

# *Happy and thriving communities*

Annual report of the  
Director of Public Health  
2015



# Contents

Foreword	3	How we compare	15
Introduction	4	Starting and developing well	16
Setting the scene	6	Working well	18
Risk and protective factors	8	Ageing well	20
Public mental health	10	What we do	23
The best start to life	11	Using the evidence	24
Throughout life	12	What works in Wandsworth	26
Services for all, targeting those in need	13	Case studies	27
Placing the story	14	Where to target services?	31
		Our next steps	33

## Acknowledgements

Graeme Markwell and Hannah Gill who were the main authors of this report.

I would like to acknowledge the significant input from:

- Laurence Gibson and Anna Zielicka-Hardy for their analytical support
- The contributions of the local stories and case studies from both the people and agencies of Wandsworth
- The Mental Health Clinical Reference Group and the Public Mental Health Steering Group for their advice, guidance and feedback in the development of this report
- The 130 participants at our Working Together to Improve Mental Health and Wellbeing in Wandsworth Conference who helped us shape our thinking
- The many colleagues and partners who have taken the time to read the draft report and provided their valuable comments



# Happy and Thriving Communities Foreword

## Houda Al-Sharifi

Director of Public Health



This year's report has been written in a different format to our usual style. In addition to being an annual public health report it also guides our actions. We have outlined our commissioning priorities and most importantly our recommendations for the future.

These recommendations ensure that the report is practical and affects change for the residents of Wandsworth.

Reading through this report there is so much to be proud of from the stories of local people to the excellent ongoing work with our partners. I am inspired by the people and the stories they have shared with us. They provide a narrative of achievement, aspiration, an ability to overcome adversity, develop resilience, helping others and being helped in return.

This report also shows the stark reality of mental illness today, accounting for almost a quarter of the total burden of disease in this country, and in Wandsworth, which affects one in five of us. The second chapter 'Placing the Story' brings to life the extent of mental illness in Wandsworth as well as the risk factors that face local people.

This report has been written with the support of our colleagues across Wandsworth Borough Council, Wandsworth Clinical Commissioning Group as well as numerous local organisations and I think this is really a testament to how important we all see mental health.

I hope we will all find this report beneficial in helping us improve the mental wellbeing of Wandsworth residents. However the work does not just stop here. We will continue to work alongside all of our partners and communities so that everyone can live in a happy, thriving and resilient community.

## Dr Tom Coffey

GP and Clinical Lead for Mental Health



There is no health without mental health and it is no longer acceptable for mental health to be the poor relative of physical health. Now is the time to ensure all children get the best possible start in life; now is the time to support young people's development into healthy, resilient adults, better equipped to help themselves and each other; and for those in need of additional support, the offer of personalised care at the earliest opportunity.

As the lead for mental health from Wandsworth Clinical Commissioning Group I fully support this report and all of the nine recommendations.

## Paul Martin

Chief Executive



I am delighted to support the annual report this year which has focused on mental health. Perhaps one of the most striking aspects of this report is the use of local stories throughout.

The practical experiences of local residents bring to life the challenges that many face with mental health; these stories also brilliantly illustrate just how so many of our residents are able to overcome these challenges and thrive. A common theme is that everyone needs to feel listened to, valued, connected and able to contribute whether this was work, volunteering or having social networks. We will continue to work with our communities and residents to encourage them to strengthen their resilience, engage in meaningful activities and to build their social and support networks. In these ways, Wandsworth Council can help increase the sense of belonging which everyone needs.



# Introduction

## **In Wandsworth we want everyone to live in a happy, thriving and resilient community.**

This annual report works to tell the story of mental health and wellbeing in Wandsworth, by setting the scene, placing the story and showing how we are making it happen.

Throughout this report we use the best available evidence and research to explain what we are doing and why. Stories of local people and services ensure that this report is always unique and relevant to Wandsworth. For the first time, our annual report also acts as our public mental health commissioning plan setting out our approach to improving the public's mental health by outlining our priorities for commissioning and the recommendations that are needed.

**“ The result, we hope, is a practical report with practical actions for the people of Wandsworth. ”**

Mental health has been chosen as a topic because it affects such a wide range of people across all ages and walks of life.

The importance of mental health and wellbeing is often overlooked however, there can be no health without mental health. Simply put if we do not address mental health then we cannot have healthy people or healthy communities.

We are working to ensure that people live in a happy, thriving and resilient community. This is our aim and vision for everyone living in Wandsworth. To achieve this everyone must understand what good mental health is, recognise what bad mental health is and how it can affect all of us.

Ensuring a happy community means that everyone must be able to live, learn, work and play in settings that promote good mental health. Creating a resilient community means that people are able to self-manage their own mental health and support the mental health of others around them.

Finally, people must be able to receive the best quality services to help them maintain their mental health and prevent mental ill health.

*Good mental health is the foundation for living well.*

*We are working with our communities to raise the profile of mental health and remove stigma associated with mental illness.*

*I increasingly see physical and mental health as intertwined. We will continue to support our local communities to ensure that they have good mental health and wellbeing.*



## What is evidence and is it good quality?

Evidence simply means using facts and information to determine whether a given fact is true or false. In Public Health we look at research and real life examples to understand what services have been proved to improve the health of people. We also use evidence to understand the causes of health and ill health. For instance, lots of different pieces of research have shown that children living in poverty are more likely to develop a mental health problem. We therefore know that this can be a cause for mental illness. There is both good quality and poor quality evidence, it is important to only use evidence that is good quality. This means that evidence must:

- have been well conducted;
- be repeatable; The results of the study should be similar if the exact same study was repeated;
- use appropriate measures to show the outcome of the study;
- be large enough so that the results did not just happen because of chance.

### Janine's story

**Both of my parents suffered mental illnesses of varying degrees; depression and agoraphobia were monsters that dominated their lives and mine.** My younger brother, sister and I did what children do best, we learned by example, and by the time I was a teenager I was a fully qualified depressive. Poverty is linked with many issues; domestic violence, crime, alcohol and substance abuse. I guess I could be labelled as a product of my environment, having first hand experience of all of the above.

Becoming a parent at the age of twenty one, gave me something to fight for and caring for my son made me want to care for me too. I wanted a better future for him but felt trapped in a world where unemployment, depression and dependency on benefits was all I knew. I pretty much drifted aimlessly from one dead end job to another with no aim or ambition in mind.

I regularly felt very depressed, it was easy to receive benefits on that basis, but I always felt that there must be more to life than this. Everybody needs to feel like they are relevant in some way, like they have something to offer, but instead I felt like a drain on the system and I wanted a way out but had no idea how to escape my comfort zone.

One of the most important ways I look after myself is to help others. This is not easy when life is a struggle but ironically, this is my secret weapon in the battle against my depression.



The fact is, it is impossible to help another without feeling good about yourself.

It is not easy to feel like you contribute to society; the practicalities of living day to day leave little time or energy to have care and consideration for others. Homelessness, drug addiction and alcoholism are in our faces everyday reminding us of our vulnerabilities. It's easy to get into coping strategies that harm, we stick with what we know to distract ourselves from our helplessness. I always dreamed that I could be part of the remedy but it seemed impossible to make a difference.

Working with The Feel Good Bakery does make me feel like I'm living the dream; helping myself while helping others allows me to feel good about myself and fulfil my role as a mum. I am surrounded every day with positive people who inspire me to have aspirations that I would never have considered. I now have hope for the future, for myself and for my son.

# Setting the scene



## What is mental health and wellbeing?

Our mental health and wellbeing is strongly influenced by our individual characteristics such as our age, personality, gender or genetics, however our experiences, surroundings and the environment in which we live in are also factors.

Good mental wellbeing is closely linked to good mental health, but they are not exactly the same thing.

“ **Mental health** refers to our cognitive and emotional health. It is about how we think, feel, behave and interact with other people.

**Wellbeing** refers to the state of a person being **comfortable, healthy and happy.** ”

**There are three elements to wellbeing: psychological, emotional and social.**

We can also think of wellbeing as feeling good and functioning well.

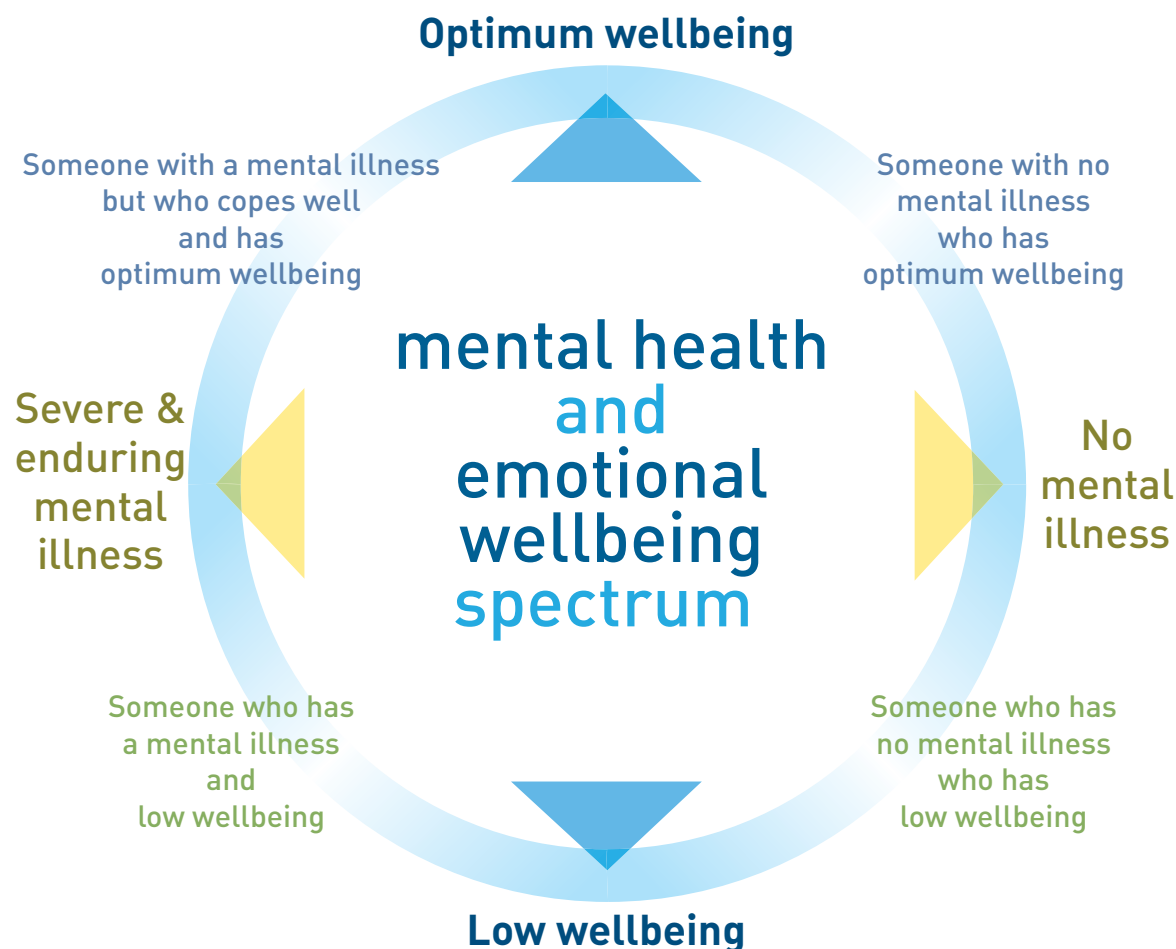
**Feeling good** - experiencing positive emotions like happiness, enjoyment and satisfaction as well as feeling curious, engaged and safe.

**Functioning well** - being able to engage with society by having social connections, enjoying good relationships with others, feeling in control and having goals and aspirations.<sup>1</sup>

Having poor mental health does not always mean a poor sense of wellbeing. People with mental illness may actually have very positive wellbeing for some of the time, however they are more likely to experience low wellbeing more often than someone in good mental health. Equally we can all have low levels of wellbeing at times without it having an impact on our mental health.

Supporting people who are experiencing low levels of wellbeing may help to stop mental illness from developing, particularly depression, stress and anxiety problems. Similarly by improving the wellbeing of people with mental health problems it can support their recovery and improve their health.

No matter the state of our mental health it is possible for everyone to be supported to experience good wellbeing. See figure on page 7 for more detail.



We often think of health in terms of how our body is working, however good health refers to our mind as well as our body.

We need to value and prioritise mental health equally with physical health, we describe this as “parity of esteem”.

Good mental health is when a person can realise their own potential, cope with the normal stresses of life, work productively, and can contribute to their community.<sup>2</sup>

Disease and illness can affect our minds just as it affects our body.

Mental illnesses are defined and diagnosed conditions that can significantly affect a person's ability to think and behave, this could include depression, schizophrenia or anxiety.

Mental illness occurs on a scale which ranges from very mild to severe. Throughout this report we may use terms such as mental illness, mental health problems, mental ill health or mental disorder to refer to the same thing.

Good health is not just about living without disease or illness, it is about being able to thrive and have overall good physical, social and mental wellbeing.

Too often poor mental health can lead to an increased risk of:

- poor health;
- poorer social skills;
- lower levels of education;
- unemployment and lower income;
- debt problems;
- unhealthy risk behaviours including poor diet, less exercise, smoking, alcohol and drug misuse;
- anti-social behaviour and violence;
- homelessness;
- suicide and self-harm.



# Risk and protective factors

**There are different things that can either increase or decrease a person's risk of developing a mental health problem.**

Things that increase the likeliness of developing a mental illness are known as **risk factors**.

Elements that reduce the likeliness of developing a mental illness and protect the person's mental health are known as **protective factors**.

By reducing the risk factors and increasing the protective factors for both people and communities, the mental health and wellbeing of residents in Wandsworth can be improved. This is a key principle of this report.

## Resilience and coping

Good mental health and wellbeing does not mean always being happy and content. We all experience disappointment, loss and failure and the feelings that may come with these as part of normal life. People who have high levels of wellbeing are more likely to cope and manage to recover from these negative events and feelings without it having a big impact on their mental health.

This ability to cope, recover or adapt to challenges or negative things is known as **resilience**.

People who are resilient are more likely to be able to maintain good levels of wellbeing and protect their mental health.

Resilience is a **protective factor** as it can help to protect against the development of mental health problems.

Resilience is a skill, some people may naturally be more resilient than others but like any other skill it can be learned and with practice it can be improved on. Unfortunately it can also be worn down by difficult experiences or events.

*“ We are working hard to ensure that people at all ages are supported to build and develop their resilience.*

*These services, like people, come in all shapes and sizes to ensure that there is the correct support for everyone. Services range from children's centres, support at school, family support, employment programmes, and elderly befriending schemes. ”*

## Laura's story

**I have always lived in Wandsworth. I am a single mother to a beautiful daughter with Down's Syndrome.** I have always lived with anxiety and depression but there are a number of factors that help me to stay well.

My resilience is strengthened by time spent with friends and family members who can understand how I feel.

I use art therapy, as well as regular exercise including walking and yoga, eating healthily and practising Mindfulness to help me cope.

I use a wide range of support services such as Positive Parent Action which support me and my daughter, all of this together helps me to be resilient. My own wellbeing is key to the ongoing wellbeing of my daughter. I do everything I can to help myself to feel as well as I can, to have a positive effect on my daughter. At 43 years of age I am learning to ask for and accept help, and learning that I can be active in keeping myself well.

A person's resilience can therefore change over their lifetime, either increasing or reducing.

Services can build resilience by helping to increase other protective factors such as positive self-esteem, good relationships and friendships, emotional support, access to leisure, help to employment and creating a sense of belonging.



Supporting people to build up their resilience is key for good mental health and wellbeing. It can help people to maintain their wellbeing and protect them from experiencing mental illness, however it can also help people to recover more quickly from mental health problems.

### Resilience in all areas of life

Resilience is a key factor across all areas of life and changes throughout our lifetime. As a result some protective and risk factors may also change throughout our lifetimes.

Risk and protective factors can be seen to fall within five main areas: **the person** which includes characteristics about the individual; **family** which includes the family and home environment; **school; life events** which includes employment, death of a loved one, financial security; and **social** which includes relationships and networks, sense of belonging and participation in the community.

### Risk factors

Low self-esteem  
Negative attitude  
Poor social skills  
Poor health and fitness

Family disharmony  
Domestic abuse  
Parent or family member with mental illness  
Substance misuse  
Harsh or inconsistent discipline style

Peer rejection  
Failure at school  
Bullying  
Difficult school transition

Financial insecurity  
Debt  
Unemployment  
Death of a family member  
Emotional trauma

Social isolation and loneliness  
Discrimination  
Lack of access to support services  
Lack of opportunity to engage

### Person

### Family

### School

### Life events

### Social

### Protective factors

Self-esteem  
Good social and emotional skills  
Optimistic attitude  
Good health and fitness

Family harmony  
Emotional support  
Supportive partner or spouse  
Supportive parenting  
Strong family values

Attachment and success  
Friendships and supportive relationships  
Positive school climate that enhances belonging and connectedness  
Aspirations and goals  
Peer connection at school

Involvement with caring adult  
Support at critical times  
Financial security  
Employment

Community networks  
Strong cultural identity and pride  
Access to support and leisure services  
Positive friendships  
Sense of belonging  
Opportunities to participate

# Public mental health

## Good mental health and wellbeing is important to the whole of society.

It is important to ensure that people are creative and active citizens in their communities. To have a prosperous, happy and thriving Wandsworth it is important that we ensure everyone living in the borough is supported to have good mental health and wellbeing.

Public mental health aims to create a mentally healthy society. In order to do this we must work across the whole of society not just those already living with mental illness.

Promoting good mental health across the population increases the mental wellbeing of everyone including those with no mental health problems, those with mental illness and their carers.

There are three key features to public mental health known as the three P's. These are **promote**, **prevent** and **progress**.

### Promote

Promote mental health and wellbeing for all

Promoting mental health to the whole population as we age

**Universal** approach across all ages and groups

#### Strengthening Families Programme

helps families learn key skills to support positive parent/child relationships, a vital protective factor in the development of good mental health.

### Prevent

Prevent mental health problems for vulnerable groups

Preventing mental illness by increasing protective factors and reducing risk factors

**Targeted** approach for groups at risk of mental illness

#### Mental Health First Aid

is a programme which teaches people to identify, understand and help a person who may be developing a mental health problem.

### Progress

Ensure people with mental health problems progress towards wellbeing

Reducing discrimination and social exclusion, increasing social participation and employment

**Specialist** approach for those living with mental illness

#### Mood Manager

is a set of short films to help people with clinical depression take control of their condition and maximise their recovery through a holistic approach to wellbeing.

# The best start to life

## Talia's Story

**What is Mental Health?** This will vary amongst people. For me, positive mental health is being able to enjoy life to the full, eat, travel, work hard and share my highs and lows with those most dear to me. I am able to do just this, but not everyone can. With this in mind, I joined the Youth Health Jury to have a say in health. Joining the Children and Adolescent Mental Health Service (CAMHS) project held significance as I personally have seen the benefits of supporting individuals affected by mental health, but could only imagine the stresses both healthcare professionals and people encounter when trying to make sense of deteriorating mental health.

I believe mental health is not spoken about enough in comparison to issues such as obesity and cancer. Mental health itself is important to every day wellbeing both on its own and in conjunction with other health issues. The work I was able to conduct with the Youth Health Jury, Youth Council and CAMHS is very important as it enables children, young adults and their families to assess their own needs

without judgment, and be able to make that decision to seek help where they feel it is needed.

Young people need to be able to make informed decisions about any health care service they are using or may use in the future. More importantly, this project has allowed us to experience both patient and professional perspective and the challenges in trying to integrate individual mental health needs with set mental health guidelines that may not work for all individuals. The difference our input has made includes motivating mental health services to continue developing their services, investing more time in their patients and producing a self-referral form to use when seeking mental health advice.

I would like to see continued integration of young people's views in the development of mental health services. The views of affected families must also be taken into account. In seeking and using the help of young people CAMHS are already doing that and by doing so they are already on the journey to offering the best aid and care possible that will benefit the lives of people they encounter.

**Early prevention** of mental illness is the best option and evidence suggests that the majority of lifetime mental illness develops before adulthood. Therefore promotion and prevention work needs to be targeted at children and young people to have the greatest effect.

We want to ensure that every child growing up in Wandsworth is supported to develop to their full potential, both physically and mentally.

The 2011-15 Children and Young People's Plan states as one of their priorities that:

*“ More children and young people develop emotional resilience and achieve positive mental health and wellbeing throughout childhood. ”*

Evidence and research shows programmes that increase parenting skills e.g. The Incredible Years; reduce bullying e.g. Kiva Anti-bullying; and whole school social and emotional learning programmes e.g. PATHS, all work well to build resilience for childrens and families.



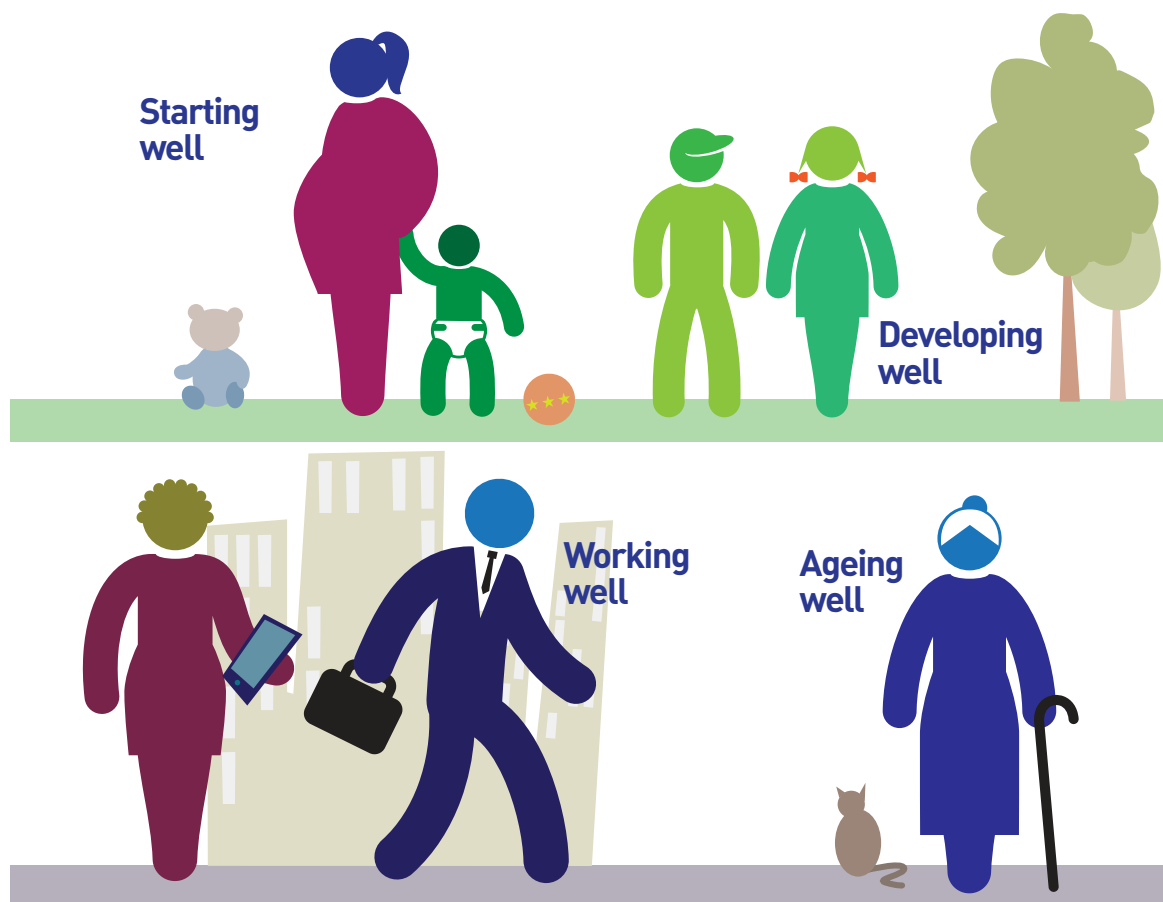
# Throughout life

## **Our mental health and wellbeing is something that occurs throughout our lifetimes.**

Although we need to place greater emphasis on starting and developing well, it is important that mental health is considered across all ages and stages of life.

### **The life stages**

Mental health promotion in Wandsworth starts before birth, during pregnancy. There is something for every stage of life from childhood, teenage years, working age adult all the way to older people.



# Services for all, targeting those in need

Nearly all of us will need some support at times throughout our life to manage and maintain our mental health and wellbeing. This support could be through a variety of ways such as friends and family, local groups and services or national organisations. For everyone's mental health to benefit we believe that mental health promotion and prevention must be aimed at everyone. Unfortunately some groups of people are more at risk from poor mental health, for instance people who are homeless, prisoners, children in care and Black, Asian and Minority Ethnic (BAME) groups. It is important that we work proactively with people who are at higher risk so they receive any additional support needed to have good mental health and wellbeing. **Services must be targeted to people in relation to their level of need.**

Our mental health promotion, prevention and services will therefore be **available to everyone AND targeted to those in need.**

## Ray's story

**Ray has used Age UK Wandsworth Be-a-Friend and Out and About Services since 2010.**

Before I was contacted by Age UK, I had eight years of just being in here, day in day out, not knowing whether it was Monday, Friday, Christmas Day or Easter. It was terrible. I didn't get out at all except for hospital appointments. I didn't have my own wheelchair at the time so Colin [volunteer] used to bring one from the office and we went out.

Suddenly I'd got a reason to get up in the morning. Before that it didn't matter if I was staying in bed 24 hours a day. I was very, very depressed, but once I started going out that changed my whole life completely. They arranged to get me my own wheelchair and I started going out regularly with Colin and also on trips with Wandsworth Community Transport.

All in all, without all of you, I had nothing whatsoever. I know it might sound a bit corny, but it really has been a life changing experience.

Be-a-Friend has been great. Firstly I had Olani, from Eritrea, then Jan, who brought her dog. I got on really well with them. And now my mate Richard! He comes at the weekend.

He's a really lovely fella. He's brought his new wife to meet me – they're a lovely young couple.

I go to Bognor to see my family, twice a year usually and my nieces keep in touch with me by text a couple of times a week so that's another thing that keeps me going.

My carer comes three times a week, and seeing Richard and Colin every week, these are all things I've got to look forward to that helps keep me going and spurs me on.

You've only got so much time and I'm going to try and make the most out of the time and enjoy myself. Up until I got your people, I wouldn't have cared less if I'd just disappeared that day, so you've given me such a boost, now I'm happy and making the most of it. I may not be a hundred percent fit, but I also know there's a lot of people worse off than me. I often hear people complaining about all their ailments, they expect me to join in but I say no, I'm perfect, nothing wrong with me!



# Placing the story mental health in Wandsworth

**Wandsworth is the biggest inner city London borough and has an estimated 307,000 residents.**

Wandsworth is unique in that it has a much younger population compared to all other local authorities; nearly half of people (45%) living in Wandsworth are aged between 25-44 years. Wandsworth also has a very high number of people moving in and out of the borough; in 2012/13 a quarter of the population had moved.

*“Wandsworth has a much younger population but with residents regularly changing as they move in and out of the borough.”*

This chapter has been written by using the best evidence available to inform us about risk factors for mental health. It does this by looking at the risk factors across the life stages and how this impacts on residents by providing data and information on local people.

Most people who live in Wandsworth are in work, financially stable, educated and healthy, however Wandsworth also has areas which have high deprivation. The wards of Roehampton, Latchmere, Queenstown, Tooting and Furzedown are the most deprived wards in the borough. Roehampton, Latchmere and Queenstown all have areas within them that appear in the 20% most deprived in England. **This means that Wandsworth is a borough with two stories; one of wealth and one of deprivation.**

Deprivation is characterised by seven elements which includes: **unemployment, poorer health and disability, barriers to good housing, lower levels of education, low income, higher rates of crime, poor access to services and poor quality environment.** These seven areas are key risk factors for poor mental health.

The relationship between mental health and deprivation works in two ways; people with mental illness are more likely to experience elements of deprivation and people

who experience elements of deprivation are more likely to suffer from mental illness. For instance if you are out of work, you are more at risk of experiencing mental health problems and it is equally true that people with mental health problems are more likely to be out of work.

Knowing the risk factors for mental illness enables us to identify people who are vulnerable to developing mental health problems. This allows us to work proactively to reduce the risk factors and wherever possible increase the protective factors. **Employment is a key protective factor against mental illness.** There are 3,482 people who are claiming job seeker allowance in Wandsworth and the majority of these people have been unemployed for the long term.

Services that focus on supporting people into work remove this as a risk factor which can have a positive impact on the mental health of people. There are a number of local services to support people to get into employment such as Work Match, Work Right, SHARE and QUEST.

We continue to support people into work and over the last few years the rate of unemployment has been falling. Wandsworth has one of the highest levels of employment of the London boroughs.

# How we compare

This table can be used to see how Wandsworth compares with inner London on a number of measures and risk factors for mental health. As you can see from the table the picture for Wandsworth is favourable compared to inner London.

	Inner London	Wandsworth
Total population	2,964,435	308,312
Percentage of deprived households by total number of households*	1.2% (14,498 households)	0.62% (819 households)
Percentage of children living in poverty	38.7%	28.4%
Percentage of people on Job Seekers Allowance	2.3% (49,958 people)	1.5% (3,482 people)
Number of unpaid carers	237,886	19,985
Domestic crimes per 1,000 residents	8.24 (total of 24,791 crimes)	6.25 (total of 1,942 crimes)
Alcohol-harm related hospital admissions, per 1000 residents (age-standardised)	21.47 This is the value for London as inner London is unavailable	20.34
Percentage of people registered with depression at GP practices	5.38%	4.62%
Population aged 65 and over predicted to have depression	24,086 (8.90%)	2,517 (8.77%)

\*Deprived households have been included where the household is deprived in all four areas:  
• Employment • Education • Health and disability • Housing



# Starting and developing well

## **Life long mental illness usually begins early in life which means that prevention must start from a very early age before people develop long-term mental illnesses.**

Between the ages of 5-10 years 10% of boys have a mental illness compared to 5% of girls, making boys twice as likely to have a mental illness. From the ages of 11-16 years 13% of boys and 10% of girls have a mental illness.

Mental ill health is much more common than we think and is something that affects a large number of children, through either themselves or their parents. In a typical primary school class an estimated 7 or 8 children will have a mother with mental health difficulties.

Children are more likely to develop mental illness if they have more risk factors and less protective factors (see page 9). By understanding the risk factors we can identify children who may be at risk. This helps us to know how we should target support to have the greatest effect.

Poverty is a risk factor for mental illness. Children and young people in the poorest households are three times more likely to have a mental health problem. In Wandsworth about a quarter of school children are receiving free school meals.

Having a good supportive family environment and stable home is essential for us all. Children in one-parent families are twice as likely to have a mental health disorder compared to children in two-parent families. One in four households with children are headed by single parents in Wandsworth. Roehampton, Latchmere, and Queenstown are the wards with the highest proportion of one parent households with dependent children.

Homelessness is a well known risk factor for both children and adults and can greatly impact on mental health. In March 2015 there were 941 homeless families living in temporary accommodation in Wandsworth with dependent children or pregnant women.

Teenage mothers are three times more likely to suffer from post-natal depression than older mothers. Wandsworth is continuing to lower the number of teenage pregnancies and since 1998 there has been a 64.1% reduction.

Exclusion from school is linked to poor mental health; children with mental health problems are also more likely to be excluded. This can have long term effects, for instance, children who are excluded are more likely to earn less in later life. In 2013/14 in Wandsworth 41 children were permanently excluded, 21 of these children were Wandsworth residents. Children from a Black ethnic background are more than twice as likely to be excluded compared to white children.

Children in care are much more likely to have poor mental health. Just under half of all children in care have a diagnosable mental health condition compared to 10% of children in the general population.

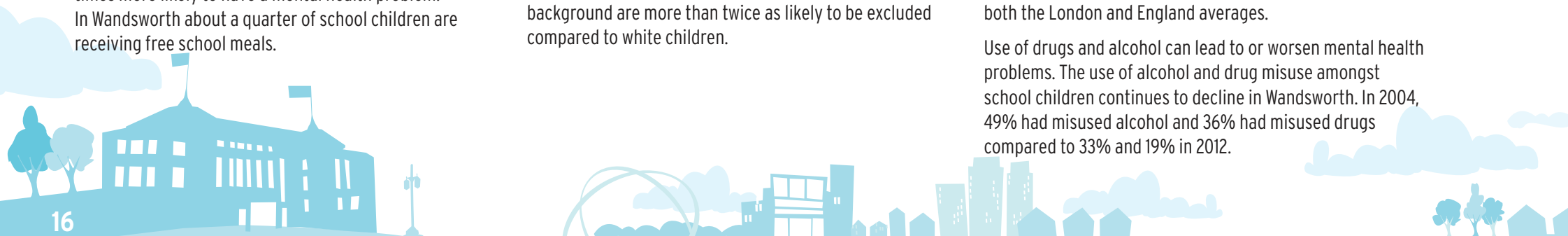
In Wandsworth there are 130 children who have been in care for at least a year in 2014. There are higher rates of children from Mixed and Black ethnic backgrounds although the lowest rate of children in care are from an Asian ethnic background.

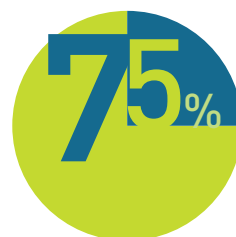
Children with a learning disability are also more likely to have mental health problems, an estimated 1 out of 3 children with learning disabilities have mental health problems in Wandsworth. Children and young people with learning disabilities are over six times more likely to have a diagnosable psychiatric disorder than their peers who do not have learning disabilities. There are 686 children with learning difficulties known to schools in 2015.

Informal carers provide unpaid care to family or friends. Young carers often experience substantial stress, anxiety, low self-esteem and depression. Graveney Ward had the highest number of young carers whilst Northcote has the lowest.

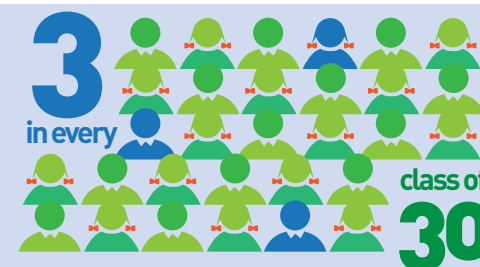
Young offenders have high levels of mental health problems, one in five have significant depressive symptoms and one in ten have reported anxiety, post-traumatic stress symptoms or recent self-harm. Between October 2013 and September 2014, 62 young people aged 10 to 17 years from Wandsworth formally entered the Youth Justice System, this is lower than both the London and England averages.

Use of drugs and alcohol can lead to or worsen mental health problems. The use of alcohol and drug misuse amongst school children continues to decline in Wandsworth. In 2004, 49% had misused alcohol and 36% had misused drugs compared to 33% and 19% in 2012.

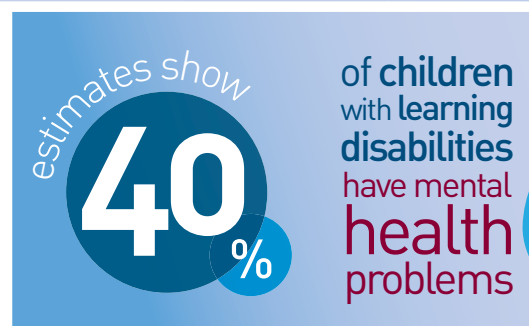
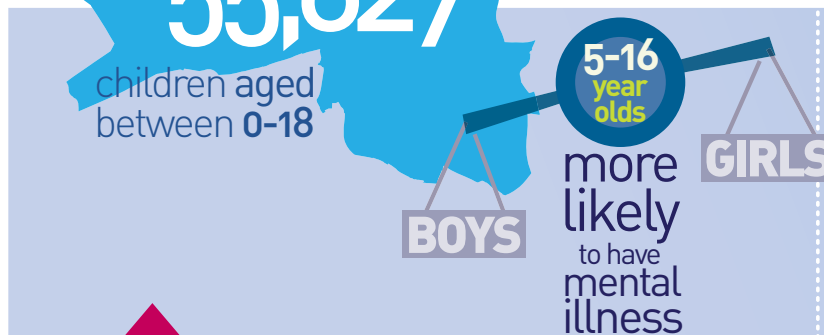




most **lifelong**  
**mental illness**  
begins early in life  
with **three quarters**  
having begun by  
the **age of 25**



may have a  
**diagnosable**  
**mental health**  
**problem**  
(5-16 years)



# Working well

## **Most adults are likely to have either experienced mental illness themselves or know someone who has.**

In Wandsworth an estimated 48,500 adults have a common mental health problem, that's 1 in 5 adults. Risk factors mean that some people are more likely than others to experience mental illness. Risk factors do not occur in isolation, many people may be affected by more than one risk factor which can further increase the risk of mental health problems.

As adults, women are more likely than men to experience mental illness. In Wandsworth 15% of men and 23% of women have a mental health problem that is 18,000 men and 30,500 women. Some types of mental health problems are more likely in women than men. Women are more likely to have a common mental health disorder than men such as anxiety and depression, however men are three times more likely to commit suicide than women.

People from Black, Asian and Minority Ethnic (BAME) groups are at higher risk of poor mental health. Over half of all Job Seekers Allowance claimants are from BAME groups currently.

People from BAME groups are also over represented in

hospital mental health services, they make up nearly 40% of the people in this service although they only make up around 25% of the population of Wandsworth. People from BAME groups are also two to three times more at risk of suicide and psychosis.

Poverty and poor housing are risk factors for mental illness. In Wandsworth an estimated 6,000 people live in lower end private rental units and 3,482 people are currently claiming Job Seekers Allowance. Being homeless is one of the biggest risk factors for mental illness. The number of people with common mental health problems is over twice as high in people who are homeless and the occurrence of psychosis is up to 15 times as high compared to the general population. For people living on the street this is even worse as they are up to 100 times more likely to suffer psychosis than the general population. In 2014/15 there were 1,057 homeless households in Wandsworth and eight rough sleepers reported. This population is at extremely high risk of suffering from poor mental health.

When compared with the general population, people who identified themselves as Lesbian, Gay, Bisexual or Transgender (LGBT) were more than twice as likely to self harm or attempt suicide.

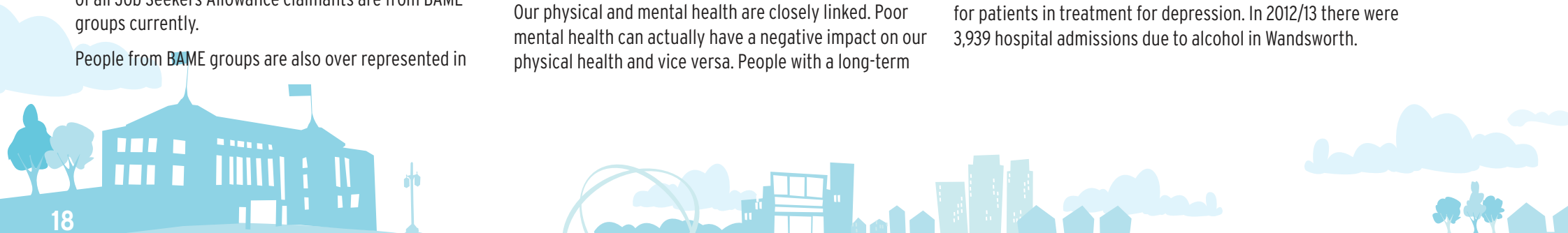
Our physical and mental health are closely linked. Poor mental health can actually have a negative impact on our physical health and vice versa. People with a long-term

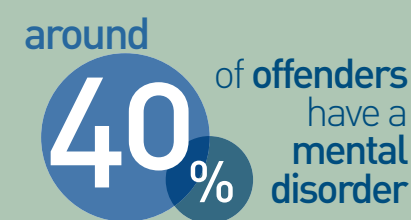
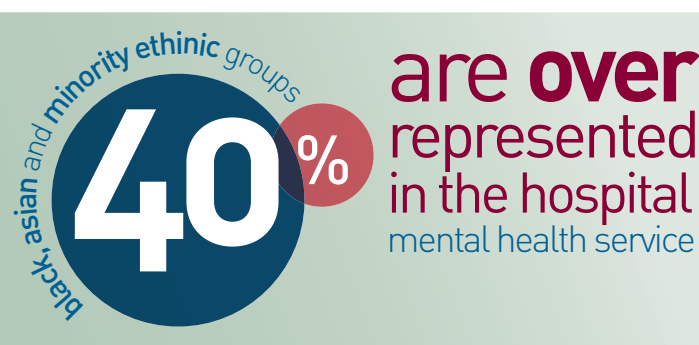
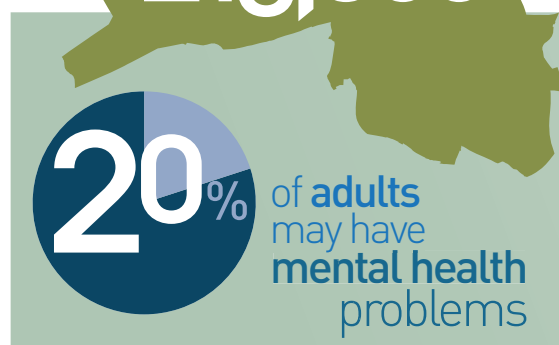
condition are two to three times more likely to experience mental health problems than the general population. Having depression doubles the chances a person will die within five years of heart bypass surgery. People who have a physical disability are two times as likely to suffer from depression. Symptoms of depression are twice as common in carers compared to non-carers. There are over 19,000 carers in Wandsworth, which is 1 in 16 people.

There is a link between being in the criminal justice system and mental illness. Around 40% of offenders have a mental health disorder. Just under 50% of prisoners have an antisocial personality disorder compared to just 3% of men and 1% of women in the general population.

In 2014/15 there were 4,171 domestic incidents, this includes domestic crimes, domestic arguments and incidents where police attended but no further police action was needed. There were 1,941 domestic crimes recorded in 2014/15.

There is a link between alcohol dependence and depressive mental health disorders; people who are in treatment for their alcoholism are much more likely to have major depression compared to the general population. Two thirds of people who are treated for alcohol dependence have anxiety, sadness, depression and/or manic-like symptoms. Finally people who are treated with depression have been found to have higher use of alcohol. We also know that higher prevalence of alcohol use has been documented for patients in treatment for depression. In 2012/13 there were 3,939 hospital admissions due to alcohol in Wandsworth.





# Ageing well

## **There are about 37,570 people aged 60 and over in Wandsworth, which accounts for 12% of the population.**

There is a much smaller proportion of older people in Wandsworth compared to the average for England and Wales which is 22.5%. In the next five years the number of older people is expected to increase to 41,144, which is an increase of 3,575.

Between the ages of 15-54 the percentage of people with mental health disorders is constant, although there is a peak between the ages of 45 to 54 years. From the age of 55 onwards the number of mental health disorders for both men and women begin to reduce. By the age of 75, only 9.5% of people have a mental health disorder compared to about 20% working age adults. Although women are still more likely to have a mental health condition compared to men with 12% of women compared to 6% of men.

As we age we are more likely to suffer from poor health. Over half of people over 50 years are thought to have at least one long term condition and 4 out of 5 people aged 65 years have a long term condition.

People with a long-term condition are two to three times more likely to experience mental health problems than the general population. There are just over 3,050 people aged 65 and over who are carers in Wandsworth, which is 15% of carers in Wandsworth. Over 40% of older carers reported that their mental health has worsened in the past year.

Although the majority of older people live in their own homes due to health and social care reasons, some older people are unable to live at home and may live in a care home. Within care homes it is estimated that 8 of 10 people have dementia or significant memory problems.

By 2020 an estimated 2,200 (7.2%) older people will have dementia in Wandsworth. There are nearly two women to every man with dementia.

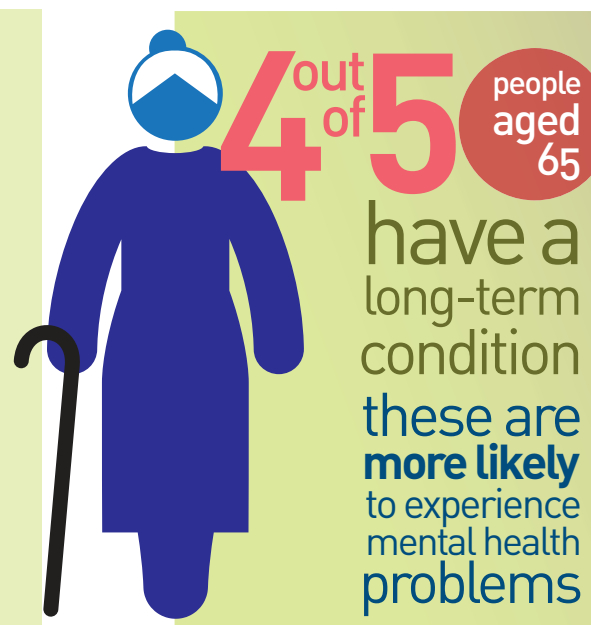
Further 61% of people living with dementia have felt depressed or anxious recently. Wandsworth are continuing to improve the diagnosis rate for dementia which remains low at both a national and local level. Early diagnosis of dementia allows for the right support and treatment which can make a significant difference to living with dementia.

Dementia is not the only mental health problem that people may experience as they age. Around 2,500 people aged 65 years and older experience depression at any given time in Wandsworth and of these 800 people have severe depression. About 900 older people have a severe mental illness.

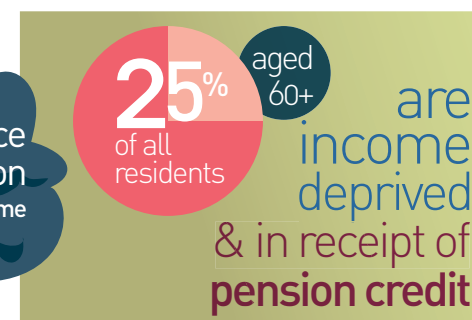
A quarter of all residents aged 60 years and over are income deprived and in receipt of pension credits, which is a risk factor for mental illness.

Social isolation is a risk factor for mental illness and 40% (11,300) of older people are living alone, 22% of these people are estimated to be in social isolation.





the number of mental health disorders begin to reduce





### JP's story

**I started to get involved with Carney's Community in 2013. I'd had a rough few years but I knew that there was room for change no matter what you've done in your past.**

I was trapped in a cycle: crime - prison - work, it was monotonous; crime - prison - work - crime - prison - work. This time I wanted to do something different, I wanted to give back.

I started training again, keeping myself out of trouble hanging around positive role models instead of bad influences.

I haven't looked back since, it sounds clichéd but I didn't have

anywhere I belonged; now I have got a place to call home.

There are lots of opportunities as long as I have Carney's number in my phone; courses, mentoring and good laughs – the support I get is amazing and I am passionate about playing my part to give to others in need.



### Joseph's story

**I have had problems with my mental health since I was 34. In 2004 I was diagnosed with depression.** I had to give up my long career working in banking as I was finding it difficult to work. I also ended up in hospital.

By 2011 I was beginning to recover and feel well enough to consider working again, however I had lost all my confidence and I had also put on a lot of weight. My doctor referred me to 'Your Way' which is an organisation in Wandsworth that supports people with MH issues to move forward and develop strategies to cope. From here I was supported by a number of agencies in both the council and voluntary sector.

The Workright scheme supported me by providing opportunities to gain work experience at the council.

The encouragement I received from work colleagues increased my confidence and self-esteem. Being at work with people who took an interest in my wellbeing also encouraged me to lose weight and go to the gym.

I continued to apply for jobs with support from Workright and SHARE and I was successful in getting a full-time role in a bank. I started the job December 2014 and it is going well. I remain in contact with my former friends and colleagues at the Council and I have lost an amazing 44 kilos in weight.

Working has helped me to keep well and my mental health has been good now for the last 5 years. I do believe that perseverance pays off in the end. Nothing is impossible. I have moved from being insecure to feeling confident and having a job.

I believe that employers with a pro-active and supportive occupational health can help people with mental health issues to recover and stay well, I hope my story is proof of this and will inspire others to think of a better, brighter future.

### Garry's story

**My role as a Health Trainer requires me to work with clients from varying backgrounds with a range of health challenges and goals.**

Clients who are experiencing mental health challenges may also present with other problems such as poor physical health and the ability to socialise. My role is to be non-judgemental and empathetic to their needs and help them to make changes to their lifestyle. For example, working with one of my clients MT she wanted to meet her goals which include socialising more and becoming more active. MT's goals had to be realistic.

After several meetings MT was able to form an understanding of how her lack of activity both social and physical played a part in her poor state of mind.

Through the Health Trainer service she was able to be signposted to the Wandsworth Multiple Sclerosis (MS) Society. This gave MT the opportunity to socialise with others experiencing similar challenges to herself and also join a yoga group that was run by the society.

MT is much happier now and has progressed to becoming even more socially active by joining a local singing group, Sound Minds.





# What we do

## Working together

We can only achieve a happy, thriving and resilient community by working together with our partners across all sectors of the community. Wandsworth has fantastic services, organisations and groups within the borough who work together to support mental health at all levels.

We continue to work with our partners on current development projects to ensure that our physical environment and surroundings help encourage and improve mental health. Our environment can help to improve our mental health by having safe community spaces so people can live and work in a positive environment. Green space such as parks can also help to improve our mental health and wellbeing and Wandsworth has a wide range of fantastic parks and green spaces for people to enjoy.

Throughout this report we have used case studies of local people and local services to demonstrate just some of the excellent work around mental health promotion and prevention. This report has focused on public mental health, however there are a whole range of services that also help to support and treat people with mental illness. Statutory services and organisations such as the NHS, Department of Education and Social Services, Children's Services, Mental Health Trust, Criminal Justice Services and Police all work together to help support people with mental health problems.

If you would like more information then take a look at our [Children and Young Person's Mental Health Strategy](#) and [The Mental Health Joint Commissioning Strategy \(2014-2017\)](#).

When we talk about working together in Wandsworth we are referring to a vast network which includes children's centres, schools, colleges and universities, religious and faith groups, local voluntary and community organisations, national charities and communities themselves. It is important to recognise all the work and support that all these groups, organisations and communities continue to provide to improve mental health and wellbeing for people in Wandsworth.

*“By working together we can increase and strengthen protective factors and reduce or prevent risk factors for mental health for all residents within Wandsworth.”*

We believe that this is central to improving the mental health and wellbeing of residents in Wandsworth.

A key feature of our approach in Wandsworth is to understand our existing services, by doing this we can understand our strengths and what works. We then look at how we can improve our services by building on what we already have.

## Angie's story

**I have two sons and was also taking care of my cousin and at the time I was their legal guardian.** We had been moved so many times and we ended up in a run down flat that was infested with mice and bed bugs. I was looking after a child with special needs and there were lots of family issues as well. I was in a bad place; on disability benefits for emphysema and 70% of my body covered in scarring from the bed bugs – I was depressed.

The support I got from the Family Recovery Project was amazing they helped me get things more sorted and within a year I was stepped down and Carney's Community took over. I had a new place to stay with my family and Carney's helped with training and support for the boys, things got so much better. An opportunity came up with one of the social enterprises linked to Carney's and I was put forward to volunteer in the kitchen and food stall 'We Love Meat' which sells high quality burgers. I love the job and moving forward I have been offered 8 hours paid work.

What has happened recently has had a big affect, these days I am a transformed person and it doesn't stop there. I have set up my own business 'Angie's Café' within a community centre and any day now I expect to be taking a small wage from this business. I can't believe I have become someone that my boys and family can look up to now. I feel part of a community now, one that I can give back to.



# Using the evidence

We all deserve the best services possible which means services should be delivered in the best way we know.

To do this we look at the results from research or real life examples which shows what works and what does not work. We then develop our services based on what has been proven to work; this is known as using the evidence or an evidence-based approach.

We make sure that services are based on good evidence so that we do not provide services which do not work or at worst may put someone at harm. Using good evidence to develop our services also makes sure we use our resources and money in the best way possible.

## Working together

One example of how we all work together to improve mental health in Wandsworth was the **2014 Annual Mental Health Conference** 'Working together to improve mental health and wellbeing in Wandsworth' which saw over 100 representatives from a wide range of groups and organisations come together to set out what should be included in a public mental health strategy.

The feedback and learning from this event was used to help inform and develop this annual public mental health report.

To develop services we look at what evidence there is and examples of other services that have worked; we also look at what Wandsworth residents need and the resources we have. All the recommendations made in this report use the best evidence and looks at the needs of residents to set out clearly what should be done in the next few years with our available resources.

## James' story

**I went through some difficult times; my marriage ended and wasn't able to see my kid, lost some family through suicide and my mum died of cancer all in the space of a year.**

I was unemployed, in debt, drinking and taking drugs. I became very depressed and suicidal. I attempted to take my life twice – it seemed like there was no hope and the world would be a better place without me.

I wanted work but with my disabilities and the state of my life it was highly unlikely that this would happen. At my lowest point I jumped off Westminster Bridge, I guess it was fate, a Police boat was passing by and fished me out. I cleaned myself up and was offered a job by William Gallagher working for Leonard Cheshire Disability. I just wanted someone to believe in me, with my disabilities and my experiences, I feel like I have something to give. I can channel my bad experiences to help make things better for others.

I want to work in mental health and have recently been offered the opportunity to be part of Wandsworth's Suicide Prevention Group. My hope is that others can be helped to realise that there is always hope. With the right support you can make it through and start to build a life again. I am now clean, off my medication and I feel there is a purpose to life.



### Nassir's story

**The unfortunate successive injuries sustained during my sports career was the end of one chapter but the beginning of another.**

I found myself having no ambition or desire to stand up again; depression kicked in and lasted 2 long years.

As a Muslim I was compelled to drop to my knees and pray hard and start all over again. This was the moment I started the journey of self discovery, simply being involved in community work wasn't enough for me and I needed more. Fortunately for me I had amazing leaders around me constantly wanting me to develop and dream big. I learned that helping and making people happy was priceless to me and brought about an immeasurable satisfaction.

Being born and raised in south London I have seen some disturbing events in my time; I have been bullied on a massive scale, racially attacked as a young boy on numerous occasions and dealt with chaos as my family broke apart in my very early years. So I had experienced a lot already, this built a unique resilience. The strides I have taken in the last two years have truly been nothing short of a miracle. Change is coming to my community and I'm excited to be a part of it.



I randomly started to read books based on mental health and soon found myself deeply intrigued.

The want to become a psychotherapist grew within me by the day. Malik Gul (WCEN Director) immediately got me involved onto the Systemic Family Therapy course at the Prudence Skynner clinic in Springfield Hospital. Having successfully passed my 1st and 2nd year I feel inspired and confident enough to crack on with my Masters and put back into the community what I've taken out. I am now volunteering some hours as a teaching assistant at that very same clinic helping the new first years who are in the Muslim Network.

### Freda's story

**One faithful morning I encountered a crowd of people who had come to our block of flats about the wellbeing of the residents.**

They had a massive exercise bike with a built-in fruit juicer. I could not help myself from approaching one of them and I felt privileged to be introduced to Tracy as my Health Trainer.

We arranged and met on several occasions at a café to discuss and plan how I could adopt a healthy lifestyle. Food and nutrition, eating habits, portion control, exercise, wellness, employment and socializing were all among the topics we covered. After several weeks it became clear that I still had no control of myself from craving fatty foods and this was affecting my weight.

We realized that it was very important that I overcome all the strong negative emotions that I was entertaining. I had suffered from both an abusive childhood and an abusive marriage. I felt determined to seek help in order to get rid of the feelings of guilt, shame and fear especially for my son's sake. I chose to educate myself as my first option. After obtaining a first and second degree in Law and Human Rights, I still felt unworthy, guilty, shameful, fearful and withdrawn. I faced maltreatment and discrimination at work and it was difficult for me to hold onto a job for long. I was constantly battling against eviction and harassment from housing, in debt, living in poverty, a single parent with no financial or emotional support from my child's father who was no longer living in the country.

I had no choice but to vent my pain on paper and write a book about my life.

Tracy encouraged me to continue writing. Considering the 'self' in my writing, made me become aware of several factors that makes one lose their self worth. This enabled me to realize how worthy my son and I are, beyond my deepest imagination. Free from guilt, shame and fear, I see things clearly now and eat healthily.

I will forever be grateful to Tracy for the work she did with me which I believe contributed to my healing.

# What works in Wandsworth

The table below provides a summary of the types of services and programmes that have been proven to improve mental health. It also provides a tick list of whether we currently know any groups or organisations that provide this type of programme or service.

This helps to show the types of services and programmes that are provided in Wandsworth by all organisations and groups working in the borough. This table is only supposed to provide an overview of what is known to be available at present.

Evidence	Starting well	Developing well	Working well	Ageing well
Befriending programmes for women during and after pregnancy	▲			
Cognitive-Behaviour Therapy		■	■	■
Parenting programmes and training with cognitive-behaviour therapy		▲		
Family Nurse Partnerships	■			
Promoting Alternative Thinking Strategies Programmes (PATHS)	●	●		
Whole school approach to mental health promotion including social and emotional learning		▲		
School programmes to address anxiety and depression	●	●		
Programmes to reduce bullying, conflict and anger		■		
Exercise programmes	■	■	■	■
Multidimensional Family Therapy	●	▲		
Counselling Services	●	■	■	●
Workplace health interventions to reduce stress and increase relaxation			▲	
Community campaigns to reduce suicide	■	■	■	■
Befriending, buddying services and social isolation				▲
Home visiting programmes				▲
Volunteering programmes				▲

## Our service in Wandsworth

We continue to work to ensure that our services in Wandsworth are based on the evidence of what works. Within this report it is not possible to list every service which is provided in Wandsworth due to the depth and range of services available. This section identifies a small number of case studies which illustrates some of the services and organisations operating in Wandsworth. The examples used are just a few of the services which help people to build their resilience and protective factors whilst reducing their risk factors. Throughout this document we have also used local stories which further provide examples of how residents are living and improving their mental health and wellbeing.

- Not known to be present in the borough
- Coverage across the borough for those services/programmes
- ▲ Limited coverage across the borough for these services/programmes

# Case studies

## Health Visitor and Eastwood children's centre 166

Vicky Pigott

I have been working as a health visitor for 10 years. Many families have passed through our doors. Families that face many challenges; low income, poor mental health, domestic abuse, and low education attainment. Eastwood Children's Centre in Roehampton acts as a welcoming hub for everyone. It's a place to make new friends, play and feel part of a community.

Each week families can access play sessions, parenting groups, a breast-feeding café, antenatal classes, yoga, language classes, women's Urdu group, young parents group, a support group for

those affected by domestic abuse. We also provide a crèche and nursery all under the one roof! Well over 100 adults and children pass through our doors each day. If Roehampton has a community centre, this is it.

Two examples show why I love this job. Last week as I walked into the toy library, a Turkish mother flung her arms around me and gave me a great hug, thanking me for my help. She had attended several 'confident parenting' groups and was grateful for the encouragement and advice regarding her son's health and development.

The other example is of a grandmother with sole caring responsibility for a grandchild. She thanked me for introducing her to family support and therapy that has enabled the family to become more resilient.

## The Feel Good Bakery

The Ashburton Estate

The Feel Good Bakery is an exciting new social enterprise. Established by Regenerate UK, the enterprise is a response to the need for employment skills for young people caught up in negative behaviour. The Feel Good Bakery trains, coaches and employs young people who are turning their backs on gang life and crime.

The amazing aspect about The Feel Good Bakery is that they are partnering with grassroots organisations that do amazing work

with children living in extreme poverty around the world. Proceeds from each sandwich sold contribute to projects in Kenya, Romania and South Africa.

The Feel Good Bakery wants to help transform lives; not just of their employees but those living in extreme poverty as well.



## Aspirations Programme

Fanta Bojang

Aspiration, a hope or ambition of achieving something – driven by this goal, the public health team set out to support two communities in the borough who will face a lot of changes over the coming year as the housing regeneration plans of the council are put in place. Put simply, our ambition is to build resilience and improve the health of the communities in Roehampton and Winstanley & York Road estates. This ambition will be driven and shaped by both communities to reflect the future they wish to create for generations to come.

Having worked in Shoreditch for many years, I saw first hand the transformation that this part of Hackney and other areas went through. Led by similar regeneration plans, the community helped create a vibrant, buzzing 'hub' that offers many employment opportunities, better services for families and improved health outcomes. Shoreditch has fast become an area characterised by artistic creativity and social entrepreneurship that is set to continue for generations to come.

The regeneration plans in Roehampton and Winstanley & York Road estates gives the opportunity to create something unique in both areas. Together with the community, public health will continue to work to achieve the ambition of the Aspirations Programme.



## Workright Sally Gale

The WorkRight Scheme has evolved since it was first developed in 2008 and now supports anyone who is disabled or has a mental health issue. The scheme offers work experience and employment support to disabled people who may not have worked before or not worked for some time. The scheme is a stepping stone into paid work, supporting people to:

- Gain confidence
- Learn new things / Update skills
- Discover what it's like working for Wandsworth Council
- Get experience / Get a reference

Since starting out in 2012 I have had over 100 referrals. I have been able to work with over 70 people who have a wide range of abilities. Of this group, 22 people (31%) have had paid work at the council and 30 people (42%) have got jobs outside the council. Many people have become excellent role models.

I am privileged to do the job I do at the council and to have the opportunity to learn so much from the fantastic people that I support.

## Family Recovery Project and Troubled Families Michele Harris

The aim of my role is to try to help families whose issues are often 'entrenched' and 'inter generational'. My team offers support to the whole family in the 'here and now'.

Many of the families I work with complain that they often feel marginalised and not in a position to address the real challenges they face.

My job isn't to make anyone's life 'perfect' but to help the families to find the coping mechanisms and increased resilience to manage the stress and strain of family life.

I sit within a multi agency team that allows me to introduce the families to a range of support without some of the obstacles other professionals may face.

We have small case loads in comparison to other professionals and colleagues, which enables high intensity work within the family home. This allows me to quickly build a relationship with the whole family and embed changes, big or small, which can help shift towards positive outcomes.

I get an opportunity to witness families on their journey, by sharing their frustrations alongside their successes. When I am asked about my job it is hard to explain the feelings of pride that we get. When others may see a small achievement, such as getting the children to school on time every day, we share the families pride and celebration.

## Carney's Community George Turner

I met Mick Carney at Fitzroy Lodge Amateur Boxing Club. He introduced me to one of his coaches (Mark), whom boxing had saved from a life of crime, and he helped us set up a voluntary Friday evening boxing session. Over the years we worked with hundreds of at risk young people and offered them free training and mentoring, with some great results

In November 2011, Mick sadly passed away, so Mark and I decided to try and continue Mick's legacy by setting up Carney's Community charity. We provide free opportunities to disadvantaged young people to

get involved in positive and constructive activities, whilst offering long term, consistent and unconditional support through mentoring with the aim of helping them to get into employment and reducing offending and Anti-Social Behaviour.

Three and a half years on we now have our own premises in Battersea where we run free open boxing sessions each week, and also continue to run numerous sessions at various schools, youth clubs, community centres and even the famous Fitzroy Lodge, where it all began. We have helped numerous young people into employment and have employed a number of them ourselves. We do this by training them up to deliver boxing fitness sessions and then send them out to other youth groups to deliver those sessions.

Having the centre has also meant that we can now support some of our participants with setting up their own social enterprises, such as Supreme Sounds, a social music studio and Angie's Café.



## Regenerate UK

### Andy Smith



In January 2000, we formed Regenerate, a Christian faith based charity. We started it with my Mum, Mo.

The work began by organising a lunch club for the older people in the area, within a few weeks we had 100 regular members.

It then progressed to projects for young people; football clubs, dance and homework clubs, minibus trips out of London, a Juice Bar, drop-in youth centre, a music studio, mentoring schemes and trips for young people to volunteer in developing countries.

We took some young people from the estate to help build an orphanage in Kenya; hardened gang members who for the first time were seeing a world outside of their experience. One guy couldn't understand the feeling he was experiencing – the experience of helping others and the reward it brought him.

We have seen many people transformed over the years; young men and women who ordinarily would be written off, becoming leaders in their communities, some helping set up projects to tackle poverty across the globe. Regenerate's passion is to see those that society writes off begin to achieve their potential to help change the world – like seeds that start off insignificant but with the right conditions can grow into mighty trees.

## Youth Health Jury

### Sangeeta Bhagat

The Youth Health Jury is a voluntary participation and consultation project that enables young people to have a say in health matters and services in Wandsworth. Young people are empowered to help influence commissioning decisions that affect them and provide valuable information to decision-makers of what young people really want and need from their health services.

The Youth Health Jury chose to look at mental health and partnered up with the Youth Council to create a Youth-Led inspection of Children and Adolescent Mental Health Service (CAMHS). The aim was to inspect the mental health and support services in particular relation to youth friendliness and accessibility.

Subsequently both youth groups collectively put forward recommendations for improvement. Some suggestions included a more youth friendly environment to reflect the professional accessibility and compassion of the staff, use of

pictorial symbols to give young people an understanding of the service and a peer education project in schools and colleges to raise awareness of mental health issues and relevant services available in the local area.

I believe that young people have the power to advocate for change in the field of mental health, and to improve the wellbeing of the communities that they live in. I am passionate that young people should have the right to participate in the issues and services that affect them and their peers. Service users' engagement is integral to achieving the best possible outcomes in terms of effective use and ease of access to healthcare and services. The project was designed to allow young people to participate in learning about mental health matters through: group work, creative and fun activities, relationship building and facilitated discussions. Ultimately we wanted to provide an innovative perspective to mental health and break down barriers. What makes my role rewarding is supporting and encouraging young people to participate and improve the mental health services that they use. Their enthusiasm and involvement in bettering mental health services and the wellbeing of the local population is invaluable.

## Work Match

### Chantelle Daniel

Over the next 25 years major investment at Nine Elms Vauxhall the largest regeneration project in Europe and elsewhere in the borough provides the Council with access to 1000's of new jobs and apprenticeships. The job brokerage service Work Match was set up to help to maximise the opportunities and to broker local residents into these new positions. There are literally

thousands of opportunities for local residents across the borough in a wide range of sectors and industries so there will be a variety of job roles for everyone.

One example was a homeless client, I showed him how to use a computer which prompted him to start an IT course. Starting the course resulted in him finding sustainable employment, moving into a new home and meeting his wife. Helping people to find sustainable fulfilling employment is very rewarding and you can witness the immeasurable value of getting and sustaining a job does to people's self worth and overall health.



## Elmimag.com

Sadiya Ali Hussein

Elmimag.com is an online magazine which is created to unite, recognize and inspire Somali youth.

My name is Sadiya Ali Hussein and I am a 25-year-old entrepreneur from Wandsworth. There are many reasons why I started the magazine; however one of the key factors was the school performance of Somali kids in Wandsworth. I aim to use the magazine and our programmes to motivate and inspire our kids to achieve, by seeing others similar to them who have succeeded.

The Somali culture and essence is to be united and support one another, no matter where we are or who we are. However Somalis are also known for not being open about issues due to fear of judgment. I wish to break down this taboo and talk about subjects like mental health, skin bleaching and so on.

Elmimag.com has only been running since September 2014 and we have 54,000 views since. However more than the views we are proud of the young people we are giving opportunities to, such as the writers, editor interns and the Wandsworth kids in the mentoring programme.

This is only the beginning for Elmimag.com

## The HOPE Atrium

Dr Carlis Douglas

As an organization change consultant I am asked why I work in this area. To that question, I respond as David (of the David and Goliath story) did when he was challenged about being a shepherd on a battlefield, offering to take on the most intimidating and feared giant in the land. He said then and I say now - "Is there not a cause?"

The cause is the over-representation of Black people in acute mental health services and the under-representation of Black people in mild and moderate mental health services. Unfortunately they often enter mental health services under one of the sections of the Mental Health Act.

Year after year, statistics indicate that mental ill-health deeply threatens the welfare and life-chances of the African and African-Caribbean people in Britain. Despite governmental and institutional initiatives the problem continues. The Department of Health's report "No Health Without Mental

Health" reports that mental ill health is costly to the whole of society in social and economic terms. Therefore the implications of the intransigence of this problem on individuals, families communities and society are severe and far-reaching.

Like David, I ended up on this 'battlefield', seemingly by accident. While taking 'time out' to care for my mother who had a stroke, I was commissioned to consult with African-Caribbean communities on polyclinics and then later on the public health strategy. In this process I learnt about many of the factors that maintain the late accessing of mental health services. I realised that change would require education for a mindset shift. I also recognised that those who experience the problem hold information that is crucial to its solution and so must be active contributors to decision-making processes.

Improving mental wellbeing in marginalised communities reduces the economic costs of treating mental illness and enables talents and skills to be released into society. Therefore it is good for everybody – not just for people from those communities. Founding the HOPE Atrium, a Community Interest Company, and working closely with faith and community partners are some of the ways in which I am responding to this cause.

## Brighter Futures

Brenda Herbert

You feel that your family is the only one who has suffered like this. How do you begin to make sense of your world?

For us at Brighter Futures what keeps us motivated is seeing how the confidence and mental wellbeing of children increases after they are able to share their stories with other children and be believed. Through this the children know that what happened to them was wrong, that it was not their fault, they are not alone and more importantly that they can recover from the hurting.

We, as human beings, make sense of our world through the telling of our stories. If we deny children the chance to tell their story and speak about the unspeakable, we deny them the chance to grow, blossom and recover from the hurting they have experienced.

"It takes courage to talk about the hurting but sharing my story with other children in group makes me feel that I am not alone"

Quote and picture from a 7yr old girl



It can be hard being a child, it should be a time of exploring, growing, love and fun but it is also a time of vulnerability and dependency. This fragility is even more pronounced when there has been abuse. Imagine you are a nine year old boy or girl. You have seen grown ups in your house fight and there has been a lot of hurting. You feel sad and angry but you can't explain why.

# Where to target services?

**There are many excellent services available to all in Wandsworth which have been shown throughout this report, however there are some more vulnerable areas of the community which may need a more targeted approach.**

People who are at a higher risk from mental illness may often need additional support beyond what is provided to everyone else to ensure that they have good mental health. This is an example of providing some services for everyone whilst also targeting those in need. The following sets out service areas in which we can strengthen our work in both these approaches.

## Starting Well Services

**Target services to support women during and after pregnancy within deprived wards such as Roehampton, Latchmere and Tooting.**

A service to support good mental health during and after pregnancy is being trialled. If successful this service should also be targeted for mothers who live in some of the poorer areas of the borough as deprivation can increase the risk of mental illness. Children's Services such as midwives and health visitors also have a role to ensure new mothers are supported to have both good mental and physical health and wellbeing. We will be commissioning Family Nurse Partnerships (FNP) as part of the health visiting service which will have a specific role in supporting vulnerable families.

**Ensure parenting programmes are available across Wandsworth.**

Parenting programmes have been shown to be effective and there are already some excellent examples within Wandsworth, however at the moment these programmes are not across the whole of Wandsworth.

**Ensure families experiencing domestic abuse can access specialist programmes across Wandsworth.**

Domestic abuse is a risk factor for mental illness for adults and children. Services, such as Caring Dads on Garratt Lane provide support to victims and offenders of domestic abuse.

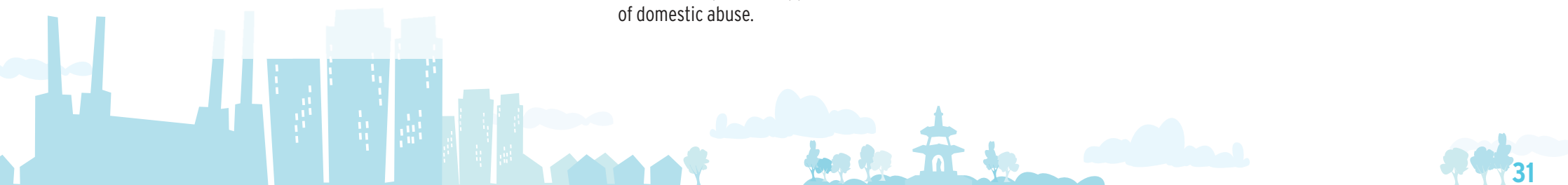
## Developing Well Services

**Encourage all schools to take an agreed whole school approach to improve mental health, social and emotional wellbeing.**

All schools in Wandsworth contribute to the mental health and wellbeing of children and young people, however there is not a common and agreed definition of a whole school approach, with some schools providing much more than others. There may be an opportunity to build something into the 'school health offer' in the Sexual Relationship Education (SRE) curriculum.

**Encourage all schools and youth services to offer one-to-one emotional and therapeutic support.**

Many schools provide one-to-one support through services such as Place to Be and Catch 22 which improve the mental health of young people. Not all schools or youth services currently provide one-to-one emotional and therapeutic support.



## Working Well Services

### Increase the use of current psychological therapies, including Cognitive Behavioural Therapy.

Wandsworth Psychological Therapies and wellbeing Service is the local IAPT service (Improving Access to Psychological Therapy) it is a dedicated service which uses best practice and evidence to provide a variety of support to help people with mild to moderate mental health problems.

**Target current psychological therapy services to vulnerable group such as Black, Asian and Minority Ethnic groups and women in poorer areas.** The IAPT service can support people with mild to moderate mental health problems. Some vulnerable groups such as people from Black, Asian and Minority Ethnic (BAME) groups and women in poorer areas are less likely to use this service despite being at higher risk of developing mental health problems.

**Develop Cognitive-Behavioural Therapy and psychological therapies in the workplace.** Poor mental health and stress can increase the number of sick days a person takes. It is important to look at ways to develop mental health interventions for staff across all workplaces.

## Ageing Well Services

**Increase befriending and network schemes for older people across Wandsworth.** Social isolation and loneliness can have a negative impact on our mental health. There are several befriending and network schemes run by voluntary and community organisations, however many older people may still not be benefiting from these.

### Increase the use of current psychological therapies, including Cognitive Behavioural Therapy in older people.

Older people are less likely to use the IAPT service compared to younger people, despite many older people who may experience anxiety and depression.

## The Care Act

Since the 1st April 2015 The Care Act has now come into force. The act brings together over 40 separate pieces of legislation and is a new legal framework for the provision of adult social care and support in England.

There is a new national eligibility criteria for adult social care needs to make care and support more consistent across the country. This includes a:

- New eligibility criteria for service users
- New support for carers, including young carers

As part of the new Care Act anyone who provides unpaid care or support to an adult family member or friend can have a carer's assessment, regardless of whether the person they care for has eligible needs. For the first time, if a carer has eligible needs of their own, they will have the right to support from the council.

You can find out more about the Care Act and what the changes mean by going to [www.wandsworth.gov.uk/CareAct](http://www.wandsworth.gov.uk/CareAct)

If you would like to apply for a carers assessment then please contact the Access Team

**Call: 020 8871 7707**

**Email: [accessteam@wandsworth.gov.uk](mailto:accessteam@wandsworth.gov.uk)**



# Our next steps

**From the research and evidence we have highlighted some of the areas that we need to target in the future.**

In order for us to make this a practical report we must set out what needs to be done. All of our recommendations are based on core principles that all actions must:

1. **Actively challenge stigma and discrimination**
2. **Actively involve service users and their families in the service development and improvement process**
3. **Provide for everyone across the life stages but specifically target those who most need support as early as possible.**
4. **Reduce risk factors and increase protective factors for mental health**
5. **Be based on the best research and evidence, this includes evaluating services so we continue to provide the best service for residents**
6. **Build on our existing resources and capability**

We have 9 recommendations which form part of this report.

- 1 **Include core principles in all commissioning contracts**  
Work with commissioners to ensure that the core principles are included within commissioning contracts
- 2 **Promote good mental health to residents of Wandsworth**  
Raise awareness by training front line staff, volunteers and members of the community to promote good mental health and early interventions such as training in Mental Health First Aid
- 3 **Develop and build resilience of families**  
Work with children's services, health, Department of Education and Social Services and the community, faith and voluntary sector to develop and build resilience in families through initiatives such as Family Recovery Programmes, parenting programmes and Family Nurse Partnership
- 4 **Improve access to talking therapies**  
Raise awareness and increase the proportion of people accessing talking therapies, particularly focusing on ethnic minority groups, BAME groups, older people, new parents and people with learning disabilities
- 5 **Use whole-school approaches to improve the social and emotional development of children**  
Encourage all early year's settings, primary and secondary schools to use evidenced based whole-school approaches to improve children's social and emotional development
- 6 **Continue to support people into sustainable employment**  
Support people through services and volunteering opportunities such as Work Match, Work Right and SHARE to build cohesive communities
- 7 **Ensure mental health is as important as the physical health of employees**  
Encourage all employers to provide occupational mental health services for their staff through the development and implementation of a Workplace Charter
- 8 **Combat social isolation across all life stages**  
Support the community to develop initiatives to combat social isolation and loneliness, particularly for older people through volunteering and befriending schemes
- 9 **Work alongside partners to ensure parity of esteem**  
Work with partners such as the Wandsworth Clinical Commissioning Group and the Mental Health Trust towards better the integration of mental and physical health



# References

## Setting the Scene

1. Young Minds (2014) Children and Young People with Learning Disabilities -Understanding their Mental Health
- 2 Based on the World Health Organisation definition 2014

## Placing the Story mental health in Wandsworth

Office of National Statistics 2011 Census, Population Data  
Greater London Authority (2014/15) Mid Year Estimated for 2013 Population. Rate of Domestic Crimes  
Greater London Authority  
Health and Social Care Information Centre (2015), Dataset: Prevalence: depression: percent, 18+ years for 2013/14  
Metropolitan Police Service (2015) Domestic Crime Data  
Office for National Statistics (2011) Census Data: Provision of unpaid care; Deprived households; Unemployment, Children living in poverty  
Office for National Statistics (2015) Job Seekers Allowance Claimant Count 2015

## Starting and Developing Well

Child and Maternal Health Observatory (2013) National Child and Maternal Health Intelligence Network  
Crome I, Chambers P et al (2009) The relationship between dual diagnosis: substance misuse and dealing with mental health issues. Social Care Institute for Excellence.  
<http://www.scie.org.uk/publications/briefings/files/briefing30.pdf>  
Department for Education (2013) Permanent and fixed period exclusions from schools in England: 2011 to 2012 academic year - by ethnicity:

Table 21. [www.gov.uk/government/publications/permanent-and-fixed-period-exclusions-from-schools-in-england-2011-to-2012-academic-year](http://www.gov.uk/government/publications/permanent-and-fixed-period-exclusions-from-schools-in-england-2011-to-2012-academic-year)  
Emerson, E., and Hatton, C. (2007) Mental health of children and adolescents with intellectual disabilities in Britain. The British Journal of Psychiatry

Green H, McGinnity A, Meltzer H, Ford T, and Goodman R. (2005) Mental health of children and young people in Great Britain, 2004. A survey carried out by the Office for National Statistics on behalf of the Department of Health and the Scottish Executive. Basingstoke: Palgrave Macmillan,

Kessler RC, Amminger GP, Aguilar-Gaxiola S et al (2007) Age of onset of mental disorders: a review of recent literature. Current Opinion in Psychiatry 20(4): 359-364.

Layard, R. (2005) Mental Health: Britain's biggest social problem  
McAuley, C., & Davis, T. (2009). Emotional well being and mental health of looked after children in England. Child & Family Social Work, 14(2), 147-155.

Meltzer, H., Gatward, R., Goodman, R., & Ford, T. (2000) Mental health of children and adolescents in Great Britain, The Stationery Office, London  
Office for National Statistics (2004) Mental health of children and young people in Great Britain, Summary Report

Office of National Statistics (2011) Census Data: Lone parent households with dependent children; Provision of unpaid care by general health by sex by age

Office of National Statistics (2014) Conception data

Public Health England (2014) Public Health Outcomes Framework, accessed via <http://www.phoutcomes.info/>

Wandsworth Borough Council, Public Health Division (2014) Joint Strategic Needs Assessment

Wandsworth Children and Young People's Mental Health Strategy 2014-2016

Wandsworth children and young people with statements of SEN or an Education Health and Care Plan with a learning difficulty at May 2015

Wandsworth Survey of Smoking, Drinking and Drug Use among Schoolchildren - 2012 Report

## Working Well

Alpert, J., E., Fava, M., Uebelacker, L., A., Nierenberg, A., A., Pava, J., A., Worthington, J., J., et al., (1999) Patterns of axis I comorbidity in early onset versus late-onset major depressive disorder. Biological psychiatry; 46(2):202-211

Bhui, K. S., Dinos, S., & McKenzie, K. (2012). Ethnicity and its influence on suicide rates and risk. Ethnicity & health, 17(1-2), 141-148.

Blixen, C., E., McDougall, G., J., and Suen, L., J., (1997) Dual diagnosis in elders discharged from a psychiatric hospital. International Journal of Geriatric Psychiatry 1997; 12(3):307-313.

Blumenthal, J., Lett, S., Babyak, M. et al (2003). 'Depression as a risk factor for mortality after coronary bypass surgery'. The Lancet, 362- 9384: 604-9, cited in Naylor, C. et al., (2012). Longterm Conditions and Mental Health: The cost of co-morbidities

Brooker, C., Sirdifield, C., Blizard, R., Denney, D., and Pluck, G. (2012). Probation and mental illness. Journal of Forensic Psychiatry & Psychology, 23(4), 522-537.

Chakraborty, A., McManus, S., Brugha, T., Bebbington, P., and King, M. (2011) Mental health of the non-heterosexual population of England. The British Journal of Psychiatry 198, 143-148.

Crawford, V. (2001) Co-existing problems of mental health and substance misuse 'Dual Diagnosis': A review of relevant literature. London: RCP College Research Unit

Crisis (2009) Mental Ill Health in the Adult Single Homeless Population. A review of the literature

Gayman, M. D., Turner, R. J., and Cui, M. (2008). Physical limitations and depressive symptoms: exploring the nature of the association. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, 63(4), S219-S228.

Kirkbride, J. B., Barker, D., Cowden, F., Stamps, R., Yang, M., Jones, P. B., & Coid, J. W. (2008). Psychoses, ethnicity and socio-economic status. *The British Journal of Psychiatry*, 193(1), 18-24.

Lynskey M., T. The comorbidity of alcohol dependence and affective disorders: treatment implications. *Drug Alcohol Depend* 1998; 52(3):201-209;

Naylor, C, Parsonage M, McDaid D., Knapp, M., Fossey, M., and Galea, A. (2012). Long-term conditions and mental health. The cost of co-morbidities. The King's Fund and Centre for Mental Health.

The NHS Information Centre for Health and Social Care (2009) Adult psychiatric morbidity in England, 2007: Results of a household survey

NICE (2013) NICE Clinical Guideline 77 Antisocial personality disorder. Treatment, management and prevention

Office of National Statistics (2011) Census Data

Schuckit, M. A., Smith, T. L., & Tipp, J. E. (1997). The Self Rating of the Effects of Alcohol (SRE) form as a retrospective measure of the risk for alcoholism. *Addiction*, 92(8), 979-988.

Schuckit, M. A., Tipp, J. E., Bucholz, K. K., Nurnberger, J. I., Hesselbrock, V. M., Crowe, R. R., & Kramer, J. (1997). The life time rates of three major mood disorders and four major anxiety disorders in alcoholics and controls. *Addiction*, 92(10), 1289-1304.

Schuckit, M. A., Tipp, J. E., Smith, T. L., & Bucholz, K. K. (1997). Periods of abstinence following the onset of alcohol dependence in 1,853 men and women. *Journal of Studies on Alcohol and Drugs*, 58(6), 581.

Schuckit, M. A., & Monteiro, M. G. (1988). Alcoholism, anxiety and depression. *British journal of addiction*, 83(12), 1373-1380.

Shah, A. J., Wadoo, O., and Latoo, J. (2010). Psychological distress in carers of people with mental disorders. *British Journal of Medical Practitioners*, 3(3), 327-334.

Wandsworth Borough Council, Public Health Division (2014) Joint Strategic Needs Assessment

Wandsworth Borough Council (2015) Topline Performance Indications 2014/15.

World Health Organisation (2004) Global status report on alcohol 2004. Geneva, WHO.

### Ageing Well

The Alzheimer's Society (2014). Dementia 2014: Opportunity for change.

The Alzheimer's Society (2015) Statistics  
<http://www.alzheimers.org.uk/statistics>

Greater London Authority (2013) Round population projections

Naylor, C, Parsonage M, McDaid D., Knapp, M., Fossey, M., and Galea, A. (2012). Long-term conditions and mental health. The cost of co-morbidities. The King's Fund and Centre for Mental Health.

The NHS Information Centre for Health and Social Care (2009) Adult psychiatric morbidity in England, 2007: Results of a household survey

The Princess Royal Trust for Carers (2011). Always on call, always concerned: A survey of the experiences of older carers. Available at: [www.carers.org/sites/default/files/always\\_on\\_call\\_always\\_concerned.pdf](http://www.carers.org/sites/default/files/always_on_call_always_concerned.pdf)

Office of National Statistics (2011) Census Data

Projecting Older People Population Information System, POPPI (2014) accessed via <http://www.poppi.org.uk/index.php>

Saunders, P. A., Copeland, J. R. M., Dewey, M. E., Gilmore, C., Larkin, B. A., Phaterpekar, H., and Scott, A. (1993). The prevalence of dementia, depression and neurosis in later life: the Liverpool MRC-ALPHA Study. *International Journal of Epidemiology*, 22(5), 838-847.

Wandsworth Borough Council, Public Health Division (2014) Joint Strategic Needs Assessment

Happy and thriving communities  
Annual report for the  
director of public health 2015

