Mental Wellbeing Factsheet 2016

Tower Hamlets Joint Strategic Needs Assessment

UPDATED ANNUALLY

Executive Summary

Background

Mental wellbeing is often described as feeling good and functioning well as one would like to in society[1]. It is not simply the absence of mental illness and indeed can be present in people with diagnosed mental illness.

Mental wellbeing is determined by a person's individual characteristics and behaviours, relationships with others, social, economic and environmental factors such as education, income, employment, social cohesion, inequality and availability of green spaces.

Mental wellbeing is an important social goal in its own right, but it is also important because it is associated with mental illness; improves physical health and health behaviours; improves social capital, reduces crime and unemployment and reduces costs on the health and care system. For instance, high levels of wellbeing are associated with a 19% reduction in all-cause mortality and a 29% reduction in cardiovascular mortality[2].

Scope

This factsheet reviews mental wellbeing in the whole population (from birth to old age) and is not exclusively about wellbeing in those with a mental illness. There is a separate Mental Health Joint Strategic Needs Assessment (2012) available which reviews mental illness in great detail.

National and local policy context

The emergence of mental wellbeing as an important priority for health has resulted in a significant shift in national policy focus from mental illness to promotion of mental wellbeing. The Department of Health's 2011 *No Health Without Mental Health* is the key national document on this; for the first time it calls for improvement in mental wellbeing for the *whole population*, not just those with mental illness[3]. In response to this Tower Hamlets Mental Health Strategy 2013 recommends improving mental health and wellbeing of local residents through the delivery of a Public Mental Health programme.

Levels of Mental wellbeing in Tower Hamlets

In a 2011 pilot national survey, Tower Hamlet residents reported similar or slightly lower subjective feelings of wellbeing to the rest of London and the UK[4]; this finding is further supported from the results of national and local levels of mental wellbeing using the Warwick & Edinburgh Mental Wellbeing Scale. These results are debatable as you would expect levels of local wellbeing to be lower than national due to the existence of many major determinants (e.g. physical health and deprivation) for poor mental wellbeing in the borough. Alternatively it can be argued that Tower Hamlets has many protective characteristics for good mental wellbeing such as strong family networks.

Effective interventions

National guidelines recommend a wide range of effective, evidence based interventions to improve mental wellbeing. These interventions span across the life course, and involve individuals and communities, workplaces and local schools, businesses and the voluntary & community sector, and all the departments of the council. In this JSNA we have produced a high-level summary of the local provision of these interventions. The effective interventions that we have identified for improving mental wellbeing based on evidence and potential local gaps in service provision can be found in the recommendation section (next page).

Strengthening the evidence base

This review has found key areas where we can improve our understanding of wellbeing in Tower Hamlets, these are:

- an accurate assessment of overall levels of population wellbeing
- an accurate picture of the impact of loneliness on wellbeing locally
- an understanding of whether psychosocial interventions for the elderly and mental health literacy interventions are being provided in the borough
- the impact of most of our services on wellbeing
- resident's views on wellbeing and wellbeing services

Conclusion

A Public Mental Health programme is vital to improving the wellbeing of resident's in Tower Hamlets. This is a valuable goal in itself and would also build resilience, improve social cohesion which may contribute towards reductions of mental illness and mortality and produce savings for the NHS and the wider economy. In this JSNA factsheet we have identified seven evidence-based interventions that may not be provided locally which could be commissioned locally, and five possible gaps in our evidence base. These form the basis of the following recommendations.

Recommendations

This section sets out the recommendations for improving the mental wellbeing of the Tower Hamlets population and is organised around three key themes. These are as follows:

1) **To develop partnerships to support a programme of work for Public Mental Health**

Because the programme spans across the life course, involves individuals and communities, workplaces and local schools, businesses and the voluntary & community sector, and all the departments of the council, the first priority is to bring partners together to support this wide-ranging programme. This will involve:

- engaging key stakeholders
- forming a high-level programme steering group and relevant working groups
- seeking support from councillors and other public opinion leaders
- raising awareness amongst the public of the importance of mental wellbeing

2) **Commission Public Mental Health interventions**

Based on the potential gaps in local service provision, the following seven interventions should be considered for commissioning:

- Better support for parent and infant emotional health and wellbeing (by strengthening and integrating services through training)

- school based wellbeing promotion programmes
- the Penn resilience programme (a programme to prevent depression amongst adolescence)
- positive psychology and mindfulness interventions for adults
- work based mental health promotion
- mental health awareness and literacy programmes
- mental health first aid courses

3) Improve Public Mental Health intelligence

This work stream will enable us to further develop our knowledge through:

- carrying out a series of public engagement events to get residents' perspective on wellbeing and wellbeing services
- adding a wellbeing measure to the Annual Resident Survey (e.g. WEMWBS)
- routinely measuring the wellbeing impact of all our interventions (e.g. WEMWBS)
- routinely carrying out a Mental Wellbeing Impact Assessment of all major council projects
- surveying local residents to understand the causes of loneliness in the borough

1. What is mental wellbeing?

This section defines mental wellbeing and determinants across the life course and assesses its public health importance. It finds that improving mental wellbeing is not only important in its own right, but also important because it is associated with mental illness; improves physical health and health behaviours; improves social capital, reduces crime and unemployment and reduces costs on the health and care system.

1.1 Understanding concepts and definitions

There is not one universally agreed definition of mental wellbeing, indeed it is inherently subjective and different cultures and professions view it differently. Below are two ways of looking at mental wellbeing as well as definitions for other related terms which will be referred to in this factsheet:

Mental wellbeing: is often referred to as 'feeling good and functioning well' which covers the components of mental wellbeing as perceived primarily by positive psychologists:

- Feeling good - this is thought to include feelings such as happiness, life satisfaction and the absence of anxiety.
- Functioning well - a set of psychological characteristics that that enable people to function as they would like to in society. This is includes a wide range of cognitive aspects of mental health such as sense of control, having a purpose in life, a sense of belonging and positive relationships with others.

An alternative definition is the Department of Health's working definition of mental wellbeing is *"A positive state of mind and body, feeling safe and able to cope, with a sense of connection with people, communities and the wider environment"* [3].

The difference between the two definitions are that the former covers personal attributes and capacities whereas the latter definition (based on World Health Organization's definition) defines what wellbeing might be for (e.g. being productive and contributing).

'Mental wellbeing' is often used interchangeably with the term 'positive mental health' and sometimes 'wellbeing'.

Mental health: An umbrella term often used to incorporate a range of states from excellent mental health to severe mental health problem

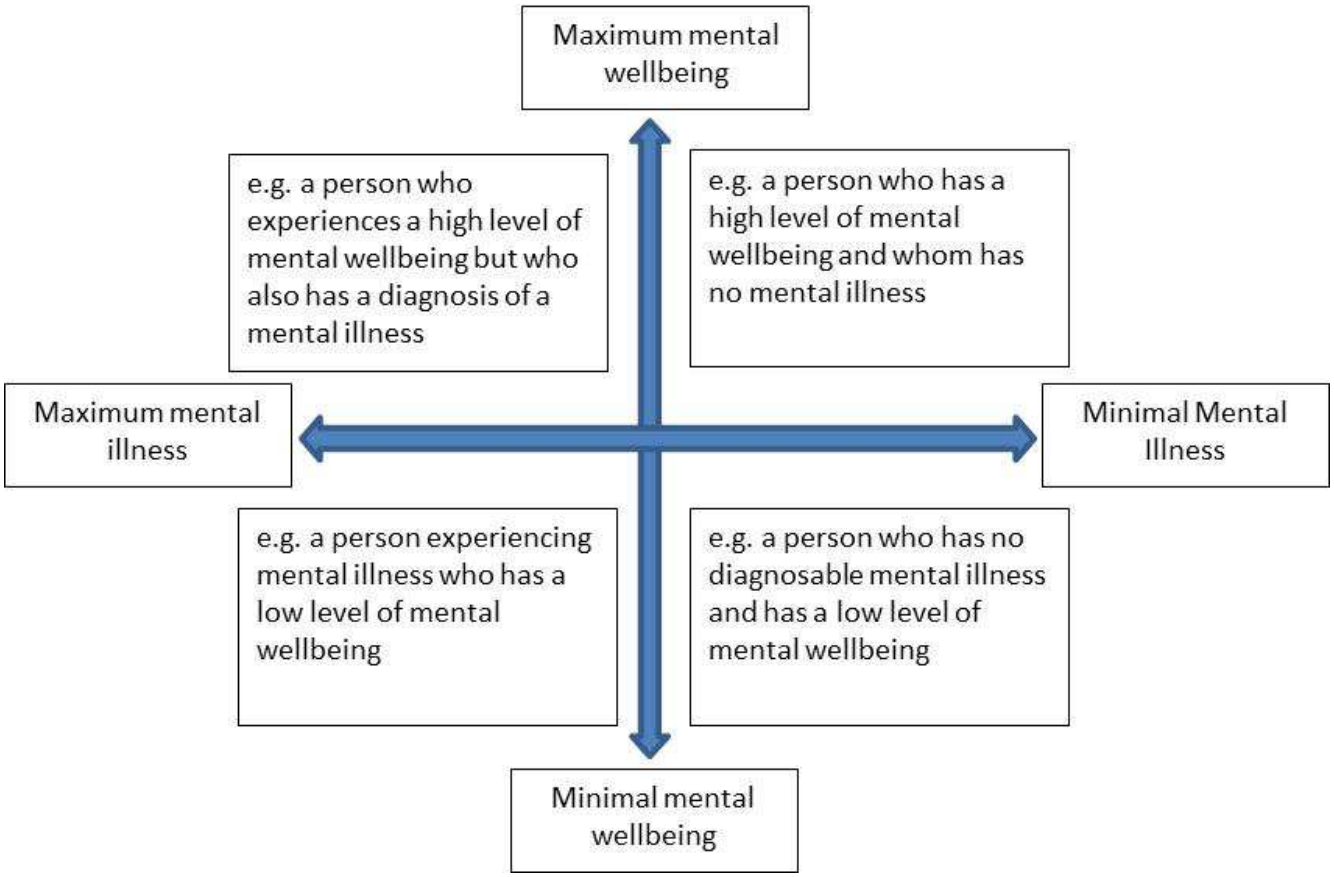
Mental health problems/mental illness: Refers to symptoms that meet the criteria for clinical diagnosis of mental illness, or symptoms at a sub-clinical threshold which interfere with emotional, cognitive or social function. Examples include common mental health problems such as depression and anxiety, and severe and enduring mental health problems such as schizophrenia.

1.2 Mental Wellbeing and Mental Illness

One important distinction is that mental wellbeing is not the absence of mental illness, and indeed can be present in people who have a diagnosed mental illness. Therefore though they are linked, they are not the same thing. The model shown below helps to explain that people who have no diagnosable mental illness can have good wellbeing at some times or poor wellbeing at others, or somewhere in-between, and also that people who have diagnosed mental illnesses can also have good wellbeing at times, and poor wellbeing at others. Also, it emphasises that just as anyone can develop a mental illness at some point in their life, they can also recover from mental illness with the right care and support. We are all somewhere on the dual continuum model, and where we are will change during our lives.

Mental illnesses are a set of clinically defined syndromes. They are comparatively well understood, and more details can be seen in the Tower Hamlets Mental Health Strategy 2013 and the Mental Health JSNA[5]. This factsheet focuses on mental wellbeing.

The dual continuum model



(Adapted from K. Tudor, 'Mental Health Promotion: Paradigms and Practice', 1996)

1.4 Determinants of Mental Wellbeing

Before describing the determinants, it is important to note that the relationships between most of the determinants and wellbeing are complex and two-way, and the direction of causality is not always understood. For instance, depression is approximately two to three times more common in patients with chronic physical health, and depressed mood increases the risk of cardiovascular disease by between 43-63%[6,7].

Additionally, the determinants occurring in early childhood are particularly important as they influence mental wellbeing across the life-course. This is partly due to pregnancy and the first two years of life being critical periods for brain development, and therefore determining future intellectual, social and emotional health and wellbeing[8].

Because of the broad nature of wellbeing, it has a large set of determinants. They can be categorised as:

1. Individual characteristics and behaviours,
2. Relationships with others over the life-course,
3. Social, economic and environmental factors.

1. Individual characteristics and behaviours as determinants of mental wellbeing

Wellbeing varies according to age, gender and ethnicity. The ONS Annual Population Survey 2012/13 a survey of the 16+ adult population[4], found wellbeing to be highest in young adults and older adults, and reaches its lowest point in the 45-54 age group. Differences in reported subjective wellbeing between men and women are very small[4]. Subjective wellbeing varies only slightly by ethnicity, with measures on life satisfaction slightly lower amongst Black/African/Caribbean/Black British and Bangladeshi ethnic group[4]. Particular groups at high risk of low wellbeing include people living in care homes, carers, looked-after children, homeless people and the prison population[9].

People's health behaviours are as important to mental health as they are to physical health. Children who do sporting activities and don't watch too much TV have less emotional and behavioural difficulties. Smoking, illicit drug use and excessive alcohol intake are associated with lower wellbeing, whilst physical activity, moderate alcohol intake and eating well are associated with higher wellbeing[10].

Physical health is a strong determinant of mental health. Indeed, self-reported health was the most important predictor of subjective wellbeing in the ONS 2011-12 Annual Population Survey[4]. Being overweight has also been associated with lower subjective wellbeing[10]. Those who report having a physical disability tend to rate their life satisfaction, their feeling that their life is worthwhile and their happiness as lower than others, and report higher anxiety levels those who do not report having a disability[11,4].

2. Relationships with others over the life-course

The Faculty of Public Health considers parenting to be the most important modifiable risk factor for mental health problems in childhood[1]. This includes parental style, the parent-infant attachment, breast-feeding, parental wellbeing and also the presence of parental illness, alcohol, tobacco and drug use[12]. Interestingly, family structure is not associated with child wellbeing once other demographic factors are taken into account[13].

Positive relationships with peers in childhood is associated with higher wellbeing, and bullying and being bullied are associated with lower subjective wellbeing[14].

In adults, people who were married or in a civil partnership had higher levels of subjective wellbeing, and large social networks are associated with wellbeing[4]. Social Isolation and loneliness impact on quality of life and wellbeing[15]. Older people are particularly vulnerable to social isolation and loneliness, in part owing to loss of

friends and family over time as they age[16]. A separate Tower Hamlets factsheet available on this, *Loneliness & Social Isolation* (2014).

3. Social, economic and environmental factors.

There are a range of harmful and protective social, economic and environmental factors which impacts on mental wellbeing. Those which are harmful to mental wellbeing include: social isolation, high levels of social inequality[9], area level deprivation, childhood poverty, parental unemployment and living in poor quality or social housing (are associated with emotion and behavioural problems among 5 year olds[12]), adult unemployment,[4,17] household income[13] and neighbourhood level violence and disorder. Those that are protective to mental wellbeing include: social participation and large social networks, lifelong learning and education (are associated with promoting cognitive capacity, self-esteem, employment chances and income)[18] and at a neighbourhood level, regeneration and access to green spaces improves mental wellbeing[19].

1.5 Why does mental wellbeing matter?

Wellbeing is itself a valuable societal goal. It also is important because low mental wellbeing is associated with mental illness; poorer physical health and worse health behaviours, and also has wider social and economic impacts.

Mental illness and wellbeing

Although mental illness is not the same as negative mental wellbeing, childhood low mental wellbeing is associated with developing adult mental illness[20]. Promoting mental wellbeing in childhood is an important method to build resilience against mental ill health in later life.

Physical health and health behaviour impacts

Wellbeing is also important because it promotes physical health as cited by Friedli in Mental Health Resilience and Inequalities (2009)[21]. Specifically, high levels of wellbeing are associated with a 19% reduction in all-cause mortality and a 29% reduction in cardiovascular mortality in healthy populations, and a 23% reduction in mortality in patients with renal failure[2]. Friedli also refers to one large study which has shown that having positive attitude and positive perception to aging in your 20s can increase longevity by 7.5 years in later life. Positive mental health is associated with improved sleep, reduced smoking and alcohol intake[21].

Social and Economic impacts

Improved mental wellbeing is associated with better social relationships and community participation[20]. Crime is associated with conduct disorder, suggesting a population improvement in mental health could reduce crime rates[21]. Developing the broader aspects of wellbeing, such as cognitive capacity and resilience, is thought to improve educational performance, even amongst those from low socio-economic status backgrounds[21].

The cost of mental illness on the English economy is £105 billion per year[20]. This is due to NHS treatment costs and lost productivity. Stress, anxiety and depression are the single greatest cause of work absence in the UK[21]. Therefore, there are considerable economic benefits from promoting the mental wellbeing of whole population and supporting the prevention of preventing mental illness.

2. What is the policy context?

2.1 National policy context

In recent years there has been a significant shift in how mental health is viewed, namely, the focus has shifted from mental illness to promotion of mental wellbeing. Department of Health's No Health Without Mental Health is the key national document on this; for the first time it calls for improvement in mental wellbeing for the *whole population*, not just those with mental illness[3]. As an indication of the level of national support for wellbeing, as of April 2011 the Office of National Statistics collates national subjective wellbeing data.

The Government Office's Foresight Report on Mental Capital & Wellbeing (Foresight Report), has been instrumental in raising the profile of mental wellbeing[18]. It takes an independent look at the best available scientific and other evidence and has considered the facts that influence an individual's mental developments and wellbeing from conception until death.

Finally the Joint Commissioning Panel for Mental Health has built on the Foresight report to produce 'guidance for commissioning public mental health services'[20]. This guide recommends a range of evidence-based interventions to reduce the burden of mental disorder and enhance mental wellbeing.

2.2 Local policy context

The 'Tower Hamlets Mental Health Strategy 2013' primarily addresses the needs of people with mental health problems. However, it also commits us to deliver a public mental health programme. The Government/DH acknowledges that '*Little has been done to promote mental health and wellbeing*'[3]; and so in response the aim is to improve the mental health and wellbeing of local residents through the delivery of a Public Mental Health programme.

3. What are the effective interventions?

Introduction

The Department of Health describes public mental health programmes as: *"The art and science of promoting wellbeing and equality and preventing mental ill health through population-based interventions"*[3]. These interventions can be effective either through targeting wellbeing directly, or through targeting its wide array of individual and social determinants. It has therefore not been possible to undertake a comprehensive review of the evidence. What follows is a summary of high level evidence from key national and local guidelines:

- NICE guidelines[22–25]
- Foresight's Mental Capital and Wellbeing, 2008[18]
- Guidance for commissioning public mental health services 2013[20]
- No health without mental health: Delivering better mental health outcomes for people of all ages (DH), 2011[3]
- Tower Hamlets Mental Health JSNA evidence reviews[26]

The evidence will now be introduced across the life-course from pre-birth to older people.

3.1 Pre-birth and Early years - Starting well

A good start in life and positive parenting are fundamental to good mental health and wellbeing, and to lifelong

resilience to adversity. This is particularly important because half of lifetime mental health problems have already developed by the age of 14[27,28]. The following interventions are recommended:

- Home visiting programmes can improve maternal and child health[29,30], improve child functioning and a reduction in behavioural problems[31]; this could include interventions such as; the Family Nurse Partnership[32] and SureStart[33].
- Parenting programmes and peer support programmes can result in an improvement in parental mental health[34,] as does increasing parents ability to foster basic learning and social/emotional skills[18].
- Family Intervention Projects which work with families with parenting and other problems is linked to a broad range of outcomes[35] including improvements in behaviour and emotional adjustment of the child[36,37].
- Pre-school and early education programmes [as highlighted in the Healthy Child Programme[i]] result in improved cognitive skills, school readiness, academic achievement and family outcomes, including for siblings[38,33], and are also effective in preventing emotional and conduct disorder[39]. It is estimated that a Cost saving of £17 for every pound spent on pre-school educational programmes for 3-4 year olds in low-income families[40].
- A reduction in maternal smoking is associated with a reduction in behavioural problems and mental disorders, and an improvement in physical health[41,42,43].
- Breastfeeding is associated with reduced behavioural problems in later life[44].

3.2 Children and Young People - Developing well[3]

As children grow and become young adults, they continue to need a stable and nurturing environment that supports them to develop independence. At this point in a child's development, interventions use mental health promotion activities to help children develop good mental wellbeing and prevent mental disorder. Parenting remains important, but the focus is now on school based interventions.

Parenting Programmes

- Parenting programmes are associated with improved emotional adjustment and behaviour in high-risk children[45], and prevention of conduct disorder, anxiety and depression in children and adolescents[32].

It is important to target children and young people at particular risk of developing mental health problems for example those who experience negative parenting and poor-quality relationships and adolescents.

- Systematic reviews of interventions to prevent conduct disorder, anxiety and depression before adulthood have shown that programmes targeting at-risk children that use parent training or child social skills training are the most effective[46].

Effective school-based interventions[47]

- School-based programmes that target particular risk behaviours are less effective than whole-school mental health promotion intervention.
- School-based mental health promotion programmes result in a broad range of improved outcomes, including reduced health risk behaviours, improved wellbeing, reduced depression, conduct disorder and anxiety, improved academic performance, social and emotional skills and classroom behaviour[48, 22,49, 23].
- A school based intervention for social and emotional learning has strong evidence for a reduction in classroom misbehaviour, anxiety and depression, and improvements in academic tests as well as social and emotional skills[38].

[i] Many of the interventions for parents and children are included in the **Healthy Child Programme** (HCP) which is a framework of good practice in evidence based interventions to promote the health and wellbeing of both child and parents.

- Universal mindfulness intervention in secondary schools[50].
- The Penn Resiliency Programme is a school programme to prevent depression in adolescents which promotes resilience, optimistic thinking and social problem solving[51,52].
- Mentoring has a positive effect on emotional, behavioural, social competence, academic and career outcomes, particularly for high risk groups[53].
- School-based interventions aimed at preventing violence and abuse have shown that they can lead to reductions in aggressive behaviour, conduct problems and attention problems, and improved social skills and social relationships, school performance and school attendance rates amongst many other factors[54,55].

3.3 Working-age Adults - Living Well

A wide range of interventions can help adults to 'live well' and promote mental wellbeing. These can focus on individuals, on work and employment or on neighbourhoods.

Individual interventions:

- Positive psychology interventions promote positive thoughts and emotions[56]. Mindfulness interventions are associated with positive mood, improved quality of life, self-esteem, empathy, optimism, meaning, reduced anxiety and depressive symptoms[57,58]. Spiritual awareness, practices and beliefs are associate with improved mental and physical health as well as quality of life[59,60].
- Volunteering programmes can increase wellbeing of both the volunteer and the recipient by building self-esteem, promoting a sense of purpose and self-worth and increasing community cohesion[61,62].
- Lifelong learning programmes can enhance workforce skills, employability and mental wellbeing[18].

Work related interventions. These can provide feelings of self-worth and efficacy and include:

- Work based mental health promotion results in increased performance and reduced sickness rates[63,64], as well as a saving of £10 for every pound spent[65].
- Support for unemployed people results in increased employment and reduced stress[66].
- Debt advice results in improved mental health[67] for every pound spent on debt advice there is a £4 cost saving[65].
- Improved financial capability results in improved mental health as well as reduced anxiety and depression[68].

Neighbourhood interventions. These include:

- 'Walkable neighbourhood schemes' which increase rates of physical activity and provide more opportunity for social interaction[69,70].
- Promotion of active leisure[71].
- Active travel can be facilitated by a range of interventions including family/school-based active travel promotion schemes[72], Active Travel Infrastructure[73], appropriate built natural environment[74] and traffic calming[75].
- Improving access to safe green community spaces. This is associated with improved mental health, reduced stress/aggression, improved physical health and activity, and greater levels of social interaction[76,77] .
- Improving access to allotments and community gardens is associated with improved physical and mental health, social inclusion and training[78,79].
- Interventions to promote social capital also promote mental health and inclusion, thereby having even greater benefit for socially excluded groups, including those at higher risk of mental disorder. Some interventions can also be 'socially prescribed' which is about connecting people to non-medical sources of support. These include:
- Adult learning which improves social skills and networks[80], wellbeing[81] and reduces health risk behaviour[82] .

- Arts and creativity are associated with enhanced wellbeing[83]. As does volunteering,[84,61,85,29,86] Timebanks,[87,88,89] promotion of individual and community empowerment,[90] enhancing community engagement and participation[87]. Timebanks are cost effective demonstrating an annual net saving of £850 for every member[91].

3.4 Ageing well

There are a range of effective interventions that improve wellbeing in older people which are:

- Interventions to prevent social isolation can improve wellbeing, such as befriending, increasing transport and community navigators[15].
- Befriending has demonstrated an annual net saving of £235 per person[65].
- Psychosocial interventions can promote wellbeing[92] and prevent depression[93].
- Volunteering opportunities are associated with improved mental wellbeing and self-reported health[94,95], and learning programmes are effective at improve wellbeing in older people[80].
- Addressing hearing loss can improve people's quality of life[96].
- Physical health programmes can also improve mental wellbeing[24], and walking and physical activity programmes aiming to promote wellbeing in older people have demonstrated a saving of £5,000 – £12,000[24]. Finally, interventions that promote household warmth are associated with improved mental health and reduced depression[97].

3.5 Cross Cutting Themes

Prevention of stigma and discrimination

Stigma and discrimination of mental illness increases inequalities and impacts upon mental wellbeing. Therefore it is important to tackle this by:

- Stigma and discrimination can be reduced through mass media campaigns[98,99].
- Social contact between people with mental disorder and members of the public[100].
- Education programmes to increase mental health literacy in specific groups[101,102] including mental health first aid[103].

5 ways to wellbeing

The **Five Ways to Wellbeing**[104] is a set of evidence-based public mental health messages aimed at improving the mental health and wellbeing of the whole population:

Five Ways to Wellbeing

- **Connect** - With the people around you, family, friends, colleagues and neighbours;
- **Be active** - Go for a walk or a run, garden, play a game;
- **Take notice** - Be curious and aware of the world around you;
- **Keep learning** - Try a new recipe, learn a new language, set yourself a challenge; and
- **Give -** Do something nice for somebody, volunteer, join a community group.

The Five Way to Wellbeing can be applied through a range of approaches, focusing on individuals, communities, organisations or through influencing policy.

4. What is the local picture?

This section first describes local wellbeing using overall measures of the whole population. Measuring wellbeing is difficult and none of these measures capture the full picture of mental wellbeing. The overall measures are also new and so presenting trends is not possible at this stage. Therefore, the other major determinants of wellbeing in the area are also described to give an indirect indication of wellbeing in the borough.

4.1 Overall indicators of wellbeing in Tower Hamlets

The best overall measure of local subjective wellbeing comes from the ONS Annual Population Survey. Four areas were measured: life satisfaction, feeling their actions in life are worthwhile, happiness and anxiety[4]. Overall Tower Hamlet residents reported similar or slightly lower wellbeing to the rest of London and the UK. However, the sample size was small making it difficult to compare areas. On average, residents reported their:

- Happiness the day before the survey at 7.32 out of 10. This is similar to Newham and Hackney and the UK average.
- Life satisfaction at 7.28 out of 10. This is similar to Newham and Hackney, but less than the UK average of 7.45 (borderline statistical significance).
- Things they do in their life as worthwhile at 7.56 out of 10. This is similar to Newham and Hackney but less than the UK average of 7.6. The difference between Tower Hamlets and England is not significant.
- Anxiety on the day before the survey at 2.93 out of 10. This is lower than Hackney (3.61), but similar to Newham and UK average.

We do not have sufficient information to comment on the distribution of these scores within the Tower Hamlets population.

An alternative measure of subjective wellbeing comes from a local survey of adults living in Tower Hamlets using the Warwick Edinburgh Mental Wellbeing Scale (WEMBWS) which is a validated tool for measuring group and population mental wellbeing. The mean score for Tower Hamlets in 2009 was 52[ii],[105] which is similar to the mean score for England which was 51 in 2010[106]; though the results are similar you would expect levels of local wellbeing to be lower than national due to the existence of many major determinants for poor mental wellbeing.

To get a broader view of wellbeing, including its determinants, The Greater London Authority (GLA) combined the 4 ONS subjective wellbeing measures with 11 indicators of wellbeing determinants, covering: health, economic security, safety, education, children & families, access and environment[107]. Using this indicator, Tower Hamlets has been consistently below the England & Wales average from 2008-12.

The GLA 's composite wellbeing indicator suggests there is wide variation within the borough, with Mile End and Globe Town, St Katharine's and Wapping and Millwall having considerably higher wellbeing scores than other wards, and Bromley-by-Bow, East India and Lansbury and Mile End East considerably lower scores.

4.2 The local picture of the determinants of mental wellbeing

Wellbeing is determined by individual characteristics, health, health behaviours, relationships with others and wider social and economic factors. These will now be described in Tower Hamlets in the table below.

The table on the next page provides a summary of the local determinants of wellbeing; based on whether the

[ii] The minimum number of points attainable was 14 and the maximum was 70, residents were allocated into one of five categories, from 'very low' to 'very high', based on their score. A higher score indicates better mental wellbeing.

determinant is a driver of good mental wellbeing or a driver of poor mental wellbeing. They have been coded 'red' if in our judgement compared to regional and national data, that the determinant is a potential threat to wellbeing, amber if the risk factor is similar to national and regional averages and green if the determinant may be acting as a protective factor locally. If it is unclear whether the factor is beneficial or harmful this has been coded grey.

The result on the table below illustrates drivers of good mental wellbeing in Tower Hamlets are: education, maternal smoking and age. However, there are potentially far more drivers of poor mental wellbeing in Tower Hamlets and include; poorer physical health, social isolation, and physical activity amongst many others. This may not be surprising given Tower Hamlets is one of the most deprived borough in the country and therefore there are many social, economic and environmental factors that may be influencing outcomes.

	Drivers of low mental wellbeing in Tower Hamlets	Drivers of good mental wellbeing in Tower Hamlets	Insufficient evidence as to whether driver for low or good mental wellbeing	Comments
Individual characteristics				
Age				Subjective wellbeing has been shown to decline as a child moves through their secondary school years 11 to 15[13]. There is no comparable data available on this locally. National data on the subjective wellbeing of adults 16+ reaches its lowest point aged 45-54[13], and dips again among those over 80[108]. In contrast a survey of Tower Hamlets residents aged 16+ using WEMWBS revealed a gradual decline in wellbeing as people get older[109.]
Ethnicity				Evidence suggests that subjective wellbeing can vary by ethnicity. Subjective wellbeing has been observed to be lower in the Bangladeshi population (the largest ethnic group in the borough). However the local WEMWBS survey did not identify any significant differences between ethnic groups[105].
Physical health				Physical health is strongly associated with wellbeing[4]. Tower Hamlet's residents have the lowest Healthy Life Expectancy in England[110]. Self-reported health is one of the factors most closely related to wellbeing[111]. Overall Tower Hamlets residents are more likely to describe their health as poor than compared to England. This was particularly evident among the Asian/Asian British aged 50-64 who were four times more likely to describe their health as poor, than for England.
Health behaviours				
Smoking (maternal)				Smoking rates in Tower Hamlets have been falling but remain above the England average (21,5%)[112]. In 2012/13 smoking by mothers at the time of delivery is significantly lower than London and England averages 3.0% vs 5.7% & 12.7% respectively.
Alcohol misuse				Generally, consumption is low in the borough, except among a small number of heavy drinkers. Rates of alcohol specific admissions are higher in Tower Hamlets than the London and

				England average. There are also higher rates of alcohol related A&E admissions among those aged under 18[113] [iii]
Drug misuse				Opiate and/or crack cocaine use is significantly worse in Tower Hamlets compared to England (rate 16.3 vs 8.6/1,000 for England) [112].
Physical activity				• Among children, physical activity levels are lower than observed nationally and regionally with levels tending to drop off between primary and secondary (particularly among the Asian ethnic group and young women)[105]. • Among adults in Tower Hamlets, 49% do not take part in any sport or active recreation, this rises to 77% among those aged 50+, which is similar to rates of inactivity observed among those who had a limiting disability[iv].
Relationships				
Maternal mental health				• A mother's mental health during pregnancy is strongly associated with child wellbeing. Antenatal depression and anxiety are both related to higher levels of emotional and behavioural problems at ages 3-5[114]. • Local data is limited. National estimates would suggest there were 580 women in 2010/2011 with post-natal depression. In addition, we would expect approximately 900 women to be affected by common mental health problems during pregnancy.
Bullying				The 2010 TellUs2 survey found levels of bullying to be 27% which is similar to the national average.
Social isolation (amongst Adult Social care service users)				The frequency of contact with friends and family and the quality of these relationships are crucial determinants of wellbeing[11]. Levels of social isolation among users of social care services are currently worse than observed regionally and nationally.
Wider social & economic factors				
Economic				Unemployment and job satisfaction are all strongly linked to wellbeing. Tower Hamlets has: • higher rates of unemployment than the London average[115]. • Deprivation is widespread with the majority (72 per cent) of LSOAs[v] in the most deprived 20 per cent Nationally on the IMD 2010[116]. • highest rates of child poverty in the country, nearly five times higher than in Richmond Upon Thames[117].
Housing overcrowding	✓			Tower Hamlets is ranked 2nd nationally with 34.8% of homes over occupied[118]
Education				Education has been found to be a strong correlate for wellbeing, although it probably acts mainly through its effect on health, income and employment[11]. Local results are mixed: • Although GCSE results are significantly better than England average[119] and the proportion of young people not in education or training (NEET) is also lower, Census 2011 data

[iii] Alcohol specific hospital admissions provide a measure of the direct impact of alcohol on health and include alcohol poisoning, gastritis and alcoholic liver disease

[iv] Please see the Adult Physical Activity Factsheet (unpublished) for full details.

[v] Lower Super Output Area

				reveals that 20% [40,719] of people over 16 hold no qualification (which is higher than regional averages but lower than nationally.
Environment				Where we live can have a huge impact upon our wellbeing with green spaces being linked to physical and psychological health benefits[120,11,121]. There is also a strong negative relationship between rates of violent crime in an area and the wellbeing of residents living there. • The proportion of people in Tower Hamlets using the outdoor space for exercise/health reasons is significantly lower than the England average[122]. • The age standardised rate of hospital admissions for violent crime (including sexual violence) was significantly higher in Tower Hamlets than for England
High Risk Groups **The Mental Wellbeing Impact Assessment Toolkit[9] identifies the following groups as of a particular high risk of low wellbeing this includes; people living in care homes, carers, looked-after children, homeless people and the prison population.**				
Homelessness (family)				The rate of statutory homeless households with dependent children or pregnant women is significantly higher than for England at 3.5 vs 1.7/1000
Carers				• Approximately 8% of the Tower Hamlets population (all ages) – provide some form of unpaid care. • The Adult Social Care Service Users Survey (ASCOF) reported that carers in Tower Hamlets are more dissatisfied with the levels of social contact they have than reported nationally. • The survey also identified a positive relationship between the number of hours spent caring and reports of poor quality of life. Essentially, the greater the number of hours spent caring the poorer the reported quality of life[123].
Looked after children (LAC)				• As of March 31st 2012, LBTH were the 'corporate parent' for 295 children under the age of 18, which was a reduction on the previous two years[124]. The Office for National Statistics (ONS) estimated the prevalence of mental disorder among LAC aged 5-17 to be 44.8%. • We would expect 132 of the LAC in Tower Hamlets to be experiencing some form of mental disorder[125].

4.3.1 Social, economic and environmental factors and WEMWBS

Wellbeing scores (measured using WEMBWS) in Tower Hamlets in 2009 revealed there was a crude positive association between wellbeing and the following socioeconomic factors:

- living in private sector housing
- being employed
- living in a more affluent area
- educational attainment
- being literate in one's first language
- good English literacy and fluency, when English is not a first language

5. What is being done locally to address this issue?

Introduction

As discussed in section 3, improving wellbeing requires efforts across the life course, and it involves: Individuals and communities; workplaces and local schools; businesses and the voluntary & community sector; and all the departments of the council. Therefore the range of work being done locally on wellbeing is vast and the full details are beyond the scope of this JSNA.

This section is therefore a high-level summary which provides some indication of the interventions currently provided in Tower Hamlets for each stage of the life course based on the evidence-based interventions from section 3. This information was collected through interviews of key local commissioners, providers and partners however may not provide complete and accurate provisions in Tower Hamlets as mental wellbeing is vastly wide ranging. Based on our professional judgement and the views of the stakeholders we consulted, we have colour-coded the interventions. Green indicates that we have sufficient provision, yellow insufficient provision and red no or very little provision.

The table below illustrates the spread of interventions across the life course and shows that there are sufficient provisions within pre-birth and early years, adults of working age and older people. This is a reassuring story as early years are crucial for lifelong mental wellbeing and so too is flourishing well in older age. However, there may be gaps in some areas of provisions in children and young people as well as in the cross cutting theme (specifically in relation to stigma related to mental illness); some of these gaps are acknowledged in the recommendation section of this factsheet.

Pre-birth and Early years

Provision for pre-birth and early years appears good. The only gap is coverage and comprehensiveness of parenting programmes.

Evidence Based Intervention	Local Intervention – description	Lead contact/stakeholder
Home visiting programmes Family Nurse Partnership[32] SureStart[33]	– Health visitors – Home start – Children centres	Esther Trenchard-Mabere, Public Health Parent and Family Support Service
Parenting programmes Peer support programmes	– A range, including Maternity Mates, parent and new born classes, IAPT and Emotional First Aid for parents This is yellow because a local review of Health Visiting service has found that there is a need to strengthen and integrate services to better support parent & infant emotional health & wellbeing	Esther Trenchard-Mabere, Public HealthParent and Family Support Service
Family Intervention Projects		Parent and Family Support Service
Pre-school and early education programmes	– Children centres – Learning 2 – Toy house library	Esther Trenchard-Mabere, Public Health
Reduction in maternal smoking		Pregnancy Smoking Cessation Service
Breastfeeding	– Breast feeding support workers	Bart's Health

Children and Young People - Developing well

Promoting mental wellbeing in childhood is focused on parenting programmes and school based programmes. Parenting programmes are currently being reviewed due to an awareness of its limited coverage. There is also a gap in provision of mental wellbeing promotion in schools. There is significant interest from schools, the Healthy Lives team and the School Health service to expand this provision.

Evidence Based Intervention	Local Intervention – description	Lead contact/stakeholder
Parenting programmes	– There is a diverse range available	Esther Trenchard-Mabere, Public HealthParent and Family Support Service
Programmes targeting at-risk children that use parent training or child social skills training.	A wide range of services offered, including – "The Parent Factor ADHD" – "MPACT" for children of parents with drug and alcohol misuse – Educational Psychology Service - Early Behaviour Support and teenage parents support group	Parent and Family Support Service Kate Smith and local schools Educational Psychology Service
School-based mental health promotion programmes, particularly whole-school approaches.	This is a major component of the Healthy Schools Programme, and schools all do some work on the area. However most schools don't have a policy on it and the Health Lives Team do not have the resources for a full time health advisor devoted to it – Training for emotional first aid to reception and teaching assistants in a core group of schools	Simon Twite, Public Health Kate Smith Healthy Lives Team Local schools
A school based intervention for social and emotional learning (SEAL)	– SEAL still happening locally to some extent, but only in some schools – Healthy Lives team still doing training on the topic	Kate Smith and local schools
Universal Mindfulness intervention in secondary schools[50]	– Considerable interest from schools and Healthy Lives Team and School Health service but not currently resourced	Kate Smith and local schools School Health service
The Penn resiliency programme	– Not currently resourced	
Mentoring	– Learning Mentors present some peer mentoring on specific issues, but not usually on mental wellbeing issues	Kate Smith and local schools

School-based interventions aimed at preventing violence and abuse		Lucy Alright and domestic violence team Council anti-bullying lead
Family/school-based active travel promotion schemes[72]	– Bike It & Bike It Plus – Stepney Cycle to school Partnership – Children's cycle training	Kate Smith Simon Twite, Public Health

Working-age Adults

Interventions for adults firstly consist of individual interventions – such as mindfulness, to which there is only private sector access in the borough, and volunteering and life-long learning, for which there are extensive opportunities. Secondly it consists of work-related interventions, with the main gap being a holistic programme of work-based mental health promotion. Thirdly it consists of neighbourhood interventions, where a wide range of interventions are occurring.

Evidence Based Intervention	Local Intervention – description	Lead contact/stakeholder
Individual-level interventions		
Positive psychology interventions , e.g. Mindfulness interventions	– Whilst this is provided by the private/voluntary sector, there is limited coverage	Buddhist centre and Compass
Volunteering programmes	Wide range	VCTH
'learning' through life, particularly when improves social skills and networks	– Ideas store - Learning Centre	Ideas store
Work-related interventions		
Support for unemployed people	– Skills match – Job Centre – Citizen's Advice Bureau	
Debt advice and improved financial capability	– TH Law centre – Capitalise at Toynbee Hall – Bromley-by-bow-centre – Citizen's Advice Bureau – Money Advice (national programme)	
Work based mental health promotion	– Time to Change pledges and health checks. Private sector not involved. – Council flexible working policy. – Council Occupation Health trained to deliver Mental Health First Aid	Policy and Strategy Team LBTH
Neighbourhood interventions		
Active leisure promotion	– Health trainers, Fit for Life, Walk leadership programme, healthy schools programme	Sports and exercise team Sukhjit Sanghera, Public Health Health trainers
Active Travel Infrastructure,[73] 'walkable neighbourhood schemes' , appropriate built natural environment[74] and traffic calming.[75]	– Outdoor green gyms – Green grid – Cycle superhighways – Whitechapel Master plan	Tim Madelin, Public Health TFL
Access to allotments and community gardens is associated with improved physical and mental health, social	– gardening Project – Mudchute Park Allotments – Stepney Farm allotments	Tim/ Madelin, Public Health

inclusion and training.[78, 79]	– Women's Environmental Network	
Interventions to promote social capital and promotion of individual and community empowerment,[90] enhancing community engagement and participation,[87]	– Well London – Aberfeldy Estate, participatory appraisal project – Health trainers – ward forums – can do grants	Tim Madelin, Public Health
Arts and creativity projects	– Ideas store – Whitechapel Museum – Half-moon theatre – Rich mix	London Borough of Tower Hamlets Arts and Events team TH arts website
Timebanks,[87]		

Ageing well

We provide extensive services for people as they are ageing, primarily through the LinkAge+ service. Whilst there are no large gaps in provision, we are uncertain as to what psychosocial interventions are provided in the borough for elderly people, and this needs further investigation.

Evidence Based Intervention	Local Intervention – description	Lead contact/stakeholder
Befriending Community navigators[15]	– LinkAge+ Outreach workers	LinkAge+, TH Friends and Neighbours, Toynbee, Neighbours in Poplar
Psychosocial interventions	Limited information available on this but bereavement counselling is available locally	City and East London Bereavement Service
Volunteering opportunities		VCTH LinkAge+ TH Friends and Neighbours
Learning programmes		LinkAge+ Ideas store
Addressing hearing loss		LinkAge+ Sight and Hearing service
Physical health programmes		LinkAge+ Health Trainers Fit for Life
Interventions that promote household warmth	National programmes: – Direct cash payments from DWP: – Winter Fuel Allowance and Cold weather payments – Offering householders help to make their houses more energy efficient, through Green Deal and Affordable warmth scheme	Brenda Scotland, Public Health
Interventions to improve access to transport	– Bus pass – dial a ride	Community transport

Cross-cutting interventions

These interventions can occur at any time of the life course. The table below illustrates a clear gap in provision is providing social contact between people with a mental disorder and members of the public. We are also

uncertain as to whether enough education programmes are going on in the borough to increase mental health literacy. Finally, Mental Health First Aid training is underway, but only in the council and Tower Hamlets Homes.

Evidence Based Intervention	Local Intervention – description	Lead contact/stakeholder
Stigma and discrimination can be reduced through mass media campaigns.[126,99]	Although mass media campaigns exist at national level, this is not the case at local level.	National Time to Change
Social contact between people with mental disorder and members of the public[100]	Unclear as to how much of this is happening in the borough, suspect very little is happening.	
Education programmes to increase mental health literacy in specific groups[101,102]	Unclear of the extent of these in the borough	
Mental health first aid.[103]	– Occupation Health trained to deliver this to council staff – TH Homes staff being trained – Parents being trained	

In summary, local provision appears to be good, but there may be need for improvements in the following areas:

- Better support for parent and infant emotional health and wellbeing (by strengthening and integrating services through training)
- school based wellbeing promotion
- The Penn Resilience Programme (a programme to prevent depression in adolescents)
- positive psychology and mindfulness interventions for adults
- work based mental health promotion
- mental health awareness and literacy programmes
- Mental health first aid courses
- Interventions related to stigma reduction

6. What evidence is there that we are making a difference?

We are currently in the process of establishing a new Public Mental Health programme. So whilst many activities in the borough seek to improve mental health, there has never previously been an agreed method to measure the impact of council projects and services on wellbeing. Discussions with stakeholders suggest that whilst a few evaluations of projects have shown an impact on wellbeing (e.g. LinkAge+), most do not attempt to measure wellbeing and therefore we have only sparse and incomparable data on whether our projects are making a difference. It is essential that we agree a council-wide approach to evaluating our projects impact on wellbeing and begin incorporating that approach into all projects and services.

Additionally, without trend data on overall local population wellbeing and without data on population wellbeing disaggregated by equality strands (e.g. ethnicity, income, gender and age) we are unable to say if we are making a difference to overall wellbeing or to inequalities in wellbeing. Adding a mental wellbeing component to the annual resident's survey would resolve this gap.

Impact on indicators

Currently the Public Health Outcomes Framework collects data from 2011/12 on:

- 2.08 - Emotional wellbeing of looked after children

- 2.23i - Self-reported wellbeing - people with a low satisfaction score
- 2.23ii - Self-reported wellbeing - people with a low worthwhile score
- 2.23iii - Self-reported wellbeing - people with a low happiness score
- 2.23iv - Self-reported wellbeing - people with a high anxiety score

These indicators are only available for a single time period (2011/12) and our described in the local picture section above. Because we do not have PHOF trend data yet we can't describe our impact, however in future this will become possible.

7. What is the perspective of the public?

The ONS Annual Population Survey (October 2013) and local Tower Hamlets WEMWBS survey shows that people of Tower Hamlets have similar life satisfaction, happiness, anxiety and overall wellbeing as London and National averages.

At present we are not aware of any surveys of local residents views on mental wellbeing, or on what their wellbeing priorities are, or on what their perspectives are on local wellbeing services. Healthwatch also have no evidence on this area. There is clearly a need to address this information gap.

8. What more do we need to know?

Through the process of the factsheet five potential gaps in our knowledge and local provisions has been identified that need to be addressed:

Gap 1: Overall levels of population wellbeing in Tower Hamlets
Gap 2: Loneliness as a key determinant of wellbeing in Tower Hamlets
Gap 3: Availability of psychosocial interventions for the elderly and mental health literacy interventions
Gap 4: Effectiveness of our services
Gap 5: Residents views on wellbeing and wellbeing services in Tower Hamlets

Gap 1: Overall levels of population wellbeing in Tower Hamlets

At present we do not have a regular and detailed assessment of wellbeing in Tower Hamlets. We would benefit from a wellbeing measurement tool (such as WEMWBS) becoming part of the Annual Residents Survey, carried out each year and with a big enough sample size to detect trends and sub-group differences. This would enable us to monitor our impact and target resources to groups most in need of support.

We also do not know the needs of high risk groups, such as those in prison and looked after children. More focused qualitative surveys may be needed to understand this groups wellbeing needs.

Gap 2: Loneliness as a key determinant of wellbeing in Tower Hamlets

We currently have limited information on one key determinant of wellbeing – how many people and who are experiencing loneliness in the borough.

Gap 3: Availability of psychosocial interventions for the elderly and mental health literacy interventions

We are currently unclear regarding the availability of psychosocial interventions for the elderly, and services increasing mental health literacy in the borough.

Gap 4: Effectiveness of our services

We are not routinely measuring the impact of our services or our major council projects on wellbeing. We would benefit from adding a measure (such a WEMWBS) to all commissioned projects and carrying out a Mental Wellbeing Impact Assessment of major council projects.

Gap 5: Residents views on wellbeing and wellbeing services in Tower Hamlets

We currently do not know resident's views on wellbeing, and we do not know residents' perspectives on wellbeing services.

9. What are the priorities for improvement? (Recommendations)

Public Mental Health Programme

As part of the JSNA process, we have reviewed the evidence, consulted stakeholders and held strategic planning workshops. This has resulted in the development of a Public Mental Health Programme led by Public Health which has three key work streams:

1) **To develop partnerships to support a programme of work for Public Mental Health**

Improving mental wellbeing requires efforts across the council, voluntary and community sector, and the business sector. Therefore the first priority is to develop support for such a wide-ranging programme. This will involve:

- Engaging key stakeholders
- Forming a high-level programme steering group and relevant working groups
- Seeking support from councillors and other public opinion leaders
- Raising awareness amongst the public of the importance of mental wellbeing

2) **Commissioning public mental health interventions**

Based on the review here, the following interventions should be considered for commissioning:

- Parenting programmes (based on peer support)
- School based wellbeing promotion programmes
- The Penn resilience programme (a programme to prevent depression amongst adolescence)
- Positive psychology and mindfulness interventions for adults
- Work based mental health promotion
- Mental health awareness and literacy programmes
- Mental health first aid courses

3) **Public Mental Health Intelligence**

As identified in this JSNA, we have five significant gaps in our knowledge. This work stream will attempt to resolve them through:

- Carrying out a series of public engagement events to get residents' perspective on wellbeing and wellbeing services
- Adding a wellbeing measure to the Annual Resident Survey (e.g. WEMWBS)
- Routinely measuring the wellbeing impact of all our interventions (e.g. WEMWBS)
- Routinely carrying out a Mental Wellbeing Impact Assessment of all major council projects
- Survey local residents to understand the causes of loneliness in the borough

10.Contacts / Stakeholder Involvement

Contacts

With special thanks to Peter Baker for his support in producing this factsheet

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Stakeholders

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Appendix A

Table 1: Census 2011 - Self reported sickness by ethnic group

Relative Risk -Actual divided by expected at England rates for age/sex group
(values over 2 highlighted in red, 1.5 to 2 in red text)

	Age 0 to 15	Age 16 to 49	Age 50 to 64	Age 65 and over	Grand Total
Asian/Asian British	2.23	1.55	3.53	2.87	2.21
Black/African/Caribbean/Black British	1.99	1.46	1.61	1.79	1.61
Mixed/multiple ethnic group	1.73	1.11	2.14	1.36	1.36
Other ethnic group	2.77	1.26	2.88	2.20	1.74
White	1.40	0.85	1.86	1.58	1.33
Total	2.02	1.18	2.32	1.92	1.65

Source: Geoff Mole, 2013 Census 2011 -Self reported sickness and disability by ethnic group taken from (DC3201EW - Long-term health problem or disability by general health by ethnic group by sex by age)

Table 2: Census 2011 - Self reported disability by ethnic group

Relative Risk -Actual divided by expected at England rates for age/sex group
(values over 2 highlighted in red, 1.5 to 2 in red text)

	Age 0 to 15	Age 16 to 49	Age 50 to 64	Age 65 and over	Grand Total
Asian/Asian British	1.18	1.03	2.54	1.77	1.45
Black/African/Caribbean/Black British	1.41	1.36	1.58	1.31	1.39
Mixed/multiple ethnic group	1.22	0.85	2.02	1.26	1.12
Other ethnic group	1.22	0.95	2.25	1.63	1.29
White	1.14	0.75	1.70	1.34	1.17
Total	1.20	0.90	1.94	1.45	1.28

Source: Geoff Mole, 2013 analysis of Census 2011 -Self reported sickness and disability by ethnic group taken from (DC3201EW - Long-term health problem or disability by general health by ethnic group by sex by age)

Appendix B: Indicators identified in the Greenwich wellbeing factsheet

Possible indicators to consider for inclusion

Table 1: Local Indicators for protective factors for mental wellbeing See Public Health England's data ojn Mental Health risk factors for Tower Hamlets at http://fingertips.phe.org.uk/	
Protective factors for mental wellbeing	**Locally Available Indicator**
Learning - Educational achievement	– Provision for children under 5 years of age in England – Children achieving a good level of development at early years foundation stage – GCSE achieved (5A*-C inc, Eng & Maths) – Participation in Education, Training and Employment by 16-18 year olds in England – Healthy schools: participation in positive activities – Schools readiness ((placeholder in the Public Health Outcomes Framework)
Employment (including autonomy, support, security and control in an individual's job)	– Local rate of employment – Proportion of adults receiving secondary care mental health services in paid employment – Sickness Absence Rate
Good quality housing	– ONS (2012) Census tables on tenure (KS402EW) and housing (KS401EW) – CLG Live tables on affordable housing supply by Local Authority – Proportion of adults receiving secondary care mental health services in settled accommodation – % of council housing meeting Decent Homes Standard
Early environmental factors	– Breast feeding and prevalence at 6-8 weeks
Being Active	– Local child and adult participation in physical activity
Giving – doing things for others	– Rates of local volunteering
Connecting – social support and networks	– Social Connectedness (placeholder in the Public Health Outcomes Framework) – Local 3rd Sector and community resources – Community centres
Feeling safe	– % of people who say they trust people in the local area – Older people's perception of community safety
Access to the natural environment/green spaces/trees	– % who accessed green space at least once a week – utilisation of outdoor space for exercise/health reasons
Arts and Culture	– Numbers of people accessing cultural assets such as libraries/theatres/arts

Table 2: Local Indicators for risk factors for poor mental wellbeing	
Risk factors for poor mental wellbeing/mental ill-health	**Locally Available Indicator**
Low income/poverty	– People living in the 20% most deprived areas – Children in poverty – Local basket of inequality indicators – Index of Multiple Deprivation – Marmot Review Team: Indicators for social determinants of health, health outcomes and social inequality – Fuel poverty – People in debt
Housing Quality and Status	– Housing by tenure – Statutory homelessness: homelessness acceptances (1.15i) and households in temporary accommodation- – % of population affected by noise – Complaints about noise
Parental factors	– Maternal smoking: at birth and – during pregnancy – Children in lone parent families – Children in out of work families – Children of parents with mental disorder – Children of parents with substance misuse problems
Child factors	– Low birth weight births – Ethnicity: population estimates by ethnic group, age and sex (some ethnic groups are at higher risk of mental health problems – see inequalities section below for details)
Educational factors	– Pupil absence from school – Permanent and fixed period exclusions from school – Behaviour in schools
Violence and abuse	– Percentage of pupils who say they have been bullied and who say their school deals poorly with bullying – SHEU data – Numbers of referrals and assessments of children and young people who were the subject of a child protection plan – Abuse of vulnerable adults – Episodes of violent crime per 1000 population – Rate of Domestic Violence –
Social isolation/loneliness	– Number of people living alone – Number of people who are divorced, widowed, separated
Higher risk groups (children and adolescents)	– Children on the child protection register – Looked after children including adoption and care leavers – Emotional Wellbeing of Looked After Young

Table 2: Local Indicators for risk factors for poor mental wellbeing	
Risk factors for poor mental wellbeing/mental ill-health	**Locally Available Indicator**
	People – Children with Special Educational Needs – Children with parents in prison – Numbers of 16-18 year olds Not in Employment, Education or Training (NEETs) – Young offenders – First time entrants to the youth justice system
Higher risk groups (Adults)	– New mothers – Percentage of adults with no qualification – Numbers who are economically inactive, on job seekers allowance and claimants including numbers claiming incapacity benefit – Number of working age unemployed adults – long term unemployed – claimants of incapacity benefit/ severe disability allowance with mental or behaviour problems per 1000 working age population (LBOI Indicator 10.2) – Statutory homelessness: homelessness acceptances (1.15i) and households in temporary accommodation (1.15ii) – Ethnicity: population estimates by ethnic group, age and sex (some ethnic groups are at higher risk of mental health problems) – Refugees and asylum seekers – Prisoners – Learning Disability – People with a Long term limiting illness – Lesbian, Gay, Bisexual, and Transgender people – People registered deaf or hard of hearing – People misusing alcohol/substance misuse – Carers