

Mental health and emotional wellbeing

Headlines

Mental health is everyone's business – individuals, families, employers, educators and communities all have a contribution to make. Good mental health and resilience are fundamental to physical health, relationships, education, training, work and to achieving potential.

Half of all lifetime mental illness starts before the age of 14 years. Suicide is a leading cause of years of life lost in England, particularly affecting middle aged men.

Key factors such as social position, employment, income, housing and education have a significant influence on people's mental health, including their chances of recovering from mental illness.¹⁰ Those who are most disadvantaged are most likely to experience both mental illness and poorer mental wellbeing. So, mental health is both a consequence and a cause of inequalities.¹²

There is strong evidence of the economic and social returns of preventing and promoting mental wellbeing. Mental health accounts for 23% of the total burden of disease, although only 13% of NHS health expenditure is dedicated to treating mental illness.¹ There is a national drive to create more equality between mental and physical health within the health and care system². All the evidence indicates that a real difference can be made addressing this inequity by commissioning effective, early interventions and treatments.

Why is this issue important?

Mental health is a dynamic functional state, in which the individual is able to develop their potential, work productively and creatively, build strong and positive relationships with others, and contribute to their community³. The key features of mental wellbeing focus on our ability to live our lives to their full potential, enjoy mutually rewarding interpersonal relationships, maintain good physical health and stay resilient in the face of life's stresses and challenges⁴.

Nationally 1 in 6 adults has a mental health problem at any one time⁵, as do 1 in 10 children aged 5-16 years, and many continue to have mental health problems into adulthood³. These figures are reflected locally.⁹ Rates of mental health problems among children increase as they reach adolescence. Disorders affect 10% of boys aged 5-10, rising to 13% of boys aged 11-15, and 6% of girls aged 5-10, rising to 10% of girls aged 11-15 years¹⁶

Suicide is a leading cause of years of life lost with 7.9 suicides per 100,000 population in England between 2008-10. This rate has increased slightly in recent years, reinforcing the need to focus on evidenced based preventive measures.⁷ Mental ill health is associated with [poverty](#), poor life chances, deprivation, [domestic abuse](#) and addictions. These are all things it is possible to do something about.²

Emotional wellbeing depends both on environmental factors and the mental capital or resilience built up throughout the early years of life and into adulthood. The main factors associated with wellbeing include relationships with friends and family, good health and community, civic participation, level of education, relative income and beliefs. Emotional resilience is the ability to take “hard knocks”, to “weather the storm” and to continue life whatever happens. The resilient individual can be viewed as having a good level of self-esteem and confidence. By identifying what makes children and adults resilient, it is possible to help them to develop the fundamental life skills needed.⁸ The Warwick Edinburgh Mental Wellbeing Being Scale (WEMBWS) is one way of measuring positive mental wellbeing, including clear thinking, self-acceptance, good relationships and positive feelings (optimism, cheerfulness, relaxation).⁹ In 2012, Kirklees residents had an average WEMBWS score of 47.5, below the national average for England (51). The score varied across different groups and was better amongst:

- women (47.7) than men(47.2)
- white people(47.6) than those of Pakistani (44.8) or mixed ethnic backgrounds(43.2)
- people in work (48.6) rather than unemployed (43.4) or long term sick or disabled (37.2)
- owner-occupiers (48.6) than social tenants (43.0)

What significant factors are affecting this issue?

Key factors such as social position, employment, income, housing, education have a significant influence on people’s mental health, including their chances of recovery¹⁰. Public mental health is centrally concerned with mental health inequalities, the impact of adverse events (violence, abuse, racism and discrimination) and the relationship between mental health and physical health.¹¹ Poor mental health and wellbeing contribute to poorer outcomes in many areas of life, which reinforces inequalities. Those who are most disadvantaged are most likely to experience both mental illness and poorer mental wellbeing. So, mental health is both a consequence and a cause of inequalities¹² The 2005 Mind survey¹³ provides narrative about how local people expressed their needs:

- Access to early emotional support for wellbeing to prevent problems getting worse
- Supportive social relationships, peer support and community networks
- Suitable accommodation and independent advice about support options
- Access to creativity, [physical activity](#) and paid work.
- Safe neighbourhoods and personal safety
- Informed and evidence based treatment, with a realistic view about recovery.
- Crisis support and physical health care.
- The absence of stigma and discrimination.
- Co-productive support into their own self determined solutions
- Support in neighbourhoods and GP surgeries

People's stories about what works indicates that traditional approaches have largely failed. Even if all mental health service worked at optimal efficiency, the burden of mental ill health would only be reduced by 28%¹⁴. Most recent policy confirms that self-help, peer support, user led organisations, community networks, and voluntary sector provision need to be increasingly developed. This JSNA highlights the need for an asset based approach to wellbeing, which considers the relationship between deprivation, the environment, and life chances.

Which groups are most affected by this issue?

Children and young people, women, unemployed people, groups within black and minority communities are particularly vulnerable to mental health problems.

Children and young people

Mental health problems can contribute to perpetuating cycles of inequality through generations. One in 10 children in England aged 5-16 years has a mental health problem⁵. Children with [learning disabilities](#) are six times more likely to have mental health problems than other children.¹⁶ Many 'looked after' children have complex needs and high levels of mental health problems, frequently as a result of abuse, neglect, loss or attachment difficulties prior to coming into care¹⁷. Early interventions, particularly with vulnerable children and young people, can improve lifetime health and wellbeing, prevent mental illness and reduce costs incurred by ill health, unemployment and crime.³

Adults

Locally in 2012, 1 in 5 (21%) adults reported depression, anxiety or other nervous illness. This figure has increased slightly since 2008, notably amongst males reporting depression from 18.5% in 2008 to 19.9% in 2012. Depression and anxiety levels were highest

amongst 35-44 year olds (21.8%) compared to other age groups⁹. This group is likely to have a wide range of needs, particularly as national research indicates that only 25% of people are in treatment.¹

There is strong evidence of the economic and social returns of preventing and promoting mental wellbeing.¹⁵

- Work based mental health promotion results in total returns of £9.69 for each £1 invested, after one year.
- Debt advice services result in total returns of £3.55 for each £1 invested with savings by year 2.
- One Community based support service in Kirklees results in total returns of £3.61 for every £1 invested with savings totaling £14,500 per year per person when compared with statutory services.

What could commissioners and service planners consider?

- Ensure that mental health is 'everybody's business', to include the broader functions of the Local Authority, the NHS and key partners as commissioners and as employers
- Early (or earlier) interventions to change long term outcomes for people, including physical health, personal, social, environmental and economic wellbeing, regardless of age
- Focussing on the maintenance or recovery of a good quality of life throughout the life course
- Personalisation and personalised approaches for all commissioned services.
- Co-production, involving a changed relationship with people who are accessing support around their mental health
- Use knowledge, evidence and information to assure quality, productivity and outcomes
- Utilise a range of market management and procurement approaches to ensure service choice, diversity, quality, safety and effectiveness
- Shifting the balance of resources away from secondary NHS care to upstream community based support.

References

1. London School Economics & Political Science & Centre for Economic Performance. *How mental illness loses out in the NHS*. 2012
2. Centre for Mental Health & Department of Health, *No Health without Mental Health: implementation framework* 2012
3. Mental Capital and Well-Being: making the most of ourselves in the 21st century. The Foresight Report; Government Office for Science; London November 2008. http://www.bis.gov.uk/assets/biscore/corporate/migratedD/ec_group/116-08-FO_b
4. Department of Health, *New Horizons: Towards a shared vision for mental health consultation*, London, 2009. <http://www.unison.org.uk/file/New%20Horizons%20Consultation.pdf>
5. HM Government/Department of Health (2011) *No Health without mental health: A cross government mental health outcomes strategy for people of all ages*. http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_124058.pdf
6. *Planning For Care Kirklees Mental health needs assessment*. 2012
7. Department of Health. *Statistical update on suicide* September 2012
8. Marmot, M. *Fair Society, Healthy Lives: Strategic Review of Health Inequalities in England post 2010*. 2010. <http://www.marmot-review.org.uk/>
9. NHS Kirklees and Kirklees Council. *Current Living in Kirklees survey*. 2012
10. Campbell F *The social determinants of health and role of local government* 2010
11. Fernando S *Mental Health Race and Culture* Royal College of Psychiatrists, 2010
12. Boardman J & Friedli L *Recovery, Public Mental Health and Wellbeing* October 2012
13. *Mind Lonely Britain* (2004)
14. Andrews G et al *Utilising survey data to inform public policy: comparison of the cost-effectiveness of treatment of ten mental disorders* *British Journal of Psychiatry* (2004) 184, 526-533
15. Joint Commissioning Panel for Mental Health *Guidance for the Commissioning of Public Mental Health Services* (Dec 2012)
16. Green, M Ginnity, Melzer, Ford and Goodman. 2005. *Mental Health of Children and Young People in Great Britain, 2004*. London: ONS
17. CAMHS Review. 2008. *Children and Young People in Mind: The final report of the National CAMHS Review*. London: DfES

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