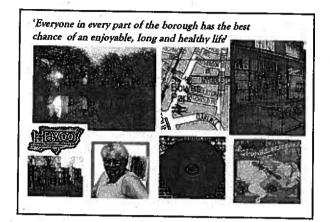
The role of mental health and wellbeing in tackling health inequalities

Dr Lynne Friedli

Haringey 'Health: Everyone's Business'

25th October 2010



Summary

Institutions have reached their problem solving limits

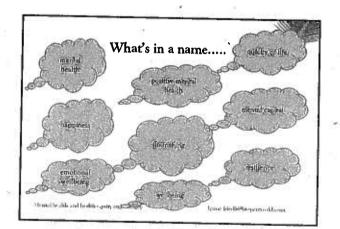
John McKnight

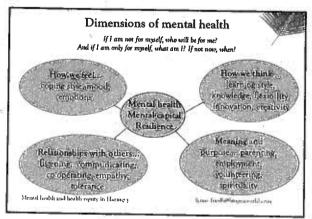
- Theory: what mental health can contribute to understanding inequalities
- Practice: what promoting mental health and wellbeing can contribute to reducing inequalities
- · Resources: promoting mental wellbeing in a recession

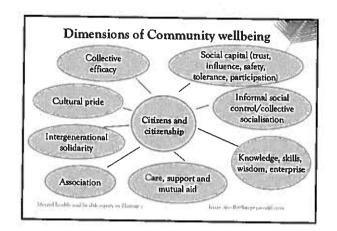
Mental health and health equity in Hartingey

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Why mental health matters

'It's better to be roughly right than precisely wrong'

- •Mental wellbeing influences wide range of outcomes
- •Improving mental wellbeing saves (a lot of) money
- •Improving mwb delivers social (as well as economic)
- •Improving mental health reduces health inequalities

Mineral health and bradth experts on Diseason.

Mental health as a determinant?

Can mental health help to explain outcomes that cannot be wholly accounted for by other factors?

- Contribution mental health and mental illness make to wide range of outcomes
- The 'unexplained excess' classical risk factors do not account for level of variation in outcomes
- Presence as well as absence...
- Key element of resilience

(Friedli 2009)

Strand health and health report to disting-y

Arrican 2009

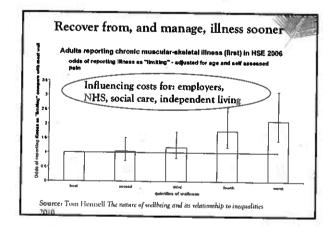
Outcomes associated with positive mental health

A worthwhile goal in itself and leads to better outcomes:

- · reduces prevalence of mental illness
- · physical health: mortality/morbidity
- health behaviour
- employability, productivity, earnings
- · educational performance
- crime / violence reduction
- pro-social behaviour/social integration/relationships
- · quality of life

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Contribution of mental health to inequalities

Key domains: education/employment/behaviour /health/ consequences of illness /services

(Whitehead & Dahlgren 2006)

Mental health is a significant determinant in each case, influencing:

- readiness for school/learning
- employability
- · capacity, motivation and rationale for healthy behaviours
- risk for physical health (e.g. coronary heart disease),
- chronic disease outcomes (e.g. diabetes)
- relationship to health services, including uptake/treatment

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Mental wellbeing is a core asset...

"It gets so lonely around here that I phone myself seven or eight times a day, just to see how I am"

Phantom Tolbooth)

· Resilient places

Resilient communities

Resilient individuals

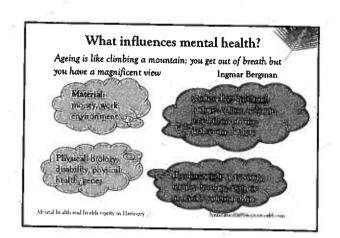
ral health and hadrin cours in Harings

Darthan to the total

"extent to which communities are able to exercise informal social controls or come together to tackle common problems"

"mostly about the quality of human relationships"

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(the ecology of)Relationships matter

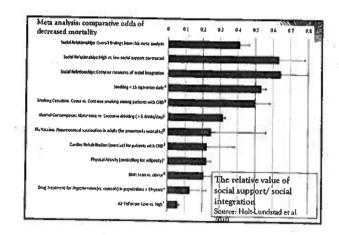
We do not have to be a Gandhi, or a Martin Luther King, or a Nelson Mandela or a Desmond Tunu or an Aung San Suu Kyi, to recognise that we can have aims or priorities that differ from the single minded pursuit of our own well being only.

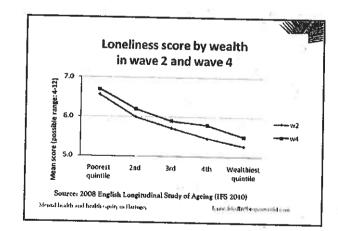
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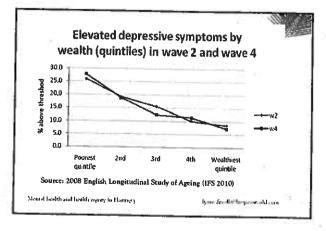
- Mental health is produced socially
- Quality of social relationships is key factor in resilience
- · Social integration buffers other risk factors
- Social support is unevenly distributed

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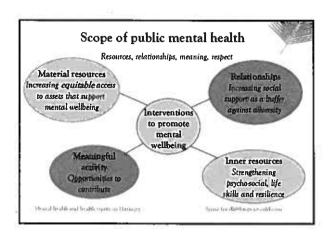
Evidence based action: 'what and how'

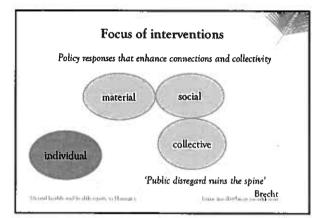
While there are multiple barriers to economic growth, the growth of human potential is unlimited

Coote and Franklin 2010

Montel Leadily and Leadily waster in Physics

have the distangeneous distance





'best buys'

- Supporting parents and early years: parenting skills/ pre-school education/home learning environment/reading
- Supporting lifelong learning: health promoting schools and continuing education
- Improving work: employment/ workplace
- Mental health assets (diet, exercise, sensible drinking) and social support/integration
- Supporting communities: environmental improvements /environmental justice

Befriending, volunteering, timebanks, community development

Mond health and health, open in Hammer.

Space to Helmann coefficien

Cost benefits: scale of return

Parenting programmes: £8 return per £1 invested Health promoting schools (life skills):

• \$25 - \$45 return per dollar invested

he Place2Be individual and group school counselling services: ϵ 6 return per ϵ 1 invested

Adult learning: increase education of women to basic qualifications: £230m per year saving in cost of depression

Access to green open spaces = 50% reduction in health gap (all cause and circulatory disease mortality)

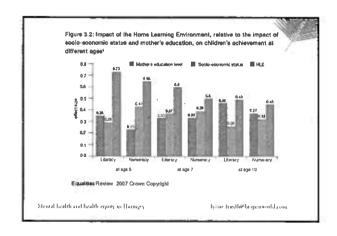
Education Maintenance Allowance: 1 less burglary conviction per 1,000 pupils in EMA areas relative to other LEAs

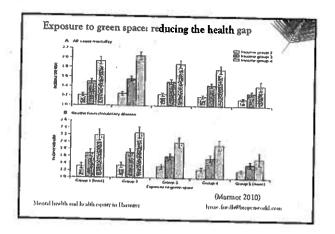
Reading Recovery: £17 per £1 invested (KPMG 2006)

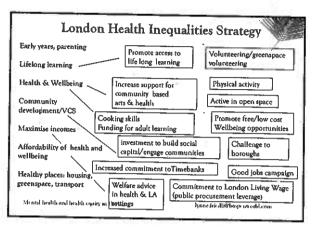
5 DHHS 2007, Charalter & Feinstein 2006, Mitchell & Popham 2008; Feinstein & Sabates 2005)

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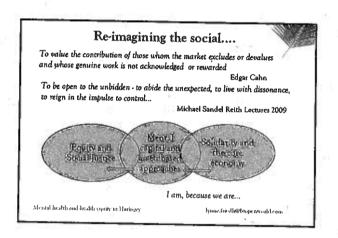


Promoting mental health supports wider goal

- Empowering Haringey's People and Communities
- · Enabling Best Start in Life
- Primary and Social Care Equity
- Health, Work and Wellbeing
- Maintaining Healthy and Sustainable Places
- Preventing Ill-Health and Supporting Lifestyle Changes

Mental health and health equity in Haringsy

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Towards an index of multiple assets/JSAA

too often the price of receiving support is exclusion from the life of citizenship.

Simon Duffy

- · Map assets/build on assets: appreciative inquiry
- Commission for social value/SROI: How can each £1 spent on delivery also produce wider community benefit?
- · Co-production: redefining 'need' and 'provider'
- Start from existing passions/enthusiasms
- Focus on addressing barriers to community action
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