BETTER TOGETHER TRAFFORD

Coproducing a mental health
equality map and plan for the Greater
Manchester Borough of Trafford

Contents

Executive summary

Mental health inequalities have widened as a result of the pandemic, and Trafford is determined to improve wellbeing through a system-wide approach to mental health equality.

Some people and communities are at much greater risk of worsened mental health: those living in poverty, poor quality housing or with precarious or no employment; those living with an existing mental health problem, including addiction to drugs, alcohol or gambling; older people who are more likely be bereaved by Covid-19 and may be at greater risk of social isolation; women and children exposed to violence and trauma at home; people with long-term health conditions; and people from BAME communities where prevalence of Covid-19 is higher and outcomes are worse.

These inequalities are to a great extent the result of economic and social factors that put some people and communities at a dramatically higher risk of poor mental health. This means they are amenable to action.

Nearly 100 Trafford residents, service users, commissioners and providers attended two co-production workshops to create a complex system map and action plan aimed at reducing mental health inequalities.

The map and recommendations will now be taken to system leaders for next steps.

A review of the evidence suggested basing this work around four themes that influence mental health and wellbeing: societal and economic; social and community; environmental; physical and behavioural.

Using workshop feedback, an interactive digital complex system map of Trafford's mental health and wellbeing factors was produced identifying opportunities for intervention and potential gaps.

In a second workshop actions were suggested, with the most popular being:

Societal and economic

1. Big organisations should use social value procurement to train, hire and buy more locally especially from at risk communities

2. Major employers including the council, NHS trusts and businesses should get Living Wage Foundation accredited

3. Financial advice, including encouraging access to benefits, Healthy Start vouchers and free childcare, should be more widely available in health, council and other settings

Social and community

1. Invest in mental health services especially for parents and carers

2. Greater efforts should be made to tackle discrimination and celebrate diversity

3. More support and investment in free community spaces like libraries, halls and squares

Environmental

1. Plant more trees and increase access to parks, gardens and community planting schemes

2. Do more to ensure everyone has a decent, secure, affordable home

3. Support more affordable and safer public transport, walking and cycling routes by prioritizing town centre renewal over out of town development, creating school streets, protected cycle lanes and pedestrianized areas

Physical and behavioural

1. Greater investment in cognitive behaviour-based training and substance misuse services to support healthier choices

2. Council should make greater use of planning, licensing and other powers to support healthier choices by, for example, banning smoking in playgrounds, tightening alcohol licensing, preventing take-aways from opening near schools and creating more free water fountains

3. Work with sports clubs, leisure centres and others to create more free physical activities especially for deprived communities

Introduction

The Covid-19 pandemic is being accompanied by a sharp rise in demand for mental health services – referrals to children's mental health services rose 134% from 2019/20 to 2020/21, and emergency crisis care presentations are up 80% (Royal College of Psychiatrists, 2021).

Even before the pandemic, mental ill health was one of the most prevalent forms of illness (ONS, 2017) with one in six people experiencing diagnosable symptoms at any time, at a cost of over £119 billion in England alone (Centre for Mental Health, 2020).

Mental health inequalities mean that while it is true that anyone can experience mental ill health, the risks are much higher for certain groups who experience structural discrimination and disadvantage.

**And people living with mental health difficulties face a much higher risk of poor physical health, too:**

- People in the 10% most deprived communities are more than three times as likely to be detained under the Mental Health Act and twice as likely to die by suicide as the least deprived 10% (NHS Digital, 2020)

- Four times as many Black people and twice as many Asian people are detained under the Mental Health Act as White people (Halvorsrud, 2017)

- Half of LGBT+ people (52%) said they had experienced depression in the last year (Bachmann and Gooch, 2018)

- Almost half of trans people (46%) and 31% of lesbian, gay and bisexual people had thought about taking their own life in the last year (Bachmann and Gooch, 2018)

- People with long-term physical illnesses are at least twice as likely to have a mental health difficulty as those without

- The lives of people diagnosed with a severe mental illness are, on average, 20 years shorter than those without such a diagnosis (PHE, 2019) and they have faced a three times greater risk of mortality from Covid-19. These inequalities are to a great extent the result of economic and social factors that put some people and communities at a dramatically higher risk of poor mental health. This means they are amenable to action.

The vision set out in Trafford's Mental Health & Wellbeing Strategy is for Trafford to be a borough where we focus as much upon preventing mental ill health as on its consequences; where good mental health, parity of esteem between mental and physical health, the ability to adapt and manage adversity and the recognition of the wider factors affecting mental health are supported throughout the life course.

Greater Manchester Health and Care Partnership (GMHCP), Trafford Borough Council and their partners are all committed to reducing mental health inequalities – not only is this the right thing to do but would also reduce demand on under-pressure services and support a more productive local population.

To that end GMHCP commissioned national mental health research charity Centre for Mental Health to work with boroughs like Trafford to support mental health equality work. This report covers this joint work and the map and list of actions that resulted.
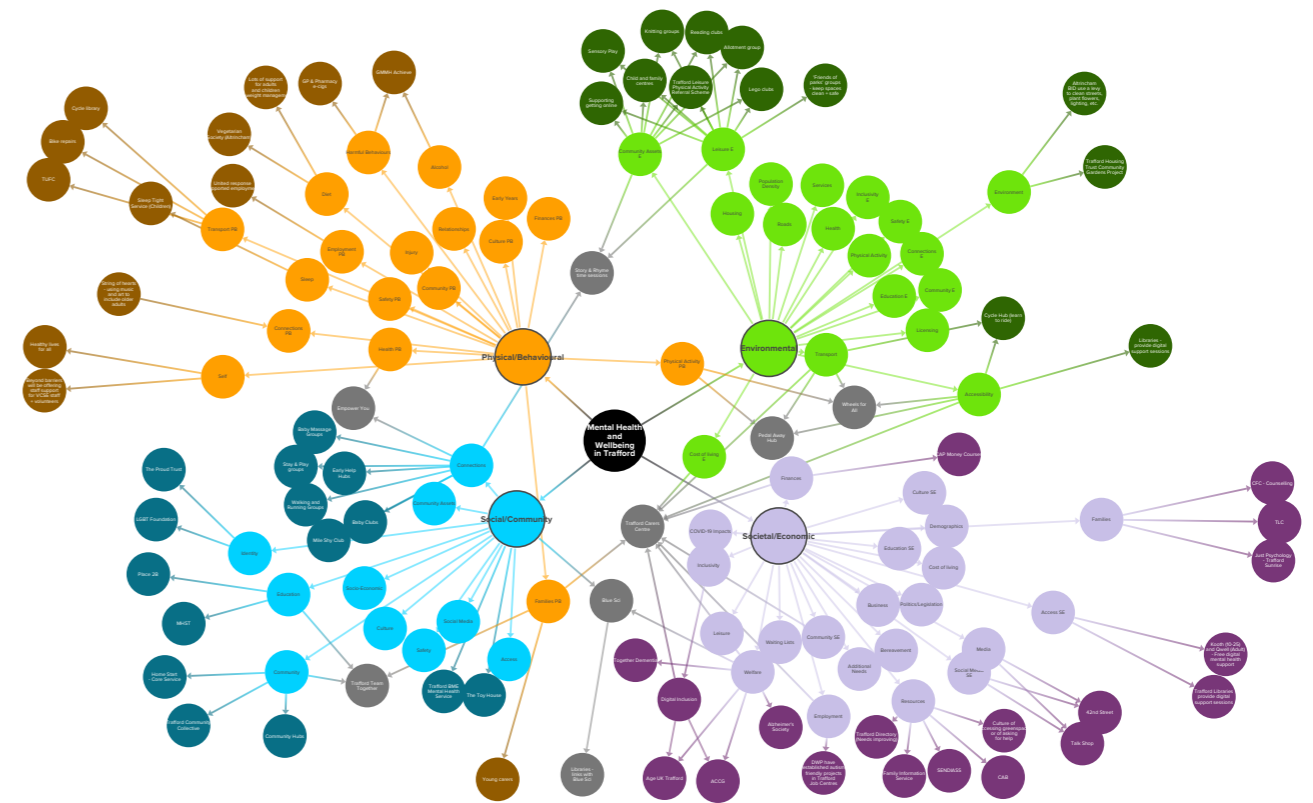
Background

Mental health, illness and wellbeing are not equally distributed across the population.

The protective and risk factors set out below are more or less likely to be present depending on a person's circumstances, environment, and other characteristics.

The role of public health, and other partners concerned with health and wellbeing, is to maximise the protective factors and reduce the risk factors for as many people as possible with special attention given to those groups who suffer the worse outcomes.

Factors affecting mental health and wellbeing

Positively (protective factors)	Negatively (risk factors)
Secure and sufficient income	Poverty
Fair treatment	Discrimination
Secure, decent housing	Homelessness, poor housing conditions
Positive parenting including secure attachment	Child neglect and abuse
Positive school experience	Bullying, excessive pressure to conform
Exercise, healthy diet, sensible drinking	Inactivity, poor diet, substance misuse
Access to green space	Poor environment including air pollution

The most important factor to address from the list above is poverty. This is because poverty worsens all the other factors, from housing and environmental conditions to the likelihood of experiencing abuse, neglect and bullying as a child. This is illustrated by the quotes below from some of Trafford's Poverty Truth community commissioners:

"I can't afford to go out or socialise, which when living on your own is crucial for your mental health & wellbeing" Sara

"I have been under the community mental health team, luckily this meant I had access to a fantastic support worker who helped me navigate the minefield of the benefits system. I want to keep my skills up and my sanity in check but I feel trapped in a system that does not let me grow or develop." Natalie

"Think about what it's like to be worried about everything including where your next meal is coming from and whether you have enough to feed the meter" Julie

Rates of depression, serious mental illness, and suicide, not to mention nearly every physical illness and injury, worsen with increased poverty and deprivation in a very clear dose-response relationship – **the more the exposure the worse the outcomes.**

- Children in the lowest (20%) income households are 4.5 times more likely to experience severe mental health problems than those in the highest income households (Gutman et al, 2015)

- Men living in the fifth most deprived areas are 51% more likely to have depression than those living in areas that are not deprived (Remes, 2018)

- Suicide rates among the middle-aged are more than double in the most deprived areas compared to the least deprived (Windsor-Shellard, 2020)

Given this relationship it is important to note that the proportion of Trafford's lower super output areas (geographic units of 1,000-1,500 residents) ranked in the 10% most deprived in England has increased from 21.7% in 2015 to 22.5% in 2019.

So even though Trafford overall has the lowest levels of deprivation in Greater Manchester, over a fifth of Trafford's communities are in the most deprived 10% in England. Trafford also had a greater proportion of unemployed men (6.7%) than Great Britain (4.6%) in 2021.

Figure 2: Trafford's lower super output areas (geographic units of 1,000-1,500 residents) by Index of Multiple Deprivation

Index of Multiple Deprivation (2019)
Trafford Lower-layer Super Output Areas by decile
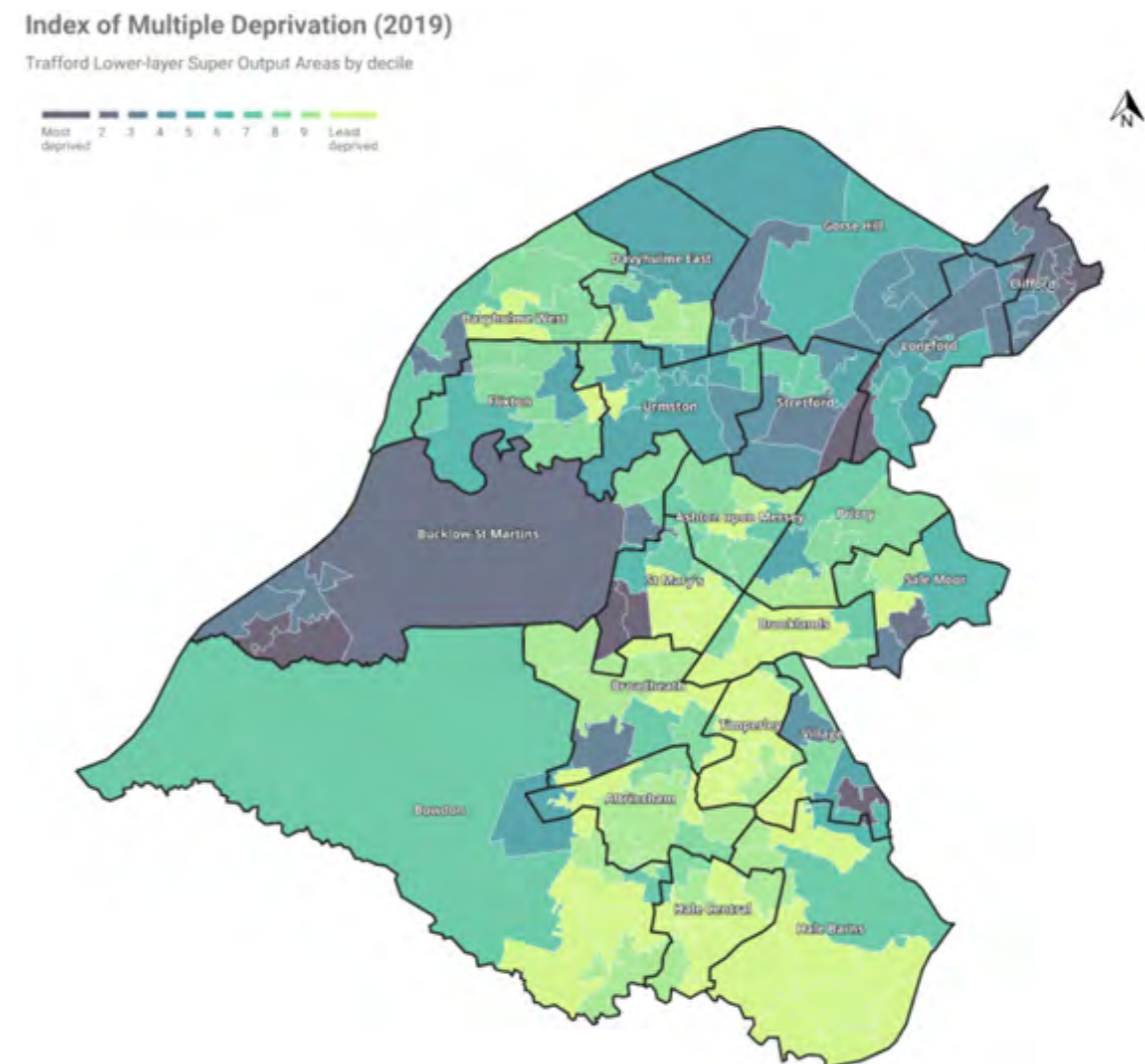
Given the clear link between deprivation, unemployment, and mental ill health, it is perhaps not surprising to see that depression prevalence in Trafford is considerably higher, at 15.4%, than England as a whole, at 12.3%.

Even more worryingly Trafford has a significantly higher proportion of mental health service users in hospital (3.4%) than England as a whole (2%). This could be due to more severe symptoms, a difference in policy, fewer community-based alternatives or a combination of all of these factors.

This significant, growing and unequally distributed problem is why an action plan to reduce mental health inequalities and improve wellbeing in Trafford is important.

This report summarises some of the evidence around tackling mental health inequalities and how Trafford's public health team have worked with Greater Manchester Health and Social Care Partnership, Centre for Mental Health and local people and organisations to tackle it.

This has involved two events:

- The public health team and Centre for Mental Health convened a Let's Talk Trafford co-production event to create a complex system map (showing risk and protective factors, plus existing interventions) in the borough

- A second online event was then held to examine the draft map, identify gaps and suggest actions to improve mental health inequalities based on the evidence and local knowledge

Four themes identified by the evidence review and then discussed at the Let's Talk Trafford co-production events were:

1. Societal and economic – covering issues like poverty and discrimination

2. Physical and behavioural – fitness and illness, exercise, smoking, drinking, diet

3. Social and community – family, neighbourly and civic relationships

4. Environmental – housing, green space, transport, facilities

Let's Talk Trafford complex system mapping workshop

The factors that protect or worsen health and the way they interact with each other are complex. For example, your genetic inheritance may make it more likely than average that you develop a mental illness but the fact that you were supported by caring adults as child and now live in a healthy environment with plenty of money lessens that risk. The 'biopsychosocial' model of mental health tries to take account of this interaction between biological, psychological, and social factors.

Given this complexity researchers have developed a methodology to try to record all relevant factors and how they interact with each other to make poor health outcomes more or less likely – this is called 'complex system mapping.' Done well and acted upon this can identify opportunities to improve health outcomes.

For example, the Foresight Obesity System Influence Diagram (below) and accompanying research is credited (Jebb, 2017) with:

Helping change policy to noticeably slow the rate of increase in obesity

- Galvanising work to produce the first ever obesity strategy in England 'Healthy Weight, Healthy Lives', overtly grounded in the strategic approach set out by Foresight.

- In 2011, its successor, 'Healthy People, Healthy Lives', again used the Foresight report as a touchpoint to the scientific evidence.

- Created more balanced perspective about individual and environmental factors including recognition of the impact of the environment on personal 'choices'.
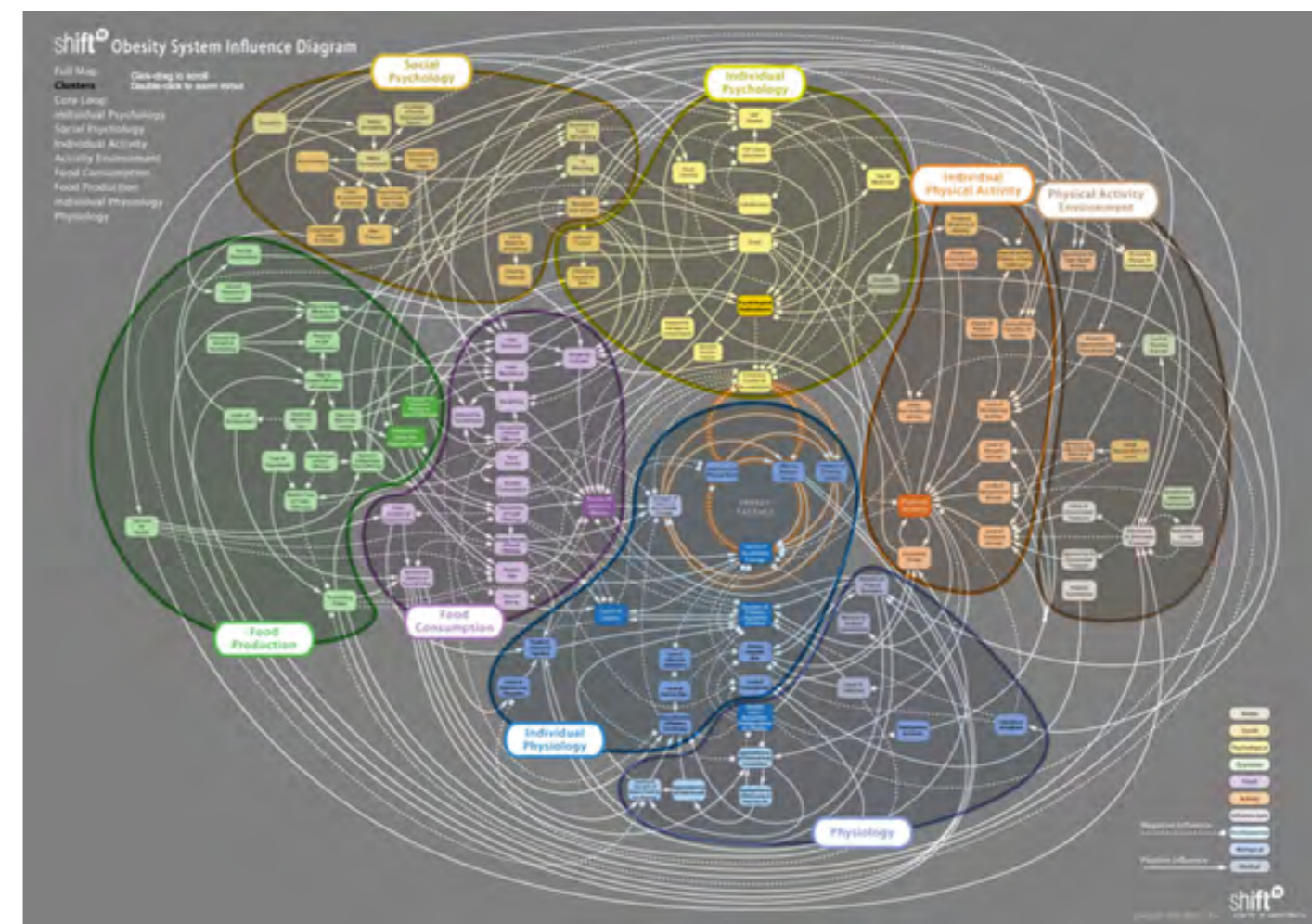
Subsequently, researchers (Stansfield et al, 2021) have developed a similar methodology to be applied to a whole-organisation and whole-system approach to public mental health. The premise for this work is a recognition of the cross-cutting nature of mental health within public health policy and practice and the contribution that a range of policy teams make to improving overall population mental health outcomes.

It is this methodology that Centre for Mental Health and the Trafford public health team adapted to create a mental health and wellbeing complex system map for Trafford.

To do this we assembled over 70 local stakeholders including mental health service users, commissioners and providers, colleagues from the wider NHS, council services including children's and adult social care, education, planning, housing, economic development and other services including the Department for Work and Pensions.

Attendees at the system mapping workshop first heard from the Centre for Mental Health facilitator about the evidence regarding mental health and the wider determinants of health including those covered by the factors listed above.

To illustrate how this theory translates into real life locally, attendees then heard from four speakers:

- A Trafford spatial planning officer on how the council seeks to shape the local environment to support health by, for example, encouraging walking and cycling and access to parks and other green spaces

- A Trafford housing officer who described how housing conditions affect residents and how the council tries to support all residents to access decent homes

- A voluntary sector provider and service user talking about the value of community interactions and the role of charities and other organisations in the borough

Attendees then broke into eight groups – two each discussing one of the four topics and using post-it notes on flipchart paper and pens to record relevant factors and the links between them. Below is an example from one of the groups:

The central topics
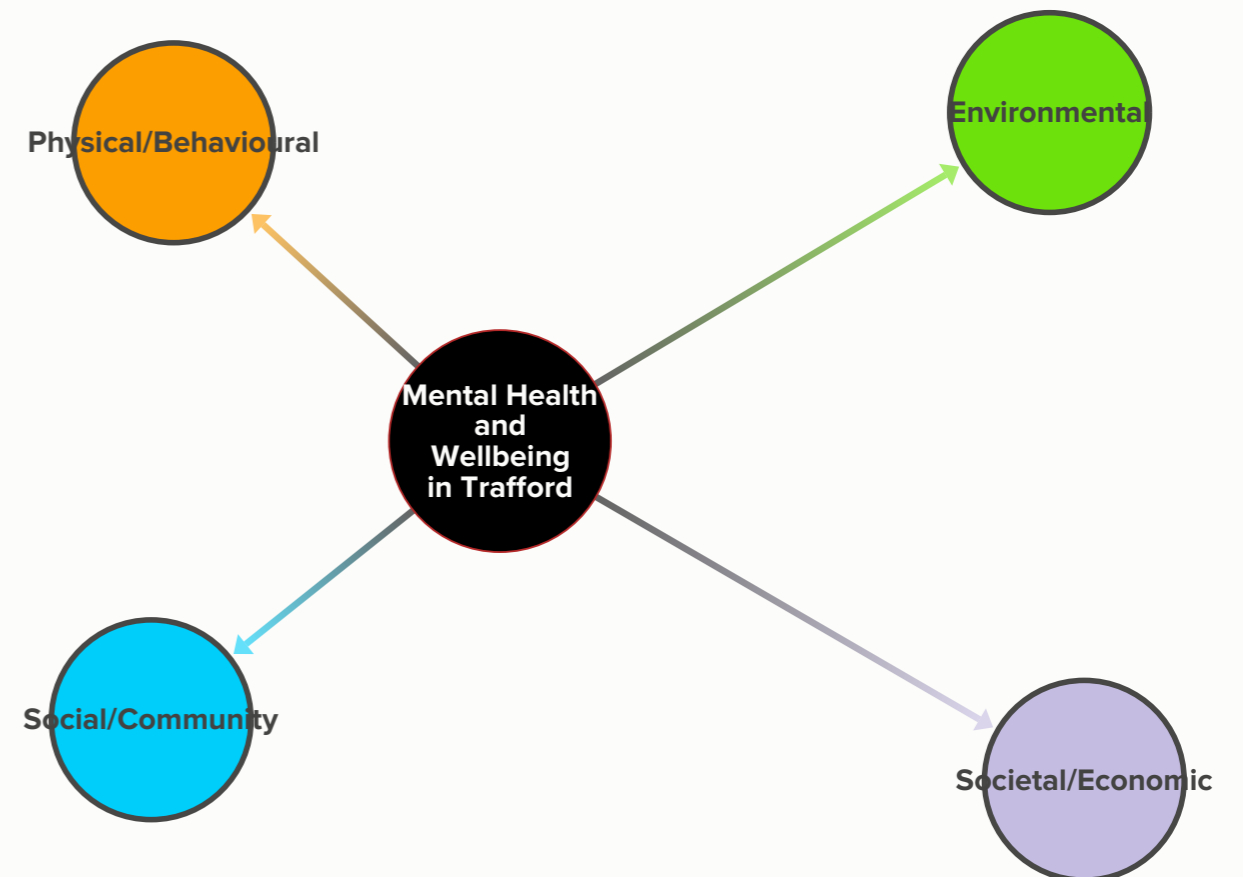
Having mapped relevant factors for their own group's topics each group was paired with another group which had covered another topic. They would then seek to make connections between their topics and factors as illustrated below. The societal and economic group had identified 'income' as a relevant factor whilst the physical and behaviour group had identified 'exercise' – when they came together they decided 'gym cost' was a linking factor as it was affected by income and it affected exercise.
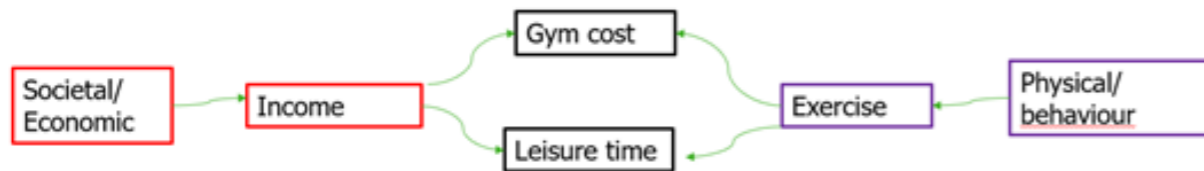
When all topic groups had made links with each of the other three topic groups, all attendees were asked to post-it existing interventions that they were aware of related to each of the factors on the flip chart paper. For example the environment group had identified 'access to green space' as an important factor so attendees noted interventions that facilitated access to green space like a housing estate gardening scheme or a walking club for the elderly in a local park.

Council officers then used computer software called Kumu to convert all the information into a digital map that you can see, interact with, zoom in and out of here: **https://www.kumu.io/mskelhorn/ trafford-mental-health-complex-system- mapping-possibly-final-ver#untitled- map**
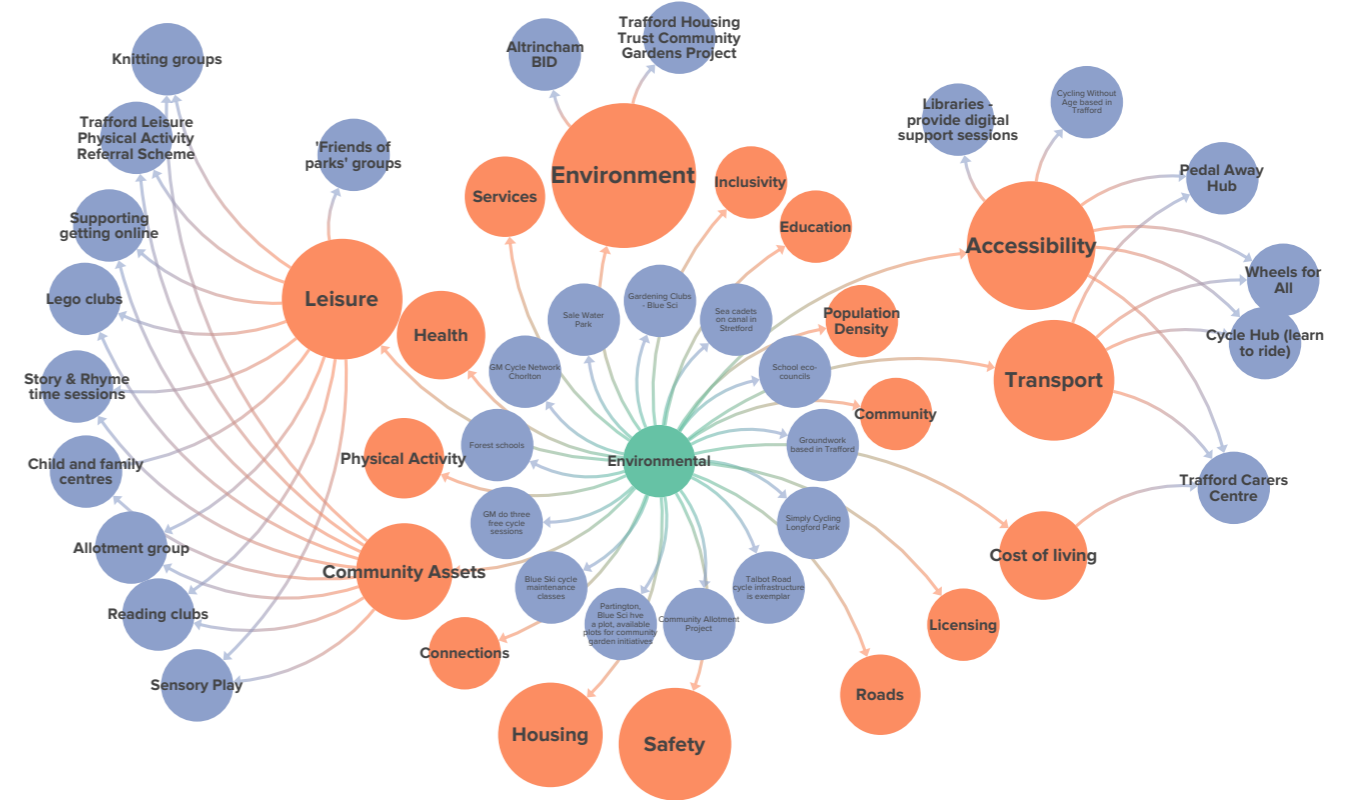
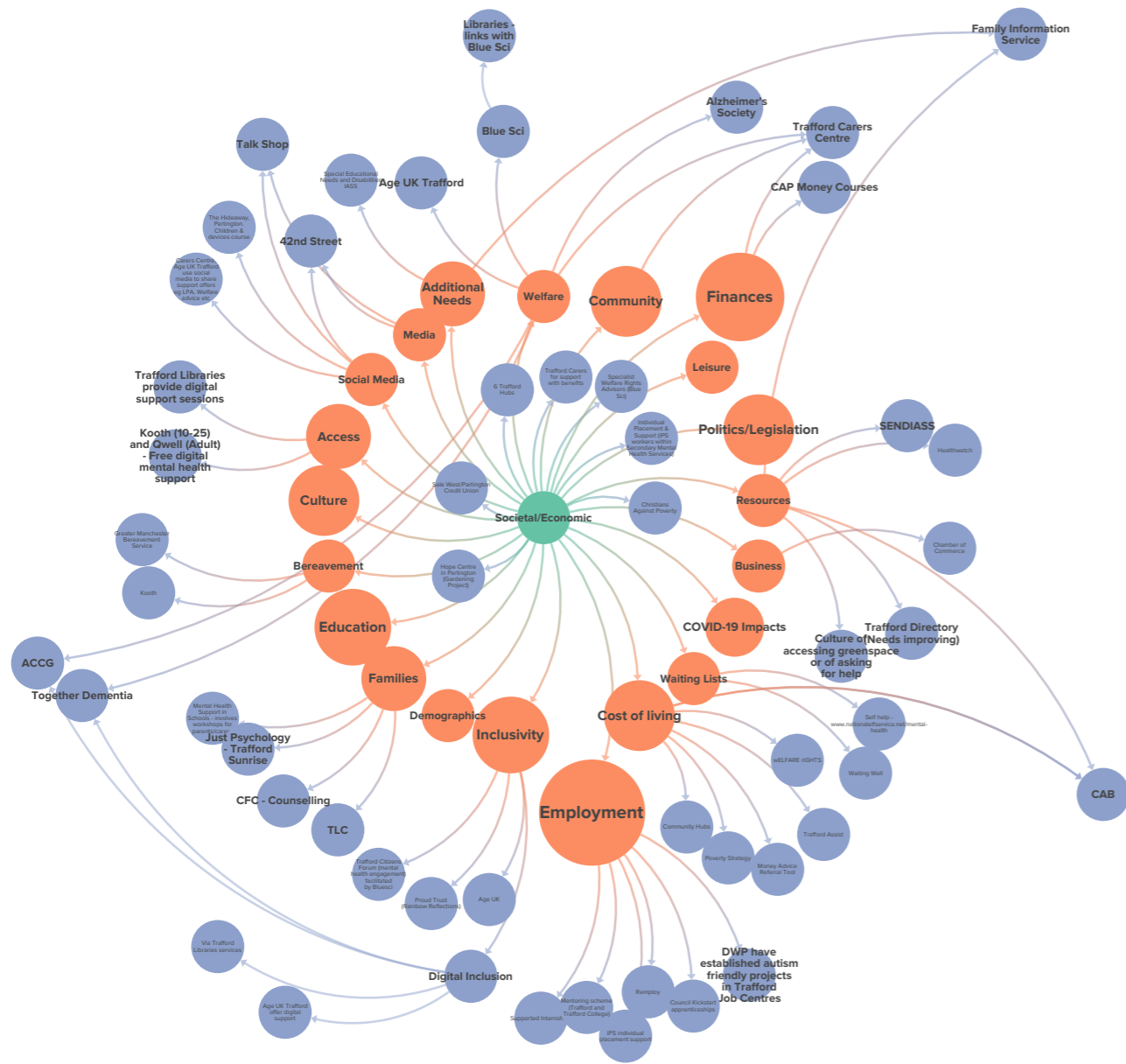Actually working with the map is the easiest way to understand it but below are some screen shot examples.
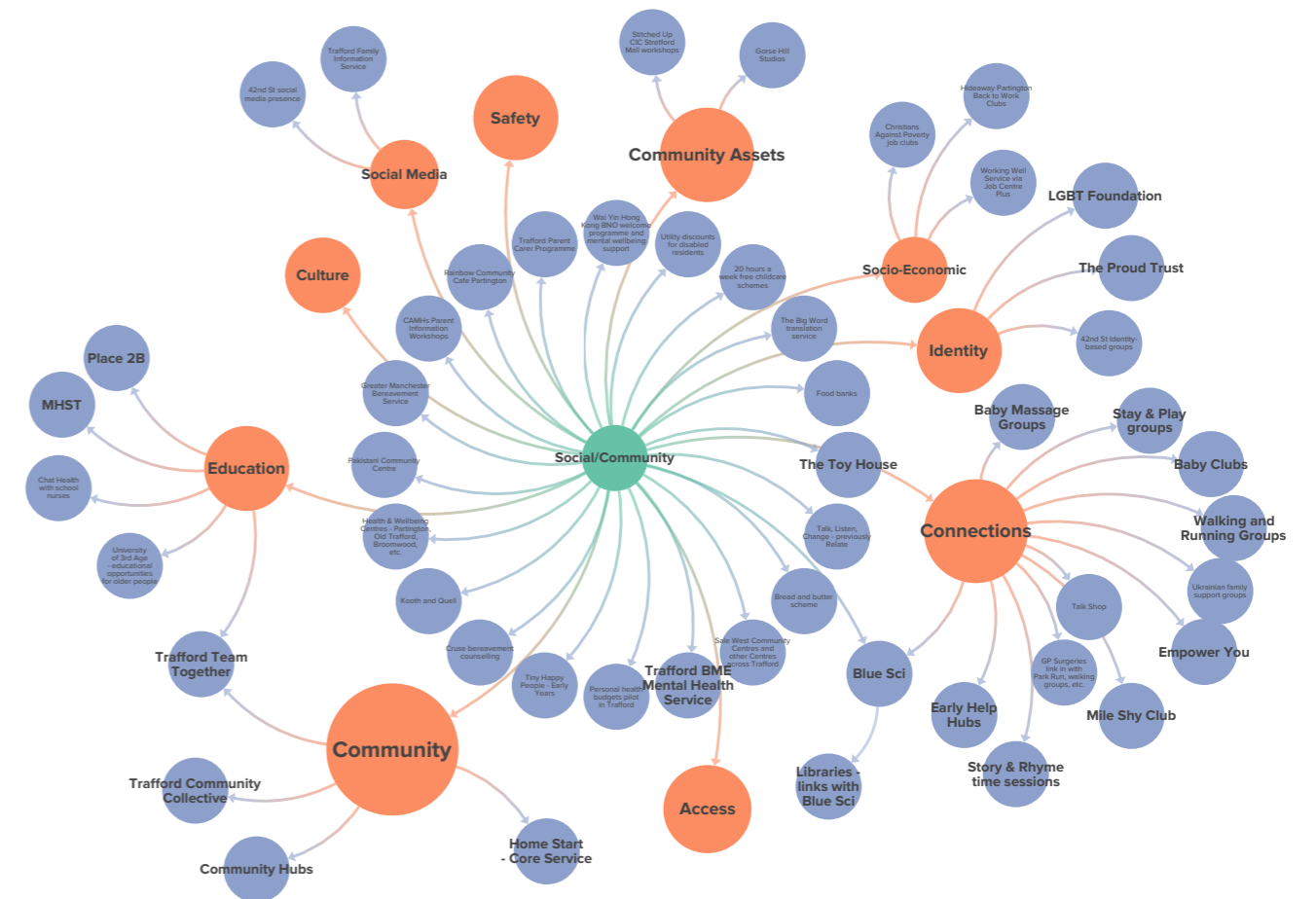
Physical and behaviour

Environmental

Societal and economic
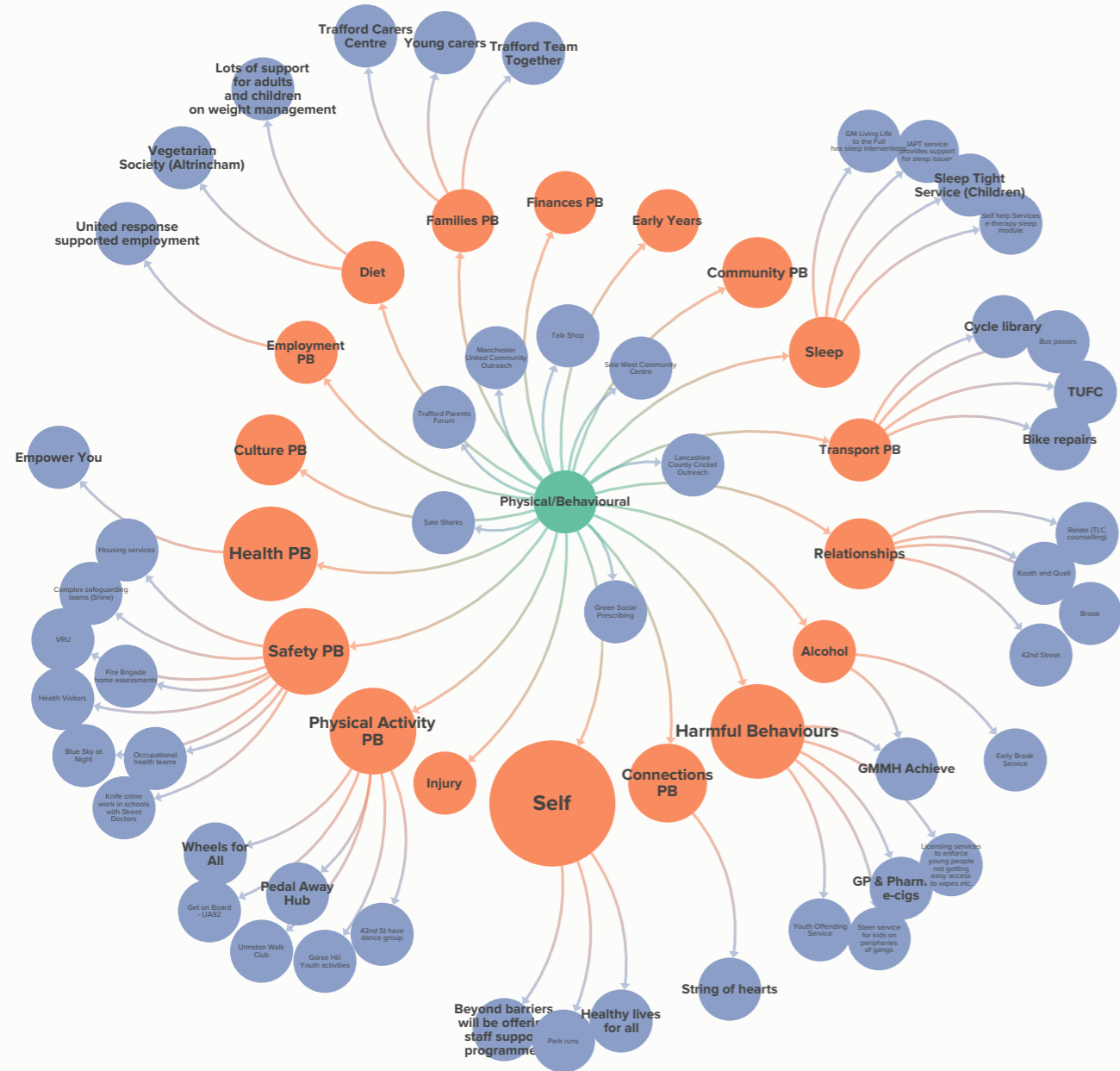
Workshop two: Co-producing actions to reduce mental health inequalities

Having digitised the complex system map information, Trafford's public health team worked with Centre for Mental Health to arrange an online co-production workshop, which took place on 15 June 2022, with over 120 people registering to take part and over 75 attending including representatives from:

- The community – residents, service users and carers
- Voluntary, community sector
- NHS
- Public health
- Housing
- Adult social care
- Children's services and education
- Employment and social security
- Parks, leisure and environmental services

The methodology used for the event was developed by Centre for Mental Health's Ed Davie when he designed and delivered 16 Thrive LDN 'community conversations' in half of all the boroughs in London .

Participants at Let's Talk Trafford heard from:

- A public health consultant who summarised local demographic data, current work and challenges

- Centre for Mental Health expert who summarised the evidence about what actions help address mental health inequalities
- Representatives of Trafford's children's and adults' mental health commissioning teams, a representative from the Patient and Carer Race Equality Framework community mental health team and a young, care experienced, mental health service user.

Participants were then randomly assigned to facilitated electronic breakout groups where they had one hour to study the relevant sections of the complex system map, identify further interventions to add to it, and come up with actions to reduce inequalities in mental health & wellbeing in Trafford. They were also asked to vote for their three preferred evidence-based interventions from a list constructed from a literature review by Centre for Mental Health.

Recordings of these workshops were made and notes of suggested actions were taken as summarised below.

We recognise that there is currently a lot of work going on in Trafford and that some suggested actions may already be either planned or taking place on some scale.

The next stage of the process is to establish what added value could be offered by taking forward the actions suggested below and what is already taking place that could be either scaled up further, tweaked to more effectively address local inequalities, or coordinated more effectively alongside other existing interventions.

Societal and economic Actions
Choose three Societal/economic actions you would prioritise
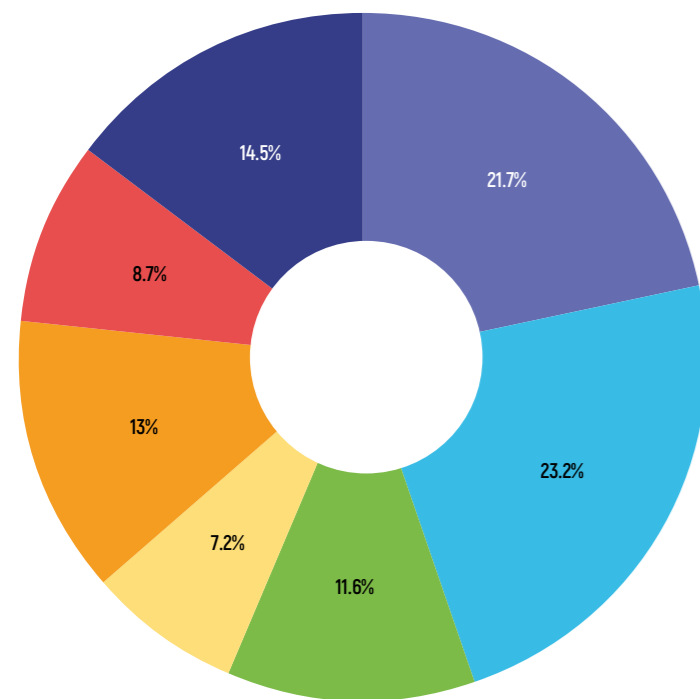
- Major employers including the local council, NHS and businesses should get Living Wage Foundation accreditation
- Big organisations should use social value procurement to train, hire and buy more locally especially from at-risk communities
- Council tax support scheme should be extended to lif people on lowest incomes out of paying any local tax
- Trafford should create a new (child) poverty strategy
- Financial advice should be made more widely available via NHS, council, community settings
- Smoking cessation should be expanded and targeted at people in deprivation
- Healthy Start and free childcare take up should be encouraged more

Actions suggested at the workshops:

Poverty reduction

- Support credit unions to be more accessible – digital access
- Lower council tax for those on low incomes
- More resources are needed after 12 years of austerity
- More financial support in job centres, libraries, GP surgeries etc
- Greater targeting of resources according to need
- Integrated working – building financial advice into all contacts with services
- Encourage more shopping locally from independent producers to support invest and grow local communities

- Improve offer on financial advice
- Go beyond money advice – other support that is available
- All strategies and workstreams should consider poverty – leisure for example should extend free opportunities to people in deprivation
- Investigate opportunity of ensuring free of charge period products are available within community buildings

Skills & Employment

- Working more effectively in deprived communities to make people aware of opportunities and supporting them to take them up through training, apprenticeships and mentoring
- Greater community education especially for those who have experienced trauma

Connectedness

- Inclusivity, provide permanent posts (not grant funded community or fixed term council roles) to develop a Trafford digital inclusion strategy and embed it across services/ community. Current digital strategy is internal, not public facing; needs a strategy about how to support people on lower incomes to be digitally included and to ensure an equitable service offer
- Better sharing of information about support with communities and partners
- Better connections with neighbouring boroughs and GM-wide economic development

Housing

- Disabled adaptations in the home

Physical and behaviour Actions
Choose three physical/behaviour actions
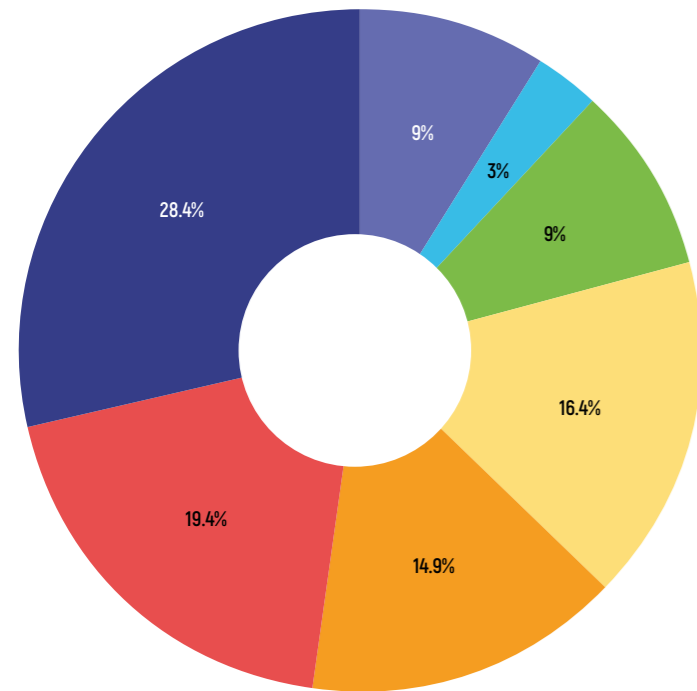
- Ban smoking in playgrounds
- Smoke free council and housing association tenancies
- Tighten alcohol off-licensing to cut hours, ban super strong beers/ciders, create saturation zones to limit new shops
- Tighten planning conditions to restrict junk-food takeaways near schools
- Build more water fountains in parks, schools and town centres
- Invest in substance misuse services
- Invest in cognitive behaviour training to support behaviour change

Community-based working

- Co-produce solutions with communities – don't lecture people
- More work with Old Trafford cricket and football grounds to do more with local communities
- Make sure we know what is available – service directory that is marketed

Health services

- Reinstate GP referrals to leisure services
- For waiting lists could we have self -help psychoeducation?

Social and community
Choose three actions to improve social/community

- Greater effort to tackle discrimination and celebrate diversity
- Invest in mental health services, especially for parents/carers
- Invest in parenting programmes, children's centres and health visiting
- Support more community spaces including libraries, halls, benches, squares
- Change planning guidance to ensure every major development includes free community space
- Support all schools to take a 'Whole School Approach' to tackle bullying
- Greater support to tackle loneliness and isolation especially amongst elderly and disabled
- More free community festivals, markets and events to bring people together

From the workshops:
Poverty reduction

- Make public transport cheaper/free for key workers and others
- Make activities inclusive – working with racialised and disabled communities, reduce costs for low income people – think creatively about what could be free and how we encourage access
- Free swimming and leisure centres for low income families – it saves system money in reduced health service use so cost should be shared

Environment

- Make parks and streets safer with lighting, better pavements and CCTV
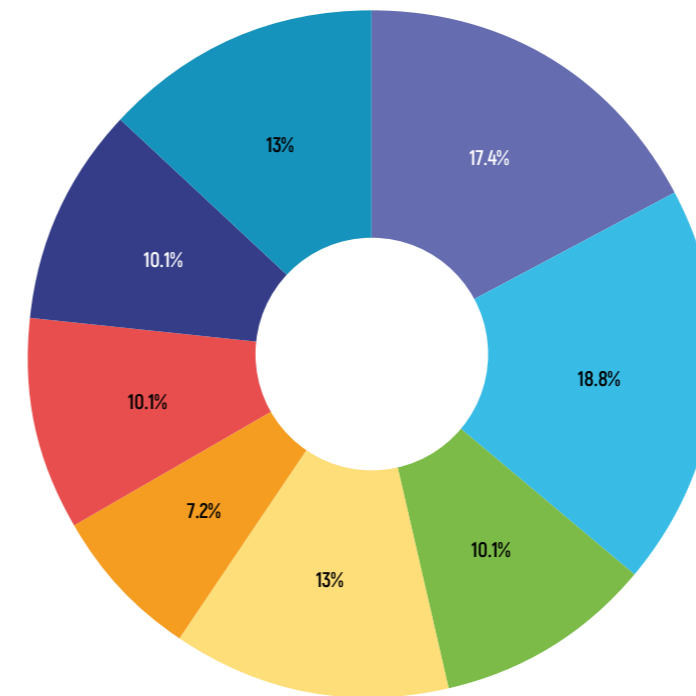- Learn from Covid – incentivise walking and park use

Skills & Employment

- Recruit local people in deprived areas as health champions

From the workshops

- Poverty reduction
- Anchor institutions should do more to employ vulnerable local people

Community-based working

- Mapping different communities and who accesses what and where they are geographically to find gaps
- We need to revamp the service directory - to hold more self help or links to services. It's good but quite "dry". A measurable achievement would be for it to have videos
- Central database, including what support is offered, that enables people to find all services for referrals

Community groups & services

- Pathways should recognise intersectionality to link services together for people with complex needs
- More flexible services in terms of crossing boundaries – keep same workers to preserve relationships
- Holistic support that recognises complexity and differences
- Social prescribers fulfil a lot of this and developing more of that, especially for children, would be great

- 42nd St developing online early intervention session to enable early support
- Key workers to navigate different systems and support that is available
- More play groups
- More parenting classes

Connectedness and inclusion

- Better support for those who don't have good English language
- Better links with faith groups
- Innovative ways to recruit diverse people into services so that workforce represents communities
- Young Black Men project at 42nd St said that they were put off by no-one looking like them when they sought help – radical recruitment strategies needed

Skills & employment

- Apprenticeships should be available and prioritised for those who have gone through mental health services and those with learning disabilities – peer apprenticeships really valuable

Environmental
Choose three environmental actions
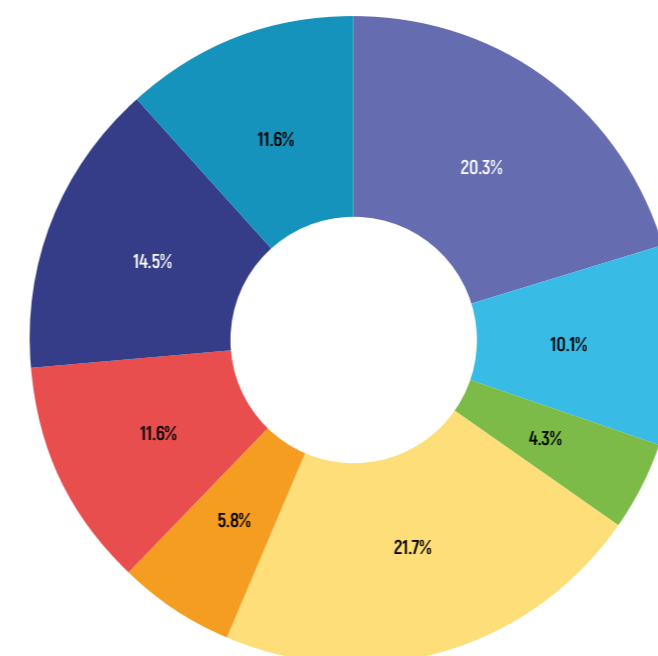
- Do more to ensure everyone has decent, affordable, secure housing
- Produce more protected cycle lanes, secure, bike parking and low traffic neighbourhoods
- Pedestrianise more town centres
- Increase access to parks, gardens, community planting schemes
- Plant more trees
- Prioritise reviving town centres over out of town development
- Support more electric, affordable buses, trains, trams
- Create 'school streets' at every suitable school to restrict traffic at drop off and pick up time

From the workshop

Liveable places

- Regenerate high streets not out of town development
- Support better community involvement in parks especially in low income areas
- Air quality action plan
- Invest more in community spaces especially in deprived areas
- All suitable schools should have School Streets – where roads around schools are shut at drop off and pick up time to encourage active travel and reduce pollution and accidents

- Consult with residents' groups
- More free events in parks to celebrate diversity and bring people together
- Water parks – subsidise use for people on low incomes
- Fund locals to grow and provide low cost food to communities

Active travel

- Better protected cycle lanes, storage
- Improve cones protecting cycle lanes – currently too narrow and move - wider permanent measures that stop cars blocking

- Improve canal network for cyclists – remove barriers
- Lighting on canal tow paths that are also cycle paths
- More cycle proficiency programmes in schools
- Cycle paths alongside tram system
- Support cycle upcycling and passing on for free or low cost

Building design

- New development should be zero or very low parking
- Medium density development – six/seven storey mixed uses rather than suburban sprawl to create '15 minute cities' where people can walk to work, shops, schools etc

Conclusion

The workshops were effective in bringing a really broad range of system partners together for the first time in Trafford to consider the wider determinants of mental health inequalities in a borough with a relatively polarised population and at a point in time, as we emerge from the pandemic, when everyone's mental health has been impacted to a greater or lesser extent by the stresses and difficulties faced during the past two years.

The process of mapping those determinants of mental health helped build greater understanding of the main drivers of inequalities in mental health, and the complexity of the system that results in poor mental health amongst our residents. In addition, the presentations we heard from partners in housing, spatial planning and the voluntary sector plus the lived experience perspective, stimulated system thinking and cross disciplinary conversations about how we can intervene in the system to improve mental wellbeing and reduce inequalities.

The next stage of the process is to establish what added value could be offered by taking forward the actions suggested and what is already taking place that could be either scaled up further, tweaked to more effectively address local inequalities, or coordinated more effectively alongside other existing interventions. The outputs of the workshops will feed in to the development of Trafford's all-age mental health & wellbeing strategy, alongside a refreshed mental health JSNA, to ensure the strategy is designed to take a whole system approach, is insight driven, and will enable partners to work collaboratively and in a coordinated way to improve mental health, create mentally healthy communities, and reduce inequalities in mental health in Trafford.

Appendix

Definition of terms

- Mental health – a state in which an individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community .
- Wellbeing – defined by the Oxford English dictionary as being the state of being 'comfortable, healthy or happy.'

- Mental illness/ill health – conditions involving changes in emotion, thinking or behaviour (or a combination of these). Mental illnesses are associated with distress and/or problems functioning in social, work or family activities.
- Health inequalities - avoidable, unfair and systematic differences in health between different groups of people.

Figure 1: the mental health spectrum
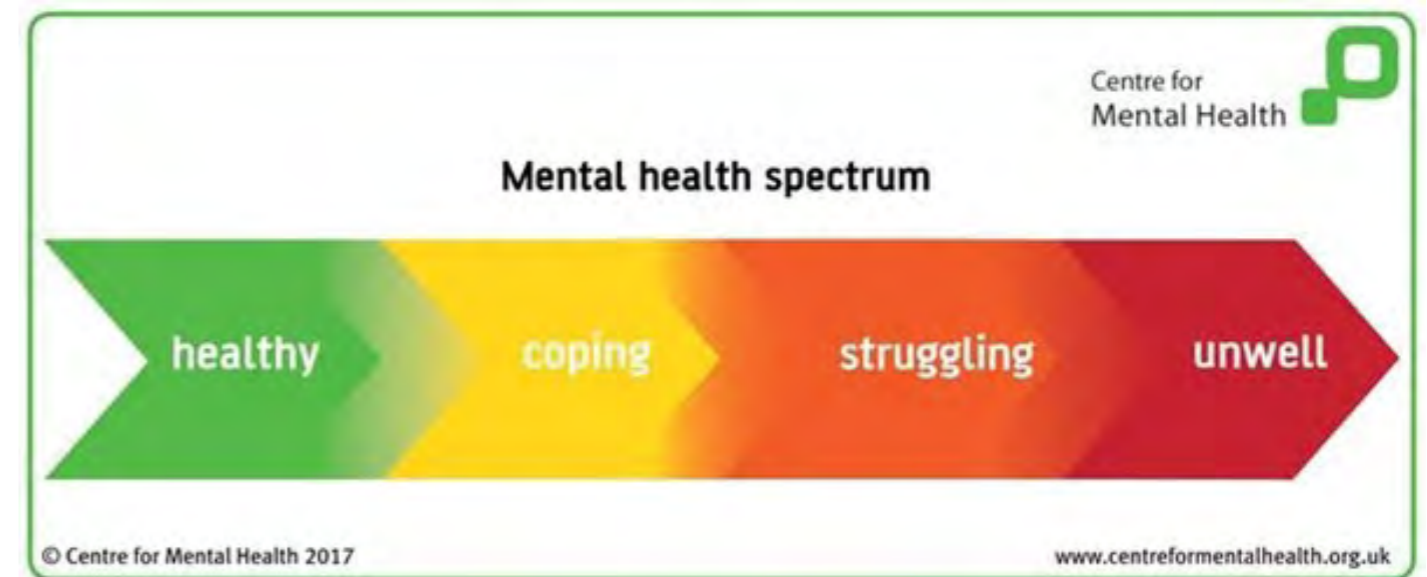
Everyone has mental health which at any time ranges on a spectrum from 'healthy' to 'unwell' and can change according to circumstances.

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