health and health inequalities. Language is important too – so that we can understand mental health as a universal human experience, reduce stigma, understand what mental health means for diverse groups, and feel respected when we ask for help.

Mental and physical health are closely intertwined, so we need to better integrate our approaches to these. Mental and physical ill-health have the same root causes – a small proportion of these are genetic and biological, but most arise from our environment, the social and economic conditions we live in, and the things that happen to us and how we react to them. Good mental health and wellbeing provides a foundation for our general health (physical and social) and enables us to achieve our potential and have a good quality of life. This benefits us as individuals, our families and friends, and the communities and society around us.

Many of the foundations and enablers are already in place – a substantial and ever-growing evidence base for reducing health inequalities and poor health by addressing social determinants and building community power and connections, services and staff that are committed to supporting people of all ages when they need help and care, communities

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that are actively working together to innovate and create, and networks for people of all backgrounds to connect, collaborate, and share experiences.

We also know there is more we can do. This is Manchester's first system-wide strategic framework for improving mental health and wellbeing and preventing mental ill-health. It has been developed in partnership, considering the views of different services, communities, and groups; and the same approach will be taken in delivering our plans over the coming years. It has been developed to bring focus to the promotion of good mental health and wellbeing and prevention of mental ill-health, and to give a framework for system-wide activities to achieve this and to reduce inequalities.

The benefits of this approach are broad, deep reaching, and societal. They include children who learn easily and can fulfil their full potential as members of society, people who live in a way that supports their own and others' health, employees who are creative, adaptable, resilient, and productive, people who age well, and communities and services that provide compassionate support for people when they are vulnerable.

## 1.2 What does this strategic framework do?

To improve mental health and wellbeing for Manchester residents of all ages, a wide range of actions are needed across our systems, partnerships, and services, from addressing the social determinants of health and wellbeing and health inequalities, to the ways we work together to achieve change.

This document begins by setting out the context and scope for our work, and describing the factors that impact on mental health and wellbeing and the experiences of Manchester residents of all ages. It outlines our vision – to improve mental health and wellbeing for our residents, to prevent mental ill-health, and to reduce inequalities in mental health and wellbeing – and the principles that will guide delivery of this plan.

The four themes that will frame delivery are then set out including the action areas for each of them that will help us achieve the vision and the aims of the plan.

### Theme 1 – Create

Improving the social determinants of health and wellbeing and creating the conditions for good mental health and wellbeing to thrive – addressing poverty, housing, employment, education and family support, environment, transport, discrimination, community power.

### Theme 2 - Protect

Targeted activity to mitigate and reduce the adverse impact of social circumstances on some groups and communities – people impacted by inequity, people experiencing poverty, people experiencing homelessness, the circumstances children and young people grow up in, healthy schools and workplaces, enabling people to develop skills and access good quality work, and suicide prevention.

### Theme 3 – Support

Universal and targeted activities to give people the type and level of support they need to live healthily and maintain good mental health and wellbeing – information, self-help resources, community and peer support, social prescribing, health coaching, behaviour change support and treatment for addictions, mental health and crisis support, co-ordinated support for people with complex and multiple needs (mental ill-health, addictions, homelessness).

#### Theme 4 – Strengthen

System-wide collaborative activities to shape how we work together across organisations, services, and communities to improve mental health and wellbeing and reduce inequalities – governance and accountability for the framework and its actions, collaborative working, engagement and co-production with communities, advocacy for prevention, workforce skills and wellbeing, knowledge and intelligence, monitoring and evaluation.

### 1.3 What is mental health?

We all have mental health, but not all of us live with good mental health all the time. And we may interpret and describe our experiences of mental health in different ways. Our mental health is not fixed – depending on our circumstances and personal resources, we can experience different states of mental health at different times, ranging from good to poor.



*Figure: The mental health continuum.*

When we have good mental health, we can achieve the things that we want to, cope with the normal pressures of life, and play a full part in our families, social networks, workplaces, and communities. But sometimes we can feel like we are struggling, rather than thriving and reaching our full potential. The ‘normal pressures’ of life can sometimes become too much to cope with. Stress, low mood, lack of sleep, difficulty concentrating, and challenging emotions, are common feelings for many of us. Every week, one in six of us experiences anxiety or depression – this might be ourselves, a family member or friend, a colleague, a neighbour, or someone else we meet when going about our day. Some of us can find these feelings difficult to manage, and we may find ways of numbing or controlling them, or outlets that cause us other problems.

Traditionally, models and theories of mental health focused on a ‘biomedical’ model, where poor mental health was explained as being a result of things happening inside our bodies and brains – faulty genes, chemical imbalances, or other problems with the way our brains develop and function. Whilst our biology can shape the way we respond to things that happen to us, and in some cases our genes may carry an increased risk of mental health problems, we now know that these things are much less influential than the wide range of social, environmental, and behavioural factors that shape our mental health and wellbeing.

The simplified diagram below, used for illustrative purposes, indicates that health and care services alone are not the solution to preventing ill-health and reducing health inequalities. This is often referred to as a ‘biopsychosocial’ model, which is the approach that underpins this strategic plan, and informs its content and priorities.

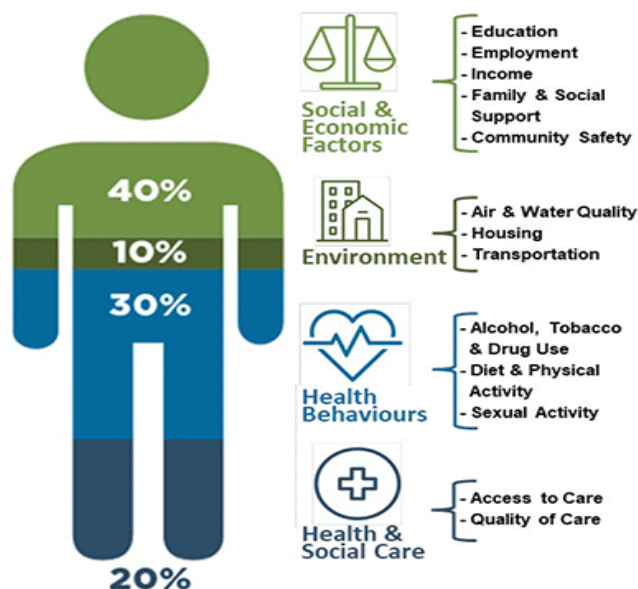


Figure 1: Modifiable determinants of health (from Scottish Government).

It is also important to remember that depending on age, gender, ethnicity, and other factors, diverse groups in the population will also experience, interpret, and describe mental health and wellbeing in different ways. Whilst good progress has been made in reducing the overall stigma around mental health and wellbeing, there is still more that we can do to understand and respond to the experiences and needs of diverse groups within our population.

#### 1.4 What is mental wellbeing?

The World Health Organisation describes health as “a state of complete physical, mental and social wellbeing, and not merely the absence of disease and infirmity.” In its broadest sense, wellbeing is about feeling good and functioning well – physically, mentally, and socially – and these three states are inextricably linked.

We often use the term ‘mental wellbeing’ in this document, when we want to be clear that we are talking specifically about our mental health, rather than our physical health. We also use it when we want to be clear that we are talking about good mental health, rather than mental ill-health. In these contexts, ‘mental wellbeing’ means a state of positive or good mental health – feeling happy, satisfied, in control, connected, and so on. Occasionally, we also use the term ‘emotional wellbeing,’ also to reflect a state of positive or good mental health.

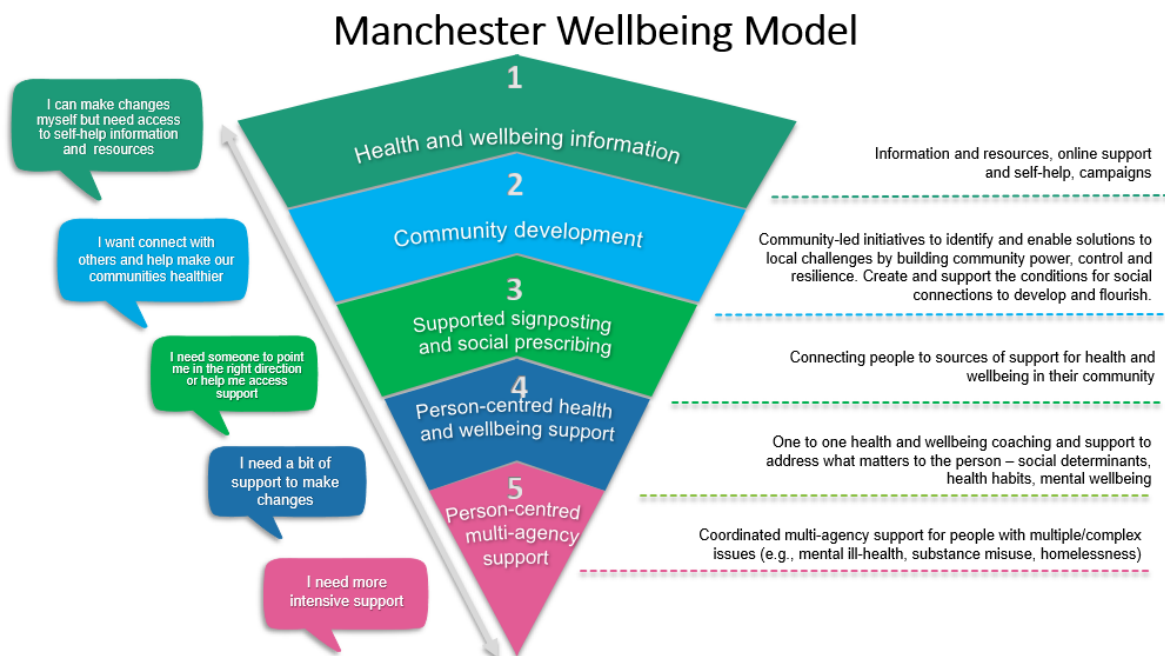
We also use the term ‘wellbeing’ in the context of people with mental health conditions. We know that the physical health and social circumstances of people with mental health conditions are often worse than in the general population, but this is not inevitable. With the right care and support people can live well with mental health conditions, so it is

important that we acknowledge and address these issues too. This is often referred to as a 'dual continuum' model, where the relationship of these two factors is considered.



Figure 2: Dual continuum model of health and wellbeing.

Manchester Wellbeing Model recognises that people need different levels of support for wellbeing, based on their circumstances (proportionate universalism). Some people can make changes themselves using available information, others may be able to do this with support from peers and their community, whilst people in more challenging circumstances may benefit from additional support to achieve their health and wellbeing goals, and people with multiple issues need co-ordinated specialist support (that addresses both presenting conditions and general wellbeing).



## 1.5 What supports good mental health and wellbeing?

### Evidence

The evidence base to support our understanding of how mental health and wellbeing affect our population and communities, and the effective actions that we can take to address these issues, is still in relatively early stages of development. This reflects a prevailing focus on treating mental ill-health, as opposed to promoting good mental health and preventing mental ill-health. Nevertheless, growing attention to ‘public mental health’ over recent years has begun to increase awareness and understanding of the causes of poor mental health, and the approaches we can use to address these. And the substantial evidence base for reducing health inequalities by addressing the wider determinants of health and wellbeing, applies as much here as it does to efforts to improve physical health.

Current key sources of evidence on preventing mental ill-health and promoting good mental health identify several common themes that will have the biggest impact on preventing mental health problems and promoting good mental health and wellbeing for people of all ages.

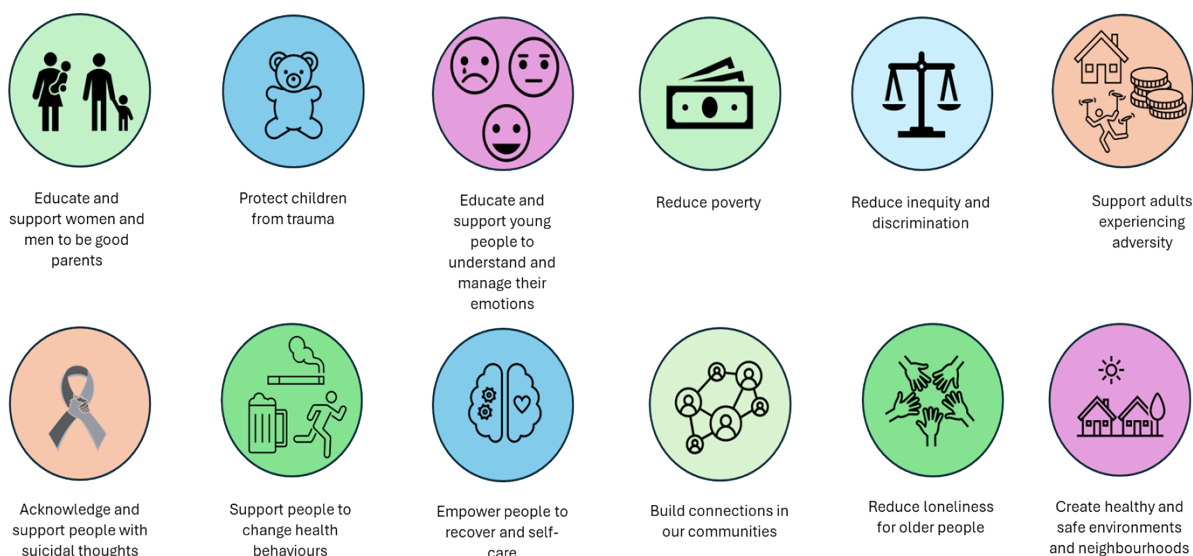


Figure 3: Adapted from *Prevention and Mental Health*, Mental Health Foundation

The current evidence base for the things that can support individuals to improve their wellbeing is still developing. The ‘5 Ways to Wellbeing’ framework is commonly used, and there is good evidence to support the individual components of this framework. This gives us a useful way of thinking about the actions we can take to support our residents and communities, although for many people it may be important to address basic needs first.



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Figure 4: Five Ways to Wellbeing, adapted from [www.nhs.uk](http://www.nhs.uk).

## 2. Mental health and wellbeing in Manchester

### 2.1 Social and personal circumstances

Our mental health and wellbeing are shaped by a range of complex and interconnected factors – the social circumstances that we find ourselves in, and the individual experiences we have through our lives. Some of the key factors, and how they can affect our residents and communities, are summarised here.

#### Social circumstances

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The circumstances in which we are born, grow, live, work and age have a profound impact on our mental health and wellbeing. We don't choose these circumstances, but they influence how likely we are to experience discrimination and adversity, our opportunities for doing the things that keep us healthy and well, and how easy it is to build the lives that we want to live.

- **Inequalities** in mental and physical health are caused by the uneven distribution of wealth and power in our society. These are compounded by differences in **access to health and care services** (the 'inverse care law').
- Living in **poverty** reduces agency and increases the risk of poor mental health and wellbeing, in particular stress, anxiety, and depression. Suicide rates are higher in more deprived areas.
- **Racism and other forms of discrimination** can have profound impacts on mental and emotional health and wellbeing – including shame, anxiety, depression, anger, trauma, and exhaustion.
- **Neighbourhoods and place** impact on mental health and wellbeing – how safe people feel, access to green space and leisure opportunities, transport, air quality. Prevalence of poor mental health corresponds with deprivation.
- Living in secure, affordable, warm, and safe **housing** is fundamental to mental health and wellbeing. Poor quality housing (cold, damp, noisy, overcrowded) can result in stigma, stress, anxiety, and depression for people of all ages.
- Being in **good work** is usually protective of health while poor quality work, stressful jobs, and unemployment, particularly long-term unemployment, contribute significantly to poor health and low wellbeing and increase the risk of mortality.
- **Schools and colleges** have a key role in promoting good mental health and wellbeing for pupils and students. This supports social and emotional development, and achievement of learning goals.
- Living in cohesive, resilient, safe, and supportive **communities** supports good mental health and wellbeing in people of all ages.
- Having **control and agency** over one's situation are important for mental health and wellbeing – including secure and good quality housing and work, and the ability to improve one's circumstances

### Key facts

- Manchester is the sixth-most deprived local authority area in England, and within the city there are big differences between the most and least deprived neighbourhoods in life expectancy, quality of life, and prevalence of preventable health conditions.
- Over 40% of children under-16 in Manchester are living in poverty (an estimated 46,700 children in 2020)
- Increasing numbers of people who have jobs are still facing poverty due to low pay – over one third of Universal Credit claimants are in work but eligible for benefits, and nearly one quarter of employees living in Manchester were paid less than the Living Wage in 2020.
- Homelessness in Manchester has been increasing over recent years, 4620 people presented as homeless in the last 3 months of 2022/23 (in 2018/19 this figure was around 1,500). The main reasons for loss of settled accommodation are family and relationship breakdown, eviction from private rented sector housing, and domestic abuse.
- Key groups of residents in unemployment include young people, graduates, older workers, and ethnic minority groups.

### Personal circumstances

The foundations for our mental health and wellbeing are laid in infancy and childhood and are powerful predictors of mental health and wellbeing in adulthood. Our experiences during that period influence our resilience, how safe we feel, how we deal with adversity and change, and our interactions with others. Our childhood experiences can affect how we parent our own children.

- **Positive and secure attachment** results in positive emotional and social development, and influences self-worth, ability to cope, and levels of stress.
- Supportive, sensitive, and responsive **parenting, and family systems**, enable secure attachment and support children to feel safe and trust others. Inconsistent or unresponsive parenting can increase stress hormones and disrupt brain and nervous system development.
- **Adverse childhood experiences** arise from abusive or neglectful parenting, parental substance misuse and mental illness, and in some cases divorce and bereavement. Unaddressed, these can have a cumulative effect over years, creating a cycle of risk and distress.
- **Transitions** at different points of childhood, adolescence and early adulthood can bring upheaval and uncertainty and increase vulnerability, which may result in stress, anxiety, depression, and sometimes more serious mental health problems.
- Poverty and associated poor mental health and wellbeing can reduce the 'mental bandwidth' for **healthy behaviours**, and unhealthy behaviours can serve as coping mechanisms for stressful lives. Environmental triggers for unhealthy behaviours are more common in deprived neighbourhoods.

- Adulthood is generally a time of more stability, but can also bring pressure from **relationships, caring responsibilities, parenting, and work**. Relationship breakdown, work-related stress, traumatic events, and health problems can all impact on mental health and wellbeing.
- In older adulthood, **isolation and ill-health** can bring challenges for maintaining good mental health and wellbeing.

### *Key facts*

- Children from the poorest 20% of households are four times more likely to have serious mental health difficulties by the age of 11 than those from the wealthiest 20% (national data)
- Approximately 50% of five- to seventeen-year-olds in local authority care have at least one mental health problem, rising to 60% for those in residential care (national data).
- One in five children and young people aged 8-25 had a probable mental health disorder in 2023 (national data)
- Depression is responsible for 12% of the global burden of non-fatal disease and is estimated to be the world's second most disabling disease after cardiovascular disease (2020). It is responsible for 109 million lost working days per year in England at a cost of £9billion.
- It is estimated that one in five people in Manchester over the age of 16, and one in seven people over the age of 65, will experience poor mental health, higher than the averages for England.
- An estimated 60% of adults in Manchester have multiple unhealthy behaviours (smoking, excess alcohol, physical inactivity, excess weight)
- People in the northwest of England report lower life satisfaction and levels of happiness, and higher levels of anxiety, than the national average (national data)

## 2.2 How do people in Manchester experience mental health and wellbeing?

Our individual experiences of mental health and wellbeing are unique, and we each have different ways of understanding and describing how we feel and how these things impact on our lives. Because the range of things that influence our mental health and wellbeing is so diverse, information about the lived experiences of residents and communities is available from lots of sources. As well as drawing on this existing information, we held a series of 'listening events,' and conversations with groups representing different communities, to help us develop this strategic plan.

Engagement with residents for the Manchester Anti-Poverty Strategy (2022) has described the impact of poverty in stark terms.

- Worrying about money and how to meet basic needs causes stress, anxiety, and depression.
- Not being able to afford a healthy diet or access to exercise and other activities leads to poor physical and mental health and wellbeing.

- Not being able to afford a warm, dry home and to keep clean makes people feel stigmatised and disempowered.
- Poverty makes people lack hope in the future and feel like there is no way to change their life or make progress.

Engagement with children and young people through Manchester's preparation to become a UNICEF Child Friendly City (2023) has told us how important good mental health and wellbeing is to them, and some of the things that affect this.

- Not always feeling safe in our neighbourhoods or welcome in public spaces
- Needing more information and support around mental and emotional health and wellbeing
- Not being able to access opportunities in neighbourhoods and across the city because of transport issues.

Engagement with parents, families, staff, and volunteers for the Start Well Strategy (2021) has given us insight into their challenges, many of which were compounded by the Covid-19 pandemic.

- Adapting to parenthood impacts on mental health and wellbeing – feeling isolated, changes in relationships.
- Parks, playgrounds, and open spaces are very important for parents and their children.
- There can be barriers to accessing support – language, unaddressed poor mental health, and knowing what support is available.
- Mental health in parents and families seems worse since the pandemic, with increased isolation.

Our listening events and conversations with community representatives and the groups and services that support Manchester residents have given us valuable insight into people's experiences of mental health and wellbeing. There were common themes for many participants.

- Isolation, lack of accessible public spaces to connect, and unwelcoming services.
- Uncertainty, lack of hope, not feeling in control of things, always feeling worried.
- Unequal access to good conditions – good quality housing and work, enough money, safe places, supportive services, other things that support good health.
- Stigma, language and communication barriers, lack of voice and issues with services (access and cultural competence) for people from racialised and deprived communities.
- Differences in the mental health and wellbeing needs and experiences of specific population groups – children and young people, older people, women, men – which may intersect with other issues.

- Lack of support for mental health and wellbeing needs of people with disabilities and physical health conditions, and the wellbeing needs of people with mental health conditions.

Our conversations have told us that there are particular groups who experience inequalities in relation to mental health and wellbeing, and this strategic plan will focus on addressing those issues and ensuring that actions are tailored to meet the needs of these groups and other people impacted by inequalities:

People with learning difficulties, physical disabilities, and neurodivergent people

People with long term health conditions

Lesbian, Gay, Bisexual, Trans and Queer (LGBTQ) people

Racially minoritised communities

Young people

People who have experienced trauma (including refugees and asylum seekers)

Older people

## 3. A Framework for Action

### 3.1 Vision

The purpose of this framework is to give us a strengthened focus on the fundamental importance of mental health and wellbeing in every aspect of our work – the things that we are already doing, and the things that we need to do more of.

In our conversations to develop this framework, two words have come up repeatedly, in various contexts: **connection** and **equity**. We will hold these as core principles: how we connect with each other, how we listen and respond to what is important for all our residents and communities, and how our communities are empowered to collaborate as equal partners. Other principles that will guide the development and delivery of our plan are also listed below.

**Our vision is to improve mental health and wellbeing for our residents, to prevent mental ill-health, and to reduce inequalities in mental health and wellbeing**

### 3.2 Principles

This strategic plan is underpinned by a set of principles which will guide the way that we work together to deliver the strategy and its action plans. These reflect the principles of the Our Manchester Strategy and the Making Manchester Fairer Plan.

**Focus on inequity:** we treat people fairly, focusing on what we need to do to address inequities in mental health and wellbeing, and tailoring our approaches to reflect the needs of Manchester's residents and communities.

**Connection and compassion:** we value our differences and recognise that individuals and communities have a range of strengths and needs. We listen to and understand lived experience, and we embed person- and community-centred approaches in all that we do.

**Proportionate universalism:** mental health and wellbeing affects everyone, so the action we take will be universal, but the scale and intensity will increase to address vulnerable and higher-risk groups.

**Life-course approach:** the foundations for good mental health and wellbeing are laid in early childhood, and we experience mental health and wellbeing differently throughout our lives, so this strategic plan is for all ages.

**Collaboration and creativity:** we work together openly and honestly, with a willingness to adopt a genuine whole-system approach, to try new things, and to reflect and learn.

### 3.3 Our themes and actions

Preventing mental health problems and promoting good mental health and wellbeing for our population will require a concerted effort across a range of domains, from collective approaches addressing the social and environmental risk factors, through empowering communities to develop their strengths, to supporting individuals who need help to put in place the things that will keep them healthy and well. Many of these activities are already

underway across different parts of our system and are reflected in the strategies, plans and workstreams of different organisations, departments, and services.

We have organised this wide range of action areas into four themes, representing the stages of prevention that are needed to achieve the overall vision and aims of this strategic plan. For each theme, we have identified a range of action areas and goals, some of which are underway and others of which will be developed through the delivery plan that will be agreed with partners to steer the implementation of this strategic plan.

‘Prevention’ can mean different things to different people, and often depends on the context in which people are using the term. In a public health context, it is commonly used to describe the ‘upstream’ causes of poor health and wellbeing (social and environmental conditions, and health behaviours). In a healthcare context, it can refer to the addictions and health behaviours that increase risk of developing preventable health conditions (e.g. cancers, cardiovascular disease), and to early detection and interventions for those health conditions.

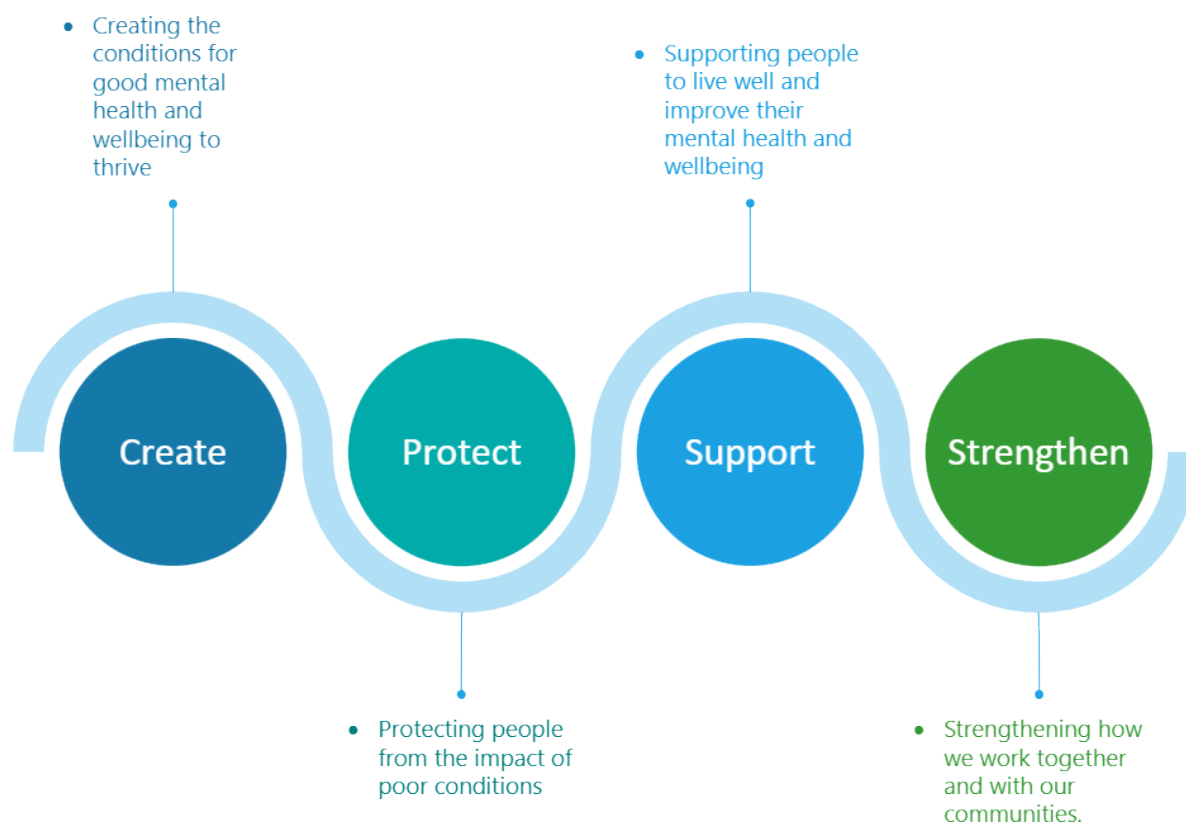


Figure 5: The prevention journey

## Theme 1: Create

We know that most of the risk factors for poor mental health and wellbeing come from the conditions in which people are born, grow, live, work, and grow older. Creating the conditions for good physical and mental health and wellbeing to thrive, and addressing the structural inequalities that mean that some groups and communities that have fewer



opportunities to experience good health, will reduce inequalities and benefit all our residents.

This theme focuses on system-wide actions that will be delivered through the Making Manchester Fairer programme and associated strategies, plans and workstreams. Through the mental wellbeing framework delivery plan, we will identify and work collaboratively on areas where these actions can be strengthened to increase their impact on mental health and wellbeing.

1. **Poverty and debt:** Ensure inclusive and effective delivery of the Anti-Poverty Strategy, identify groups at increased risk of poverty and provide targeted support, increase the number of employers paying a real living wage, encourage public sector bodies to address and mitigate poverty (avoid action that will push residents into debt, use social value to create opportunities for residents living in poverty), and increase access to advice services.
2. **Housing and homelessness:** Build new homes (including affordable homes), improve standards in private rented housing, increase the proportion of affordable and rented homes that are low or zero-carbon, target energy efficiency and renewable energy schemes to low income and vulnerable households, and deliver the Homelessness Transformation Programme.
3. **Employment and good jobs:** Champion social value and implement a citywide social value framework, improve workforce skills in partnership with local employers, work towards becoming a Living Wage City and promote the Good Employment Charter, work with employers to increase opportunities for older people and people with disabilities and health conditions, promote employment of local residents by ‘anchor institutions.’
4. **Education and family support:** Develop Family Hubs to offer early help and support, improve school attendance and inclusion, strengthen Early Years offer to address inequalities in access, and strengthen services for children and young people with Special Educational Needs and Disability and raise awareness of neurodiversity.
5. **Environment and transport:** Increase understanding of benefits of green space and barriers to accessing it for different groups, promote and improve public transport and active travel, reduce the impact of environmental conditions on the physical and mental health of at-risk groups.
6. **Systemic and structural racism and discrimination:** Increase awareness and understanding of the impact of racism and other forms of discrimination on physical and mental health and wellbeing and health inequalities and empower leadership in community representatives.
7. **Community power and social connections:** Increase understanding of the strengths and needs of communities and neighbourhoods, improve engagement and work with voluntary and community sector groups to ensure less-heard voices are listened to and acted upon, build and integrated community development work into the neighbourhood approach to support improved physical and mental health outcomes for communities experiencing the greatest inequalities.

## Case study – Making Manchester Fairer

Making Manchester Fairer is the city's flagship programme for reducing health inequalities. Health inequalities are the avoidable gaps between the healthiest and least healthy people and communities in our city. So many Mancunians fared worse during the Covid-19 pandemic because of existing inequalities. The pandemic also exposed the added barriers to good health that some communities face because of prejudice and discrimination.

The Making Manchester Framework identifies the eight areas where we need to take collective action to reduce health inequalities: best start in life, poverty and debt, unemployment and good jobs, preventing ill-health and early deaths, improving housing, improving our environment, fighting discrimination and racism, and strengthening community power and connections.

Delivery of the programme is overseen by a Partnership Board, supported by a Task Force, and includes thematic action plans, and cross-cutting workstreams including community and resident involvement, workforce development, and monitoring and evaluation. A small number of 'kick starter' projects have been established to test new approaches to delivering some priorities.

### Theme 2: Protect

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We know that some groups in our population are more likely to experience poor mental health and wellbeing because of their circumstances. Children's emotional health and wellbeing is a powerful predictor of adult life satisfaction and resilience, and most mental health problems have their foundations in childhood (it is estimated that three quarters of mental health problems are present by the age of 24). This in turn can impact on the opportunities adults have in their lives, and how they deal with difficult circumstances.

This theme focuses on system-wide actions that will be delivered through a range of strategies, plans and workstreams for people of all ages. It includes two areas of focus: the actions that are needed to promote the conditions for good mental health and wellbeing in children, young people, and families; and the actions that are needed to mitigate and reduce the impact of poor conditions and adverse circumstances for adults of all ages.

#### Children, young people, and families

- 1. Child poverty:** Deliver the Anti-Poverty Strategy and action plan to give every child the best start in life by ensuring the basic needs for food, shelter and warmth are met for them and their parents or carers.
- 2. Babies, young children, and families:** Enable parents and carers to support positive social and emotional development in their children through delivery of universal and targeted services and programmes (midwifery, health visiting, family hubs, early years), including parenting support and managing their own mental health and wellbeing.
- 3. Schools, colleges, and other education settings:** Enable children to be resilient and mentally healthy through educational settings that promote a positive ethos and

staff wellbeing, address bullying, support pupils' emotional and social development, and identify and support vulnerable children.

4. **Older children and teenagers:** Support young people to manage their social, emotional, and mental health and wellbeing as they make transitions and move towards independence, through schools and other educational settings, youth services, and community support (including access to cultural, creative and leisure activities that support mental health and wellbeing).
5. **Adverse childhood experiences:** Protect children and young people from adverse childhood experiences, identify risks and provide access to appropriate early help and support for children, young people, and their families. Raise awareness of the impact of adverse childhood experiences.

#### Adults and older adults

6. **Poverty:** Mitigate the adverse impact of poverty on adults of all ages and their families, by delivering Anti-Poverty Strategy actions to help residents on low incomes to manage finances, reduce debt, and maximise their household income, including improving access to advice services.
7. **Employment:** Improve access to education and skills in priority groups, connect working-age residents to better-paid and more secure employment, and support people with physical and mental health conditions to access and maintain employment.
8. **Workplaces:** Encourage workplaces to have a positive impact on mental health and wellbeing through evidence-based approaches to creating 'good work' and healthy workplaces for adults of all ages
9. **Housing and homelessness:** Mitigate the adverse impact of homelessness and insecure housing on adults of all ages and their families, by delivering the Manchester Homelessness and Rough Sleeping Strategy and joint working with Manchester Housing Provider Partnership and Greater Manchester Combined Authority

#### All ages

10. **Equity:** Understand the risk factors and needs for different population groups, and how the circumstances and experiences of different groups impact on mental health and wellbeing and reflect these in our delivery and action plans.
11. **Suicide prevention:** Deliver the Manchester suicide prevention action plan.

#### Case study – Young People's Mental Health and Wellbeing Kickstarter

The Making Manchester Fairer Young People's Kickstarter is a 12-month project in which 42nd Street provides preventative mental wellbeing support to young people aged 13-25 who are waiting to access non-medical support for mental ill-health.

The support is targeted to reduce inequalities in mental health and wellbeing, by identifying young people most at risk of long-term poor outcomes, such as those who from racially minoritised communities, those who identify as LGBTQ+, those most impacted by poverty, and care experienced young people.

The support, tailored to each individual's particular needs and circumstances, can include individual counselling (in-person or virtual), psychosocial support, online support via 42<sup>nd</sup> Street's own platform, short-term preventative interventions, and group work. The flexibility of the offer enables each young person the agency to engage with the type of support they find most accessible.

### Theme 3: Support

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Depending on the circumstances they have grown up in, and the experiences that have accumulated through their lives, different people will need different types and levels of support to develop and maintain their mental and emotional health and wellbeing and resilience.

This theme covers strength-based and person-centred approaches to supporting young people and adults with their mental health and wellbeing. Evidence tells us that interventions which focus on the positive have added value over those which focus on finding or preventing the negative. Good mental health and wellbeing provide the foundations for people to lead healthy lives, make changes to health behaviours, care for others, and enjoy good quality of life.

Manchester's Wellbeing Model provides a framework for many of the actions in this theme.

- 1. Communications and self-help information (general):** Raise awareness of evidence-based information and resources that are available for people of different ages and ensure that these are accessible through appropriate channels and reflect the specific needs of Manchester's communities.
- 2. Self-help information (targeted):** Enable specific settings to access and develop evidence-based information and resources suitable for target population groups e.g., primary schools, secondary schools, healthcare settings, and ensure that these reflect the specific needs of Manchester's communities.
- 3. Communities and neighbourhoods:** Support community-led initiatives to identify and enable solutions to promoting good mental health and wellbeing, so that people of all ages can access a range of local activities (play, creativity, nature, physical activities, culture, leisure etc.).
- 4. Information for community groups and organisations:** Enable groups offering community-led activities, and organisations working with people in communities, to access information about mental health and wellbeing and what support is available to people who need it.
- 5. Social prescribing, wellbeing, health coaching and behaviour change support:** Provide targeted person-centred support for young people and adults of all ages who are at greater risk of poor mental health and wellbeing and who need support to address social determinants, connect with community support, and change health behaviours.
- 6. Mental health support:** Provide easy access to support for mental health problems for children, young people, and adults of all ages, through school- and community-based mental health early support services (e.g. mThrive and Living Well) and ensure

that these meets the specific needs of Manchester's communities and are accessible to different population groups.

7. **Crisis support:** Provide timely and accessible person-centred mental health support for people who are experiencing crisis (including suicide risk)
8. **People with mental health conditions:** Address the physical health, wellbeing, social, and community context of people of all ages receiving mental health treatment within treatment and support provision, to support early and sustainable recovery and reintegration.
9. **Coordinated support for people with multiple needs:** Enable services to work together in an integrated and collaborative way to provide co-ordinated care for people with multiple or complex needs e.g. mental health conditions and addictions.

#### Additional actions

10. **Equitable support for mental health and wellbeing:** Identify and address inequities in access to, provision of, and outcomes from support and care services for people with mental health and wellbeing needs from different groups and communities.

#### Case study – Be Well

Be Well is Manchester's social prescribing, health coaching and wellbeing support service, established in 2017 to support people from Manchester's most disadvantaged communities to improve their physical and mental health and wellbeing, connect with ongoing sources of support locally, and get help with housing, money, and work problems.

Be Well health coaches and social prescribers offer people regular one-to-one sessions, based on the things that people tell them they need help with and the goals they want to achieve. Be Well is made up of lots of different organisations, so they can quickly and easily set people up with the most appropriate worker in the team to get people to where they want to be. Be Well workers then help people to stay motivated along their journey, make changes that stick, and learn new ways of staying on the right track.

Most people who go to Be Well report improvements in their physical and mental health and wellbeing and social circumstances because of the support that they receive from the service. The service supports over 9,000 people every year, the majority of whom live in the most deprived areas of Manchester.

#### Theme 4: Strengthen

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For us to truly improve mental health and wellbeing in our population and to make sustained progress in preventing people from becoming unwell, we all have a role to play – across the Council, in healthcare services, and in our communities.

This theme focuses on the ways that we can work together to improve mental health and wellbeing in the population, by strengthening our workforce and communities, working collaboratively across our system, and taking action to address the inequalities that mean our people and communities do not all have the same opportunity to experience good mental health and wellbeing.

1. **Delivering the mental wellbeing framework:** Develop action plans identifying short, medium, and longer-term priorities for delivery across the 4 themes of the framework, and the organisations and workstreams that will deliver these. This will include specific thematic action plans e.g. Manchester Suicide Prevention Plan.
2. **Governance and accountability:** Convene a partnership group to oversee and drive delivery of the mental wellbeing framework and its associated action plans, share information about supporting work areas, and report progress to relevant governance bodies.
3. **Advocacy for prevention:** Make the case for strengthening and investing in system-wide approaches to prevention, and for 'parity of esteem' for mental and physical health and wellbeing
4. **Engagement and coproduction:** Identify and use opportunities to develop and strengthen understanding of mental health and wellbeing needs for specific groups and communities and develop work programmes to address these, including engaging with people with lived experience.
5. **Communities:** Identify and use opportunities for linking with existing and planned community development work and community-led initiatives and promote approaches to improving mental health and wellbeing through these.
6. **Workforce wellbeing:** Support the wellbeing of the public and voluntary and community sector workforce to enable them to deliver compassionate and respectful care to users of their services.
7. **Workforce knowledge and skills:** Understand workforce development needs related to mental health and wellbeing and associated areas of work (e.g. suicide prevention, adverse childhood experiences, trauma-informed practice, person-centred care) for different settings and develop co-ordinated plans to address these.
8. **Collaboration and coordination:** Identify and implement ways for strategies and services to work more effectively together on key themes and priorities, to add value, reduce duplication, and provide effective and good quality interventions across our systems. Align the mental wellbeing framework with current and future Manchester locality and Greater Manchester programmes and workstreams including Public Sector Reform, Community Mental Health Transformation and the Greater Manchester Mental Health and Wellbeing Strategy.
9. **Knowledge and intelligence:** Develop understanding of available evidence and data and use this to support delivery, monitoring, and evaluation of the framework. Identify areas where we need to build our understanding, including understanding and addressing inequalities.
10. **Learning and development:** Ensure that opportunities to review, reflect, evaluate, and develop are built into all elements of delivery, including action plans, 'test and change' projects, and services.

#### Case study – Winning Hearts and Minds Community-Led Initiatives

Winning Hearts and Minds is a trailblazing community-led programme that sets out to improve heart and mental health in North Manchester after data showed some of the poorest heart health outcomes in the country.

The WHM team works to grow community led initiatives to improve the building blocks of health in communities, by building relationships and trust, strengthening community networks, and influencing the wider health and care system, sharing learning about what matters most to local residents.

Over the past five years, the team has connected over 20,000 community members to local groups, organisations and services, supported over 60% of North Manchester schools and colleges, and secured almost £100k of external funding for local initiatives. They regularly bring together partners to collaborate with the community, tapping into a network of over 365 partners.

From intergenerational postcard projects between local schools and care homes, to community heart health awareness events, to a Young People's Music festival in Moston – projects are wide ranging, community led, and constantly evolving into new areas.

#### 4. How will we know we're making a difference?

Measuring impact of prevention strategies can be challenging, particularly when they are tackling entrenched and complex issues that will take time to change. For many of the action areas in this plan, there are already governance and accountability frameworks in place. We already, either within Manchester or on a Greater Manchester footprint, measure many of the indicators that can help us to understand our outcomes and impact.

We will need to spend some time initially setting out how we will oversee delivery of the framework and understanding its impact. This will include:

- Agreeing the governance and accountability arrangements for the strategic framework.
- Developing delivery plans that set out short-, medium- and longer-term priorities, and who is responsible for the actions to achieve these.
- Deciding how we will bring together the different sources of information about outcomes and impact, to help us understand where we are starting from (our baseline), and then track changes over the course of delivering the strategic plan.

**Together, we can achieve a healthier and happier future for Manchester's residents.**



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## Appendix 1 – definitions

### **Public health and public mental health**

This mental wellbeing strategic plan sets out a public health approach to mental health. Public health is “the science and art of preventing disease, prolonging life, and promoting health through the organised efforts of society” (Faculty of Public Health). Public health is about creating the conditions for good health and wellbeing to thrive, protecting and improving the health of our communities, and reducing inequalities in opportunities and outcomes for diverse groups. This means that a wide range of statutory and voluntary services and groups support and contribute to public health work.

Very occasionally, we may use the term ‘public mental health’ to refer to a public health approach to mental health and wellbeing – meaning promoting good mental health and wellbeing, preventing poor mental health and wellbeing and mental health problems, and prolonging the life of people with mental health problems.

### **Mental health problems, poor mental health, and mental health services**

We use the term ‘mental health problems’ and ‘poor mental health’ interchangeably, to cover a range of mental health states and conditions that people may experience, from common mental health problems (e.g., anxiety and depression) to severe mental health problems (less common conditions that affect a smaller number of people – around 1% of the population).

We use the term ‘mental health services’ to refer to the services that are commissioned and provided by the National Health Service (NHS) to treat and care for people of all ages with mental health conditions. These include NHS Talking Therapies services (for adults and older adults with anxiety, depression, and other common mental health problems); community mental health services (for adults and older adults with severe mental health problems); and Child and Adolescent Mental Health Services (CAMHS), including mThrive.

### **Health behaviours and behaviour change**

We use the term ‘health behaviours’ to refer to a group of behaviours that have a close and often complex relationship with mental health and wellbeing – smoking, drinking alcohol or using drugs, activity, eating, and gambling. Some behaviours have a positive effect on our mental health and wellbeing (eating well and being physically active), or their absence can have a negative impact. Others may serve as coping mechanisms for people struggling with their mental health and wellbeing (smoking, alcohol, drugs, gambling, food), but become addictions or disordered behaviours which can worsen mental health and wellbeing.

‘Behaviour change’ refers to interventions and services that support people with single or multiple health behaviours that are having a negative impact on their physical or mental health and wellbeing e.g., support to eat more healthily, be more active, or reduce drinking to recommended guideline levels; or support to treat addictions to nicotine, alcohol, drugs, or gambling.

## **Prevention and early intervention**

The terms 'prevention' and 'early intervention' are increasingly used in a range of different contexts and settings. In the public mental health context of this strategic plan, there are different types of prevention:

- a) Preventing problems before they emerge (sometimes referred to as 'primary,' 'universal,' or occasionally 'upstream' prevention) – things that we do for the whole population, with the aim of creating conditions that benefit everyone's mental health and wellbeing (which will have the most benefit for people at greater risk of poor mental health and wellbeing). The 'Create' section of this strategic plan is an example of this type of prevention.
- b) Preventing problems for people who are exposed to inequalities (sometimes referred to as 'secondary' or 'targeted' prevention) – things that we do for the groups in the population that are at increased risk of poor mental health and wellbeing because of characteristics or circumstances. The 'Protect' section of this plan is an example of this type of prevention.
- c) Preventing further problems for people who are experiencing poor health (sometimes referred to as 'tertiary' or 'indicated' prevention) – things that we do to support people with health conditions (physical or mental) to have a good quality of life (e.g., things that support their physical, mental, and social wellbeing). The 'Support' section of this plan is an example of this type of prevention.

The term 'early intervention' is often used relative to a particular service context – for example early help for children and families with the aim of preventing the need for social care, or early detection and treatment of physical health conditions in healthcare settings. Within this strategic plan, the term 'prevention' is used in preference to 'early intervention.'

## **Resilience**

In psychological terms, resilience is the process and outcome of successfully adapting to difficult or challenging life experiences, especially through mental, emotional, and behavioural flexibility and adjustment to external and internal demands. Several factors contribute to how well people adapt to adversities, including the ways in which they view and engage with the world, the availability and quality of social resources, and their specific coping strategies.

*It is important to recognise that resilience is not about people "getting a grip," "pulling their socks up," "putting on a brave face," or "keeping calm and carrying on" in the face of adversity or mental health and wellbeing challenges.*

## **Person-centred care**

Person-centred care focuses on the needs of the individual – their circumstances, strengths, preferences, needs and values. Health and wellbeing outcomes need to be co-produced by individuals and members of the workforce working in partnership, with evidence suggesting that this provides better patient outcomes and costs less to health and care systems. This is

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enabled by a workforce and community with behaviours, skills and competencies that support and drive person-centred approaches to wellbeing, prevention, care, and support.

## Appendix 2 – linked strategies

The **Our Manchester Strategy (OMS)** highlights the importance of inclusion, diversity, and sustainability in creating a world-class city, with an aim that we will strive to create a truly equal and inclusive city, where everyone can thrive at all stages of their life, and quickly and easily reach support to get back on track when needed. The strategy will be renewed in 2024/25, offering a further opportunity to look at links with mental health and wellbeing.

The **Making Manchester Fairer 2023–2028** action plan is aimed at reducing health inequalities in Manchester by addressing the social determinants of health. Its ambitious five-year plan aims to close the gap in healthy life expectancy and outcomes, and to pave the way for a fairer and more inclusive city that is representative of its communities. This includes a specific workstream for preventing physical and mental ill-health and early deaths.

The **Making Manchester Fairer Anti-Poverty Strategy** identifies four key themes: preventing poverty, mitigating poverty, creating pathways out of poverty, and inclusive and effective delivery. The strategy has a key role to play in reducing one of the most important determinants of poor mental health and wellbeing.

The **Work and Skills Strategy 2022–2027** focuses on creating a more inclusive, sustainable, and diverse economy that benefits everyone in Manchester. Poor mental health is a significant factor in unemployment and health-related absences from work. Proactively working to reduce and remove the barriers (such as managing health conditions) that some people and groups face when accessing learning and employment is a priority for this strategy.

The **Building Stronger Communities Together Strategy 2023-26** is Manchester's first strategy focused on social cohesion. It sets out three key themes to support socially cohesive communities: relationships, participation, and belonging. Delivery of the strategy forms part of the Making Manchester Fairer Communities and Power workstream.

The **Children and Young People Plan 2024-2027** is being refreshed at the time of writing, initial drafts have identified that improving understanding of and responses to children and young people's mental and emotional health and wellbeing, and increasing access to and participation in physical activities are priorities.

**Manchester: a city for life 2023-2028** is the new strategy for Age Friendly Manchester, which seeks to address inequality in health outcomes and work towards ensuring that people aged over 50 in the city can live economically secure lives free from the structural discrimination that impacts on healthy life outcomes.

Manchester's strategies for **Housing (2022-32)** and **Homelessness and Rough Sleeping (2023-27)** set out the priorities for increasing affordable housing supply, ending homelessness, and addressing inequalities and quality of housing.

Greater Manchester Integrated Care Partnership's **Doing Mental Health Differently: Mental Health and Wellbeing Strategy 2024 – 2029** sets out a vision for a mentally healthy city

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region where every child, adult, and place matters, and the five key missions for achieving this:

- Mentally healthy families, workplaces and communities
- Inclusive, timely access to high-quality information, support and services
- People with mental health conditions living longer and having healthy and fulfilling lives
- People feeling comfortable to talk about mental health and are actively involved in their care and support
- Mental health and wellbeing system recognises inequality, discrimination and structural inequities and is committed to developing more inclusive services