

# Walsall Multi-Agency Mental Wellbeing Placed Based Strategy

## Mental Wellbeing Walsall “Together We Can” 2022- 2032



Walsall Council



<b>Table of Contents</b>	<b>Page</b>
Foreword	4
Background	5
How the mental wellbeing strategy has been developed	6
What is Mental Health and Wellbeing?	7
Mental Wellbeing Risk and Protective factors	8
Strategy Structure - Our Walsall Approach to Mental Wellbeing in Walsall	8
A 10-year Strategic Approach	9
Walsall's Mental Wellbeing Ambition	10
The Mental Wellbeing Strategic Priorities	11
Interactions with local policy	12
Local Strategic Link and Policy Overlap with this Strategy	12
Outside Scope of this strategy will not address	12
Walsall's Mental Wellbeing – Data Summary- What the data says	13
Local Stakeholder Views	14
Walsall Mental Wellbeing Thematic Wheel and the Strategic Approach	15-26
Resources	27
Risks	27
How we will monitor, evaluate and review strategy impact	27
Outcome Measures	28
Definitions	29
Acknowledgments	30

## Foreword

Prevention and taking into account the wider determinants is vital to improve population mental wellbeing across Walsall. For this reason, Walsall Health and Wellbeing Board has prioritised improving population mental wellbeing and has committed to working together to achieve advances for residents. This strategy drives action to achieve this commitment by empowering stakeholders including residents, individually, collectively and across the system to accomplish improvements in Walsall.

Walsall is a diverse Borough, located in the Black Country of the West Midlands. It has a wealth of strong community assets, which include (but are not limited to) an active voluntary and community sector, plenty of open green spaces, and a strong sense of local identity that celebrates the diverse backgrounds of residents. All of these, in addition to many other assets, contribute positively to the mental health and wellbeing of residents. Despite this, on average Walsall residents overall experience higher levels of mental ill-health and lower levels of mental wellbeing than the England average.

A contributory factor for poor mental health and wellbeing in Walsall is that it has a high level of multiple deprivations. Walsall is ranked the 25th most deprived Local authority area in England (out of 317).

The inextricable link between mental wellbeing and physical health is not well understood by all Walsall stakeholders. Those with the poorest mental wellbeing are at an increased risk of experiencing poor physical health, whilst those with the poorest physical health are at an increased risk of experiencing low mental wellbeing.

Whilst most people are aware of the measures they can take to improve their physical health, the same cannot be said for mental wellbeing. A significant proportion of the community do not understand what it is or how they can improve their mental wellbeing. The reality is, regardless of where on the continuum of mental health we start, we can all take steps to make improvements.

Population improvements in mental wellbeing can be achieved by working together and ensuring that all residents are aware of the opportunities available to them to improve and maintain positive mental wellbeing. For this reason, the Health and Wellbeing Strategy for Walsall (2019 - 2021) identifies mental wellbeing as a key priority.

This strategy brings out key strategic and delivery themes and workstreams delivered through the Health and Wellbeing Board Partners and other key partnerships. It articulates a cohesive, population-based approach and it draws on the available local assets and resources, to increase mental wellbeing awareness and builds on individual and community resilience.



## Background

Globally, we are experiencing major economic challenges, and these challenges are marked in Walsall. Nationally, poor mental health is estimated to cost the economy approximately £105 billion per year, including £34 billion on dedicated mental health support and services. The Walsall Health and Wellbeing Board and its many Multiagency partners understand that investing in prevention and early intervention to improve population mental wellbeing is a sound investment. This strategy is therefore focused on mental wellbeing, not on mental ill-health.

Walsall is a diverse borough, both economically and demographically. Around half of Walsall residents live in the most deprived 20% of neighbourhoods in England and the rate of unemployment in our borough also falls within the worst 20%. Moreover, there has been a sharp increase in unemployment claims throughout the COVID-19 pandemic, which has disproportionately affected our younger people. Deprivation and unemployment are strongly and consistently linked to low levels of wellbeing, and higher rates of depression, anxiety and suicide.

Indeed, in our Walsall 2020 Resident Experience and Wellbeing survey, respondents reported a “medium” level of wellbeing. However, of the residents that did report a low level of wellbeing, poor general health, unemployment and financial stress were cited as the most prominent reasons. Notably, younger people, males, and those furloughed during the pandemic reported significantly lower wellbeing than average.

Walsall has a rich ethnic and cultural diversity, with around a quarter of our population from minority ethnic communities. Throughout the COVID-19 pandemic in the UK, people of “other than white” ethnicity have experienced lower life satisfaction than the white population, whilst simultaneously having a higher loneliness score. At the same time, people in minority ethnic communities are less likely to receive medication, counselling or therapy for mental ill-health.

Housing and the environment are important social determinants of health and wellbeing. The quality of housing stock available, its affordability, overcrowding and poverty have a direct association with mental wellbeing. Around a quarter of homes in Walsall are socially rented, with another 16% rented privately. A higher proportion of individuals who rent their homes report lower life satisfaction and high anxiety scores than those that have a mortgage or own a house outright.

In addition, Walsall has a higher proportion of overcrowded households than the national average, with about 5.2% of households affected. Fuel poverty, linked to cold homes, is associated with poor health and wellbeing outcomes, and an increased risk of morbidity and mortality for all age groups. Around 13.7% of households in Walsall experience fuel poverty, and this is likely to be exacerbated by the anticipated rise in fuel and energy costs.

Social contact, a feeling of connectedness with one’s family and friends, community and broader society is fundamental to good wellbeing. However, of adults who have social care needs in Walsall, it was reported that only around 4 in 10 had as much social contact as they would like. In addition, of all adult carers in Walsall, only 27% of them had as much social contact as they would like. Therefore, these groups are highly likely to experience lower wellbeing and have been significantly affected by the pandemic.

In addition to these groups, many children and young people have experienced loneliness during the lockdown and school closures. In particular, they are likely to have been affected by lack of physical contact with their friends, families and peers, and the boredom and frustration associated with a loss of all the activities they have been used to taking part in.

Bereavement can be an extremely distressing time for relatives, families and friends, and can have a devastating impact on mental wellbeing. The COVID-19 pandemic has already left many grieving the sudden loss of relatives and friends. In Walsall, this has resulted in an increased demand for already strained bereavement and counselling services.

Lifestyle factors strongly impact an individual’s quality of life both physically and mentally. Smoking, drug and alcohol misuse, gambling and physical inactivity are all major risk factors for poor mental health and mental wellbeing. Overall, around 15.6% of adults in Walsall smoke, but the prevalence is much higher in people with anxiety and depression at about 28.1%. Regular physical activity is also strongly associated with improved mental wellbeing. In Walsall, 63.2% of adults are physically active, and encouraging a further increase in this proportion will have a protective effect on the mental wellbeing of Walsall residents.



## How the mental wellbeing strategy has been developed

This strategy which focuses on mental wellbeing, not on mental ill-health, seeks to develop a coherent relevant local approach, which draws on local and national epidemiological data concerning mental wellbeing in the Borough of Walsall. **The Strategy Briefing and Data Paper** provides data on the current position and includes evidence of what works.

The development of the strategy involved seeking the views of a wide range of stakeholders, fact-finding, co-production and consultation activities including undertaking engagement of:

- The Health and Wellbeing Board Partnership deep dive into mental wellbeing
- The community Mental Wellbeing Strategic Partnership
- The Walsall for All Partnership
- The Walsall Multi-Agency Suicide Prevention Partnership
- The Mental Health & Wellbeing IMT
- Walsall Ethnic Minority Communities Steering Group
- One-to-one Health and Wellbeing Board Members
- Commissioned community members consultation
- Wider Multi-Agency Stakeholder consultation
- The Resilient Communities Partnership
- Adult Social Care, Public Health and Hub Black & Asian Employee Network
- Walsall Housing Working Group

## What is Mental Health and Wellbeing?

The first step to improving population mental wellbeing in Walsall is for our partners and the residents of Walsall to develop a comprehensive understanding of what mental wellbeing is, and how it differs from mental health. It is also important to recognise that mental wellbeing and mental health are two related yet independent concepts.

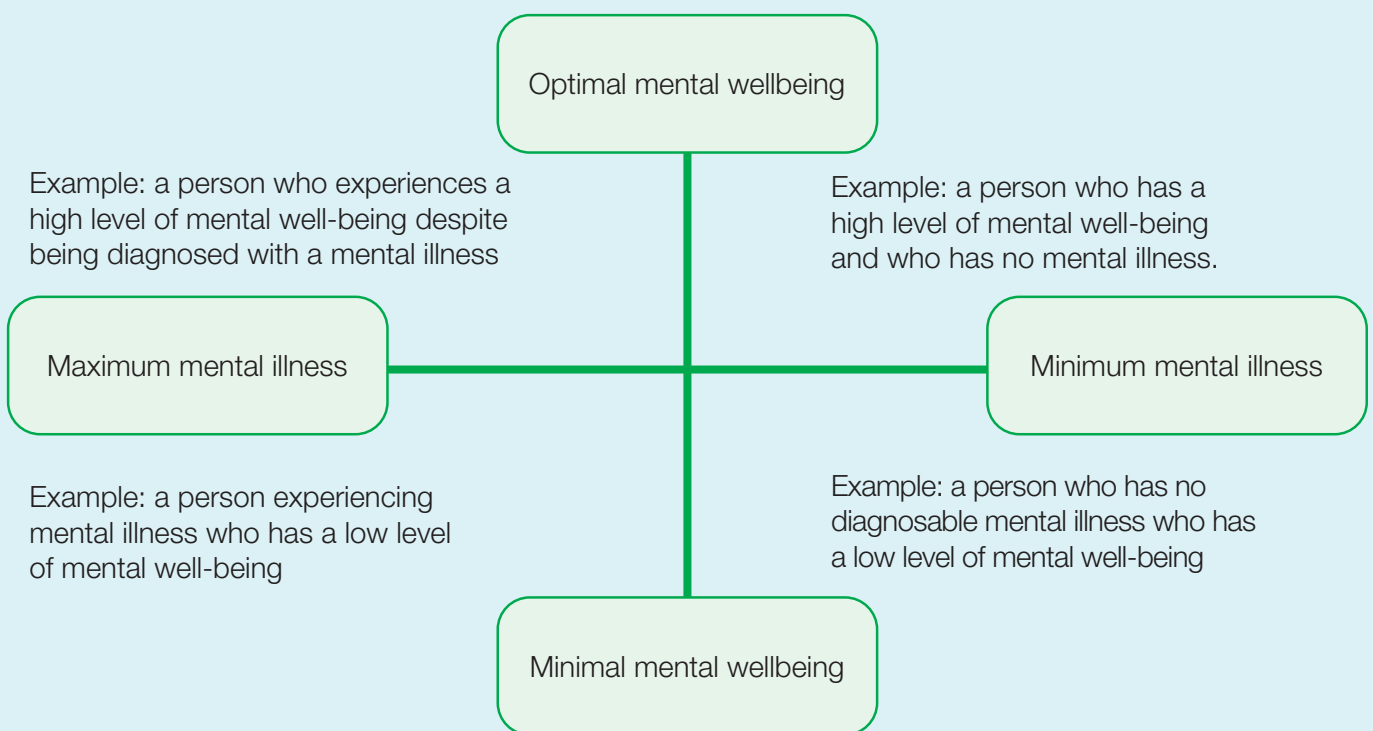
The World Health Organisation states that:

***“Mental health is a state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.” (WHO, 2001).***

Mind describes mental wellbeing as a mental state, which is about

***“How you are feeling and how well you can cope with day-to-day life. Our mental wellbeing is dynamic. It can change from moment to moment, day to day, month to month or year to year.” (Mind, 2016)***

Mental wellbeing refers to a person’s emotional state at any given time. Mental Wellbeing is the bedrock from which other things flow. It is the positive end of a spectrum of mental health and describes both feeling good and functioning well.



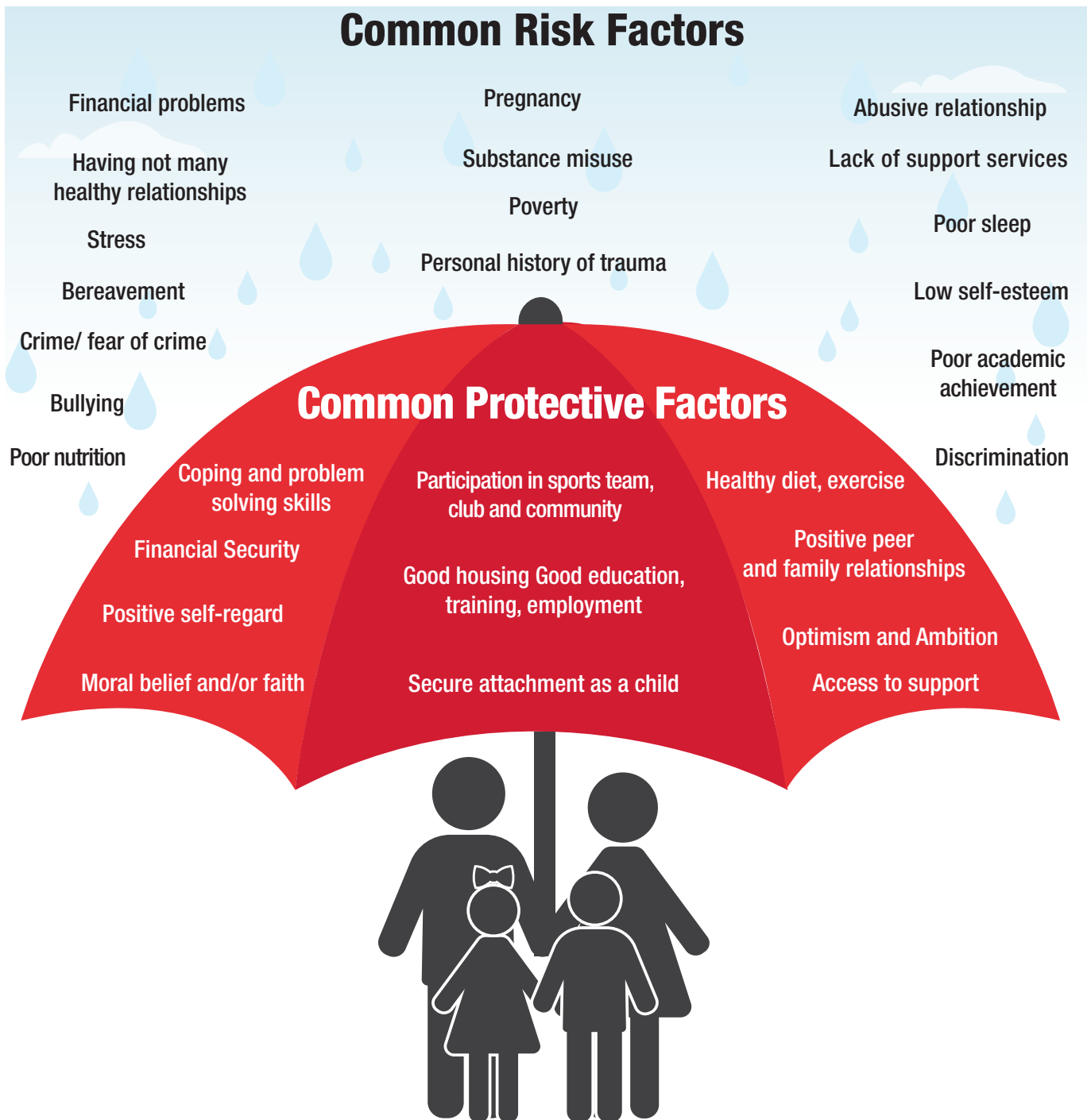
**SOURCE:** Adapted from Keyes (2002)<sup>3</sup>

The meaning of mental wellbeing can differ from person to person and organisation to organisation. The 2020 Resident Experience and Wellbeing Survey found that 28% of respondents rated their mental wellbeing as low. However, the true rate may be higher due to the populations varied understanding of what is meant by mental wellbeing.

Having good mental wellbeing increases an individual’s resilience to challenging situations. It reduces the risk of depression and supports the building and maintenance of strong relationships. It is important to note that a person living with a mental illness can achieve positive mental wellbeing, like someone who has neither mental nor physical illnesses.

## Mental Wellbeing Risk and Protective factors

Mental wellbeing is affected by a range of factors, such as social networks, income, unemployment, quality of work, the quality of the natural and built environment, including, air quality, the quality of green spaces and housing. These factors can act as protective factors for positive mental wellbeing, or conversely can lead to poor mental wellbeing.



### Strategy Structure - Our Approach to Mental Wellbeing in Walsall

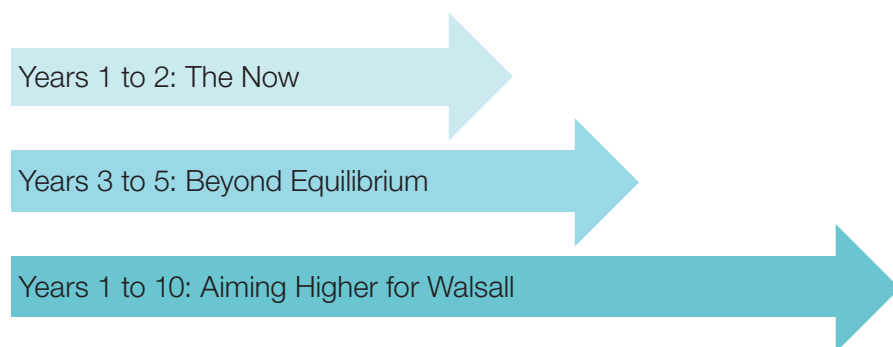
**Section 1** of the strategy defines mental wellbeing and sets out the ambitions for Walsall, the priorities, and the strategic approach, including the interaction with other policies and strategies.

**Section 2** of the strategy provides a summary of data linked to the accompanying data and briefing paper. It includes what the evidence says, and what stakeholders say they want to achieve for Walsall.

**Section 3** of the strategy sets out the current position in Walsall, it includes the challenges, makes recommendations, and demonstrates how the ambitions can be achieved through leadership and partnership working.



## A 10-year Strategic Approach



This 10-year strategy takes a sustained approach to address some of the social and economic challenges to achieve short term, medium-term and long-term (1 -10 years) outcomes

### **Years 1- 2: Immediate Mental Wellbeing challenges including the COVID-19 impact**

The issues in scope, which give rise to stress and anxiety and impact on people's quality of life include housing, income, benefits, the health system, social connections, bereavement, the environment, and society. The pandemic has exacerbated these challenges across Walsall.

- We will build on the work of our Walsall multiagency partners i.e., the Walsall Together Resilient Communities Partnership, Walsall Mental Health and Wellbeing Multi-Agency Team, Walsall Ethnic Minorities Steering Group and Walsall Community Mental Health and Wellbeing Partnership, to achieve equilibrium by:
  - Continuing to work with our population to address the challenges our residents are experiencing to rebalance the mental wellbeing challenges that were present before and as a result of the pandemic
  - Expanding support to improve residents' ability to navigate challenges which trigger stress, anxiety and mental wellbeing needs that have escalated during the pandemic
  - Supporting action to build capacity, skills and confidence to enable residents to access self care

### **Years 3 - 5: Beyond Equilibrium – Together as partners, we will focus on:**

Building community resilience and increasing opportunities for Walsall residents to thrive and improve their mental wellbeing. A key element of this is the provision of:

- Achieving better mental wellbeing for our residents than was experienced prior to the COVID-19 pandemic
- Further developing and coordinating the work of building community resilience began prior to and during the pandemic
- Increasing opportunities for Walsall residents to enable them to thrive, in order to improve population mental wellbeing
- Achieving greater effectiveness and efficiency of the range of existing and developing provision

### **Years 1-10: Aiming Higher for Walsall Residents**

We want mental wellbeing to have significantly improved in Walsall and we will learn from the best to do so. Everything we do over the next 10 years will maintain focus on this ambition. By year 10 we want;

- To achieve a culture change, where all Walsall strategic partners, organisations, and community groups prioritise mental wellbeing as fundamental to their business
- Mental Wellbeing Impact Assessments to systematically and consistently be carried out by all partners when developing any policies, strategies, delivering services and when undertaking any major plans, projects or making proposals
- System stakeholders, including residents to want to and feel able to openly talk about their mental wellbeing, and to be able to easily access appropriate support at the right time in the right place



## Walsall's Mental Wellbeing Ambition

Our ambition is to achieve optimal mental wellbeing for all Walsall residents and to reduce mental wellbeing inequality.

We will work to ensure everything we do in Walsall considers the impact on mental wellbeing and mitigates risks of poor mental wellbeing.

To achieve this ambition, Walsall Multi-Agency stakeholders have committed to work together to raise the aspiration of achieving good mental wellbeing for Walsall residents. Partners will sign up to the Mental Wellbeing Prevention Concordat to achieve strategic and system-wide engagement and delivery.

The drive to achieve a shared understanding of population mental wellbeing, enhance residents' abilities to self-care and improve access to mental wellbeing intervention at the right time, in the right place for those with the greatest need is central to this strategy. This strategy takes:

- **A universal approach** to encourage good mental wellbeing, emotional resilience and self-care across all age groups and populations.
- **A targeted approach** to tackle mental wellbeing inequalities, to reach, engage, and improve the mental wellbeing of those at an increased risk of the worst outcomes.



## The Mental Wellbeing Strategic Priorities

We will improve mental wellbeing in Walsall by working together to deliver the following priorities:

Improving knowledge and understanding of mental wellbeing by:

- Raising awareness of mental wellbeing in our residents
- Making mental health and wellbeing training available
- Reducing mental health stigma
- Increasing knowledge of how and where to access support and reducing barriers to access

Improving some of the economic and housing challenges that impact residents' mental wellbeing

Reducing unemployment and working with employers to support their employees

Enhancing social capital, social connections, peer support and community champions and networks, and building on current good practice by Walsall multi-agency partnerships

Making bereavement and counselling support more accessible by:

- locating delivery within communities
- making support more culturally appropriate

Utilising prevention and early intervention by linking to other strategies e.g., those that increase access to physical activity, and improvements in nutrition

## Interactions with local policy

### Key Strategic and Policy Drivers

- **NHS Mental Health Implementation Plan 2019/20 – 2023/24**
- **Five Year Forward View for Mental Health (2016)**
- **No Health Without Mental Health: a cross-government outcomes strategy (2011)**
- **Transforming children and young people’s mental health provision: a green paper (2017)**
- **Preventing suicide in England: Fifth progress report of the cross-government outcomes strategy to save lives (2021)**
- **Thrive Mental Health Commission (WMCA, 2017): An Action Plan to drive better mental health and wellbeing in the West Midlands**

There is a wide range of contributory factors to mental wellbeing. As a result, this strategy interlinks with other existing and developing local strategies and policies (listed in box xx below). Although many of these policies/strategies may not make explicit mention of mental wellbeing, it is important to recognise and make the interconnections to synergise working.

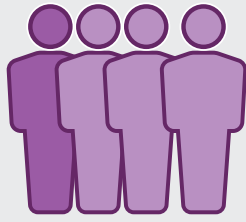
### Local Strategic Link and Policy Overlap with this Strategy

- Carers Strategy – **In development**
- **Walsall Corporate Plan 2018-2021**
- **Walsall Early Help Strategy**
- **Walsall-Multiagency-Suicide-Prevention-Strategy-2018 - 2023**
- **Walsall College Corporate Strategy 2021 - 2024**
- **Walsall Housing Strategy 2020 to 2025**
- **Emotional Wellbeing and Behaviour Pathway Toolkit**
- **Walsall Homelessness Strategy 2018-2022**
- **The Walsall Plan: Our Health and Wellbeing Strategy 2019-2021**
- **whg Health and Wellbeing Strategy: 2021 - 2024**
- **Healthy lifestyle related strategies for example a physical activity framework is in development**
- **Walsall Joint Strategic Needs Assessment**
- **Black Country Core Strategy 2011-2026**

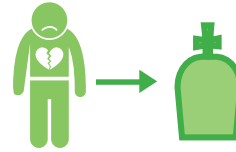
### Outside the scope of this strategy:

- Specific actions of the Walsall Multi-Agency Suicide Prevention Strategy
- Mental health treatment services
- Physical Activity Strategy
- Substance Misuse Strategy
- Children and Young People’s Strategy

# Walsall's Mental Wellbeing – Data Summary- What the data says



**1 IN 4 ADULTS**  
experiences a mental health condition in any given year



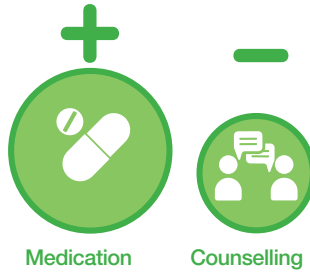
On average people with serious mental health illness die **15-20** years earlier



People living in the most deprived areas of England were **2x** as likely to be referred to IAPT



Carers are more likely to suffer mental health problems than non-carers.



**Black & Asian communities** are more likely to be prescribed medications than be referred for counselling



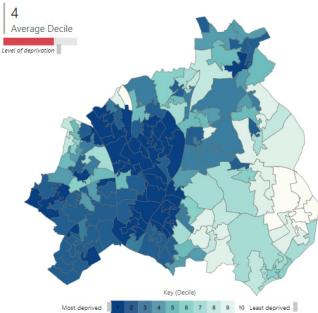
In Walsall, **5.2%** of households are overcrowded



**28%** of people rated their mental well-being as low In Walsall



Children from the **poorest 20%** of households are **4x** more likely to have serious mental health difficulties by the age of 11 as those from the **wealthiest 20%**



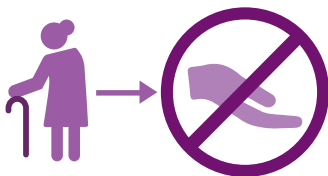
In Walsall **50%** of residents live in the **20%** most deprived neighbourhoods in England



**21%** bereaved people nationally said that they had not spoken to a support service about their bereavement but would have liked to



In Walsall **1 in 1000** households were in temporary accommodation in 2017/18



**85%** of older people with depression receive no NHS support



Fuel poverty, is associated with poor wellbeing. **13.7%** of households in Walsall experienced fuel poverty in 2022 this is likely to increase due to increasing national energy costs.



**40%** of adults with social care needs in Walsall said they had as much social contact as they would like.



**19.4%** of Walsall residents experience anxiety or depression

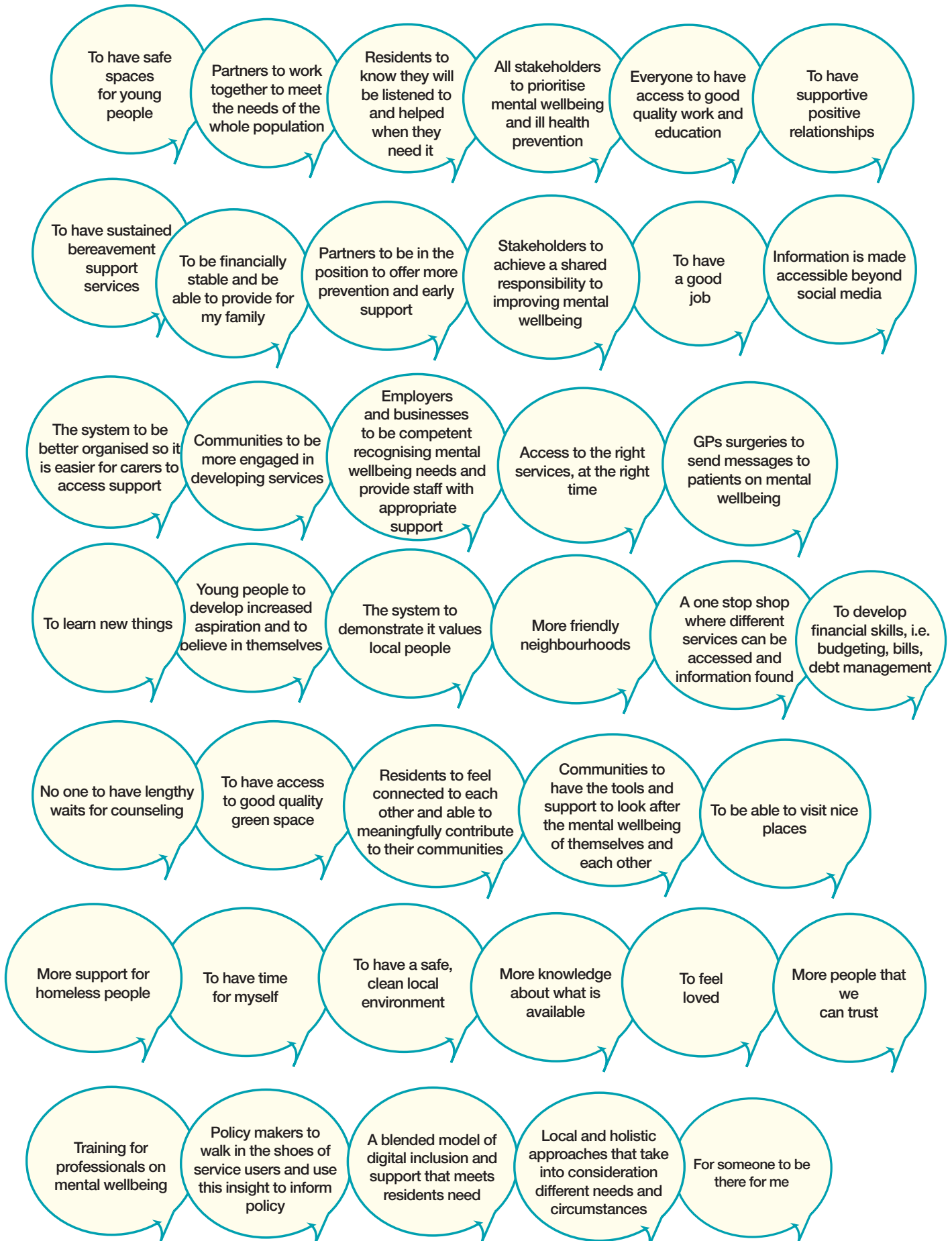


Walsall Council

## Local Stakeholder Views

Through the process of consulting stakeholders, including residents and young people, a range of key views and hopes concerning mental wellbeing in Walsall were highlighted. **Stakeholders stated:**

### We Want...



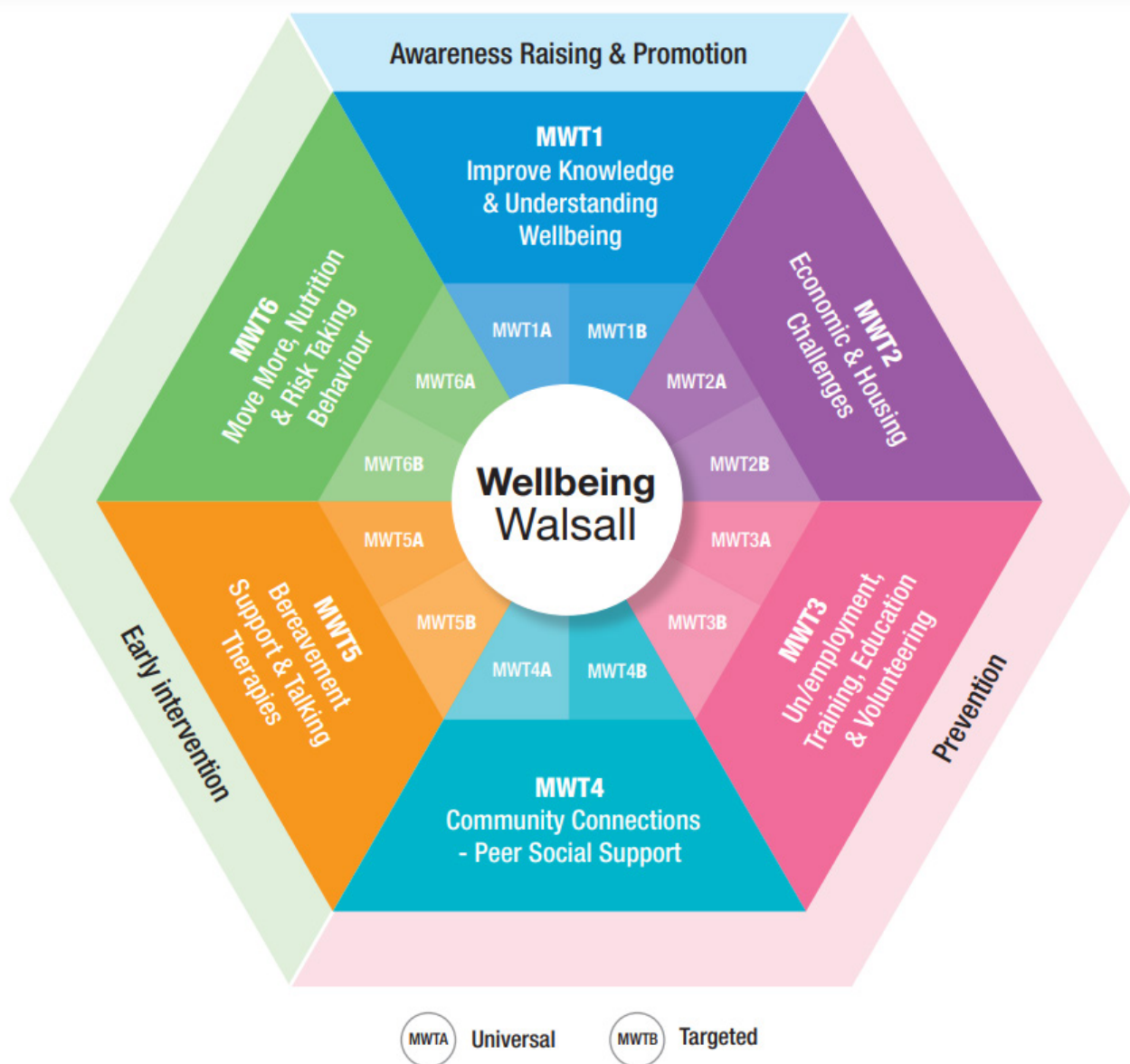
# Walsall Mental Wellbeing Thematic Wheel and the Strategic Approach

The strategic approach for mental wellbeing is set out in 3 categories of interventions and is delivered through 6 themes. See table.

Mental wellbeing promotion	Theme 1. Improve Knowledge & Understanding of Mental Wellbeing
Mental illness prevention	Theme 2. Economic & Housing Challenges Theme 3. Thrive Intervention Unemployment & Employment Theme 4. Community Connections & Peer Social Support
Early intervention	Theme 5. Bereavement Support & Talking Therapies Theme 6. Health Behaviour and Wellbeing

The themes are coordinated through the colours of the thematic wheel.

## Mental Wellbeing Thematic Wheel



Stigma remains a huge barrier to recognising and addressing poor mental wellbeing in Walsall. By improving knowledge and understanding of mental wellbeing, access to timely and appropriate support will be improved for residents.



**MWT1A Improve Knowledge & Understanding of Mental Wellbeing – Universal**

Current Position	Local Challenges
<ul style="list-style-type: none"> <li>• Primary care mental health nurses are available in Primary Care Networks</li> <li>• A community forum is in place to bring together pathways and improve mental wellbeing</li> <li>• A range of online and face to face training is available on mental wellbeing, suicide prevention and Mental Health First Aid</li> <li>• There has been an increased investment in Improving Access to Psychological Therapies in Walsall</li> <li>• Walsall has a Community Mental Health Enablement service responsible for a mental health information hub, a crisis café and a 24-hour single point of access</li> <li>• Emotional wellbeing tool kits are available to enable signposting to support children and young people</li> <li>• A range of community outreach provision available i.e., whg Social Prescribers, Kindness Champions, Making Connections Walsall Social Connectors, Wellbeing Walsall Mobile Unit</li> <li>• No Wrong Door Network</li> <li>• Vibrant VCS organisations and groups, which deliver interventions that improve mental wellbeing</li> </ul>	<ul style="list-style-type: none"> <li>• There has been reduced access to mental health and wellbeing support due to the pandemic i.e., un/employment and isolation</li> <li>• Population knowledge of mental wellbeing self-care is low</li> <li>• People not recognising when to seek support, which increases the risk of poor health</li> <li>• Residents and staff are unclear about what support is available</li> <li>• Capacity and confidence to access mental wellbeing support is limited</li> <li>• More people attending A&amp;E are being sectioned who previously were not known to services</li> <li>• A significant proportion of the population do not have digital access and are unable to access digital self-care or online training</li> <li>• Self-reported mental wellbeing has declined due to the pandemic</li> <li>• Self-reported wellbeing is below the national average</li> <li>• The level of stress in the population has increased</li> <li>• Access to Primary Care</li> </ul>

**For Walsall we want**

- Life satisfaction and wellbeing scores reported by our residents to improve
- Health and care providers to prioritise mental wellbeing as part of the whole person
- System-wide awareness of available prevention and mental wellbeing support
- To enhance access to opportunities in addition to those accessible through social media
- Policies, strategies, and partnerships to undertake a mental wellbeing impact assessment when making key decisions or implementing significant policy change
- Residents to understand the impact of mental wellbeing on them and their families
- Consider building on the No Wrong Door Network to achieve a one-stop shop in the town centre
- Stakeholders to have a shared understanding of mental wellbeing and to take collective responsibility for improving population mental wellbeing.
- Stakeholders to be able to recognise signs and symptoms of mental wellbeing decline and know how to access support when it is needed
- Stakeholders to be comfortable talking openly about their mental health and wellbeing and to be able to challenge mental health stigma



## Mental Wellbeing Promotion - Awareness raising

Stigma remains a huge barrier to recognising and addressing poor mental wellbeing in Walsall. By improving knowledge and understanding of mental wellbeing, access to timely and appropriate support will be improved for residents.

MWT1B Improve Knowledge & Understanding of Mental Wellbeing – Targeted	
Current Position	Local Challenges
<ul style="list-style-type: none"> <li>• BCHFT lead an Ethnic Minorities Communities Steering Group which supports VCS organisations to improve mental health and wellbeing for diverse and vulnerable communities</li> <li>• Benefit staff have a basic awareness of what mental wellbeing is, which means those accessing benefits can ask for help</li> <li>• Investment is available to develop population mental wellbeing provision for those at an increased risk of mental well-being decline</li> <li>• There is a local recognition of the need to develop culturally appropriate provisions to meet the diverse population needs</li> <li>• There is a low understanding of the impact caring has on the mental wellbeing of carers locally and of the impact of care policies</li> <li>• Police have increased understanding of mental wellbeing</li> </ul>	<ul style="list-style-type: none"> <li>• A range of services are not available to appropriately meet the needs of underserved populations i.e., men, Black, Asian and traveller communities, those identifying as LGBTQ, gender neutral, non-binary, young people, deaf communities, and pregnant women</li> <li>• Underserved populations are at an increased risk of low mental wellbeing, are less likely to recognise mental wellbeing needs, and are less likely to know what support is available</li> <li>• Carers, the unemployed, men and Black and Asian communities' groups and those who already have mental health challenges are at the most risk of reaching crisis point and are least likely to receive or seek help</li> </ul>
For Walsall we want	
<ul style="list-style-type: none"> <li>• Mental wellbeing services and VCS providers to be culturally appropriate to meet the diverse needs of the population</li> <li>• The conversation around mental health and wellbeing to be normalised in different communities and access to appropriate support when needed</li> <li>• Men to be empowered to develop and lead projects that meet the diverse mental wellbeing needs of men in Walsall</li> <li>• Men to realise that it is OK to say they are not ok, to know where to access support and to accept help</li> <li>• Carers to be supported to optimise their mental wellbeing</li> <li>• Members of underserved communities to be confident to access mental wellbeing support</li> <li>• Accessible early intervention and prevention services are available which respond to the needs of families</li> <li>• All women and their families to understand the signs of perinatal depression and how the menopause can impact mental wellbeing and can easily access support</li> </ul>	





# My Wellbeing Plan

## Level 2 - Mental Illness Prevention

### 8 Steps to Wellbeing

Mental wellbeing affects how we feel about all areas of life. Looking after our mental wellbeing can improve the way that we feel every day. Self-care can be quick and is cost-effective.

This strategy builds on the Five Ways to Wellbeing, and adds hydration, nutrition, sleep and hope for the future, to achieve a comprehensive approach to improve mental wellbeing and tackle stigma. For this reason, Wellbeing Plans based around 8 steps to Wellbeing have been developed and are being promoted across Walsall. Undertaking Wellbeing plans will help residents understand what they can do to enhance, maintain and/or improve their mental wellbeing.





Be Active



Learn Something New



Take Notice



Hydration and Nutrition



Connect



Sleep for Wellbeing



Give Something to others

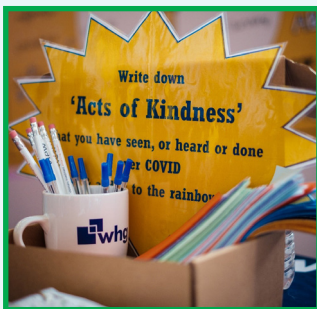


Hope for the Future

Through taking this Walsall developed eight steps to wellbeing approach, we will:

- Maximise the opportunities to promote public mental wellbeing
- Encourage individuals and communities to develop their approach for improving mental wellbeing.
- Integrate mental wellbeing into all aspects of the work of our multiagency partnerships

## Case Study



Funded by the NHS in partnership with Walsall Together, whg's team of Kindness Champions have been recruited to work alongside and support customers who are feeling alone or isolated.

'Tom' has a long-term mental health illness and which was impacted by Covid-19 and bereavement. Prior to lockdown he was working and had lots of contacts with others. Like many people, lockdown and the loss of a family member had a huge impact. His personal relationship had begun to suffer, he was not taking his medication and was using alcohol to cope. He felt unable to work and had been signed off by his GP. Tom felt isolated and lonely.

whg's Kindness Champions worked with Tom to increase his confidence and coping skills and encouraged him to focus on the positives in his life. Tom was referred to bereavement counselling which directly led to improvements in his personal relationships. Tom was encouraged to take part in activities on a local allotment which increased his contact with others and improved his mood generally. He has recently returned to work and re-established a number of his friendships.

With support from our Kindness Champions, Tom's mental health has improved, he feels less lonely and isolated and more hopeful for the future.

The correlation between employment, housing and mental wellbeing are undeniable. For this reason, prioritising economic and housing challenges is essential.

MWT2A Economic & Housing Challenges Universal	
Current Position	Local Challenges
<ul style="list-style-type: none"> <li>Walsall has several financial wellbeing and debt advice services including Walsall Citizen Advice Bureau, money home jobs team, whg benefits advice and wellbeing mobile unit</li> <li>Financial advice is a priority of the Mental Health &amp; Wellbeing Multi-Agency Team but there is not enough support available to meet the demand</li> <li>Variable standards of housing are available in Walsall. Some good social housing, but poor standards within some private renting and HMO housing</li> <li>Social housing evictions are decreasing</li> </ul>	<ul style="list-style-type: none"> <li>People who have never struggled with finances falling into rent arrears and debt due to loss of employment</li> <li>The resident's risk of unemployment has increased. People are increasingly struggling to pay the bills</li> <li>Increasing reliance on one off discretionary payments and Government schemes</li> <li>Increasing debt and higher numbers of people using food banks and loan sharks</li> <li>Some groups are at an increased risk of homelessness e.g. single men and some ethnic minority groups.</li> <li>An increasing number of households are reliant on benefits and council tax support including free school meals</li> <li>People in employment on low income i.e., Zero-hour contracts are at an increased risk of poor mental wellbeing</li> <li>Changes to financial circumstances because of bereavement is common</li> <li>Increased risk of fuel poverty and the implication for household debt caused by the fuel crisis</li> <li>Low availability of social rented homes for larger families'</li> </ul>
For Walsall we want	
<ul style="list-style-type: none"> <li>People to be happy, to be able to live on their incomes and be able to build up saving to mitigate the risk of financial insecurity</li> <li>More local community based accessible, employment, financial and benefits advice is available in community settings</li> <li>Residents to recognise the value of and have access to quality green spaces, arts, leisure and culture</li> <li>Multi-agency partners to have a clearer understanding of how the whole system-wide health and social-economic system functions together i.e., housing and Department of Work and Pension</li> <li>All housing providers to work together to reduce homelessness, and provide more people with quality housing, that is also affordable to heat</li> <li>The population to recognise and seek to access to enriching employment opportunities</li> <li>More people to know how to access support to recover following the loss of employment</li> </ul>	

Whilst all people have the potential to experience economic and housing challenges, providing targeted support to improve opportunities for those with the most risk of deprivation is essential.

MWT2 Economic & Housing Challenges targeted	
Current Position	Local Challenges
<ul style="list-style-type: none"> <li>A large number of housing associations and private rented stock are tenanted by diverse underserved communities</li> <li>Some Black, Asian, and other minority families living in substandard housing</li> <li>Some emerging communities and migrant families who are not working are housed within poor housing conditions</li> <li>Some groups are at an increased risk of homelessness e.g. single men and some ethnic minority groups.</li> </ul>	<ul style="list-style-type: none"> <li>Rogue landlords, HMO and overcrowded housing conditions are impacting people's mental health</li> <li>Caregivers are at increased risk of stress due to financial / housing loss as a result of caregiving and/or bereavement</li> <li>The proportion of carers providing over 20 hours of unpaid care is higher in Walsall, compared to the West Midlands and England</li> <li>Some communities have high levels of crime and anti-social behaviour resulting in residents feeling unsafe</li> <li>Barriers to training and employment exist for some disadvantaged young people, including those who are looked after, care leavers or who are in pupil referral units</li> <li>some groups are disproportional affected by homelessness such as single men and those from people from ethnic minority groups</li> </ul>
For Walsall we want	
<ul style="list-style-type: none"> <li>All people regardless of their background have equality of opportunity of access to decent quality housing and financial stability</li> <li>Those caring for others have access to timely affordable appropriate support to enable them to cope with providing care to someone else</li> </ul>	

We want Walsall employers to commit to actively protecting and improving the mental wellbeing of their workforce, enabled through the Workforce programme.

MWT3 Thrive Intervention Unemployment & Employment – Universal	
Current Position	Local Challenges
<ul style="list-style-type: none"> <li>Walsall has a multi-agency economic board where issues can be raised and addressed</li> <li>A range of employment services and schemes are available to help people back into employment and training e.g., Walsall Works, Black Country Impact, Restart</li> <li>BCHFT retention and employment support (Thrive into Work)</li> <li>The pandemic has revealed the availability of a range of volunteers in Walsall, and businesses offering volunteers to address local challenges</li> <li>The BCHFT Staff Hub is available to Health and Social Care staff, provide mental health support and signposting</li> <li>Services are in place that liaise with education establishments towards mental wellbeing</li> </ul>	<ul style="list-style-type: none"> <li>Lack of core industry following the historic collapse of industry</li> <li>Local organisations and businesses struggle with how they can support the mental wellbeing of employees</li> <li>People are exhausted, personally and professionally</li> <li>Unemployment rates and zero-hour contracts lead to financial insecurity for many, increasing work-related stress and fear of losing work</li> <li>Limited ability to attract local people to local jobs</li> <li>High rental areas that are transient, harm the stability of communities</li> <li>Lack of ability to access digital services and provision</li> <li>High levels of low self-esteem and feelings of helplessness amongst those who are unemployed</li> <li>Some people working from home struggle to achieve a work-life balance</li> </ul>
For Walsall we want	
<ul style="list-style-type: none"> <li>Residents, employers and staff to have a shared understanding of what good mental wellbeing means</li> <li>Employers to prioritise the mental wellbeing of their staff and invest in mental wellbeing interventions, in addition to occupational health</li> <li>Residents and employees to have high ambition for themselves in employment and/or in business</li> <li>To create opportunities for individuals to get involved in volunteering, hobbies and community activities, including arts, culture and accessing green spaces</li> <li>Expand existing initiatives which target vacancies to local populations who are also supported into work for example e.g., Impact and whg work with the Health Trust</li> <li>Employers and business networks agree to provide new local employment to local people e.g., Wolverhampton Trust has a policy that 60% of the workforce must be from the Black Country</li> </ul>	



This strategy seeks to tackle inequalities by highlighting the need to improve the accessibility of appropriate employment opportunities.

MWT3B Thrive Intervention Unemployment & Employment targeted	
Current Position	Local Challenges
<ul style="list-style-type: none"> <li>• Employment support and workplace health programmes are working hard to help people to remain at work</li> <li>• The pandemic has highlighted issues of social and racial inequalities and injustice in employment and unemployment</li> <li>• Education establishments are offering upskilling courses to enable people to access employment</li> </ul>	<ul style="list-style-type: none"> <li>• Underserved communities i.e., people with mental ill health, physical, learning and learning disability or ASD and Black, Asian, and other ethnic groups are disproportionately affected by long term unemployment, poor employment, and limited opportunities</li> <li>• Many young people do not know how to access training, education or career support</li> <li>• Highly qualified young people have reduced access to opportunities compared to pre-pandemic levels</li> <li>• High multi-generational unemployment rates in some wards result in low aspiration and poverty, impacting mental wellbeing</li> <li>• Older workers at risk of job loss and struggle with being re-employed</li> <li>• Carer’s struggle to provide self-care, work and socialise whilst providing care</li> </ul>
For Walsall we want	
<ul style="list-style-type: none"> <li>• Opportunities of employment and success to be equitable across populations, and barriers to success are removed</li> <li>• Mature employees’ skills and experiences to be valued, and fair recruitment applied across all ages</li> <li>• All partners to be aware of what employment support exists across Walsall and to be able to signpost to relevant support</li> <li>• To increase aspiration in Walsall and encourage residents to consider a range of career paths and opportunities</li> <li>• To improve emotional wellbeing support and advice in workplaces in general and in particular in traditionally male-dominated workforces</li> <li>• Key workers to access mental health and wellbeing support</li> </ul>	

## Case Study



In August 2020 whg launched ‘**Work 4 Health**’, in partnership with Walsall NHS Healthcare Trust to support the recruitment of multiple key worker job opportunities available at Walsall NHS Trust.

The programme empowers and supports customers to develop their confidence and work-related skills within the health and care sector to maximise their chances of success when applying for positions with Walsall NHS Trust.

whg customer said:

***“The course was brilliant, I gained so much knowledge from it, everything was explained in the best detail possible and everyone on the course was treated the same. No one was treated differently based on circumstances. I jumped at the opportunity as I was determined to follow my dreams and focus on my career before I hit 30 years of age. I’m so glad I built the courage up to participate and achieve what I have today. My confidence has grown so much since starting the course. Thank you so so much”.***

The importance of social support, connections, and relationships for mental wellbeing should not be underestimated.

MWT4A Community Connections - Peer Social Support (Universal)	
Current Position	Local Challenges
<ul style="list-style-type: none"> <li>• Walsall has a range of effective partnerships including Walsall Together Resilient Communities, Walsall Community Mental Health Partnership and Primary Care Network</li> <li>• Walsall has a range of community champions and social prescribers e.g., whg, Kindness Champions and community champions, and Making Connections Walsall Social Connectors, One for all Community Champions and PCN Social Prescribers</li> <li>• Walsall has a range of community interventions delivered by VCS organisations</li> <li>• One Walsall infrastructure organisation that provides support to community VCS organisations</li> <li>• There is a range of strong community organisations, projects and informal groups i.e., coffee mornings, befriending projects, walking groups.</li> <li>• Relationships between statutory bodies and the VCS are good and improved during the pandemic</li> <li>• People want to make a difference to others across the system</li> </ul>	<ul style="list-style-type: none"> <li>• Some disjointed provisions resulted in inefficiency across the system</li> <li>• Some VCS projects are stretched, and some local projects and charities have gone out of business resulting in reduced community support</li> <li>• Communication with statutory services has been reduced resulting in residents struggling to access support, resulting in increased stress</li> <li>• Some networks including social prescribers require a greater understanding of mental health and wellbeing</li> <li>• Some families have limited access to information technology resources resulting in them being less able to use online provision</li> <li>• There is limited recognition that volunteers need resourcing</li> </ul>
For Walsall we want	
<ul style="list-style-type: none"> <li>• All residents to feel safe and to have positive connections with other residents and positively contribute to the lives of others at home in communities and the workplace</li> <li>• To enable and empower residents to have a stronger voice and greater control over their communities</li> <li>• All residents have access to information technology and have the training to use it</li> <li>• Volunteers to be valued and for it to be recognised that volunteers require investment</li> <li>• There to be an availability of a range of meaningful activities, hobbies and volunteering</li> <li>• Multi-Disciplinary Teams to be knowledgeable about what is available and to be confident to signpost people for mental wellbeing support</li> <li>• Training for social prescribers so they are knowledgeable and competent in delivering mental wellbeing support and signposting</li> </ul>	

## Case Study



This gentleman lost his wife and found himself socially isolated and in need of some support. He lives alone and has muscular skeletal problems. He is very self-reliant and does his own housework and shopping. He says he misses his wife very much.

“I now have people to chat with...I have made new friends and I take part in activities alongside others. I certainly feel less lonely as it gives purpose to my life. It has helped me to get out and about, make friends and given me opportunities that I wouldn't have found out about without Making Connections.”

Male MCW client



Social connections and networks are experienced differently across the population. The intervention, therefore, needs to be proportionately targeted to meet diverse population needs.

MWT4B Community Connections - Peer Social Support – Targeted	
Current Position	Local Challenges
<p>Walsall has</p> <ul style="list-style-type: none"> <li>• A range of VCS groups and organisations working with diverse communities across Walsall</li> <li>• A Community Inclusion Team</li> <li>• Black Country Mental Health Trust Community Development Workers working with under-represented groups to reduce health inequalities</li> <li>• Faith organisations which act as a community hub for many diverse communities</li> <li>• Housing Associations which invest in a range of interventions to engage and support people in different communities</li> </ul>	<ul style="list-style-type: none"> <li>• There are not enough culturally appropriate services available to meet the diverse mental wellbeing needs of the Walsall population e.g., ASD, people with hearing or sight loss, Black, Asian and other minority groups, speakers of other languages and people identifying as LGBTQ, gender neutral or non-binary.</li> <li>• There is a lack of awareness of services available for men in Walsall</li> <li>• Carers have struggled in the pandemic due to service closures and have become more isolated</li> <li>• Some vulnerable people are trapped indoors - fearful to leave their homes, including elders, across different communities</li> <li>• Community cohesion challenges increased during the pandemic</li> <li>• Some groups are excluded from the use of information technology e.g., the elderly and those who are deprived</li> </ul>
For Walsall we want	
<ul style="list-style-type: none"> <li>• To have enough services that meet the diverse mental wellbeing needs of the Walsall population</li> <li>• Greater awareness of what exists for diverse communities is to be achieved</li> <li>• Elders from diverse communities to engage in community activities</li> <li>• Community development initiatives that foster strong community cohesion, to provide local solutions to local issues and strengthen neighbourhoods</li> <li>• Vulnerable people to feel safe to go back into the community including places of worship</li> </ul>	



## Level 3 - Early intervention

Early intervention is crucial to preventing the escalation of mental wellbeing need. Whilst it is not always possible to prevent mental health illness, it is possible to identify early interventions which prevent the deterioration of mental wellbeing.

MWT5A- Counselling Bereavement and Therapy Support- Universal	
Current Position	Local Challenges
<p>Walsall has fewer voluntary sector counselling and bereavement services compared to other areas. The current provision includes:</p> <ul style="list-style-type: none"> <li>• A well-established Improving Access to Psychological Therapies programme</li> <li>• WPH Counselling and Education Services for young people</li> <li>• Walsall Bereavement Support Service (WBSS)</li> </ul>	<ul style="list-style-type: none"> <li>• Pathways to bereavement and therapy support are not seamless</li> <li>• There is limited gold-plated bereavement support, which is unable to meet population needs.</li> <li>• WBSS is without secure or mainstream funding</li> <li>• Investment is tied up in crisis services which reduce the ability to invest in timely prevention and early intervention from the VCS</li> <li>• Investment in the VCS is short-term which impacts negatively on service stability</li> <li>• There are long waiting times for therapy provision</li> <li>• Families are struggling to come to terms with bereavements due to preventable deaths – e.g., COVID-19 and/or multiple loss</li> </ul>
<p>For Walsall we want</p> <ul style="list-style-type: none"> <li>• Therapy services that meet a wider population need, are easy to access and have reduced waiting times</li> <li>• People to be aware of how to access counselling and therapy services and recognise counselling as the natural first option for support after self-care</li> <li>• Clearer more joined-up financially sustained counselling therapy and bereavement support services on clear pathways</li> </ul>	





Diverse population groups have access to therapy and experience intervention at different rates. Targeted intervention is essential to meet population needs.

MWT5B- Counselling Bereavement and Therapy Support - Targeted	
Current Position	Local Challenges
<ul style="list-style-type: none"> <li>• Support services available for patients of the Mental Health Trust</li> <li>• Limited counselling services available for Black, Asian, and other diverse communities</li> <li>• Many of those working in at-risk industries are from diverse ethnic populations and are often dealing with their grief alone</li> <li>• We do not understand how many people would benefit from cultural appropriate support</li> <li>• High level of death among the Black and Asian elderly due to COVID-19 resulted in increased fear to engage in communities</li> </ul>	<ul style="list-style-type: none"> <li>• Low uptake of bereavement support by men and people from diverse communities</li> <li>• Access to cultural appropriate provision is unequal and there is limited understanding of the support available</li> <li>• Experiences of trauma, recently arrived migrants and victims of crime have no trauma-focused support available</li> <li>• The impact of migration on individuals and separated families is not well understood</li> <li>• The stigma of talking about mental health in communities impacts engagement</li> <li>• Many communities have not been able to grieve in the traditional sense</li> </ul>
<p>For Walsall we want</p> <ul style="list-style-type: none"> <li>• Men to have access to therapy support that engages and works for them</li> <li>• People to recognise the benefit of therapy for older people</li> <li>• To co-develop and commission a range of provision which meets the diverse needs of all Walsall residents</li> </ul>	

### MWT behavioural activities i.e. risk-taking behaviour, move more, nutrition hydration

The inextricable link between mental wellbeing and physical health is generally not well understood<sup>[1]</sup>. Achieving parity of esteem between physical and mental health is essential to improving mental health and wellbeing. The impact unhealthy lifestyles/behaviours (e.g., smoking, inactivity/sedentary, poor nutrition etc.) have on mental wellbeing are well evidenced.

By improving physical health, we will also improve the mental wellbeing of Walsall's residents. Healthy lifestyle-related strategies will help to achieve this. For example, a physical activity framework is being developed which will provide an overarching umbrella to bring together relevant national, regional and local policy, practice and partners around healthy lifestyles.

# Making it Happen – Leadership, Partnership & Resources

As a partnership, we commit to:

- Working in partnership across agencies, to implement integrated approaches to mental wellbeing promotion, support and care
- Developing a Mental Wellbeing Prevention Concordat to facilitate local action around improving good mental wellbeing, which partner organisations sign up to
- Continue to co-ordinate activity to improve mental wellbeing outcomes through multi-agency partnerships
- Building on the No Wrong Door Network, which partners sign up to
- Implementing Mental Wellbeing Impact Assessments, a tool to be used across the system when undertaking any major plan, project or proposal
- Partner organisations sign up to facilitate residents' completion of personal wellbeing plans

## Resources

**Allocating resources proportionately, with a focus on the social determinants, is key to delivering improvements.**

This strategy is written during a period of major challenge as a result of the COVID-19 pandemic, in a time of significant financial concerns. A multi-agency approach to financial planning is required to achieve improvements in mental wellbeing. We need to:

### Achieve system leadership for mental wellbeing

- Provide a key leadership role post-COVID-19 in plans to Build Back Fairer Communities
- Continue to support Walsall's integrated health and care system to be a true population health system, by working in partnership across the Black Country
- Develop health equity targets for Walsall, with clear lines of accountability to reflect priorities for reducing health inequalities

### Prioritise inequalities in mental wellbeing

- Increase mental wellbeing provision in workplaces
- Expand programmes that focus on mental health prevention, and strengthen monitor, and evaluation for equity
- Work with planners to develop mentally healthy high streets and access to good quality green space
- Improve community safety by reducing anti-social behaviour

### Giving prevention interventions time to succeed

- Strengthen focus on the fundamentals of mental wellbeing
- Implement long term multi-agency investment into interventions over 5 and 10 years, and improve and share best practice between local authorities across the Black Country
- Identifying and embedding learning from the COVID-19 pandemic, including the value of place-based services and other 'bottom-up' approaches

## Risks

Aligning this strategy with the economic, social and mental health system circumstances is a challenge that has increased as a result of the pandemic. Nevertheless, addressing these challenges is essential and the success of this strategy is reliant on multiagency strategic prioritisation.

## How we will monitor, evaluate and review strategy impact

An action plan will be developed to support this strategy. This strategy will feed into the Health and Wellbeing Board through the Community Mental Health and Wellbeing Partnership. It will be evaluated by:

- Developing and agreeing, key indicators for mental wellbeing between multi-agency partners
- Inviting feedback from the general populations, community groups and professional stakeholders, including evaluating the satisfaction of those accessing the service provision
- Working with stakeholders to capture the impact of their delivery and monitoring the impact of interventions
- Measuring and monitoring help-seeking behaviours



## Outcome Measures

An overarching evaluation and monitoring framework will be developed as part of this strategy. This will include indicators relating to wider determinants, vulnerable groups, service activity and outcomes.

### Awareness-raising

- Knowledge of how and where to access prevention and early intervention support
- Access to mental health and wellbeing training
- Increase self-rated population wellbeing scores
- Adults undertaking wellbeing plans to improve healthy lifestyles

### Reducing stigma

- Willingness to talk about mental health and wellbeing
- Confidence to access support for mental wellbeing needs

### Wider determinants

- Increase use of green spaces for physical activity (green spaces strategy)
- Literacy, education, training and skills enable people to contribute to their community and our economy (Regeneration, Housing and Economy)
- Access to financial/debt/housing advice support

### Community connections

- Increase social connections and community networks (Resilient Communities)

### Vulnerable groups

- Increase carers' ratings of their wellbeing
- Reduce inequalities in accessing support
- Access to bereavement and counselling support across communities

## Definitions

**Barriers to access:** not knowing about the services available, physical accessibility, the way an individual perceives or experiences a service, financial barrier to access the service distance of service, cultural and language barriers

**BCHFT:** Black Country Health Care Foundation Trust

**Black and minority ethnic groups (BME):** refers to members of non-white communities in the UK

**Carers:** a family member or paid helper who regularly looks after a child or a sick, elderly, or disabled person that need long-term support

**Culturally appropriate:** responsive to people's cultural identity, heritage, beliefs or conventions. It covers a range of things, for example, ethnicity, nationality or religion, sexuality or gender identity, language

**Digital access:** the ability to fully participate in a digital society, which includes access to tools and technologies, such as the Internet and computers that allow for full participation

**Financial stress is emotional tension that is specifically related to money.** Anyone can experience financial stress, but financial stress may occur more often in households with low incomes i.e. not having enough money to pay the bills, and buy groceries

**Fuel poverty:** In general, fuel poverty relates to households that must spend a high proportion of their household income to keep their home at a reasonable temperature

**LGBT/LGB&T/ LGBTQ:** lesbian, gay, bisexual and transgender are some of the terms used to describe sexual and gender identity

**Mental ill-health:** Mental illness, also called mental health disorders, refers to a wide range of mental health conditions/disorders that affect your mood, thinking and behaviour

**Mental Health Stigma:** stereotyping and labels someone as tainted or less desirable due to having a mental illness, resulting in barriers to accessing support for fear of being labelled

**Mental wellbeing:** Mental wellbeing refers to a person's emotional state at any given time. Mental Wellbeing is the bedrock from which other things flow. It is the positive end of a spectrum of mental health and describes both feeling good and functioning well

**Mental Wellbeing Prevention Concordat:** The Prevention Concordat for Better Mental Health is intended to provide focused cross-sector action to deliver a tangible increase in the adoption of public mental health approaches across the borough

**Self-care:** is "the ability of individuals, families and communities to promote health, prevent disease, maintain health, and to cope with illness and disability with or without the support of a healthcare provider"

**Social capital:** the networks of relationships among people who live and work in a particular society, enabling that society to function effectively

**Social networks:** a network of social interactions and personal relationships

**Social prescribers/connectors:** people who connect residents to community groups and statutory services for practical and emotional support.

**Stakeholders:** professional partners and residents both have an interest in outcomes

**Underserved populations:** populations who face barriers in accessing and using services for a range of reasons including geographic location, religion, sexual orientation, gender identity, underserved race and ethnicity

**WHG:** Walsall Housing Group

## Acknowledgements

Thank you to the many stakeholders who have informed and contributed to the co-production of this Walsall Multi-Agency Mental Wellbeing Strategy. This strategy is authored by Angela Aitken, Senior Programme Development and Commissioning Manager, co-authored by Claire Heath, Senior Intelligence Officer and has been developed with the joint efforts of many stakeholder who have either contributed to the writing, design or have provided data and information.

### Contributors include:

The Walsall Health and Wellbeing Board Members

The Multiagency partnership groups noted within the strategy

Individual contributions from colleagues in the following organisations and departments:

- 118 Pharmacy
- Ablewell Advice Walsall
- Black Country Healthcare - Mental Health and Wellbeing Hub, Liaison and Diversion and Criminal Justice Services, Primary Care Mental Health, mental health inpatients, Commissioning
- Black Country Innovate CIC
- Bloxwich Community Partnership
- Walsall Council - Regeneration, Housing and Economy
- Kaleidoscope plus group
- Lloyds Pharmacy
- Modality GP Practice
- Moxley Medical Centre
- New Inventions Health Centre
- One Walsall
- Rethink Mental Illness
- Saddlers Health Centre
- The Big Happiness Experiment CIC
- The MindKind Projects CIC
- Voluntary with Walsall Friends of the Earth
- Walsall Bereavement Support Service
- Walsall Black Sisters Collective
- Walsall Carers
- Walsall College
- Walsall Council - Children services, Corporate Consultation & Equalities, Environmental Health, Healthy Space Team, Public Health, Adult Social Care; Commissioning and Delivery (mental health, older people, disabilities)
- Walsall Health Care Trust
- Walsall Housing Group
- Walsall Manor Hospital
- West Midlands Fire Service
- West Midlands Police
- WPH Counselling

## References

South, J., (2015) A guide to community-centred approaches for health and wellbeing.

MH foundation (2021) physical and mental health

Heidrich, S.M., (1993) The relationship between physical health and psychological well being in elderly women: A developmental perspective. *Research in Nursing & Health*, 16(2), pp.123-130.

Public Health Profiles: Mental Health, Dementia & Neurology; Mental Health Foundation

References listed in data and briefing document

Gillam (2018) Enhancing public mental health and wellbeing through creative arts participation, *Journal of Public Mental Health* (2018) 17(4), pp. 148-156

Kansky, J. and Diener, E., (2017) Benefits of well-being: Health, social relationships, work, and resilience. *Journal of Positive School Psychology*, 1(2), pp.129-169.

Compton, M.T. and Shim, R.S., (2015) The social determinants of mental health. *Focus*, 13(4), pp.419-425.

Evans, G.W., (2003) The built environment and mental health. *Journal of urban health*, 80(4), pp.536-555.

<https://commonslibrary.parliament.uk/research-briefings/cbp-8730/>

Heidrich, S.M., (1993) The relationship between physical health and psychological wellbeing in elderly women: A developmental perspective. *Research in Nursing & Health*, 16(2), pp.123-130.

<https://www.who.int/reproductivehealth/self-care-interventions/definitions/en/>

Walsall Council (2021) Daily Conversations: Children's Voices at the heart of everything we do, August 16th - 23rd 2021

Hopley, R. Wilson, W. Chadwick, D. Rees, J. Wilson, S. (2021) Understanding Mental Wellbeing in Walsall How do certain factors influence mental wellbeing at a community and individual level in Walsall? Institute for Community Research and Development (ICRD), University of Wolverhampton and Birmingham Voluntary Service Council (BVSC) Research Unit, October 2021.



