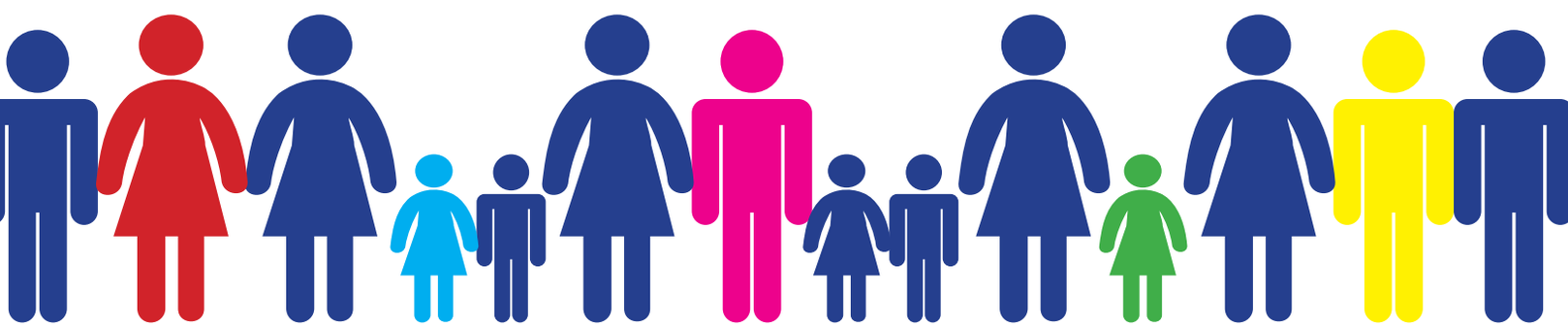
Director of Public Health
Report for Barnet
2015



The Five Ways to Mental Wellbeing in Barnet

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1 Foreword from the Director of Public Health

We all want to be healthy. We all want our families to be healthy, and to live in a healthy society. Good mental health plays a key role in this.

High levels of mental as well as physical wellbeing are essential for healthy families, communities and societies. Good mental health is a dynamic state which allows someone to develop their potential, work productively, build strong and positive relationships, and contribute to their community. A person's mental wellbeing greatly influences their path through life. In short, I believe it is vital for us to promote and develop good mental health throughout our population, so that everyone can reach their potential.

The government's 'No Health Without Mental Health' strategy published in 2011 highlighted several areas for action, for example: reducing the stigma and discrimination faced by people with mental illnesses; promoting mental health across all of our lives; ensuring mental health has equal status with physical health; and identifying mental health problems and intervening early across all ages. We are looking to put these principles into action in Barnet to improve everyone's mental wellbeing.

One in four people will develop a mental health problem at some point in their lives, and one in six people suffer with a mental health problem at any one time. An effective response to mental health requires all stakeholders and partners to acknowledge the problems and work together.

This report will highlight the importance of mental health and wellbeing as a public health issue in Barnet.

By promoting good mental health and raising awareness of mental health issues we can improve interventions and reduce the impact of mental illness upon individuals and communities. There is a lot of evidence that demonstrates improvements in mental health can bring a range of health, social, educational and economic benefits to individuals and communities.

We start from the standpoint that mental illnesses are preventable. Prevention of mental illness should form the core of any strategy for improving wellbeing. Providing information, guidance and support to people throughout their lives can greatly reduce the chances of developing a mental illness.

This report will introduce the idea of mental health and wellbeing and summarise the state of mental health in Barnet and some of the services that are currently available. We will also suggest recommendations to improve our response to the mental health challenges we face. Our aims are to promote mental wellbeing in Barnet, improve understanding of the factors that influence mental wellbeing, and promote the use of the 'five ways to mental wellbeing' as a method to improve mental wellbeing.

The five ways to wellbeing emerged from the Government Office for Science report 'Mental Capital and Wellbeing' which looked at how to improve mental wellbeing throughout life. Following on from this the New Economics Foundation set out five ways to improve wellbeing. These will be considered later in the report but they include: helping people to connect with others in their community; maintaining an active lifestyle; taking notice of the small pleasures and experiences in life; learning throughout life; and giving time to volunteering and community work.

The five ways model offers an excellent opportunity to address mental wellbeing consistently and proactively throughout all of our lives. I believe early intervention and prevention guided by the five ways can help improve mental wellbeing and reduce the occurrence and severity of mental health issues in Barnet.

My thanks go to my team and all those who contributed to the production of this report. I look forward to building upon our work so far and implementing the recommendations in this report to make Barnet a healthier place to live, work and grow.

Dr Andrew Howe
Director of Public Health

2 Key Messages

There are ten key messages that this report highlights:

- Mental health is a state of wellbeing where the individual can cope with stress, enjoys life satisfaction, has the ability to contribute to society, and can realise their full potential
- Mental illness affects people throughout their lives, including new mothers, children and adolescents, adults and older aged people
- Mental illness is common and disabling: the risk of experiencing mental illness at some point in life varies from one in four to as high as one in two[1], and it is the cause of 70 million lost work days every year[2]
- Education, housing, working conditions and unemployment, physical health, and social isolation all affect mental health
- Mental illness costs: the overall cost of mental health problems to the UK economy is £70-£100 billion every year; in Barnet this means about £685m[3]
- The five ways to wellbeing – connect, be active, take notice, keep learning and give – are evidence based actions that improve mental wellbeing[4]
- In Barnet over 80,000 people between the ages of 16 and 74 have a common mental health disorder[5]
- There is projected to be a rise in the coming years in the number of people in Barnet with common mental disorders, psychosis, drug and alcohol addictions, and dementia. The number of child admissions for mental health has also been increasing
- There is substantial inequality in levels of personal wellbeing between wards in Barnet: for example, personal wellbeing is higher in Garden Suburb than in Burnt Oak
- These facts require serious attention. The five ways to wellbeing offer an excellent opportunity to reduce the burden of mental ill health by using a range of methods thoughout someone's life. Although a lot is being done already in Barnet, there is still much room for improvement and progress in this area

3 Introduction

The Foresight report (2008) and the Chief Medical Officer's report (2013) led to increased interest in mental health and wellbeing nationally. Both reports focused on mental health, which remains one of the more neglected aspects of health and wellbeing, and receives less focus than physical health. The reasons for this lack of attention are not completely clear, but it may be due in part to:

- a more limited understanding of mental health, and some limitations in current treatments, when compared to significant advancements in physical health;
- an underestimation of the personal, social and economic impact of mental health; and
- the stigma which remains associated with mental illness.

What is clear is that mental illness is common, disabling and costly, and the benefits of good mental health numerable.

There is now a focus on good mental health as a positive state, rather than just the absence of illness. This has led to a shift in focus from simply treating illness, to expanding efforts to increase people's capacity for mental wellbeing, in particular through the five ways to wellbeing.

This report will first lay the foundation of what mental health and mental illness are, and what are the things that influence them. The report will also explain and examine the 'five ways to wellbeing' as a way to improve and promote mental wellbeing, both for those with mental illness, as well as those without. It will then focus on the specific mental health problems residents in Barnet experience, and consider some of the programmes in the borough and the extent to which they already use the five ways to improve mental wellbeing. Finally, the report will recommend areas for improvement.

The aim is that this report will robustly present the case for the need to increase the focus on mental health in Barnet. It will also promote the five ways to wellbeing as an effective way for individuals, organisations and policy makers to improve their own wellbeing and that of their friends and family.

If you have any further comments, questions or suggestions these would be very welcome, and can be sent to: robert.reed@harrow.gov.uk.

4 What is Mental Health?

Mental health is commonly used as a term to denote mental illness. In fact, the term is wider than this as it comprises both the positive and negative aspects of mental health and wellbeing.

The World Health Organisation (WHO) defines mental health as "***a state of wellbeing in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community***"[6].

Mental health and wellbeing can be broken down into three aspects:

- ***psychological wellbeing***, which includes self-acceptance, personal growth and development, a belief that life is purposeful, and a sense of self-determination.
- ***emotional wellbeing***, which encompasses happiness and life satisfaction.
- ***social wellbeing***, a term to describe social integration, acceptance, contribution and coherence.

As such, mental wellbeing is much more than just the absence of mental illness. As a result those with mental disorders can still achieve good levels of mental wellbeing.

This understanding of mental wellbeing was reinforced by the Government's Foresight report (2008). This report emphasized the importance of good mental capital, which it defines as "the totality of an individual's cognitive and emotional resources, including their cognitive capability, flexibility and efficiency of learning, emotional intelligence (for example, empathy and social cognition), and resilience in the face of stress"[7]. The report put forward five ways to wellbeing to help people improve their mental capital and wellbeing. This perspective on mental health highlights the need to not simply focus on the prevention and treatment of mental illness, but also the active promotion of good mental health.

4.1 Types of mental ill health

Mental disorders are wide ranging. They can include anxiety, depression, schizophrenia, and alcohol and drug dependency.

4.1.1 A summary of the types of mental ill health

Some of the most common forms of mental ill health are conditions such as generalised anxiety disorder, depression, phobias, obsessive compulsive disorder (OCD), post-traumatic stress disorder (PTSD) and panic disorders[8].

There is considerable variation in both the prevalence and severity (see box below) of common mental health disorders (CMDs). A 2001 national survey estimated the prevalence rate of CMDs to be 16%[9]. It is important to note that "common" does not mean that these disorders are not serious; all of them can be associated with significant long-term disability in some cases.

Depression, for example, is associated with high levels of morbidity. It is the second greatest contributor to Disability-Adjusted Life Years (see box below) in the developed world, and is the most common disorder contributing to suicide[10]. Common mental disorders have

Prevalence: a measure of how common a disease is in a population.
Incidence: the rate of occurrence of a disease

Disability-Adjusted Life Years (DALYs): measure of overall disease burden, expressed as the number of years lost due to ill-health, disability or early death

a considerable social impact on families and the workplace. Half last longer than a year, and some reoccur throughout someone's life.

Up to 90% of depressive and anxiety disorders are diagnosed and treated by GPs. The most common treatment for these conditions in primary care is medication. This is largely due to the limited availability of psychological interventions such as talking therapies. It is estimated that around half of those affected by CMDs are not diagnosed[11]. This is partly due to the difficulties in recognising these disorders, but also because patients can be worried about the stigma associated with mental health disorders. There are also many people who experience poor mental health that does not reach the threshold of clinical diagnosis.

Depression is a broad diagnosis encompassing a range of symptoms. These can include: a depressed mood and / or a loss of pleasure in doing things; feelings of guilt or low self-worth; disturbed sleep or appetite; low energy; and poor concentration. The number and severity of the symptoms, combined with the level of practical and functional impairment, are used to diagnose the severity of the disorder. Fifty per cent of people who have depression will only have a single episode, but the other half will have further episodes and their depression may take a remitting and relapsing course that returns throughout their life. Recovery time varies, but is often around six months to a year or more[12].

Anxiety disorders*,* as their name suggests, have anxiety symptoms at their core and include generalised anxiety disorders, panic disorders and obsessive-compulsive disorders. In all disorders the symptoms may be severe and persistent enough to have a significant impact on the person's daily life. Generalised anxiety disorder is the most common anxiety disorder and is characterised by excessive worry with heightened tension. Other symptoms include irritability and physical symptoms such as restlessness, tense muscles and tiredness, as well as trouble concentrating or sleeping. A person is not diagnosed with an anxiety disorder unless their symptoms have been present for at least six months and are causing significant distress or impairment of functioning. Social anxiety disorder involves a persistent fear or anxiety about one or more social situations that is disproportionate to the actual threat posed by the situation[13.]

Panic disorder is a condition in which someone experiences recurring, unforeseen panic attacks, with persistent worry about a further attack, and concern about the consequences of an attack or a change of behaviour.

Obsessive-compulsive disorder may comprise obsessions or compulsions or both. Obsessions are repeated, unwanted, intrusive thoughts, images or urges. Compulsions are when someone feels compelled to carry out repetitive behaviours or mental acts.

Post-traumatic stress disorder (PTSD) develops after events or situations that are particularly stressful, threatening or catastrophic, such as severe accidents, disasters or military action. People with PTSD often relive the traumatic event through nightmares and flashbacks. They may also experience irritability, guilt and feelings of isolation and have symptoms such as insomnia and difficulty concentrating.

4.1.2 A summary of the types of mental ill health with psychotic symptoms

The phrase mental ill health with psychotic symptoms is used to refer to those disorders that result in someone losing touch with reality or experiencing delusions, or those that require high levels of care, which may include hospital treatment. The most common of these severe mental disorders are schizophrenia, bipolar disorder and schizoaffective disorder.

Although less widespread than common mental disorders, severe mental disorders are more persistent and affect more of a person's life. As such, they frequently cause more significant impairment and a higher rate of premature mortality (see box below)[14]. It has been estimated that people with these types of mental illness die 10 years younger than other people because of their associated poor physical health. For example, those affected by schizophrenia and bipolar disease are at a higher risk of experiencing physical conditions including diabetes, HIV, hepatitis C and some cardiovascular diseases and respiratory diseases. There may be a number of reasons for this: a difficulty in accessing services; a lack of empowerment; increased likelihood of engaging in risky lifestyle behaviours; and social factors which disproportionately affect people with severe mental ill health[15].

Bipolar disorder

Bipolar disorder is characterised by episodes of mania or hypomania (abnormally elevated mood or irritability) and episodes of depression. The peak age of onset is 15-19 years, but there is often a significant delay before people access mental health services. Those with bipolar disorder often have other mental disorders, such as anxiety disorders and personality disorders.

Premature mortality: death which occurs prior to the average life expectancy for a specific population

Psychosis

Psychosis is a term often used to refer to a group of psychotic disorders, including schizophrenia, schizoaffective disorder and delusional disorder. They are disorders in which one's thoughts, mood, perceptions and behaviour are significantly altered. There are positive symptoms, such as hallucination and delusions, and negative symptoms such as apathy, self-neglect and social withdrawal. Those affected may first have what is called a prodromal period (a period of early symptoms indicating the onset of the disease), followed by an acute episode, which may be recurrent. Treatment often leads to a reduction in the positive symptoms, while some negative symptoms remain. Although evidence suggests that most will recover, many have persisting difficulties and are vulnerable to further episodes.

The risk of developing psychosis and schizophrenia at some point in life is about 1%. The first symptoms usually begin in young adulthood, but can occur at any age. There is considerable stigma associated with this diagnosis, and the symptoms and behaviours associated with the disorder often have a distressing impact on the individual affected as well as on their family and friends. Following acute episodes, those affected often face social exclusion and difficulties returning to work or study.[16] It is estimated that the costs to society of schizophrenia alone are £6.7 billion per year[17]. Although the number of people living with schizophrenia is currently low, it is expected to rise with increases in rates of marital separation and divorce, difficulties in home ownership, urbanisation, drug abuse (including cannabis), and immigration.

4.1.3 Other mental health issues

Personality disorders

Personality disorders (PDs), which include disordered patterns of thought, feelings and behaviours, are less well understood compared to other disorders. It has been estimated that the prevalence in the UK is 4%[18].Those affected by PDs are at an increased risk of other serious mental health problems. Two of the most significant PDs are borderline personality disorder (BPD) and antisocial personality disorder (ASPD). Persistent personal and emotional instability characterises BPD, and individuals can then struggle to maintain relationships, and are at higher risk of self-harm and suicide. Antisocial personality disorder is characterised by a disregard for the rights of others, and the disorder is believed to contribute to a disproportionately high percentage of crimes and violence[19].

Addictions

Drug and alcohol addictions are common, but are sometimes not taken as seriously as other mental health problems and often ineffectively treated. There are substantial consequences associated with addictions, as they affect physical health, families, communities, society and the economy. There is also believed to be an association with other mental disorders[20].

Suicide and self-harm

Suicide and self-harm are not mental health problems themselves, but are linked with mental health disorders. Nearly 6% of adults reported that they had made a suicide attempt at some point in their life (according to the Adult Psychiatric Morbidity Survey[21]), and suicide is the largest cause of death for men aged 20-49 years in England and Wales[22]. The incidence of self-harm and suicide is higher amongst those with mental health disorders.

4.2 Mental disorders at key points in life

Disorders relating to pregnancy

During pregnancy and in the first year after birth, mothers can be affected by a range of mental disorders. Collectively, these issues are termed perinatal mental disorders. Depression and anxiety are the most common mental health problems during pregnancy, and affect 15-20% of women in the first year after childbirth. Postpartum psychosis affects between one and two in every 1000 women who have given birth; those with bipolar disorder are at particular risk. Mental illnesses that are already present can also be exacerbated during this period. For example those with bipolar disorder can see an increased rate of relapse postnatally.

Although the response to treatment for perinatal mental health problems is often good, they frequently go unrecognised and untreated. These disorders are particularly significant as they may affect the development of mother-child attachment and the care-giving relationship, resulting in long-term negative effects on the child's development - emotionally, socially and cognitively[23]. Furthermore, mental health disorders can increase the risk of maternal death, and were responsible for 1.27 deaths per 100,000 maternal deliveries in the UK in 2006-2008[24].

Child and adolescent mental health

Most mental ill health begins relatively early in life. A study in the US found that approximately half of mental health problems were established by age 14, and 10% of school-age children had a mental health problem[25]. Childhood mental disorders include conduct disorders, emotional disturbances such as anxiety and depression, and attention deficit hyperactivity disorder (ADHD). Self-harm is relatively common

among young people, with the average age of onset being 12[26]. Although the initial onset of most mental disorders occurs in childhood or adolescence, diagnosis and treatment are often delayed to later in life, which can make disorders more difficult to treat.

Older people

Older people experience many of the same difficulties and disorders as the rest of the population, however depression and dementia are particular problems for this age group. Depression is estimated to affect 10-16% of over 65s, and this rises to up to 40% in those living alone or in residential care and those with physical illnesses or disabilities[27]. Older people have a similar risk of suicide to younger adults, but attempts in this group are more likely to be successful.

Dementia is mainly, but not exclusively, a disease that affects older people. Incidence almost doubles with every 6 year increase in age, from 3.9 per 1,000 person-years at age 60-64 to 104.8 per 1,000 person-years at age 90+[28]. A report from Alzheimer's Disease International estimated that around 44 million people are living with dementia worldwide, with this figure expected to double by 2030[29]. Research indicates that in the UK in 2015 there are 850,000 people with dementia and this number is set to rise to 1 million by 2021[30]. People with dementia frequently use NHS services – up to a quarter of hospital beds are occupied by people with dementia at any one time[31]. Dementia costs the UK economy £26.3 billion a year. According to The King's Fund[32] annual spending on dementia will reach £35 billion by 2026.

5 Why Focus On Mental Health?

Poor mental health is highly prevalent, hugely disabling and very costly[33]. Furthermore, treatment for mental health problems is still only partially effective. Historically there has always been a greater focus on physical health rather than mental health. However a recent change in NHS focus reflects a growing consensus than, in light of the great burden of poor mental health, there needs to be more parity[34].

Highly prevalent

According to the World Health Organisation (WHO), the largest burden of disease globally is attributable to mental ill health[35]. It has been estimated that at any given time one in six adults experiences mental ill health, and during the course of a year over a third of adults are affected[36]. The lifetime risk of mental ill health varies from one in four to as high as one in two, depending on the setting[37]. People of all ages are affected: 10% of children aged 5 to 16 years old have a mental health problem; 10% of new mothers are affected by postnatal depression; and 22% of men and 28% of women aged over 65 are affected by depression[38].

The burden of mental ill health in the UK is growing and the statistics paint a clear and worrying picture. Up to 12% of the population will experience depression in any year[39]. Mixed anxiety and depression is the most common mental disorder in Britain, with almost 9% of people meeting criteria for diagnosis. Common mental health disorders disproportionately affect poorer people, the long-term sick and the unemployed[40]. Depression is also an issue among older people with one in five experiencing depression[41]. People living in care homes are also vulnerable to mental health problems, with two in five residents suffering from depression. Dementia affects 5% of people over the age of 65 and 20% of those over 80[42]. Ten per cent of children between the ages of 1 and 15 have a mental health disorder and rates of mental health problems in children rise as they enter adolescence[43].

Hugely disabling

Mental health conditions are the most common single cause of Disability-Adjusted Life Years (see box on page 7) in the Western World. This is greater than cardiovascular disease and cancer. Mental ill health is also believed to increase the risk of poor physical health, with 46% of those with mental health problems suffering from a long term physical health condition[44]. This association may be partly due to the greater likelihood of people with mental disorders engaging in risky behaviour, and the fact that they can be less able to care for themselves. Strikingly, those affected are two to four times more likely to die prematurely[45].

Very costly

In light of this, it is unsurprising that mental health problems inflict a huge cost. They represent the largest single cost to the NHS, at 11% of spending[46]. There is also a significant cost to the economy through loss of work: 35-40% of work-related health problems, sickness absence, long-term incapacity and early retirement in the UK are accounted for by mental health problems.[47] This means that 70 million days each year are lost due to mental ill health[48]. There is also a strong connection between mental health problems and crime, violence and homelessness: personality disorders affect 60% of adults living in hostels[49], and it is estimated that up to 90% of prisoners have a diagnosable mental health problem or substance misuse problem. As such, it is estimated that the overall cost to the economy of mental health problems in the UK is £70-£100 billion every year, or about 4.5% of Gross Domestic Product[50].

Impact on family members and carers
Mental ill health has a huge impact on family members and carers. Informal care for people with mental health problems is provided by around 88,000 people in London[51]; these informal carers often experience negative effects on their health and wellbeing. Furthermore, children of those with mental health problems may suffer long term detrimental consequences.[52]

Stigma and discrimination
Stigma is defined as 'an attribute that is deeply discrediting and that reduces the bearer from a whole and usual person to a tainted, discounted one'. People with mental ill health are continually stigmatised and this has an impact upon public health and inequality.

Research has found that around nine in ten people with mental health issues experience stigma and discrimination. This can negatively impact work, education, friendships, social participation and people's willingness to talk about mental health issues. Those with a mental illness experience more stigma and discrimination than those with physical health conditions (apart from HIV/AIDS), and 70% of mental health service users say they feel the need to conceal their illness[53].

Stigmatisation affects the lives of those with mental health problems in a number of ways. For example, a 2009 'Time to Change' survey found that 56% of UK adults wouldn't hire someone who'd previously had depression, even if they were the most suitable candidate for the job.

Benefits of good mental health
The converse is also true. Those with higher levels of good mental health and wellbeing have better educational outcomes, higher productivity at work and higher incomes[54]. They also have better general health, longer life expectancy and a higher likelihood of enjoying a healthy lifestyle[55]. Furthermore, people with good mental health are more sociable and have stronger social relationships[56].

Addressing inequality
There are significant inequalities in mental health across society. Those who are poorer or more disadvantaged are disproportionately affected by common mental health problems[57]. The Marmot Review declared that trying to put right these inequalities is a matter of social justice, and necessary to make a fairer society[58].

Limitations of treatment - need for prevention and promotion of good mental wellbeing
As we have seen, mental ill health in the UK is under-diagnosed and under-treated. Only 25% of those with mental health problems receive services, and even when they do, they wait too long for therapy.[59] It is thought that, most of the time, the majority of those with mental health problems try to manage it themselves, or are helped by people who care about them.[60] In addition, current treatment is only partially effective. It has been estimated that even if all those affected by mental ill health were treated with the best currently available treatments, the burden of mental ill health would only be reduced by 28%. Given this, protection against mental illness by reducing risk factors and increasing protective factors is imperative and likely to be more effective and efficient. This includes a need for a focus on public mental health and the dissemination of practical tools to help people "better understand how their minds work, to recognise when problems are developing and to take early action"[61].

6 Mental Health Profile for Barnet

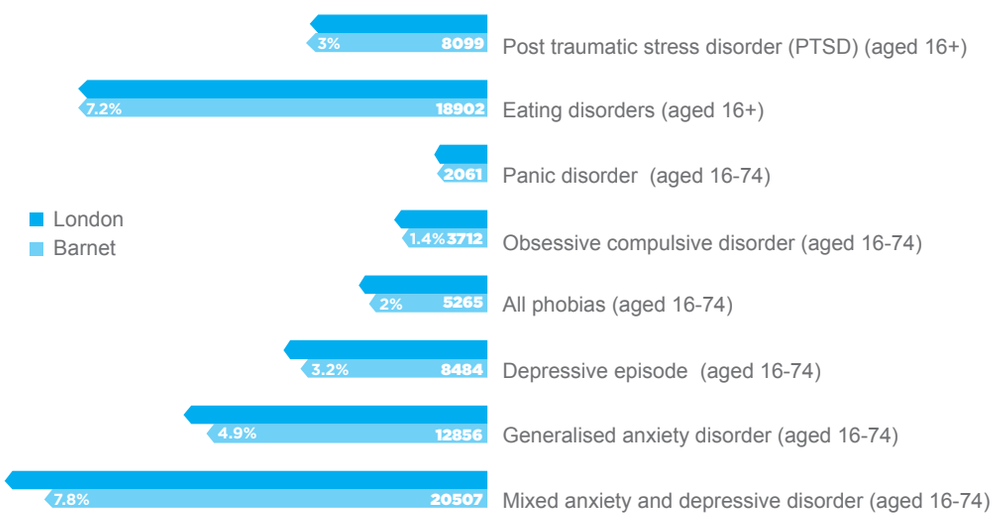
The information set out in this section shines a light on the burden of mental ill health in Barnet. In summary, the population of Barnet is affected by a diverse range of mental health issues which touch people of all areas, ages and socioeconomic groups.

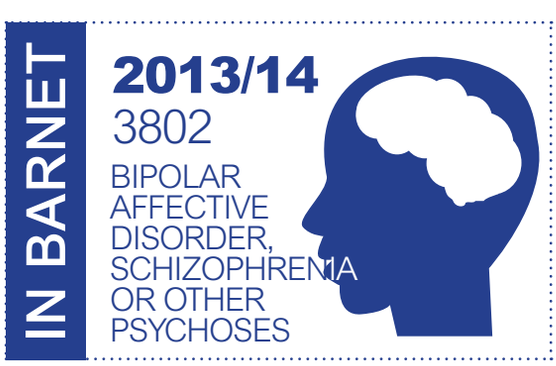
6.1 Mental health issues

In Barnet in 2012 almost 80,000 people between the ages of 16 and 74 had a common mental health disorder. The most common illness in the 16-74 age group was mixed anxiety and depressive disorder with a prevalence of almost 8% (over 20,000 people). We also know that there are high levels of eating disorders in the borough, with just over 7% of those over 16 being directly affected. Eating disorders generally begin in childhood or adolescence and include anorexia nervosa, bulimia nervosa and related conditions. As well as physical consequences, eating disorders often result in acute psychological distress. There is a greater incidence of both eating disorders and PTSD in Barnet when compared to London as a whole. The prevalence of other common mental illnesses in Barnet and London is shown in Figure 1.

Figure 1. Estimated prevalence of common mental illness in Barnet and London (% and number of population) (2012)

Sources: Public Health England, Office for National Statistics.





6.2 Mental health issues with psychotic symptoms

In Barnet in 2012 there were 71 cases of psychosis in people aged 16-64. In 2013/14 there were 3,802 people registered with GP practices in the borough who were recorded as having schizophrenia, bipolar affective disorder or other psychoses.

The number of people living with a common mental health disorder in Barnet is projected to rise over the next four years. Projections for a range of mental disorders are shown in Figure 2.

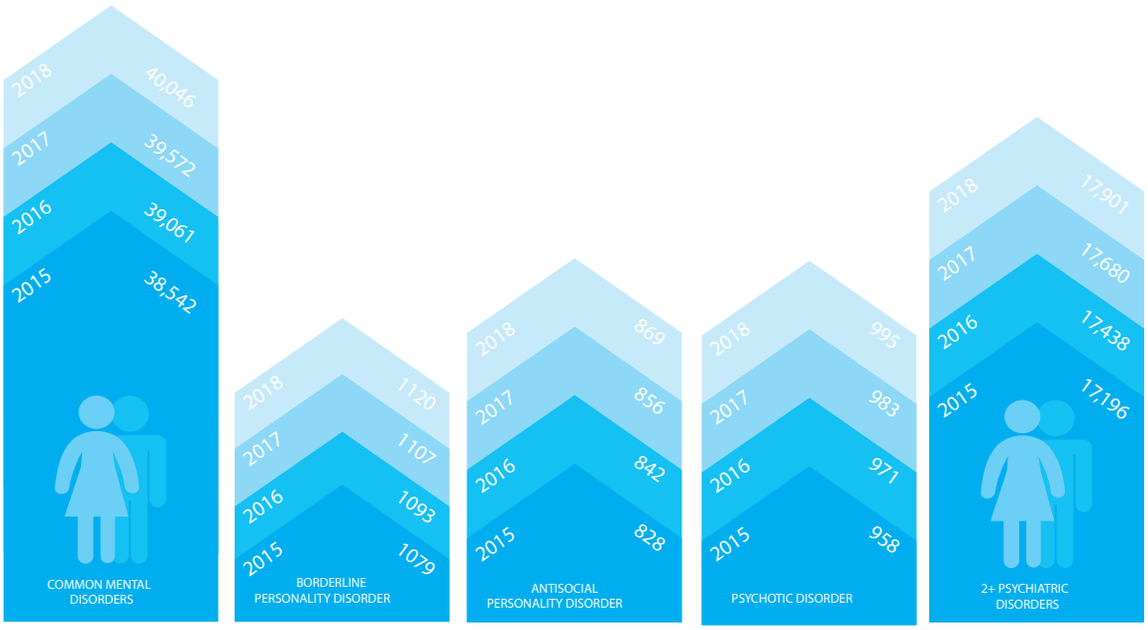
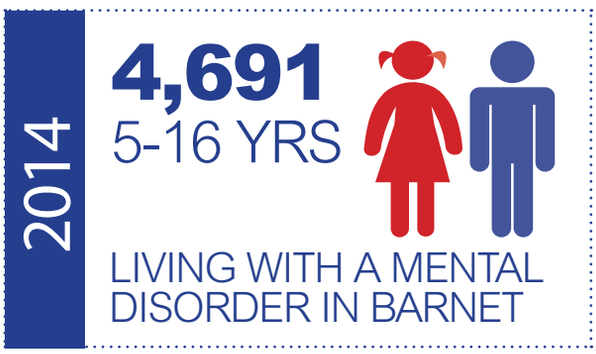


Figure 2. Projected increase in the number of Barnet residents experiencing four types of mental disorder, and two or more psychiatric disorders, 2015 to 2018. Source: Projecting Adult Needs and Services System



6.3 Child mental health issues

According to the Office for National Statistics (ONS) an estimated 4,691 children aged between 5-16 were living with a mental health disorder in Barnet in 2014[62]. Between 2010/11 and 2013/14 the number of mental health admissions in 0-17 year olds increased from 124 to 184. Figure 3 shows this as a rate per 100,000 population. It is understood that child mental health is more difficult to define and diagnose and so the figures are likely to be significant underestimates.

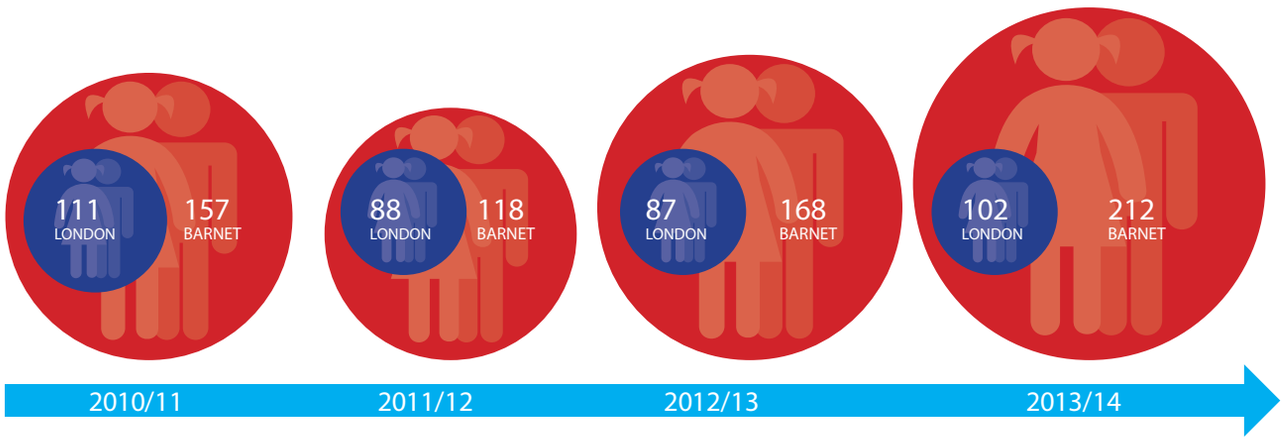


Figure 3. Child admissions for mental health in Barnet and London, 2010/11 to 2013/14: rate per 100,000 aged 0 -17 years

Source: Health & Social Care Information Centre

6.4 Dementia

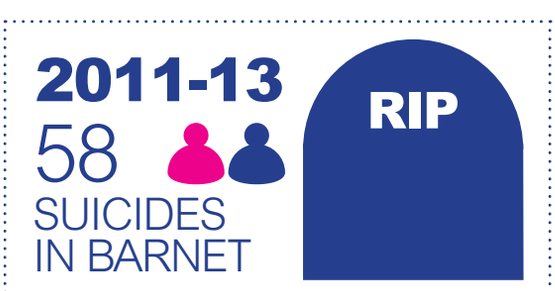
The number of people living with dementia in Barnet increased from 2,101 in 2010/11 to 2,275 in 2012/13. This increase is driven largely by an ageing population and improvements in diagnosis. Despite this, current estimates from the Health and Social Care Information Centre (HSCIC) indicate that only 52% of those living with dementia actually receive a diagnosis. This suggests that more people have dementia than we are currently aware of.

Projections show that the proportion of people in Barnet aged over 65 and living with dementia will decline from 7.7% in 2015 to 5.7% in 2018. Despite this, the actual number of people over the age of 65 living with dementia is projected to increase from 4,044 in 2015 to 4,404 in 2018 (Figure 4).

6.5 Suicide

There was a decline in the number of suicides in Barnet between 2001-03 and 2011-13 (See Figure 6). Between 2011 and 2013 there were 5.7 suicides per 100,000 people per year (58 suicide deaths over the 3-year period), down from more than 7 per 100,000 in 2001-03. Suicide is a major issue for society and a significant cause of years of life lost through premature death. In Barnet for example in 2011-13 for every 100,000 people aged 15-74 there were 52 years of life lost as a result of suicide.

Projections suggest the number of suicides in Barnet will remain relatively consistent over the next four years, increasing by one death by 2018 (see Figure 5).



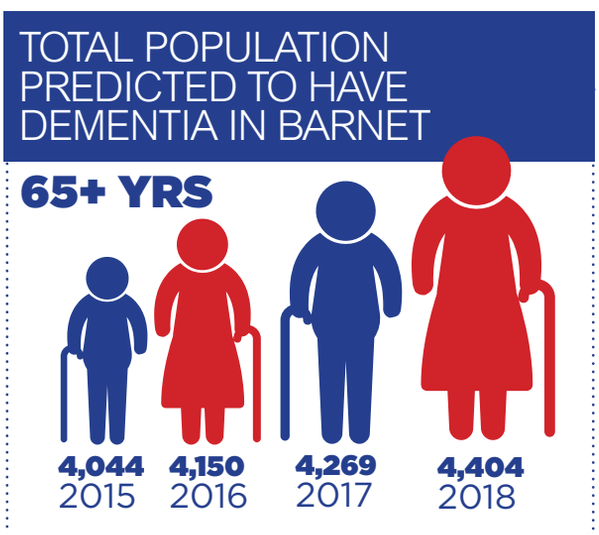


Figure 4. Projected dementia prevalence in Barnet, 2015 to 2018

Source: Projecting Older People Population Information System

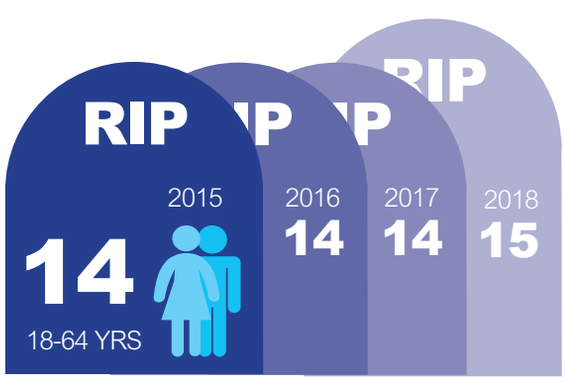
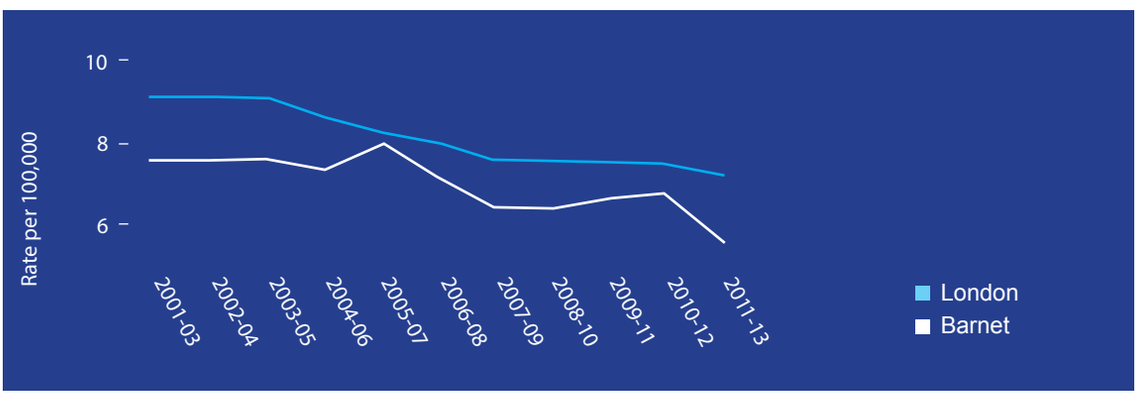


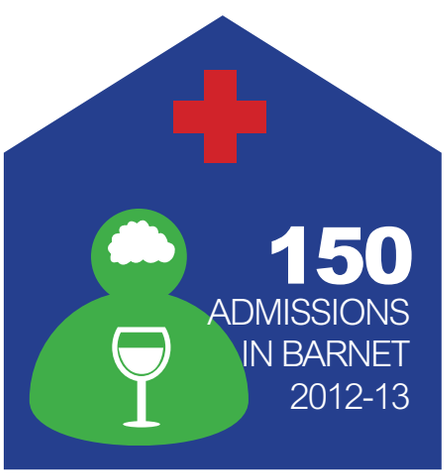
Figure 5. Four year projections of mortality from suicide for all people aged 18-64 in Barnet

Source: Projecting Adult Needs and Service Information System

Figure 6. Suicide age-standardised rate in Barnet and London, 2001-03 to 2011-13: rate per 100,000 persons (three year average)

Sources: Public Health England, Office for National Statistics





6.6 Alcohol and substance misuse

In Barnet in 2012/13 there were 150 admissions to hospital for mental and behavioural disorders due to alcohol, a rate of 43 admissions per 100,000 people. This is significantly lower than the London rate of 90.9. Predictions indicate that there will be an increase in the number of alcohol dependent and drug dependent people in Barnet over the next four years (see Figure 7).

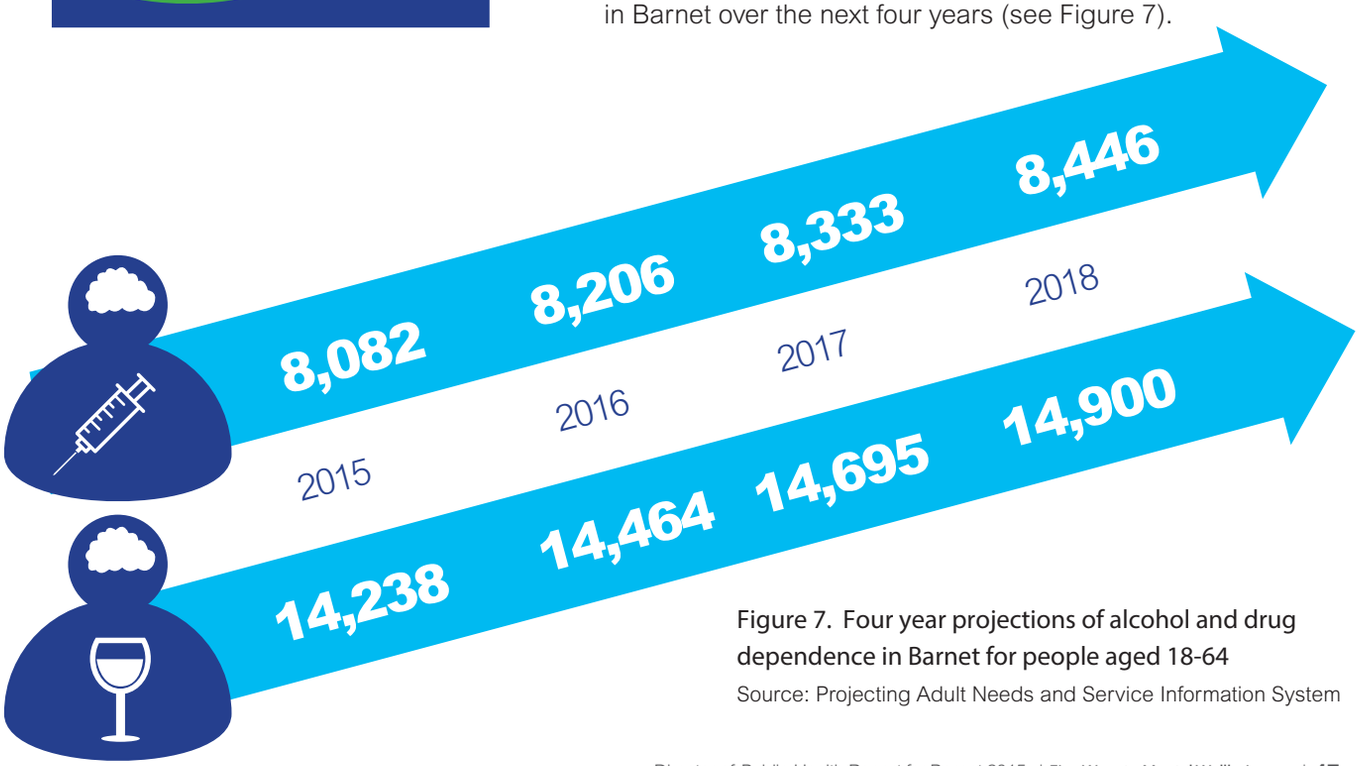


Figure 7. Four year projections of alcohol and drug dependence in Barnet for people aged 18-64

Source: Projecting Adult Needs and Service Information System

The prevalence of opiate and/or crack cocaine use in Barnet remained the same between 2010/11 and 2011/12. The crude rate in Barnet (6.2 opiate and/or crack users per 1,000 people) is below that of London (9.6 opiate and/or crack users per 1,000 people) (see Figure 8).

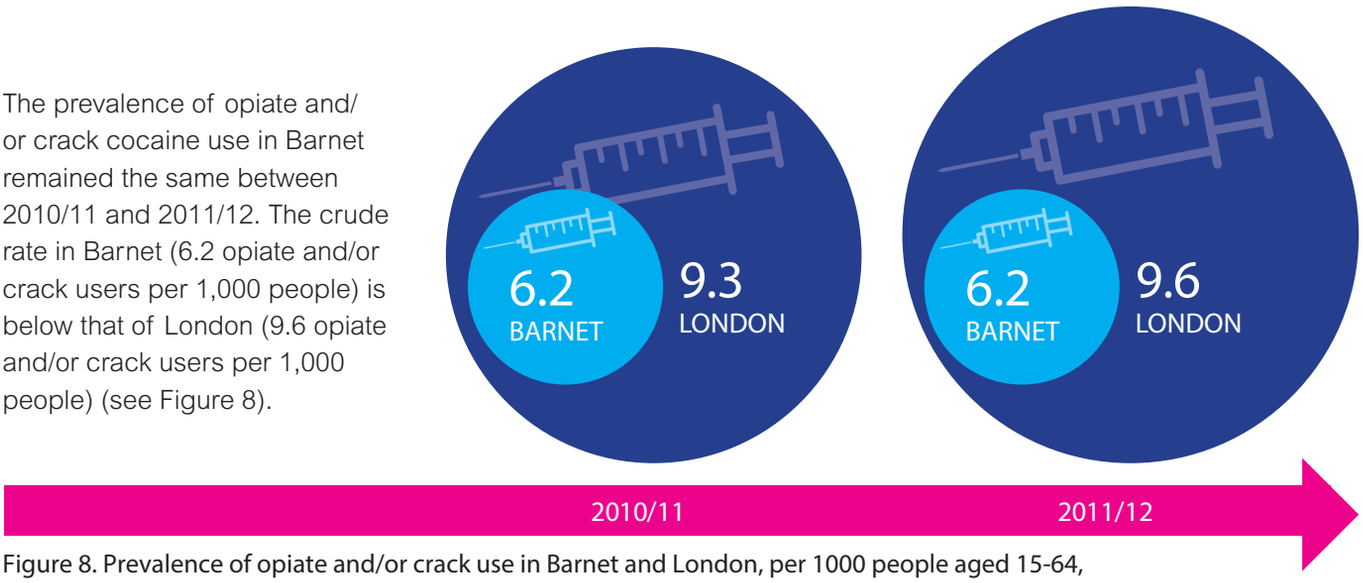


Figure 8. Prevalence of opiate and/or crack use in Barnet and London, per 1000 people aged 15-64, in 2010/11 and 2011/12

Source: Public Health England

6.7 Happiness and anxiety in Barnet

The Office for National Statistics (ONS) measured mental wellbeing as part of the Annual Population Survey in 2014/15. People taking the survey were asked to rate whether they:

- felt happy yesterday
- felt anxious yesterday

The results are shown in Figures 9 and 10. The average happiness rating in Barnet was 7.46 ('high' happiness levels).The average anxiety rating in Barnet was 2.31 (very low anxiety levels). Both these ratings were better than the average for outer London boroughs. Despite the average happiness rating in Barnet being high there remained a substantial percentage of people (8.53%) who rated their happiness as low, and 13% of residents rated their anxiety levels as high.

Figure 9. Happiness levels for Barnet and Outer London residents in 2014/15 (% of residents)

Source: Office for National Statistics

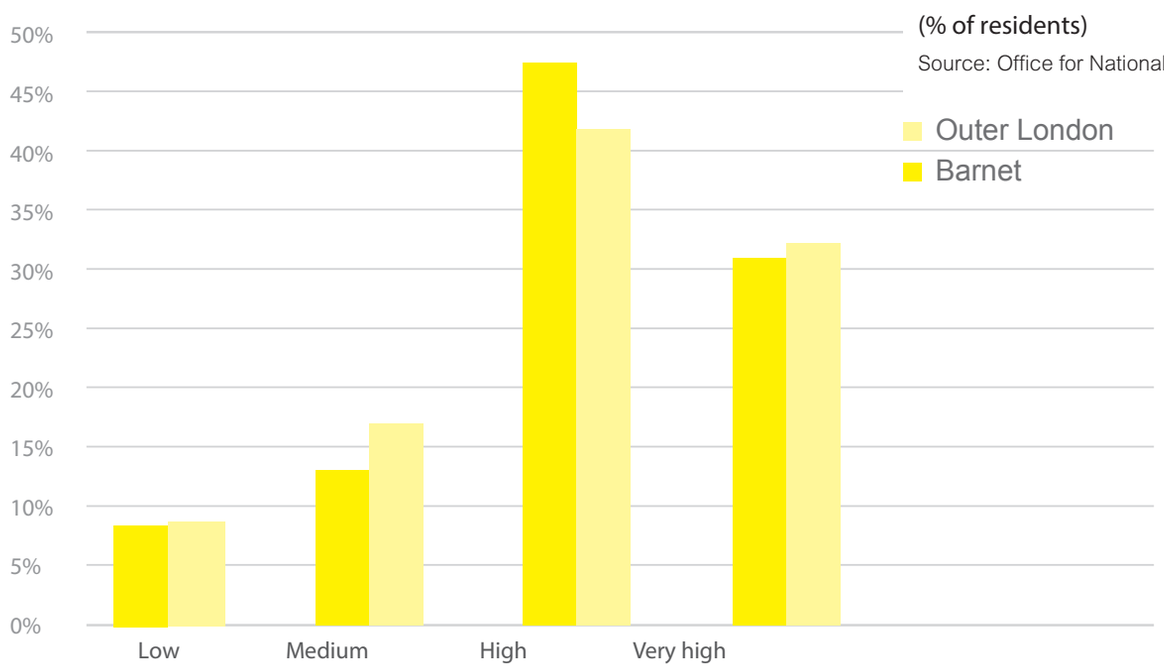


Figure 10. Anxiety levels for Barnet and Outer London residents in 2014/15 (% of residents)

Source: Office for National Statistics

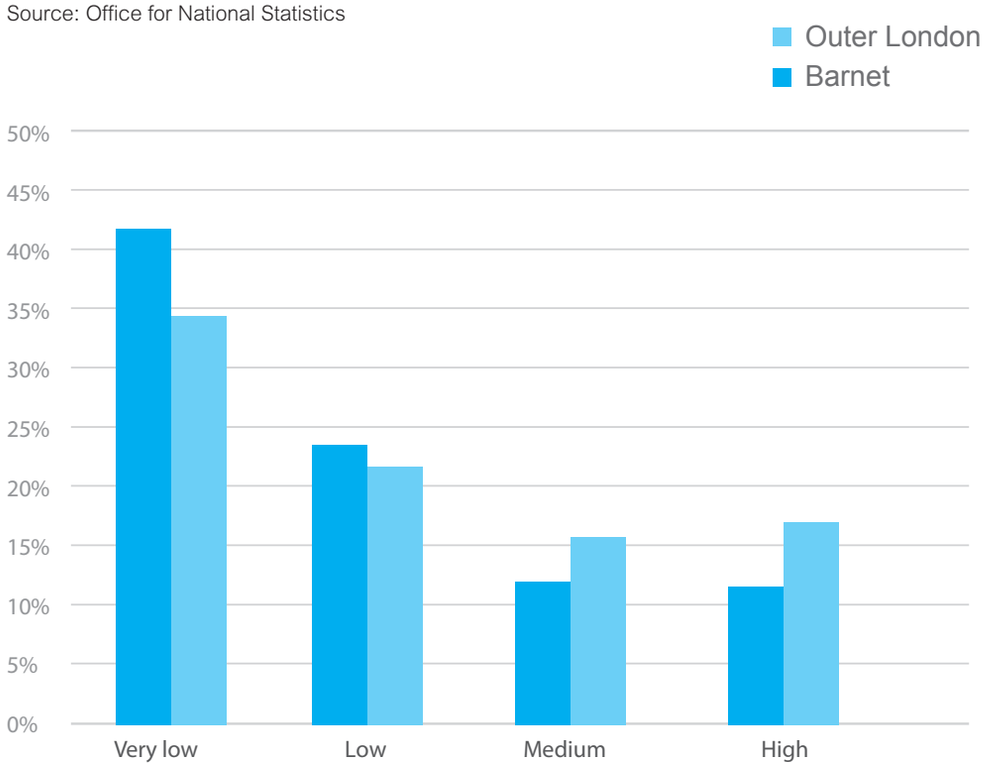
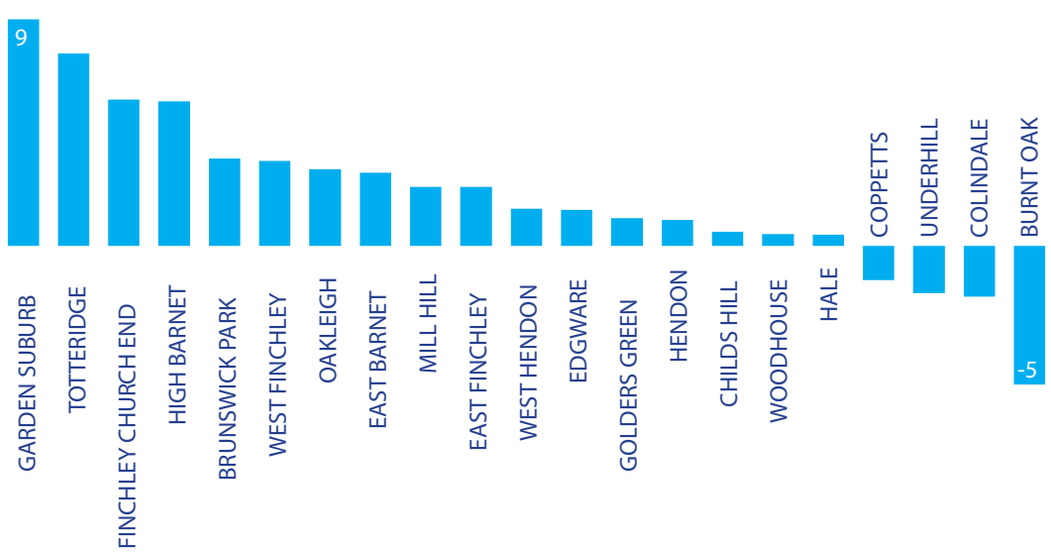


Figure 11. Subjective wellbeing score for each ward in Barnet (2012) (scores over 0 indicate a higher probability that the population on average experiences positive wellbeing

Source: Metropolitan Police Service

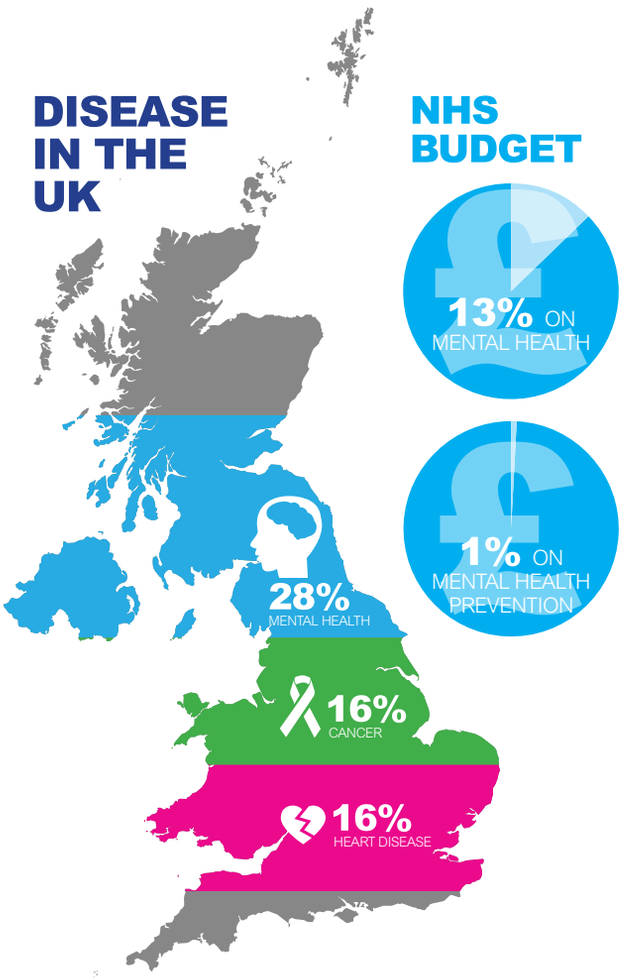


7 The Costs of Mental Ill Health

7.1 Costs to health and social care

Mental ill health has large but often underestimated economic consequences. The costs are such that it is easy to make a case for increased investment in mental health services and prevention. In exactly the same way as physical health conditions, there are direct and indirect costs associated with mental ill health. Focussed and sustained investment in mental health interventions and prevention has the potential to produce large savings for local authority and NHS budgets.

Mental ill health makes up 28% of the total burden of disease in the UK. This is larger than either cancer (16%) or heart disease (16%)[63]. Despite this just 13% of the NHS budget is spent on mental health services[64]. In addition, promotion and prevention work receives very little investment[65], with less than 1% of all NHS and local authority expenditure on mental health services in England being spent on mental health prevention. To put this into context London boroughs spend £550 million a year on social care to treat mental disorders and £960 million on benefits to support people with mental health issues. NHS spending on mental health in Barnet is the 12th lowest in London, and Barnet also has much lower expenditure on prevention and health promotion.



£105 BILLION[66]

MENTAL HEALTH COST TO ENGLISH ECONOMY EACH YEAR

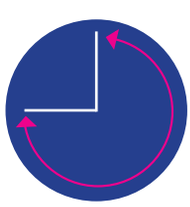
1 IN 6 PEOPLE EXPERIENCE STRESS IN THE WORKPLACE[67]

£26 BILLION

ECONOMIC & SOCIAL COST OF MENTAL ILL HEALTH IN LONDON YEARLY

70M

UK WORK DAYS LOST YEARLY[68]



2013-2014

11.3M WORK DAYS LOST

DUE TO STRESS, DEPRESSION AND ANXIETY

7.2 Cost to employers and productivity

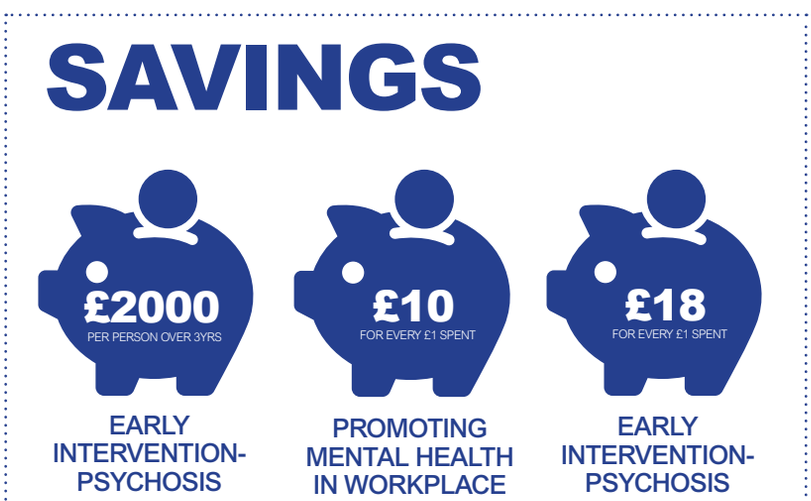
Mental ill health also has an economic dimension. It is estimated that mental ill health costs the English economy £105 billion each year[66]. The annual economic and social cost of mental ill health in London is £26 billion. One in six people in the workplace are experiencing some form of distress, depression or stress problem at any one time[67] and mental health issues are the leading cause of sickness absence, with 70 million working days being lost each year[68]. In 2013/2014, stress, depression and anxiety alone accounted for 11.3 million work days lost, which is 39% of all work related illnesses[69].

7.3 Human costs

Of course as well as the financial cost, mental health issues are associated with an immense human cost. For example depression alone is projected to reach second place in the ranking of diseases responsible for Disability Adjusted Life Years (DALYs, see page 7) calculated for all ages by 2020. The WHO has reported a continuing trend of increasing burden of depression[70].

Depressive disorders are the third leading cause of DALYs (3.8% of all DALYs); alcohol use disorders are the sixth leading cause (2.9%); and Alzheimer's disease and other dementias are the 15th leading cause (1.9%)[71]

Premature mortality is also more common amongst people with severe mental ill health. In England the mortality rate among mental health patients aged 19 and over is 4,008 per 100,000, compared to 1,122 per 100,000 in the general population[72].



7.4 Potential savings

Investment in the prevention of mental ill health could result in huge cost savings. In England, early intervention for first-episode psychosis results in savings of over £2,000 per person over three years as a result of improved employment and education[73]. Programmes aimed at promoting mental health in the workplace have also been associated with saving £10 for every pound spent[74]. The London School of Economics (LSE) estimates that for every pound spent on early intervention psychosis teams dealing with first episode schizophrenia or bipolar disorder there is a consequent £18 of savings. The LSE has also claimed that "the economic returns from school-based programmes to deal with bullying and other behavioural problems are even larger"[75].

7.5 Barnet perspective regarding the costs of mental ill health

7.5.1 Economic costs of mental ill health in Barnet

Figure 12 highlights the large financial implications associated with mental wellbeing in the borough.

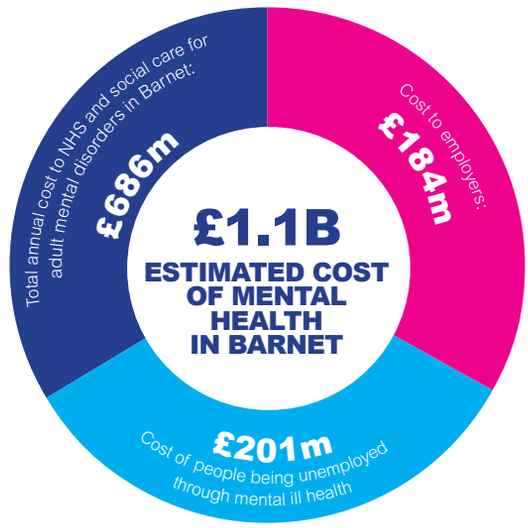


Figure 12. Annual Barnet mental health costs

Source: University College London Partners

7.5.2 Potential savings in Barnet

In Barnet there are a number of estimated economic savings that could be generated by interventions to prevent and treat mental disorders[76]. For example:

- If all people estimated to develop first episode psychosis each year received care via the early intervention psychosis services: £1.9m
- If all people estimated to develop a Clinical High Risk State (CHRS) each year received care from early detection services: £3.4m
- If all increasing risk adult drinkers in Barnet received screening and brief interventions in primary care: £11m
- Estimated savings to NHS over three years if all people in Barnet who are on the Severe Mental Illness (SMI) register received family therapy: £15.5m
- Estimated savings to NHS over three years if all people in Barnet who are on the SMI register received cognitive behavioural therapy (CBT): £3.6m
- Net savings after ten years if each one year cohort of 10 year olds in Barnet received school based social and emotional programmes to prevent conduct disorder[77]: £40.6m
- Net savings after one year if all employed adults in Barnet received mental health promotion: £121.6m

8 Determinants of Health and Wellbeing

Mental wellbeing is influenced and shaped by the social, economic and physical environment. For example, many forms of inequality and poverty are associated with an increased risk of mental ill health[78].

A review of population surveys in European countries[79] found that higher rates of mental disorders such as depression and anxiety were associated with the factors shown in Figure 13.

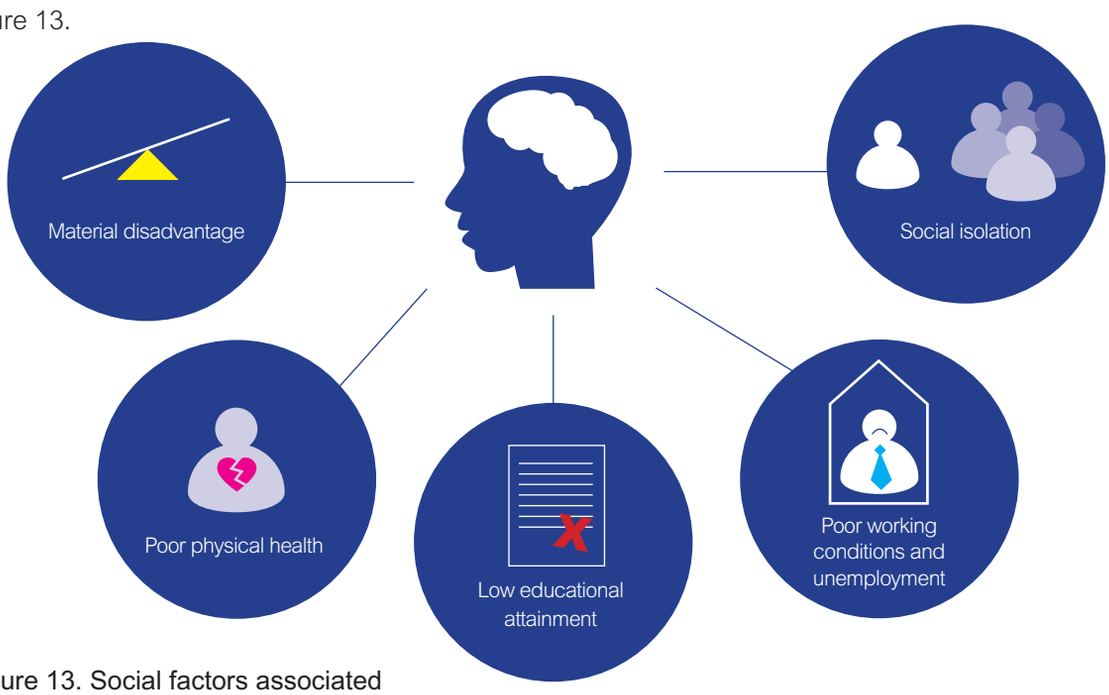


Figure 13. Social factors associated with mental disorders

Source: Fryers et al., 2005[79]

These factors can influence a person's mental wellbeing throughout their life. Thus, efforts to substantially reduce the burden of mental ill health necessitate a life-course approach: an approach that looks at the whole of someone's life rather than just one aspect or period. The need for decision makers to adopt a life-course approach when tackling mental health problems has been supported by a range of large, evidence based reviews including the Marmot Review[80] and WHO European Review[81]. This approach requires a focus upon social and community factors as well as the individual determinants of mental ill health. These are shown in Figure 14.

Figure 14. Individual, family, social and community determinants of mental health

Sources: Marmot Review Team, 2010[80]; Kieling et al., 2011[81]

8.1 Social and Community Determinants

8.1.1 Education

Education and learning play an essential role in the mental and social development of children and adults. Poor mental health is associated with low educational achievement, and individuals with no or few qualifications are at an increased risk of developing mental ill health[82]. Exposure to good quality and sustained education can greatly improve self-esteem and encourage social interaction[83]. Gaining qualifications in secondary education has been associated with a 7% reduced risk of adult depression. This risk falls even further with the highest levels of education and is 50% lower for those with highest qualifications[84]. The Marmot Review (2010) argued that a child's school readiness and attainment is closely linked to physical, social and mental wellbeing. The review found that higher school attainment is associated with a reduced risk of mental ill health, including lower rates of depression[85].

A range of observational and experimental studies have found that formal learning throughout life improves wellbeing particularly when learning objectives are self-generated and suit the aspirations of individuals[86]. Adult learning is also linked with improved wellbeing, greater life satisfaction and better social integration[87]. Not being in education, employment or training (NEET) is also associated with mental ill health and social isolation in young people[88]. Educational activities have also proved useful in reducing depression in the elderly.

Free school meals are a reliable guide to the socioeconomic position (SEP) of children and adolescents attending school. Socioeconomic position plays an important role in mental health due to the influence of family circumstances upon children[89]. Many characteristics related to SEP can be a source of chronic stress. For example, social conditions, housing conditions, parental health promoting behaviours[90] and chronic stress[91].These all play a role in mental wellbeing.

Research into the incidence of mental health in people with special educational needs (SEN) indicates that higher than normal rates of mental ill health are experienced by this group[92]. Emerson and Hatton's (2007) analysis of ONS data identified that children and adolescents with learning disabilities are six times more likely to have a diagnosable psychiatric disorder than non-disabled pupils[93]. It is agreed that identifying mental health problems among pupils with complex needs is challenging for teaching professionals. For example, the boundaries between autism spectrum disorder (ASD) and mental health issues are often unclear as there is overlap between the symptoms[94]. This can lead to children not receiving the help they need early enough.

8.1.1.1 Barnet perspective regarding education

Primary education in Barnet

Demand for primary school places is projected to increase in Barnet with school rolls expected to rise by up to nine forms of entry between 2015 and 2021. Barnet has a higher proportion of special educational needs pupils in primary schools compared to the proportion for London, and nationally.

Secondary education in Barnet

Between 2010 and 2014, the number of children on roll in mainstream secondary schools increased by 6.1% to 22,853 pupils. Barnet has a higher proportion of pupils on roll with a statement of special educational needs compared to London and statistical

neighbours. There is an 11% difference in attainment between disadvantaged pupils (those who have been eligible for free school meals in the past six years or are in local authority care) and non-disadvantaged pupils.

In 2013/14 74.4% of pupils achieved at least five GCSEs at grades A* – C, which is above the London average of 70%. Rates including English and maths were 66.3% which was again above the London average of 60.6%[95]. In Barnet, the performance of disadvantaged children is significantly below that of non-disadvantaged children. In 2014, performance was 28% lower in disadvantaged children compared to non-disadvantaged pupils at Key Stage 4. The percentage of young people in Barnet progressing to higher education is 58%, greater than the London average. However the percentage of children in receipt of free school meals who progress is lower, at 43%, below the average for London. Black pupils perform relatively poorly compared to other ethnic groups in Barnet across all key stages. Whilst disadvantaged children in Barnet perform better than disadvantaged children nationally, they continue to perform significantly worse than their non-disadvantaged counterparts. The proportion of adults with no qualifications is lower in Barnet (15.5%) compared to London (17.6%) and the England average (22.5%).[96]

Barnet performs well at ensuring all young people engage in education, employment or training up until age 19. The proportion of 16 to 18 year olds not in education, employment or training (NEET) is the fourth lowest nationally. This low rate is also seen in pupils with learning difficulties or disabilities. In Barnet the most recent figures (June 2015) show that 93.1% (9,602) are non-NEET, and just 2.6% (266) are NEET.

8.1.2 Housing, overcrowding and access to open space

A wide range of evidence suggests that the use of green spaces improves mental, social and physical wellbeing[97]. Increased exposure to green space (particularly in disadvantaged areas) has been shown to increase physical activity, reduce obesity and also reduce levels of mental ill health[98]. Grahn and Stigsdotter (2003) found that using parks resulted in reduced stress-related illness and improved mental wellbeing[99]. Green spaces also have a positive role in moderating the negative influence of stressful life events[100] whilst increasing the capacity of residents to cope with the effects of poverty[101]. The positive impact of green space usage in reducing stress and anxiety applies across all age groups[102].

Lower levels of mental distress have been found in people living in greener areas[103]. A UK study found a trend of reduced admissions for mental illness associated with increasing levels of greenness[104]. Scandinavian studies have also found that those living in close proximity to or frequently visiting green spaces experience a reduction in stress related illnesses[105].

Poor housing and deprivation are associated with mental ill health. Poor quality living conditions can greatly increase stress, anxiety and social isolation. Mental ill health is often a reason for tenancy breakdown, and housing problems are a common cause of a person being admitted to inpatient mental health care[106].

Living in poor quality housing is linked to poorer educational attainment and mental wellbeing among children[107]. Individuals living in local authority housing have poorer mental health than those who live in privately owned homes. One possible explanation for this is that local authority housing stock is generally of a lower quality than privately owned housing. For example a Scottish study based in Glasgow found dampness was significantly associated with poorer

mental health[108]. A study in North-West England found overcrowding was significantly associated with poor mental health[109]. The study concluded that extreme deprivation (including overcrowding) may be related to higher rates of psychiatric morbidity. Living in a damp, mouldy or cold home is associated with anxiety and depression[110]. A study of a council estate in Glasgow[111] also identified that dampness (rather than overcrowding) was significantly and independently associated with mental ill health. Despite this a London study also found that overcrowding was associated with psychological distress in women between the ages of 25-45[112].

8.1.2.1 Barnet perspective regarding housing, overcrowding and access to green space

Overcrowding

According to the Integrated Household Survey from the ONS (2010) 6.7% of households in Barnet were overcrowded, which is less than the London average of 7.5%. Like all London boroughs Barnet has a lack of appropriately sized homes. As a consequence the problem of overcrowding in the borough cannot be fully addressed through so called 'trade down' rehousing (rehousing people from under-occupied homes to increase the number of larger homes available).

The lack of appropriately sized homes is an obvious concern when we consider the negative mental health consequences of overcrowding. This situation is all the more concerning when we consider that negative consequences can be seen at relatively low levels of overcrowding. For example Booth and Cowell[113] in Toronto found overcrowding of greater than one person per room had an effect on mental health.

Green spaces

In Barnet, parks and green spaces are the most popular location for exercising, accounting for over 50% of exercise in the borough[114].

Figure 15 below shows the location of parks and green spaces in Barnet, and Figure 16 shows satisfaction with parks and green spaces by ward. Although not directly

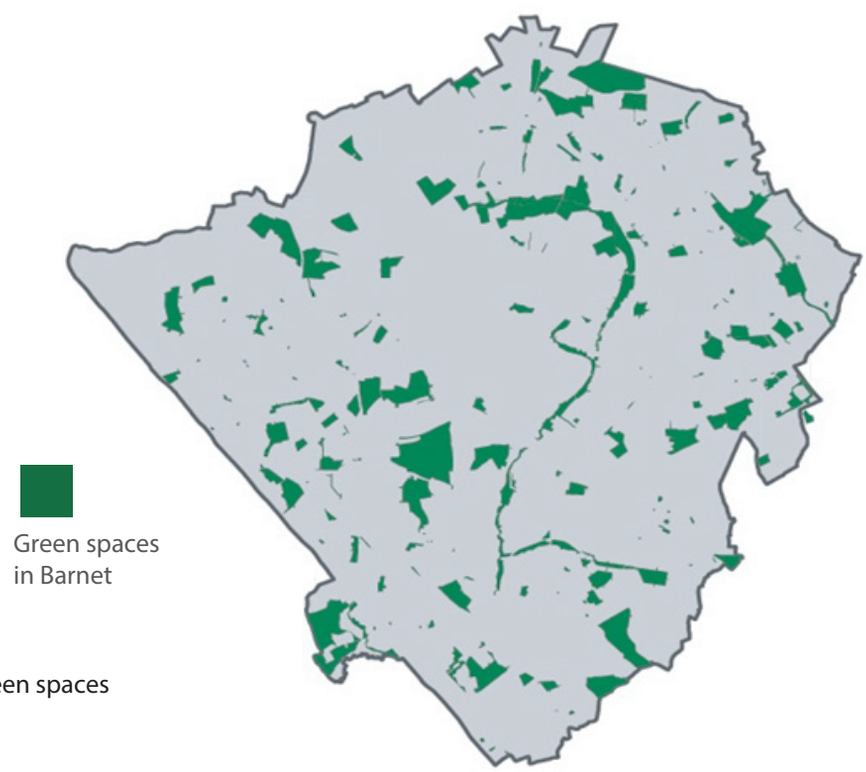


Figure 15. Barnet's parks and green spaces

Source: Capita Insight

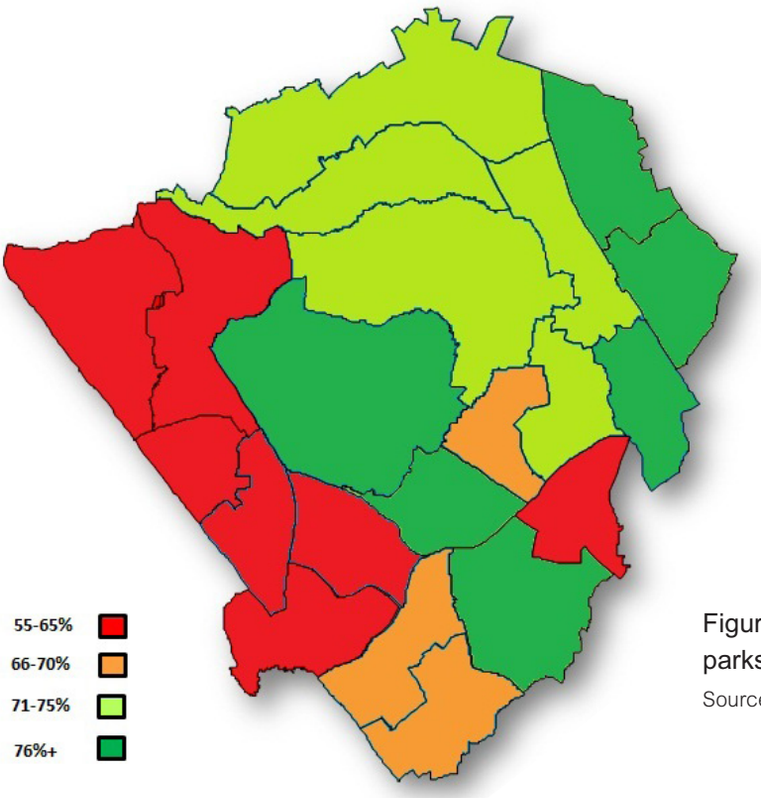


Figure 16. Barnet residents' satisfaction with parks and green spaces, by ward, 2014

Source: London Borough of Barnet

applicable, the level of satisfaction may give an indication of the provision and usage of green spaces. In 2014, the average satisfaction rate for parks and green spaces in Barnet was 70%. Burnt Oak residents had the lowest level of satisfaction (55%) whereas Garden Suburb residents had the highest (86%)[115]. Generally speaking, the west of the borough had lower satisfaction with parks than the east. With the exception of East Finchley, the wards with the lowest satisfaction were all in the Hendon constituency. It is important to note that, given the higher proportion of flats in the west of the borough, there is a greater need for public open space within this area. Levels of engagement with parks are lowest in the wards of Burnt Oak, West Hendon and Underhill.

A council assessment and service survey in 2013 found:

- wards with higher rates of crime have the lowest level of satisfaction with parks
- park use could be increased if facilities and safety were improved

8.1.3 Social isolation and participation in meaningful activities

Both isolation and loneliness are intimately linked with mental wellbeing. Older people are particularly vulnerable to the effects[116]. Socially isolated people are more likely to experience significant stress and have lower self-esteem when compared to those with strong social support networks[117]. Adults with chronic mental illness often experience social exclusion and struggle to participate in meaningful activities such as employment, volunteering, education, hobbies and exercise.

A British study conducted in 2002 found that poor levels of social engagement were an accurate marker for later ill health[118]. Participation in meaningful activities can greatly reduce levels of social isolation and loneliness. Participation also helps people feel engaged and stimulated, particularly into their old age[119]. A study by the Mental Health Foundation in 2014 found people with early stage dementia who participated in groups experienced increased mental and social wellbeing and developed practical coping strategies[120].

Two-thirds of people with mental ill health conditions live alone, four times more than the general population. Over 50% of people with mental ill health experience poor social contact compared with 6% of the general population[121]. Levels of loneliness tend to be higher amongst the elderly. The 2013 English Longitudinal Study of Ageing (ELSA) found 46% of people aged 80 and over reported being lonely compared to 34% of people aged 52 and over[122]. More recently, a 2014 Age UK survey of people aged 65 plus found almost 3 million people felt they had 'no social support' with 40% of respondents reporting that they were 'feeling lonely'[123].

8.1.3.1 Barnet perspective regarding social isolation

Social isolation

According to the Projecting Older People Population Information System (POPPI) the population aged 65 and over in Barnet is projected to increase from 32,500 in 2015 to 78,000 by 2030. At present a majority of older people in Barnet own their own home and the number of older people living alone is also expected to increase. As a result, the number of people requiring care and support to remain physically and socially active will increase, particularly amongst those aged 85 and over.

Living alone

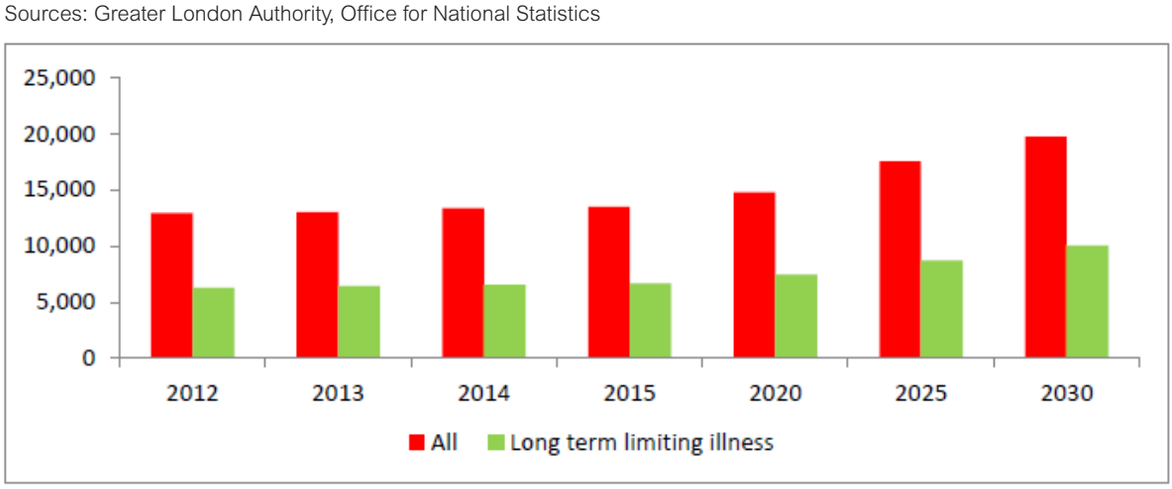
The 2006 Barnet Housing Needs Survey estimated that 38,000 households are under-occupied by older people living in larger homes. Figure 17 shows that the number of people over the age of 75 living alone in Barnet will increase over the coming decades. This emphasises that there is a need to ensure that the 'trade down' scheme is effective and those affected by the under-occupancy charge have an option to move into smaller homes.

8.1.4 Unemployment

There is a clear link between unemployment and mental ill health. Being unemployed can greatly diminish a person's social networks and reduce motivation. Those living with a mental health problem are especially vulnerable to the negative impact of unemployment. Unemployed people are more likely to suffer from high levels of all psychiatric disorders[125]. Unemployment is also associated with almost a 3-fold increased risk of common mental disorder and 4-fold increase in the risk of disabling mental disorder[126].

Figure 17. Number of people aged over 75 projected to be living alone in Barnet, by long term illness status, 2012-2013

Sources: Greater London Authority, Office for National Statistics



8.1.4.1 Barnet perspective regarding unemployment

Whilst employment in Barnet is increasing, areas in the west of the borough still have significant unemployment levels. For example in 2011 there was 8.4% unemployment in Colindale and 8.1% in Burnt Oak. The lowest rates of unemployment in 2011 were in Garden Suburb (3.6%), Totteridge (4.1%) and High Barnet (4.5%). Economically inactive (retired people, those in full time education, etc.) rates are slightly higher in Barnet than in either London or England. There is also a higher benefit claimant rate in Barnet than London or England.

8.2 Family and individual determinants

8.2.1 Physical activity, health and lifestyle

People living with chronic physical illness tend to have a greater rate of mental ill health. According to the National Institute of Health & Care Excellence (NICE) (2009) people living with a long term physical condition have a three-fold increased risk of depression. A World Mental Health survey carried out in 2007 found the risk of depression was seven times greater in those with a chronic physical illness[127]. As people age they are more likely to suffer with long term ill health. Research has found that 69% of people aged 75+ had a chronic illness compared to just 15% of people aged 16-24[128].

It is also worth noting that physical activity has a beneficial impact on people living with mental health issues. Physical activity can reduce anxiety and depression and improve mood more generally. Research suggests that exercise reduces a person's sensitivity to psychosocial stressors[129].

There is also evidence of a close relationship between obesity and mental health. Obese people can often experience low self-esteem, stigma, dieting and weight cycling, medication, and hormonal and functional impairment, which can lead to mental ill health. In turn people with mental health problems can have unhealthy lifestyles, issues with medication and reduced support, which could exacerbate obesity[130].

The Health Survey for England (2013) found that adults who completed 150 minutes of physical activity per week (as per government guidelines) reported the highest levels of wellbeing. Those with the lowest levels of activity displayed the lowest levels of wellbeing. Research into social isolation has found that people who exercised regularly felt more socially integrated when compared to those exercising rarely or not at all[131]. Clearly the benefits of being physically active don't simply include gains in physical fitness but also increased social cohesion and self-esteem.

8.2.1.1 Barnet perspective regarding physical activity, health and lifestyle

The association between age and ill health poses a significant mental health challenge particularly in ageing populations like Barnet. In London the number of people 65 and over is projected to rise by 300,000 to 1.17 million by 2031. The population of people over 90 is expected to almost double to 96,000. Whilst some ward populations in Barnet are projected to get younger (Golders Green, Colindale and Mill Hill), the population in the borough as a whole is ageing. The rise in the population aged 65 and above over the next decade will almost certainly result in increases in mental illnesses that are associated with chronic illness. Currently in Barnet there are 24,162 people aged over 65 living with a limiting long term illness. The size of this population is projected to increase by over 12% by 2020[132]. The highest rates of child obesity are seen in the wards of Colindale, Burnt Oak and Underhill. Unsurprisingly these are also the wards with some of the lowest levels of:

- participation in sport
- park use
- rates of volunteering

In Barnet, 42.1% of the adult population is of a healthy weight. The majority (55.7%) of the adult population has excess weight, with 35.2% being overweight and 20.5% being obese. Public Health England (2012)[133] estimates that the wards with the highest levels of adult obesity are Burnt Oak, Colindale and Underhill. Wards with the lowest levels of adult obesity are Garden Suburb, Finchley Church End and West Finchley (see Figure 18). There are similar levels of this stark inequality between wards in estimates for obesity amongst reception children (see Figure 19).

Barnet has 55.1% physically active adults, which is just below the average rate in the London region (56.2%). Forty per cent of

Figure 18. Estimated prevalence of adult obesity in Barnet wards (2012)

Source: Public Health England

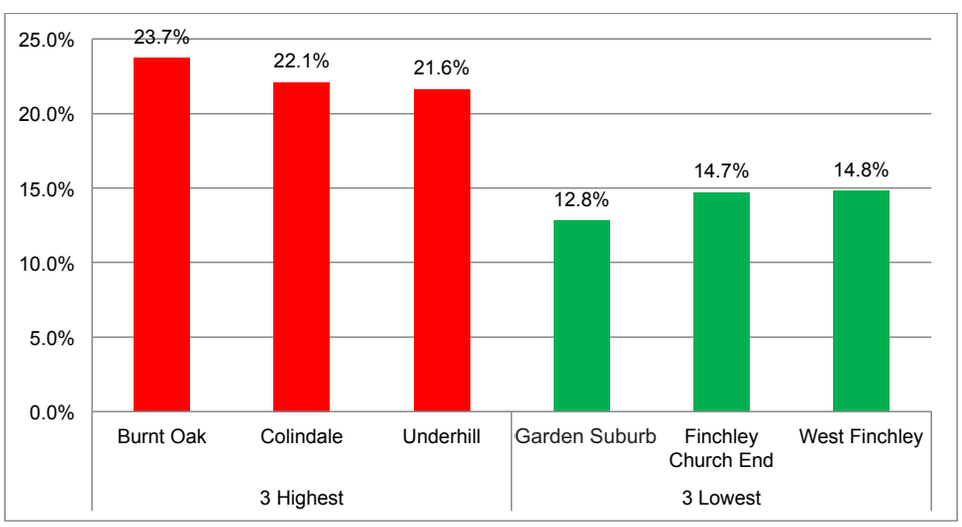
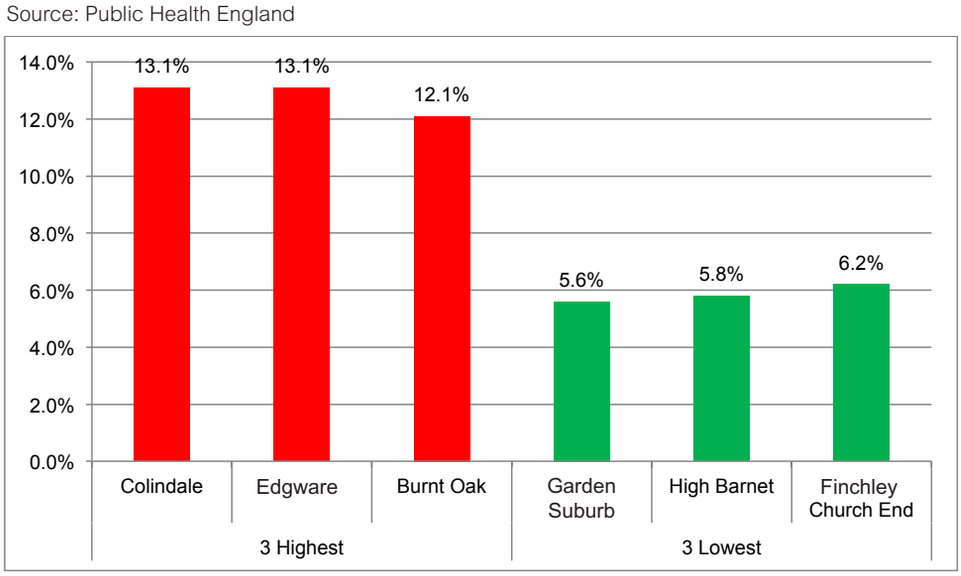


Figure 19. Estimated prevalence of obesity in Reception children in Barnet wards (2012)

Source: Public Health England



Barnet's residents aged 14 and above are involved in sports once a week. Participation in sports is higher in white British residents than those of black and minority ethnic (BME) origin. There are also inequalities in participation in sports between different localities in Barnet. Sport England's Active People Survey (APS6, 2011-12) shows once weekly sports participation at the Middle super output area (MSOA) level in Barnet was lowest in two MSOAs in Burnt Oak (36.5%, 38.7%) and one in Underhill (40.9%)[134].

Whilst the rate of physically inactive Barnet adults (26.1%) is similar to the London average, there is still a large group of the population not benefiting from the physical and mental health benefits associated with exercise. The Active People Survey revealed a substantial unmet demand for physical activity, with 68% of Barnet's 16 and over population reporting that they would like to do more sports.

8.2.2 Substance misuse

Heavy drinking is associated with mental illness, and almost all drinkers seeking help report symptoms of anxiety or depression[135]. Mental illness can exacerbate an alcohol problem but alcohol misuse can also make it more likely that drinkers will suffer from mental ill health[136]. Children brought up in families where parents or carers are abusing drink or drugs have the greatest risk of mental illness in later life[137]. The national mental health strategy ('No Health Without Mental Health')[138] acknowledges the association between drug and alcohol misuse and mental ill health. The misuse of illicit or prescription drugs also affects mental health[139]. Drugs can make mental ill health worse whilst also increasing the chances of developing illness such as schizophrenia. People simultaneously misusing drugs and living with mental health issues are particularly complex cases and often face additional challenges including poor physical health, unemployment and homelessness.

Smoking also shows a link to mental ill health. Forty-two per cent of all tobacco consumption in England is by those with mental health problems. Parental smoking is also associated with an increased risk of mental disorders in children[140]. Contrary to the perception that smoking relieves stress, a recent study found that smokers have a 70% increased risk of depression and anxiety when compared to non-smokers[141]. The study, of over 6,500 people over the age of 40, found that 18% of smokers said they suffered depression and anxiety compared with 10% of non-smokers and 11% of ex-smokers.

8.2.2.1 Barnet perspective regarding substance misuse

The number of people in treatment for alcohol dependence has risen by 53% in the last five years. The level of successful completions for alcohol treatment (28.1%) is below the national average (37.5%) for 2013/14.

In Barnet, numbers of people using opiates and crack cocaine, and people injecting drugs, have increased. However, the estimated rates (per 10,000 population) of opiate and crack cocaine use, and of people injecting drugs, are lower in Barnet than in London and England[142].

The wards with the highest prevalence of smoking in Barnet are Hendon, Mill Hill and Underhill. Whilst smoking in Barnet is below the national average the borough faces two major issues. Firstly, smoking cessation programmes in Barnet are significantly less effective than the national average. Second, women in Barnet are much less likely to quit smoking in pregnancy compared to the average for London.

Smoking prevalence in adults over 18 years in Barnet is 15%, which is below the national average of 18.4%. Estimated smoking prevalence amongst children aged 15 is 5.5% and prevalence amongst pregnant women is 4.4%[143].

It is estimated that smoking related illnesses in Barnet costs about £8m annually to the local NHS. Given the association between smoking and mental ill health, smoking cessation interventions could go some way to reducing the mental health burden in Barnet[144].

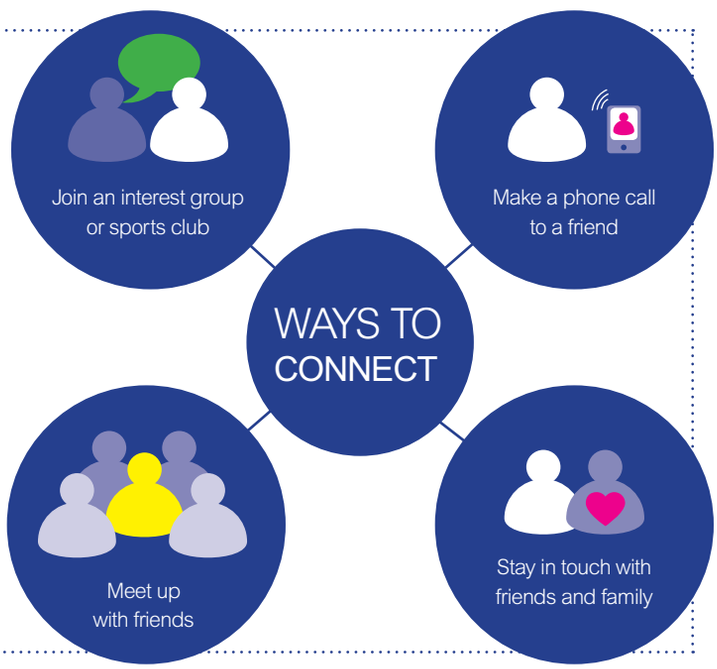
9 What are the Five Ways?

9.1 How were the five ways to wellbeing developed?

The concept of the 'five ways to mental wellbeing' emerged from the UK government's Foresight programme. The objective of the programme was to develop policy to manage major issues facing UK society over the next two decades. The 2008 Mental Capital and Wellbeing Project emerged from this and looked at ways of maximising mental wellbeing. Finally the Centre for Wellbeing at the New Economics Foundation (NEF) was commissioned to develop a set of evidence based actions to improve mental wellbeing. These actions came to be known as the five ways to wellbeing. The five ways are explained below.

CONNECT

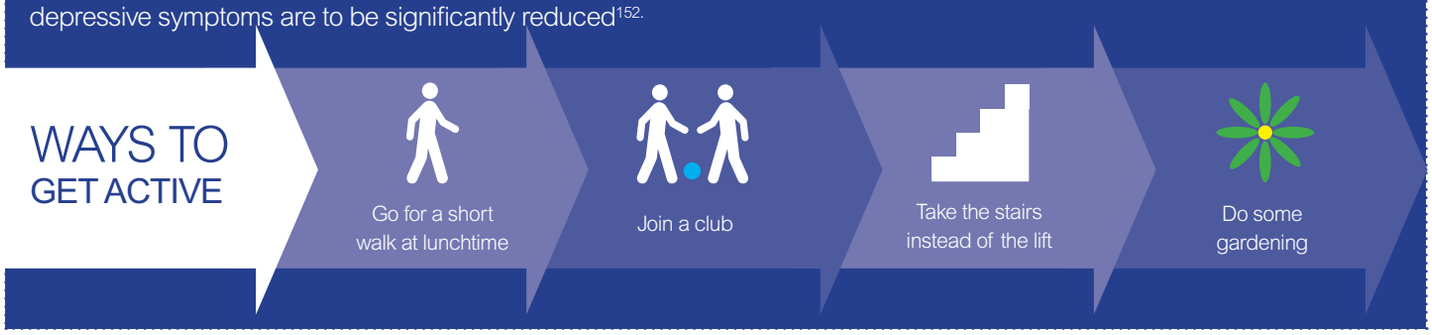
Surveys show that the most significant difference between those who do and do not experience mental ill health is levels of social isolation[145]. One study for example found that someone with a main social network of three or fewer close relatives and friends had an increased risk of developing common mental health disorders[146]. This is understandable as research suggests that social networks promote a sense of belonging and wellbeing in individuals[147].



GET ACTIVE

Physical activity is associated with improved feelings of wellbeing and reduced rates of depression and anxiety for all age groups[148]. Long term studies show that if you are physically active you are better protected against the onset of depression and anxiety and cognitive decline in your later years[149]. Participation in physical activity has also been found to increase self-confidence and perceived ability to cope with adversity[150].

Even minor increases in activity among people who are inactive or elderly can significantly benefit wellbeing. For example, if you take single bouts of exercise for less than **10 minutes** this can improve mood[151]. Despite this, current evidence suggests that recent guidelines - advising bouts of moderate physical activity three to five times a week - must be followed if depressive symptoms are to be significantly reduced[152].



TAKE NOTICE

Mindfulness is a simple and very popular skill that takes between 8 – 12 weeks to learn. It helps you be very aware of your surroundings and feelings. Being trained to be aware of mood, thoughts and feelings like this can improve your feelings of wellbeing for several years[153]. For example being in a state of mindfulness ('being attentive to and aware of what is taking place in the present') has been found to bring about positive mental states[154]. It is thought that taking notice of your feelings can allow you to make more appropriate life choices that are consistent with your values and interests[155]. Taking notice means 'being in the moment' and focussing on present activities rather than dwelling on the past or worrying about the future.

LEARN

Learning plays an essential role in our social and cognitive development[156]. Lifelong learning also increases self-esteem, encourages social interaction, and leads to a more active and fulfilling life. Adult learning is associated with improvements in wellbeing and self-confidence[158]. So-called 'goal directed learning' also has a beneficial impact upon levels of life satisfaction as it allows learning to be self-directed and appropriate to an individual's values. Finally, lifelong learning also improves people's ability to plan for unexpected circumstances, thus reducing the impact of stressful events[159].

GIVE

An active social life and participation in the community is known to increase happiness and life satisfaction[160]. For example, volunteering can help develop optimism and give more meaning to life, particularly for the elderly[161]. People displaying a greater interest in helping others are more likely to define themselves as happy. Performing an act of kindness once a week has also been associated with increased wellbeing [162].

10 Mental Health Strategy and Services in Barnet

Improving mental health and wellbeing is a key priority in Barnet. Both the council and the Clinical Commissioning Group (CCG) know how important it is to achieve equal status between physical and mental health and also between prevention and early intervention.

So to help with this, the council and the CCG have introduced a range of initiatives and programs. An overview of mental health strategy and services in Barnet is detailed below and illustrated in the case studies in section 11 ('How is Barnet using the Five Ways to Address Mental Wellbeing?')

The Council and CCG have reviewed services and developed five key elements of the vision to transform mental health services in Barnet:

1. A focus on prevention – working with families to support parenting, and de-stigmatising mental health
2. Services focused on children and young people and their families/ carers
3. A focus on outcomes and evidence based support – using interventions that have been proved to work
4. A focus on developing seamless services from pregnancy to adulthood
5. A flexible service accessible to young people and their families/ carers, to access how and when they want, using communication technology

The council and CCG are committed to a range of initiatives:

- Working with Barnet, Enfield and Haringey Mental Health Trust to improve secondary care (hospital) services and move towards a community based model of care.
- Enhancing local services to improve access to primary care for people with mental health problems who are homeless and to reduce the waiting list and encourage referral to the Improving Access to Psychological Therapies (IAPT) service.
- Public Health team mental health initiatives:
    - A suicide prevention strategy
    - Two linked Employment support services: Motivational and Psychological Support for job seekers based in local Job Centres; and an Individual Placement and Support scheme for people with enduring mental ill health
- A Barnet Schools health and wellbeing programme has been in place since 2013. This offers support to develop programmes, a directory for signposting, and training to build capacity within schools.
- Barnet's wellbeing campaign focuses on improving mental wellbeing and reducing stigma. The campaign will:
    - Celebrate World Mental Health Day
    - Develop a health champion programme in primary care focused on improving mental health and wellbeing
    - Review local pathways for antenatal and postnatal depression, including promoting peer support
    - Be part of the pan-London digital mental health support service
    - Maximise the potential of improvements to and changes in the management of open spaces, where this could support improved mental wellbeing

- The Children and Adolescents Mental Health Service (CAMHS) in Barnet provides care to over 2,000 young people per year. Priorities for the services include improving access to services for young people with mental health issues and reducing the number of children and young people requiring CAMHS services.

There are currently three key providers of CAMHS services in Barnet:

1. Barnet, Enfield and Haringey Mental Health Trust, which provides: generic 'tier 3' services; primary/secondary projects in schools; services for looked-after children; the Service for Children and Adolescents with Neuro Developmental Difficulties (SCAN); the Barnet Adolescent Service (BAS); and paediatric liaison
2. Royal Free Hospital, which provides out of hours, paediatric liaison and eating disorder services and general CAMHS
3. Tavistock and Portman, which provide brief therapy, family services, refugee services, an autism team and fostering, adoption, kinship care, and trauma services

- The Reimagining Mental Health project, set up and run by Barnet CCG, aims to deliver more targeted health services by using a more community–based approach. Barnet CCG will use its commissioning power to:
  - Work with Enfield and Haringey CCGs to review the Psychiatric Liaison Service provision
  - Review each 2015/16 contract for services for older people that relates to multidisciplinary care offered in people's own homes. These link closely with primary, secondary, social, and voluntary and community sectors
  - Undertake (in partnership with others) a comprehensive redesign of existing CAMHS. This is in response to the CAMHS Transformation agenda and will have a particular focus on the most vulnerable.
  - Produce CAMHS out of hours service, working with North Central London partners

In summary, it is extremely positive that the importance of prevention of and early intervention for mental ill health are being highlighted in Barnet. It is important to recognise that the five ways empower people to improve their mental wellbeing, allowing them to make small but effective changes to everyday activities throughout their lives. As such the five ways can make a great contribution to preventing and reducing mental ill health in Barnet.

11 How is Barnet Using the Five Ways to Address Mental Wellbeing?

Barnet is trying to introduce projects and create opportunities so that people can adopt the five ways. A range of programmes and interventions are available which use some of the five ways to improve the mental wellbeing of residents. Twelve examples are given below. Each 'way' is highlighted in a relevant colour when a given programme directly or indirectly uses any of the five ways in its methodology.

CONNECT

BE ACTIVE

TAKE NOTICE

KEEP LEARNING

GIVE

Altogether Better Coffee and Chat group

- Weekly social meeting place
- Meet and chat with others over tea and coffee
- Two 'helpers' attend each week to welcome newcomers
- Helpers also assist visitors to sign up for other activities in the area
- Sessions enable otherwise lonely or isolated individuals to CONNECT and BECOME INVOLVED in their local community.

Testimony

- Many comment that they are pleased to have the opportunity to BECOME PART OF A GROUP. Ester lost her husband two years ago and has attended 'Coffee and Chat' mornings since they began;

"I never realised how lonely I would be when my husband died. The meetings on Mondays have been a lifesaver, with lots of cheerful exchanges and people from all walks of life. I have MADE NEW FRIENDS and TRIED NEW ACTIVITIES through this group"

Altogether Better Table Tennis

- Free-to-attend service
- Aims to bring people of all ages and fitness levels TOGETHER to engage in SPORTING ACTIVITIES
- The group helps people to CONNECT WITH OTHERS through participation in sport
- Allows people to BUILD A FRIENDSHIP network

Testimony

- A gentleman in his 70s who has been attending the group had previously been looking for an activity to suit him;

"I am a keen tennis and table tennis player but my back problems prevent me from playing tennis and I have never been able to find a club or players to play table-tennis before now"

"There is always friendly banter and so a great afternoon's activity is enjoyed by all"

"It has helped my fitness enormously and I think my standard of play has increased greatly"

Dementia Support Services

How it works

- Provided by the Alzheimer's Society Barnet office
- Advisors make DIRECT CONTACT with people diagnosed with dementia and their carers
- Provides people suffering from dementia a named individual to offer ADVICE AND SUPPORT and signposting to local care or support services.
- Offers referral to services such as dementia cafés and supports people in getting the help and care they need
- Offers resource packs for people with dementia and their carers
- Offers support and advice to front line care staff whilst promoting wider awareness of dementia
- Advisors also act as an initial contact point for GPs, community nurses, and social workers seeking assistance for patients with dementia.

Benefits of the service

- Helps people with dementia make informed decisions
- Offers a service that is practical and personalised, at a place and time convenient to users
- Allows people to EXPRESS CONCERNS and discuss unique care and support needs
- Allows people to receive up-to-date information, tailored to their individual needs
- Signposting to other services allows people to access a diverse range of support services.

Testimony:

"I am very grateful because my dementia advisor has helped me and my wife tremendously and provided so much support to access the help I required. I have been able to get help from social services. I am very very grateful".

Dementia Café

How it works

- The Alzheimer's Society runs three cafés in New Barnet, Mill Hill and Golders Green and another separately funded café at Finchley Memorial Hospital
- They offer an informal environment for people with dementia and carers, to SOCIALISE and receive information, advice and activities
- People affected by dementia can drop in
- Each session offers a range of cultural, craft and other ACTIVITIES
- Advice from dementia advisors and carer support is available at all sessions
- They offer a chance to meet people newly diagnosed with dementia to develop social support networks and receive INFORMATION REGARDING DEMENTIA

Benefits of the service

- Reduced social isolation
- Increased choice and self determination
- INCREASED AWARENESS and understanding of dementia
- Support for people and carers living with dementia
- Easy access to care, support and advice following diagnosis.

Testimony:

"An enjoyable session. We always enjoy coming here. There is always something interesting to keep us engaged."

Health Champions

- Aims to support people to DEVELOP LIFE EXPERIENCE AND SKILLS
- HEALTH CHAMPIONS HELP FRIENDS, families and community members to lead healthier lives
- Health Champions are; *"individuals who possess the experience, enthusiasm and skills to encourage and support other individuals and communities to engage in health promotion activities"*

Health Champions in Barnet

- The new programme in Barnet will:
  - improve access to health and social care services
  - foster an integrated community-based approach to health and wellbeing.

How it works

- GPs will invite people on their list to receive training as 'Health Champions'
- Once trained, champions will be supported to work with practice staff to develop groups and activities to meet the challenges faced by the practice.
- Champions will be incentivised through the possibility of employment and personal development.
- Health Champions will:
  - help patients make better use of the practice services and clinical consultations
  - help practices have STRONGER LINKS WITH THE COMMUNITY
  - provide resources to practices for health promotion, promoting behaviour change/self-care
  - address social and emotional needs by:
    - providing PEER SUPPORT and BEFRIENDING
    - engaging people in MEANINGFUL ACTIVITIES and community life (singing, crafting, walking or cycling).

Benefits of the service

- 'Health Champions' will be rolled out in Barnet next year. The scheme has been provided elsewhere with good results. A rapid review of the evidence found that 'Health Champions' resulted in:
  - positive impact on volunteer health, including better mental health
  - positive behaviour changes (increased PHYSICAL ACTIVITY), particularly when working with disadvantaged, low-income or minority ethnic communities
  - increased KNOWLEDGE AND AWARENESS of health issues
  - increased uptake of preventive measures such as immunisation
  - improved disease management for long term conditions
  - more appropriate use of health care services, including reducing barriers to access and decreasing hospital admissions

  The programme benefits health champions themselves, to learn and GIVE, and reap the benefits of the volunteering for their own wellbeing.

  The programme can lead to increased opportunities to be ACTIVE, CONNECT and KEEP LEARNING through activities, groups and peer support.

Mental Health & Employment

- Aims to PROVIDE EMPLOYMENT SUPPORT to people with mental health difficulties
- Employment coaches provide motivational support and signposting
- Started in Barnet in November 2014
- The programme has two branches:
  1. Motivational and Psychological Support (MaPS)
     - combines psychological and employment support within 'Job Centre Plus' for people with mild to moderate mental health issues.
  2. Individual Placement and Support (IPS)
     - for people who are unemployed with severe mental illness and supported by specialist mental health services.

How MaPS works

- PSYCHO-EDUCATION:
  - combination of both psychology and education
  - holistic competence-based approach stressing health, collaboration, and empowerment
  - helps to change behaviour patterns, values, and interpretation of events
- MaPS service uses:
  - cognitive techniques like role play and problem-solving in a safe setting
  - support to INCREASE WORK READINESS (increase confidence and assertiveness)
  - individual action plans for users to stabilise their living situation and monitor progress
  - signposting for people with higher level needs to appropriate care services.

How IPS works

- Delivered by employment teams operating in community mental health centres with clinical staff
- Individuals who express interest in working are referred to employment specialist in IPS team
- IDENTIFYING A USER'S GOALS AND PREFERENCES and providing information about IPS
- Individual and employment specialist work together to make a plan for job hunting locally
- Employment specialists also provide CV development, interview training and on-the-job support.
- A service user's preferences are at the heart of IPS, service users decide:
  - what information potential employers know about their mental illness
  - whether the specialist contacts an employer on their behalf
  - which jobs to apply for and how much he or she wants to work.

Outcomes

- The main outcomes to be achieved by this service are to:
  - SUPPORT PEOPLE INTO FULL-TIME PAID WORK
  - enable people to achieve paid work that reflects their aspirations
  - improve the mental health of service users.
- The August 2015 interim report indicated that the programme has been successful in:
  - increasing the number of people with mental health issues securing paid work
  - clients have expressed high levels of appreciation for the personally tailored support: "it helped me decide what to do and I explored different avenues I might enjoy"
  - users reported increased confidence, self-belief, motivation and sense of purpose.
- Overall, this programme can improve mental health and wellbeing by:
  - allowing users to BECOME MORE AWARE OF THEMSELVES and their goals
  - allowing clients to GAIN NEW SKILLS by becoming work ready and gaining employment.

Schools Wellbeing Programme

- The Barnet Schools Wellbeing Programme (BSWP) was set up in October 2013 to equip schools to improve the health and wellbeing of their pupils and staff

How it works

- The programme was rolled out in primary schools and extended to secondary schools
- The programme focused on five public health work streams:
    1. HEALTHY EATING
    2. PHYSICAL ACTIVITY
    3. EMOTIONAL WELLBEING
    4. substance misuse prevention
    5. SEXUAL HEALTH EDUCATION
- Also supported schools to achieve the Healthy Schools London (HSL) awards
- Providers delivered training, consultancy and resource packages to support schools implementing sustainable health and wellbeing measures.

Benefits of the service

- Between October 2013 and August 2015 the majority of targets were exceeded
- Numerous outcomes contribute to improved mental health and wellbeing:
    - an increased number of children learning new skills such as:
        - LEARNING TO COOK through "let's get cooking" clubs for example at Parkfield Primary School.
        - LEARNING TO GROW FOOD for example at the food allotments at Wessex Gardens Primary School.
- INCREASED AMOUNT OF PHYSICAL ACTIVITY in schools with:
    - 35 primary schools providing two hours of PE per week
    - at St Catherine's RC Primary School there was a:
        - 200% increase in the percentage of pupils playing/running/skipping
        - 47% increase in the percentage of pupils playing games.
- An increase in the number of schools (45) providing more opportunities to build pupils' confidence, wellbeing and self-esteem
- Mathilda Marks Kennedy Park School worked on peer mediation:
    - children received training in how to sort out problems such as bullying, disagreements and arguments, giving the children a chance to GIVE to others as well as LEARN NEW SKILLS
- The substance misuse stream empowered children to make better decisions
- The BSWP encouraged a holistic approach towards improving health and wellbeing in schools - benefiting teachers, parents and children and tackling many aspects of health and wellbeing
- It allowed children and teachers to learn new skills, increase levels of activity and CONNECT WITH DIFFERENT GROUPS.

Self-harm & Suicide Prevention Training

- The aim of this programme is to PROVIDE TRAINING WORKSHOPS on self-harm and suicide prevention for frontline staff who work with children and young people (up to age 25) in Barnet.
- Frontline staff include:
    - social workers
    - youth and community workers
    - welfare staff and housing officers
    - police, prison and probation officers
    - GPs
    - faith leaders
    - domestic abuse workers
    - teachers and support staff in educational institutions
    - railway staff
    - refugee and asylum seeker service staff.

How it works

1. Half Day AWARENESS TRAINING:
    - for a minimum of 300 frontline staff who come into contact with children and young people on self-harm and suicide awareness
    - recognising signs and symptoms and signposting to appropriate help.
2. One Day training:
    - SKILL-BASED TRAINING for at least 100 staff who undertake 1:1 work with children and young people
    - equipping them to intervene, manage and prevent self-harm and suicide.

Benefits of the service

- The training aims to enable frontline staff to:
    - increase their ability to RECOGNISE SIGNS of self-harm and suicidal thoughts
    - ensure a better response to those self-harming or having suicidal thoughts
    - develop a non-judgmental approach and a 'ready to help' attitude
    - increase knowledge of where to go for advice and support
    - encourage help seeking behaviour amongst adults, children and families.
- The programme ended in November 2015, and will now be evaluated
- The programme should enable the front line staff to:
    - TAKE NOTICE of those around them
    - GAIN NEW SKILLS needed to support those they identify as being at risk.
- Increased awareness of others may also help them to be more aware of their own feelings, thereby contributing to their own mental wellbeing.

Silver Service Scheme

- For those over 60 and their guests (carer, friend, relative of any age)
- Diners have a choice of restaurants in East Finchley and Edgware
- Offers a £5 restaurant lunch deal on Tuesdays
- Gives older people the opportunity and incentive to GET OUT OF THE HOUSE, eat well and SOCIALISE with people of their choice for a reasonable price.

Testimony

- One user has been able to try new restaurants which she would not otherwise have been able to try:

"I do enjoy going to a new restaurant, especially as I have lived in the area for 16 years"

"It is always fun to go and MEET NEW PEOPLE in a nice environment"

"We all enjoy going to NEW RESTAURANTS together in the area that we would not have gone to without the scheme"

"I'm enjoying meeting new people in the area and it's nice to meet locally but somewhere you have never been before"

Substance Misuse Service

- A new Substance Misuse Service will operate from two hubs.
- Both will provide treatment and recovery to reduce the number of clients not attending treatment.
- The pathway will aim to increase the rate of successful completions by adopting a more holistic approach to patient care.
- Patients will receive an initial assessment to identify individual need:
  - Information from this assessment will inform referral to an appropriate care coordinator.
  - Patients will then be offered a range of PROGRESS TO RECOVERY INTERVENTIONS with additional support offered in complex cases.
  - Patients will also receive support in COMMUNITY RE-INTEGRATION.
  - Regular patient reviews will be carried out every 5 weeks or when circumstances change
  - Reviews will be supplemented with weekly client program and review meetings to discuss client progression and concerns.

Visbuzz

- New initiative designed to help KEEP PEOPLE CONNECTED through technology
- Targets those at particular risk of mental health problems (elderly, isolated and disabled).

How it works

- Visbuzz is a simple video calling system, which enables users to video CALL FRIENDS, family, carers or health care professionals with just one touch
- Application is used on a tablet device (either provided by the service or the user's own) and displays photographs of people the user might want to call.
- Touching a photograph connects the user to face-to-face chat.
- If the desired person is unavailable, that person will receive a text message saying that the user has tried to call them.
- Software is provided through a cloud and users can connect to the service through different devices in different places.

Visbuzz in Barnet

- 'Visbuzz' is currently being run as an exploratory pilot, funded by London councils as part of 'Capital Ambition'
- The pilot aims to reach 100 people in each borough.
- Tablets will be provided to residents in Barnet from December 2015.

Benefits of the service

- Anticipated benefits of the project include:
    - REDUCED LONELINESS and increased wellbeing through increased contact
    - reduced anxiety for family and friends of users
    - INCREASED SOCIAL INCLUSION
    - INCREASED DIGITAL INCLUSION and confidence with technology
    - enablement of health and social care appointments without leaving the house
    - reduced wasted emergency call outs and loneliness call outs.

Volunteering in Barnet

- According to the Spring 2015 Barnet Residents' Perception Survey:
  - 26% VOLUNTEER at least once a month
  - 13% volunteer, but less than once a month.
- The London Borough of Barnet Charter with the voluntary and community sector commits the council to support volunteering.

Groundwork

- Groundwork London has been providing volunteering services for Barnet since April 1, 2015.
- Groundwork offers cost-effective, non-clinical solutions that can INCREASE PHYSICAL and SOCIAL ACTIVITY and improve mental wellbeing.
- Groundwork brings a holistic approach to improving health and wellbeing:
  - community based services that embed health improvement into PERSONAL DEVELOPMENT, social mobility and green space development programmes
  - based around community development in accessible community locations

12 Summary and Recommendations

This report has highlighted the substantial burden of mental ill health in Barnet. The challenge presented by mental ill health will grow over the commings years. For example the number of people living with common mental disorders and two or more psychiatric disorders is projected to rise over the next four years. The rate of child admissions for mental health in Barnet is significantly above that for London and increased sharply between 2011/12 and 2013/14. The prevalence of dementia in Barnet is also above the London average and the number of people with dementia is also projected to rise.

Though levels of happiness are generally high in the borough a substantial proportion of residents report low levels of happiness (8.5%) and high levels of anxiety (13.1%). There is also substantial inequality in levels of personal wellbeing between wards in Barnet.

The projected increases in mental ill health and inequalities in personal wellbeing in Barnet require serious attention. The five ways to mental wellbeing offer an excellent opportunity to reduce the burden of mental ill health using a diverse range of methods that can be aplied at different points throughout a person's life.

In light of Barnet's mental health profile, future projections, and current programmes and interventions, the following actions and recommendations are proposed. If implemented these will allow Barnet to address mental ill health through improved use of the five ways to mental wellbeing.

Recommendations:

1. Add a 'Five ways to Mental Wellbeing' page to the public health section of the Barnet Council website
    - Provide a page introducing the five ways and list of programmes available in Barnet that utilise the five ways.
    - This will help to:
        - Raise awareness of the value of the five ways among the general public whilst also making programmes more accessible
        - Increase levels of self-referral and increase independence of people with mental ill health.
2. Identify ways to incorporate the 'five ways' into more council and CCG led programmes
    - Continue to work with commissioners to support people with eating disorders in Barnet.
    - Use the public health team to promote and encourage greater use of 'be active' and 'take notice' components of the five ways in council programmes.
    - This should focus on programmes that target the elderly or people living in care homes.
    - Examples of ways to take notice indicate the ease with which this component could be added to programmes. Ways to take notice include asking others about themselves, noticing how friends or colleagues are feeling, taking a different route to work or the shops and taking pleasure in the little things.
3. Incorporate promotion of mental wellbeing and the 'five ways' into healthy workplace schemes
    - The five ways will offer a structured and easily understood method for employers in Barnet to promote mental wellbeing and healthy lifestyle choices.

If you have any questions or comments about this report, or would like more information about any of the programmes, projects or research mentioned, please contact: robert.reed@harrow.gov.uk

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