

PUBLIC MENTAL HEALTH ACTION PLAN

2016-2019

Blackpool Council



Public Mental Health Action Plan 2016-2019

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Introduction

We all have mental health and it can impact on all areas of our lives – how we feel about ourselves and others, our relationships and our psychological and emotional development. It is just as important as our physical health and the two are intrinsically linked. Poor mental health underlies many risk behaviours, including smoking, alcohol and drug misuse, higher-risk sexual behaviour, lack of exercise, unhealthy eating and obesity.¹

Mental health not only refers to the absence of ill health - being mentally healthy helps us to realise our potential, gives us the strength to cope with change, overcome challenges and adversity and make a positive contribution to our community.²

Mental wellbeing, or emotional health and wellbeing are associated with better physical health, positive interpersonal relationships and socially healthier societies.³ 'Wellbeing' itself comprises of two key elements, 'feeling good' and 'functioning well'⁴.

The promotion of mental wellbeing is an integral part of any strategies to improve health and reduce health inequalities. The social, physical and environmental factors in which we are born, grow, live, work and age have important implications for mental health⁵ and various circumstances can interact with each other, leading to a positive or negative affect on an individual's mental wellbeing.⁶

Public mental health refers to mental health in public health practice. It involves promotion, prevention, effective treatment, care and recovery.⁷

This strategy and action plan uses a public health approach to promoting mental wellbeing and preventing mental health problems. It incorporates interventions at both a universal level (to improve the mental health of our local population) and targeted (targeting those groups and communities most at risk of poor mental health).

Enhancing protective factors for mental health and wellbeing, building resilience and harnessing the assets of individuals and communities are all central to this strategy.

Mental Health – Some National Statistics

- At least 1 in 4 people will experience a mental health condition at some point in their life and 1 in 6 adults has a mental health condition at any one time⁸
- 1 in 10 children aged between 5 and 16 years experiences a mental health condition, and many continue to have a mental health condition into adulthood⁹
- Half of those with lifetime mental health conditions first experience symptoms by the age of 14, and three-quarters before their mid-20s¹⁰

¹ Royal College of Psychiatrists Position Statement PS4 (2010)

² World Health Organisation (2005) Promoting Mental Health; Concepts, emerging evidence and practice.

³ Mental Health Foundation & Faculty of Public Health (2016) Better mental health for all: a public health approach to mental health improvement

⁴ New Economics Foundation (2008) Five ways to wellbeing

⁵ Mental Health Foundation & Faculty of Public Health (2016) Better mental health for all: a public health approach to mental health improvement

⁶ World Health Organisation (2012) Risks to mental health: An overview of vulnerabilities and risk factors.

⁷ Mental Health Foundation & Faculty of Public Health (2016) Better mental health for all: a public health approach to mental health improvement

⁸ McManus s, Meltzer h, Brugha T et al. (2009) Adult Psychiatric Morbidity in England, 2007: Results of a household survey. Leeds: NHS Information centre for health and social care

⁹ Green h, McGinnity A, Meltzer h et al. (2005) Mental Health of Children and Young People in Great Britain, 2004. Basingstoke: Palgrave Macmillan.

- Self-harming in young people is not uncommon (between 10 and 13% of 15-16 year olds have self-harmed)¹¹
- Almost half of all adults will experience at least one episode of depression during their lifetime¹²
- 1 in 10 new mothers experiences postnatal depression¹³
- About 1 in 100 people has a severe mental health illness¹⁴
- Some 60% of adults living in hostels have a personality disorder¹⁵
- Some 90% of all prisoners are estimated to have a diagnosable mental health condition (including personality disorder) and/or a substance misuse problem¹⁶
- People with severe mental illness will die up to 20 years younger than their peers in the UK¹⁷
- People with mental health conditions consume 42% of all tobacco in England¹⁸
-

Risk Factors, Protective Factors and Emotional Resilience

Any one of us can experience poor mental health and mental illness, but some individuals and communities are particularly vulnerable. Risks to mental health can happen at all stages in life and a 'life-course' approach is helpful, as it provides a model to explain how biological and social factors experienced at different life stages, such as early life and adolescence can interact with each other and impact in adulthood and later life. There are also other factors that can impact on an individual at any age or stage in their life, depending on the sociocultural context in which they live. For example, experiencing homophobia and discrimination can lead to social exclusion and leave people vulnerable to stress, anxiety and other common mental health problems.

Risk factors can include:

- Adverse childhood experiences - ACEs (e.g. experiencing physical or emotional neglect or abuse, having a parent/carer with a mental health condition, domestic abuse)
 - Demographics (being female- as women are more likely to be diagnosed with common mental health problems; belonging to particular ethnic groups; and lacking educational qualifications);
 - Socio-economic context (living in social housing; on a low income; in debt; poor housing conditions; and lacking employment or in stressful working conditions);
 - Social relationships (separation or divorce; living as a one-person family unit or as a lone parent; and experience of violence or abuse);
 - Health, disability and health behaviours (low predicted IQ; impaired functioning; physical health conditions; nicotine, alcohol and illicit drug consumption).
- (from Stansfeld et al 2014)¹⁹

¹⁰ Kim-Cohen J, Caspi A, Moffitt T et al. (2003) Prior juvenile diagnoses in adults with mental disorder. *Archives of General Psychiatry* 60: 709–717; Kessler R, Berglund P, Demler o et al. (2005) lifetime prevalence and age-of-onset distributions of dsM-iv disorders in the national comorbidity survey Replication. *Archives of General Psychiatry* 62: 593–602.

¹¹ Hawton k, Rodham k, Evans E and Weatherall R (2002) deliberate self-harm in adolescents: self-report survey in schools in England. *British Medical Journal* 325: 1207–1211

¹² Andrews G, Poulton R and Skoog I (2005) lifetime risk of depression: restricted to a minority or waiting for most? *British Journal of Psychiatry* 187: 495–496.

¹³ Gavin n, Gaynes B, Lohr k et al. (2005) perinatal depression: a systematic review of prevalence and incidence. *Obstetrics and Gynaecology* 106: 1071–1083.

¹⁴ Department of Health (2011) No Health without Mental Health; A Cross Government Mental Health Outcomes Strategy for People of All Ages.

¹⁵ Rees s (2009) Mental Ill Health in the Adult Single Homeless Population: A review of the literature. London: crisis and Public health Resource unit.

¹⁶ Department of Health (2011) No Health without Mental Health; A Cross Government Mental Health Outcomes Strategy for People of All Ages

¹⁷ Chang C-K, Hayes RD, Perera G, Broadbent MTM, Fernandes AC, Lee WE, et al. (2011) Life Expectancy at Birth for People with Serious Mental Illness and Other Major Disorders from a Secondary Mental Health Care Case Register in London. *PLoS ONE* 6(5): e19590. doi:10.1371/journal.pone.0019590

¹⁸ McManus et al (2010) Cigarette smoking and mental health in England

A public mental health approach also involves consideration of protective factors for mental health. There is an imperative to enhance the resilience of individuals and communities, to help them cope with adversity and flourish. Some examples of protective factors are:^{20 21}

- Having a secure attachment experience in childhood;
- Having psychological coping skills / problem-solving skills;
- Having a supportive network / positive personal relationships;
- Good physical health;
- Having a belief in control;
- Faith or spirituality;
- Good communication skills.

Emotional resilience is a complex and personal concept; what is important for one person may not be helpful to another. Resilience is often described as the ability to cope with life's ups and downs, or the ability to bounce back when something difficult happens in your life. Resilient people can adapt when faced with challenging circumstances, whilst remaining mentally well.

In terms of developing resilient communities, three key factors have been identified:²²

- Promoting wellbeing
- Building social capital
- Developing psychological coping strategies

Mental Health and Physical Health

There are a number of ways in which poor mental health is linked to physical health. High levels of wellbeing directly affect good health. It is estimated that high levels of subjective wellbeing can increase life by 4 to 10 years, compared with low levels of subjective wellbeing. Positive emotions have also been linked to living longer and negative emotions to mortality.²³

People with long-term conditions commonly experience mental health problems such as depression and anxiety, or dementia in the case of older people. There is particularly strong evidence for a close association with cardiovascular diseases, diabetes, chronic obstructive pulmonary disease (COPD) and musculoskeletal disorders. Overall, the evidence suggests that at least 30 per cent of all people with a long-term condition also have a mental health problem²⁴.

Thirty three percent of people with a mental health condition smoke compared to 18.7% of people in the general population²⁵ Studies which examine prevalence within individual mental conditions

¹⁹ Stansfeld et al (2014) Annual report of the Chief Medical Officer 2013, Public mental health priorities: Investing in evidence. Chapter 7, page 116.

²⁰ Mind (2015) Our communities, our mental health: Commissioning for better public mental health

²¹ Department for Education (2016) Mental health and behaviour in schools

²² The Mental Health Strategic Partnership (2013) Building resilient communities: Making every contact count for mental health

²³ Department of Health (2014) What works to improve wellbeing? A compendium of factsheets: wellbeing across the lifecourse.

²⁴ The Kings Fund and Centre for Mental Health (2012) Long term conditions and mental health, the cost of co-morbidities.

²⁵ Public Health England (2015) Smoking cessation in secure mental health settings – guidance for commissioners.

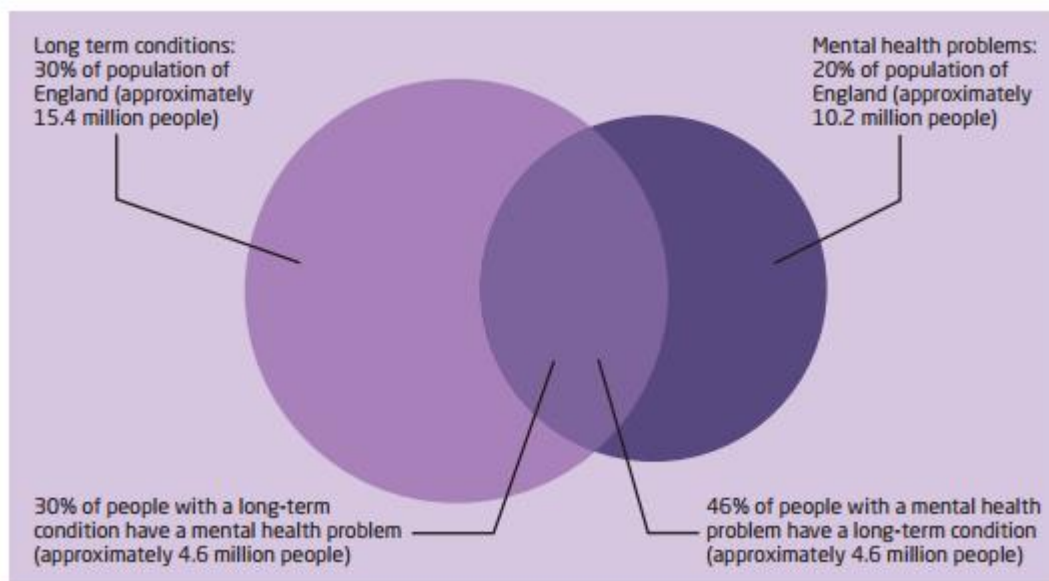
have found prevalence of around 60% in people with probable psychosis and up to 70% for people in psychiatric units.²⁶

People with severe mental illness die on average 20 years younger than the general population, often from avoidable physical illness. The vast majority of these deaths are due to chronic physical medical conditions such as cardiovascular, respiratory and infectious diseases, diabetes and hypertension. Suicide is another important cause of death.²⁷ The medical conditions experienced by this group are associated with preventable risk factors, such as smoking, physical inactivity, obesity, and side effects of psychiatric medication.

Unhealthy behaviours such as tobacco use and inactivity are associated with depression, schizophrenia and bipolar disorder and can lead to the development of long term conditions. Once illness has developed, poor self-care associated with having a severe mental illness can lead to worse health outcomes and higher mortality rates.²⁸

There are also strong links between adverse experiences in childhood and physical health outcomes in adults. Evidence shows that ACEs effect neurological, immunological and endocrine development, increasing stress on the body and a person's vulnerability to health-harming behaviours (e.g. tobacco use, substance misuse). This can lead to increased risk of poor health outcomes in adulthood.²⁹

The following table shows the overlap between long-term conditions and mental health problems:³⁰



²⁶ Action on Smoking and Health (2016) Factsheet: smoking and mental health

²⁷ World Health Organisation: Information Sheet: Premature death among people with severe mental disorders

²⁸ World Health Organisation: Information Sheet: Premature death among people with severe mental disorders

²⁹ C. McGee, K. Hughes, Z. Quigg, M. Bellis, W. Larkin & H/Lowey (2015) A Scoping Study of the Implementation of Routine Enquiry about Childhood Adversity (REACH) Centre for Public Health

³⁰ The Kings Fund and Centre for Mental Health (2012) Long term conditions and mental health, the cost of co-morbidities.

People in Blackpool are 0.4 times more likely to die before age 75 than the national average and this rises to 3.6 times for people with a serious mental health problem. This rate is significantly higher than the national average (2.4)³¹

Those living with any mental health condition are often at a disadvantage compared with the general population owing to factors such as unemployment, living in institutions, social isolation and exclusion, as well as socioeconomic status – all risk factors that can prevent recovery as well as lead to poor health and premature mortality.³²

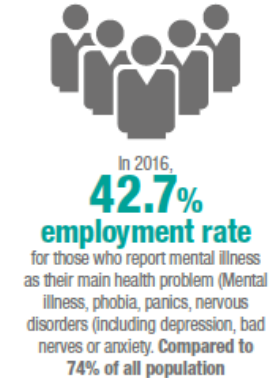
Lack of integration between mental health and physical health services can mean that the mental health of people living with long term conditions and the physical health of people living with a mental health condition are not adequately addressed.

³¹ Open Public Services Network (2015) <https://www.ther sa.org/action-and-research/rsa-projects/public-services-and-communities-folder/mental-health/long-life.html>

³² World Health Organisation: Information Sheet: Premature death among people with severe mental disorders

The Business Case for Public Mental Health

Poor mental health has a personal, economic and societal cost. Globally, mental health problems form the largest single source of economic burden, with an estimated global cost of £1.6 trillion. People with mental health problems are more likely to have a disrupted education, be unemployed, take time off work, fall into poverty and be over-represented in the criminal justice system.³³ Mental ill health is the cause of 40% of new disability benefit claims each year in the UK.



The Work Foundation, Lancaster University (2016)

³³ Mental Health Foundation & Faculty of Public Health (2016) Better mental health for all: a public health approach to mental health improvement

The following table demonstrates how investing in prevention, promotion and early identification can lead to a significant return on investment.

Table 1: Total returns on investment: economic pay-offs per £1 expenditure)³⁴

Economic pay-offs per £1 investment

| Early identification and intervention as soon as mental disorder arises | | | | |
|---|------------|----------------------------|--------------------------|--------------|
| | NHS | Other public sector | Non public sector | Total |
| Early intervention for conduct disorder | 1.08 | 1.78 | 5.03 | 7.80 |
| Heath visitor interventions to reduce postnatal depression | 0.40 | - | 0.40 | 0.80 |
| Early intervention for depression in diabetes | 0.19 | 0 | 0.14 | 0.80 |
| Early intervention for medically unexplained symptoms | 1.01 | 0 | 0.74 | 1.75 |
| Early diagnosis and treatment of depression at work | 0.51 | - | 4.52 | 5.03 |
| Early detection of psychosis | 2.62 | 0.79 | 6.85 | 10.27 |
| Screening for alcohol misuse | 2.24 | 0.93 | 8.57 | 11.75 |
| Suicide training courses provided to all GPs | 0.08 | 0.05 | 43.86 | 43.99 |
| Suicide prevention through bridge safety barriers | 1.75 | 1.31 | 51.39 | 54.45 |
| Promotion of mental health and prevention of mental disorder | | | | |
| | NHS | Other public sector | Non public sector | Total |
| Prevention of conduct disorder through social and emotional learning programmes | 9.42 | 17.02 | 57.29 | 83.73 |
| School-based interventions to reduce bullying | 0 | 0 | 14.35 | 14.35 |
| Workplace health promotion programmes | - | - | 9.69 | 9.69 |

Current National Policy and Guidance

The following policy and guidance underpin the development of this action plan:

In 2016, the independent Mental Health Taskforce to the NHS in England, produced '*The Five Year Forward View for Mental Health*'.³⁵ This report makes the case for transforming mental health care

³⁴ London School of Economics and Political Science (2011) Mental health promotion and prevention: the economic case. Department of Health.

in England, with more of a focus towards prevention. The corresponding implementation plan outlines how this will be achieved with the main focus on NHS services.

*Better Mental Health for All: a public health approach to mental health improvement*³⁶ – this guidance from the Faculty of Public Health and the Mental Health Foundation outlines what can be done individually and collectively to enhance the mental health of individuals, families and communities by using a public health approach.

*Improving the Physical Health of People with Mental Health Problems: Actions for mental health nurses*³⁷ - this resource provides information on a more holistic approach to physical and mental health. The action areas identified are, support to quit smoking; tackling obesity; improving physical activity levels; reducing alcohol and substance misuse; sexual and reproductive health; medicine optimisation; dental and oral health and reducing falls.

*Building Resilient Communities: Making every contact count for public mental health*³⁸ - this report summarises information from literature in the area of resilience and personal experiences from interviews and focus groups. It identifies three factors that can affect resilience, activities that promote wellbeing, building social capital and developing psychological coping strategies.

*Preventing suicide in England: Two years on*³⁹ outlines current trends in suicide, new messages from research and specific information on preventing male suicides. The report refers to the All-Party Parliamentary Group on Suicide and Self-harm, which considers that there are three main elements to the successful implementation of the national suicide prevention strategy. These are, carrying out a local suicide audit; developing a suicide action plan and establishing a multi-agency suicide prevention group.

*Local suicide Prevention Planning: A practice resource*⁴⁰ - This resource, supported by the National Suicide Prevention Alliance outlines how local authorities can in partnership with mental health and health care services, primary care, schools, employers and other organisations to develop a local suicide prevention plan.

What Works to Improve Wellbeing?

Wellbeing has a wide range of determinants. Interventions in a number of areas have been shown to improve wellbeing⁴¹, for example,

- Improving physical health;
- Physical activity;
- Parenting and early years;
- Engaging in learning throughout the life course;
- Good quality employment and promoting employee mental health in the workplace;
- Improving housing;
- Taking part in social activities, having good relationships and strong social networks;
- Arts activities;
- Green spaces.

³⁵ The Mental Health Taskforce (2016) The five year forward view for mental health.

³⁶ Mental Health Foundation & Faculty of Public Health (2016) Better mental health for all: a public health approach to mental health improvement

³⁷ Nursing, Midwifery and Allied Health Professionals Policy Unit (2016)

³⁸ The Mental Health Strategic Partnership (2013) Building resilient communities: Making every contact count for mental health

³⁹ HM Government (2015) Preventing suicide in England: Two years on – second annual report on the cross-government outcomes strategy to save lives

⁴⁰ Public Health England (2016) Local suicide prevention planning: a practice resource

⁴¹ Department of Health (2014) A compendium of factsheets: Wellbeing across the lifecourse -What works to improve wellbeing?

The Five Ways to Wellbeing

The Foresight Project on Mental Capital and Wellbeing looked at how to achieve the best possible mental development and mental wellbeing for people in the future. From a broad evidence base, a long list of actions emerged, which were reduced to a set of five key messages on the evidence around social relationships, physical activity, awareness, learning and giving.⁴²

These messages have been organised into five key actions, as detailed on the following page, each offering examples of more specific behaviours that enhance wellbeing. These are not just any one person's individual responsibility, but can be influenced by 'upstream' interventions; shaping existing services or providing new services in such a way that they encourage behaviours that promote the Five Ways to Wellbeing.⁴³

Connect...

With the people around you. With family, friends, colleagues and neighbours. At home, work, school or in your local community. Think of these as the cornerstones of your life and invest time in developing them. Building these connections will support and enrich you every day.

Be active...

Go for a walk or run. Step outside. Cycle. Play a game. Garden. Dance. Exercising makes you feel good. Most importantly, discover a physical activity you enjoy and that suits your level of mobility and fitness.

Take notice...

Be curious. Catch sight of the beautiful. Remark on the unusual. Notice the changing seasons. Savour the moment, whether you are walking to work, eating lunch or talking to friends. Be aware of the world around you and what you are feeling. Reflecting on your experiences will help you appreciate what matters to you.

Keep learning...

Try something new. Rediscover an old interest. Sign up for that course. Take on a different responsibility at work. Fix a bike. Learn to play an instrument or how to cook your favourite food. Set a challenge you enjoy achieving. Learning new things will make you more confident as well as being fun.

Give...

Do something nice for a friend, or a stranger. Thank someone. Smile. Volunteer your time. Join a community group. Look out, as well as in. Seeing yourself, and your happiness, as linked to the wider community can be incredibly rewarding and creates connections with the people around you.

For the purpose of this plan, the Five Ways to Wellbeing have helped to guide the development of specific actions to improve wellbeing. The Five Ways will also be used as a framework to communicate and promote public mental health to different stakeholders, including the general public.

⁴² New Economics Foundation (2008) Five ways to wellbeing

⁴³ The Mental Health Strategic Partnership (2013) Building resilient communities: Making every contact count for mental health

Health and Wellbeing– The Local Picture ⁴⁴

The health of people in Blackpool is generally worse than the England average. Blackpool is one of the 20% most deprived districts/unitary authorities in England and about 30% (7,700) of children live in low income families. Life expectancy for both men and women is lower than the England average. Life expectancy is 11.8 years lower for men and 8.5 years lower for women in the most deprived areas of Blackpool than in the least deprived areas.

In Year 6, 22.0% (335) of children are classified as obese, worse than the average for England.

The rate of alcohol-specific hospital stays among those under 18 was 89.8, worse than the average for England. This represents 26 stays per year. Levels of teenage pregnancy, GCSE attainment, breastfeeding initiation and smoking at time of delivery are worse than the England average.

The rate of alcohol-related harm hospital stays is 1,223, worse than the average for England. This represents 1,702 stays per year. The rate of smoking related deaths is 423, worse than the average for England. This represents 365 deaths per year.

Estimated levels of adult excess weight, smoking and physical activity are worse than the England average. Rates of hip fractures and sexually transmitted infections are worse than average.

Mental health is a significant issue in Blackpool. Our suicide rate is 17 per 100,000 (compared to a national average of 10 per 100,000) 74% of deaths by suicide in 2011-13 were male.

The rate of self-harm in Blackpool is the highest of any local authority in the country and is over three times the England average. The rate of self-harm hospital stays is 629.9; this represents 861 stays per year.

The prevalence of depression, both identified by GPs and self-reported within the GP patient survey, is significantly higher than the England average. 19.1% of the Blackpool population reported moderate or extreme anxiety or depression compared to 12.0% of the population of England as a whole. The percentage of people with a high anxiety score is 21.4%, compared to 19.4% for England.⁴⁵

Approximately 7% of Blackpool's population is Black and minority ethnic (BME). Different ethnic groups have different rates and experiences of mental health problems. BME communities in the UK are more likely to be diagnosed with mental health conditions, more likely to be admitted to hospital, more likely to experience a poor outcome from treatment and more likely to disengage from mainstream mental health services, leading to social exclusion and a deterioration in mental health.⁴⁶

Local data on sexual identity is not available but based on the number of businesses and venues; Blackpool has a thriving LGB&T population. Studies show that lesbian, gay and bisexual people show higher levels of anxiety, depression and suicidal feelings than heterosexual men and women. Poor levels of mental health among gay and bisexual people have often been linked to experiences of homophobic discrimination and bullying. Suicide risk in the Transgender population is high and this group face considerable social stigma and issues with access to services.⁴⁷

⁴⁴ Public Health England (2016) Blackpool Health Profile <http://fingertipsreports.phe.org.uk/health-profiles/2016/e06000009.pdf>

⁴⁵ Public Health Outcomes Framework (2016) <https://fingertips.phe.org.uk/profile-group/mental-health>

⁴⁶ Mental Health Foundation (2016) <https://www.mentalhealth.org.uk/a-to-z/b/black-asian-and-minority-ethnic-bame-communities>

⁴⁷ Trans Mental Health Study (2012) https://www.gires.org.uk/assets/Medpro-Assets/trans_mh_study.pdf

(Visit <http://www.blackpooljsna.org.uk/Home.aspx> for more information from Blackpool's Joint Strategic Needs Assessment)

Improving Mental Health and Wellbeing: Related strategies

There are a number of current local strategies and work plans that address mental health, wellbeing and resilience, as outlined below. As a result, this Public Mental Health Action Plan does not include actions that are already being undertaken as part of existing work. For example, actions related to children and young people which are outlined under Lancashire and South Cumbria Sustainability and Transformation plans or perinatal mental health, which is addressed through Blackpool Better Start.

[Blackpool Council Plan 2015 to 2020](#)

The plan has two priorities, maximising growth and opportunities across Blackpool and creating stronger communities and increasing resilience.

[Blackpool Council Workforce Strategy 2016 to 2020](#)

Employee health and wellbeing is part of this strategy and it includes a commitment to activities that improve the mental health and wellbeing and resilience of council staff.

[Joint Health and Wellbeing Strategy for Blackpool 2016 to 2019](#)

This strategy outlines the priorities for Blackpool Health and Wellbeing Board which are, housing, tackling substance misuse, early intervention and building resilience and reducing social isolation.

[Blackpool Better Start](#) In 2014, Blackpool was chosen as one of only five locations in the UK to receive Big Lottery Funding to help give Blackpool babies a better start in life. Specialist services are being developed to support the most vulnerable families with babies across seven key wards in Blackpool, as well as delivering public health messages and improving public spaces for the benefit of all families in Blackpool. Better Start focuses on pregnancy to pre-school as it is a crucial time for child development and a unique opportunity for prevention. Priorities for Better Start include:

- Giving babies the best start in relation to Diet and Nutrition, Language and Communication and Social and Emotional Development
- Tackling poor parental health and unhealthy gestation and birth
- Enabling youngest children to enter school ready and able to learn and reach their full potential
- Safeguarding and protecting the most vulnerable children and families
- Tackling poor mental health and well-being along with other parental risk factors
- Delivering quality services through a committed, professional and motivated workforce.
-

A number of initiatives have been developed through Better Start, as outlined in the strategy:

Blackpool HeadStart: Blackpool HeadStart is a Big Lottery funded programme designed to build the resilience of young people aged 10 to 16 to help prevent them from developing mental health problems as they get older. A number of interventions are currently being delivered or planned as part of the HeadStart programme, including 'Walk and Talk' therapy, equine and pet therapy and online counselling. HeadStart is working with number of schools, developing training for the children and young people workforce and developing campaigns to decrease stigma and discrimination related to mental ill health.

[Blackpool Fulfilling Lives](#) Blackpool is one of 12 areas in England that has received Big Lottery Funding to support people with multiple needs. Blackpool Fulfilling Lives is targeted at people living very chaotic lifestyles who do not currently engage with services. The programme engages with and supports adults living with a combination of issues – working with individuals that present with at least two of the four specified areas of multiple need (homelessness, reoffending, problematic substance misuse and mental ill health).

[Lancashire and South Cumbria Sustainability and Transformation Plans](#) In 2015, the NHS shared planning guidance outlined a new approach to help ensure that health and care services are built around the needs of local populations. To do this, every health and care system in England must produce a multi-year Sustainability and Transformation Plan (STP), showing how local services will evolve and become sustainable over the next five years – ultimately delivering the Five Year Forward View vision of better health, better patient care and improved NHS efficiency.

To deliver plans that are based on the needs of local populations, local health and care systems came together to form 44 STP ‘footprints’ and Blackpool is part of the Lancashire and South Cumbria STP ‘footprint’. Plans for Lancashire and South Cumbria, include transformation of emotional health and wellbeing services for young people and promoting wellbeing.

The Children and Young People’s Resilience, Emotional Wellbeing and Mental Health plan for Lancashire has been developed by the Children and Young People’s Emotional Wellbeing and Mental Health System Board, which consists of key partners, including all eight CCGs, and has been informed by consultation with children, young people and families. It is based on comprehensive identification of needs and evidence based practice to promote good emotional wellbeing and prevention of mental ill-health through early intervention, care and recovery.

In order to promote build resilience in Lancashire, ambitions include actions to build resilient communities in all settings including home, school and wider community which promote, improve and maintain the emotional health, mental health and wellbeing of children, young people and their families, to encourage them to help themselves and improve public awareness and understanding of children and young people’s wellbeing and mental health, including perinatal mental health, and work to reduce stigma and discrimination. These ambitions have been translated into a local transformation plan for Blackpool.

Aims and Objectives of the Plan

The overall aim of this action plan is to provide a framework for the promotion of mental health and resilience in Blackpool, creating a supportive environment for individuals and communities to flourish. This will be achieved by:

1. Promoting good mental health and resilience across the population
2. Preventing mental ill health and suicide
3. Reducing the stigma and discrimination associated with mental illness
4. Improving the quality and length of life of people living with mental illness

10. Public Mental Health Action Plan

As this is a Public Mental Health Action Plan, most actions are led by Public Health, with actions completed in partnership with other stakeholders.

| Promote good mental health and resilience across the population | | | | |
|---|---|--------------------------|--------------------------------|--|
| Objective | Actions | To be Achieved by | Lead/s | Outputs |
| <i>Support individual, community and population mental health and resilience.</i> | Implement and evaluate a neighbourhood resilience programme in Clarendon. | 31.03.19 | Liz Petch | Evaluation completed and learning outcomes disseminated. |
| | Develop and promote an online resilience programme incorporating the Five Ways to Wellbeing for residents. | 30.09.17 | Emily Davis | Resilience programme in place. |
| | Develop an e-learning tool for Blackpool Council frontline staff to raise awareness of the Five Ways to Wellbeing and how to promote them to service users. | 30.06.17 | Emily Davis / Rachel Swindells | Staff completion rates for e-learning tool. |
| | Develop and deliver a short face-to-face training session for non-office-based staff to raise awareness of the Five Ways to Wellbeing and how to promote them to service users. | 31.03.18 | Emily Davis / Rachel Swindells | Non-office based staff completion rates. |
| | Develop and deliver a campaign to promote the Five Ways to Wellbeing, with specific targeting for high risk groups (e.g. 'Happier Lancashire') | 31.03.18 | Emily Davis / Zohra Dempsey | Campaign delivered and evaluated. |
| | Raise the profile of evidence based interventions to improve mental health and wellbeing for residents and promote | 31.03.17 | Zohra Dempsey / Lynn Howarth | Marketing plan developed and delivered. |

| | | | | |
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| | access to mental health and resilience building courses. | | | |
| | Develop and promote a social prescribing offer for all residents, through Healthy Lifestyles at HealthWorks. | 31.03.17 | TBC | Number of residents accessing socially prescribed activities. |
| | Ensure mental wellbeing is incorporated into any tools developed for health impact assessments. | 31.03.17 | Alan Shaw | Blackpool Council Health impact assessment tool includes mental wellbeing. |
| <i>Support the mental health and resilience of the Blackpool Council workforce.</i> | Implement recommendations and best practice from the Centre for Mental Health as part of the Mental Health Challenge. | 31.03.19 | Zohra Dempsey | Implementation plan in place. |
| | Audit line managers' use of the Mindful Employer Resource, particularly for staff working in Health and Social Care, identify gaps and encourage better use. | 31.03.17 | TBC | Action plan in place. |
| | Develop courses for Blackpool Council staff focusing on building resilience, Mindfulness and promoting the use of evidence-based stress management techniques, including online support and resources. | 31.12.17 | Zohra Dempsey / Lynn Howarth | Number of Blackpool Council staff accessing workplace opportunities to build resilience. |
| <i>Increase opportunities for Ecotherapy</i> | Develop a green infrastructure strategy for Blackpool Council. | 31.03.19 | Judith Mills | Strategy developed. |
| | Develop a Blackpool-wide network of community growing projects that can be accessed through Healthy Lifestyles as a | 31.03.18 | Judith Mills | Number of people accessing growing opportunities through Health Lifestyles. |

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| | vehicle for social prescribing. | | | |
| <i>Improve access to arts and cultural activities to improve wellbeing.</i> | Develop and implement an arts and health Strategy for Blackpool. | 31.03.18 | Zohra Dempsey / Carolyn Primett | Strategy and implementation plan in place. |

| Prevent mental ill health and suicide | | | | |
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| Objective | Actions | To be Achieved by | Lead/s | Outcome Measure |
| <i>Develop a partnership approach to suicide prevention.</i> | Establish a multi-agency suicide prevention group for Blackpool to ensure delivery of the suicide prevention plan. | 31.03.17 | Emily Davis | Formal group in place. |
| <i>Ensure appropriate assessment and response for those presenting with deliberate self-harm.</i> | Review and develop multi-agency care pathways for deliberate self-harm in adults, including appropriate psychosocial assessment and follow-up for those presenting at A&E | 31.01.18 | Zohra Dempsey | Care pathways in place. |
| <i>Improve access to psychological therapies for people with common mental health conditions</i> | Develop a list of free non-NHS counselling providers to be promoted with NHS, substance misuse and social care staff and ensure details are included in the new directory of services for Blackpool, Fylde and Wyre residents. | 31.03.17 | Zohra Dempsey | Details circulated to all staff teams. |
| | Pilot and evaluate the use of behavioural activation for depression to be delivered by mental health and non-mental health staff. | 31.03.19 | Zohra Dempsey / Helen Lammond-Smith | Number of people receiving behavioural activation as a treatment for depression. |
| | Pilot and evaluate innovative and alternative ways of delivering talking therapies that are more accessible for those patients that do not want to access traditional models of delivery. | 31.12.17 | Zohra Dempsey / Nicky Dennison | Number of people accessing psychological therapies. |

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| | Ensure any weight management interventions for people who are overweight or obese include an assessment of mental health and wellbeing and appropriate support and referral. | 31.03.17 | Helen Lammond-Smith / Nicky Dennison | Number of people accessing weight management care pathways having their mental health and wellbeing assessed. |
| <i>Develop more effective assessments and gender specific interventions for men at risk of poor mental health and suicide.</i> | Pilot and evaluate innovative and alternative ways of delivering psychological therapies that are more acceptable to men. | 31.12.17 | Zohra Dempsey | Number of men accessing psychological therapies. |
| | Work with delivery partners to develop specific programmes of physical activity to attract inactive at-risk men. | 31.03.19 | Zohra Dempsey | Number of inactive men accessing specific programmes. |
| | Ensure mental health services are commissioned to meet the needs of at-risk men, including support services for vulnerable men. | 31.03.19 | Helen Lammond-Smith / Zohra Dempsey | Number of men accessing mental health services. |
| | Pilot ways of delivering relationship therapy and anger management programmes that are more appealing to men. | 31.03.19 | Zohra Dempsey | Outcomes from pilot used to inform future service provision. |
| | Work with partner organisations to ensure that vulnerable men are targeted for debt advice services. | 31.12.17 | Emily Davis / Zohra Dempsey | Debt advice care pathway in place and promoted with services. |
| | Investigate male-specific measures of depression for use in primary care and pilot use in a GP practice. | 31.03.19 | Zohra Dempsey | Protocols in place and evaluation completed |
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| <i>Ensure the mental health needs of people with substance misuse issues are</i> | Providers of mental health and substance misuse services to develop and adopt joint working protocols. | 31.03.18 | Helen Lammond-Smith / Nina Carter | Joint working protocols in place and monitored through contracts. |

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| <i>addressed effectively.</i> | | | | |
| | Ensure key personnel in substance misuse services are trained in Applied Suicide Interventions Skills Training (ASIST). | 31.12.17 | Nina Carter / Emily Davis | Number of key personnel trained in ASIST. |
| | Assertive outreach teams in both mental health and substance misuse services to develop effective protocols to prevent loss of contact with vulnerable and high-risk clients. | 31.03.18 | Helen Lammond-Smith / Nina Carter | Protocols in place and monitored through contracts. |
| | All patients accessing primary or secondary care identified as having substance misuse issues to be screened for depression. | 31.03.19 | Rachel Swindells / Emily Davis | Number of patients with substance misuse issues being screened for depression in primary and secondary care. |
| <i>Ensure identification of suicide risk, particularly for vulnerable groups (e.g. BME, LGB&T)</i> | Work with service providers to develop appropriate postvention activities for people bereaved or affected by suicide. | 31.03.19 | Emily Davis | Care pathway in place for bereavement through suicide. |
| | Review the process for future Public Health audits to eliminate duplication and improve data collection. | 31.12.18 | Emily Davis | Review completed and new protocol established. |
| | Ensure that all those working with vulnerable groups, have been trained to deliver the Applied Suicide Interventions Skills Training (ASIST) model of suicide prevention. | 31.03.19 | Emily Davis | ASIST training audit shows uptake from those working with vulnerable groups. |
| | Develop a system within primary care for frequent attenders to identify frequent attenders at risk of suicide. | 31.03.19 | Emily Davis | System developed and adopted by all Blackpool GP practices. |

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| | Pilot 'real time' surveillance of suicides. | 31.03.19 | Emily Davis | Pilot completed and evaluated. |
| <i>Ensure responsible reporting of suicide and self-harm in the local media.</i> | Develop locally agreed protocols with local media for reporting of suicide and suicidal behaviour. | 31.12.18 | Emily Davis / Communications | Protocols agreed. |
| <i>Ensure Blackpool Council planning considerations include suicide risk.</i> | Identify actual or potential suicide hotspots and work with partners to reduce risk and introduce signage. | 31.03.19 | Emily Davis | Appropriate signage introduced. |
| | Ensure suicide risk is incorporated into any tools developed for health impact assessments. | 31.03.17 | Alan Shaw | Health Impact Assessment tool developed and includes suicide risk. |
| <i>Ensure safer prescribing of opiate analgesics and antidepressants.</i> | Work with primary care and A&E to review prescribing arrangements. | 31.12.17 | TBC | Review completed and recommendations in place. |
| <i>Help to alleviate loneliness and social isolation, particularly for older people, carers, those living with mental health and/or long term conditions, those at-risk of a mental health condition and those with substance misuse issues.</i> | Ensure frontline local authority staff and NHS staff (e.g. district nurses) are trained to use the Warwick Edinburgh Mental Wellbeing Scale (WEMWBS) and a validated tool to measure social inclusion as part of their assessments and can promote practical steps on activities to improve social inclusion. | 31.03.19 | Zohra Dempsey / Rachel Swindells | Training delivered as part of Making Every Contact Count. |
| | Ensure at-risk groups are accessing socially prescribed activities through the Healthy Lifestyles service. | 31.12.17 | TBC | Equity audit report for Healthy Lifestyles service completed and action plan in place. |
| | Evaluate the 'Grow you own Happiness' programme. | 30.06.17 | Zohra Dempsey | Evaluation report completed and disseminated. |
| | Work with physical activity providers to promote access for at-risk groups. | 31.12.17 | Zohra Dempsey | Work plans in place. |
| | Develop a community café for Blackpool to | 31.03.18 | Nicky Dennison / Zohra | Café sustainability plan in |

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| | provide out of hours support for vulnerable people. | | Dempsey | place and out of hours support provided. |
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| Reduce the stigma and discrimination associated with mental illness | | | | |
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| Objective | Action | To be Achieved by | Lead/s | Outcome Measure |
| <i>Promote positive conversations around mental illness and encourage open discussions.</i> | Create a Blackpool-wide network of Time to Change Champions. | 31.03.19 | Zohra Dempsey | Group established. |
| | Deliver multi-agency awareness raising activities for World Mental Health Day and Time to Talk Day. | 31.03.19 | Zohra Dempsey / Emily Davis | World Mental Health Day and Time to Talk Day events delivered. |
| | Work with local media to share best practice for responsible reporting of any incidents that involve mental health/mental illness. | 31.03.19 | Communications | Local protocols agreed. |
| | Develop a programme of Time to Change activities for Blackpool Council employees. | 31.03.19 | Zohra Dempsey / Karen White | Programme in place and activities delivered. |

| Improve the quality and length of life of people living with mental illness | | | | |
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| Objective | Action | To be Achieved by | Lead/s | Outcome Measure |
| <i>Ensure the physical health needs of people living with mental health conditions are addressed.</i> | Work with mental health services and primary care to look at ways of targeting adults with mental health conditions to promote access to NHS Health Checks. | 31.03.18 | Liz Petch | Number of people living with a mental health condition receiving an NHS Health Check. |

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| | Ensure all those living with serious mental illness receive an annual physical health check, with appropriate signposting and support to access physical health improvement services. | 31.03.19 | Helen Lammond-Smith | Numbers of people living with a serious mental illness receiving an annual physical health check. |
| | Work with providers of mental health services and smoking cessation services to ensure people with a mental health condition are effectively supported to quit smoking, effective harm reduction strategies are put in place for those that are not ready to quit and that all inpatient and community mental health sites are smoke free by 2018. | 31.03.19 | Rachel Swindells | Plans in place for all providers. |
| | Ensure mental health services staff adopt a holistic approach to managing physical health and are able to 'Make Every Contact Count' and promote the Five Ways to Wellbeing as part of recovery. | 31.03.19 | Rachel Swindells | Making Every Contact Count training delivered. |
| | Produce guidance/script for mental health staff on all NHS population health screening programmes to raise awareness of them and how people who are eligible to access these programmes can be supported. | 31.03.19 | Zohra Dempsey / Lynn Donkin | Guidance distributed to all mental services health staff. |
| | Promote Mind's Get Set to Go programme. | 31.03.17 | Zohra Dempsey | Programme information disseminated. |
| | Develop and implement a self-care strategy for Blackpool, which addresses | 31.03.19 | Emily Davis / Liz Petch | Strategy completed. |

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| | the needs of people experiencing a mental health condition. | | | |
| <i>Offer people in crisis alternatives to acute inpatient mental health care.</i> | Explore the further development of crisis support in Blackpool (for example, peer led crisis houses) | 31.03.19 | Zohra Dempsey | Options paper developed and funding streams identified. |

11. Outcomes – How will we measure progress?

A number of outputs are described within the action plan above.

Additionally, there are a number of high level indicators from the Public Health Outcomes Framework that summarise good mental health or at least avoidance of mental ill health and will be used to measure impact.

These will include:

- Mortality from suicide and injury undetermined;
- Self-reported wellbeing scores;
- Recorded prevalence of depression and anxiety;
- Emergency admissions for self-harm;
- Premature mortality in adults with serious mental illness.

12. Governance Arrangements

The Health and Wellbeing Board will have overall responsibility for this action plan. Performance will be monitored strategically by the Health and Wellbeing Strategic Commissioning Group. Day to day monitoring will be through the Blackpool Mental Health Partnership Board, with representation from all stakeholders.