

Be kind to
your mind

It's good
to talk

BOLTON'S
BIG
WELLBEING
CONVERSATION

Report 2

Working towards
a mental health
equality action plan

Over 1,500 people
answered our
survey...

...from every
community
in Bolton.





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Part 1:

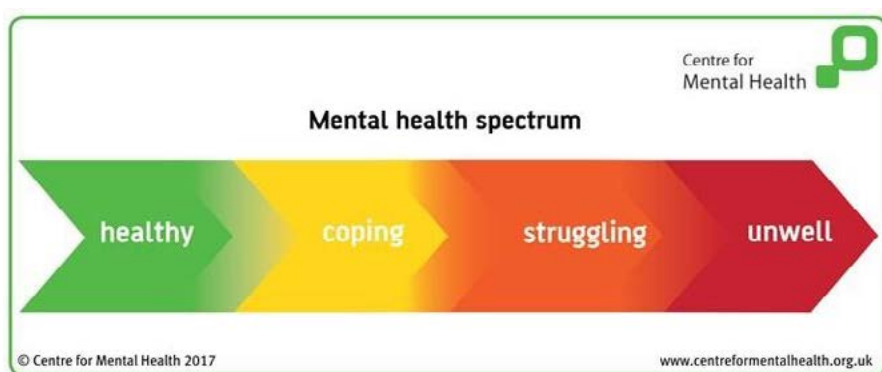
Definition of terms

Mental health – a state in which an individual realises their own abilities, can cope with the normal stresses of life, can work productively and is able to contribute to their community.¹

Wellbeing – wellbeing is about feeling good and functioning well. Personal wellbeing asks people directly how they think and feel about their own wellbeing, and includes aspects such as life satisfaction, positive emotions, and whether their life is meaningful. Objective wellbeing is also important and is based on assumptions about basic human needs and rights, including aspects such as adequate food, physical health, education, safety, etc.²

Mental illness and ill health – conditions involving changes in emotion, thinking or behaviour, or a combination of these. Mental illnesses are associated with distress and problems functioning in social, work or family activities.³

Health inequalities – avoidable, unfair and systematic differences in health between different groups of people.⁴



Everyone has mental health, which at any time ranges on a spectrum from healthy to unwell and can change according to circumstances.



Part 2: Executive summary

Through the Bolton Big Wellbeing Conversation, residents have made it clear that mental health and wellbeing are vital to their quality of life and ability to fulfil their potential.

Even before Covid-19, mental ill health was one of the biggest causes of disability and health care demand. The pandemic, and measures taken to control it, have worsened many mental health risk factors, and demand for services has risen sharply as a result.

Like most negative outcomes, the burden of poor mental health does not fall equally, and it is the deprived, those from certain ethnic minorities and with other protected characteristics that endure the most.

Bolton has some of the UK's highest levels of deprivation and the survey identified comparatively low levels of happiness and feelings that life is worthwhile and satisfying, and high levels of anxiety.

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

Bolton's public health team has therefore:

- Commissioned the Bolton Big Wellbeing Conversation survey and focus groups that captured the views of over 1,600 local residents
- Worked with national charity Centre for Mental Health to summarise the survey results in this report and add relevant evidence
- Convened the Let's Talk Bolton co-production event with the Centre for Mental Health, to come up with actions to progress the ideas presented in the survey, focus groups and evidence review.

The survey and evidence review identified six themes that were then discussed at the Let's Talk Bolton co-production event:

- 1) Supporting the best start in life – preventing adverse childhood events and enabling children and young people to thrive
- 2) Enabling people to have enough money to enjoy a decent standard of living
- 3) Tackling discrimination
- 4) Creating physical environments that support access to free or genuinely affordable community amenities, green space and decent housing
- 5) Supporting good family and community relationships
- 6) Access to quality financial, health and other advice and services

Overall, it was clear from responses that overall support to the community needed to be:

- Created with communities themselves in a way that involves people with lived experience to shape the support that is commissioned and provided
- Better communicated so that more people in the community and other services know what is available
- Joined up better with other sources of support – among the things mentioned were one-stop shops, alliance contracts that incentivise services to work together, better sharing of information about service users, and making it easier to refer between services

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The popular evidence-based and informed actions chosen at the Let's Talk event were as follows.

Theme one:

Supporting the best start in life – preventing adverse childhood events and enabling children and young people to thrive

- Ensure better support for families, especially in the perinatal period, early years and in deprived areas, including perinatal mental health, parenting programmes, parental substance misuse services and children's centres
- Ensure free or affordable after school and holiday activities for all ages
- Develop a new child poverty strategy

Theme two:

Enabling people to have enough money to enjoy a decent standard of living

- Ensure all major 'anchor institutions' get Living Wage Foundation accreditation and use social value procurement to hire, train and buy more from local people, especially those from vulnerable groups
- Extend [council tax relief scheme](#) to more low-income households
- Provide more advice including encouraging greater take up of Healthy Start vouchers and free nursery provision for eligible families

Theme three:

Tackling discrimination

- Ensure representation of people of different ethnicities, sexualities, genders and abilities at all levels of organisations
- Create support with communities themselves in a way that involves people of different ethnicities, genders, sexualities and abilities to shape what is commissioned and provided
- Check and address whether different ethnic and other groups are over- or under-represented among those using mental health services. For example, Black people in the UK are often very disproportionately over-represented in the acute end of mental health services despite their being no genetic reason for this to be the case

Theme four:

Creating physical environments that support access to free or genuinely affordable community amenities, green space and decent housing

- Support more genuinely affordable, quality housing with access to green and community spaces and decent facilities
- Tighten alcohol off-licensing conditions including hours of sale
- Support more active travel with more measures like pedestrianisation, protected cycle paths and improved bus services

Theme five:

Supporting good family and community relationships

- Support more 'pro social space' like libraries, benches and parks
- Support excellent services for substance misuse, family planning, anger management and family therapeutic services
- Promote and enable community events, such as festivals, markets, litter picking, walks and gardening

Theme six:

Access to quality financial, health and other advice and services

- Make every contact count by offering advice on a range of topics through GP surgeries, adult social care and other settings
- Provide more early help and support
- Address the 'inverse care law' that means fewer services are available in deprived areas that need the most support – this should include mental health support to tackle long waiting lists



Part 3:

Introduction

The Covid-19 pandemic has been accompanied by a sharp rise in demand for mental health services. For example, referrals to children's mental health services rose 134% between 2019/20 and 2020/2021, and emergency crisis care presentations are up 80%.⁵

Even before the pandemic, mental ill health was one of the most prevalent forms of illness⁶ with one in six people experiencing diagnosable symptoms at any time, at a cost of over £119 billion in England alone.⁷

While it is true that anyone can become mentally unwell, mental health inequalities mean that the risks are much higher for certain groups of people who experience structural discrimination and disadvantage:

- 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%⁸
- Four times as many Black people and twice as many Asian people are detained under the Mental Health Act as White people⁹
- Five times as many Black people and twice as many Asian people as White people are diagnosed with schizophrenia¹⁰
- More than half of LGBT people (52%) experience depression in a year¹¹
- Almost half of trans people (46%) have thought about taking their own life over the course of a year, and 31% of LGB people who are not trans said the same¹²

Another glaring mental health inequality is the fact that people diagnosed with a serious mental illness live, on average, 20 years less than those without such a diagnosis.¹³

Given these stark inequalities and rising prevalence, it is vital that everyone and every agency concerned with health and wellbeing do whatever they can to prevent mental ill health, treat it early and effectively when it occurs, and ensure that inequalities are addressed.

Bolton is doing this by:

- Using the Big Wellbeing Conversation to find out how people in Bolton feel about their mental health and wellbeing and what they would like done to improve it
- Working with experts at the Centre for Mental Health to review the evidence of what works to reduce mental health inequalities
- Commissioning a Let's Talk Bolton co-production event to design an action plan to act on what people in Bolton have said and what the evidence shows is effective

These findings will be shared with the whole community, and people and organisations will be asked to act on the suggestions made through this process.



Bolton Big Wellbeing Conversation: summary



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The Big Wellbeing Conversation aimed to hear from people and communities across the Bolton area about what is important for their mental wellbeing. It consisted of a survey for anyone over the age of 12 and focus groups with people whose voices are often not well heard.

More than 1,500 people participated in the survey and focus groups during the summer and autumn of 2021, representing a significant sample of the borough's approximately 288,000 residents. A wide range of people from all over Bolton and from different demographic groups completed the survey.

The focus groups were carried out in partnership with:

- Bolton Service User Recovery Forum
- Caribbean and African Health Network
- Dads Matter
- Rainbow Community, Bolton
- BAND community based mental health service
- Age UK, Bolton
- Believe Achieve, Children and Young People

Executive summary of Big Conversation findings

The last two years have been dominated by the Covid-19 pandemic, an unusually volatile period for people's mental health and wellbeing. The Bolton survey and the national comparison work were completed at different times, with differences in the rates of Covid-19, infection control restrictions, and accompanying anxiety and unhappiness levels caused by those factors.

The questions used in the Bolton survey were the same as those in the national surveying, but there were some differences in the ways the surveys were carried out. It is not possible to tell the extent to which the differences between the surveys were due to survey methods or the Covid-19 situation at the time. The survey is planned to be repeated and our local data will enable us to see how things have changed locally by then.

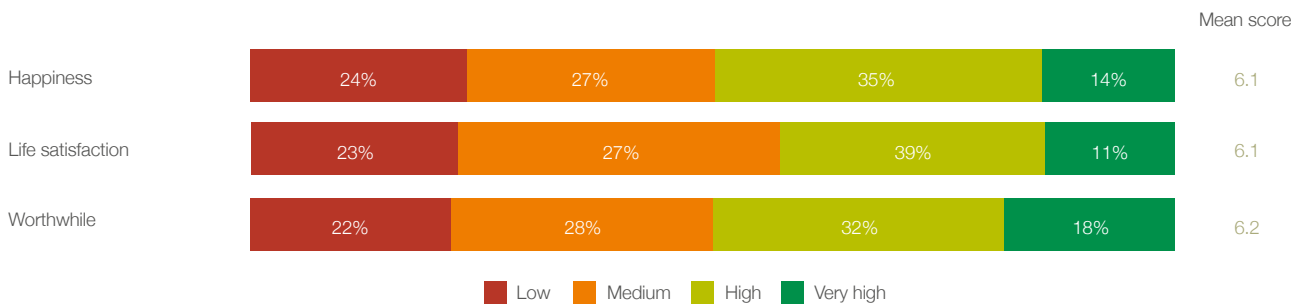
That said, the Bolton survey revealed a big gap between local respondents and national averages when it came to reported levels of happiness, life satisfaction, anxiety, and feelings that life was worthwhile.

- Nearly a quarter (24%) of Bolton survey respondents reported low levels of happiness – a much higher proportion than the national average, which was less than 5%¹⁴.
- The survey found a similar gap for life satisfaction, with 23% in Bolton reporting a low level compared to less than 5% nationally
- The proportion of people in Bolton reporting a low level of belief that their life is worthwhile was 22%, compared to less than 5% nationally
- Concerningly, 71% of Bolton's survey respondents reported high or very high anxiety compared to less than 40% nationally



Figure 1: Bolton survey results on self-reported feelings of happiness, life satisfaction, worthwhile and anxiety

Q. Rating of happiness, life satisfaction and worthwhile



Q. Rating of anxiety



Source: Bolton Mental Wellbeing Conversation Survey July-Aug 2021, 1598 people who live in Bolton Area; Data weighted by gender and age; Q3 on a scale of 0-10

For Happiness, Life satisfaction & Worthwhile Low = 0-4; Medium = 5-6; High = 7-8; Very High = 9-10

For Anxiety Low = 0-1; Medium = 2-3; High = 4-5; Very High = 6-10



Reported causes of poorer mental wellbeing

In the Bolton survey the most frequently cited causes of poorer mental wellbeing were:

Family worries
45%

Money worries
34%

Relationships
30%

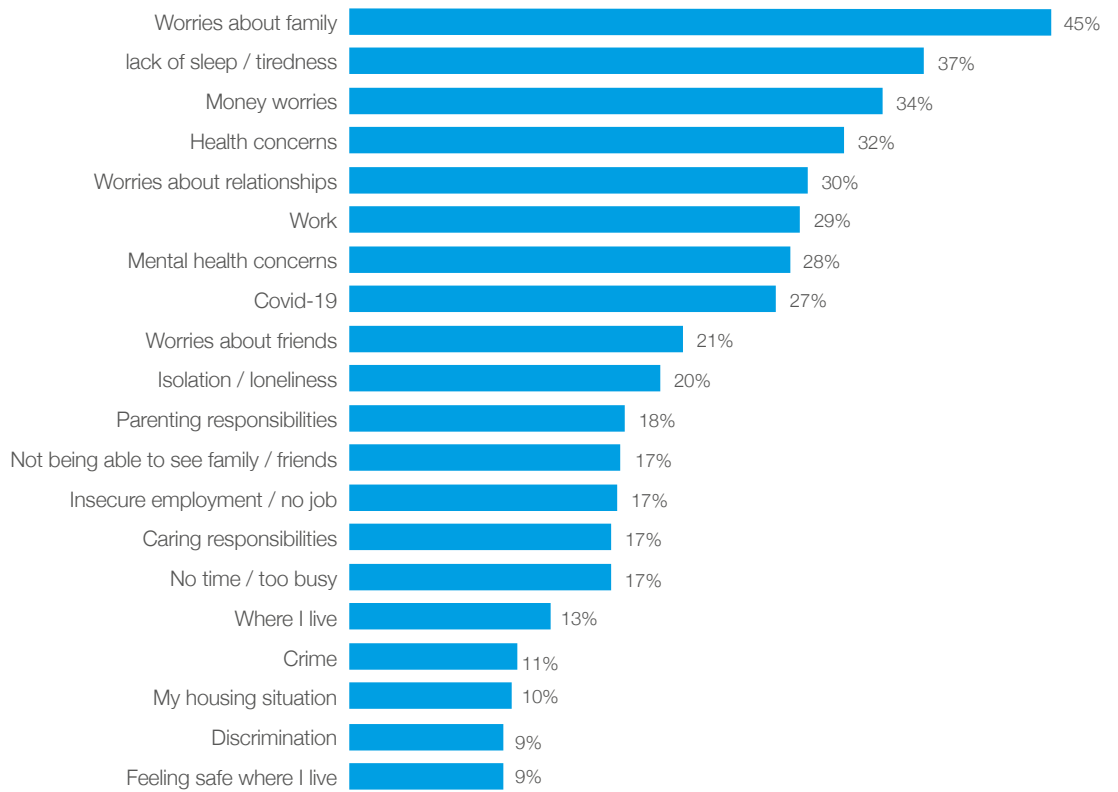
Tiredness / lack of sleep
37%

Health concerns
32%

Work
9%



What gets in the way of people's wellbeing?



Source: Source: Bolton Mental Wellbeing Conversation Survey July-Aug 2021, 1598 people who live in Bolton Area Q2; Data weighted by gender and age



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Priorities for improvement

The most frequently cited priorities to make Bolton a mentally healthier place to live were:

- Tackling poverty
- No discrimination
- Better housing
- Good facilities and events
- More pleasant surroundings and town centre
- More green open spaces
- Better support and health services

The priorities identified by Bolton's survey results match the evidence

The World Health Organisation¹⁵ says that the most important influencers of health, including mental health and wellbeing are:

- Social determinants, such as the poverty and discrimination identified in the Bolton survey
- Environmental factors, including the issues around housing, green space, facilities and public space identified in the survey
- Individual characteristics and behaviours like accessing support and healthcare, as prioritised in the survey

It is reassuring that members of the community highlighted areas that research shows would be effective in tackling as the 'causes of the causes' of our health and wellbeing.

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Equalities

The survey explored whether there were any significant differences in people's responses according to a range of equality characteristics.

Economic

The survey found little discernible difference in reported happiness, life satisfaction and feelings that life is worthwhile between people at different levels of prosperity and deprivation.

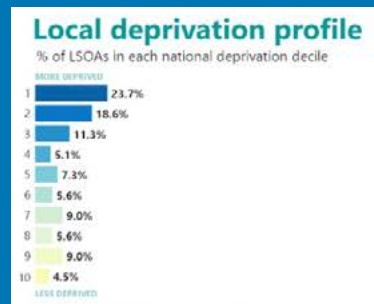
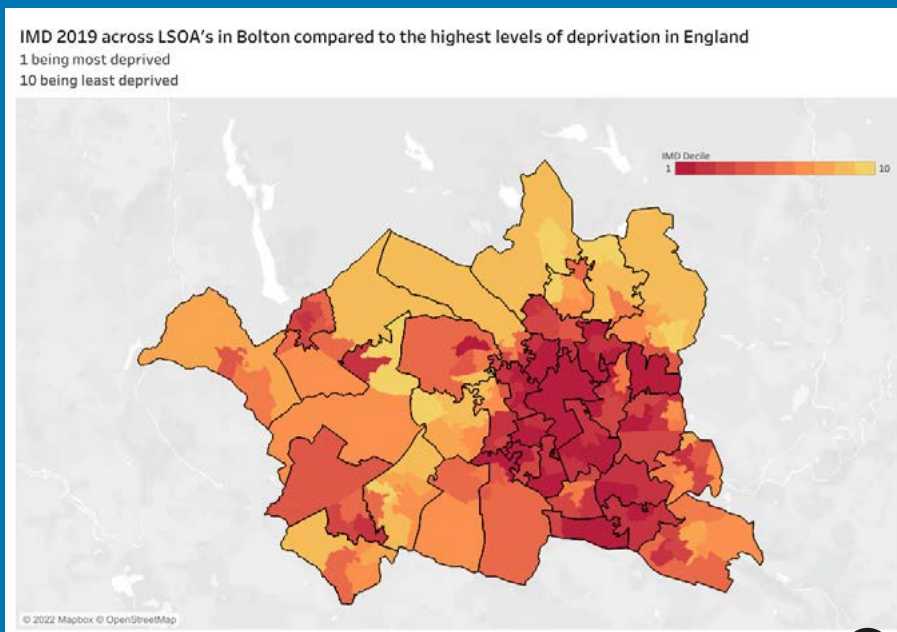
However, levels of reported anxiety were higher among people in areas of deprivation. This is important as anxiety leads to more of the stress hormone cortisol, excessive amounts of which are linked to a suppressed immune system, insomnia, severe mood swings, depression and severe hypertension¹⁶.

The survey showed that people living in areas of worse deprivation were less likely to do things to stay well than in other areas. Not only is it harder for people to afford activities that help to maintain their wellbeing, such as gym membership or eating a healthy diet, but research also shows that the increased stress of living in poverty

reduces people's 'mental bandwidth' to make 'good' health choices¹⁷. Worrying about how to afford the basics leads to unhealthy 'comfort' behaviour, which is partly why people living in the most deprived neighbourhoods are four times more likely to smoke than the least deprived¹⁸.

The survey showed that those living in areas of higher deprivation are less satisfied with their home, home life, green space, education, financial income, amount of leisure time and health. There is clear evidence across all age groups that inequalities in wealth match inequalities in mental health: lower income groups have far higher rates of mental ill health than those with higher incomes, and the greater the inequalities in wealth the bigger the gap in mental wellbeing.

Bolton is in the most deprived 10% of local authority areas. The map below shows that the areas of deprivation in the borough are mainly clustered around the town of Bolton itself, and around the smaller town centres.



What this map shows

This is a map of Indices of Deprivation 2019 data for Bolton. The most deprived areas are shown in red. It is important to keep in mind that the Indices of Deprivation relate to small areas and do not tell us how deprived or wealthy individual people are.



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Ethnicity

The survey found no discernible differences between ethnicities regarding happiness, life satisfaction and worthwhile feeling. But it did find that White British respondents have higher levels of anxiety than those from Black, Asian and Minority Ethnic (BAME) communities. This differs from most national surveys and studies, which show significantly higher levels of distress and lower wellbeing among BAME communities compared with White British people.

Existing data from Bolton Improving Access to Psychological Therapies service (IAPT), as well as a range of evidence, shows that BAME groups access IAPT services less often compared to other population groups.

Potential reasons for this are likely to include:

- Missing or part-coded ethnic status when being referred to 'traditional' IAPT services
- Language barriers restricting access, such as availability of interpreters within the existing IAPT services
- BAME groups accessing support from non-IAPT reporting services that may offer support for various common mental health disorders but do not submit data to NHS Digital, which therefore is not counted within the national figures.

Based on the data that is coded, referral rates to IAPT are certainly lower proportionally per 1,000 population for the BAME groups compared to White. The conversion rate from referral to entering IAPT therapy is also slightly lower in the BAME cohort, with 53% progressing into treatment compared to 56% of the White cohort, although wait times are the same for all populations.

Disability

People who are not disabled reported higher levels of happiness, higher life satisfaction and feeling that things are more worthwhile than disabled people. Levels of anxiety among both groups are similar. Disabled people are more likely to have more concerns especially regarding health, sleep and isolation.

37% of disabled people said that when they talk about their mental wellbeing, they did not feel they were being listened to. This compares with 19% for non-disabled people. Disabled people face a higher risk of poor mental health nationwide.

Sex

The survey found that women are more anxious than men. Otherwise, the sexes are equally happy and satisfied and rate things they do in their life as similarly worthwhile. Men are less likely than women to talk about their mental wellbeing. However, when they talk about it, men are more likely to feel they are being listened to than women. National evidence suggests that women have higher rates of poor mental health than men, with the biggest gap among younger adults.

LGBT

Overall, LGBT respondents had a younger age profile than non-LGBT people who completed the survey. However, taking age into account there were statistically significant differences in the score on the ONS4 wellbeing questions "Overall how happy did you feel yesterday?" and "Overall how satisfied are you with your life nowadays." LGBT respondents scored on average one point lower.

LGBT people were more likely to fall into the lower scoring categories, particularly on the questions where a significant difference was seen in score. However, many LGBT people were experiencing good wellbeing on all elements of this question, although some may need additional support.

Age

People over 65 are happier, find life more satisfying and worthwhile and are less anxious than younger age groups. Over 65s are less likely than younger age groups to talk about their mental wellbeing. These are broadly in line with national surveys, which find that people aged over 65 have better than average mental health, but with notable increases in poor mental health (which often goes unnoticed) among those in residential or nursing care.



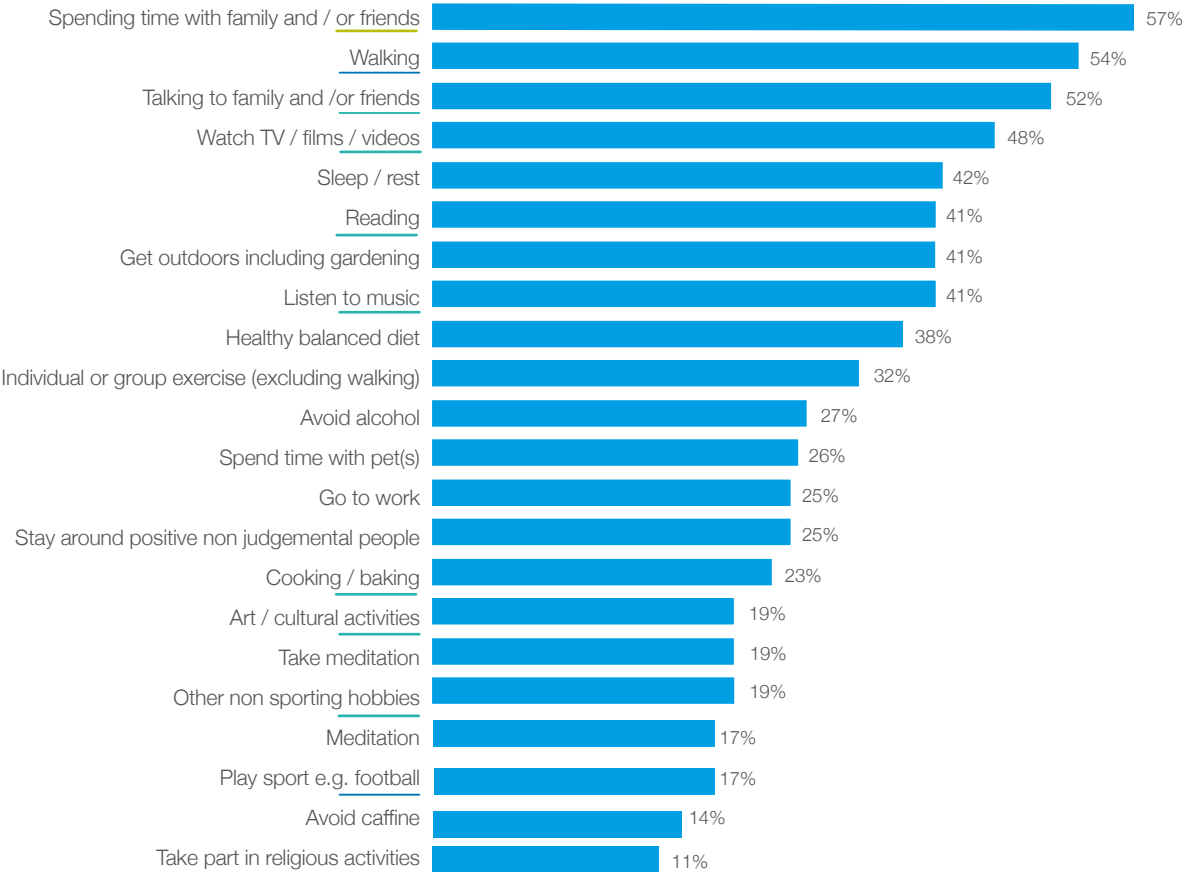
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Staying well

The survey asked what people did day-to-day to stay well. The most commonly cited activities were spending time with family and friends, walking, watching TV or films, and sleep or rest. Overall, three-quarters of people (77%) cited a sedentary activity and slightly fewer cited social or family contact (73%) and physical activities (70%).



What people do to stay well?



■ 77% non physically active hobby/activity
■ 73% contact with family and friends
■ 70% physically active hobby/activity

Source: Bolton Mental Wellbeing Conversation Survey July-Aug 2021, 1598 people who live in Bolton Area Q1; Data weighted by gender and age



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The findings of the survey were echoed by people who took part in the focus group, who said they stay well through 'everyday' activities such as exercise, walking and hobbies, contact with friends and family, a good diet and getting into the outdoors, as well as support groups and supporting others:

"In terms of helping other people, for myself it's rewarding. I find that it really benefits myself. I am a firm believer in you have to give it away to keep it. I spend a lot of time supporting my brothers. It's rewarding but it can be draining."

"People that you can speak to, that helps you a lot. People motivating you, helping you, driving you. And you can be appreciated too, because you have a chance to volunteer, and have responsibilities. Because I ain't got nobody else. Isolation is a bloody killer."

"Family and friends are very important in the African Caribbean community. So being amongst people is important: conversation, having meals together, attending church."

Conversely, some spoke about the effect of not having access to support networks locally:

"There hasn't been anybody to talk to from the LGBT community, just my mum and dad. Not having someone to talk to has made me really sad."

Others discussed the impact of the pandemic on their mental health and social connections, and how they had adapted to maintain contact:

“I live quite a distance from my friends and family, and lockdown has meant I can’t see them. So, I have relied a lot on phone calls and things like that. So, it’s being able to speak to people. I always have somebody somewhere to talk to online with social apps and things like that.”

“During lockdown I was indoors at my parents’ and there was a lot of stress on me. I couldn’t even go to my own flat. I try to do my best to look after my mental health, but it’s been hard over this last 12 months, even to go for a walk. So, I’ve put a lot of weight on. That has affected me. Getting rid of the weight would make things a lot better for me.”

“Helping other people has been a big distraction for me during lockdown.”

In contrast, some people spoke about how community cohesion had been lost over time:

“We used to have really good communities where we looked out for each other’s kids and stuff like that. But now, it’s sort of like ‘what is she doing letting her out on her own at this time?’ Nobody is bothered about the neighbours’ kids: you just comment on it!”

Mental health is made in communities (Commission for Equality in Mental Health, 2020a). The strength of communities is what enables us to enjoy good mental health. Having a sense of belonging, being and feeling safe, having people to talk to, and enjoying good quality relationships are important for our mental health. While the ways we protect our own mental health are unique to all of us, the places we live and work in have a big impact on our chances of having good wellbeing.



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Mental health support

The focus groups explored people's experiences of mental health and wellbeing support, and the barriers to seeking help for mental health when needed. Some participants said they were worried that if they went to their GP, they would get a negative or unhelpful response:

“Men won't go to the GP if it's for their mental health, because they are pretty sure that they will just get met with a waiting list and some medication.”

“GPs are just not seeing people anymore. Its only if they need to treat you that they will see you. Otherwise, you are lucky if you manage to get a call back. I am frightened of ringing them up these days because I feel like they just want to push you away.”

Others described fears that seeking help might lead to a coercive response from mental health services that could lead to them being hospitalised and losing their families:

“We are now seeing young people coming to us with mental health issues because of COVID. But they won't talk about it because of fear of being sectioned or being sent to a mental health hospital. And that would curtail all their youth life in terms of activities, mingling with their peers and everything.”



Participants from minority ethnic communities talked about cultural barriers to acknowledging mental health difficulties or being understood by health professionals:

“In our culture, there is an issue of recognition of mental ill health. Doctors may not be aware that there is a mental health issue because of cultural differences. And even expressing ourselves is difficult. So being understood is a problem.”

Others spoke about experiences of discrimination from mental health and other local services that made it harder for them to get effective support:

“It’s everybody, all the services that won’t support me. People keep calling me by my old birth name, not my new trans name, even though I have legally changed it. There is not nearly enough recognition for people like me. They say that I just think that I am trans but it’s really PTSD [post-traumatic stress disorder] because I was abused as a child. But I know who and what I am.”

“At the moment, the lack of opportunities to exercise limits my mental health. It’s hard to find gyms for someone without full use of their legs. There are specialist gyms but you need referral, and then the gyms say that they are full. Normal gyms just don’t have the right facilities.”

“The issue is not just one of language, it’s one of survival. We are not being supported whatsoever. So, it’s not just an issue of mental health, its everything. You cannot just look at one thing, you have to look at it holistically.”



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Focus group participants did speak about the benefits of peer support and more informal sources of help for their mental health, for example through faith communities or other networks. This may partly reflect the fact that participants were recruited through such groups:

“It’s peer support groups that I am involved in. I am involved in a men’s fellowship. It’s listening and understanding. I feel that people I share with have also experienced it themselves. They understand as well as listen.”

Some participants did, however, note that peer support groups were not universally available for all age groups or other demographics, leaving significant gaps:

“For me, it would be if there were more mental health groups in the communities in Bolton. At one time we used to have them all over Bolton. But now there is only one.”

“The main mental health charities have no experience of helping people from the BAME communities. They talk about equality and diversity, but there is no support. We need the grass roots support systems. But we need the council mental health people to set up support groups in Bolton.”



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Stigma was also mentioned as a barrier to help-seeking:

“Yes, I think that there is a lot of stigma and shame around mental health. With mental health, a lot of people still do not admit that there is something wrong with them. They try and block it.”

These findings reflect the many challenges that people can face in getting access to mental health support. Access to a range of mental health and wellbeing services is often poorest for those facing the greatest risks to their mental health¹⁹.

For many people across the UK, getting help for their mental health is a slow and frustrating process. Poor information about the support that's available, high services thresholds and long waiting times can all make it hard to get help early on. And fears of shame, coercion and discrimination add extra barriers, especially among minority ethnic communities.



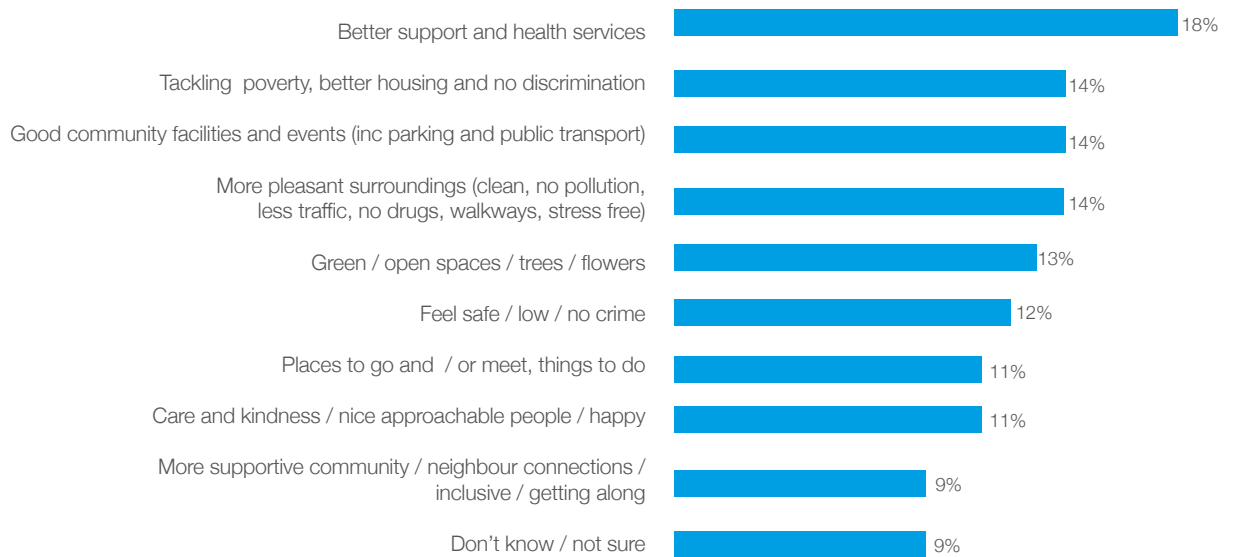
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Making Bolton a mentally healthier place to live

Survey respondents were asked what they thought would make Bolton more of a mentally healthy place to live. The most widely cited responses concerned better support and health services, tackling poverty, better housing, no discrimination, good facilities and events, more pleasant surroundings and town centre and more green open spaces.



If Bolton was a place of positive wellbeing, what would this look like?



Source: Bolton Mental Wellbeing Conversation Survey July-Aug 2021, 1598 people who live in Bolton Area; 1470 who answered question Q10



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Better support services

The focus groups explored people's experiences of mental health and wellbeing support, and the barriers to seeking help for mental health when needed. Some participants said they were worried that if they went to their GP, they would get a negative or unhelpful response:

"We have to have prevention before the intervention. Peer support groups are vital for prevention before intervention is needed."

"I think we need pro-active services, rather than re-active services. So, we need more social connections, to promote ways to look after your mental wellbeing."

"I would say all the charities should work together with the mosques and the churches, different groups of people, diversity all mixed in, everybody together."

"More groups for people, informal ones where you're not pressured. Regular times to meet. And sensible times to meet, like after work."



Some also spoke about the system changes that would enable a wider range of more bespoke wellbeing services to be made available to people who currently do not have access to support:

“There should be more LGBT groups. More groups for all ages, not just the over 18s. Places where you could go and book an appointment and talk to a professional if your mental health is really bad.”

“There is no support for people who are grieving. They don’t have a bereavement support group, which is what I needed a few years ago. And the doctors were no good. They just gave me a talk on life’s ups and downs. That did not help.”

“In the last few years there have been a lot of cutbacks.”

“Better funding allocation, instead of a big pot of money being given to one group, and small groups struggle.”

One participant noted that, while there is more conversation about mental health now than before, this has not translated into more or better services, and in some ways it may have led to more superficial responses being favoured:

“Ten years ago, mental health issues were never discussed. It was all sort of underground. Now, we can talk about mental health, but we do talk about it in a very superficial way. It’s all about a cup of tea and a flapjack, that will sort you out!”



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Addressing poverty, housing and discrimination

There is clear evidence that reducing poverty, improving housing quality and security, and tackling discrimination are all effective ways to improve mental health. Research has shown that increasing incomes among people and families with the least wealth produces significant and speedy improvements in mental health. Sudden drops in income conversely cause harm to mental health.

There is evidence that housing has a big impact on our mental health, too. Insecure housing and homelessness are closely connected to poor mental health, with an especially big impact on children. Initiatives to make homes safer, better heated and insulated have been shown to benefit mental health.

Experiencing discrimination has been demonstrated to harm mental health. Racism, misogyny, homophobia and other forms of discrimination have been shown to erode wellbeing, whether through single, traumatic events or ongoing small-scale 'microaggressions'.

Taking steps to prevent discrimination can improve mental health. For example, schools that offer LGBTQ+ inclusive education have found that instances of homophobic bullying (a major risk factor for mental health difficulties) have reduced.

Improving the physical environment

There is increasing evidence about the importance of our physical environment to our mental health. Ready access to green spaces and being in contact with the natural world are associated with better wellbeing. Living in places where we are physically safe from crime or the fear of crime, and can feel connected with other people, also helps to protect mental health.

Community facilities, events and activities

Living in places with a strong sense of community can boost mental health. Facilities such as libraries, children's centres and youth clubs can improve community connections. As one focus group participant noted, these need not just to exist but to be accessible (and affordable) with good public transport links:

“...it's so important to have some sort of bus or taxi to a local community or to their jobs. Prevention is more important than putting people on tablets. Tablets will only get you so far.”



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Let's Talk Bolton co-production event:

Summary



Following the Bolton Big Wellbeing survey and evidence review (summarised above), Bolton's public health team worked with the Centre for Mental Health to arrange an online co-production workshop, on 10 February 2022. Seventy-five people attended including representatives from:

- Residents, service users and carers
- Voluntary and community sector
- NHS services
- 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 the Centre for Mental Health's Ed Davie, when he designed and delivered 16 Thrive LDN 'community conversations' in half of all the boroughs in London²⁰.

Participants at Let's Talk Bolton heard from:

- A public health consultant who summarised the Bolton Big Wellbeing Conversation findings, local demographic data, current work and challenges
- An expert from the Centre for Mental Health who summarised the evidence about what actions help address mental health inequalities
- Sandy Koujou from the Caribbean and African Health Network, who described her community's experience over the last two years and what supports better outcomes with those communities

Participants were then sent to facilitated electronic breakout groups where they had one hour to come up with actions to improve six themes identified as being important by the Big Wellbeing Conversation and the evidence review:

- 1) Supporting the best start in life – preventing adverse childhood events and enabling children and young people to thrive
- 2) Enabling people to have enough money to enjoy a decent standard of living
- 3) Tackling discrimination
- 4) Creating physical environments that support access to free or genuinely affordable community amenities, green space and decent housing
- 5) Supporting good family and community relationships
- 6) Access to quality financial, health and other advice and services

The workshops were recorded, and notes of suggested actions were made as summarised below. Participants were also encouraged to complete an electronic survey on the SurveyPlanet platform where they chose from a menu of evidence-based and informed interventions for each theme. Over 25% of all participants took part in the survey. The results of this informal survey are also summarised below.

Potential actions for agencies and communities

We recognise that there is currently a lot of work going on in Bolton and that some suggested actions may already be taking place. 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.



Overall

It was clear from the frequency and range of voices that there was a consensus that support needed to be:

- Co-produced with communities
- Better communicated so that more people in the community and other services know what is available
- Joined up better with other sources of support – among the things mentioned were one-stop shops, alliance contracts that incentivise services to work together, better sharing of information about service users, and making it easier to refer between services

“It is important that we make sure everyone knows what’s on offer – at the moment there’s little cohesion between services, professionals and communities – we need more awareness of what’s there.”

“We need a system where if I can’t help you directly, I can help you access another service that supports your needs.”

“We need to meet people where they are and support them holistically with all their issues – for example someone reports depression to their GP but they can also get help with their finances and housing problems.”

Theme one

Supporting the best start in life

Preventing adverse childhood events and enabling children and young people to thrive

Suggestion made in workshop

Agencies to potentially take forward

Better perinatal support to parents including parenting advice and perinatal mental health services.

- Active, connected, prosperous Board (ACPB)
- NHS trusts including mental health trust with maternity services
- Primary care
- Public health commissioned health visitors

More comprehensive parenting classes so that mums, dads and carers better understand how to nurture healthy relationships and their children.

- ACPB
- Public health
- Early years education service

Earlier referrals into substance misuse and mental health support for parents and carers.

- ACPB
- Public health
- Mental health trust
- Primary care

More effective ways of raising awareness of what is available for children and families, especially in deprived areas and between professionals.

- ACPB
- Schools' partnership
- Public health
- Registered social landlords
- Local authority, NHS and education communications teams

Work more effectively with faith and other community groups to maximise free childcare and support.

- Education (early years) service
- Local authority community liaison

Better identify early signs of problems with children in early years, schools and other settings. Provide a mentor for every older child who is struggling.

- Schools' partnership
- Children's partnership

Better use of digital technology to connect with people and to support people – apps for managing finances, wellbeing etc.

- ACPB
- Children's partnership
- Local authority and NHS communications teams



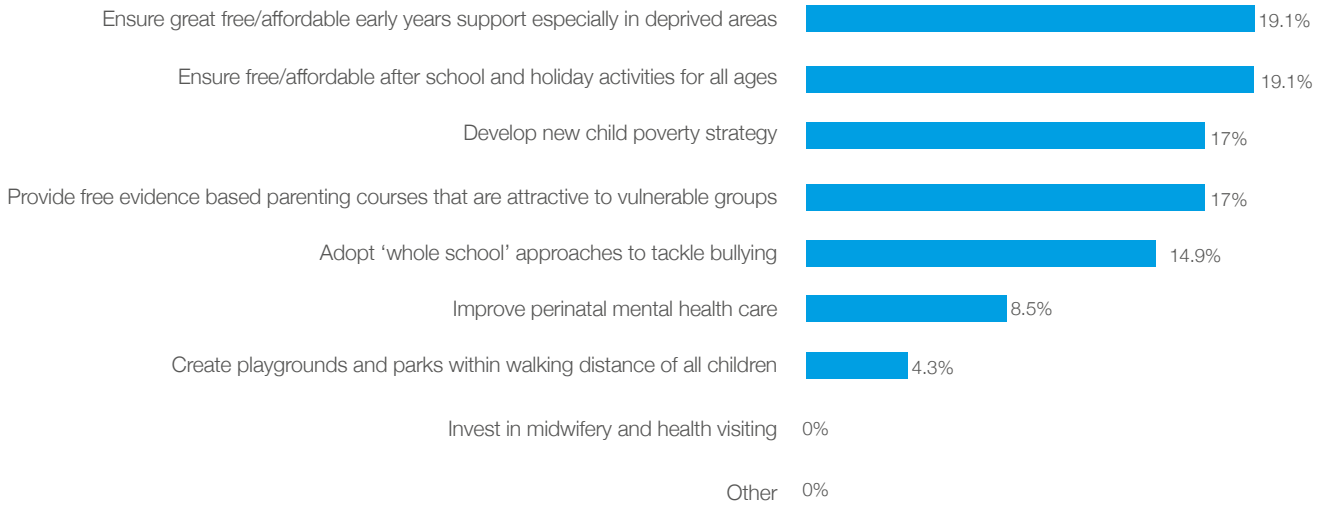
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In the survey of evidence-based interventions the most popular choices were:

- Ensure free and affordable early years support, especially in deprived areas
- Ensure free and affordable after school and holiday activities for all ages
- Develop a new child poverty strategy



To support the best start in life we in Bolton should (select up to three)



Theme two

Enabling people to have enough money to enjoy a decent standard of living

Suggestion made in workshop

Agencies to potentially take forward

All local employers including local authority, NHS and other large 'anchor institutions' should be Living Wage Foundation accredited.

- ACPB
- Local authority
- NHS trusts
- Other large employers to be identified and supported into accreditation

More good quality local employment – anchor institutions should use 'social value procurement' to invest in employing and training more local people, with flexible roles and supported employment for those with mental health, caring and other challenges, whilst buying more goods and services from local providers, especially those supporting vulnerable people at greater risk of mental ill health.

- ACPB
- Local authority
- NHS trusts
- Other large employers to be identified and supported

Better financial, debt, social security and housing advice available in 'one-stop shops' including early years settings, GP surgeries, libraries.

- ACPB
- Local authority
- Primary care
- NHS trusts
- Department of Work and Pensions

More life skills education for older school and college pupils – personal budget management, gambling, debt etc.

- Schools' partnership
- Further education colleges

More support for people with mental health issues to stay in work. 'Mental Health in Work Employers' Charter.'

- ACPB
- Mental health trust
- Department for Work and Pensions and Jobcentre Plus
- Chamber of commerce
- Business Improvement Districts

Address in-work poverty with skills development and support to get promotion.

- Further education colleges
- Employment and skills department of local authority

Better smoking cessation with more outreach, free vapes, smoking bans in playgrounds and other public spaces.

- Public health
- Primary care
- NHS trusts including mental health trust



In the survey of evidence-based interventions the most popular choices were:

- Ensure all major employers get Living Wage Foundation accreditation
- Extend council tax relief scheme to more low-income households
- Encourage greater take up of Healthy Start vouchers and free nursery provision for eligible families



To reduce poverty we should (select up to three)



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Theme three

Tackling discrimination

Suggestion made in workshop

Agencies to potentially take forward

More co-design, co-production work with different diverse communities. Maybe a 'co-production charter' for organisations to commit to genuinely involving diverse voices in decision making.

- ACPB
- Local authority
- NHS trusts and the Integrated Care Board
- Primary care

Increase representation of minority groups in the middle and top of organisations.

- ACPB
- Local authority
- NHS trusts
- Primary care
- Other employers including via Business Improvement Districts, schools' partnership etc

Train people from marginalised communities as leaders and make sure we have a diverse group of champions drawn from all communities.

- ACPB
- Local authority
- NHS trusts
- Primary care

Support inclusive approaches like the Black Health Improvement Programme provided by the Caribbean African Health Network.

- ACPB
- Local authority
- NHS trusts
- Primary care

BAME communities are more likely to experience poor housing, poverty and other barriers – so we need to respond to promote understanding and solutions to that intersectionality of challenges.

- ACPB
- Local authority
- NHS trusts
- Primary care
- Registered social landlords

We need to be conscious of what additional support BAME communities might need – interpreters etc – culturally informed approaches that embrace non-Western, less medicalised approaches to mental health.

- ACPB
- Local authority
- NHS trusts
- Primary care
- Voluntary and community services
- Adult social care

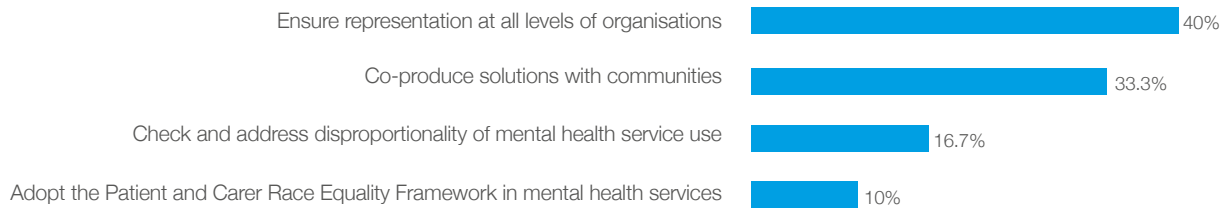
Need to get back out into communities – mixing people at mosques, churches, different people coming into schools to talk about their culture.

- ACPB
- Local authority
- NHS trusts
- Primary care
- Registered social landlords
- Voluntary and community services
- Faith communities



In the survey of evidence-based interventions the most popular choices were:

- Ensure representation at all levels of organisations
- Co-produce solutions with the community
- Check and address disproportionality (of people with protected characteristics) of mental health service use



Theme four

Creating physical environments that support access to free or genuinely affordable community amenities, green space and decent housing

Suggestion made in workshop

Agencies to potentially take forward

Tighten alcohol licensing for off-licenses in particular (reduced hours, super-strength, single can and spirit miniature bans). Promote and extend 'Communities In Charge of Alcohol' training programme – informs licensing practices and upskills residents to support each other.

- Local authority licensing team supported by public health

Make active travel (walking, cycling, public transport) accessible to all communities with better infrastructure (pedestrianisation, cycle lanes, traffic calming, park-and-ride, '15 minute' town planning reducing need for car journeys) and training. Cycle hubs where people can borrow, hire, buy cheap bikes and get them maintained. Reclaim streets for people not cars – shut streets for parties, play streets, school streets.

- Local authority transport team supported by public health
- NHS trusts
- Schools can also support by providing cycle parking, cycle confidence and other encouragement

A Bolton Festival of Green Space – promoting lesser-known green spaces, street art, music, workshops with local children with vegetable planting, mini allotments – access for children and others to learn about food growing and gardening.

- Local authority parks, events and communications teams

Reclaim brownfield and disused spaces for trees and community planting – food growing groups. Organise walking groups to identify suitable sites.

- Local authority
- Registered social landlords
- NHS trusts and others with potentially underused estates

Train repair and utilities people to report concerns about (self) neglect, illness and other issues.

- Business Improvement Districts
- Utilities providers
- Public health

Co-produce physical spaces with communities.

- Local authority planning, environment, public realm
- Businesses

Use community events to improve the physical condition of housing estates.

- Registered social landlords including the council

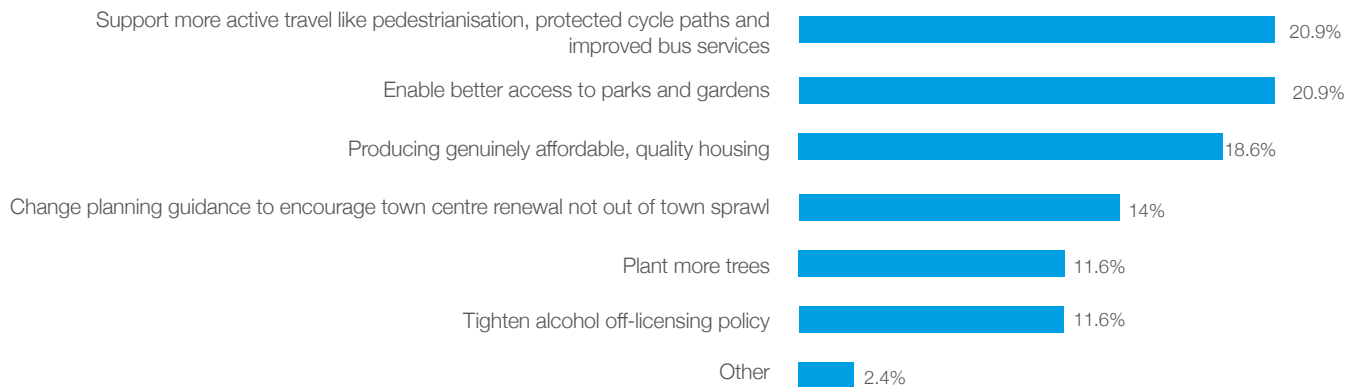


In the survey of evidence-based interventions the most popular choices were:

- Support more active travel with more measures like pedestrianisation, protected cycle paths and improved bus services
- Enable better access to parks and gardens
- Produce more genuinely affordable, quality housing



We should improve the physical environment by (choose up to three)



Theme five

Supporting good family and community relationships

Suggestion made in workshop

Agencies to potentially take forward

Better family planning, advice to parents and prospective parents.

- ACPB
- Public health
- Primary care
- NHS trust maternity

Increased psychologically-informed support such as anger management courses – apparently little provision in Bolton.

- ACPB
- Public health
- Primary care
- NHS trusts
- Registered social landlords

Training in healthy relationships starting with children, parents and carers, including effects of newer phenomenon like online pornography and how that can affect relationships.

- Public health
- Schools' partnership
- Children's partnership

Intergenerational, community cohesion events like festivals, planting, litter picks, twinning of schools and older people's homes, faith communities.

- Local authority
- Schools' partnership
- Adult social care

Treat people within the whole family network – accessing support and safeguarding.

- Children's services
- Schools' partnership
- Children's safeguarding board

Earlier intervention and support for struggling families and individuals.

- Children's services
- Schools' partnership
- Children's safeguarding board

Additional support groups for friends and family of those with mental health difficulties.

- ACPB
- Public health
- Primary care
- NHS trusts

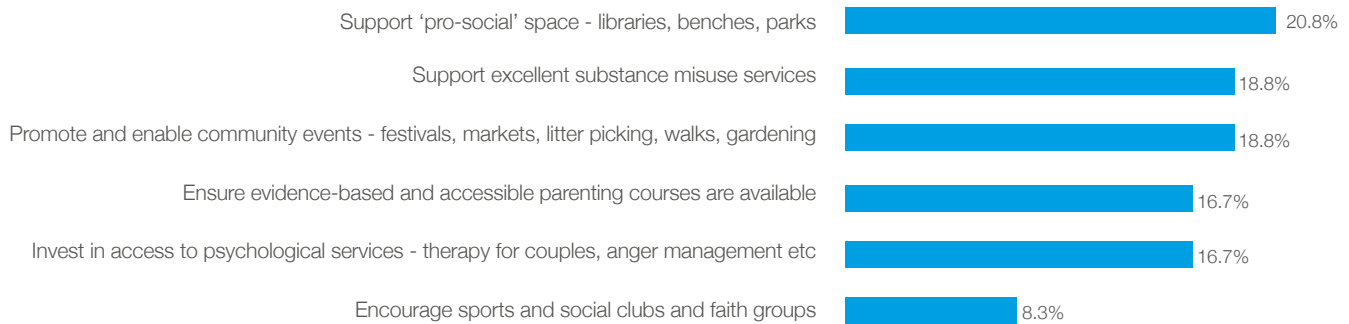


In the survey the top three most popular evidence-based suggestions were:

- Support more 'pro social space' like libraries, benches and parks
- Support substance misuse services
- Promote and enable community events – festivals, markets, litter picking, walks, gardening



To support better family and community relations we should (choose up to three)



Theme six

Access to quality financial, health and other advice and services

Suggestion made in workshop

Agencies to potentially take forward

Really deliver 'parity of esteem' between mental and physical health services by investing more in mental health services to bring down unacceptably long waiting times.

- Health and wellbeing board
- Integrated care system and place-based board
- NHS mental health trusts
- Primary care

Support and extend the social prescribing service.

- Health and wellbeing board
- Integrated care system and place-based board
- NHS mental health trusts
- Primary care

Invest in peer work like Bolton at Home's Peer Navigators – 12 on housing estates – successful – should be replicated.

- Health and wellbeing board
- Integrated care system and place-based board
- NHS mental health trusts
- Primary care

Create more joined-up services with 'one stop shops' where people can have their health, social, financial and other needs supported without disconnection between services. A 'make every contact count' programme where each consultation is used to address needs holistically could help.

- Health and wellbeing board
- Integrated care system and place-based board
- NHS mental health trusts
- Primary care
- Local authority especially adult social care
- Registered social landlords

Better information sharing between services and with communities about what support is available.

- As above

Encourage and support everyone to learn English so they can access to services.

- Local authority
- Adult learning services/ESOL
- Further education colleges

Good, affordable, efficient public transport – if people can't get to services, then they are of little use.

- Transport authorities (GM?)

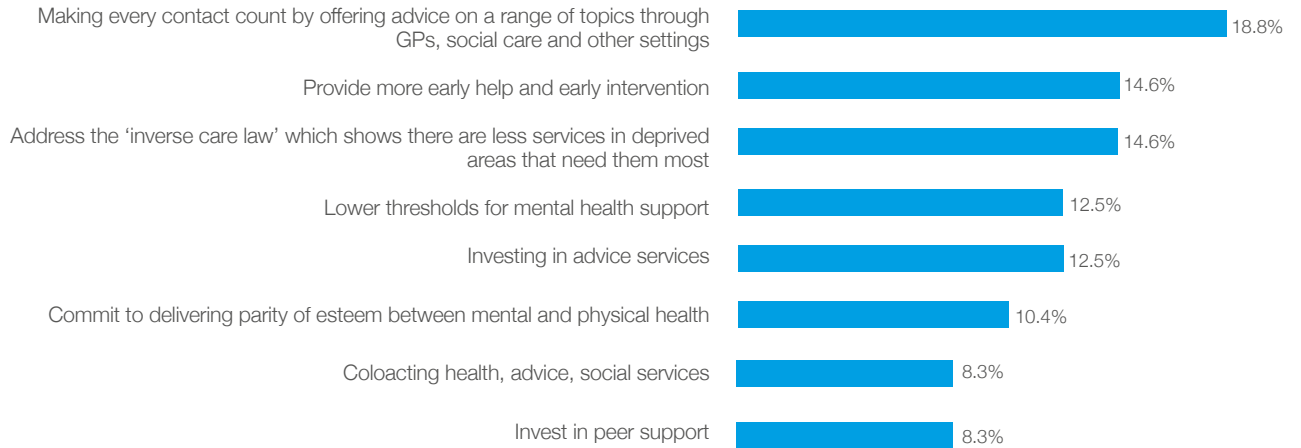


In the survey the top three most popular evidence-based suggestions were:

- Make every contact count by offering advice on a range of topics through GP surgeries, adult social care and other settings
- Provide more early help and intervention
- Address the 'inverse care law' that shows that there are fewer services available in deprived areas that need the most support



Promote access to quality advice and health services by (choose up to three)



Conclusion



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Conclusion

Bolton's Big Wellbeing Conversation and subsequent focus groups, involving more than 1,500 residents, revealed that deprivation – exacerbated by the Covid-19 pandemic – has led to comparatively low levels of wellbeing in Bolton.

Despite these challenges, people in Bolton identified clear areas for improvement that are supported by the scientific evidence.

People suggested actions to take forward these areas of improvement through the Let's Talk Bolton co-production process. These actions focus on embedding a physical and social environment that supports good wellbeing. There will be a more joined-up support system,

including the strengths and assets of our communities, that treats people as partners and seeks to address them holistically, taking into account their economic, social, cultural and other needs, as well as medical ones.

The next step is for Bolton's people and services to work in partnership with each other in deciding how to implement the suggested actions. This will be overseen and facilitated by Bolton's Population Mental Wellbeing and Suicide Prevention Partnership group.

Despite these challenges, people in Bolton identified clear areas for improvement that are supported by the scientific evidence.





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Population Mental Wellbeing and Suicide Prevention Partnership Group
Email: Wellbeing@bolton.gov.uk

