

The Determinants of Mental Health and Wellbeing

Why is this important to Bradford District?

One in six adults experiences a mental health problem at any one time. For some, mental health problems are treated and never return, however, for some people mental health problems last for many years, especially if not appropriately treated.

The World Health Organisation (WHO) defines mental health as '*a state of well-being 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.*' (WHO, 2014). As such, mental health is greater than just the absence of mental illness, but includes the notions of positive self esteem, coping mechanisms and the importance of empowerment and control.

The presence of mental illness and behavioural disorders is described by WHO as '*clinically significant conditions characterised by alterations in thinking, mood (emotions) or behaviour associated with personal distress and/or impaired functioning... such abnormalities must be sustained or recurring and they must result in some personal distress or impaired functioning in one or more areas....They are also characterised by specific symptoms and signs, and usually follow a more or less predictable natural course, unless interventions are made*' (WHO, 2001).'

The spectrum and severity of conditions that encompass mental health disorders is both broad and complex, and includes:

- Common mental health problems such as anxiety, depressive disorders, depressive episodes, phobias and panic disorders;
- Severe and enduring mental health problems such as schizophrenia, schizotypal and other delusional disorders, manic episodes, bipolar affective disorder and other affective disorders with psychotic symptoms.

Wellbeing is the combination of:

- feeling good - incorporates not only the positive emotions of happiness and contentment, but also such emotions as interest, engagement, confidence, and affection
- functioning effectively (in a psychological sense) - development of one's potential, having some control over one's life, having a sense of purpose (for example. working towards valued goals), and experiencing positive relationships.

Wellbeing and mental health problems are interdependent. Wellbeing reduces the risk of mental ill health, whilst mental ill health reduces wellbeing. Evidence shows that the single largest group of

people with poor wellbeing are those with a mental health problem. Accordingly, promotion of wellbeing is important for prevention of mental illness, and also recovery from mental ill health.

High levels of wellbeing are associated with a range of positive impacts including: improved educational outcomes; healthier lifestyles, and reduced risk taking behaviours such as smoking, excessive alcohol use, and substance misuse; increased productivity lower levels of crime, violence and antisocial behaviour.

Good mental health and wellbeing is not only important in terms of the health and wellbeing of people in Bradford District, but it has a huge economic impact. Mental health problems are estimated to cost the UK economy £105.2 billion each year; this includes impacts on the NHS, employers and the criminal justice system. The reason for the large economic impact is a combination of the broad range of impacts on housing and employment, as well as the fact that mental ill health is common, and it often arises early in the lifecourse.

Strategic context

National Context: The biggest recent policy drivers for Mental Health have been [The Five Year Forward View for Mental Health](#) and [Implementing the Five Year Forward View for Mental Health](#). The Five Year Forward View for Mental Health set out the case for change, and argued for a number of changes to services, including:

1. A seven day NHS
2. An integrated mental and physical health approach
3. Promoting good mental health and preventing poor mental health – helping people lead better lives as equal citizens.
 - a. Prevention at key moments in life
 - b. Creating mentally healthy communities
 - c. Building a better future (including advancing research and improving data and transparency).

Implementing the Five Year Forward View for Mental Health set out recommendations for improvement over a number of areas including: children and young people's mental health; perinatal mental health; adult mental health: common mental health problems; adult mental health: community, acute and crisis care; adult mental health: secure care pathway; health and justice; suicide prevention; testing new models of care; a healthy NHS workforce; and infrastructure.

Local Context: [Local transformation of Mental Wellbeing](#) is being driven by an ambitious strategy, launched in 2016. This strategy sets out three priorities covering the major themes of the strategy, alongside five outcomes (**figure 1**).

Other relevant local strategies include the [Suicide Prevention Action Plan](#) and Future in Mind: [the children's mental health transformation strategy](#). These are discussed further in the relevant JSNA sections.

Figure 1: Bradford District Mental Wellbeing Strategy priorities and objectives.

Our strategic priorities		
Our wellbeing	Our mental and physical health	Care when we need it
We will build resilience, promote mental wellbeing and deliver early intervention to enable our population to increase control over their mental health and wellbeing and improve their quality of life and mental health outcomes.	Mental health and wellbeing is of equal importance with physical health. We will develop and deliver care that meets these needs through the integration of mental and physical health and care.	When people experience mental ill health we will ensure they can access high quality, evidence based care that meets their needs in a timely manner, provides seamless transitions and care navigation.

How will we know we have achieved this?

Strategic outcomes

People in Bradford district and Craven will:-

-  be supported to recognise and value the importance of their mental wellbeing and take early action to maintain their mental health through improved prevention, awareness and understanding;
-  enjoy environments at work, home and in other settings that promote good mental health and improved wellbeing;
-  experience seamless care and have their physical and mental health needs met through services that are integrated and easily accessible;
-  reach their maximum potential through services which are recovery focused, high quality and personalised and which promote independence;
-  expect support to be commissioned and delivered in a way which leads to increases in efficiency and enables transformation of care through reinvestment.

What are the determinants of good mental health and wellbeing?

A review of the literature has identified a number of risk factors that increase the likelihood of a person experiencing poor mental health or poor wellbeing, across the lifecourse. Furthermore, a number of protective factors have also been identified. The determinants of mental wellbeing are not necessarily the same as the determinants of mental ill health.

Determinants of Wellbeing

Protective factors, promoting wellbeing include: good quality antenatal and postnatal care; early years (upbringing, experiences and nurturing); socio-economic factors; community trust and participation; meaning, purpose and spirituality; culture; emotional and social literacy; good quality

education; positive relationships; decent jobs; engagement in physical activity; access to green space; and good physical health.

Risk factors associated with poor wellbeing include: substance misuse; deprivation; fuel poverty; poor housing; stressful work; experiencing a mental disorder; physical ill health; and unemployment. Evidence suggests that a small improvement in wellbeing can help to decrease some mental health problems and also help people to flourish.

[The Five Ways to Wellbeing](#) sets out 5 actions to improve personal wellbeing (**Figure 2**).

Figure 2: Five ways to Wellbeing



Determinants of mental ill health

The determinants of mental ill health vary across the life course, however, there is an overwhelming body of evidence that **most lifetime mental ill health arises before adulthood**; the age of onset of mental ill health predates physical illness by several decades. It is estimated that 50% of lifetime mental ill health starts by the age of 14; and 75% of lifetime mental ill health arises by the mid-twenties.

Factors associated with an increased risk of mental ill health during childhood and adolescence includes:

- Maternal health during pregnancy (including mental health, smoking, substance misuse, alcohol);
- Low birth weight and prematurity;
- Family structure;
- Household income, tenure, and dependence on welfare;
- Parental unemployment;
- Lower levels of educational attainment in parents;
- Screen time in children;

Adverse childhood experiences are estimated to account for around 30% of adult mental ill health. Other factors associated with an increased risk of mental ill health in adulthood include:

- Deprivation
- Unemployment
- Debt
- Violence
- Stressful life events
- Inequality
- Poor housing and fuel poverty

Inequality and **deprivation** are key **underlying elements for a range of risk** factors for wellbeing and mental ill health, which then further increases inequalities. People living in our most deprived areas are at increased risk of mental ill health and poor wellbeing compared to those living in our least deprived areas.

It's not just about absolute deprivation, but also the level of inequality. Higher income inequality is associated with reduced wellbeing, trust and social connectedness, as well as increased hostility and violence.

Risk Groups

Certain population groups are at higher risk of experiencing mental ill health and low mental wellbeing, and therefore disproportionately benefit from interventions (proportionate universalism). Population groups identified from the literature as being at higher risk of poor mental health and wellbeing include:

- Looked after children
- Children with a learning disability
- Children with a physical illness
- Children with a parent who has a mental illness
- Young men in custody
- Homeless people
- Adults with long term conditions
- Some Black and minority ethnic groups
- Pregnant and postnatal women
- Prisoners
- Adults with a learning disability
- LGBTQ

What do we know?

Living in poverty is known to confer a large impact on the risk of developing mental health problems, with a gradient of association; people living in the **poorest 20% of households are twice as likely to have mental health problems as those in the 20% highest earning households**.

This is important for Bradford District, where, on average, rates of poverty are higher than the national average. For example, the Index of Multiple Deprivation consists of a range of measures related to factors such as income, housing, education, employment, and others, and constructs a

score to compare areas against each other. Bradford District scores relatively highly on this deprivation measure, at 34.7 in 2019, compared to an England average of 21.7.

Bradford District also has a larger proportion of people from Black and Minority Ethnic (BME) backgrounds compared to the national population. **Ethnic background is related to both the risk of developing a mental health condition and the likelihood of receiving appropriate treatment** for mental illnesses. For example, Black and Black British women were found by the 2014 [Adult Psychiatric Morbidity Survey](#) (APMS) to have the highest risk of common mental health disorders. However, Black adults were found to have the lowest rates of treatment of any ethnic group.

In Bradford District, there are large numbers of people living in environments that pose a risk of mental illness. **Income** and **work** are two of the most important determinants of mental health and wellbeing, with employment being one of the most important determinants of physical and mental health. Unemployment has been falling in England, down to 4.1% in 2018, but this proportion increases to 8.4% for people living in the most deprived areas, more than double that of people in the least deprived areas (3.4%).

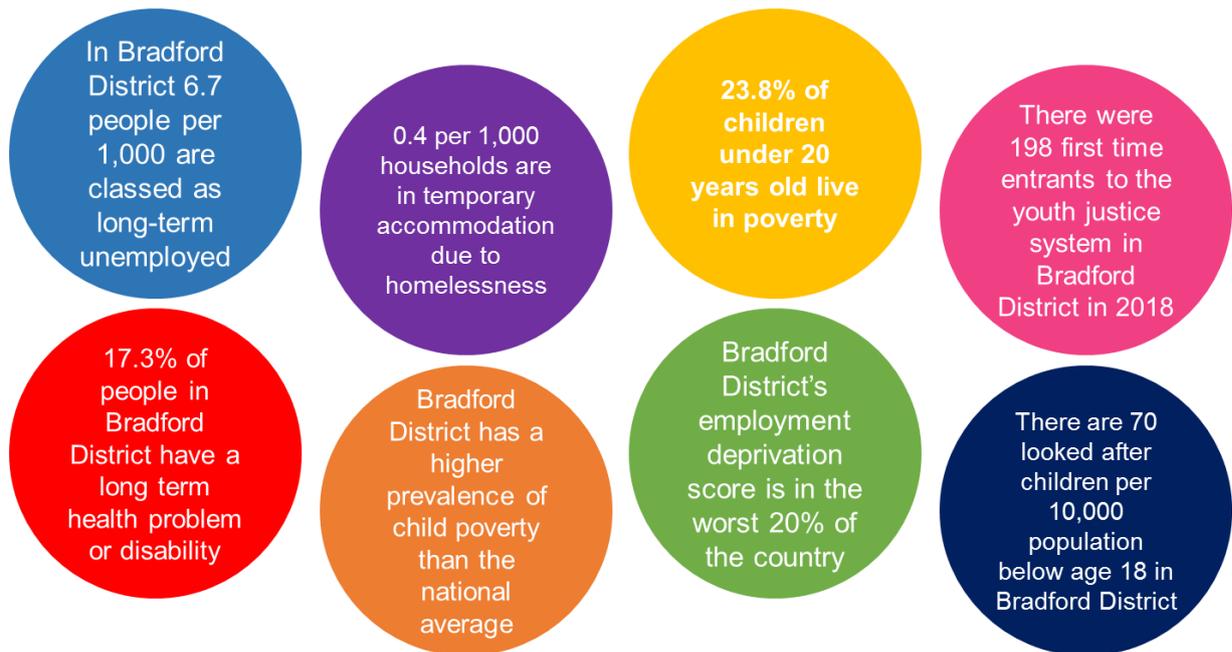
Our employment deprivation scores are in the worst 20% nationally, with our long-term unemployment figures higher than the national average. 5.1% of adults are estimated to be unemployed. This is the fifth highest percentage of unemployment in Yorkshire and Humber. Unemployment is associated with chronic stress and higher incidence of mental illness, and so we can posit that tackling unemployment may result in improved mental wellbeing in our population. The quality of available work can also play a part in mental health outcomes.

Housing quality is a key determinant of mental wellbeing and in a recent survey of Bradford's housing, 18% of housing had class 1 hazard (a category 1 hazard is a hazard that poses a serious threat to the health or safety of people living in or visiting your home) classifying them as non-decent. It is reassuring, however that our homelessness rates are significantly lower than the national average.

More educated individuals are less likely to experience from mental disorders such as depression or anxiety. It is one of the key milestones for wellbeing through the life course and can impact on many outcomes in later life including, quality of work, future earnings, involvement in crime, morbidity and death. 16-18 year olds are now required by the law to stay in education/training, which has had an impact on this measure. In Bradford District, the proportion of 16-18 year olds not in education, employment or training is higher than the national average.

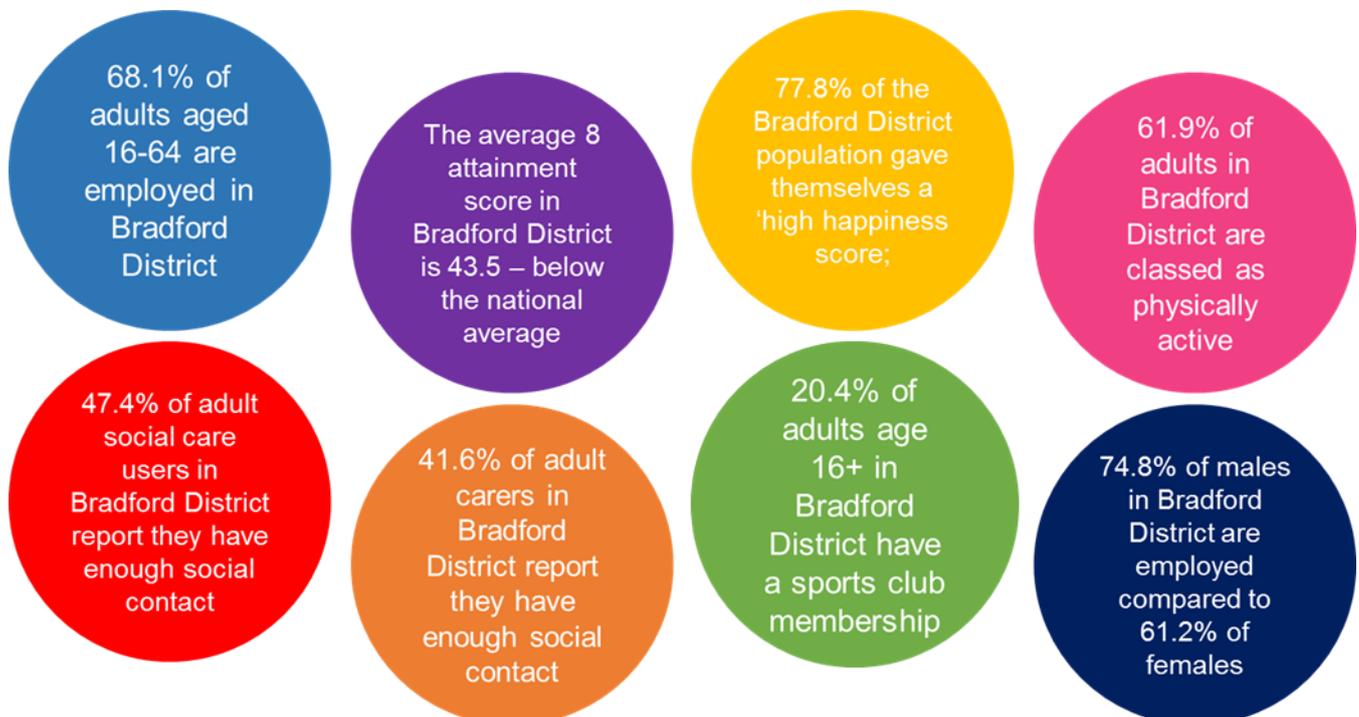
As well as risk factors, Public Health England also publishes information on factors that act as protective factors against ill mental health. These include education, engagement in sport and other physical activity, social contact, and employment. In comparison to the national average Bradford District has a low rate of employment as well as a low rate of pupils in key stage 4 achieving 5 A*-C grade GCSE's including Maths and English. England also has a higher average proportion of the population that gave themselves a 'high happiness score' on a self-reported survey. Bradford District has a lower proportion of people who complete enough physical activity each week and a lower than average percentage of adults who are a member of a sports club. However, more carers in Bradford District reported they have enough social contact as they would like than the average for England and a higher proportion of social care users reported they are satisfied with the amount of social contact they have.

Figure 3: Key statistics on the risk factors for mental ill health in Bradford District



Source: Public Health England

Figure 4: Key statistics on protective factors for good mental health in Bradford District



Source: Public Health England

Further data on the risk and protective factors can be found in the 'Bradford District is a healthy place to live, learn, and work' chapter.

Assets

Bradford District has a young, diverse population, and a rich cultural heritage, with a number of theatres, galleries and museums including the world-renowned National Media Museum. We have 33 leisure centres and pools, and a lot of green space, with much of the region rural, and a number of public parks in the urban areas. Green space, physical activity, and community is all known to have a positive impact on mental wellbeing.

The District also has a committed, passionate and skilled mental health workforce, including a very strong voluntary and community sector.

Gaps / challenges / opportunities

The determinants of mental health and mental wellbeing are numerous; so much about where we are born, live, learn, socialise and work impacts on our mental wellbeing and mental health. Accordingly, promoting good mental wellbeing can only be achieved through a whole system approach; this means taking a life course approach, working in partnership with communities, the VCS, across the local authority and the NHS.

What are we doing about it and what does the information presented mean for commissioners?

Our Mental Wellbeing Strategy sets out all of our actions to improve mental health and mental wellbeing. Examples include:

- Psychological therapies are provided through MyWellbeing College, which accepts patients via both professional and self-referral. The College provides a range of resources and services to meet the needs and preferences of different people, including face-to-face, group sessions, telephone support, web-based support, and work books.
- Work is on-going via the Mental Wellbeing Strategy to improve the prevention of mental ill health, through working with schools, employers, and organisations coming into contact with potentially vulnerable people.

Given the broad determinants of good mental wellbeing, our actions are not confined to what is described in the strategy. Promotion of good mental wellbeing needs to be a feature in everything that we do, from early help and intervention, housing and urban design, education, sports and leisure, and service provision.