Mental Well-Being Needs Assessment
2008

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Glossary

BBC  British Broadcasting Corporation
BME  Black and minority ethnic
GP  General practitioner
HALT  Homophobic Awareness Team
HMP  Her Majesty’s Prison
LAA  Local Area Agreement
LGBT  Lesbian, gay, bisexual, transgender
MIND  A mental health charity
MOD  Ministry of Defence
NHS  National Health Service
NI  National Indicator
NICE  National Institute for Clinical Excellence
OBMH  Oxfordshire and Buckinghamshire Mental Health Trust
ONS  Office National Statistics
PCAMS  Primary Care Child and Adolescent Mental Health Service
PCT  Primary Care Trust
PHSE  Personal Health and Social Education
RAF  Royal Airforce
SEAL  Social and Emotional Aspects of Learning
SEN  Special Educational Need
SHIFT  A charity with campaigns to reduce stigma by the press towards people with mental health problems
SMART  A charity which works with offenders
YOI  Young Offenders Institution
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CHAPTER 1: Introduction and local people’s views

Mental well-being is a positive concept of mental ‘health’ “a state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.” (World Health Organisation)

This needs assessment aims to understand what affects the mental well-being of people living in Oxfordshire. It recommends actions to inform a strategy to improve mental well-being and prevent common mental health problems in Oxfordshire.

It identifies the opinions/experience of professionals and the public, the level of risk and protective factors for mental well-being in Oxfordshire and how these compare to figures for the South East and the UK.

What do local people think influences mental well-being in Oxfordshire?

More than 700 people across Oxfordshire responded to a questionnaire asking what people think influences mental well-being.

Things which improve mental well-being included having a stable home environment, friends and family who you enjoy spending time having employment, support, good health and financial stability. Things which negatively affected mental well-being included long term illness, fear or worries about money and old age and work issues.

CHAPTER 2: PRIORITIES FOR ACTION

Priority for Action 1: Individuals and communities

1.1 Individuals: developing emotional resilience

Good mental well-being involves resilience, problem solving, communication, relaxation, self-efficacy, optimism, hopefulness and confidence. These skills can be developed and practiced throughout life. This report recommends:

• Campaign to encourage individuals to improve their own mental well-being
• Scoping the potential to commission support services for people experiencing relationship conflict
• Extending self-help books on prescription service
• Scoping the opportunity for delivering training to adults on emotional literacy

1.2 Individuals: vulnerable groups

Poor mental health is consistently associated with social and economic factors such as unemployment, less education, low income or material standard of living. A number of groups are particularly vulnerable to poor mental well-being: BME groups; people experiencing domestic abuse; drug and alcohol mis-users; people with limiting long term physical illness; homeless; new mothers; middle aged men; people who are lesbian, gay, bisexual, or transgender; carers; people with learning disabilities; offenders in the community; military personnel.

Many multi-agency partnerships are working hard to help and support these vulnerable groups. This report recommends:
• Raising the profile of mental well-being among key Oxfordshire partnerships
• Commission Mental Health First Aid training for staff working with vulnerable groups
• Develop interventions to improve the mental well-being of middle aged men

1.3 Communities

Communities can support or negatively influence mental well-being. Spending time in green space, education/learning, social participation, social networks and social support protect people’s mental well-being. Living in deprivation, unemployment, poor housing, debt, neighbourhood violence and crime can prevent people from developing or maintaining mental well-being.

Many multi agency partnerships, work streams and projects tackle the risk factors identified and promote the protective factors. This report recommends:
• Raising the profile of mental well-being among key Oxfordshire partnerships.
• Developing a planned county wide/sector wide approach to Community Development.
• Scoping the potential to develop a set of mental well-being standards to be met before planning permission is granted to new developments in areas of deprivation and regeneration projects.
• District Council housing departments to work more closely with Registered Social Landlords to improve the quality of the housing stock.
• Improving access to financial support by running a social marketing or communications programme to reduce stigma associated with coming forward for help with financial difficulties.
• District Councils and County Council to jointly commission debt counselling services.
• Fund Oxford Credit Union to expand into areas of deprivation outside Oxford.
• Improving use of green space to be in all District Council Sustainable Community Strategies.
• Commission research to understand barriers to using existing green space.
• Improve methods for Council housing tenants to report complaints, especially those in rural areas.

Priority for Action 2: Age groups

2.1 Children and young people

Poor mental well-being in children and young people is linked to low educational performance, absenteeism, risky behaviour such as smoking and substance misuse and health issues such as eating disorder and teenage pregnancy. Groups at high risk include: boys and young men; teenage parents; young carers; children and young people not in school, children looked after, and young people who offend, have special educational needs or a disability.

Oxfordshire Children and Young People’s Trust leads work on services for children and young people through the Children and Young People’s Plan. A number of other strategies and programmes contribute to promoting mental well-being. This report recommends:
• An increased focus on mental well-being in the Children and Young People’s Plan for 2010.
• Developing a programme to raise awareness of and sensitivity to the emotional needs of children and young people, and challenge the stigma of asking for help both for children/young people and parents.
• Engaging local parish councils to develop processes for consulting with young people when planning community facilities.
2.2 Older people

Older people, particularly those who are frail, are vulnerable to a number of risk factors for poor mental well-being: poverty, isolation, social exclusion, bereavement, caring and poor physical health. Older people make up approximately 17% Oxfordshire’s population and this number is expected to rise in forthcoming years.

Older people’s health is a priority action area for Oxfordshire and an Older People’s Health Improvement Strategy is being developed. This report recommends:

- The older people’s prevention strategy takes into account this needs assessment and the risk/protective factors for mental well-being and follows the best practice guidance referenced above.

Priority for Action 3: Settings

Health is created and lived by people within the settings of their everyday life; where they learn, work and play e.g.: schools and workplaces.

3.1 Workplaces

Workplace health is high up the national government agenda. Workplaces are important for support, social and information networks. They help people develop a sense of purpose in life, personal identity and life satisfaction. Work can also negatively affect mental well-being e.g.: through lack of control, over-work, poor working conditions.

There is minimal information about mental well-being activities among the majority of Oxfordshire’s employers but it is likely that many will have some, such as meetings between staff and managers, stress reduction and flexible working policies. This report recommends:

- Pilot a Mentally Healthy Workplaces programme focused on Oxfordshire’s major public sector employers.
- Assess the feasibility of developing standards in mental well-being to be included in contracts between PCT, Oxfordshire County Council, OBMH and their suppliers.
  Provide a support service to enable these suppliers to implement and monitor progress against these standards.
- Mental Health First Aid training for key staff in workplaces: line managers, HR departments, occupational health etc

3.2 Schools

Achievement at school can improve mental well-being whereas bullying, peer rejection, low literacy and few qualifications can negatively affect it.

Oxfordshire has 284 schools and 82% have achieved National Healthy Schools status. A Healthy School has to meet criteria in four core themes: personal, social and health education, healthy eating, physical activity, emotional health and well-being. Delivery on emotional health and well-being varies between schools, and many do not recognise that work they are doing. This assessment recommends:

- Raise the profile of mental well-being and its affect on attainment
- Map current provision of counselling services in schools and identify gaps
- Assist schools to provide better identify and support pupils experiencing emotional difficulties and problems at home
- More schools to implement SEAL
- Social and emotional skills to be integrated within all subject areas
- Schools to implement mental well-being promotion interventions for staff
3.3 Prisons

Prisons house some of the most vulnerable and troubled people in our society, many of whom experienced poor mental well-being before being convicted. Being in prison can also affect people’s mental well-being by e.g.: loss of autonomy, bullying and boredom.

Oxfordshire has two prisons; MMP Bullingdon and Huntercombe Young Offenders Institution. In Bullingdon prison 12.2% of prisoners in October 2007 had mild to moderate mental health problems and on arrival at Huntercome YOI 23.8% of boys state feeling depressed. Much work is taking place in both prisons to improve mental well-being. This assessment recommends:

Bullingdon:
- Raise the profile of mental well-being among Bullingdon Prison management
- Develop a stronger focus on improving mental well-being for prisoners and staff, including creating an environment which fosters positive mental well-being
- Mental Health First Aid training and suicide prevention training to be a part of induction training. Regular refresher training for all staff.
- Improve data collection on BME prisoners
- Improve services to help prisoners prepare for release, and Facilitate Bullingdon Families Partnership to develop and enhance support for prisoners re-adapting to live following release.
- Develop a programme to improve the mental well-being of staff

Huntercome:
- Ensure work takes place to fill the gaps identified in the Healthy Schools standard audit on emotional health and well-being and the needs assessment
- Develop a programme to improve the mental well-being of staff

Priority for Action 4: Stigma and discrimination

4.1 Challenging negative public attitudes

Stigma is social disapproval towards people who are perceived as different to the norm. It can be one of the most debilitating aspects of life for people with mental health problems making it difficult to work, participate in communities, enjoy family life and seek help. Lack of knowledge about mental health, fear, prejudice and discrimination all contribute to stigma.

Work in Oxfordshire to challenge negative public attitudes to people with mental health problems is progressing well but is un-coordinated. This assessment recommends:
- Developing a proactive carefully targeted multi-agency anti-stigma campaign
- All key statutory organisations to ensure mental health is covered within training on the Disability Discrimination Act
- Implement a programme of awareness training for GPs, other health professionals and people volunteering/working in the voluntary sector
- Continue and expand work to promote positive reporting of people with mental health in the local media continues

CHAPTER 3: CONCLUSION

This document has aimed to give an independent, unbiased overview of mental well-being in Oxfordshire. The recommendations from this needs assessment will inform the development of a mental well-being promotion strategy and action plan.
CHAPTER 1:
Introduction and local people’s views
1.1 Background

Mental well-being is rising up the government agenda. Advice on developing mental well-being promotion has been published CSIP, NICE and independent reviews on mental well-being at work have taken place.

Mental well-being is high up Oxfordshire’s agenda. It is one of the Oxfordshire Health and Well-Being Boards strategic priorities and was identified as a key action area in the Director of Public Health Annual Report II (2008).¹

This report assesses current practice to improve mental well-being in the county against best practice and makes recommendations for action. These actions will inform a mental well-being promotion strategy.

1.2 Methodology

Aim

To understand what affects the mental well-being of people living in Oxfordshire. The information gathered will be used to develop a strategy to improve mental well-being and prevent common mental health problems in Oxfordshire.

Objectives

- To gain a deeper understanding of what we mean by mental well-being or positive mental health
- To understand what influences the public’s mental well-being/common mental health problems and the level of these influences in Oxfordshire
- To identify groups at high risk of poor mental well-being/common mental health problems and understand why they are at high risk
- To scope current activity by Oxfordshire’s statutory and voluntary/community sectors to promote mental well-being and prevent common mental health problems among the general population and high risk groups
- To map this activity against best practice as identified via an assessment of the literature
- To inform the mental well-being promotion strategy and action plan

The needs assessment followed the five step template suggested within the Health Needs Assessment Toolkit, written by the Health Development Agency ²(Figure 1). This document continues until the end of step 3.

Exclusions

This needs assessment is concerned with primary prevention. The following are excluded:

- Secondary prevention activities (e.g.: services for people with common mental health problems)
- Tertiary prevention activities (e.g.: social inclusion and physical health promotion for people with severe and enduring mental health problems)
Types of data collected

To complete this needs assessment we have collected four different types of data:

<table>
<thead>
<tr>
<th>Data type</th>
<th>What this is</th>
<th>How it was collected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Epidemiological</td>
<td>Level of risk factors for poor mental well-being and common mental health</td>
<td>Review of literature/government policy</td>
</tr>
<tr>
<td></td>
<td>problems</td>
<td></td>
</tr>
<tr>
<td>Comparative</td>
<td>How does the level of these risk factors compare to national figures and</td>
<td>Review of literature/government policy</td>
</tr>
<tr>
<td></td>
<td>figures for the South East</td>
<td></td>
</tr>
<tr>
<td>Public experience and</td>
<td>What people tell us are the issues</td>
<td>Questionnaire completed by 700+ members of the public</td>
</tr>
<tr>
<td>opinion</td>
<td></td>
<td>(see appendix 1 for details)</td>
</tr>
<tr>
<td>Professional experience</td>
<td>What professionals working in the community across sectors tell us are the</td>
<td>Stakeholder workshop (see appendix 2 for details)</td>
</tr>
<tr>
<td>and opinion</td>
<td>issues and what is required</td>
<td></td>
</tr>
</tbody>
</table>

Framework for this needs assessment

This needs assessment has been compiled following the framework for mental well-being promotion as recommended in the government guidance document 'Making it Possible: Improving Mental Health and Well-Being in England':

- Individuals
- Communities
- Age groups
- Settings (work places, schools, prisons)
- Stigma and discrimination
1.3 What is Mental Well-being?

When ‘mental health’ is discussed it is often used as a proxy term for mental ill-health. Mental well-being is actually a positive concept of mental ‘health’. It is “a state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.” (World Health Organisation)

Mental well-being refers to a range of emotional and cognitive attributes associated with a self-reported sense of well-being and/or resilience in the face of adversity. It is concerned with the experience of pleasant emotions or satisfaction with life, and also functioning and growth, at both a personal and a social level.

A review of scales for measuring positive mental health identified eight aspects of positive mental well-being:

- **Emotional well-being**: More than the absence of psychological morbidity (e.g. anxiety and depression); a positive concept that includes happiness, vitality.
- **Life satisfaction**: Overall assessment of one’s life, or a comparison reflecting some perceived discrepancy between one’s aspirations and achievement; includes optimistic outlook, perception of life as pleasurable.
- **Optimism and Hope**: Positive expectations of the future; a tendency to anticipate and plan for relatively favourable outcomes.
- **Self-esteem**: A belief or evaluation that one is a person of value, accepting personal strengths and weaknesses; a sense of worth. Related to emotional safety/security, i.e. how one feels about self, confidence in and how good one feels in personal relationships (e.g. family, wider community).
- **Resilience and Coping**: Resistance to mental illness in the face of adversity; hardiness; earned resourcefulness; a sense of coherence, i.e. confidence that internal and external events are predictable and that things will work out as can reasonably be expected; a cognitive evaluation of perceived resources to deal with perceived demands; personal control.
- **Spirituality**: Sense of purpose/meaning in life; a sense that there is something beyond the material world; attempts to harmonise life with a deeper motivation.
- **Social functioning**: a) Personal relationships (interpersonal trust, respect and empathy). Assessment of the quality of personal relationships, social networks and social cohesion; functioning as member of a community; role-related coping, social participation, family health, social functioning, sense of belonging; valuing oneself and others; perceiving fair treatment by others.
  b) Social support/social networks. Interactive process in which emotional, instrumental or financial aid is received from one’s social network; individual’s belief that he/she is cared for, esteemed; mutual obligations; set of people with whom one maintains contacts and has some form of social bond; social reciprocity.
- **Emotional intelligence**: The potential to feel, use, communicate, recognise, remember, learn from, manage and understand emotions (self and others).
Research suggests three main influences on well-being:

- Genetics: accounts for 50% of the variation in people’s well-being although there are interactions between genetics, upbringing and environment.
- Life circumstances: including income, material possessions, marital status and neighbourhood environment. Because people adapt quickly to circumstances it is estimated this accounts for 10% of the variation in well-being.
- Intentional activities: Pursuits we actively engage in account for 40% of variation in happiness. For example working towards our goals, socialising, exercising, and engaging in meaningful activities and work. This is the area where well-being can be influenced most.

### 1.4 What do local people think influences mental well-being in Oxfordshire?

A questionnaire was circulated to members of the public in Summer 2008 to find out what they thought influences mental well-being. More than 700 responses were received with a balanced age, gender and geographical spread. A large number were received from NHS, County or District Council staff. A limited number of respondents were from BME groups.

The results of the questionnaire are:

**Figure 2:**

Which of these factors do you think have the most positive influence on the mental well-being of people like you in Oxfordshire? (Please tick up to three that you think are the most significant)

- Having a stable home environment
- Having friends and family who you enjoy spending time with
- Being free from long-term illness
- Living in a neighbourhood that you like
- Having paid or unpaid occupation/employment
- Having people around who can support you when needed
- Being physically active
- Feeling safe from crime
- Being able to spend some time in a park or other green space
- Having neighbours you are ‘on good terms’ with
- Having the opportunity to learn new skills and gain new knowledge
- Being involved in community activities
- Being actively involved in religion or a religious group
- Having qualifications which make it easier for you to get a job
Figure 3: Which of these factors do you think have the most negative influence on the mental well-being of people like you in Oxfordshire? (Please tick three that you think are most significant)

- Long-term illness
- Fear or worries (e.g., of old age or about money)
- Being isolated
- Unemployment
- Addictive behaviour (e.g., drugs, gambling, alcohol)
- Anti-social behaviour
- Poor quality environment
- Crime and disorder
- Being dependent on others for your daily needs

Figure 4: What one thing do you think could most improve your personal feeling/sense of mental well-being?

- Employment/Occupation
- Support & support networks
- Good health
- Financial stability
- Self
- Community
- Stable family/home life
- Feeling safe
- Housing
- Reduced stress/worries
- Improved NHS & OCC services
- Free from illness/pain/addiction
- Weather
- Mobility
- Religion
Figure 5:

What one thing do you think could most negatively impact on your personal feeling/sense of mental well-being?

- Social Issues: 20%
- Health: 18%
- Work Issues (including loss of employment): 14%
- Crime: 12%
- Money: 10%
- Bereavement: 8%
- Family Issues: 6%
- Stress or worries: 4%
- Environment: 2%
- Housing: 0%

CHAPTER 2
Priorities for Action
Priority for Action 1: Individuals and communities

1.1 Individuals: developing emotional resilience

Strengthening people’s knowledge, skills and capacity to achieve positive mental well-being is fundamental. These include: resilience, problem solving, communication, relaxation, self-efficacy, optimism, hopefulness and confidence. Although these are influenced by genetic inheritance and experiences in early childhood, they can be developed at any age. For example The Mental Health Foundation recommends the ten actions which individuals can take to look after their mental health:\(^3\)

<table>
<thead>
<tr>
<th>Action</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Talk about your feelings</td>
<td>Ask for help</td>
</tr>
<tr>
<td>Keep active</td>
<td>Take a break</td>
</tr>
<tr>
<td>Eat well</td>
<td>Do something you’re good at</td>
</tr>
<tr>
<td>Drink sensibly</td>
<td>Accept who you are</td>
</tr>
<tr>
<td>Keep in touch with friends and loved ones</td>
<td>Care for others</td>
</tr>
</tbody>
</table>

In addition there is abundant evidence that healthy lifestyle choices, for example physical activity and healthy eating, can help develop mental well-being and poor mental well-being can reduce motivation to adopt healthy lifestyles.\(^3\)

1.1.1 What is the local picture? What are we already doing?

a) Promoting mental well-being

Common mental health problems can be a proxy for the level of mental well-being in a population, although the true level of poor mental well-being is likely to be greater. Nationally ’one in four people experience mental health problems at some point in their lives.’ During any one week up to 20% of the PCT’s population can be affected by common mental health problems such as sleep problems, fatigue and anxiety. GP practice depression registers suggests 7.2% of the working age population registered with GPs suffer from anxiety/depression.\(^6\)

- The Health Trainer service was launched in Oxford city in 2006. Seventeen Health Trainers in Oxfordshire work in geographical areas of deprivation, with offenders in the community, BME groups and people with mental health problems. There are plans to extend the service to Bullingdon prison and Huntercombe YOI. Health Trainers motivate and help people to set goals by developing personal health plans, giving practical support and identify with the individuals their barriers to change. Their work covers all areas of health improvement including mental well-being. Health Trainers are recruited from and work within the community.

- Oxfordshire Libraries service offers a books on prescription service for people with mild mental health problems.

- Oxfordshire PCT has commissioned OBMH and Oxfordshire MIND to deliver ‘improved access to psychological therapies’. Psychological therapies will be made more readily available in GP practices.
b) Healthy eating

Promoting healthy eating is a key element of the Oxfordshire Obesity Strategy. Work taking place across the county includes community cafes, healthy eating education, cooking skills, slimming on referral, five a day. Children, young people and families are reached via children’s centres, health visitors, Healthy Schools, the Mend and Henry programmes.

<table>
<thead>
<tr>
<th>Case study: Self help books on prescription</th>
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<tbody>
<tr>
<td>Books On Prescription started in Wales in 2003-4 and has spread through England and Wales. The scheme aims to enable people with mild mental health problems understand their problems and find ways of self-help.</td>
</tr>
<tr>
<td>Twelve libraries took part in a six month project in Oxfordshire which was a partnership between Oxfordshire MIND, PCT and Oxfordshire County Council library service. Each hosted a collection of 40 self help books which hit the shelves in May 2008 under the heading of 'Caring For Yourself – Self Help Books'.</td>
</tr>
<tr>
<td>The books covered a wide ranged of topics from overcoming divorce and bereavement; to managing stress, anger and low self esteem; resolving relationship conflict, reducing worrying; and understanding depression, anxiety and agoraphobia. GPs selected the correct book for the patient and referred patients to a participating library, all of which were located close to surgeries.</td>
</tr>
<tr>
<td>Despite facing a number of difficulties the project was a resounding success. The books generated 1364 issues with 888 being renewed – effectively over 2,200 issues in total. Library staff said the books were popular and have chosen to keep the books as they are still being asked for.</td>
</tr>
<tr>
<td>Since the end of the project three more major collections and three smaller ones have been created which will be available to smaller branch libraries, mobile libraries and piloted in a children’s centre. The Library service is also planning health information days.</td>
</tr>
</tbody>
</table>

c) Physical activity

According to Sport England’s second Active People Survey 2007/2008, 26.7% of adults in Oxfordshire participate in 30 minutes of moderate intensity sport or active recreation three times a week. This figure has increased by 3.5% (20,000 more adults) from 23.2% to 26.7% since 2005.7

Oxfordshire has had the highest increase in participation in physical activity out of all counties in England, and is the highest in the South East. Nationally, there was an increase in participation from 21.0% to 21.3% from 2005/6 to 2007/8.7

The Oxfordshire Sports Partnership and the Physical Activity Alliance along with District Council Community Sports Network are working to increase physical activity in Oxfordshire. Activity since 2005 includes:

- Oxfordshire’s first Strategy for Sport and Active Recreation.
- Partners aligning their plans with the Oxfordshire Sports Partnership strategy to contribute to an increase in adult participation.
- Inclusion of the 1% target within the Local Area Agreement for Oxfordshire.
- The Half Hour Health Campaign promoting the benefits of taking part in sport and active recreation for 30 minutes on five or more days a week.
• Funding for a range of adult participation projects.
• Launch of the Oxfordshire Exercise on Referral scheme.
• County wide community programmes e.g.: Health Walks, Green Gyms.
• New for 2009 - Get Oxfordshire Active, a 3 year project to increase participation.

1.1.2 What does best practice tell us we should do?

Making it Possible:
• Wide dissemination of actions individuals can take to look after their own mental health.
• Campaigns using social marketing and new technology promoting the contribution of mental well-being to overall health to narrow the gap between public knowledge on physical health and knowledge on mental health.

Mental Health and Well-Being in the South East:
• Promoting protective factors e.g.: physical activity and healthy eating, and reducing risk factors e.g.: substance misuse and gambling.
• Use of DVDs and access to websites to promote awareness and self-help.

1.1.3 What do key stakeholders feel we could do better?

• Teach emotional literacy to adults and children.
• Making information about sources of support more available.
• Improve public understanding of what mental well-being is.
• Challenge the stigma associated with asking for help.
• Communicate the message that 1 in 4 people experience mental health problems at some point in their lives and how people can maintain their own mental well-being.
• Support those experiencing relationship conflict.
• Communicate the one in four message as it is not known by Oxfordshire’s public.

1.1.4 What are the gaps?

• Activity to improve public knowledge on mental well-being.
• Interventions to increase mental self-help behaviour among the general public.
• Activity to challenge the stigma with asking for help and improve general public’s knowledge of sources of support.
• Support services for people experiencing relationship conflict.
• Teaching of emotional literacy skills.

1.1.5 What more can we do?

Campaign using social marketing theory and techniques to:
• Raise awareness of mental well-being among the public and key Oxfordshire stakeholders.
• Improve knowledge of sources of support and increase self help behaviour.
• Challenge stigma associated for asking for help.
• Borrow ideas Cambridgeshire & Peterborough NHS Foundation Trust’s pilot launch of the national ‘Time to Change’.

Scope the potential to commission support services for people experiencing relationship conflict.

Extend the self-help books on prescription service. Publicise the books widely to the public.

Scope the opportunity for delivering training to adults on emotional literacy.
1.2 Individuals: vulnerable groups

Poor mental health is consistently associated with social and economic factors such as unemployment, less education, low income or material standard of living. Lone parents, those with physical illnesses and the unemployed make up 20% of the UK’s population, but these three groups contribute 36% of all people in the country with common mental health problems.\(^6\)

1.2.1 Who are the high risk groups? What work are we already doing?

a) Black and Minority Ethnic (BME) groups

BME groups have a higher risk of poor mental well-being and a higher likelihood of living in areas of deprivation leading to lower education, higher unemployment, poor housing. New migrants can experience additional challenges associated with living in a new country such as learning a new language, getting work, applying for benefits etc.

4.9% of the population in Oxfordshire are from Black and Minority Ethnic groups. This proportion increases to 12.4% in Oxford city and 10.9% in some areas of Banbury.\(^6,9\)

Campsfield House, is an asylum seeker removal centre located within Cherwell District Council boundaries. It accommodates 216 adult male asylum seekers and is privately managed on behalf of the Border and Immigration Agency. In addition there are an estimated 4000 refugees and asylum seekers living in the community.

The level of poor mental well-being among BME groups can be understood by looking at mental health problems as a proxy.

- Depression is diagnosed less frequently in the Asian population than in the white, although higher than expected suicide rates have been reported in young Asian women compared to women from other BME groups.

- African and Caribbean men often have higher rates of mental illness compared to other BME groups and they are over represented in mental health services.

- Gypsy travellers in the UK are 26% more likely to have anxiety and 14% more likely to have depression than the general population.\(^10\)

- Refugees and asylum seekers: Post traumatic stress disorder is the most common problem among refugees and asylum seekers, not only as a result of torture and ill treatment in their country of origin, but also due to their migration experience.

A great deal of work takes place around BME groups which influences mental well-being, but this is fragmented and not led by any overarching county wide BME strategy or partnership.

- Each public sector organisation has a Race Equality Scheme. Equality and Diversity Leads meet regularly.

- Oxfordshire PCT employs health advocates to help BME groups to access health and other services.

- ‘Delivering Race Equality in Mental Health (2005-2010)’ is a national and local action plan to encourage BME groups to seek access to primary and secondary mental health services earlier.\(^11\)
• Specialist Health Trainer posts in Oxford reach out to BME groups, and the generalist Health Trainers in Banbury also work with these communities.

• Oxfordshire County Council Gypsy and Traveller Service team manages six sites. Oxfordshire PCT employs a dedicated Gypsy Traveller Health Visitor.

• The voluntary sector supports refugees and asylum seekers

b) Domestic abuse

Domestic abuse includes physical, sexual and emotional harm. Twenty five percent of all violent crime in the UK is domestic crime, this is often undisclosed and has a significant impact on mental and physical health. Women are usually the most frequent victims. Children who live with domestic abuse are at increased risk of behavioural problems, crime, aggressive and anti-social behaviour, emotional trauma, low self-esteem, suicide, alcohol abuse, and mental health difficulties in adult life.\textsuperscript{1,12,13}

Adult survivors of childhood abuse can have a loss of confidence, dignity and self respect; low self-esteem and hope for the future: anxiety, guilt and fear; inability to trust others, relax and enjoy life.

In 2007/8 there were 6901 offences coded as Common Assault and Woundings in Oxfordshire. 33% of these were coded as domestic violence (2,273 incidents).\textsuperscript{14}

A great deal of work is taking place in Oxfordshire to tackle domestic abuse:

• The Thames Valley Domestic Violence Partnership Group has developed the Thames Valley Domestic Abuse Strategy.
• Tackling domestic abuse is a central part of Oxfordshire’s Community Safety agenda.
• The Oxfordshire Domestic Violence Steering Group has developed the Oxfordshire Domestic Violence Reduction Strategy 2007-2010. This aims to reduce the frequency and consequences of domestic abuse and increase safety and options for those affected.
• Oxfordshire is leading the UK in good practice via the Champions programme
• The Oxfordshire Domestic Abuse Service provides outreach, a telephone helpline, and support for refugees
• The Independent Domestic Violence Advisory Service supports high risk victims
• Oxfordshire Women’s Aid provides emergency accommodation, advice and support to women (and their children) experiencing domestic abuse.
Case study: Oxfordshire’s domestic abuse Champions

Oxfordshire developed a ‘Champions’ scheme based on research showing that in most areas victims can try up to 12 different agencies before getting the right advice and support.

The Champions scheme means that victims are introduced to the resources they need by colleagues who know to each other, have a common training and a shared approach to risk assessment, and who work together as a team.

Frontline professionals from more than 60 different fields are given specialist training in dealing with domestic abuse. The scheme has been so successful that the numbers of victims reporting domestic violence to police in Oxfordshire rose from 5421 in 2004-5 to 7239 in 2006-7, an increase of 34% This has been hailed by experts as a remarkable achievement given that victims are usually too frightened to seek help, let alone make a formal complaint.
There are now more than 200 Champions, which has exceeded the LAA’s 2009 target of 150. The scheme won praise from the 2007 Charter Mark Assessment for the Safer Communities Unit.

c) Drug and alcohol mis-users

The Drug and Alcohol Action Team End of Year Board Report shows that at the end of 2007/08, there were 2213 people in treatment in Oxfordshire for Drug Addiction. This was more than three times the number recorded four years previously and shows a steady year-on-year increase. Oxford City (32%), and Cherwell (18%) had the highest concentrations of clients.15

The Survey of Psychiatric Morbidity among Adults living in Private Households (2000) provides data on alcohol consumption. Estimates indicate around 36,000 people in Oxfordshire between the ages of 16 and 74 may have some degree of alcohol dependence, with around 2000 of those in the moderate to severe dependence category. This calculation is based on applying national age-specific rates of alcohol dependence to Oxfordshire’s population age profile in 2007.16

Estimates also based on this methodology suggest that the drinking habits of almost 130,000 people in Oxfordshire would be described as ‘hazardous’, based on the Alcohol Use Disorders Identification Test score. Of these, an estimated 17500 people may drink in a manner described as ‘harmful’.16

- Oxfordshire Safer Communities Partnership overseas county-wide work relating to drugs and alcohol. A new Oxfordshire Alcohol Strategy 2008- 2011 has just been completed and existing action plans are being refreshed.

- The Drugs and Alcohol Action Team implements the National Drug Strategy and works closely with the County and District Councils’ community safety teams. A new Oxfordshire Drugs Strategy is expected in 2009 and each District has its own action plan detailing how they deal with local drug issues. Currently activity focuses on treatment and drugs awareness, this is expected to broaden with the new strategy and include more elements such as support to families of drug users.

d) Limiting long term physical illness

Poor quality of life through long term physical illness impacts on an individual’s ability to work and be economically active, which increases the risk of poor mental well-being.
In the 2001 census, 13.2% of people in Oxfordshire reported they had a long-term limiting illness. Based on Oxfordshire population figures for 2007 this totals about 84,000 people. As the number of older people in Oxfordshire is expected to rise there could be marked rises in the number of people experiencing limiting long term physical illness during the next few decades.\textsuperscript{17}

- Oxfordshire PCT will commission a programme of work in 2009 to improve access to psychological therapies for people with long term physical illness and medically unexplained symptoms.

e) Homeless

Homeless people are particularly vulnerable to poor mental well-being. In addition to not having a stable home, they are often young, have been in care as children, experienced violence including domestic violence, been in prison or remand and misused substances. A UK wide survey in 2002 showed 38% spend their day alone.\textsuperscript{18}

Figures from Crisis show that in 2007 1.16% of households in Oxfordshire were recognised as homeless. Oxford City (0.50%) and Vale of White Horse (0.22%) had the highest figures followed by West Oxfordshire (0.18%), Cherwell (0.15%) and South Oxfordshire (0.11%). In addition, 415 people were considered as homeless and in priority need in 2007. These figures only cover those officially registered as homeless and are likely to be underestimates. Oxford is facing a shortage of housing and also has one of the highest levels of homelessness in Britain.\textsuperscript{19}

Oxfordshire is working at a strategic level to improve the quality and quantity of affordable housing throughout the county and in partnership to tackle homelessness.

- Each district council has a homelessness strategy to prevent homelessness and support homeless people.
- Oxfordshire PCT has a dedicated medical centre providing primary care services to the homeless population.
- All District Councils participate in the Homeless Notification System which ensures that homeless families placed in temporary accommodation remain connected with healthcare services.
- Projects to support homeless people include arts; gardening; sports; Open College Network qualifications in cookery/information technology; life skills including help with budgeting; outings.

f) New mothers

Giving birth is a life changing event both physiologically and socially. New mothers have new responsibilities, and can experience pressure on relationships, financial difficulties and loss of sleep. Physiological changes during pregnancy influence a woman’s ability to cope and it can take up to a year before these changes subside.

The Royal College of Psychiatrists states that around one in every 10 women in the UK experiences post natal depression\textsuperscript{20,21}. This can also affect infant attachment and school adjustment leading to increased behavioural difficulties, especially in boys.

On average there were 7725 live births in Oxfordshire between 2004 and 2006.\textsuperscript{22} Based on the one in ten figures an estimated 800 women experience some degrees of post natal depression each year in Oxfordshire.\textsuperscript{21,22}
Most care given to pregnant women with low mental well-being or post natal depression follows the care pathway for healthy pregnant women. Other work includes:

- The Infant Parent Perinatal Service run through Child and Adolescent Mental Health Services, supports mothers with moderate depression or anxiety disorders and their babies.

- The Maternal Mental Health Care Pathway care pathway provides mental health support to women throughout their pregnancy.

- OxPip, the Oxford Parent Infant Project supports parents and their new born babies to help them develop more loving and secure relationships. It helps parents who are uncertain about their parenting, who are low, depressed, angry or traumatized or who are concerned about their baby’s or toddler’s development.

**g) Middle aged and older men**

Middle aged men have a higher risk of poor mental well-being than younger men and women. Three-quarters of suicides in the UK are by men with the highest rate in older men. Suicide in older men is strongly associated with poor mental well-being, especially depression, physical pain or illness, living alone and feelings of hopelessness and guilt. Depression occurs as often in men as in women, but women are twice as likely to be diagnosed and treated.²³

Minimal work takes place in Oxfordshire around men’s mental well-being.

- Men have access to all services and sources of support that women do but anecdotally they do not use them. For example the Health Trainers report they have few male clients.

- There are few ongoing programmes or projects specifically focused at men’s physical or mental health, although short term projects which have taken place were well received. For example men reported positively about the health checks which took place during 2008 Men’s Health Week, specifically saying that they valued the time to talk to someone.

**h) Lesbian, Gay, Bisexual, Transgender (LGBT)**

Depression, anxiety, alcohol and substance misuse among LGBT people in the UK are 1.5 times more common that in the heterosexual population, and the risk of suicide attempts is twice as common. The reasons for this are complex and not yet fully understood but are linked to experiences of homophobic discrimination and bullying.²⁴

Research by Oxfordshire’s Homophobia Awareness Liaison Team (HALT) in 2005, found that 82% of 234 LGBT people in Oxford interviewed had experienced assault in their lifetimes with 53 per cent having experienced a violent assault. Only 27 per cent of violent homophobic incidents are reported to the police compared with the 62 per cent of regular violent incidents and only 18 per cent of LGBT people would report verbal abuse.²⁵

Due to inconsistent definitions of sexual orientation and people’s unwillingness to disclose, estimates of the number of LGBT people in the UK and Oxfordshire are unreliable. Work in the county on LGBT issues includes:

- ‘HALT’ consists of representatives from Oxford’s LGBT community, the PCT, Thames Valley Police, Oxfordshire district and county councils, Terence Higgins Trust and
others. It aims to challenge and eliminate all forms of homophobia and offer support to victims of homophobic abuse.

- Oxford Pride, an annual summer event celebrating LGBT life in Oxfordshire and promoting awareness of LGBT issues.

- Mantra for Equalities is a multi-agency partnership aiming to setting up reporting centres for hate incidents, prevent incidents and support victims.

i) Carers

Many informal carers say they feel tired and depressed, have a loss of appetite, disturbed sleep, a general feeling of stress, and are short tempered. ONS (Office of National Statistics) statistics show this increases as numbers of hours spent caring increases.

An estimated 56,000 (8.8%) people in Oxfordshire class themselves as providing unpaid care, but with a broader definition of caring the number could be much higher. This is because many people undertake caring tasks but do not perceive themselves as ‘a carer’. As the number of older people in the county grows over the coming decades this figure is likely to rise.

- Work to improve the mental well-being of carers is a key part of the new Oxfordshire Carers Strategy. This includes supporting emotional needs, alleviating social isolation, supporting working carers, and young carers’ issues.

j) People with learning disabilities

Day to day living for people with learning disabilities can be difficult and they often need regular support to be independent. Many have low education, find it hard to gain employment, have few opportunities to take part in their communities and those not living in the parental home can be prone to deprivation. Social isolation, stigma and discrimination are particular problems.

About 2 per cent of the UK population have a learning disability and of these about a third of one per cent having severe and profound learning disabilities. Based on these calculations it is estimated that there are around 13,000 people with a learning disability in Oxfordshire.

- Ridgeway Partnership (Oxfordshire Learning Disability NHS Trust) provides health and social care support for adults with learning disabilities. The trust carries out many activities which impact on mental well-being. For example, it’s ‘Supported Lifestyles’ programme helps people live in their own homes or with their families, provides short term breaks and general support.

k) Offenders in the community

Offenders spend more time in the community than in prison and the re-adjustment to daily life can be difficult, for example finding employment, housing, relationships with friends and family. Those with common mental health problems rarely seek help often resorting to self-medication through alcohol or substance misuse.

- Thames Valley Probation supervises a total of 1153 offenders in the community in Oxfordshire (Dec 2008). It oversees a number of services/projects which can improve mental well-being including finding and maintaining housing; training in literacy and numeracy; support in managing relationships; financial/debt management support.
The Health Trainers service works with offenders in the community in Oxford via the charity SMART and offenders' hostels. Other than support and advice via the health trainers, there is little specific health education/promotion on mental well-being.

Professionals working within Thames Valley Probation have identified poor access to talking therapies both in prison and the community and particular problems with continuity of professional counselling services. Offenders may wait many months to receive counselling when in the community, lose this support when in prison, and then have to return to a long waiting list upon their release. This is especially the case for offenders who do are not substance mis-users.

I) Military personnel

Mental well-being among service personnel is influenced by combat, a violent and often disturbing experience, and post-service factors, such as the difficulty in transferring to civilian life or marital problems. Ex-service personnel are also vulnerable to social exclusion and homelessness and their families have distinct needs, often around isolation and being a mobile population.

On 1 October 2007 there were 7,910 service personnel residing in Oxfordshire. There were 230 in the navy, 2,860 in the army, and 4,820 in the RAF. Oxfordshire has a number of barracks: RAF Benson, RAF Brise Norton, MOD Bicester, and Dalton and Vauxhall Army Barracks.

- Strong links have recently been made between the PCT and the Army and Air force. Mental health and mental well-being have been identified as priority areas and a health needs assessment is expected to take place in 2009.

1.2.2 What does best practice tell us we should do?

Making It Possible:
- Continue with existing programmes to narrow inequalities in health, education, regeneration, sustainable development and employment.
- Improve access to sources of support, therapy and activities to ameliorate symptoms.
- Specifically for people experiencing violence and abuse.
  - Develop Support and services for pregnant women.
  - Assess the effectiveness of local authority services for victims of domestic violence.
  - Work to reduce alcohol related harm.
  - Work in schools: anti-bullying, and initiatives to challenge the belief that violence is acceptable.
  - Early years work to support parents in adopting non physical approaches to disciplining children.

Mental Health and Well-Being in the South East:
- Integrate aspects of developing respectful and healthy relationship skills with awareness of protective skills for further abuse into programme for interpersonal skills eg: emotional literacy/life skills.

Celebrating our cultures: mental health promotion with asylum seekers and refugees, 2004.
- Work in partnership with refugees and asylum seekers to develop support services.
- Use art, music, drama, story telling and training to self empower; raise awareness about mental health issues, services and how to access them; and build mental health literacy.
- Work to develop a positive cultural identity and build confidence and sense of worth.
- Challenge discrimination and promote employment opportunities.
1.2.3 What are the gaps?

- Knowledge and understanding of protective and risk factors for mental well-being, best practice and how to improve mental well-being among partnerships and organisations working with vulnerable groups.
- Skills of staff working directly with vulnerable people to identify early signs of mental distress.
- Interventions to increase self-help behaviour and improve knowledge of sources of support.
- Mental well-being interventions and services for men, especially for older men and talking therapies.
- Talking therapies for offenders in the community and prison, in particular continuity of talking therapy for re-offenders.

1.2.4 What more can we do?

<table>
<thead>
<tr>
<th>Raise the profile of mental well-being among key Oxfordshire partnerships. Facilitate the partnerships to assess and improve their services/work following mental well-being best practice guidance.</th>
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</thead>
<tbody>
<tr>
<td>Commission Mental Health First Aid training for staff working with vulnerable groups e.g.: probation, police, housing support workers, health advocates, community development workers.</td>
</tr>
<tr>
<td>Extend the public awareness campaign to increase self-help behaviour and improve knowledge of sources of support to target specific vulnerable groups. (See page 18)</td>
</tr>
<tr>
<td>Develop interventions to improve the mental well-being of men, especially older men. Improve access to existing psychological therapies by challenging the stigma associated with asking for help.</td>
</tr>
<tr>
<td>Talking therapies for offenders in the community and prison, in particular continuity of talking therapy for re-offender.</td>
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1.3 Communities

Life is lived in communities which can support or negatively influence mental well-being. Access to green space, education/learning, social participation and social networks protect people's mental well-being, whereas living in deprivation, unemployment, poor housing, noisy living environments and debt can prevent people from developing or maintaining mental well-being.

1.3.1 What is the local picture?

a) Deprivation

People who live in areas of deprivation are more likely to experience poor mental well-being than those who live in wealthy areas. Environmental factors such as poor housing and crime play a part, but people are also likely to have fewer qualifications, a lower earning power and experience problems like family breakdown, debt and domestic abuse.

There are 13 Super Output Areas in Oxfordshire that are in the most 20% deprived in England. Ten are in Oxford City and three in Cherwell District. There are 23 Lower Super Output Areas in Oxfordshire among the 20% most deprived in England for Child Poverty. This is almost twice the number in Oxfordshire for overall deprivation.33

- Breaking the cycle of deprivation is a key section in the Director of Public Health Annual Report II and III. The District Councils have specific groups which work to tackle health and social inequalities and promote health and well being.

- The Oxfordshire Partnership has been leading the development of a sustainable community strategy ‘Oxfordshire 2030’. It aims to increase quality of life, reduce poverty and provide more opportunities for everyone. Each District Council either has or is working towards a sustainable communities plan.

b) Housing

A house is unfit to live in if it lacks, or has defective, basic facilities such as piped water and drainage, or if it is structurally unsound or lacking a reasonable provision of thermal insulation. Living in these conditions influences mental well-being directly and indirectly for example by putting pressure on relationships threatening sources of social support.

Data from Oxfordshire Housing Investment Programmes (2003-4) shows the proportion of all housing in Oxfordshire deemed unfit is around 3.2%. The figure is highest in Oxford (5.3%), followed by Cherwell (4.0%) and Vale of the White Horse (2.85%). South Oxfordshire and West Oxfordshire are lower than the County figure at 1.75% and 1.5% respectively.34

- Oxfordshire Housing Partnership is a high level strategic multi agency partnership which oversees the county-wide housing strategy.

- Each district council has a housing strategy covering e.g.: provision of new affordable housing; homelessness; housing needs of vulnerable people; improving quality, housing services, choice; quality of life on estates.

c) Debt

Debt is a major factor influencing mental well-being and common mental health problems such as anxiety, stress and depression, particularly in the current economic climate.
2007 figures from the Bank of England show Britons owe £216 billion on unsecured loans and are slipping further into the red by £373 million a day. The number of debt enquiries to the Citizens Advice Bureau nationally has more than double in the last eight years. In 2007/08 the Citizens Advice Bureau helped 1,737,000 people in England and Wales (3% of the population) with debt problems. Based on this percentage this would equate to just over 19,000 people in Oxfordshire. However debt is not likely to be spread evenly across the county.

In the mental well-being survey 12.5% people in Oxfordshire said financial security would improve their own mental well-being (ranking four out of 15 options), and 9% said financial issues negatively influenced their own mental well-being (ranking five out of 10 options). The need for a good salary, the high cost of living, problems managing in the current economic climate and fear of unemployment were mentioned.

- Debt has been raised as a potential key action area at the Oxfordshire Partnership.
- Jobcentre Plus and the NI 152 Group are mapping work in Oxfordshire taking place around getting off benefits, debt and employment.
- There is a strong network of Citizens Advice Bureau’s across the county which provide debt counselling and benefits advice. Oxfordshire PCT funds Benefits in Practice. This is a service run by Citizens Advice Bureau workers who provide benefits advice from GP practices.
- The Oxford Credit Union is a financial co-operative which provides basic financial services, such as savings accounts and affordable loans to prevent unmanageable debt problems. There is no similar service in other areas of the county.
- Debt counselling services are currently commissioned separately by the Districts and County Council.

d) Unemployment

Unemployment is associated with social exclusion, which has a number of adverse effects, including reduced mental well-being, and increased self harm, depression and anxiety. Two-thirds of men under 35 who commit suicide in the UK are unemployed. Employment can protect a person’s mental health by boosting confidence and self-esteem.

In Oxfordshire 80% of the working age population are in employment, compared to the South East (78.3%) and England (74.3%). However Oxford’s employment rate is lower at 69.7%. Given the current economic crisis employment rates need to be considered with caution. The percentage of all working age people claiming job seekers allowance in December 2008 was 1.4% for Oxfordshire, 2% for the South East and 3% for Great Britain.

In Oxfordshire, 21.4% of working age people who receive benefits for being out of work receive Incapacity Benefit or Severe Disability Allowance due to Mental or Behavioural disorders. This is higher than South East (20.8%) and England (20.5%). The proportion is highest in Oxford, (25.6%).

Unemployment was an important factor in the mental well-being survey. 14% said it negatively influenced people’s mental well-being (ranking five out of nine options) and 9.7% said having paid employment would improve people’s mental well-being (ranking five out of 14 options).
Oxfordshire Economic Partnership is responsible for strategic economic development across Oxfordshire. It oversees the Oxfordshire Economic Development Strategy which includes sub-strategies on the business environment and skills development. The skills development strategy includes: removing barriers to entering the labour market, improving access to and demand for education/training.

Job Centre Plus provides training for people recently redundant to help them find employment.

Job Brokerage schemes exist in areas of deprivation linked to ‘Learning Communities’ (see learning section below). These help people gain specific work experience to support job applications.

e) Neighbourhood violence and crime

Crime and neighbourhood violence influence the mental well-being of victims, and others living in the community who no longer feel safe. The British Crime Survey suggests crime is decreasing in Oxfordshire, but neighbourhood violence is a concern. One third of all recorded crimes in Oxfordshire are criminal damage. From April 1999 to December 2006 there were 209 anti-social behaviour orders issued via courts and reported to the Home Office.37

Local people view crime as a low influence on mental well-being. Only 5.7% felt reduced crime would improve the mental well-being of people like them, and 3.8% said it would improve their personal mental well-being. Only 6% cited crime as something which negatively affected the mental well-being of people like them.

However local people worry about anti-social behaviour. When concerns about anti-social behaviour were added to those about crime, this issue became the top negative influence on people’s own mental well-being (9.3%).

Oxfordshire Safer Communities Partnership co-ordinates the county’s five Crime and Disorder Reduction Partnerships (one for each district). These deliver each district’s Safer Communities Strategy/Plan via five Tactical Business Groups:
- Alcohol Misuse Tactical Business Group.
- Drug Misuse Tactical Business Group
- Prolific Priority Offenders Tactical Business Group.
- Young People Tactical Business Group.
- Domestic Violence Tactical Business Group.

Neighborhood Action Groups deal with community safety issues identified by the community. There are 78 in Oxfordshire spread across all District Council areas.

f) Access to green spaces

Natural space improves people’s ability to cope with stress, improve concentration and work output. Activities like gardening and walking can develop motivation and raise self-esteem, while contact with other people can reduce isolation, provide support, and improve social skills. It helps children’s development by encouraging outdoor play and improving concentration and behaviour. Green space in communities can strengthen cohesion and encourage stronger social networks.37

Green space is not equally distributed. Marginalised sections of the population, who could benefit most from access to nature, such as people in prisons, hospitals, mental health wards, and older people are often least able to get to green space. There is also a relationship between lack of green space in urban areas and levels of stress.37
Despite being a rural county Oxfordshire has the lowest percentage of accessible green space per household of all local authorities in the South East and in 2006/7 35% of people had not visited a park or open space within the last six months, year, longer ago or never.  

Few people (5.6%) in the mental well-being survey cited spending time in a green space as having a positive influence on mental well-being. However people said they would like more green space in the local community and they talked about how spending time outside contributes to a sense of community. This highlights how people do not fully understand how spending time in green spaces can help maintain/improve mental well-being.  

Work in Oxfordshire to improve access to green spaces is fragmented and generally focuses on overcoming physical barriers to access and planning more green space.  

- Get Active South East 2008-12 includes an objective ‘to improve the physical environment for physical activity’. Taking this forward in Oxfordshire would be the remit of the Physical Activity Alliance, but this is not a constituted partnership and it has resource issues.  
- Each District Council has or is working towards a Sports and Active Recreation Strategy. This includes Health Walks and Green Gyms.  
- South Oxfordshire District Council is producing a district wide Open Space Sport and Recreation Facility assessment the main focus of this report is on physical access.  
- Oxfordshire County Council Rights of Way Improvement Plan 2006-2011’s aims to have a public rights of way network which enables access for all. This is being taken forward via improving physical access such as gates to replace stiles.  
- District Council Parks and Open Spaces/Countryside teams have a remit to improve use of green spaces. This can include health walks, green gyms and ensuring parks and play spaces are kept clean and accessible.  
- Improving access to green space, and getting more people involved in conservation work are key elements of some district’s Sustainable Community Strategies.  
- A Countywide Play strategy exists to help protect existing and develop new play areas and opportunities for play.  

\[g)\] Education and lifelong learning  

Education improves opportunities for employment and helps social inclusion, both of which impact upon mental well-being. Groups at higher risk of depression, anxiety and suicidal attempts often include those with no, or low level, qualifications and the unemployed.  

Learning improves personal growth and development through improved knowledge and skills, a positive self-image, assertiveness and confidence. Despite the benefits three out of five adults in the UK have not participated in learning in the past three years.  

Census 2001 figures show that of those aged 16-74 in Oxfordshire, 96,000 (21.4%) people had no qualifications, with a further 70000 (15.5%) having fewer than 5 O-levels or the equivalent. This equates to a total of over one-third of the population aged 16-74.  

‘Having qualifications which make it easier for you to get a job’ (2.1%) and ‘Having the opportunity to learn new skills and gain new knowledge’ (3.7%) were low down the list of
positive influences on people’s mental well-being in the mental well-being survey. This may be due to conceptually distant link between education/learning and mental well-being.

- Learning and skills is a priority in the Economic Development Strategy for Oxfordshire and the strategic priorities of the County Council.

- Oxfordshire Learning and Skills Partnership Board overseas four Task Groups to drive strategies to improve:
  1. Output of the education system / preparing for the world of work.
  2. Impact of workforce development.
  3. Capability of those not in employment.
  4. Health and well-being of those with barriers to education, employment and training.

- Oxfordshire County Council runs more than 1,000 adult education courses.

- Oxfordshire Community Learning Network ensures that those providing learning opportunities in the community are linked.

- Learning communities in areas of deprivation in Oxford tackle underachievement and provide opportunities/support so residents are not disadvantaged by where they live. e.g.: support gaining employment, creating community-based businesses, developing links between local companies and educational organisations to support courses.

h) Social networks, social support, social participation, religion

Social participation naturally leads to widened and/or deeper social networks with increased opportunity for social support. These factors can help limit their effects of stress, reduce loneliness, help people experiencing life changing events, and reduce the risk of depression. Involvement in religion or ‘spirituality’ is another protective factor for mental well-being and it also promotes social inclusion, strong social networks, and a more positive lifestyle.

A report for the BBC shows that in 1991 people in Oxfordshire had the highest level of anomie (a feeling of not belonging) in the UK (30.8%). In 2001 this remained high at 28.9% and still above the national average of 26.2%, but dropped to seventh place.

Local people recognise the importance of social networks and sources of support for mental well-being. When asked what improves mental well-being in general ‘Having friends and family who you enjoy spending time with’ (12.3%) ranked two out of 14 options and ‘Having people around who can support you when needed’ (8.3%) ranked 6. When asked what improves their own mental well-being 16.4% of respondents said support, this ranked two out of 15 options.

Social issues, including being isolated, was the top negative influence people’s own mental well-being (21.7%), and isolation was the third negative influence people’s mental well-being in general (14.6%).

Participation in the community was not seen as a positive influence on mental well being. ‘Being involved in community activities’ came in at number 12 (3.1%) and ‘Being actively involved in religion or a religious group’ at number 13, second to bottom (2.3%). This could mean other factors are of greater concern to local people, or it could identify a lack of knowledge about the link between social participation and mental well-being.

- Community development workers help establish stronger communities. This can help ensure social support, including good neighbour schemes happen. There is no county wide planned approach to this work.
• Oxfordshire Community and Voluntary Action is leading on an LAA target around mapping and increasing volunteers who support organisations involved in delivering social network, befriending and support.

• Oxfordshire Voluntary Sector Development Partnership is looking at mapping the contribution of Faith organisation in delivering social networks and community support.

• The Government Office for the South East supports local authorities and other agencies in promoting community cohesion. Oxford is an identified priority area. Support is through the Community Cohesion Network, which is made up of representatives from 22 priority local authorities the police and people from other regional organisations with an interest in community cohesion.

• Work to ensure Oxfordshire’s rural residents can access health, support and leisure services, and that policies/strategies take account of rural issues is carried out by Oxfordshire Rural Inclusion, Oxfordshire Rural Forum Steering Group and Oxfordshire Rural Community Council.

• Archway Foundation supports people hurt by loneliness. It helps relieve distress caused by loneliness through social events and a network of befrienders. It works in Oxford and Abingdon.

1.3.2 What does best practice tell us we should do?

Making it Possible and Mental Health and Well-Being in the South East recommend influencing local policy and service provision in areas relating to mental well-being such as housing transport children and young people’s strategies; and the Local Area Agreement.

Specific actions to improve local community environments include.
• Improve neighbourhood culture and disorder e.g.: mistrust, powerlessness, hopelessness and a difficulty in imagining solutions.
• Ensuring initiatives to tackle inequalities and regenerate deprived communities consider the psychological well-being of communities.
• Improving the physical environment e.g.: Access to parks and leisure facilities; freedom from noise, pollution, litter and crime.
• Develop opportunities to participate and influence decision making and design of local services.
• Support and facilitate active engagement in community and volunteering programmes.
• Improve access and engagement with cultural, artistic and creative activities.
• Promote time banks and reward cards schemes to attract people into community engagement.
• Ensure appropriate support to assist individuals into employment or meaningful activity e.g.: community action.
• Promote independence and address housing needs of people at risk of mental health problems via local housing and homelessness strategies.

Additional specific guidance is available in Health and Homes, 2006.

1.3.3 What do key stakeholders feel we could do better?

• Engender a better sense of community and greater involvement in it. Do this by helping people feel they can make an impact in their local community, pull together around common goals and develop a sense of ownership.
• Improve ‘neighbourliness’ in our communities.
• Provide more support for people facing debt problem, especially in the light of the local closure of Citizens Advice Bureaus.
• Improve the confidence of the unemployed to help them to gain employment, especially in the light of the closure of Citizen Advice Bureaus.
• Improve work to reduce the fear of crime. A gap between actual crime and perceptions of crime was identified at the stakeholder workshop. There was a particular a disparity between actual and perceived knife crime in Oxford city by rural residents.
• Improve use of green spaces in Oxfordshire, particularly among deprived communities. Work with families to ensure children experience green spaces.
• Develop a true ‘one-stop-shop’ offering tenant advice, especially for rural areas.
• Work with Registered Social Landlords who own the social housing stock in all districts (except Oxford) to improve housing quality.

Stakeholders report concerns with the quantity and quality of current housing stock and the precarious position of tenants with regards to complaining.

1.3.4 What are the gaps?

• Lack of a planned county wide/sector wide approach to Community Development
• Ensuring initiatives to tackle inequalities and regenerate deprived communities consider mental well-being
• Reducing fear of crime and antisocial behaviour
• Support for people experiencing debt problems and prevention of debt problems
• Work to improve the confidence of unemployed people to gain employment
• Improving use of green spaces
• Improving neighbourhood culture/community, neighbourliness, participation in community activities, volunteering
• Support services for council and registered social landlord tenants
• Work with Registered Social Landlords

1.3.5 What more can we do?

| Raise the profile of mental well-being among key Oxfordshire partnerships. Facilitate the partnerships to assess and improve their services/work following mental well-being best practice guidance. |
| Develop a planned county wide/sector wide approach to Community Development. Commission detailed mental well-being needs assessments in key areas of deprivation to look at issues including neighbourhood culture/community, neighbourliness, participation in community activities, volunteering. |
| Scope the potential to develop a set of mental well-being standards for new developments to be met before planning permission is granted to new developments in areas of deprivation and regeneration projects. |
| District Council housing departments to work more closely with registered social landlords to improve the quality of the housing stock. |
| Improve access to financial support by running a social marketing or communications programme to reduce stigma associated with coming forward for help with financial difficulties. |
| District Councils and County Council to jointly commission debt counselling services to increase support for debt problems. |
Fund Oxford Credit Union to expand into areas of deprivation outside Oxford.

Improving use of green space to be in District Council Sustainable Community Strategies.

Commission research to understand barriers to using existing green space by deprived communities particularly people’s internal psychological barriers. Following this develop appropriate interventions in conjunction with physical activity partnerships, Oxfordshire County Council countryside department, District Council parks departments and others.

Improve methods for Council and registered social landlord tenants to report complaints, especially those living in rural areas.
Priority for Action 2: Age Groups

2.1 Children and young people

Poor mental well-being in children and young people is linked to low educational performance, absenteeism, risky behaviour such as smoking and substance misuse and health issues such as eating disorder and teenage pregnancy. A history of abuse or family violence often underlies symptoms of behavioural problems and mental distress.\(^{47}\)

During the last 30 years the life satisfaction of young people has risen in most European countries but not in the UK\(^{48}\). Less than half of UK young people surveyed by UNICEF aged 11, aged 13 and aged 15 say their peers are kind and helpful, 35% have been bullied in the last two months, and 43% have been involved in fighting in the last year.\(^{49}\)

More than one in 10 five to 16 year olds in the South East have a common mental health problem (mainly depression, anxiety, or conduct disorders). These figures increase with age and are higher for boys than girls, especially among five to 10 year olds. There are higher rates of conduct disorders in boys and emotional disorders in girls. Self-harm is more common in young people than adults.\(^{49}\)

For information on schools and mental well-being please priority action 3, 3.1 schools.

2.1.1 Who are the high risk groups? What is the local picture?

Oxfordshire has 137,600 people aged under 18, 21.7% of the population. This is the same for the South East (21.7%) but higher than for England (16%). Oxford has the lowest proportion of young people at 19% whereas other districts have more than 22%. During the next two decades it is estimated that the number of young people in the county will increase by 3%, approximately 4,000 people. This growth in young people will be highest in Oxford city and lowest in rural districts.\(^{50}\)

a) Boys and young men

Boys are more prone to poor mental well-being than girls. Mental distress is often shown as conduct disorders which can be misunderstood labelling them as antisocial and troublemakers. A report by the Samaritans’ suggests that macho stereotypes prevent young men from asking for help.\(^{47}\)

b) Teenage parents

Teenage mothers’ can experience poorer well-being after birth than older mothers, and this can last for up to three years. Social isolation and high rates of relationship breakdown are key contributory factors. 2001 Census data show that 61% of mothers aged under-20 in the UK giving birth in the preceding three years were lone parents. Only a third of UK young mothers report having a stable relationship during their pregnancy and in the following 3 years, compared to nearly 90% of older mothers.\(^{47}\)

The Child Health Database shows that in 2007/8 the number of births to mothers under the age of 19, registered with a GP in Oxfordshire was 187.\(^{51}\)

c) Children and young people not in school

Young people absent from school without permission are vulnerable, easily drawn into crime and anti-social behaviour and more likely to be unemployed after leaving school. The 2004 Youth Crime Survey showed that 45% of young people in mainstream education in
Oxfordshire who have committed an offence say they have been absent from school without permission. It also showed that 62% of 10-16 year olds who have committed criminal or anti-social behaviour have also had periods of unauthorised absence.47

Table 1: Absences during 2005/2006 academic school year

<table>
<thead>
<tr>
<th></th>
<th>Oxfordshire</th>
<th>South East</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total no. children absent without permission</td>
<td>4,890</td>
<td></td>
</tr>
<tr>
<td>% total number of day pupils absent</td>
<td>12%</td>
<td>16.5%</td>
</tr>
<tr>
<td>Average number of half days missed</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>Secondary</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total no. children absent without permission</td>
<td>7055</td>
<td></td>
</tr>
<tr>
<td>% total number of day pupils absent</td>
<td>22%</td>
<td>27%</td>
</tr>
<tr>
<td>Total no. children absent without permission</td>
<td>12</td>
<td>13</td>
</tr>
</tbody>
</table>

Department for Children, Schools, and Families (2007)

d) Looked after children.

Young people in care are likely to have suffered abuse or neglect, or experienced bereavement, disability or serious illness in one or both parents. Many are from disadvantaged backgrounds. Being looked after can involve major and traumatic upheaval. Some may find it hard to settle and may feel torn or guilty at being removed from their family, however abusive or neglectful.47

The stigma of being looked after and the unhappiness that young people may feel may stop them asking for help or wanting to use any facilities or services on offer. More looked-after children have mental health problems than other young people but these needs are frequently unnoticed and unmet.47

In Oxfordshire 410 children were being look after at 31st March 2007. Of these 57.3% (235) were male, and 42.7% (175) were female.53

Table 2: Age breakdown of looked after children in Oxfordshire at 31st March 2007

<table>
<thead>
<tr>
<th>Age</th>
<th>Number of children</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-4</td>
<td>80</td>
<td>19.5%</td>
</tr>
<tr>
<td>5-9</td>
<td>50</td>
<td>12.2%</td>
</tr>
<tr>
<td>10-15</td>
<td>195</td>
<td>47.6%</td>
</tr>
<tr>
<td>16 and older</td>
<td>85</td>
<td>20.7%</td>
</tr>
</tbody>
</table>

e) Young people who offend.

Young people in the youth justice system have multiple problems and complicated lives. Their mental well-being may be low due to the original factors which led to their offending e.g.: inconsistent or erratic parenting and risky behaviours associated with offending causing stress. Custody can intensify this due to separation from their families and communities and because interactions with the criminal justice system can be stressful. Young people are 18 times more likely to commit suicide in prison than in the community.54
In 2004, 40% to 49% of young offenders in the UK had been in local authority care at some point, 44.8% used more than one type of drug, 40% of girls and 25% of boys reported suffering violence at home, 33% of girls and 5% of boys reported previous sexual abuse. Of the 81,592 people in prison in the UK in on 31st January 2008, 11,663 were young people (aged 15-20).

Oxfordshire Youth Offending Service; Youth Justice Plan 2007/8 shows the total 2,434 offences for 2006/7 were committed by 1,551 offenders. This is a 7% reduction on number of offences compared to 2005/6. Most were committed by boys and young men. Theft and handling (26%) remains the most common type of offence followed by violence (19%) and criminal damage (15%). There are clear gender differences in relation to these categories of offences.

f) Young Carers

Looking after an ill parent or sibling places considerable strain on a young person. Many face emotional and social problems such as isolation, stress and stigma because home life is different from that of their peers.

2001 Census identified 175,000 young carers in the UK, 13,000 of whom care for more than 50 hours a week. More than half of young carers live in one parent families and almost a third care for someone with mental health problems. However it is difficult to get accurate data because this work is often hidden and young people rarely seek help with this role.

There are an estimated 9,000 to 11,000 young carers under 18 years in Oxfordshire.

g) Children and young people with special educational needs (SEN) and disabilities

Children and young people with a disability or special educational need, or both, can experience higher than average levels of low mental well-being. This may be due to their disability, or due to life events which have led to their need/disability such as living in deprivation, experiencing divorce or bereavement, or being homeless. It should be noted that there are many different ways of defining disability and SEN.

In 2008 2281 children in Oxfordshire received a statement of SEN and of these 133 were new statements. The majority of those with statements were aged 11 to 15, and the majority of those receiving new statements were aged five to 10.

Table 3: Main disability in children and young people (2007)

<table>
<thead>
<tr>
<th>Type of disability</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Physical disability</td>
<td>177</td>
</tr>
<tr>
<td>*Sensory impairment</td>
<td>88</td>
</tr>
<tr>
<td>*Interaction and communication</td>
<td>622</td>
</tr>
<tr>
<td>*Cognition and learning</td>
<td>954</td>
</tr>
<tr>
<td>*Emotional and behavioural</td>
<td>435</td>
</tr>
<tr>
<td>**Mental health</td>
<td>8500</td>
</tr>
<tr>
<td>$$$Chronic illness</td>
<td>480</td>
</tr>
<tr>
<td>$$$Life threatening illness</td>
<td>150</td>
</tr>
</tbody>
</table>

*SEN data, **OBMH (children aged 5-15) and $$$ Oxfordshire PCT

h) Children and young people experiencing family breakdown

The Good Childhood Inquiry from the Children’s Society shows that as a result of family break-down, a third of British sixteen year olds live apart from their biological father.
child’s performance at secondary school, self esteem and well being as an adult is linked especially to the father’s input. Children, whose parents separate are 50% more likely to fail at school, suffer behavioural difficulties, anxiety or depression.

Anecdotally in Oxfordshire around 70% of young people in contact with PCAMHS have experienced family break-down. Prevention, improving access to source of support and coping skills are lacking.

2.1.2 What work are we already doing?

- The Children and Young People’s Plan 2006-2009 is a single strategic plan for all services for children and young people aged 0-19 provided by the local authority and all relevant partners.

In year one a Child and Adolescent Mental Health Service and Primary Care Child and Adolescent Mental Health Service (PCAMHS) was developed. Work is taking place to develop early intervention teams within PCAMS. Work in year two will include: prevention and early intervention for children and families at risk of harm; raising the education aspiration, achievement and enjoyment of all pupils; emotional and mental well-being; improving outcomes for children, young people and families in areas of deprivation.

- A new Oxfordshire Parenting Strategy is being drafted. It will improve parenting education and support services.

- Oxfordshire has 24 Children’s Centres. They provide education and child care, support for families, health services and employment advice for families with children aged 0-5 years. Most are based in areas of deprivation.

- A number of partnership based projects/programmes contribute to mental well-being. These cover areas such as play, outdoor recreation, physical activity, healthy eating, vulnerable groups, life skills, engaging young people in local community planning. The majority are pilots and/or have short term funding thereby affecting their sustainability.

- A new Young Carers strategy will be launched in 2009 and a plan for commissioning services for young carers is in place. Extra financial support is being provided for young carers.

2.1.3 What does best practice tell us we should do?

Every Child Matters, Change for Children identifies five key outcomes: being healthy; enjoying and achieving; achieving economic well-being; staying safe; making a positive contribution. These underpin all actions recommended by other policy documents.

Making it Possible³, and Mental Health and Well-Being in the South East⁴:

Early years
- Improve parenting skills for young children and adolescents, general population and high risk groups e.g.: via Sure Start programmes.
- Reduce the stigma in seeking help with parenting difficulties.
- Address behavioural problems in infants and children.
- Improve good quality affordable childcare.
- Strengthen child carer relationships and improve quality time for parents and children with a focus on oral communication.
- Foster greater public awareness of and sensitivity to the emotional needs of children and young people.
Children and adolescents
• Develop opportunities for arts and creativity to promote positive emotions and a sense of well-being.
• Access to youth friendly services to provide skills and information on how and where to seek support and information for issues surrounding abuse and mental health.
• Physical well-being programmes: healthy eating, physical activity, substance misuse prevention.
• Social well-being programmes: social, relationship and life skills including mentors and buddies for high risk children.
• Promote volunteering, participation in community programmes and provide places to go and things to do for young people, including inter-generational projects that increase creativity, physical activity, self-esteem and social skills.

National Service Framework for Children, Young People and Maternity Services, 2004
• Implement services to support parents and children through disrupted relationships and bereavement
• Ensure local planning addresses the needs of parents who are experiencing problems as a result of disrupted relationships or bereavement

Play is also seen as positive and vital factor in promoting and protecting good mental health. The Mental Health Foundation recognises play as a key element to enable young people to develop and strengthen friendships, deal with conflict; all vital to provide resilience against mental health problems. Play opportunities which challenge young people also help their self confidence and self esteem. Play in green spaces has also been linked to better outcomes for young people with more specific mental health problems such as Attention Deficit Hyperactivity Disorder.

2.1.4 What do key stakeholders feel we could do better?
• Improve parenting skills and develop role models within families.
• Improve use of Children’s Centres within rural areas and allow use by a wider range of families (not just those with children under age five).
• Raise the profile of mental well-being and challenge the stigma of asking for help both for children/young people and parents.
• Extend the youth service in rural areas.
• Improve engagement by District Councils with young people when planning facilities and open space.

2.1.5 What are the gaps?
• Work to prevent family breakdown.
• Support for families with children older than five.
• Public awareness of/sensitivity to the emotional needs of children and young people.
• Good quality affordable childcare.
• Work to develop quality time for parents/carers and children with a focus on oral communication.
• Social well-being programmes: social, relationship and life skills including mentors and buddies for high risk children.
2.1.6 What more can we do?

Influence the Children and Young People’s Board to increase the focus on mental well-being in the Children and Young People’s Plan for 2010

Develop a programme to raise awareness of and sensitivity to the emotional needs of children and young people, and challenge the stigma of asking for help both for children/young people and parents.

Engage local parish councils to develop processes for consulting with young people when planning community facilities
2.2 Older people

Older people, particularly those who are frail, are vulnerable to a number of risk factors for poor mental well-being: poverty, isolation, social exclusion, bereavement, caring and poor physical health. More than a third of older people in the UK experience mental health problems.61

Older people fall into two groups: the active and independent group and the group who experience reduced mobility, loss of independence and increased dependency on carers and services.

Physical and mental health in older people are cyclically linked. For example falls can have serious physical effects but also lead to loss of self confidence and reduced quality of life. Depression can influence outcomes for a wider range of long term conditions including arthritis and diabetes.62

However poor mental well-being is not a normal and inevitable part of the ageing process. The majority of older people enjoy good mental well-being and make valuable contributions to society.

2.2.1 What is the local picture

Older people make up approximately 17% Oxfordshire’s population, which is slightly below the national average. They are distributed unevenly across the county with the highest densities around the main towns and some rural wards in the south of the county. The majority are British White but this will change within the next ten years to reflect an aging ethnic population.63

- There are 94,000 people aged 65+ in Oxfordshire, 14.8% of the population. This is less than the South East (16.6%) and England (16%). Oxford has the lowest proportion of older people (11.0%), followed by Cherwell (14.2%). The remaining three districts all have more than 16%. The number of people aged 65+ is expected to increase by 50% during the next two decades, approximately 45,000 people.50

- Oxfordshire has 13,600 people aged 85+, 2.1% of the population. This is less than the South East (2.4%) and England (2.2%). Oxford has the lowest proportion (1.7%), Cherwell has 2.0%. The remaining three districts each have more than 2%. During the next two decades the number of people aged 85+ is expected to increase by 80%, approximately 10,000 people.50

As the number of people aged 85+ increases, the number of people with dementia will increase. This will affect families and result more carers across the county.

2001 Census shows the proportion of pensioners living alone in Oxfordshire (12.91%) is lower than England (14.4%). Oxford has the highest proportion (14.33%) and Cherwell the lowest (11.49%).63

Local research from Age Concern ‘Getting the Picture’ shows that older people in Oxfordshire value prevention services and that the place where they live, social networks and remaining mobile both physically and in transport terms have a large impact on quality of life.64
2.2.2 What work are we already doing?

- Older people’s issues were identified by Oxfordshire’s Director of Public Health as a key action area in his annual report 11 (2008). Older people’s prevention has also been identified as one of three priority areas by the Health and Well-Being Board.

- An Older People’s Service Model 2008-2013 has been developed to modernise services. It identifies six areas for action including ‘prevention and well-being’ and ‘where older people live’.

- An Older People’s Health Improvement Strategy is being drafted to take forward the prevention elements identified in the Service Model, and the Director of Public Health Annual Report II. This is based on the recommendations from ‘An Assessment of Healthcare Needs for Older People in Oxfordshire’

- The mental health needs of people with physical illness and the mental health needs of older people in general hospitals are commissioning priorities for mental health.

- Oxfordshire’s community and voluntary sector provides services for older people which impact on their mental well-being. These include benefits advice, welfare rights, physical activity, support through difficult life events, carers, reducing social isolation.

2.2.3 What does best practice tell us we should do?

Promoting Mental Health and Well-Being in Later Life and Making it Possible:

- Tackle age discrimination by: media work, workplace training, PHSE in schools, intergenerational activities.

- Promote participation in meaningful activity by: flexible working, healthy work-life balance, opportunities for lifelong learning, promoting older people’s skills to others, reducing barriers to participation, encouraging younger people to develop lifelong interests.

- Strengthen relationships: strengthen existing relationships, reduce the negative impact of family, tackle fear of loneliness/isolation, support following bereavement, encourage use of ICT, support pet ownership and spiritual belief, promote intergenerational social interaction.

- Physical health: promote physical activity, healthy diet and moderate alcohol consumption; improve access to fresh, affordable food.

- Poverty: tackle pensioner poverty; give people the choice to keep working, maintain or increase their income; financial and practical assistance to improve homes.

NICE reports on the evidence for psychological therapies on well-being among older people. Interventions offering ‘buddying’, self-help network or group-based emotional, educational, social, or practical support to widowed older people can help to improve self-reported measures of health perceptions, adjusting to widowhood, stress, self-esteem and social functioning.

2.2.4 What do key stakeholders feel we could do better?

- Take older people’s mental well-being prevention higher up the political agenda, on partnership targets and frameworks.

- Develop work to challenge social isolation for older people of all ages.

- Ensure wider prevention work and health services focus on improving physical health and understand the importance of this for mental well-being.
• Facilitate older people of working age to plan for frail old age, both in terms of finances and skills.
• Facilitate older people of working age improve their current mental well-being.
• Improve signposting to sources of support.

2.2.5 What are the gaps?

• Challenging age discrimination.
• Reducing isolation/loneliness and fear of isolation/loneliness.
• Opportunities for older people to continue working.
• Support in the event of family breakdown and for difficult family relationships.
• Emotional, educational, social, or practical support for widowed older people.
• Facilitate older people of working age to plan for frail old age, both in terms of finances and skills.
• Facilitate older people of working age improve their current mental well-being.

2.2.6 What more can we do?

Ensure the older people’s prevention strategy takes into account this needs assessment and the risk/protective factors for mental well-being and follows the best practice guidance referenced above.
Priority for Action 3: Settings

What do we mean by settings?

Health is created and lived by people within the settings of their everyday life; where they learn, work and play e.g.: schools and workplaces. Promoting mental well-being in ‘settings’ like these is best done by taking a whole school/prison/workplace approach. This involves developing policies which promote health, creating an environment and infrastructure which actively support health, as well as prevention, health education and other promotion initiatives. Activities look at broad issues such as organisational culture, life skills and sources of support, as well as addressing health needs by health education, early intervention and health services.

3.1 Workplaces

Workplaces are important for support, social and information networks. They help people develop a sense of purpose in life, personal identity and life satisfaction. But work can also have a negative effect on mental well-being. For example, through lack of control, over-work, under-utilisation of skills, low task variety, high uncertainty, low pay, poor working conditions, low support, organisational change.\(^3\)

One in five UK employees say their jobs are extremely stressful and around 30.2 working days are lost each time someone experiences stress, depression or anxiety. In 2006/07 13.8 million working days were lost as a result.\(^3\) The risk of common mental health problems in workers with high job strain or poor effort reward balance may be 80% higher than that for the working population as a whole.\(^69\)

Workers in the UK have the longest average daily commute in Europe, often adding an entire working day each week.\(^77,70\) They spend more time at work and not enough time on activities which improve well-being such as time with family and friends or pursuing hobbies\(^70\). Although 2.3 million people in the UK want to work fewer hours, even if it meant earning less, many are denied this flexibility by employers.\(^72\)

Bullying is another major, but hidden, issue.\(^73\) One in five UK workers have been bullied or harassed at work in the last two years, despite 83% of organisations (90% in the public sector) having anti-bullying policies. NHS staff who had been bullied had significantly lower job satisfaction, more job induced stress, depression and anxiety\(^74\).

Work place mental well-being improvement is high on the government’s agenda following Dame Carol Black’s review ‘Working for a Healthier Tomorrow’\(^69\). A National Strategy for Mental Health and Work is being developed along with NICE guidance (due in September 2009) on ‘Promoting Mental Well-Being at Work’. It is also supported by Choosing Health\(^75\) and the Commissioning Framework for Health and Well-Being\(^76\).

3.1.1 What is the local picture?

More people in Oxfordshire are in employment than in the South East and England. There are around 350,000 people in employed in Oxfordshire from a working population of just over 404,000.\(^77\)

The public sector employs more people than any other sector in Oxfordshire\(^78\). In 2008 Oxfordshire NHS employed almost 17,000 people, Oxfordshire County Council 20,000 and the five District Councils combined 2,513 people. Small businesses are also important. In 2006 there were 24,000 small businesses in Oxfordshire with between 0 and 50 staff. These employed 145,461 people.\(^79\)
Issues at work were key themes in mental well-being survey. 15.8% of people said problems at work (including loss of employment) negatively affect their own mental well-being. This ranked third out of a list of ten options. Improving problems at work (including having employment) was the top thing that people felt would improve their own mental well-being (19.4%). Problems cited were secure employment, reduced stress and a better work life balance.

Between January and September 2008 Oxfordshire County Council had 247 episodes of long term sickness (four week or more) with 26% of these (65 episodes) due to stress, anxiety or depression. In the same time period there were 2213 episodes of staff sickness within the NHS and 167 (7.5%) were for four week or more. There is no data on sickness due to stress, anxiety or depression in the NHS or the underlying causes of this.

Approximately £700 million per year is lost to the Oxfordshire economy due to working days lost as a result of stress and other mental health problems.

People in Oxfordshire work longer hours and commute further than others in the South East and England.

Table 4: Hours worked per week

<table>
<thead>
<tr>
<th></th>
<th>&gt; 37 hours a week</th>
<th>&gt; 48 hours a week</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oxfordshire</td>
<td>60.2% (almost 200,000 people)</td>
<td>17.8% (around 60,000 people)</td>
</tr>
<tr>
<td>South East</td>
<td>59.2%</td>
<td>17.8%</td>
</tr>
<tr>
<td>England</td>
<td>57.2%</td>
<td>16.3%</td>
</tr>
</tbody>
</table>

Census 2001

Table 5: Distance commuted to work

<table>
<thead>
<tr>
<th></th>
<th>At least 10 kilometres</th>
<th>At least 30 kilometres</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oxfordshire</td>
<td>32.3% (around 100,000 people)</td>
<td>10.6% (almost 35,000 people)</td>
</tr>
<tr>
<td>South East</td>
<td>31.5%</td>
<td>11.1%</td>
</tr>
<tr>
<td>England</td>
<td>27.8%</td>
<td>7.2%</td>
</tr>
</tbody>
</table>

Census 2001

3.1.2 What work are we already doing?

- We have minimal information about activities taking place among the majority of Oxfordshire’s employers to improve the mental well-being of their employees.

- Oxfordshire PCT works towards preventing and reducing work related in stress in a number of ways.
  - All staff have minimum six monthly 1:1 meetings with their manager and yearly performance reviews.
  - Under the management of stress policy individuals and managers can refer to Occupational Health confidentially. This offers treatment options including counselling and alternative therapies.
  - As part of the work life balance policy the PCT offers a range of flexible working patterns including annualised hours and job share.

It is likely other public sector organisations in Oxfordshire run similar initiatives.
• Health improvement in workplaces is a key element in the Commissioning Strategy for the Prevention and Treatment of Obesity in Oxfordshire\(^3\).

### 3.1.3 What does best practice tell us we should be doing?

**Making it Possible\(^3\):**
- Widespread adoption of Health and Safety Executive stress management standards
- Ensure employers have access to support and guidance on promoting mental well-being in the workplace.
- Promote the mental well-being of all staff e.g.: raising awareness and addressing organisational factors.
- Support staff who are experiencing mental health problems as well as those who are returning to work following a mental health problem.
- A positive approach to employing people with a history of mental health problems.

NICE\(^{68}\) recommends stress-reducing interventions focused either on the individual or the organisation can help reduce work-related stress. Interventions addressing existing problems are more effective than preventive approaches in reducing stress.
- Interventions to improve skills for coping with work-related stress and/or reduce overall levels of stress are most effective when aimed at individuals, and follow cognitive behavioural methods as opposed to relaxation techniques.
- Cognitive behavioural interventions that are shorter in duration and frequency are more effective than longer programmes.
- For employees with high control jobs, cognitive behavioural interventions are significantly more effective than relaxation techniques and multi-modal interventions.
- Interventions involving either early referral (triggered after 2–3 months of sickness absence) to occupational health services, or group-based information and role play sessions, can be effective in reducing sickness absence.

**Working for a Healthier Tomorrow\(^69\)**
- Develop a business case for investment in workplace health and well-being initiatives.
- Support small businesses in developing healthy workplaces.
- Change perceptions that work is bad and people can only return if they are 100% fit.
- Early intervention for workers with minor health problems to stay in work or return to work quickly.

Consensus paper from European Observatory on the Social Situation and Demography\(^{84}\)
- Practical measures to minimise discomfort e.g.: excessive noise.
- Measures to maintain work-life balance.
- Adapt workplace organisational structure and make it more transparent and supportive.
- Multi-component awareness and stress management programmes.
- Early detection and support for people suffering from stress and/or mental health problems.

Other guidance includes from Chartered Institute of Personnel on dealing with bullying\(^{85}\).

### 3.1.4 What do key stakeholders feel we could do better?

- Currently no work exists to assist workplaces develop a genuine commitment to mental well-being, create and carry out action plans.
- Little specific, targeted, monitored work exists with public sector employers to improve working practices to develop and maintain mental well-being of staff.
- Work to improve knowledge of how to maintain mental well-being and activities to reduce the stigma of common mental health problems (i.e.: stress, anxiety, depression) to provide an environment where people feel safe to ask for help.
• Interventions to reduce workplace stress.
• Limited signposting to sources of support outside the workplace and in many workplaces limited direct support at work.
• Work with small businesses.

3.1.5 What are the gaps?

• Knowledge on the level of the problem (mental well-being, stress, anxiety, bullying etc) and in detail on what activity is already taking place.
• Occupational health services following NICE guidance on mental well-being interventions.
• Work place environments which support mental well-being: physical environment, organisational structures, work place culture.
• Support for people in earlier return to work following a period of sickness.
• Work to change perceptions that people can only return to work if they are 100% fit.
• Work with small businesses.
• Early detection and support for people suffering from stress and/or minor mental health problems.

3.1.6 What more can we do?

- Pilot a Mentally Healthy Workplaces programme focused on Oxfordshire’s major public sector employer. This should include:
  - Leadership and management: facilitate supportive environments which promote positive working relationships and values, develop employees, early detection and support for people suffering stress and/or mental health problems, challenge stigma.
  - Physical environment: review and improve the environment people work in.
  - Health and well-being: work in a way which makes healthy choices the easier option and encourages employees to take personal responsibility for their health and wellbeing.
  - Return to work: support earlier return to work following sickness.
  - Evaluation: through evaluation to develop a business case to take to other Oxfordshire employers in future.
- Assess the feasibility of developing standards in mental well-being to be included in contracts between PCT, Oxfordshire County Council, OBMH and their suppliers. Provide a support service to enable these suppliers to implement and monitor progress against these standards.
- Mental Health First Aid training for key staff in workplaces: line managers, HR departments, occupational health etc.
3.2 Schools

Schools are important for promoting mental well-being and early identification of mental health problems. Achievement at school can improve mental well-being whereas bullying, peer rejection, low literacy and few qualifications can negatively affect mental well-being into adulthood.3

A survey in Nottingham revealed a significant difference between the level of well-being of children in primary and secondary schools. 65% of primary school children rated their school experience as positive compared to 27% in secondary school. The sudden and dramatic change suggests the school environment is likely to be partly responsible. 86

Evidence shows that emotional well-being and social competence interventions in schools can achieve improvements in mental health, behaviour, increased inclusion, improved learning and greater educational success.3

Research from University of Manchester shows that, in the education industry, 70% of cases of work related sickness are due to mental ill health. This compares to around 30% in ‘all industries’. 69

The promotion of emotional health and well-being is an essential criterion for National Healthy School status. Choosing Health 75 states that by 2009, every school should be working towards achieving National Healthy School Status.

3.2.1 What is the local picture?

Oxfordshire has 82,000 school aged children. This figure is expected to increase by 14.3% between 2006 and 2026. There are 284 schools in the county, of which 233 are primary and 84 secondary.

There is a 96% participation rate in the Oxfordshire Healthy Schools Programme and 82% (232) have achieved Healthy Schools status87.

A Healthy School has to meet criteria and demonstrate evidence in four core themes:

- **Personal, social and health education (PSHE):** Pupils make informed decisions about their lives.
- **Healthy eating:** Pupils make healthy choices.
- **Physical activity:** Opportunities to be physically active are provided. Pupils understand how physical activity can help them be healthier and how it can improve and be part of everyday life.
- **Emotional health and well-being:** Schools provide positive emotional health and well-being to help pupils understand and express their feelings, and build their confidence and emotional resilience and therefore their capacity to learn.

National Government targets for December 2009 are 75% schools having achieved Healthy School Status with 90% working towards it. There is no obligation for schools to be involved.

3.2.2 What work are we already doing?

Oxfordshire’s Healthy Schools Programme has been running since 2000. It is implemented by a PSHE/Citizenship Adviser, a co-ordinator, a consultant, a Drugs Education Consultant and two PSHE advisory teachers. Only two staff work solely on the Programme.

A review in 2007 identified that emotional health had a lower profile in schools than the other core themes. Although schools often reported good emotional health support (for
pupils and staff) and pastoral support, plus inclusion, bullying policies and practices in place; these were sometimes mentioned incidentally because it seemed secondary to the focus on healthy food. In addition some schools seemed better set up to deal with children with emotional health problems, problems within the family home etc than others.

Since the review conferences and staff training have taken place on:

- Implementing emotional health and well-being in primary schools.
- Promoting staff well-being, delivering Social and Emotional Aspects of Learning (SEAL) and improving Circle Time.
- Lunchtime supervisors role in helping children develop respectful relationships.
- Bullying.
- Empowering young people and reducing conflict via peer mediation.
- Developing more effective consultation and participation.
- Dealing with drug related incidents and delivering effective drug education.
- Eating disorders guidelines for staff.

Drama projects are taking place in secondary schools on sexual health, binge-drinking, anti-social behaviour and in primary schools addressing the personal, social and health concerns of pupils. In addition a strategy for young carers and guidance for schools is being developed.

3.2.3 What does best practice tell us we should be doing?

Mental Health and Well-Being in the South East:

- Support schools with anti bullying strategies.
- Early interventions.
- Opportunities for children to develop appropriate independence and to succeed e.g.: creative play and access to the natural world as these strengthen imagination, problem solving and internal locus of control.
- Meet the needs of vulnerable young people not in school, or not on a regular basis e.g. looked after children and young offenders.
- Make volunteering the norm and increase the number and diversity of volunteers.

NICE recommend intervention in primary schools:

- Whole school approach: ethos/conditions for successful relationships; emotionally secure environment preventing bulling; help those at risk; emotional well-being within policies; teacher training; advice; local protocols developed with schools and children’s services.

- Universal approach: integrate social and emotional skills with all subject areas; teacher training; support parenting skills; integrate activities so skills for well-being and bullying/violence prevention are in all areas of school life.

- Targeted approach: teacher training to identify early warning signs; identify and assess children showing early warning signs; discuss options/ agree action with child and parents following NICE guidelines on depression in children and young people.

National Service Framework for Children, Young People and Maternity Services:

- Staff working directly with children and young people should have knowledge, training and support to promote mental well-being and identify early indicators of difficulty. Training and support should be available to school staff.

The Primary and Secondary National Strategy curriculum resources SEAL support schools in developing social, emotional and behavioural skills and embed this in all areas of school life.
In July 2009 NICE will publish ‘Promoting young people’s social and emotional wellbeing in secondary education’.

3.2.4 What do key stakeholders feel we could do better?

- Improve access to counselling services within schools, especially in secondary schools.

3.2.5 What are the gaps?

- Schools do not recognise the work they do to improve mental well-being.
- Schools do not fully understand mental well-being and mental well-being promotion.
- Pupils experiencing emotional difficulties could receive more support.
- Not enough schools deliver SEAL, particularly secondary schools.
- Social and emotional skills are not currently integrated with all subject areas.

3.2.6 What more can we do?

- Raise the profile of mental well-being and how to promote it among senior schools staff to assist schools identify what work they are doing, identify and fill gaps.
- Map current provision of counselling services, and other support services, in schools and identify gaps.
- Assist schools to provide better identify and support pupils experiencing emotional difficulties and problems at home.
- Promote and support schools in implementing SEAL, particularly secondary schools.
- Social and emotional skills to be integrated within all subject areas.
- Schools to implement mentally well-being promotion interventions for staff.
3.3 Prisons

Prisons house some of the most vulnerable and troubled people in our society, many of whom experienced poor mental well-being before being convicted. For example many have been subject to violence or abuse, are from areas of deprivation, have been long term unemployed, lived in poor housing and have been in debt. Prisons therefore offer access to disadvantaged groups who would normally be difficult to reach.

Being in prison can affect people’s mental well-being. Autonomy is taken away which can damage self-esteem, bullying and boredom are common, and family relationships are put under stress by separation.

Almost half of UK prisoners suffer anxiety or depression, especially those on remand, and up to 90% having a diagnosable mental health problem, substance misuse problem or both. 92, 93

People in prison are up to 12 times more likely to self harm to attempt suicide than the general population. Newly arrived prisoners in their first seven days are most at risk due to the stress, worry and upheaval of the court process and conviction. 2% of remand prisoners attempt suicide in any one week. 92, 93

Young people within the criminal justice system are particularly vulnerable. They are estimated to be three times as likely to have mental health problems as those in the general population.

Prison staff are also important. In 2000 the prison service nationally lost almost 130,000 working days due to psychological illnesses at a cost of £14.2 million.92

3.3.1 What is the local picture?

Oxfordshire has two prisons; Her Majesty’s Prison (HMP) Bullingdon and Huntercombe Young Offenders Institution (YOI).

a) HMP Bullingdon

HMP Bullingdon Prison is a local training prison near Bicester, in Cherwell District. It has the capacity to house 1,114 category B and category C prisoners, approximately 20% are on remand. It has five wings, including a sex offenders wing, and another wing comprising almost entirely of prisoners undertaking a drugs rehabilitation programme.

In October 2007 12.2% of prisoners had mild to moderate mental health problems and around 30 were considered at increased risk of suicide or self-harm. Suicides have taken place and most occurred within two months of arrival. All were either on remand or awaiting sentencing.94

b) Huntercombe YOI

Huntercombe YOI is near Nettlebed in South Oxfordshire. It houses 360 boys aged 15 to 18 years, of which about half are white and half from BME groups. It has a turnover of around 1,200 to 1,500 boys a year.

On arrival 23.8% of boys state feeling depressed, and at any one time 14% are on a self-harm register. Approximately 26% of the young people have a past psychiatric history on admission to Huntercombe. During the past 11 years there have been no suicides recorded at Huntercombe.94
3.3.2 What work are we already doing?

a) HMP Bullingdon

Bullingdon’s Healthy Prisons strategy 2007-2010\(^5\) takes a whole prison approach to improving the health of prisoners and staff which includes physical activity, creating an environment that fosters mental well-being and positive relationships, and promoting drug-free lifestyles and sensible drinking.

Awareness of prevention is high e.g.: creating purposeful work, education, family fun days etc, but activities are difficult to run due to security. Despite this some have taken place e.g.: a six week Men’s Health Project where prisoners discussed different health issues: mental health, sexual health, healthy eating.

Early identification and support for prisoners with mild to moderate mental health problems takes place via a recently appointed Mental Health Primary Nurse. Officers are trained at induction by the mental health in-reach team on early identification.

A comprehensive holistic mental health mapping process is taking place which looks at prevention through to secondary care.

Support is available for prisoners to prepare for release e.g.; finding housing, employment, education/training. In addition, Bullingdon Families Partnership ensures services in the community and prisons are linked up to support families and offenders while they are in prison and when released. Examples projects are:

- Family Links. Prison officers train offenders and their families in parenting skills.
- Bullingdon Visitor Centre raises awareness of mental well-being and community services with families.

b) Huntercombe YOI

Huntercombe was audited against the Healthy Schools standards in September 2007 and was identified as working to a high standard. Work on emotional health and well-being includes:

- Identifying and supporting vulnerable individuals.
- Creating an environment which promotes positive mental health.
- Learning about understanding and exploring feelings.
- Pastoral support for major life events e.g.: bereavement, and for stigma/discrimination.
- Anti-bullying and confidentiality policies and activities.
- Training for staff in pastoral roles.
- Opportunities for young people to participate to build confidence and self-esteem.

A recent Health Needs Assessment\(^6\) identified the following needs:

- Understaffing of mental health teams.
- Young people do not get enough access to fresh air.
- Young people do not know how to look after themselves e.g. hygiene.
- Young people could be taught how to look after their skin better.
- General environmental and personal hygiene should be improved.

A bid for funding has been issued to extend the Health Trainers service to Bullingdon and Huntercombe.
3.3.3 What best practice tells us we should do?

Regional Public Health Group Fact Sheet, Offender Health\(^{97}\):
- Take a whole prison approach to creating ‘Healthy Prisons’ and include the development of
  - Education and work skills.
  - Attitudes, skills and behaviour.
  - Nutrition, physical and mental activity.
  - Primary, Dental and Mental Health Care, Drugs, Alcohol treatment and Anti-Bullying policies.
  - Staff training and Occupational Health.
  - Planting of trees and green areas.

Health Promoting Prisons: A shared Approach 2002\(^{82}\)

Whole prison approach including:
- An environment which supports health.
- Policies which specifically promote the health of staff and prisoners.
- Health education.

3.3.4 What do key stakeholders feel we could do better?

a) HMP Bullingdon

- Promote mental well being. Bullingdon’s Healthy Prisons strategy\(^{95}\) objective 5 focuses predominantly on prisoners with mental health problems and as opposed to creating an environment which fosters positive mental well being.
- Staff training. Prison staff could benefit from additional training on supporting new arrivals and identifying early symptoms of mental health problems. Ongoing refresher training for existing (as opposed to new) staff is especially important.
- BME groups. Better data collection on the profile of BME groups. Targeted programmes/projects based on specific needs identified.
- Use of services to prepare for early release could be improved. Anecdotally prisoners don’t use services which prepare them for release early enough and report them as unhelpful, staff say that when prisoners don’t access these services early enough to get their full benefit.

b) Huntercombe YOI

- Deliver on gaps identified in the Healthy Schools standard audit\(^{98}\) on emotional health and well-being and the needs assessment.
- Actions to improve the mental well-being of staff.

3.3.5 What are the gaps?

a) HMP Bullingdon

- An environment which fosters positive mental well being.
- Staff training on early identification of mental health problems, with ongoing refresher training for long serving staff.
- Data collection on BME groups.
- Use of services to prepare for early release.
- Mental well-being of staff.
b) Huntercombe YOI

- The main gaps are identified in the Healthy Schools standard audit on emotional health and well-being and the Huntercombe YOI needs assessment.
- Mental well-being of staff.

### 3.3.6 What more can we do?

<table>
<thead>
<tr>
<th>a) HMP Bullingdon:</th>
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<tbody>
<tr>
<td>Raise the profile of mental well-being among Bullingdon Prison management.</td>
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<tr>
<td>Develop a stronger focus on improving mental well-being for prisoners and staff, including creating an environment which fosters positive mental well-being.</td>
</tr>
<tr>
<td>Mental Health First Aid training and suicide prevention training to be a part of induction training. Regular refresher training for all staff.</td>
</tr>
<tr>
<td>Improve data collection on BME prisoners.</td>
</tr>
<tr>
<td>Improve services to help prisoners prepare for release, and Facilitate Bullingdon Families Partnership to develop and enhance support for prisoners re-adapting to live following release.</td>
</tr>
<tr>
<td>Develop a programme to improve the mental well-being of staff.</td>
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</tbody>
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<table>
<thead>
<tr>
<th>b) Huntercombe YOI</th>
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<tbody>
<tr>
<td>Ensure work takes place to fill the gaps identified in the Healthy Schools standard audit on emotional health and well-being and the needs assessment.</td>
</tr>
<tr>
<td>Develop a programme to improve the mental well-being of staff.</td>
</tr>
</tbody>
</table>
PRIORITY ACTION AREA 4: Stigma and Discrimination

4.1 Challenging negative public attitudes

Stigma is social disapproval towards people who are perceived as different to the norm. It can be one of the most debilitating aspects of life for people with mental health problems making it difficult to work, participate in communities and enjoy family life.

Stigma is all too common – nationally 56% of mental health service users say they have experienced stigma from their family, 51% from friends, 51% from colleagues and 47% said they have been abused/harassed in public. Less than 40 per cent of UK employers would consider employing someone with a history of mental health problems whereas more than 60 per cent of employers would consider employing someone with a physical disability. Fear of stigma can prevent people from seeking help when they first start to feel unwell.

Lack of knowledge about mental health, fear, prejudice and discrimination all contribute to stigma. In a recent survey most people described someone who was mentally ill as suffering from schizophrenia, split personality or being kept in a mental hospital. People with mental health problems are often perceived as violent and a danger to the public. This is supported by sensationalist media coverage, which is still highly prejudicial. People with mental health problems lack a voice in the press which reinforces the prejudicial assumption that they can’t speak for themselves.

National interventions to tackle stigma include SHIFT guidelines for the media on reporting mental health and suicide, Mental Health First Aid training and A Time to Change, a programme to reduce stigma and discrimination in England, and improve mental well-being. It is a programme of 35 projects which aims to change public behavior, not just attitudes.

4.1.1 What is the local picture?

Stigma was a key issue identified by the mental health commissioning engagement process. Lack of understanding about mental health was a particular concern for BME communities. Mental health issues were focused around superstition and explained as possession, supernatural, fate/destiny, bad karma – a message from god. In the Chinese community ‘madness’ is kept within the family, partly due to fear of stigma.

An Oxfordshire County Council survey asked people with mental health problems about perceived about barriers to returning to work. 55% cited lack of support from their employer or line manager; 51% attitudes of colleagues; 21% fear of being sacked or encouraged to leave due to illness; and 10% hostility from their employer or line manager. Suggestions about how people could be helped back to work included how practical support is offered and long term cultural change to the way mental illness is viewed.

4.1.2 What work are we already doing?

Work to tackle negative views held by the public towards people with mental health problems in Oxfordshire is promising but un-coordinated. In particular more can be done to challenge negative public attitudes.

- ‘Stamping Out Stigma’ is a poster campaign. It focuses on employers, suicide, substance misuse and language used when describing mental health. ‘Do the Write Thing’ is a project which encourages the public to write to journalists who report mental health in a stigmatising way advising them of appropriate language. Both projects are run by OBMH.
• Oxfordshire MIND runs a programme of public talks. MIND and Coasters give talks in schools.

• The Delivering Race Equality in Mental Health action plan includes anti-stigma work including talks to community groups, drop-ins at community centres and information stalls at events like the Leys Fair and Elder Stubbs Festival to disseminate better information on mental health.

• Social inclusion action plans for people with mental health problems support service users into employment and suitable housing. These are linked to work to challenge negative public attitudes by raising knowledge of mental ill health, and understanding of the needs of service users among employers and housing organisations.

• ‘Choices’ is a project run by OBMH which supports service users to gain employment within the trust.

4.1.3 What does best practice say we should be doing?

Making it Happen¹⁰⁵:
• Opportunities for people to have contact with people with mental health problems.
• A positive approach to employing people with mental health problems in the mental health workforce.
• A co-ordinated strategy to address stigma associated with working in mental health services. To include: work within education; improved media coverage; partnerships with cross-sector professional bodies; opportunities for exchange, secondments and work experience within the mental health sector. Mental health services to improve their image as employer.

Making it Possible³:
• A population based approach.
• Culturally appropriate action to raise awareness and understanding about mental health problems and treatment options among BME communities, to increase the availability of material/resources in community languages and to develop mental health advocacy.
• Use of social marketing and new technology.

Mental Health and Well-Being in the South East⁴:
• Advertising and awareness of campaigns with high profile consumers and advocates to reduce the stigma of mental illness.
• Use of DVDs and access to websites to promote awareness and self-help for mental health.

European Commission¹⁰⁶:
• Campaigns targeted at the general public, intended to counter negative stereotypes and attitudes towards people with mental health problems, do not have much effect.
• Targeted campaigns may be more effective e.g.: to try to address the attitudes of mental health professionals, or specific messages raising awareness about the symptoms of specific conditions such as anxiety and depression.

A review of mass media interventions to reduce mental health stigma is being proposed. A protocol is currently being drafted.
4.1.4 What do key stakeholders feel we could do better?

- Partnership working. Oxfordshire lacks a partnership approach to tackling negative public attitudes. A clear evidence based action plan which takes a proactive approach to the issue and has multi-agency sign up is lacking.
- Communications. Although the local media has improved over the last few years, work is needed to ensure positive reporting continues. Service users could be involved in a more regular and strategic way. The message that one in four people experience mental health problems at some point in their lives.
- Settings: Anti-stigma work is needed in primary, schools, workplaces and other non-NHS settings.
- GPs, other health professionals and people volunteering/working in the voluntary sector need mental health awareness training.

4.1.5 What are the gaps?

- A partnership approach to tackling negative public attitudes.
- A focus on changing people’s attitudes and behaviour towards people with mental health problems (as opposed to raising awareness).
- Carefully targeted approach to interventions, especially those using the mass media.
- Increasing opportunities for the public to meet people with mental health problems.
- A co-ordinated strategy to address stigma associated with working in mental health services.
- Work to ensure positive reporting of people with mental health in the local media continues.
- Anti-stigma work in primary, schools, workplaces and other non-NHS settings.
- Training for GPs, other health professionals and people volunteering/working in the voluntary sector on mental health awareness.

4.1.6 What more can we do?

Develop a proactive carefully targeted multi-agency campaign which:

- Is underpinned by social marketing (improves targeting).
- Focuses on attitude and behaviour change (not just awareness).
- Uses learning from the A Time to Change campaign.
- Communicates the message that one in four people experience mental health problems at some point in their lives.
- Involves direct social contact with service users.
- Involves work in schools, workplaces, primary care and other non-NHS settings.
- Involves culturally appropriate work with BME communities which compliments existing activity.

All key statutory organisations to ensure mental health is covered within training on the Disability Discrimination Act.

Implement a programme of awareness training for GPs, other health professionals and people volunteering/working in the voluntary sector.

Continue and expand work to promote positive reporting of people with mental health in the local media continues.
CHAPTER 3: CONCLUSIONS

3.1 Critique of method

This document has aimed to give an independent, unbiased overview of mental well-being in Oxfordshire. However as with any research, biases will be present due to the background and previous knowledge and experience of researchers.

This document was created following an assessment of:

a) Best practice in mental well-being promotion

Best practice was sourced by selecting and analysing government guidance documents. Documents were sourced iteratively. Although more information on best practice may be available, the key documents ‘Making it Possible: Improving Mental Health and Well-Being in England’ and ‘Mental Health and Well-Being in the South East’ include a thorough literature review. The feeling is that the majority of best practice guidance has been sourced.

b) Comparative data

Mental well-being is a vast, complicated topic area with undefined boundaries. Oxfordshire data has been compared to national figures and data for the South East where possible. However for many influences on mental well-being data is not standardised across the UK and hence comparisons can not be made. Time limitations also resulted in the limited amount of comparative data.

c) Professional experience and opinion

The stakeholder workshop in October 2008 was well attended by people from across the county. Further engagement has been via one on one discussions. Feedback from stakeholders on this document also forms part of the process of sourcing professional experience and opinion.

d) Public experience and opinion

Public views were gained via the mental well-being questionnaire. Qualitative work would have complimented the quantitative data gained and give further insight into the problem. This was not possible due to time and resource constraints. Views gained in other consultations have been included.

3.2 Next steps

The recommendations from this needs assessment will inform the development of a mental well-being promotion strategy and an action plan.
Appendix 1: Mental Well-Being Survey

How could we make things better?
We want to understand what makes local people feel mentally well. We are trying to find out about what makes people satisfied about their lives and what makes them feel optimistic and good about themselves.

We want to use this information to help develop a mental well-being programme which has a positive effect for people living in Oxfordshire.

You can help us by filling in this survey and sending it back to us by Friday 24 October 2008, or by completing it online. See overleaf for contact and website details.

All your answers will be treated in the strictest confidence.

Thank you for your help.

What is mental well-being?
The World Health Organisation defines mental well-being as

“A state in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.”

About you

Please tick the appropriate box:

1. Are you:

   Providing your own response □
   Giving your response on behalf of an organisation □
   (if so, please go to Question 8)

Personal details

This will help us to check that we have received personal responses from a representative group of people.

2. How old are you:

   Under 25 □
   26-34 □
   35-44 □
   45-54 □
   55-64 □
   65 or over □
3. Are you:

Male
Female
Prefer not to say

4. Please can you give your full postcode below. This will be used to assess whether we are receiving responses from across the Oxfordshire area.

Postcode:

5. Which ethnic group do you consider yourself to belong to?

A White
B Mixed
C Asian or Asian British
D Black or Black British
E Chinese
F Other
G Prefer not to say

6. Using the Disability Discrimination Act definition below, do you consider yourself to have a disability?

“A physical or mental impairment which has a substantial and long term adverse effect on their ability to carry out normal day to day activities”.

Yes
No
Prefer not to say

7. Do you work for the NHS?

Yes
No

Details of your organisation
Only complete this section if you are responding on behalf of an organisation. If this does not apply to you, please go to Question 10.

8. What is the name of the organisation you are submitting this response on behalf of?

________________________________________________________________________________________

9. Please tell us who the organisation represents and, where applicable, how you gathered the views of members.

________________________________________________________________________________________
10. Where did you find out about this survey?

________________________

Some questions for you

11. Which of these factors do you think have the most negative influence on the mental well-being of people like you living in Oxfordshire? (please tick up to three that you think are most significant)

<table>
<thead>
<tr>
<th>Factor</th>
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<tbody>
<tr>
<td>Unemployment</td>
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<td>Long term illness</td>
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<td>Poor quality environment</td>
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<tr>
<td>Being isolated</td>
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<tr>
<td>Being dependent on others for your daily needs</td>
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<tr>
<td>Addictive behaviour (for example drugs, gambling, alcohol)</td>
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<tr>
<td>Crime and disorder</td>
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<tr>
<td>Anti-social behaviour</td>
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<td>Fear or worries (for example of old age or about money)</td>
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Comments

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12. Which of these factors do you think have the most positive influence on the mental well-being of people like you living in Oxfordshire? (please tick up to three that you think will have the most significant impact)

<table>
<thead>
<tr>
<th>Factor</th>
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<tbody>
<tr>
<td>Living in a neighbourhood that you like</td>
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<tr>
<td>Having a stable home environment</td>
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<tr>
<td>Having paid or unpaid occupation/employment</td>
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<tr>
<td>Being free from long term illness</td>
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<tr>
<td>Being involved in community activities</td>
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<tr>
<td>Being able to spend some time in a park or other green space</td>
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<tr>
<td>Being physically active</td>
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<tr>
<td>Being actively involved in religion or a religious group</td>
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<tr>
<td>Having people around who can support you when needed</td>
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<tr>
<td>Having friends and family who you enjoy spending time with</td>
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<tr>
<td>Having neighbours who you are ‘on good terms’ with</td>
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<tr>
<td>Having the opportunity to learn new skills and gain new knowledge</td>
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<tr>
<td>Having qualifications which make it easier for you to get a job</td>
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<tr>
<td>Feeling safe from crime</td>
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</table>

**Comments**

____________________________________________________________________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________________________________________________________________

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13. **What one thing do you think could most improve your personal feeling/sense of mental well-being?**

____________________________________________________________________________________________________________________________________________________________________________________

14. **What one thing do you think could most negatively impact your personal feeling/sense of mental well-being?**

____________________________________________________________________________________________________________________________________________________________________________________

15. **If you have any other comments or suggestions, please write them here**

____________________________________________________________________________________________________________________________________________________________________________________

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16. **Please provide your contact details if you wish to hear the outcome of this survey**

Name:
Address:
Email:

Thank you for your help

Please return this survey by **Friday 24 October 2008** to the freepost address below. No stamp is needed.

Cathy Dyer, Portfolio Administrator
Freepost RRRK-BZBT-ASXU
2nd Floor Jubilee House
5510 John Smith Drive
Oxford Business Park South
OXFORD
OX4 2LH

If you would like more information, please call 01865 336790 or email mentalwellbeing@oxfordshirepct.nhs.uk

**Filling in the survey online**
You can complete the survey online by visiting our website at: www.oxfordshirepct.nhs.uk

**Next steps**
The results of this and other work will be published by Oxfordshire Primary Care Trust in the Director of Public Health’s annual report in March 2009, and on our website.

Our ultimate aims are to:
- Promote positive mental well-being in general for all people in Oxfordshire
- Help people who are at risk improve their mental well-being and avoid developing mental health problems

**Accessibility & other languages**
Please let us know if you require this information in another language, audio or Braille by writing to us at Oxfordshire PCT at the FREEPOST address (above) or by calling: 01865 336790.
# Appendix 2: Stakeholder workshop attendees

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
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</thead>
<tbody>
<tr>
<td>Adrian Chant</td>
<td>Oxfordshire County Council</td>
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<tr>
<td>Andy Buckland</td>
<td>Age Concern</td>
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<tr>
<td>Angela Baker</td>
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<tr>
<td>Ann Cox</td>
<td>Vale of White Horse District Council</td>
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<td>Anna Kennedy</td>
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<td>Beccy Clacy</td>
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<td>Ben Lloyd-Shogbason</td>
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<td>Benedict Leigh</td>
<td>Restore</td>
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<td>Carrie Anne Wade</td>
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<tr>
<td>Cath Dale</td>
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<td>Collin Edwards</td>
<td>Samaritans</td>
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<tr>
<td>Craig Allen</td>
<td>Oxfordshire PCT</td>
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<tr>
<td>David Carthy</td>
<td>19 Beaumont Street Practice</td>
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<tr>
<td>Devand Mahabir</td>
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<tr>
<td>Fenella Trevillion</td>
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<td>Francia Kilgarriff</td>
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<td>Geoffrey Ferres</td>
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<td>Giti Paulin</td>
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<td>Hilary Wheelton</td>
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<td>Ian Porter</td>
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<td>Jane Brylewski</td>
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<td>Jennifer Siu</td>
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<td>Jeremy Spafford</td>
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<td>Dave Pearson</td>
<td>Carer</td>
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<td>Jane Coombes</td>
<td>Expert Patient Programme</td>
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