The Lambeth Wellbeing and Happiness Programme: A strategic approach to public mental health

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Abstract.: *Understanding of what promotes mental health and wellbeing and its importance for educational attainment, productivity, reducing crime, positive health behaviours and quality of life is improving (Foresight, 2008; HM Government, 2010a). Individuals can act on their own account (Aked et al, 2008), but public sector organisations could take more advantage of the 'feel good – do well' dynamic, not only as employers but as policy makers, commissioners and service providers. Building on the capabilities and resources of individuals and communities also offers institutions an opportunity to mitigate financial and policy constraints. This paper describes an approach to public mental health in an inner London borough and the opportunities for, and barriers to, strategic change. Results are encouraging but emphasise the importance of taking a long view, senior leadership, dedicated capacity for cross-sector coordination, evidence and measurement, dogged persistence, and a balance of vision and opportunism.*

Key words: *Wellbeing, public mental health, mental wellbeing, happiness, mental health, mental health promotion, Lambeth.*

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Introduction

Investment in mental capital and wellbeing makes social, economic and political sense. Cognitive decline, mental illness and languishing are expensive and miserable for everyone (Foresight, 2008; WHO, 2008). Fortunately much of this expense and misery is avoidable. It is possible to reduce risk of mental illness and to promote and protect cognitive and emotional resources and resilience and wellbeing across the life course, and this is worthwhile (Friedli, 2009). People in good psychological health live longer irrespective of their physical health (Chida & Steptoe, 2008). A mentally healthy population is also good for the economy (Friedli & Parsonage, 2007; Knapp et al, 2011). Achieving population mental wellbeing is not just the business of health and social care services: wider national and local government policies on urban planning, employment, education, criminal justice and equality and human rights all influence the determinants of health including mental health (Marmot et al, 2010). Mental health policy in England is moving in line with evidence. Although still part of mental health services policy, the preventive and promotion element has moved from a relatively narrow focus on the role of health and social care in 'mental health promotion' and tackling stigma and discrimination (Department of Health, 1999), to an emphasis, as in Scotland (Healthier Scotland, 2009), on cross governmental action to ensure more people have good mental health (HM Government, 2011a). The 2011 England policy is accompanied by substantial evidence including evidence of economic benefit (Department of Health, 2011; Knapp et al, 2011; HM Government, 2011b), and supported by implementation guidance (eg Newbigging & Heginbotham, 2010a; Newbigging & Heginbotham, 2010b; Cooke et al, 2011; HM Government, 2010a).

This plethora of official or endorsed publications is encouraging and provides an opportunity for the UK public sector to both mitigate the risks of the severe financial constraints imposed by government and ensure policy and practice is fit for the twenty first century. However local areas receive limited support to deliver national public mental health and wellbeing policy (Annor & Allen, 2008; O'Neill et al, 2010). In England arrangements are characterised by rapid organisational change beginning with the National Institute of Mental Health in England (NIMHE; 2001-2005), succeeded by the Care Services Improvement Partnership (CSIP; 2005-2009), and ending with the National Mental Health Development Unit (NMHDU; 2009-11). In London there will be some support to the local NHS for 2011 but this will focus mainly on mental health services. Such instability makes it difficult to develop and maintain leadership, profile, networks, coordination and exchange of good practice and does not support investment in public mental health. Friedli & Parsonage (2007) suggest that spending in England on mental health promotion is less than 1% of all NHS and local authority spend and may be less than 1% of all public spending on health promotion activity overall. Public mental health still receives little emphasis or investment in research (Cyhlarova et al, 2010). It is therefore not surprising that

gaps between policy and evidence and implementation are common and strategic approaches that explicitly prioritise promoting positive wellbeing (as opposed to reducing negative outcomes) are unusual.

This paper summarises some of the work done in an inner London borough between 2004 and 2011 that aims to be both strategic and practical about public mental health, that is the promotion and protection of mental wellbeing and flourishing in the population; to focus on building people's capabilities and achieving the positive rather than only seeking to prevent the negative; to apply evidence, and to measure positive wellbeing rather than only deficits and need.

Lambeth is a densely populated inner south London borough with a highly diverse and mobile population. Thirty five percent of the population are of ethnic minority background including long established and new migrant communities (Lambeth First, 2009a). About 10% of the population leave and 10% are new arrivals each year. There is substantial inequality in the borough. A proportion of people are financially secure and many participate in a vibrant, socially aware, entrepreneurial and creative environment (see for example; http://www.urban75.org/brixton/, http://brixtonpound.org/, http://londonist.com/2011/06/top-10-things-to-do-in-the-borough-of-lambeth.php, http://www.bcaheritage.org.uk/bca/) but most Lambeth people are exposed to deeply unfair shares of poverty, socioeconomic inequality and exclusion. The borough is the 14th most deprived district in England (a relative worsening of position since 2008 when it was assessed as the 19th most deprived). As a result although average life expectancy and some other health indicators are improving most are still worse than the national average. Inequality and exclusion are also a high risk to good mental health (Friedli, 2009; Marmot et al, 2010; Wilkinson & Pickett, 2009). Crude rates of severe mental illness (SMI) in the adult GP registered population are nearly 3 times the average expected from national surveys (Lambeth First 2009a; McManus et al, 2009).

The traditional NHS approach to tackling poor health and health inequality is to identify health needs, agree priorities and develop services to meet the need (Stevens et al, 2004). There is a strong record of health service innovation and effective application of needs based methods in the borough (NHS Lambeth/ LB Lambeth, 2011). However, in the 21st century and in times of financial constraint, solely focusing on deficits may not be enough (Wanless, 2004; Morgan & Ziglio, 2007). Some individuals in organisations across the local partnership wanted to explore more transformative and sustainable solutions to challenges by building on the potential of people, communities and civic assets (Foot & Hopkins, 2010; NHS North West, 2010).

The Lambeth approach

Lambeth partners developed their first mental wellbeing strategy in 2005 (Lambeth PCT, 2005). The requirement under Standard 1 of the Department of Health (England) National Service Framework (NSF) for Mental Health (Department of Health, 1999); 'To ensure health and social services promote mental health and reduce the discrimination and social exclusion associated with mental health problems' served as the justification. However from the outset people involved had ambitions beyond health and social care. The process used to develop the strategy, which was seen as emergent rather than intended (Mintzberg, 1994; Hax & Majluf, 1996), included an Open Space event (Owen, 2008) and flushed out people and organisations interested in community activities, the arts, and the role of spirituality as well as wellbeing in schools, the workplace and service delivery. Commitments in the strategy led to activities that ranged from the standard to the experimental: training and awareness raising for staff and community organisations; development of a measuring wellbeing handbook (in conjunction with the new economics foundation, www.neweconomics.org), and promotional materials; support for various community activities including the revival of a moribund tenants association on a large council estate, and an annual arts and cultural festival on the theme of wellbeing. Senior leaders from the borough's local strategic partnership (local authority, NHS, police, voluntary and private sector organisations) were briefed regularly and, to a certain extent, engaged. The small multiagency strategy delivery group had success with small grants and this together with enthusiasm and commitment and ensured continuity of presence albeit low key. In 2007-08 the achievements, the developing evidence, and a financially favourable environment led to the public health directorate successfully arguing for appointment of a public mental health manager, independent evaluation and renewal of the strategy for 2009-12, and revenue (£50,000) to continue a programme of work.

The evaluation identified successes and limitations. Front line staff and local people involved recognised the 'no health without mental health' message applied widely and experienced the link between feeling good and functioning well. But they wanted help to put the message into practice with patients and clients and to remind those in charge that much of Lambeth was languishing and worse and that this should not be glossed over. Engaging senior people to work towards an enabling policy environment that would support staff and local people to positively promote mental wellbeing had proved more challenging. Conclusions were similar to a 2010 review of leaders' views on effective implementation of public mental health action (NHS Confederation, 2010): a new programme would have to raise the profile of mental wellbeing, make the case for investment more clearly, focus on practical action guided by evidence, and have consistent, visible leadership, coordination and resource beyond the health sector to ensure delivery. The Lambeth Wellbeing & Happiness Programme (LWHP) 2009-12 (Lambeth First, 2009b) was

developed in a similar way to the first strategy but, with the benefit of experience, focused on fewer realms of activity aligned where possible to existing partnership priorities and was more specific about actions. The support and championship of the Chair of Lambeth Primary Care Trust and two key Council Cabinet Members was secured. The new Programme was adopted as a mainstream strategy of local partners in Autumn 2009.

The LWHP starting point is that population mental wellbeing, or flourishing, is fundamental to success in other strategic priorities including reducing health inequalities, educational attainment, productivity in the workplace and effective self-management of long term conditions (HM Government, 2009). Thus the aim is to engage individuals, communities and institutions on action to protect and promote mental health in ways that build this perspective into how things are done. This includes how policy is formulated, investment decisions made, services delivered, communities empowered, and how individuals are treated. It also includes how success is measured. For effective working and leadership it is necessary to have a shared understanding and definition of mental wellbeing alongside agreed policy objectives for achieving it (Annor & Allen, 2008). Definitions of mental wellbeing can be confusing with lists of factors that encompass hedonic and eudaimonic aspects (Nave et al, 2008). In Lambeth 'feeling good and functioning well' (Keyes & Annas, 2009) has proved pragmatic and sums up straightforwardly the interdependent subjective and objective elements of being well.

Individual Wellbeing

The LWHP has developed and disseminated material to support people to look after their own and others' mental health based on the 'five ways to wellbeing'; Connect, Take Notice, Be Active, Keep Learning and Give, (Aked et al, 2008) for instance using its local NHS site on NHS Choices (www.nhs.uk/lambeth). World Mental Health Day and the national 'time to change' campaign, http://www.time-to-change.org.uk have been the focus for numerous events to challenge stigma and taboos about mental health. Mindapples© (a social enterprise formed to help people take better care of their minds) piloted an approach to raise awareness at a local event by asking people to write down their own '5-a-day' for their mind on cards in the shape of apples. The Mindapples© project will be extended to seven general practices and with an academic partner formally evaluated to see how the approach engages and informs people about looking after their wellbeing.

Recognising that staff attitudes and actions can have a profound influence on their clients' wellbeing and yet there is a gap in public health or public mental health training for the wider workforce (eg teachers, youth workers, health trainers, housing officers) (Speller & Dewhirst, 2011; Bhui & Dinos, 2011), locally developed sessions have been run on mental health awareness and promoting wellbeing with both staff

and many local community groups.

Mental Health First Aid (MHFA) training has also been set up and delivered to school nurses, health visitors, housing officers and anti-social behaviour case workers. MHFA is a basic introduction to mental health suitable for front line staff and managers in all types of organisations. Training focuses on what people can do if they know or suspect someone has a mental health problem (Terry, 2009) and is effective in challenging myths and stigma (Kitchener & Jorm, 2004).

Community Wellbeing

In the Brixton area of Lambeth, the Brixton Reel Film Festival aims to use film as a medium to de-stigmatise mental ill health, promote openness and understanding about mental health and services particularly amongst black African and black Caribbean populations (25% of the Lambeth population). Films and ensuing discussions explore the black experience of mental ill health, the mental health system and caring for people with mental health problems, and wellbeing, building self-esteem and community empowerment. Over 250 people attended the 2010 events. Of the people who completed an evaluation form (n = 120; 22% male, 70% female, 57% from a black ethnic group), 63% said the event had increased their understanding of mental health and wellbeing.

A Department of Health (England) 'Communities for Health' grant programme implemented in the borough now includes in the selection criteria setting out how wellbeing will be addressed and an undertaking to use the Lambeth Measuring Wellbeing Handbook (Lambeth PCT/NEF, 2007) to monitor and evaluate. In 2010 successful projects included a peer support group for blind and partially sighted people, arts and drama work with young people, and a gardening project for people with mental health issues.

Influencing institutions and policy making to promote wellbeing

Mental wellbeing impact assessment (MWIA) (Cooke, et al, 2011) is used to get wellbeing on the agenda of policy and service areas outside health. Twelve people have been trained to facilitate MWIA. MWIA is based on health impact assessment (see http://www.who.int/hia/en/) but focuses on factors known to promote and protect mental wellbeing. Interested parties in a policy, programme or project are asked to consider the effect of proposals on their and others' wellbeing, what can be done to build on the positive aspects and mitigate adverse effects. Assessments have been completed on regeneration projects (Henry & Smith, 2010), a day centre (Smith, Forrest & Yussuf, 2009), a fuel poverty strategy (Edmonds, 2010) and a time bank (Cooke & Snowden, 2009). Elements of MWIA were also used to examine local

authority proposals to develop a 'cooperative' model of working (London Borough of Lambeth, 2011). Individual and organisational participants in the MWIA have been very diverse. Each MWIA made recommendations on action and measurement of wellbeing as part of monitoring. Participants reported increased awareness and understanding of mental wellbeing. Over time it maybe possible to gauge the influence of the MWIAs on the work areas.

An approach to the Lambeth Children's Trust Board (the local multiagency committee responsible for safeguarding and improving outcomes for children and young people) led to a review of its policy and activities against the evidence base for wellbeing. Recommendations on future investment were made and wellbeing is a specific priority for the Children's Poverty Strategy and Children and Young People's Plan in Lambeth for 2011.

In 2010 sponsorship was secured to include a 'Best Workplace' category in the Lambeth Business Awards scheme (www.lambethbusinessawards.co.uk) to identify good practice and to support local businesses to take action to promote health and wellbeing in the workplace. This is generating further interest and activity amongst local employers.

A Lambeth 'wellbeing network' has over 1000 members from voluntary and community organisations, social enterprises, larger organisations with their offices in Lambeth, statutory sector staff and members of the public. A newsletter is produced. Networking events are held three times a year on topics such as children and young people, development of a cooperative borough model, and a cultural strategy. Events are attended by 70-100 people and are characterised by lively discussion. They are an opportunity for the statutory sector to engage with people as citizens rather than as service users (or as staff) and vice versa in a way that informs policy and priorities. Feedback suggests that people find the sessions build understanding and commitment and are even inspiring; they have raised the profile of wellbeing work in Lambeth.

Measuring wellbeing

In January 2011, questions on wellbeing were included in the quarterly Residents Survey commissioned by the council. 774 residents were asked to rate their health, life satisfaction and complete the Short Warwick-Edinburgh Mental Wellbeing Scale (Stewart-Brown et al, 2009). Over time this will provide a useful comparison with other surveys for instance in north west England (Deacon et al, 2009) and the Health Survey for England (Craig & Hirani, 2010) and give a more rounded picture of health than data relating solely to illness, life expectancy and experience of services. It will also be a helpful benchmark for projects and services using the Lambeth Measuring Wellbeing Handbook.

The PCT participated in a London group to agree a borough wellbeing indicator set based on what was routinely available. The Place (DCLG, 2009) and Tellus

(Chamberlain et al, 2010) surveys (which measure people's perceptions of their area and how they feel) were to be major sources of data. Although both surveys have been discontinued nationally so the project has not progressed, the group submitted their recommendations to the national consultations by the Office for National Statistics on measuring wellbeing and the proposed Public Health Outcomes Framework (Department of Health, 2010). The group also worked with an academic partner to hold a well attended seminar on measuring wellbeing which coincided with the Prime Minister's announcement on measuring national wellbeing (HM Government, 2010c).

Measuring success

Assessment of impact of the LWHP has to be interim at this stage and naturally there have been other positive influences on the wellbeing agenda in Lambeth, for instance Lambeth actively implemented the national Every Child Matters policy (DfES, 2004) which had a strong emphasis on wellbeing, and the Sustainable Community Strategy (Lambeth First, 2008) also espoused goals of social, economic and environmental wellbeing. However wellbeing as a goal is more to the fore in the borough than prior to the Programme.

Individuals participating in LWHP activities have learnt more about keeping mentally well and been prompted to think about what this means in the lives of themselves and others. The next stage is to be more inclusive and take clearer account of the need for resilience. Staff and organisations have networked and learnt and trained and some (such as health trainers) are taking a wellbeing approach in their work. This is important to build on so more people acquire skills and confidence and there are the working arrangements to put it all into practice.

In both health and local authority policy there are examples, such as in the Children and Young People's Strategic Partnership, of more explicit commitments to start from the resources and assets of citizens and seek positive wellbeing outcomes (as opposed to small scale 'wellbeing projects'). These initiatives offer a platform to embed wellbeing into NHS and local authority strategic goals.

There continue to be questions about what a wellbeing approach means in practice, how it could be viable, affordable, measurable and add value, and how it is different from the status quo, but people appear to think the concepts are worth trying to explore. This openness is an encouragement to further steps to demonstrate the benefits of asset based approaches that build resilience and focus on the positive. This is particularly the case where more transformative and sustainable solutions are needed to respond to the complex determinants of health and wellbeing and where traditional solutions maybe reaching their limits.

Whilst it is not possible or realistic to measure whether the LWHP has altered

the determinants of health or led to population changes in mental wellbeing the Programme has emphasised measurement of wellbeing and encouraged use of wellbeing measures including in community settings. This is an essential step to getting people to think about wellbeing and to develop activities and strategies that promote wellbeing as well as to demonstrate effectiveness. There has also been a strong focus on applying evidence in direct work with individuals and communities and in contributing to policy and strategy. There is also a commitment in the LWHP to work in a way that promotes wellbeing, generates enthusiasm and is enabling. This is influencing local strategy and what organisations and individuals are doing.

The future

The Government response to the consultation on its proposals for public health in England (HM Government, 2010b) leaves much of the detail unclear (HM Government, 2011c). Ideally some tangible government encouragement for prioritising population wellbeing will be proposed for instance in the public health outcomes framework (Department of Health, 2010). Meanwhile political and organisational turbulence and financial constraints make senior ownership of this work problematic. NHS reorganisation including uncertainty about the public health function is distracting. NHS priorities and performance monitoring offer little incentive to take a wellbeing approach. It is still early days for mental wellbeing commissioning (NHS Confederation, 2010). National support has ceased for the 'Healthy Schools' programme which had been an extremely helpful lever for wellbeing work in the borough's schools. Decisions on whether and what to continue will now be up to individual schools (Department for Education, 2011).

The current LWHP has a further eighteen months to run. Partnership work with children and young people and links with council initiatives will be fostered for instance jointly leading an initiative to develop time banks (see www.timebanking. org), expanding MWIA and staff training, and conducting more development work with communities and individuals. The LWHP will also work with the NHS to integrate mental wellbeing activities into management of long term conditions and into health promotion activities such as tobacco control, promoting breastfeeding, sexual health, and healthy eating, because risk taking behaviours are strongly linked to emotional health and wellbeing (HM Government, 2010a). The LWHP will also seek to contribute to the revision of partnership and NHS commissioning arrangements including the development of a Health and Wellbeing Partnership Board.

This is an account of work on public mental health in a deprived part of inner London. It has been and continues to be important to balance and integrate promoting wellbeing and flourishing with action to tackle poverty and inequality. Much more is

needed to make substantial, lasting and measurable inroads to the deeply entrenched problems in the borough, but it is not an either, or. To be successful local partnerships have to address the root causes of poor health and languishing but recognition of the interconnectedness of feeling good and functioning well may enable policy makers, commissioners, providers, communities and individuals to work together to mitigate the worst effects and to build resilience for the future.

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