I am delighted to present my first report as Director of Public Health at Cheshire West and Chester Council. This year we shine a spotlight on the importance of mental health and wellbeing, looking at both the national policy drivers and the actions we are taking locally.

‘No Health Without Mental Health’ is the cross-government mental health outcomes strategy for people of all ages. The strategy emphasises that mental health is everyone’s business – individuals, families, employers, educators and communities all need to play their part. Good mental health and resilience are fundamental to our physical health, our relationships, our education, our training, our work and to achieving our potential.

More recently, ‘Future in Mind’ articulated a clear consensus to make it easier for children and young people to access high quality mental health care when they need it. Similarly, the ‘Five Year Forward View for Mental Health’ sets out the start of a ten year journey for the transformation of adult mental health, including a shift towards prevention and the transformation of NHS care. People with lived experience are at the heart of these national initiatives, as indeed they are in this annual report.

Simple, evidence-based public health messages describe the kinds of activities that promote positive mental health, with the evidence suggesting that even a small improvement in wellbeing can help decrease poor mental health and help people flourish. The Five Ways to Wellbeing are a set of activities that are known to increase people’s wellbeing. They are Connect; Be Active; Take Notice; Keep Learning and Give. All five elements of the Ways to Wellbeing are reflected in this report, which describes some of the actions we are taking locally, enabling people to manage – and maximise - their own mental health and wellbeing.

Poor mental wellbeing, including social isolation and loneliness, present one of the biggest burdens of ill health for Cheshire West and Chester residents. Mental health and wellbeing is therefore one of the four priority areas within our Health and Wellbeing Strategy. The key outcome we want to achieve is improved mental health, wellbeing and personal resilience for all, where mental health is valued equally with physical health.

This report also links into the following Council outcomes:

- A well connected and accessible borough
- All our families and children and young people are supported to get the best start in life
- Vulnerable adults and children feel safe and protected
- Older people and vulnerable adults are compassionately supported to lead fulfilled and independent lives
- Cleanest, safest and most sustainable neighbourhoods in the country
- Vibrant and healthy communities with inclusive leisure, heritage and culture opportunities
- People are well educated, skilled and earn a decent living

Cheshire West and Chester Council, along with our partners, are committed to tackling the wider underlying causes of mental ill health; preventing ill-health occurring in the first place; and providing the best services possible for our residents. By promoting good mental health and intervening early, particularly in childhood and teenage years, we can help prevent mental illness from developing and mitigate its effects when it does.

I would like to thank the individuals and organisations who submitted the reports and case studies for this report and the editorial team, in particular, Lydia Orford in the Public Health Team. The wide range of contributors to this report reinforces once again the fact that mental health and wellbeing is everybody’s business. Only by working together can we achieve the best mental wellbeing outcomes for all residents of Cheshire West and Chester.
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The evidence is clear that improving outcomes for mental health supports people to achieve greater wellbeing, builds resilience and independence, and boosts life chances. Improved outcomes also reduce the risk of dying early. Public attitudes towards mental health have also improved and we are seeing a growing commitment among communities, workplaces, schools and within government to change the way we think about it.

In 2016 the independent Mental Health Taskforce published the Five Year Forward View for Mental Health. The Forward View set out the start of a ten year journey for the transformation of mental health and the shift towards prevention and the transformation of NHS care. For far too long, people with poor mental health have been stigmatised and marginalised, with the NHS treating their minds and bodies separately. The Five Year Forward View has made a set of recommendations that aim for “parity of esteem”, where mental health and physical health are acknowledged as equally important.

Individuals with lived experience of mental health issues are at the heart of the Five Year Forward View. They have identified prevention, access, integration, quality and a positive experience of care as the main priorities.

The subsequent implementation plan highlights that improving mental health and wellbeing cannot be solely achieved by the NHS, but must be delivered in partnership with other local organisations, including

### Council Outcome:
- Vulnerable adults and children feel safe and protected
- Older people and vulnerable adults are compassionately supported to lead fulfilled and independent lives

### Key Statistics

**In England:**
- One in four adults experiences at least one diagnosable mental health problem in any given year
- The cost to the economy is estimated at £105 billion a year

**In Cheshire West and Chester:**
- There are an estimated 46,112 adults who experience a common mental health disorder
- 63% of those experiencing common mental health disorders are female. Prevalence is highest in females aged 16-24, with 28% of this cohort estimated to experience a common mental health disorder
- In 2014/15, deaths in adults under the age of 75 with a serious mental illness was 4.86 times higher than in the general population
local government, housing, education, employment and the voluntary sector. Partnership working and co-production with people with lived experiences of services are two of the five common principles outlined in the implementation plan.

Sustainability and transformation plans and partnerships (STPs) provide the local vehicle for strategic planning, implementation at scale and collaboration between partners. Mental health should be an intrinsic element of every STP, threaded throughout and not an afterthought.

Case Study

This year saw the formation of Cheshire West and Chester’s Mental Health Partnership Board, a sub-group of the Health and Wellbeing Board. It brings together local leaders in mental health and wellbeing, including service users, carers and third sector representatives and is co-chaired jointly by a person with lived experience and a health professional.

Cathy Walsh, joint chair of the partnership:
“It’s an honour to co-chair the Board and to see how it has brought like-minded people together to focus on mental health that’s important to us all. The most exciting part is seeing the passions of the people involved who bring a multitude of different perspectives. “

Chris Lynch, joint chair of the partnership:
“I hope the Partnership Board becomes a real opportunity for all those involved in the area to get together and work in partnership to deliver the recommendations of the Five Year Forward View for Mental Health.”

The Board leads on implementing the key recommendations of the NHS Five Year Forward View for Mental Health locally, which calls for a “fresh mind-set” with leaders taking “decisive steps” to make improvements in three main areas of prevention:

- A seven day NHS – right care, right time, right quality
- An integrated mental and physical health approach
- Promoting good mental health and preventing poor mental health – helping people lead better lives as equal citizens

The Board is also supporting work ensuring mental health services fully reflect the needs of our residents and communities. A wider stakeholder summit, known as the Mental Health Partnership Board Plus, is held twice a year. This event allows a much wider group of stakeholders to engage in the business of the board, with the explicit aim of providing an opportunity for as many users and carers as possible to have a voice on the Board.
NHS England and the Department of Health published Future in Mind in 2015. Key themes identified were:

- Promoting resilience, prevention and early intervention
- Improving access to effective support – a system without tiers
- Care for the most vulnerable
- Accountability and transparency
- Developing the workforce

Future in Mind articulated a clear consensus about the way in which we can make it easier for children and young people to access high quality mental health care when they need it. One in ten children needs support or treatment for mental health and half of mental health issues are established by the age of 14, rising to 75 per cent by the age of 24.

These issues range from short spells of depression or anxiety through to severe and persistent conditions. Mental health in young people can result in lower educational attainment and are strongly associated with behaviours that pose a risk to their health, such as smoking, drug and alcohol abuse and risky sexual behaviour.

The most common mental health problems among children and young people are conduct disorders, emotional disorders (anxiety and depression) and attention deficit hyperactivity disorder (ADHD) / hyperkinetic disorders. Self-injury is common among teenagers.

In Cheshire West and Chester it is estimated that:

- 2,902 3-16 year olds have a conduct disorder
- 2,840 5-24 year olds have a depressive disorder
- 2,795 5-24 year olds have an anxiety disorder
- 1,207 3-24 year olds have attention deficit hyperactivity disorder (ADHD)
- 518 5-18 year olds have Tourette’s syndrome
- 263 10-19 year olds have an eating disorder
- 162 12-24 year olds have a psychotic disorder
- 53 babies are affected annually by autism spectrum disorder

Only 2-4% of self-injuries by young people aged 13-18 years lead to presentation at health services.
Case Study

The emotional health and wellbeing of young people in the borough is a priority of Cheshire West and Chester Council and our partners, with the teenage years being a crucial time for influencing health and wellbeing in later life. As part of the local Children and Young People’s Mental Health and Wellbeing Transformation Plan, NHS West Cheshire and NHS Vale Royal Clinical Commissioning Groups provided funding for the Council’s Public Health Team to carry out a campaign to raise awareness and challenge stigma around young people’s mental health. Additional funding was also provided from Public Health to support campaign development.

The first step of the campaign was to analyse the results of an emotional health and wellbeing survey sent to young people, aged 11 to 18, across Cheshire West and Chester. The survey findings offered insight into local young people’s worries and concerns. They highlighted particularly the pressures felt by young people about exams and tests in school. The findings suggested there is limited awareness of mental health and wellbeing services amongst young people. Whilst the majority of young people were aware of ChildLine, it was the only service most had heard of. Very few young people were aware of local services available to them. They advocated digital methods, such as apps and text services as potential new support services. The findings suggested that most young people would go to speak to a parent or a friend if they needed support in relation to their mental health. A third of young people surveyed claimed they would not seek support. Reasons cited for young people not wanting to go for support included: embarrassment, fear of being judged and mistrust in services. The findings of the survey contributed to the development of content and strategy for the young people’s mental health campaign, ‘You are not alone’, that launched on 18th April 2017.

Young people in secondary schools, Child and Adolescent Mental Health Services, Chester Pride and the Youth Senate were instrumental in developing the campaign. Social media, an online video and a website were used to promote key messages and give young people information about organisations that could offer support.

A drama group developed a production and interactive workshop about mental health, which was performed in eleven secondary schools across the borough. Feedback from both staff and pupils was very positive.

“The ‘You are not alone’ campaign was absolutely fantastic. I can honestly say it was one of the best productions we have had at the school and we have a few this year.”

Teacher, Helsby High School.
March
Student Wellbeing and Mental Health

The Wellbeing and Mental Health team at the University of Chester offers students practical information and advice about issues and concerns that may be impacting on their studies or university experience. Students are offered telephone or face to face appointments along with email advice. There is tailored support for carers and care leavers, mature and community students.

Where appropriate the Wellbeing Team can refer students to a Mental Health Adviser or the Active Wellbeing Programme.

The University offers wellbeing sessions to its students including:

- Stress management
- Developing resilience
- Achieving a healthy study/life balance

The University also provides counselling. Counsellors offer a range of brief, solution focussed appointments which support students with addressing issues that may have a negative impact on their student experience.

Council Outcome:

- All our families, children and young people are supported to get the best start in life
- Vulnerable adults and children feel safe and protected
- People are well educated, skilled and earn a decent living

Key Statistics

In the UK:

- In 2015 the number of first-year undergraduates nationwide reporting a mental health concern rose fivefold to reach 15,395
- A recent survey by National Union of Students for the Student All Party Group, indicated that 78% of respondents felt that they had experienced mental health problems – diagnosed or undiagnosed – in the previous 12 months
- The 2013 National Union of Students survey also found that of 1,200 higher education students surveyed in the UK, 20 per cent consider themselves to have a mental health problem, while 13 per cent had suicidal thoughts
Case Study

Active Wellbeing Programme

The University of Chester developed their Active Wellbeing Programme to promote student wellbeing. By paying attention to how we can all improve our own wellbeing through the Five Ways to Wellbeing, the Active Wellbeing Programme contributes to maintaining positive health.

• Connect
• Be Active
• Keep Learning
• Give to Others
• Be Mindful

Students are referred from the Wellbeing and Mental Health and Disability and Inclusion advisers to the Wellbeing Assistant, who looks at physical activity and lifestyle as tools for benefiting students’ overall health. Staff at the Sport and Active Lifestyle Department are trained to provide appropriate advice and guidance in a confidential, professional and sensitive manner.

The key issues this programme addresses are:

• Promoting a sense of wellbeing for the body and mind
• Encouraging physical activity and psychological and nutritional awareness as a form of self-help
• Helping to raise confidence, self-esteem and energy levels
• Promoting a sense of belonging and participation in the life of the university

Recommendations for improvement

• Raising awareness of mental health concerns across the university
• Embedding the Five Ways to Wellbeing across the university
• Encouraging students to become more active
Anushta Sivananthan, Consultant Psychiatrist/Medical Director at Cheshire and Wirral Partnership NHS Foundation Trust:

“Mental wellbeing is as important as physical wellbeing. We know that 1 in 6 people may have problems with their mental health. One of the best ways to support wellbeing is to use the Five Ways to Wellbeing (connect, be active, learn, take notice, give). These activities will help improve everyone’s mental wellbeing regardless of age. We know that a lot of people with mental health issues suffer in silence. It is important that people seek help and talk to loved ones or professionals about their mental health.”

The role of the Council and our partners is to support local communities and residents to remain healthy and achieve improved physical and mental wellbeing. This includes commissioning a range of health and wellbeing services that enable our residents to thrive, both physically and mentally. Doing so helps address the health inequalities that exist in some of our most disadvantaged communities, for example, rising obesity, poverty, mental health, physical disabilities, and general wider community wellbeing.
Case Study

Brio’s Cheshire Change Hub service offers exercise for residents with a poor mental health diagnosis. The service conducts both a Holistic Needs Assessment and a Wellbeing Assessment with any residents entering the service and signposts to support services across Cheshire.

Cheshire Change Hub is a health and wellbeing service which offers residents of West Cheshire the support needed to live healthier, happier lives. Residents who want to quit smoking, lose weight, get more physically active or exercise safely around a special medical condition, can access programmes, and for those who are eligible, it’s completely free of charge.

A belly dancer who was forced to hang up her veil when struck by agonising pain is looking to return to the dance floor with help from Brio Leisure. Grandmother Lynda, 64, spent twelve years as a cabaret belly dancer before chronic osteoarthritis brought her shimmying to an abrupt stop.

"Increasingly I found I was in agony. Simple tasks such as doing the housework or even getting in and out of a car were so painful I ended up in tears," said Lynda from Stanney Grange, Ellesmere Port. A mum of three grown up daughters, she was diagnosed with osteoarthritis and sent for physiotherapy treatment.

"I'd had pain in my back and neck ever since the girls were small but I just got on with things. The belly dancing was something I enjoyed and I joined a troupe that danced at festivals and events. I began to notice that doing the figure of eight movements aggravated my pain and I was also finding it really difficult to carry the equipment we needed for the shows."

After a number of physiotherapy sessions Lynda’s GP referred her to Brio Leisure where she qualified for a free 12 week referral followed by a discounted trial membership at Ellesmere Port Sports Village under Brio’s community health initiative operated by Cheshire Change Hub.

“It was fantastic. Inside three months of being referred by the GP I was feeling completely different. After the trial I decided to become a full member. The Brio team advised which exercises to do and I also joined some of the fitness classes such as Zumba and Pilates. Because I’d given up dancing I’d put on weight but that soon came off and I developed a new lease of life and loads more energy. My quality of life has really improved so much so I’m aiming to go back into belly dancing as soon as possible.”

“I think it’s important to be as fit as you can be ... and feel as good as you can for the age you are. Joining Brio has helped me enjoy life again.”

Lynda’s transformation has also inspired her husband David to improve his fitness. He’s vowed to join his wife at Ellesmere Port Sports Village as soon as he recovers from a hip replacement operation.
The ground-breaking Natural Health Service uses the natural environment and evidence-based interventions to tackle poor health and improve the wellbeing of individuals, families and communities. Targeted at areas with greatest health inequalities, the service makes use of green spaces, woodlands and parks, to help improve mental health and increase physical activity. Five evidence-based activity programmes use the natural environment as the basis for their delivery and effectiveness. These programmes promote wellbeing, encourage self-care and have the potential to assist in the prevention and treatment of some health conditions as part of a package of healthcare.

Key Statistics

In England in 2015/16:
- 17.9% of people were using outdoor space for exercise / health reasons
- 13.9% of 15 year olds are physically active
- 64.9% of adults are physically active

In Cheshire West and Chester in 2015/16:
- 15.2% of people were using outdoor space for exercise / health reasons
- 16.2% of 15 year olds are physically active
- 65.8% of adults are physically active

Case Study 1

The Council has a duty to protect the health of its residents as well as to promote good health. Health Protection involves preventing and responding to communicable diseases and preventing harms to health from environmental hazards. A key health protection priority for the borough is improving air quality. Air pollution is increasingly associated with a number of adverse health impacts. It is recognised as a contributing factor in the onset of heart disease and cancer. Additionally, air pollution particularly affects the most vulnerable in society: children and older people, and those with heart and lung conditions. There is also often a strong correlation with equalities issues, because areas with poor air quality are also often the less affluent areas. Concern regarding poor air quality can also raise anxiety and negatively impact on emotional wellbeing.

Cheshire West and Chester Council has recently consulted on its newly developed Low Emissions Strategy. This sets out how the Council intends to reduce pollution in the borough, through measures aimed at encouraging a shift away from polluting forms of transport towards alternatives including cycling, walking and the use of electric vehicles.
Case Study 2

The Mersey Forest Team developed the Natural Health service, which brings together like-minded organisations in a consortium that builds on the strong evidence-base that shows there is a benefit to interventions in green places.

Based on this, five different activities are offered:

- Health Walks
- Horticultural Therapy
- Mindful Contact with Nature
- Forest School
- Healthy Conservation e.g. Green Gym

These programmes help tackle some of the most pressing health needs in the borough, including low activity levels, childhood obesity and poor mental health. Results show that for those taking part, physical activity levels have increased by 66% and mental wellbeing has increased by 10%. An independent Social Return on Investment study has estimated a return of £6.75 for every £1 invested in the Natural Health Service.

Cheshire West and Chester Council has also invested in a three-year programme to engage over 3,000 people in evidence-based activities; increase physical activity by 40% and increase wellbeing by 20%. Through this, the Mersey Forest Team is working with partners to signpost on to other services, providing support and new skills for local people to volunteer to continue to deliver sessions. The new Health Rangers, the first in the UK, will enhance the ability to deliver this innovative and exciting programme. The ambition is to have a year-round service available to all communities in Cheshire West and Chester.

"I really feel using the poles help my breathing – as an asthma sufferer this means I can still exercise and feel good." (Nordic Walking participant)

“It’s my final stages of pregnancy (my first child) but my GP and antenatal clinic have encouraged me to do light exercise – this is ideal and the poles help with the extra weight.” (Nordic Walking participant)

“Being out in the fresh air has helped sleeping patterns.” (Healthy Conservation Participant Carer)

“We’ve enjoyed being in the company of the group” (Health Walk Group Feedback)

"From feeling isolated and struggling with social skills, I can honestly say I have never enjoyed anything so much in my entire life” (Bush Craft for Adults Participant)
Peer support may be defined as the help and support that people with lived experience of a mental illness are able to give to one another. This support may be social, emotional or practical, but importantly this support is mutually offered and reciprocal, allowing peers to benefit from the support whether they are giving or receiving it.

**Forms of peer support include:**

- community groups
- mentoring
- befriending
- self-help groups
- online communities
- support groups

Research has shown that peer-run self-help groups yield improvement in mental health symptoms resulting in decreased hospitalisation, larger social support networks and enhanced self-esteem and social functioning.

Key elements of peer support in mental health include that it is built on shared personal experience and empathy; it focuses on an individual’s strengths not weaknesses; and works towards the individual’s wellbeing and recovery.

A vital part of peer support is mutual respect which aims to help both those giving and receiving support. Everyone's experiences are treated as equally important, so people accessing peer support might find this gives them a different experience to more traditional support options.
Case Study

Within Chester there are three Mental Health Peer Support Groups. The main group, Chester Plus are based in Boughton and are an established, long running group. This group act as the main hub with new spokes opening in the Garden Quarter and Blacon areas of Chester.

The Blacon spoke, Blacon Mental Wellbeing Group, has been running for twelve months and is run by those with lived experience of mental ill-health. The group is affiliated to the national charity Rethink Mental Illness. The group meets on the first Saturday of each month at the White Rooms in Blacon from 11am to 1pm for tea, coffee, biscuits and soup. The group chat and play board games, read books or just relax with likeminded people in a safe environment with parity of esteem (see the January chapter for a definition of parity of esteem). There is no therapy and group members can do what they would like for two hours with no pressure, just a few behavioural rules. The ambition is to expand with more groups starting up across Cheshire West and Chester.
**Five Ways to Wellbeing**

**Connect** with the people around you such as family, friends, colleagues and neighbours, be it at home, work, school, gym, social club or within your local community. Spend time with people you enjoy and say hello to someone new - who knows - they may become a friend. Developing connections can bring support and enrich your day.

**Be active** Go for a walk. Step outside. Stretch! Play a game. Catch up with your gardening, housework or DIY. Cycle. Join a dance class. Exercising makes you feel good and improves your fitness. Find things you enjoy and that suits your level of mobility.

**Take notice** of the world around you and how you feel. Be curious. Observe the changing seasons. Sense the beauty of the usual as well as the unusual. Enjoy the moment. Reflecting on your experiences will help you appreciate what matters to you.

**Keep learning** What would you like to try? Explore the local library for ideas. Cook a new dish. Fix a bike. Rediscover an old interest. Sign up for a course or spend time with someone who can help you learn. Set yourself a challenge. Learning new things helps you feel more confident as well as being fun.

**Give** Do something nice for a friend, or someone you don’t know. Share a laugh or smile. Thank someone. Volunteer your time. Join a community group. Look out, as well as in. Seeing yourself, and your happiness, linked to the wider community can be incredibly rewarding and creates connections with the people around you.

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**Council Outcome:**

- All our families and children and young people are supported to get the best start in life
- Older people and vulnerable adults are compassionately supported to lead fulfilled and independent lives
- Vibrant and healthy communities with inclusive leisure, heritage and culture opportunities

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**Key Statistics**

Loneliness and social isolation are harmful to our health: research shows that lacking social connections is as damaging to our health as smoking 15 cigarettes a day

In England in 2016/17:

- 45.4% of adult social care users had as much social contact as they would like
- 35.5% of adult carers had as much social contact as they would like

In Cheshire West and Chester in 2016/17:

- 46.8% of adult social care users had as much social contact as they would like
- 47.6% of adult carers had as much social contact as they would like
Case Study

Brightlife is a project that is testing different ways of tackling isolation and loneliness amongst the over 50s in Cheshire West and Chester. One of the methods being tested is ‘social prescribing’. This is a way of linking people with sources of support in their community and Brightlife are piloting this in Malpas, Winsford and parts of Chester. A Social Prescribing Co-ordinator in each of these communities supports people to set goals that will help them become less isolated. Each set of goals is personal to the individual and could be anything from joining a new group or club to simply gaining more confidence about going out.

Brightlife runs an inclusive volunteer programme and provides as much support as possible to ensure everyone in the community is able to take part. Community Connectors are trained volunteers who support the work of the Social Prescribing Co-ordinators; provide practical help to enable older people to connect with their communities; and act as ambassadors for Brightlife in their local communities. Community Connectors can choose the ways in which they want to do this, depending on their own interests and skills. One way is by helping out at the drop-in social sessions, welcoming people and helping them to meet others. It is not just the isolated person who benefits from this model. Volunteers also get a lot of pleasure and a sense of purpose from participating.

Emma (aged 37) found that volunteering with older people gave her a sense of direction, purpose and fulfilment that she hadn’t felt in years.

She had been doing less and less over the years, to the point that when her children started high school, she barely left the house and felt trapped in a cycle of isolation. When her eldest turned 18, Emma found herself wondering where the last few years had gone. She took the brave step of signing up to do a computer course at the Work Zone in Winsford, to learn a new, practical skill. She found that she particularly enjoyed helping some of the older people on the course, and decided to look for a volunteering role where she could do more.

Brightlife put Emma in touch with Community Compass, one of their commissioned services that help older people by connecting them with relevant activities and groups. Combined with some additional training from Brightlife, this gave Emma the confidence to set up her own scheme – a six-week Basic Computer Skills group for over-50s.

"Thanks to this experience I now have direction, focus and ambition for the first time in years," she says. “I still volunteer for Community Compass and always will – I just love what they do for the community. Working with older people makes me feel needed, useful and valued. I look forward to seeing them week after week, and they make my soul feel brighter.”

Photo courtesy of Brightlife
Employment is vital to health and wellbeing. The employment rate for adults with mental health conditions remains low at 43 per cent, compared to 74 per cent of the general population and 65 per cent of people with other health conditions. Of people with ‘mental and behavioural disorders’ supported by the National Work Programme, only 9.5 per cent have been supported into employment, a lower proportion than for some proven programmes. The Marmot review identified people with mental health conditions as being more likely to be in low-quality, low status and insecure work.

With appropriate support and terms and conditions, the workplace can be key to promoting mental wellbeing. A Department of Health report recognises that ‘the workplace provides an important opportunity for people to build resilience, develop social networks and develop their own social capital’.

Adult and community learning programmes can also have significant and long-lasting effects on the mental health and wellbeing of people with mild to moderate mental health problems.

Council Outcome:

- Older people and vulnerable adults are compassionately supported to lead fulfilled and independent lives
- People are well educated, skilled and earn a decent living

Key Statistics

In England in 2016/17:

- 74.4% of people aged 16-64 were in employment
- 43% of people with mental health issues were in employment
- Nationally, an estimated 1 in 6 people in employment suffer from a common mental health disorder
- Stress/anxiety/depression was the third highest reason for absenteeism with 15 million days lost
- 1 in 2 people claiming unemployment benefits were estimated to have mental health issues

In Cheshire West and Chester in 2016/17:

- 73.5% of people aged 16-64 were in employment
- An estimated 25,600-47,650 employed adults have a mental health issue (diagnosed and self-diagnosed)
Case Study

Adult Education is at the heart of the Council’s Work Zone service, which focuses on getting people who are long term unemployed, or at high risk of long term unemployment, back into work. Work Zones are one-stop centres run in partnership with the Department for Work and Pensions (DWP). On average 100 people per month register. In the 2016/17 financial year, Work Zones registered 1,177 new customers and supported 700 into employment in Cheshire West and Chester. Nearly a third of customer registrations declare poor mental health and/or very low levels of confidence/self-esteem. This is a major determinant in preventing them entering and staying in work.

The flexibility of the Work Zone Adult Education programme enables the service to develop:

- Health/wellbeing improvement provision
- Programmes that develop communication skills
- Emotional management skills
- Programmes that unleash creativity leading on to more work focused skills development

Termly ‘Have Your Say’ events let customers shape the Work Zone offer and local employment opportunities are reflected through strong employer engagement.

The success of Work Zones rests on working with customers as a ‘whole person within their life’. The Adult Education programme is dovetailed with the employment support programme to offer a holistic programme of support, mentoring, skills development, employer engagement and job brokerage. The Work Zone partners with other agencies to enable individuals to access debt support, benefits support and local Improving Access to Psychological Therapies (IAPT) services. Work Zone has recently launched Wellbeing Wednesday in one of its sites, offering a range of services from sessions in sleep management and movement, healthy eating to 1:1 health mentoring.

Many of the Work Zone customers have difficult lives, surviving on very low incomes and are often in ‘battle mode’ with the organisations they find themselves dependent on. It is often difficult to know if it is circumstance impacting negatively on mental health or mental health impacting negatively on circumstance, but no doubt one compounds the other. When people come to one of the Work Zones they find support, friendship, a place to learn, talk and develop which in turn provides the foundation for sustainable employment. It is the relationships they form and the sense of achievement they gain that makes the difference. Adult Education is fundamental to the model which could not work without it. It is gentle and supportive on one hand, but used well, it is a creative and powerful curriculum that changes lives.
For staff in regular contact with the public, it is often necessary to have at least a basic understanding of first aid in the traditional sense - offering initial support to someone in a physical crisis, until professional help is available, can be life-saving. However, with nearly 6,000 deaths by suicide a year in the UK, we should also prioritise training that addresses how to best support those in a mental health crisis.

As with physical ill health, mental ill health can take many forms and present in different ways. Successfully recognising the signs and symptoms of someone experiencing a mental health crisis and taking the appropriate steps to help could be the difference between life and death.

In Cheshire West and Chester, Healthbox Community Interest Company offer a two-day, Mental Health First Aid (MHFA) England accredited course, resulting in attendees becoming ‘Mental Health First Aiders’. As well as raising awareness of mental health issues, this course aims to give people the tools and confidence to assess a situation and initiate conversation with somebody they suspect may be struggling with their mental health.

It is important to emphasise that ‘Mental Health First Aiders’ act only as a ‘first response’ to a mental health crisis, for the wellbeing of both the First Aider and the individual they are helping. The course encourages attendees to develop a good knowledge of local services and referral pathways, building confidence to signpost onto professional help where necessary.

Council Outcome:

- Vulnerable adults and children feel safe and protected
- Older people and vulnerable adults are compassionately supported to lead fulfilled and independent lives
- Vibrant and healthy communities with inclusive leisure, heritage and culture opportunities

Key Statistics

1 in 4 people in the UK will experience a mental health issue each year

- The UK has the highest rates of self-harm in Europe
- Nearly 9 out of 10 people with mental health problems have been affected by stigma and discrimination
- Nearly 3 in 4 people say they have stopped doing the things they wanted to do because of fear and stigma of discrimination
- 1 in 5 people fear disclosing stress would put them first in line for redundancy

In Cheshire West and Chester an estimated:

- 2,080 12-24 year olds self-harm
Case Study

To date, Healthbox has delivered four, two-day courses, with sixty people trained as ‘Mental Health First Aiders’. One of these people, Mr H, expressed how the course had been invaluable in acting appropriately in a situation that arose at his workplace shortly after attending the training:

“I thought that I’d been set up, as a couple of days after completing the course, we had a couple of clients disclose thoughts of suicide and subsequent actions they had followed. I was able to analyse my response and discovered that I had actually followed the correct process. I was able to calmly evaluate and prioritise my actions and comments in a very timely manner, to ensure the congregated group were ok on their own, and felt confident in my approach. On reflection, the actions taken were the correct ones and there was very little that could have been improved for this scenario. The course provides a professional framework that both health professionals and voluntary sector can use to build confidence to refer people”
**Council Outcome:**

- All our families, children and young people are supported to get the best start in life
- Vulnerable adults and children feel safe and protected
- Older people and vulnerable adults are compassionately supported to lead fulfilled and independent lives

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**Key Statistics**

**In England:**

- 58% of those who identify as LGB+ and 88% of those who identify as transgender have had depression at some point in their lives
- 50% of those who identify as LGB+ and 75% of those who identify as transgender have had anxiety
- 23% of those who identify as LGB+ and 53% of those who identify as transgender have self-harmed
- 15% of those who identify as LGB+ and 48% of those who identify as transgender have attempted suicide
- 54% of LGBT+ people have experienced feelings of isolation
- Around 42% of LGB people realised they might be LGB between the ages of 13-15 years, but only 14% choose to disclose this to someone at this age
- 45% of LGBT+ pupils are bullied for being LGBT+ at school (64% of trans pupils) 86% hear homophobic language
- Around 1 in 5 LGB people have experienced homophobic bullying in the workplace
- 81% of transgender people avoided certain situations due to fear. 67% of trans people felt that most days were stressful
- In the UK, over one in five LGBT+ people experienced a hate crime or incident because of their sexual orientation and/or gender identity in the last 12 months

**In Cheshire West and Chester:**

- There are an estimated **16,700-23,400** lesbian, gay or bisexual+ (LGB+) residents
- An estimated **3,300** residents have some degree of gender variance
The issues and experiences that lesbian, gay, bisexual and transgender+ (LGBT+) people may have to deal with can significantly affect their mental wellbeing. LGBT phobia, discrimination and rejection play a key role in the development of poor mental health, all of which are underpinned by the heteronormativity of society (the presumption of heterosexuality and two genders). Negative and distressing experiences, or even the fear of a negative experience, can lead to isolation, anxiety, depression, fear and low self-worth.

LGBT+ people face LGBT phobia in a number of settings including at home, in public places, at school, in the workplace, and in health and social care. There is an increased risk of: breakdown in family relationships, homelessness, bullying, abuse, and exclusion from their wider communities. Poor mental health can seriously impair a person’s ability to make healthy choices. Research shows that those who identify as LGBT+ have a higher prevalence of substance misuse, smoking, risky sexual behaviour, self-injury and suicide.

Within the LGBT+ community there are groups more at risk including young people, the black and minority ethnic community, older people, those with a disability, members of a religious community, and members of a traditional community such as farmers.

Gender Dysphoria is a condition where a person experiences discomfort or distress because there’s a mismatch between their biological sex and gender identity. Accessing support to transition is a long and difficult process. This is exacerbated by experiences of phobia and the inability to seek help for mental health during this time due to the risk of being refused access to therapy or surgery.

To really tackle the causes of LGBT+ poor mental health, there needs to be a change in society to normalise sexual and gender diversity. This can be facilitated by equality and diversity training in schools, health and social care settings and workplaces; the use of inclusive language; increasing visibility of LGBT+; acknowledgement of LGBT+ in social care and health settings; and zero tolerance to LGBT phobia.

Case Study

Chester Pride is a free annual event to celebrate diversity and support the lesbian, gay, bisexual and transgender+ community (LGBT+). Pride brings people together in a fun and safe environment, building community cohesion. An estimated 10,000 people attended Chester Pride over the course of the day in 2017. Chester Pride raises visibility of the LGBT+ community, shows those who may be struggling with their identity that they are not alone, challenges LGBT phobia and hate, and is an opportunity to provide information about local support available and signpost to services.
Suicide is preventable, yet one person kills themselves every 90 minutes in the UK.

Those most at risk include people who:

- Are men
- Have a mental illness
- Identify as lesbian, gay, bisexual and/or transgender+ (LGBT+)
- Are unemployed
- Have a substance misuse problem
- Have experienced a traumatic event especially a childhood history of sexual or physical abuse

The impact on families, friends, workplace, schools and communities is devastating. It carries a huge financial burden for the local economy and contributes to worsening inequalities. Bereaved friends and relatives of people who die from suicide have a one-in-ten risk of also attempting suicide after their loss.

The Cheshire and Merseyside No More – Zero Suicide Strategy lays-out the ambition to transform culture and attitudes to suicide. Reducing suicide and eliminating it from our community is a key priority for Cheshire West and Chester Council. The local, multi-agency Suicide Prevention Group has produced the borough-wide Suicide Reduction Action Plan and is working towards Suicide Safer Community status, building resilience within individuals and local communities and improving support for people in crisis.

Cheshire West and Chester frontline staff from a range of organisations are being trained in Suicide Prevention and Mental Health Awareness, increasing their knowledge and providing them with the means to provide evidence-based interventions that can save lives.

Council Outcome:

- Vulnerable adults and children feel safe and protected
- Older people and vulnerable adults are compassionately supported to lead fulfilled and independent lives

Key Statistics

In the UK in 2015:
- There were 6,188 suicides
- The highest suicide rate was for men aged 40–44
- Female suicide rates are at their highest in a decade

In Cheshire West and Chester:
- There are approximately 30 suicides completed per year
- Alcohol use is often associated with completed suicides
- Around 75% of completed suicides are males
- There are no clear suicide ‘hot spot’ areas
Locally, Amparo provide a support service to Cheshire West and Chester residents affected by suicide. They offer counselling and provide information and guidance about practical matters e.g. what to do after a death. Where necessary, they can attend inquests, offer support with media enquiries, ensure a support network is around each individual, signpost to local services and act as a liaison between different agencies such as the Coroner’s Office and the Police.

Cheshire and Wirral Partnership NHS Foundation Trust provide mental and physical health services, including a rapid response for individuals who are experiencing increased problems relating to suicide. The Trust works within the remit of the Mental Health Crisis Care Concordat. Staff within the Trust are trained in Suicide Awareness and Response.

Since October 2017, a Survivors of Bereavement by Suicide (SOBS) Group has been run in Chester. This group provides support for people within our local communities. The National Helpline is 0300 111 5065.

**Case Study: Amparo**

The Coroner’s Office referred H into the Amparo service after the death of their spouse. Telephone contact was made within 24 hours of the referral and a visit was arranged. H was overcome with grief and feelings of guilt, anger, and loss, and, overwhelmed with all of the practical aspects of what to do after the death.

Amparo supported H straight away, giving H time to talk about what had happened, and give the story of their spouse and how they came to take their own life. H opened up about all of the practical things that were on their mind causing stress and anxiety.

Appointments were made with the Citizens Advice Bureau and information was provided on benefit entitlement. Explanations were given about the process after the death and what happens at inquest. H found that having all the information provided and what the process was reduced their anxiety and allowed them to grieve for their loved one. Amparo signposted H to local groups such as Survivors of Bereavement by Suicide (SoBS) and the Samaritans, and, ensured a support network was in place for H including, regular visits, calls and ongoing support.
The UK population is ageing rapidly, with the number of people aged 65 and over growing by nearly half in the past 30 years. Cheshire West and Chester has a higher proportion of older residents than the England average with 19.9 per cent of our population aged 65 or over, compared to the England figure of 17.3 per cent. This proportion is forecast to increase over the next ten years to 23.5 per cent. In other words, around one in five people are currently aged 65 or over; by 2023 we forecast this will be closer to one in four. Many older people feel they are in good or very good health but as people grow older, an increasing number have multiple long term health conditions. The number of people aged 85 and over is around a quarter the number aged 65-74, but they are more likely to need support, with around 15 per cent of people aged 85+ living in a residential setting.

Mental health and wellbeing of older people is often neglected, but this can be when the cumulative impacts of poor mental health are most evident. Preventing mental health problems later in life is vital. Those most affected include those living in deprived areas, those with identify as lesbian, gay, bisexual, transgender (LGBT+), and those living in rural areas.

Depression in older people affects one in five living in the community and two in five living in care homes.

Council Outcome:

- Vulnerable adults and children feel safe and protected
- Older people and vulnerable adults are compassionately supported to lead fulfilled and independent lives

Key Statistics

In England:

- Approximately 400,000 older people live in Care Homes in England
- People in care homes are more likely to have dementia and depression
- People in care homes are more likely to have unplanned admissions to hospital
- 40% of older people living in care homes are affected by depression

In Cheshire West and Chester in 2015/16:

- 51% of adult social care users have moderate depression or anxiety and 8% have extreme depression or anxiety
- In Cheshire West and Chester the estimated care home population in 2017 was 2,600
Case Study

In August 2016, Cheshire and Wirral Partnership NHS Foundation Trust redesigned some of the resources in its Older Peoples’ Mental Health Team to provide a Care Home Liaison Service. As well as being a reactive service, the team, consisting of two community psychiatric nurses and a half time consultant, developed a quality improvement programme for care homes.

The service works collaboratively with care homes to introduce quality improvement methodology to empower care staff to change their systems of working and improve outcomes for their residents. The team meet with the senior clinical leadership and management teams in the home and use a “Driver diagram” to focus on areas for improvement.

As part of the improvement approach the team offer coaching support to the care home managers to improve leadership, highlight potential system improvements and support improving relationships between the care homes and external organisations. They offer insights and nudges about care home governance systems whilst also focusing on the importance of linking the education provided to the staff to cultural staff attitude towards their residents. The team work intensively with the care home for approximately six months. There is an audit and review completed after the support has been provided for six months to reflect upon the outcomes from the “Driver diagram”.

Care Quality Commission inspections have commented positively on the improvements made to care, and management have felt supported in the more complex mental health assessments of residents, improving the quality of life for those with dementia.

Examples of interventions are given below:

- Training in medication management, dementia diagnosis and effects, dementia mapping and requirements for effective care
- The behavioural support for residents has been improved by further staff training
- Staff knowledge of medications, their effect and the outcomes has improved
- Behaviour monitoring documentation has improved and staff understand the need to ensure accurate reflective documentation is recorded, in order to have a better outcome
- Environments have been adapted and developed e.g. doors in the corridors now having screening up to prevent the agitation caused to residents who could see into an area not accessible to them
- In one home, a new dementia friendly dining room has been developed to provide a simulating environment to improve nutrition intake
Public Health - Cheshire West and Chester Council

Our Vision
To reduce health inequalities and improve the health and wellbeing of people in the borough, enabling our residents to live more fulfilling, independent and healthy lives. We will do this by working with communities and residents to improve opportunities for all to have a healthy, safe and fulfilling life.

Public Health Priorities include:
• Working with partners to help to reduce the gap in life expectancy between the most worst off and the best off in Cheshire West and Chester
• Working with departments across the Council to help achieve the Council’s outcomes
• Helping create opportunities for individuals and families to make positive changes to their own lives using their own strengths and skills to make a difference to themselves and their communities
• Supporting people to make healthier lifestyle choices
• Increasing awareness and access to services so that people can better help themselves to live healthier lives
• Promoting community spirit, helping to build more supportive relationships

Priority areas within the Health and Wellbeing Strategy:
Starting Well – Every child and young person has the best start in life
Living Well – People have healthier lifestyles
Mental Health and Wellbeing – Improved mental health, wellbeing and personal resilience
Ageing Well – Older people live healthier and more independent lives, feel supported and have a good quality of life

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Accessing Cheshire West and Chester Council information and services.
Council information is also available in Audio, Braille, Large Print or other formats. If you would like a copy in a different format, in another language or require a BSL interpreter, please email us at: equalities@cheshirewestandchester.gov.uk

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