

1. Introduction

Through the Understanding Our Communities project, public services are gaining a better understanding of the good things about communities, what matters to people and how their experiences and what they have to offer can help us to plan and provide services.

The Social Services and Well-being (Wales) Act has been put in place to make sure that public services are doing all that they can to support people using care and support services to have their say and get involved in managing their own well-being. The Act means that public services will need to make sure that the right support is available for the people who need it at the right time and in the right way.

Under this Act, public services must carry out and publish a **Population Needs Assessment**, which looks at:

- the needs for care and support, and the support needs of carer;
- the extent to which those needs are not being met;
- the range and level of services needed to meet those needs; and
- how services are delivered through the medium of Welsh.

In Cwm Taf, we have been collecting lots of information for the Assessment, from the people making policy and commissioning decisions about services, the people delivering services and the people receiving services. In order to look at all of this information in an organised way, we used the seven 'client' groups of the Act;

- Carers;
- Children and young people;
- Learning disability;
- Mental Health;
- Older people;
- Physical disability and sensory impairment; and
- Violence against women, domestic abuse and sexual violence.

We then spent some time, talking with these people about the headlines that emerged under and really thinking about **how** they affect people and **what** we public services can do to meet the needs of people using our services, in the best possible way, now and in the future.

A summary of the headlines relating to **mental health** are contained in this document. The document shows how the mental health headlines fit into the 'bigger picture' and the key messages which relate to *all* client groups and what we currently do and/or could do to deal with these headlines.

All of the information gathered throughout the project to inform these headlines will also be available in an online library. You can find the full Population Needs Assessment [\[here\]](#).

2. Mental health

Good mental health is essential to physical health, relationships, education, training, work and achieving potential. Mental health is affected by biological, psychological, social, economic and environmental factors which interact in complex ways¹.

For the purpose of this document, the following definitions² will be used:

a) Mental well-being

The World Health Organisation defines mental health as:

'A state of well-being whereby individuals recognize their abilities, are able to cope with the normal stresses of life, work productively and fruitfully, and make a contribution to their communities'.

b) Mental health problems

This term describes those experiences that interfere with day to day functioning. This can be at a clinically diagnosable level, but may also be sub-clinical. People who experience mental health problems may be helped by a range of support interventions.

c) Mental illness

The Mental Health Act (2007) defines mental illness as:

'Any disorder or disability of the mind'

This term describes more severe and enduring conditions that are more likely to receive a clinical diagnosis and require treatment by specialist mental health services. This may include disorders such as depression, anxiety, schizophrenia, bipolar disorder. In children and young people this may be defined by the presenting behaviour or conduct.

For the purpose of this assessment, the client groups covered are:

- Children, young people, adults and older people in Cwm Taf who are in need of, or receiving, care and support as a result of their mental health problems or mental illness.

3. The current position in Cwm Taf

Together for Mental Health (T4MH) is the age inclusive, cross-government strategy for Wales. It emphasises the need:

- To promote better mental well-being among the whole population
- To ensure that the needs of vulnerable people with mental health problems receive the appropriate priority
- To adopt a recovery and enablement approach to improve the lives of service users and their families

¹ Foresight (2007), *Tackling obesity: Future Choices – Project report*, London: Government Office for Science

² Together for Children and Young People (2016) *Child and adolescent mental health needs assessment*, Public Health Wales

- To work in partnership, acknowledging that no single body or sector can transform mental health in Wales.

The Mental Health (Wales) Measure places legal duties on health boards and local authorities to improve support for people experiencing mental ill-health.

The **Together for Children and Young People (T4CYP) Programme** is a multi-agency, multi-professional programme aimed at improving the emotional and mental health services provided for children and young people in Wales. The programme was launched at the end of February 2015 and is being led by the NHS in Wales with the support of Welsh Government.

4. Headlines

Supporting people's mental health in Cwm Taf

1. Around 50% of lifetime mental illness starts by the age of 14 and continues to have a harmful effect on the individual and their family for many years
2. Cwm Taf has the highest rates of mental illness and poor well-being in Wales
3. Projected increases in our older age population will lead to increased levels of dementia which will have a large impact on the need for provision of care and support services for this group.

Children and young people

Maternal mental health

The foundations for good mental health lie in pregnancy, infancy and early childhood, particularly in relation to influencing brain development. The mental well-being of parents during pregnancy and the early years of life have an impact on the child's social, mental, and emotional development. Maternal mental health is also closely associated with socio-economic disadvantage and with poor emotional and social support.

In Cwm Taf, figures show that 19% of women who gave birth in 2013 had experienced a mental health problem, with the vast majority being of these being stress, anxiety, and depression. Depressed mothers may be less responsive to their baby's efforts to engage with them and this, in turn, affects how babies bond with their mother. Failure to establish a close and trusting bond with at least one main carer can lead to poor developmental and behavioural outcomes for the child. Protecting the mental well-being of women at this time is essential in promoting the well-being and resilience of children.

Adverse Childhood Experiences (ACEs)³

ACEs are potentially traumatic events that can have negative, lasting effects on physical and mental health and well-being. These experiences range from physical, emotional, or sexual abuse of the child, to parental separation, parental substance misuse, domestic violence, parental mental illness, or the incarceration of a parent or guardian.

³ Public Health Wales (2016) Adverse Childhood Experiences and their association with Mental Well being in the Welsh adult population

ACEs have been shown to have a negative impact on physical health and mental well-being. Compared to adults who experienced no ACEs, those who had experienced four or more ACEs were (over the previous two weeks):

- 3 times more likely to have never/rarely felt relaxed
- 3 times more likely to have never/rarely felt close to other people
- 4 times more likely to have never/rarely been thinking clearly
- 5 times more likely to never/rarely have dealt with problems well
- 5 times more likely to have never/rarely been able to make up their own mind about things
- 6 times more likely to have never/rarely felt optimistic about the future
- 6 times more likely to have never/rarely felt useful.

Children and young people known to be at greater risk of mental health problems include those experiencing family breakdown; those in the Looked After System and those showing behavioural problems making them at risk of exclusion from school; children who have experience trauma. It is important to identify those at risk of mental ill health as early as possible.

Although there are opportunities across childhood and adolescence to prevent or moderate the effect of ACEs, the evidence shows that we can have the greatest impact if we focus our efforts in preventing and/or protecting against the impact of ACEs for both parents and children during the first 1000 days of life from conception to age two.

ACEs have a major impact and multiple long last effects into later adult life; the wide-ranging health and social consequences of ACEs emphasise the importance of preventing them before they happen.

Supporting mental well-being in children and young people in Cwm Taf

A universal population approach is needed which seeks to build mental well-being across the whole population and create the conditions in which the likelihood and impact of mental health problems and mental illness can be reduced. There is evidence to show that a number of preventative interventions are both effective, and cost-effective in promoting good well-being. These include:

- Health visiting intervention to reduce post-natal depression
- Supporting those working with children and families in the early years through appropriate training to enable them to recognise social and environmental risks and to support parents in managing early behavioural problems. Universal and targeted parent support is associated with improved mental health outcomes for parents and children
- Parenting interventions for the prevention of conduct disorders in children
- Access to early years educational opportunities is associated with improved mental health outcomes
- There are a range of programmes that can be delivered within the school setting for which there is some evidence of effect on social and emotional well-being, self confidence and self control in addition to reduction in conduct problems, violence and bullying. Across Cwm Taf, all primary and secondary schools are part of the Healthy Schools Scheme. In addition, 73 pre-school settings are engaged in the Healthy and Sustainable Pre Schools Scheme
- Recognition of the signs of mental distress in children and young people at an early stage and referral to helping services such as school based counselling.

Mental health problems and mental illness in children and young people in Cwm Taf

There are challenges in defining mental health conditions in children and young people due to differences in how cases are defined, recognised, coded and recorded. Different agencies providing services to children and young people have varying definitions of the words used in relation to mental health/illness and also in the definitions of terms such as ‘prevention’ and ‘early intervention’. As a result, data collection in this area is inconsistent.

Estimated number of children aged 5-16 with a range of conditions, local authorities and Cwm Taf, 2015

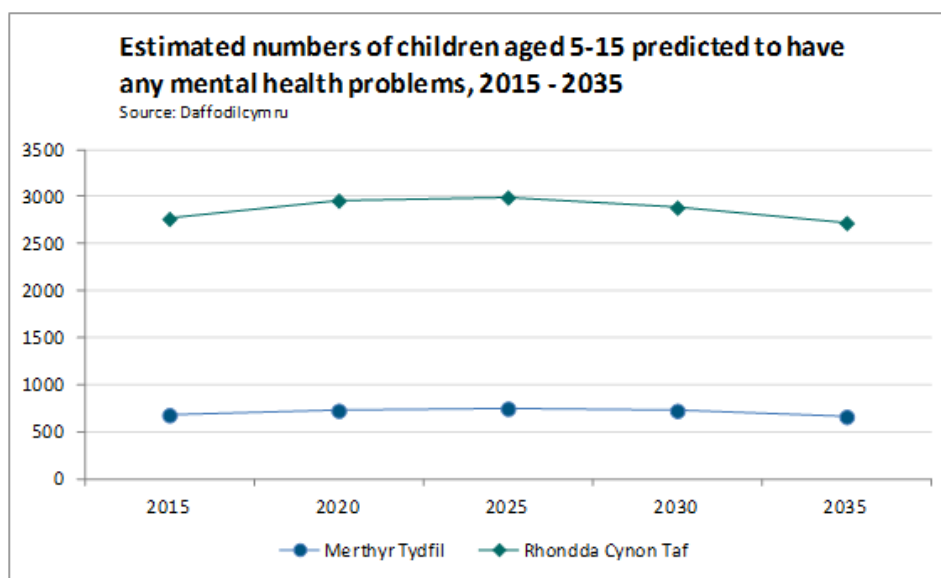
	Merthyr Tydfil	Rhondda Cynon Taf	Cwm Taf
Conduct disorders	530	2,036	2,365
Emotional disorders	330	1,280	1,640
Hyperkinetic Disorders (ADHD)	140	535	675
Eating disorders*	25	95	120
Any mental disorder*	855	3,300	4,165

Source: Public Health Wales Observatory. Note: individuals may have more than one disorder. * Based on ONS Prevalence Survey. Totals may not add up due to estimation.

Conduct disorders include temper outbursts, disobedience, fighting and bullying are the most common presenting form of mental disorder in children and young people

Emotional disorders include anxiety and depression

It is estimated that the numbers of children aged 5-15 predicted to have any mental health problems will increase slightly in the near future, but will return to current levels in the longer term.



Source: DataUnit Wales

Children in need (CIN) at 31 March 2015 with mental health problems

	Total CIN	Number with mental health problem	Percentage with mental health problem
Merthyr Tydfil	525	55	10
Rhondda Cynon Taf	2090	20	1

Source: StatsWales

Neurodevelopmental disorders

These include Attention Deficit Hyperactivity Disorder (ADHD) and Autistic Spectrum Disorder (ASD). The UK (and Wales) does not have a single survey or source of data on the number of children and young people with specific neurodevelopmental disorders.

In Wales there is insufficient service activity data for ADHD to consider whether the needs of those with ADHD can be met.

It is very difficult to estimate how many people are affected by ASD; Welsh Government has accepted a rate of 1% of the total population as the best estimate of prevalence. When this rate is applied to our population it is estimated that 726 children aged 0-17 are predicted to have any ASD in Cwm Taf.

Following the publication of the first Welsh Government Autistic Spectrum Disorder Strategic Action Plan there has been a reported increase in awareness of ASD, which has contributed to a sharp rise in diagnosis among school-age pupils. Improvements in data recording and condition classification coding are essential to inform assessment of need and service provision for this group⁴.

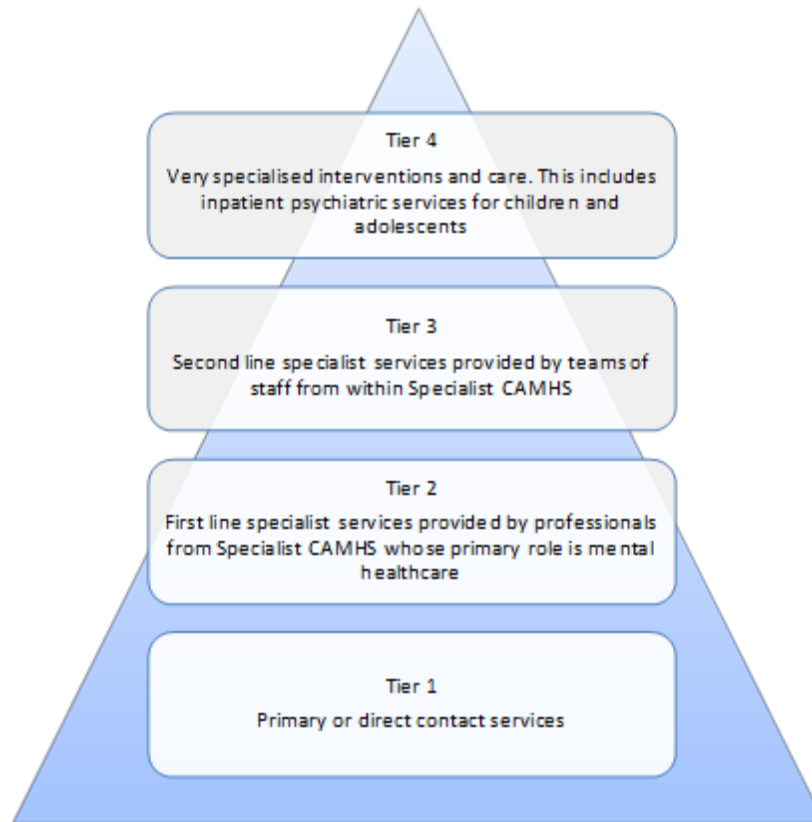
Note: Additional information is included in the Learning Disabilities document.

Child and Adolescent Mental Health Services CAMHS

Cwm Taf UHB hosts the regional CAMHS service which provides specialist mental health services for children and young people in Merthyr Tydfil, Rhondda Cynon Taf, Cardiff, Vale of Glamorgan, Bridgend, Neath Port Talbot and Swansea. As well as community mental health services, there are also 15 in-patient beds for children across the region with more complex mental health needs.

The four-tier service model for CAMHS services is represented below:

⁴ Public Health Wales (2016) Child and adolescent mental health needs assessment



Source: Welsh Assembly Government

All tiers should manage the care of children and young people across the sectors, agencies and departments according to their assessed needs.

Evidence from specialist mental health services for children suggests that referrals have increased significantly and this is resulting in long waiting times for assessment and treatment. However, the data on service use is very poor in quality and incomplete. Consideration should be given to improving data collection and sharing so that information relating to children and young people in contact with services is known across the system, and optimal use can be made of available resources.

Eye to Eye is a registered charity which provides school and community based counselling services across Cwm Taf for young people aged 10-25. In 2014/15 they provided counselling to 1800 young people.

However, in the four tier CAMHS model for children and young people, there would appear to be a gap between the level of support provided by Eye to Eye and specialist CAMHS services, according to our engagement. This could account for the large numbers of referrals directly to CAMHS if there is a lack of services at lower tiers of the pathway. This leads to long waiting times and clients not being able to access the service most appropriate for their level of need.

Hospital admissions data reflects the need for professionals working with children to have some level of training in managing mental health problems.

Number and rate per 100,000 population of hospital admissions for young people where there is any mention of mental and behavioural disorders (ICD 10 F00 to F99) in the admitting episode, Cwm Taf, 2014

Age group	Number	Crude rate per 100,000 (95% CI)
0-16 years	529	902 (827 to 982)
17-24 years	988	3116 (2925 to 3317)

Source: Public Health Wales Observatory, using PEDW (NWIS)

Supporting the mental health of adults in Cwm Taf

Poor mental health is both a cause and a consequence of social, economic and environmental inequalities; mental health problems both reflect deprivation and contribute to it. Mental ill-health is consistently associated with unemployment, less education, low income or material standard of living, in addition to poor physical health and adverse life events.

Cwm Taf has the highest levels of mental illness and poor well-being in Wales. The overall cost of mental health problems in Wales (2007/8) was estimated at £7.2 billion a year.

The challenging picture of mental health and well-being in Cwm Taf is shown in the latest available data across a range of measures summarised in the table below.

Adult mental health indicators

Indicator	Merthyr Tydfil	Rhondda Cynon Taf	Cwm Taf	Wales	What this means
Adults who reported consuming alcohol above guidelines	37%	41%	40%	40%	More than half of people with substance misuse problems are simultaneously diagnosed with a mental health disorder at some point in their lives, with alcohol being the most commonly reported substance misused
Adults who reported binge drinking	24%	26%	26%	24%	
Mental Component Summary Score (measure of well-being)	47.0	48.4	48.2	49.4	Cwm Taf has the lowest score for well-being in Wales
Adults who reported being treated for a mental illness	18%	15%	16%	14%	Cwm Taf is the highest in Wales
Admissions to mental health facilities (2015/16)			1225		
Suicide rate/100,000 population (2014)			14.1		Cwm Taf is the highest in Wales (Other health board areas range from 10.7 -13.6)

Sources: Welsh Health Survey/ Welsh Government Data Unit/ NCISHP report

Adult mental illness covers a broad spectrum; this document highlights key issues for our area.

Depression

Antidepressant prescribing figures have increased across all health boards since 2006. Cwm Taf has the highest figures in Wales. This is a long standing issue and relates to socio-economic conditions and other wider determinants of well-being.

Co-occurring mental health and substance misuse problems

The term, 'dual diagnosis' usually refers to the co-occurrence of a mental illness alongside substance misuse. The relationship between mental illness and substance misuse is complex and can change over time. It can vary between people; someone may have:

- A mental illness that has led to substance misuse
- A substance misuse problem that has led to a mental illness
- Two initially unrelated disorders (mental illness and substance misuse) that interact with and exacerbate each other
- Other factors that are causing mental illness and substance misuse including physical health problems

Evidence suggests that the number of people diagnosed in primary care with a dual diagnosis has increased in recent years, although there is a lack of national data on this.

Compared to people with a mental health problem alone, those with substance misuse and mental health problems are:

- likely to experience more severe mental health problems
- be at increased risk of suicide
- experience unstable housing
- have financial difficulties
- be less likely to engage with treatment interventions
- are more likely to fall through the gap between services.

Substance misuse can affect people regardless of their age background or ethnic origin and can also lead to significant problems in people's lives. Regional, multi agency, Area Planning Boards are responsible for delivering the Welsh Government Substance Misuse Strategy across Wales.

Cwm Taf has the highest rates of both drug misuse deaths and alcohol related deaths in Wales. Data from the Welsh National Database for Substance Misuse evidences the continued need for services across Cwm Taf, with approximately 3,000 referrals received annually for the period April 2013 to March 2016.

Veterans

Following military service, veterans of any age may suffer from a range of mental disorders, the most common being depression, alcohol misuse and anxiety disorders, as well as Post Traumatic Stress Disorder (PTSD). The Ministry of Defence (MoD) defines

a veteran as “anyone who has served in HM Armed Forces, at any time, irrespective of length of service, including National Servicemen and Reservists”⁵.

There are currently no official figures available on the number of military veterans in the UK, particularly at a local level. The Royal British Legion’s (RBL) “Count Them In” campaign is calling for additional questions to be included in the next Census in 2021 to improve local data on the ex-service community. The MoD holds data on recruitment locations, but does not hold information on where personnel go on leaving service, or where they subsequently move to; not all personnel recruited from Wales will be resettled back here. This means that attempts to count veterans can only be a best estimate, based on surveys and modelling of the past, current and future military population. Within Wales some of the highest rates are to be found in areas where there are defence establishments.

The Public Health Wales Observatory, using datasets from the Royal British Legion (Royal British Legion 2014) has produced estimates of the number of veterans currently living in Wales together with projections of the future number of veterans likely to live in Wales.

Estimated veteran population*, all persons aged 16 and over, Cwm Taf UHB and local authorities

	2014	2020	2025	2030
Merthyr Tydfil	3790	2760	2150	1700
Rhondda Cynon Taf	15110	10990	8580	6780
Cwm Taf UHB	18900	13750	10720	8480

Produced by Public Health Wales Observatory, using MYE (ONS) and prevalence estimates from the Royal British Legion

*Estimated population rounded to the nearest 10

The UK household survey of the ex-service community indicates that the prevalence of mental illness is around 8%, equating to 1,512 veterans in Cwm Taf (based on 2014 figures). That survey also reported that mental health problems have doubled since 2005 and that only one in twenty individuals have sought help for this issue. The risk of developing a mental health disorder may not only be linked to experiences during an individual’s period of service with the Armed Forces but also to the transition period from military to civilian life. The Kings Centre for Military Health Research (KCMHR) cohort study⁶ found that early service leavers are more likely to have adverse outcomes (e.g. suicide, mental health problems) and exhibit risk taking behaviours (e.g. heavy alcohol consumption) than those veterans who serve for longer periods.

The Veterans NHS Wales service (VNHSW) operates on a hub and spoke model with Cardiff and Vale University Health Board operating as the hub and five other health boards operating local spokes. It a primary care service with an open access policy accepting referrals from veterans themselves, and referrals made on their behalf from

⁵ MOD (2011) *The Armed Forces Covenant*, Ministry of Defence

⁶ King's Centre for Military Health Research. (2010). *A fifteen year report - what has been achieved by fifteen years of research into the health of the UK Armed Forces?* London: Kings College.

family members and statutory and non-statutory services. It is available to any veteran of HM Armed forces that has, or is suspected of having, a mental health problem related to military service. In Cwm Taf, the service provides a comprehensive assessment of veterans' medical, psychological and social needs which may lead to psychological therapy provided by Veterans Therapists. It also Signposting to other support services and where appropriate, onward referral to mental health services⁷.

Further engagement is needed with the VNHSW staff in Cwm Taf to find out more detail on local need and service provision.

Wider social needs of adults with mental health problems

There are significant unmet housing needs for adults with mental health issues. Housing problems are frequently given as a reason for a person being admitted or re-admitted to inpatient mental health care. People with mental illness are far more likely to live in rented accommodation and their mental ill-health is often given as a major reason for tenancy breakdown. They may be offered accommodation in areas that are unsupportive – in areas with known drug problems/ antisocial behaviour, which affects their ability to maintain good mental health. Clients with tenancies often face eviction unless appropriate tenancy support is incorporated with care plans.

Providing wider community support such as housing, debt/employment advice, and social opportunities supports well-being. It also links with prudent healthcare and doing only what is needed.

Support service example: Newydd Housing

Charitable housing associations such as Newydd Housing provide affordable homes and support sustainable communities. They provide health and well-being support for tenants as well as debt/benefits advice. Tenants can access IT skills training and the computer loan scheme, and can become more involved through projects such as the community garden scheme.

Supporting the mental health of older people in Cwm Taf

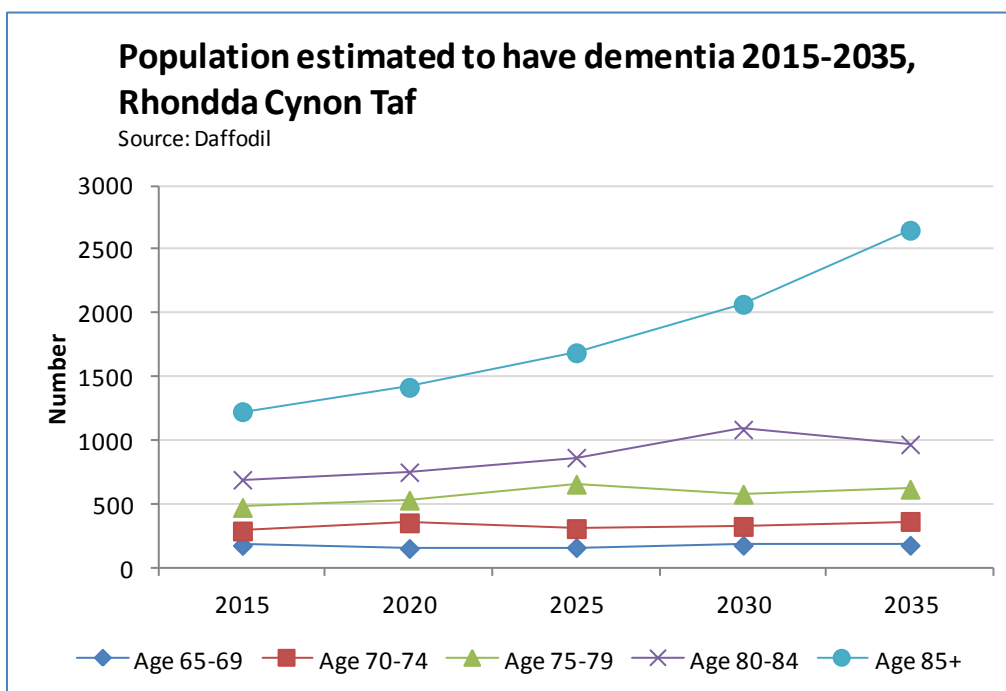
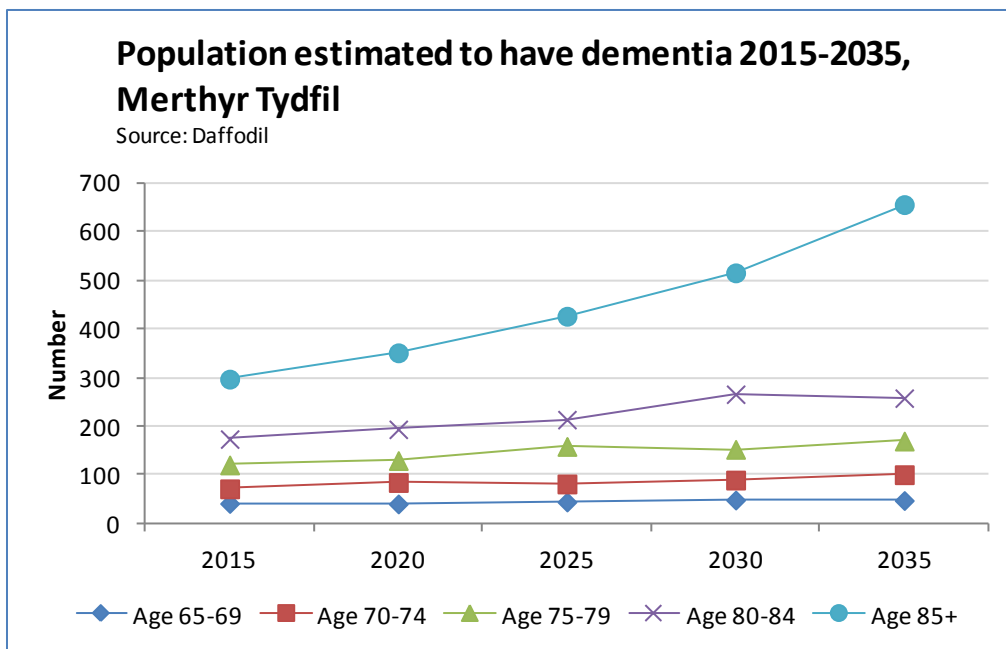
In Cwm Taf, the population aged over 65 is set to increase over the next 20 years, with the largest percentage increase predicted to be in those aged 85 and over.

Age group	Percentage increase by 2036	Predicted number by 2036
65-84	37%	16,200
85+	137%	8,600

Source: Public Health Wales Observatory

This trend, along with an increase in the prevalence of age-related chronic conditions is likely to continue, and will have a significant impact on individuals, carers and health and social care services. In particular, the rising costs of dementia – human, societal and economic, will be felt as our older population increases.

⁷ Chick P (2014) A Review of the Veterans' NHS Wales Service, Public Health Wales



As the population ages, the demographic profile of hospital ward populations is changing. In Cwm Taf, a 2012 survey showed that for general hospital beds:

- Almost 3 in 4 beds were occupied by patients aged over 65
- 1 in 4 beds were occupied by someone identified as suffering from dementia
- 1 in 12 beds were occupied by someone suffering from a solely mental health problem.
- Dementia is a major factor in prolonging length of stay in non-mental health beds.

The strength of evidence around dementia prevention is currently limited. However, the evidence that is available suggests that the best current advice to prevent dementia includes advocating healthy lifestyles specifically:

- Stopping smoking
- Reducing alcohol intake
- Eating a healthy diet
- Participating in physical and social activity

It has been estimated that by promoting and adopting healthy lifestyles in middle age, an individual's risk of developing dementia could be reduced by approximately 20%.

As well as predicted increases in dementia, it is estimated that a third of our population aged over 65 live alone. This can make well-being worse due to social isolation.

A number of issues have been highlighted in relation to services for older people with mental health problems.

The redesign of older people's mental health service is a priority for Cwm Taf UHB for 2016/17 with the aim of closing hospital beds and increasing community provision. However, this is dependent on ensuring increased provision of local nursing/care home provision. Current difficulties in finding placements for people results in delayed transfers of care, which is unsatisfactory

Patients with dementia need familiarity, but feel they are often 'bounced' from service to service, which is unsettling for them. This demonstrates the need for a fully integrated approach between the health board, local authorities and third sector to provide the range of wraparound services needed to support older people with complex needs.

Accommodation for our increasing, elderly population has been identified as an issue in the Local Housing Market Assessments for the two local authorities. A range of extra care housing options is needed including smaller, energy efficient homes, retirement complexes, sheltered accommodation, and care homes in order for older people to live independently in environments that support well-being.

As the number of older people in our area grows, it is vital that communities become more 'age-friendly'. This can be done by creating homes and neighbourhoods that enable older people to remain independent, economically active and involved with their friends, neighbours, family and local community. Schemes to promote social inclusion, befriending, volunteering initiatives, life-long learning and other meaningful activity can all have a positive impact. Free bus passes and free swimming for over 60s are examples of supporting older people to get out and about and maintain physical activity. However, it has been noted that lack of transport options can make social isolation worse for older people. The Alzheimer's Society has a recognition process for dementia-friendly communities. In our area, Maerdy, Mountain Ash and Pontypridd are signed up to this scheme.

Support service example: Care & Repair

Care & Repair help older homeowners and private tenants to repair, adapt and maintain their homes. Their Rapid Response Adaptations Programme (RRAP) provides essential adaptations for people who are in hospital awaiting discharge, have recently been discharged from hospital, or at risk of being admitted to hospital or into a Care Home. They also provide help with unclaimed welfare benefits, home safety and security measures and affordable warmth solutions.

Supporting the development of preventative services

1. Preventing mental illness has multiple benefits for individuals, services and wider society
2. For a variety of reasons including stigma, people with mental illness may not present to services until their condition is causing them problems or even at crisis point
3. The cost of treating mental health problems is also very large relative to other health conditions. Mental illness accounts for 20% of the total burden of disease (as defined and measured by the WHO), compared with 16.2% for cardiovascular disease and 15.6% for cancers.

At population level mental well-being is linked to conditions in which people are born, grow, live, work and age. Mental ill-health is consistently associated with unemployment, less education, low income or material standard of living, in addition to poor physical health and adverse life events. Action to promote population wellbeing therefore needs to address the fundamental structures which affect our lives – education, employment, economy. This directly links with the themes of the Well-being of Future Generations Act.

Building confidence and resilience in individuals and communities is an important step towards improving well-being. The Foresight Report¹ stated that:

“Achieving a small change in the average level of well-being across the population would produce a large decrease in the percentage with mental disorder, and also in the percentage that have sub-clinical disorder -those languishing”

A set of five, evidence based messages have been developed as a way of building well-being into everyday life⁸. These messages can apply to anyone – children, young people, adults, older people, and to those with or without mental health problems. They are first line messages in self-care and should be promoted widely in settings: education, workplaces and communities to improve resilience and well-being.

⁸ Aked, J., Marks, N., Cordon, C., and Thompson, S. (2008) *Five ways to wellbeing*. London: New Economics Foundation

Five ways to wellbeing	
Connect	With the people around you. With family, friends, colleagues and neighbours. At home, work, school or in your local community. Think of these as the cornerstones of your life and invest time in developing them. Building these connections will support and enrich you every day.
Be active	Go for a walk or run. Step outside. Cycle. Play a game. Garden. Dance. Exercising makes you feel good. Most importantly, discover a physical activity you enjoy and that suits your level of mobility and fitness.
Take notice	Be curious. Catch sight of the beautiful. Remark on the unusual. Notice the changing seasons. Savour the moment, whether you are walking to work, eating lunch or talking to friends. Be aware of the world around you and what you are feeling. Reflecting on your experiences will help you appreciate what matters.
Keep learning	Try something new. Rediscover an old interest. Sign up for that course. Take on a different responsibility at work. Fix a bike. Learn to play an instrument or how to cook your favourite food. Set a challenge you will enjoy achieving. Learning new things will make you more confident as well as being fun.
Give	Do something nice for a friend, or a stranger. Thank someone. Smile. Volunteer your time. Join a community group. Look out, as well as in. Seeing yourself, and your happiness, linked to the wider community can be incredibly rewarding and creates connections with the people around you.

There is evidence to show that a number of preventative interventions across the life course are both effective, and cost-effective. These include:

- Health visiting intervention to reduce post-natal depression
- Parenting interventions for the prevention of conduct disorders in children
- School-based social and emotional learning programmes
- School-based interventions to reduce bullying
- Early detection and intervention in psychosis
- Screening and brief intervention in primary care for alcohol misuse
- Promoting wellbeing in the workplace
- Debt advice
- Befriending schemes for older adults

Preventative service example: Porth Men and Women's Sheds

'Men's Sheds' are social groups or enterprises set up in local communities originally to tackle growing concerns of social isolation amongst men who had time on their hands (due to retirement, unemployment, illness). They are self-governed, self-supported and sustainable with a small committee; their own individual constitution, their own income and eventually their own premises. How each individual shed looks and the activities that take

place in them depend entirely on the skills and interests of the group. The Porth group is a community project primarily for men and women over 65's but not exclusively so, and provides woodwork, sewing, knitting, walking football, free golf coaching, biking group (future), cuppa's, a place to chat and cake (sometimes).

<http://www.mensshedsymru.co.uk/porth-mens-shed/> Tel: 01443 682312

Preventative service example: Valleys Steps

The Valleys Steps service has been developed to provide appropriate alternatives to the prescription of antidepressant medication and referrals for assessment within mental health services. It aims to increase the degree of emotional resilience in the communities of Cwm Taf which is of particular relevance and value in the current climate of social and economic adversity. They offer free, drop-in Stress Control and Mindfulness courses at a range of times and community venues across Cwm Taf.



In communities across Cwm Taf a wide range of activities are happening which support well-being. This is evident in the range of voluntary organisations supported by VAMT and Interlink, our county voluntary councils. However, our engagement with stakeholders and services users has highlighted gaps in preventative services for people with mental health problems. These include wider community support such as housing, debt/employment advice, and social support. It has been noted that such support is vital to maintain well-being in people with mental health problems, as difficulties with housing, employment and financial matters or social isolation may cause deterioration of their condition which, if unresolved may lead to crisis. However, it is difficult to maintain levels of social support if funding for this is short term and/or inconsistent.

Developing a common language to improve service provision

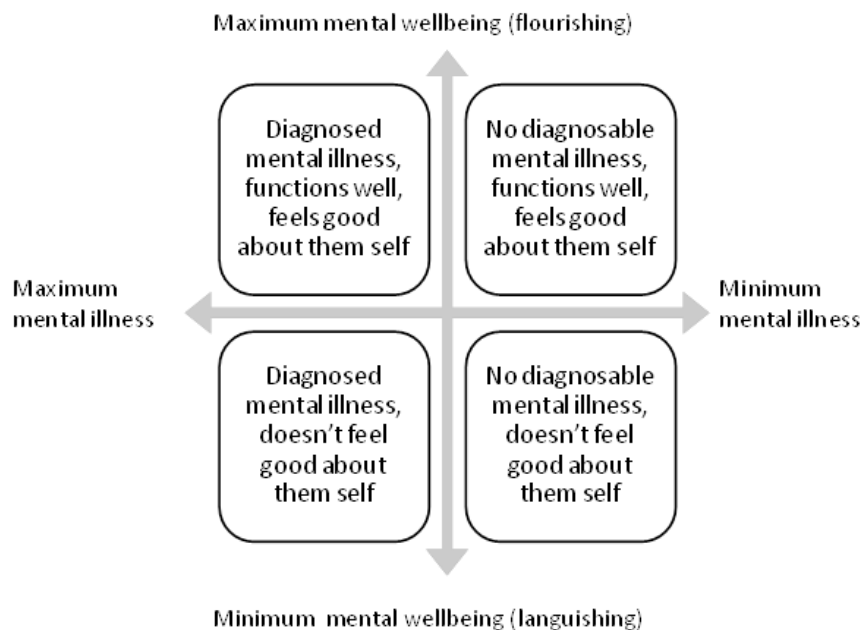
1. There are differences in the definitions and terminology used across the services for people with mental health problems/mental illness
2. This is confusing for service users and is a barrier to integrated working between agencies
3. This issue may also apply to the other groups covered by this act.

The World Health Organisation has given us a clear, holistic, positive definition of what mental health is:

'A state of well-being whereby individuals recognise their abilities, are able to cope with the normal stresses of life, work productively and fruitfully, and make a contribution to their communities'.

However, the language commonly used relating to the term 'mental health' is often confusing and stigmatising. For example, the term 'mental health services' actually relates to services for those people who have some degree of mental illness.

The model⁹ below shows how people experience the different but linked concepts of well-being and mental illness. This demonstrates that well-being is not a static state; individuals may move between quadrants at different times of their lives, and in response to different circumstances. This could explain why we have so many terms to cover the spectrum of experiences from well-being through to severe and mental illness.



Furthermore, across the vast range of services provided by the health board, local authorities, third sector providers and community organisations, definitions of terms such as 'prevention' and 'early intervention' differ. Service providers have different funding arrangements and eligibility criteria for people to be able to access their services. Where definitions of terminology vary between services, people with mental illness may not meet eligibility criteria but still have care and support needs that go unmet.

Across the care pathway from well-being to mental illness we need to develop consistency in relation to definitions and a shared understanding of what we mean by these commonly used terms, in order to recognise where we're most likely to be effective.

Improving systems to provide better services and reduce inequalities

1. Good data and information is essential to assess the need for, and planning of, services

⁹ Keyes, C.L.M. (2002) The mental health continuum: from languishing to flourishing in life. *Journal of Health and Social Behavior* 43 (2):207-222.

2. Service users, particularly those with complex health and social support needs, want seamless services
3. Lack of integration in the health and care system leads to delayed transfers of care which are frustrating for service users and increase costs for providers

For children and young people, adults and older people we have seen examples throughout this document where data is limited, or poorly and inconsistently collected. This makes assessment of need and service planning very difficult. The various agencies which involved in providing care and support to someone with mental health problems will all have their own systems of data collection, depending on their funding, accountability and governance requirements. However, it is often unclear how data is used to inform the provision of the services that people with mental health problems have identified – hence the gaps in preventative services outlined above.

Where several agencies are involved, information sharing arrangements between partners are essential to optimise the care for clients. It is clear therefore, that data collection across agencies should be improved, and aligned with agreed national frameworks to better inform future service planning.

Engagement with stakeholders and service users have reported difficulties arising from the lack of integration between health, social services and third sector with regard to referral pathways, service planning and delivery in order to meet the complex needs of this client group. For example, delayed transfers of care for dementia patients in hospital may be due to the lack of availability of appropriate housing or support services being available. This is frustrating for service users and carers and causes additional costs for services.

An example of good practice in integration of services is the Cwm Taf MASH (Multi Agency Safeguarding Hub)

Integrated service example: Cwm Taf MASH (Multi Agency Safeguarding Hub)

The Cwm Taf MASH is the first point of contact for new safeguarding concerns and has significantly improved the sharing of information between agencies, helping to protect the most vulnerable children and adults from harm, neglect and abuse.

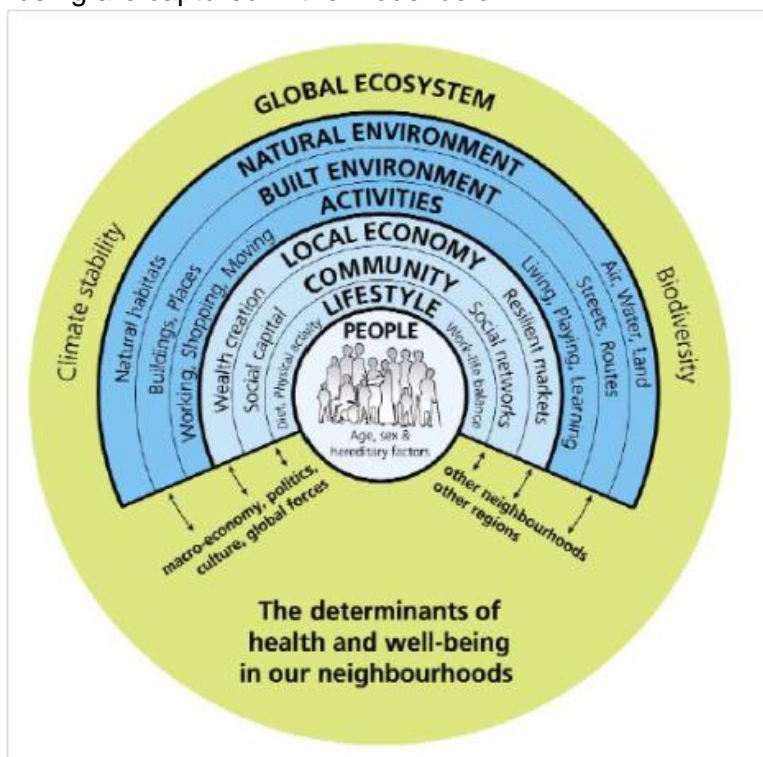
The Cwm Taf MASH handles concerns about children, adults at risk and high risk domestic abuse; taking a holistic, family approach. Nearly 50 staff from the Police, Health, National Probation Service, Community Rehabilitation Company, Education, Children's Social Care and Adult Safeguarding are working together in the MASH office. The MASH directly receives safeguarding concerns from professionals such as teachers and doctors, as well as members of the public and family members via Rhondda Cynon Taf CBC and Merthyr Tydfil CBC contact centres.

For concerns that meet the threshold for Social Care involvement, representatives from the different agencies in the MASH and outside will collate information from their respective sources to build up a holistic picture of the circumstances of the case and the associated risks to the child, adult or high risk domestic abuse concern. As a result, more informed decisions will be made about what action to take and support will be targeted on the most urgent cases. Feedback will also be given to professionals

reporting concerns. Better co-ordination between agencies will lead to an improved service for vulnerable adults, children and families

5. Links to other headlines and common themes

Everyone has mental health needs whether or not they have a diagnosis of a mental health problem. The well-being of the population is determined by a wide range of factors including physical health, relationships with family, friends and community, meaningful employment, leisure activities. All the interactions which contribute to population well-being are captured in the model below.



Source: Barton and Grant¹⁰

Mental well-being therefore links with all four themes of the Well-being of Future Generations Act: cultural, economic, environmental and social well-being.

People who are in any of the other groups covered by the Social Services and Well-being Act are more likely to suffer mental health problems/mental illness in addition to their presenting condition:

- Carers;
- Children and young people;
- Learning disability;
- Older people;

¹⁰ The Health Map. Barton, H. and Grant, M. (2006) "A health map for the local human habitat." The Journal of the Royal Society for the Promotion of Health, 126(6), pp. 252-253.

- Physical disability and sensory impairment; and
- Violence against women, domestic abuse and sexual violence.

Supporting and promoting mental health should therefore be an element in the care and support for all groups.

Poor mental health is both a cause and a consequence of social, economic and environmental inequalities; mental health problems both reflect deprivation and contribute to it. Inequalities in health arise because of inequalities in society – in the conditions in which people are born, grow, live, work and age. Mental ill-health is consistently associated with unemployment, less education, low income or material standard of living, in addition to poor physical health and adverse life events.

Evidence shows that the strongest negative effect of economic downturn is on mental health¹¹. Unemployment rates and increased job insecurity have resulted in less money available in many households. Negative impacts of unemployment on well-being include:

- Financial strain caused by loss of income
- Difficulty in finding alternative employment
- Loss of social role
- Anger and frustration about the situation
- The stigma attached to being unemployed

Given the relationship between debt and mental ill health, the recession has added to the problems that people in poverty face, and has resulted in increased levels of anxiety and depression. In addition, Cwm Taf has also been especially hard hit by welfare reforms¹².

Taking action to reduce inequalities requires action across the whole of society if mental health and well-being is to be improved. For example, a recent study¹³ has shown that the targeted regeneration of deprived neighbourhoods can improve mental health.

¹¹ Winters, L., McAteer, S., Alex Scott-Samuel, A. (2012) *Assessing the Impact of the Economic Downturn on Health and Well-being*. Liverpool: Liverpool Public Health Observatory.

¹² Beatty C, and Fothergill F, (2014) *The impact of welfare reforms on the valleys*, Sheffield Hallam University/ Industrial Communities Alliance (Wales)

¹³ White J *et al* (2016) *Improving mental health through the regeneration of deprived neighbourhoods*, Cardiff University