Annual Report of Director of Public Health

Introduction

- The purpose of an annual report of the director of Public Health is to contribute to improving the health and well-being of local populations. Many of us work to improve the life expectancy of our population and do so in a way which aims to reduce the inequalities seen within our communities. This report is my independent professional statement about the health of our communities within Berkshire.
- In this report I have not given a comprehensive analysis of all the health issues facing our communities across Berkshire , the new style joint strategic needs assessments that are now on each Council website gives an up to date and accessible description of this. In this report I have chosen to focus on one aspect of illness that effects more of our population that any other disease group and yet is less talked about, is less well understood having has less research spend than other areas, and still faces a reluctance to talk about openly within our communities -- mental illness
- Mental illness is the largest cause of disability in the UK effecting 23% of our population, yet the investment in mental health services has fallen nationally since 2011 and it is a real cause of health inequality with people who experience mental health problems dying earlier often from avoidable causes, not as a result of their mental illness.
- This report outlines some of the key facts around the pattern of illness, the risk factors for illness and some key facts about mental illness in Berkshire. The report does not focus on the treatment of illness - commissioners of mental health services are guided by NICE and others regarding the best models of care which should underpin their contract and monitoring. In this report I draw attention to the actions that as a community we can take to address the reduce the incidence and impact of mental health.
- The national framework for improving mental health –

"No Health without Mental Health" sets out a clear framework for action - one of these actions is to ensure that mental illness is given the same priority as physical health , I hope that by choosing mental illness to start my series of annual reports I am supporting this aim at least in part.

Introduction - why mental health is important

We all have mental health, like we all have physical health. During our lives both will change. And, like our bodies, our minds can become unwell. In many instances what makes our mind unwell is far less understood that what makes our bodies ill.

The impact and pain from mental illness is less visible than a broken arm but it can effect us at any stage of our life and have profound effects on our quality of life and sense of well being

Mental illness should be a concern for us all because it affects us all.

On an individual level, mental health problems affect our ability to function from day to day and has a major impact on how we report our quality of life.1

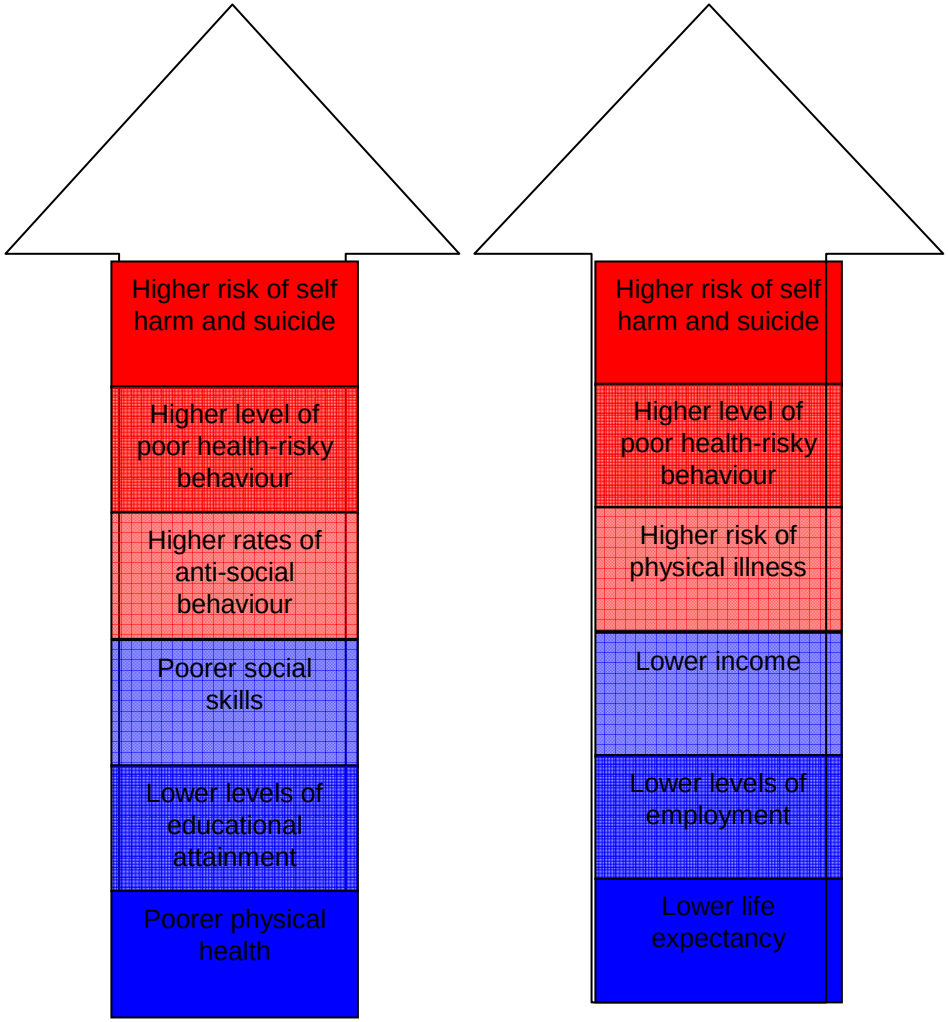
1 in 4 families worldwide is likely to have at least one member with a mental disorder 2]

Mental health is not nearly as well understood as other areas of health **3**

Mental health is an integral part of health.
Mental health is more than the absence of illness.
Mental health is intimately connected with physical health and behaviour.

The attitudes people have towards those of us with mental health problems mean it is harder for them to work, make friends and in short, live a normal life.

- People become isolated
- They are excluded from everyday activities
- It is harder to get or keep a job
- People can be reluctant to seek help, which makes recovery slower and more difficult
- Their physical health is affected.



Summary of consequences possible with mental illness

Children who have mental illness

The UK is ranked 24th out of 29 European countries for child wellbeing [4]

What are the common mental health illnesses in children

• Emotional disorders	Depression Anxiety disorders
• Conduct disorders	Oppositional Defiant Disorder Conduct Disorder
• Hyperkinetic disorders	Attention Deficit Hyperactivity Disorder (ADHD)
• Less common disorders	Pervasive developmental disorder Psychotic disorders Eating disorders

Pattern of Illness - nationally

- 10% of 5 – 15 year olds have mental ill health based on national surveys [5]
- 1 in 10 children and young people aged 5 - 16 suffer from a diagnosable mental health disorder [6]
- 72% of children in care have behavioural or emotional problems - these are some of the most vulnerable people in our society [7]
- 95% of imprisoned young offenders have a mental health disorder. Many of them are struggling with more than one disorder [8]
- Self-harming in young people is not uncommon(10–13% of 15–16-year-olds have self-harmed).**9**

3 children in a class will experience some form of mental illness

Types of illness

Anxiety

- 3.3% or about 290,000 children and young people have an anxiety disorder

Depression

- 0.9% or nearly 80,000 children and young people are seriously depressed

Conduct Disorders

- 5.8% or just over 510,000 children and young people have a conduct disorder

Hyperkinetic Disorder (Severe ADHD)

- 1.5% or just over 132,000 children and young people have severe ADHD [10]

Risk factors for mental illness in children

Socio economic factors –
Children in poverty - 3x risk
Families of social class V compared with social class I.
Social sector tenants compared with owner occupiers

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Parental factors –
Antenatal - alcohol drugs and tobacco use
Maternal mental illness – 4-5x risk
Lone parents
Reconstituted families .
Families with five or more children
Parents with no educational qualification

Child factors -

Low birth weight	Child abuse
Looked after child	Low intellectual ability
Young offenders	Bullying

Impact of Mental illness in children

Life Chances

Children diagnosed a with conduct disorder
are less likely to :

- Achieve good qualifications and employment
- develop strong relationships and family formation
- more likely to have poor health and disability by the age of 33
- an unwanted pregnancy
- criminal convictions

Educational attainment

Pupils with better emotional wellbeing at age seven had a value-added key stage 2 score 2.46 points higher (equivalent to more than one term's progress) than pupils with poorer emotional wellbeing 15

Social and emotional competencies have been found to be a more significant determinant of academic attainment than IQ. 16

- bullying and being bullied are associated with outcomes with a high social and economic cost:
- criminal behaviour and alcohol abuse (bullies) and depression and suicidal behaviour (victims of bullying).

Bullying worsens childhood and adult mental health and is experienced by between a third and half of British school children and young people 11

Economic

In children aged 4-8 referred with conduct disorder, -
Mean extra cost was £15,282 a year (range £5,411-£40,896) -
31% was borne by families,
31% by education services,
16% by the NHS,
15% by state benefit agencies
6% by social services, and less than 1% by the voluntary sector 14

Risk taking Behaviour

In adolescence,
conduct disorder is linked with a 4 fold risk of drinking alcohol
Emotional disorders 2 fold risk
A third of suicides in young people are associated with alcohol intoxication, 12

On going health

In people with a mental ill illness at age 26 –

- Half had a mental health problem before the age of 15,
- Three quarters by age 18, 17
- Research has shown that conduct disorders predicted all adult psychiatric disorders including psychosis, 18
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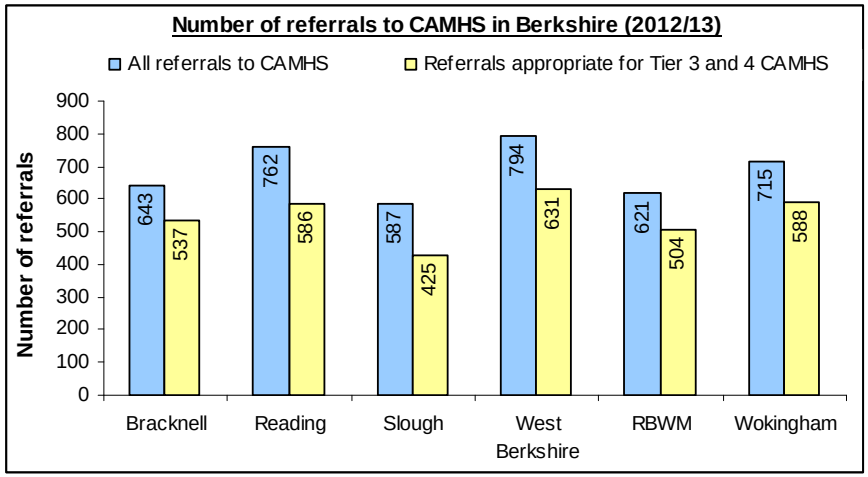
Children and young people – Berkshire

- 1 in 10 children and young people are estimated to have a clinically diagnosable mental health disorder in England (5 – 16 year olds). The estimated prevalence in Berkshire ranges from 7.7% in RBWM to 9.7% in Slough.
- The number of children admitted to hospital for mental health conditions in Berkshire is lower than the England rate. In 2012/13, the England admission rate was 87.6 per 100,000 population (0-17 year olds). The rate in Berkshire ranged from 28.7 in Slough to 61.4 in Reading. Slough, West Berkshire and Wokingham's rates have been significantly lower than England's since 2010/11.
- The number of young people admitted into hospital for self harm in Berkshire is also significantly lower than England. All 6 local authorities have had a significantly lower rate since 2007/08. From 2010/11-2012/13, 352 per 100,000 population (10-24 year olds) were admitted for self harm in England. Berkshire's rates ranged from 176.2 in Wokingham to 290.5 in Slough over the same time period.
- In 2012/13, Berkshire's local Mental Health Trust received 4,122 referrals for Child and Adolescent Mental Health Services (CAMHS). 82% of these referrals were appropriate for a response from Tier 3 and 4 CAMHS in the 6 local authorities.
- During 2012/13 the local authority CAMHS teams referred 96 children and young people to the Berkshire Adolescent Service (Tier 4). 26 young people were admitted to the Berkshire Adolescent Unit with mental ill health. This is an increase on 2011/12's figures where 16 were admitted.

Children and Young People with a mental health disorder in Berkshire (5-16 years old)

	Estimated prevalence (2013)	Estimated number (2013)
Bracknell	8.3%	1,465
Reading	9.1%	1,902
Slough	9.7%	2,329
West Berkshire	8.1%	1,923
RBWM	7.7%	1,693
Wokingham	7.3%	1,754



What can be done to support children and families

Promoting and preventing poor mental health has three main approaches:

- universal support to promote good mental health,t
- targeted intervention to those at risk of developing mental illness
- and early intervention where metal illness has been diagnosed

Prevention is about taking measures to stop a problem occurring in the first place

Early intervention is about taking action as soon as possible to tackle problems that have already emerged for children and young people

In children there are key stages at which action can be undertaken

Maternity

Universal awareness of signs of maternal depression is a key aspect of any programme to reduce the impact of mental illness.

Post natal depression occurs in between 8 – 15% of pregnancies and can result in depression in the child , with emotional and behavioural disturbances s

Home visiting programmes, peer support and telephone peer support for women at high risk of depression reduce rates of postnatal depression. [12].

reduced maternal smoking is also associated with improved parental health as well as reduced behavioural problems in children's

A key factor that has been shown to have a strong association with childhood and adult mental ill health is poor quality of relationships with parents / caregivers 13

The quality of care and support at age three, a strong child parent / care giver bond predicts with 77% accuracy whether a young person is going to drop out of education by the age of 19. 13

Early years

Parenting programmes do support the establishment of strong bonds / attachment in families and are effective in reducing the incidence and impact of mental health issues in children .

Effective early years programmes involve :

- improving parenting skills
- strengthening child/carer relationships
- addressing behavioural problems in infants and children
- promotion of family mental health
- domiciliary health visiting
- day care and parenting support .

Over 25 years, the total return from parenting programmes for children with conduct disorder is between 2.8 and 6.1 times the intervention cost, much of this through reduced crime 13

Schools

Schools have a key role in developing mental health in pupils. Schools based programmes can improve mental health and consequently promote children's learning and behaviour, staff performance and morale, and the overall ethos and success of the school

Key features of a schools based programme :

- a whole school' approach to supporting all pupils' wellbeing and resilience -reducing stigma of mental illness
- universal mental health promotion plus targeted support for chidlren at risk or experiencing problems
- anti-bullying: whole school/community approach
- support staff to recognise importance of good mental health, signs of mental illness and knowledge of support services
- targeted support to children who are looked after 14

Adult mental Illness

Almost half of all adults will experience at least one episode of depression during their lifetime. [9]

About one in 100 people has a severe mental health problem.

Adult mental illness is routinely grouped into two major categories

Common Mental Illness

- Mixed anxiety and depression is the most common mental disorder in Britain, with almost 9% of people effected [19]
- About half of people with common mental health problems are no longer affected after 18 months, [20]
- Overall, common mental health problems peak in middle age. 20-25% of people in the 45-54 years age group are effected ' [21]

Severe mental illness

- 'Psychosis' describes a loss of touch with reality, which may include hearing voices, seeing something that no one else sees, holding unusual personally derived beliefs, experiencing changes in perception or assigning personal meanings to everyday objects.

- Psychosis is associated with schizophrenia, schizoaffective disorder, puerperal psychosis, severe depression and is often experienced during the 'highs' of bipolar disorder. Other illnesses such as dementia can also feature psychotic symptoms.

Facts and figures

- About 1 in every 200 adults experiences a 'probable psychotic disorder' in a year . [22]
- The average age of onset of psychotic symptoms is 22. [23]
- 4.4% of people in the general population say they have experienced at least one symptom of psychosis such as delusions or hallucinations.
- 25% of patients who have a schizophrenic episode have a full recovery [24]
- Some 60% of adults living in hostels have a personality disorder.12
- Some 90% of all prisoners are estimated to have a diagnosable mental health problem (including personality disorder) and/or a substance misuse problem.

Risk Factors

- Having a relative with a mental illness
- Pregnancy factors —a mother who was exposed to viruses, toxins, drugs or alcohol during pregnancy
- Stressful life situations, such as financial problems, a loved one's death or a divorce
- A chronic medical condition, such as cancer
- Brain damage as a result of a serious injury (traumatic brain injury
- Traumatic experiences, such as military combat or being assaulted
- Use of illegal drugs
- Being abused or neglected as a child
- Having few friends or few healthy relationships

Mayo clinic

Physical and Mental Ill Health

People with mental ill health have an increased risk of developing physical health problems

And people with a long term physical illness have an increased risk of developing mental health problems

Mental Ill health and physical ill health

People with depression have :

- Three-and-a-half-fold increase in mortality rates after heart attack
- Increased risk of stroke
- Increased cancer mortality – 50%
- Increased risk of back pain
- Increased risk of Irritable Bowel Syndrome
- Increased risk of Multiple Sclerosis

People with mental health problems are also less likely to have physical health problems diagnosed and treated meaning that what may start out as a small problem becomes more serious.

People with a physical health problems and mental ill health

- 20 x rate of new onset depression or anxiety after diagnosis of cancer or heart attack
- Depression more common in people with a chronic physical health problem
- Across a range of conditions, each patient with co-existing depression costs health services between 30 and 140 per cent more than equivalent patients without depression 25
- Patients with mental and physical illness are three times as likely to be non-compliant with treatment

Lifestyle behaviours

The relationship between mental ill health and physical ill health is often linked to poor lifestyle behaviours

- risk taking behaviours are more common in people with mental illness.

37% of people with mental illness smoke almost double that of the general population 26

Smokers with a mental disorder are more heavily addicted to smoking

the higher the number of cigarettes smoked per day, the greater the likelihood of mental illness.

The more severe the mental illness, the more likely a person is to be a smoker

The relationship between smoking and mental illness is complicated.

Tobacco contains nicotine which is highly addictive, absences of nicotine causes stress further tobacco then relieves this stress – known as relaxing . For smokers with a mental illness, the association between smoking and feeling relaxed is more pronounced. So in essence smoking is associated with feeling better in patients with mental illness for a short period 27

However recent research suggests that quitting smoking improves our mental health as well as our physical health.. Research suggests that long term abstinence from cigarettes can have a stronger positive health effect than anti-depressants.

Starting smoking

There is evidence that smoking is associated with first-ever incidence of a mental disorder, people who smoke but had no history of mental disorder had an increased risk of developing illness.

Conversely, mental disorders such as anxiety and depression may be a factor in smoking initiation. Studies with teenagers and young people found that depression and anxiety are strong predictors of smoking experimentation and transition to steady smoking. 27

Impact

Shorter lives

Essentially, those with mental illness die on average 15-20 years earlier than those without.

The life expectancy of people with serious mental illness in 2011 was comparable to that of the general population in the 1950s 29

For recurrent depression, the average reduction in life expectancy is 7-11 years
For bipolar disorder: 9-20 years
For schizophrenia: 10-20 years
For drug and alcohol abuse: 9-24 years
For heavy smoking, the average reduction in life expectancy is 8-10 years.

Whilst for many years early death has been thought to be due to the risk of suicide 28 however it has now been shown that most of the risk can be attributed to physical illness such as cardiovascular and respiratory diseases and cancer (80% of early deaths).

Personal Impact

People with mental health problems often have:
fewer qualifications, find it harder to both obtain and stay in work, have lower incomes,
are more likely to be homeless
or insecurely housed,
and are more likely to live in areas of high social deprivation 8

Stigma

- It is harder for people to talk about mental illness than physical illness , this results in it being harder for those with mental illness to work, make friends and in short, live a normal life.
  People can become isolated and excluded from everyday activities
- Many people say that being discriminated against in work and social situations can be **a bigger burden than** the illness itself

Economic Impact

- Mental ill health represents up to 23% of the total burden of ill health in the UK – the largest single cause of disability.
- £1 in every £8 spent in England on long-term conditions is linked to poor mental health.
- More than 11% of the NHS budget is spent on treating mental illness
- Estimates have suggested that the cost of treating mental health problems could double over the next 20 years.27
- More than £2 billion is spent annually on social care for people with mental health problems.28
- Sickness absence due to mental health problems costs the uK economy £8.4 billion a year and also results in £15.1 billion in reduced productivity
- They are also the most common reason for incapacity benefits claims – around 43% of the 2.6 million people on long-term health-related benefits have a mental or behavioural disorder as their primary condition

Adults –Berkshire

The prevalence of different mental health conditions in England are estimated using the GP Quality Outcome Framework.

In March 2013,

0.6% of people in England were registered as having schizophrenia, bipolar affective disorder or other psychoses.

Estimated prevalence in Berkshire ranged from 0.5% in Wokingham to 0.9% in Slough.

6.5% of adults aged 18 and over were recorded as having depression in England.

Berkshire's estimated prevalence was generally lower than the national rate, although Bracknell Forest's rate of 8.7% was notably higher.

The Annual Population Survey (2012/13) asks people to rate their sense of wellbeing, including their level of satisfaction, happiness, worthwhile and anxiety.

Slough had a significantly higher level of high anxiety compared to the Berkshire and national average. In contrast, Reading and Wokingham both had fewer people with a low satisfaction score.

The rate of hospital admissions for depression, neuroses and schizophrenia are significantly lower in all six Berkshire local authorities compared to the national rate.

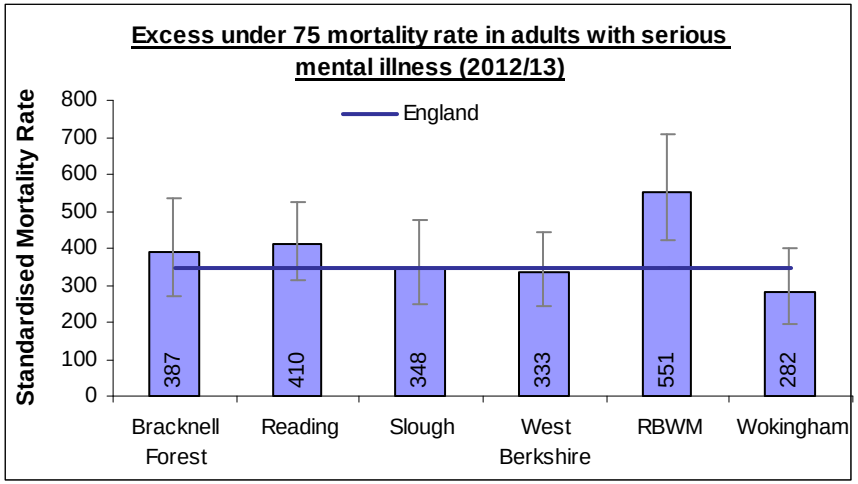
In 2012/13, 4,185 people in Berkshire received support from Adult Social Care services for severe and enduring mental health problems. The rates varied from 30 per 10,000 population in RBWM to 90 per 10,000 population in Bracknell Forest.

Around 4,400 people end their own lives in England each year, which is a rate of 8.5 per 100,000 population. In 2010-12 there were 179 suicides in Berkshire, which is a similar rate to the national level.

In 2012/13, RBWM's excess mortality rate for people with severe mental illness was significantly higher than the national rate at 551%.

Estimated prevalence of mental health disorders in Berkshire (2013/14)

	Mental Health Register (all ages)	Depression (aged 18+)	Dementia (all ages)
Bracknell	0.6%	8.8%	0.5%
Reading	0.8%	5.0%	0.4%
Slough	0.9%	4.4%	0.3%
West Berkshire	0.6%	6.2%	0.5%
RBWM	0.7%	4.0%	0.6%
Wokingham	0.5%	5.7%	0.6%



Action Underway

There are several frameworks that have been set out to direct action to improve mental health - one of the latest and of national significance is the document “no Health with mental Health which gives a clear framework against which action is expected.

Whilst some of the actions are set at national level it gives a good way forward for us locally to direct our improvements in mental health promotion and support to residents with a mental illness - action in some of the areas illustrates work already underway on public mental health

Mental health has ‘parity of esteem’ with physical health within the health and care system .

- *Local planning and priority-setting reflects mental health need across the full range of services, agencies and initiatives.*
- *Mental health and wellbeing is integral to the work of CCGs, health and wellbeing boards and other new local organisations*

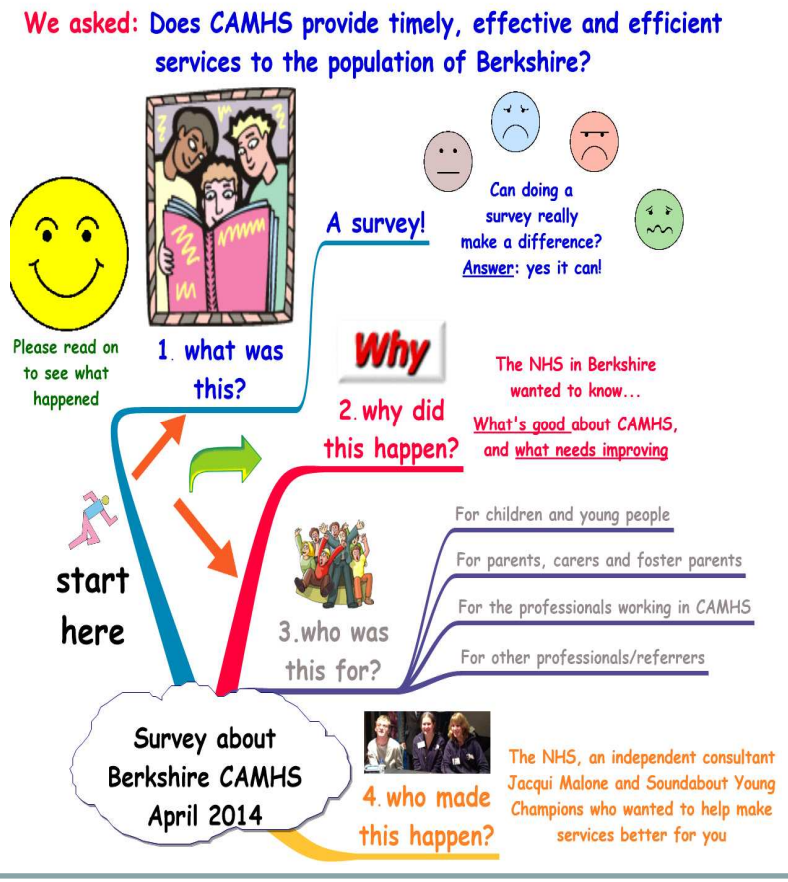
West Berkshire Health and well being strategy -

Hot Focus 2 (August 2015 – November 2015) - We will promote mental health and wellbeing in all adults through prevention, early identification and provision of appropriate services

People with mental health problems, their families and carers, are involved in all aspects of service design and delivery

- People are fully involved in planning, priority-setting and commissioning.
- Providers work with people to assess and improve their experience of care, and involve them in the design and delivery of services.

Berkshire commissioners worked together to find out what children and families really thought about CAMHS services



Local work Public Health lead Slough

Action

Services consider the particular needs of the most vulnerable groups

In Wokingham one ward has significant levels of domestic abuse. Local residents/professional partners requested a self-defence programme. A women's only session run was run for 8 weeks in a local church hall.. The women identified the scenarios they would like to role play.

The age range attracted to the sessions was 16-65 yrs. The retention rate was high and 3/4 of the women were not known to local services.

Sessions continue on informal more fun basis, with high attendance.

Women who have attended fed back they felt empowered, energised and more confident in their abilities.

More people have access to evidence-based treatments

People have access to Psychological Therapies, including children and young people, older people, people from BME communities, people with long term physical health conditions, people with severe mental illness and people with medically unexplained symptoms.

IAPT delivers across Berkshire in 7CCG's and 6 Unitary Authorities. The service is known as Talking Therapies and treats common mental health problems in primary care with a full choice of interventions.

It is on target to achieve all access targets 14/15 namely 15% of access in East , and 18% of access in West of prevalence of common mental health problems. It also achieves in each CCG above the national recovery target of 50% and a 28 day wait for over 95% of referrals .

Children's and young person's (CYPT) IAPT has an anxiety and treatment depression pathway across all localities in Berkshire

The new public health system includes mental health from day one

•The Public Health Outcomes Framework (PHOF) includes mental health measures. – Berkshire pattern of outcomes

	England	Bracknell Forest	Reading	Slough	West Berkshire	RBWM	Wokingham
Adults in contact with secondary MH services who live in stable accommodation	59%	86%	86%	85%	80%	80%	94%
% point gap in employment rate between those receiving secondary MH services and overall rate	62	62	58	62	67	63	61
Emotional well-being of looked after children - average difficulties score	14	15	18	14	16	14	16
Self-reported well-being - people with a low satisfaction score	5.8%	-	4.4%	6.8%	4.4%	-	4.0%
Self-reported well-being - people with a low worthwhile score	4.4%	-	3.6%	-	-	-	-
Self-reported well-being - people with a low happiness score	10.4%	9.9%	7.6%	12.9%	8.5%	8.7%	7.8%
Self-reported well-being - people with a high anxiety score	21.0%	21.1%	22.0%	25.2%	18.7%	22.9%	21.9%
Excess under 75 mortality rate in adults with serious mental illness	337	315	376	416	338	461	407
Suicide rate per 100,000 population	8.8	8.7	8.3	9.5	9.0	7.0	-

Significantly better than England
Similar to England
Significantly worse than England

Action

Public services intervene early

Children and their parents receive evidence-based mental health promotion from birth.

In Reading parent peer support schemes, voluntary groups e.g. Banardos provide support to families, alongside nationally recognised and evidence-based Triple P and Webster Stratton parenting programmes delivered as targeted 1:1 and group .

An across Berkshire family nurse partnership programme which offers effective support to young first time mums, and fathers as well, with the consent of the mother. A proven programme that improves child behaviour, parental well being and life chances which started in Slough.

Schools and colleges promote good mental health for all children and young people, alongside targeted support for those at risk of mental health problems.

In RBWM Summer Term 5 central Nuture groups were run in children's centres with 50 children identified with attachment difficulties supported .

Formal assessment has shown 85 % positive changes in children's responses , with positive feedback from parents and teachers seen

Health services tackle smoking, obesity and co-morbidity for people with mental health problems

Berkshire Healthcare Foundation Trust (BHFT) plan to go smoke free in 2015 (March 30th). Ahead of this efforts are being made to reduce smoking rates within the organisation, specifically within mental health settings. Public Health, led by Bracknell Forest , in partnership with Smoke Free Berkshire, have produced an innovative online training tool to skill staff up to provide brief interventions to patients. This will allow BHFT to work towards recording 85% of Mental Health patients' smoking status and referring 75% of those who smoke to the relevant smoking cessation service. Currently the training tool has been rolled out to 460 staff members, with further waves about to be rolled out.

Services address mental health service users' physical health problems.

Local public health services deliver clear plans for mental health

In Wokingham the Active Wokingham GP Exercise Referral Scheme targets those with either anxiety of depression. The referral is specifically designed to encourage those with a mental health condition to become more physically active in order to help encourage and improve their overall mental health and wellbeing.

Person X is 59 years old and has suffered with depression and anxiety for around 5 years . She joined SHINE in 2011 and was nervous to start physical activity in a group environment. Person X now takes part in Nordic Walking Tai Chi and Aquacise. Person X continues to attend SHINE sessions and has since recruited many new members, describing SHINE as a new lease of life!

Action

We tackle the stigma and discrimination faced by people with mental health problems

In 2013, The Treaty of Mental Health was drawn up by the Reading Youth Cabinet in collaboration with the borough council, school governors and Public Health Berkshire to standardise the education of mental health.

It is the first document of its kind in the country and commits schools to set aside five hours a year to focus on mental health and work with parents and others schools to improve mental health education.

Frontline workers, across the full range of services, are trained to understand mental health and the principles of recovery.

'Mental Health First Aid', a 12 hour programme (MHFA) equips participants with basic MH awareness and enhances their skills in spotting signs of mental distress/crisis.

Mental Health awareness/ MHFA Lite is a 3 hour programme, aimed to give an introduction/overview on Mental Health. Courses have been run in councils and communities across Berkshire - all local public health teams have commissioned courses and Bracknell have delivered several courses already with more planned.

Personal reflection on further work

Whilst we have a number of programmes addressing public mental health there are key areas that I believe need addressing.

Improve visibility and reduce stigma

I would want to promote the Time to Change programme across all major employers - increasing our openness and willingness to talk about mental health and so reducing the associated problems that many report when they are this illness.

Continue to promote mental Health First Aid as part of this approach to improve the knowledge and awareness of mental Health

Use social media to support self care and awareness of mental illness

Early intervention

Maximize the opportunity of the increase in the number of health visitors across Berkshire to strengthen and integrate fully with childrens services in local government to increase the availability and accessibility of parenting programmes and other parental support

Physical health

Target mental health support to residents with chronic long term conditions to address and manage the associated mental illnesses

Continue and promote further programmes to reverse risk taking behaviours in residents with mental illness e.g. stop smoking services

Ensure that residents with mental illness have regular physical health checks and are supported to take part in screening programmes

Resilience

Promote Resilience / well being

Not all mental health problems are preventable. But there are some things we can do to look after our mental health, for example, promoting mental wellbeing and building resilience.

- Resilience is the ability to cope with life's challenges and to adapt to adversity.
- Your levels of resilience can change over the course of your life.

Resilience is important because it can help to protect against the development of some mental health problems. Resilience helps us to maintain our wellbeing in difficult circumstances.

The New Economic forum has identified 5 ways to promote individual and community well being - we should look at how we as individuals support our own resilience but also build in resilience support in the services we deliver

Connect…

With the people around you. With family, friends, colleagues and neighbours. At home, work, school or in your local community. Think of these as the cornerstones of your life and invest time in developing them.

Building these connections will support and enrich you every day.

Be active…

Go for a walk or run. Step outside. Cycle. Play a game. Garden. Dance. Exercising makes you feel good.

Take notice…

Be curious. Catch sight of the beautiful Be aware of the world around you and what you are feeling. Reflecting on your experiences will help you appreciate what matters to you.

Give…

Do something nice for a friend, or a stranger. Thank someone. Smile. Volunteer your time. Join a community group, linking to the wider community can be incredibly rewarding and creates connections with the people around you.

Keep learning…

Try something new. Rediscover an old interest. Fix a bike. Learn to play an instrument or how to cook your favourite food. Set a challenge you will enjoy achieving. Learning new things will make you more confident as well as being fun.

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