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Changing and Challenging Perspectives: A focus on wellbeing in Cwm Taf



Annual Report of the Director of Public Health 2012



Front cover original artwork: 'Perspectives' by Simon Moreton©

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Please note, names referred to in examples in this document are fictitious.

Foreword

This report explores definitions of mental health, mental illness and wellbeing, and outlines the extent of poor mental health experienced by the population of Cwm Taf. It also presents the opportunities to improve this situation afforded by current strategic drivers and plans.

The terms 'mental health,' 'mental wellbeing,' 'mental health problems,' and 'mental illness,' are often used interchangeably and with little regard to their meaning. Also, terms that include the word 'mental' carry connotations of the stigma associated with clinically diagnosed conditions¹.

Importantly, this report presents a challenge to statutory organisations in Cwm Taf to focus action on improving population wellbeing as a means of reducing the levels of mental ill health experienced by people in Cwm Taf.

Note: Throughout this report, the term Cwm Taf refers to the population covered by the local authority areas of Merthyr Tydfil and Rhondda Cynon Taf.

I would like to express my thanks to Ann Unitt for her sterling work on this report. I am also grateful for the contributions of Cwm Taf Public Health Team, Cwm Taf Health Board, our partners, and the Public Health Wales Observatory who have produced supporting information.



Nicola John
Director of Public Health, Cwm Taf Health Board
July 2013

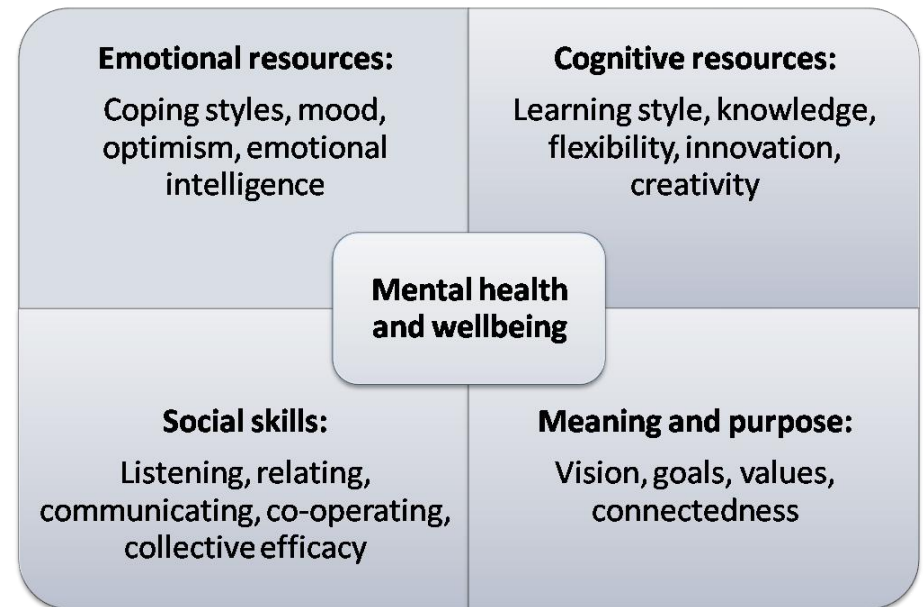
Chapter 1: Wellbeing

Mental health, mental illness and wellbeing

There is widespread agreement that mental health is more than the absence of clinically defined mental illness. Mental health is determined by biological, psychological, social, economic and environmental factors which interact in complex ways². Good mental health is fundamental to physical health, relationships, education, training, work and achieving potential. The World Health Organisation defines mental health as:

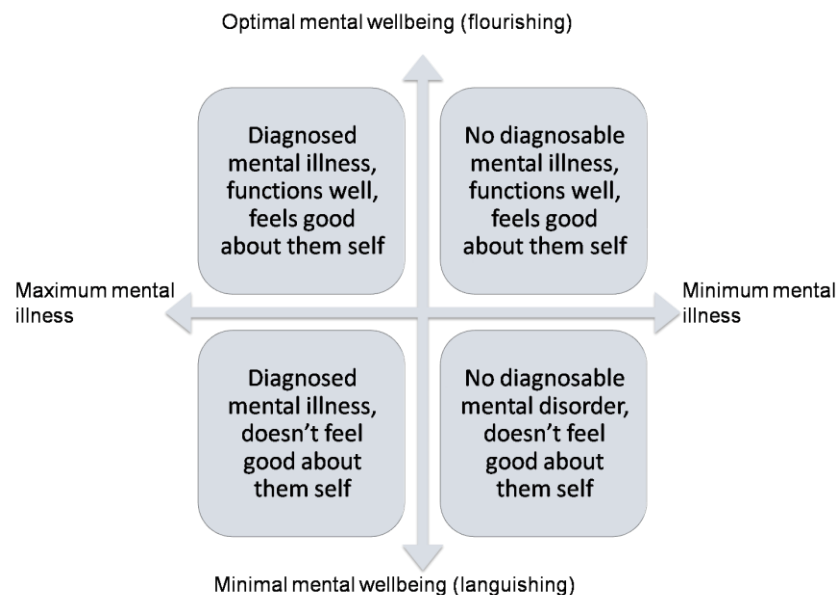
*'A state of wellbeing whereby individuals recognize their abilities, are able to cope with the normal stresses of life, work productively and fruitfully, and make a contribution to their communities'*³

Friedli and Parsonage⁴ offer the following model showing the different components of mental health and wellbeing:



As well as these aspects of individual wellbeing, Keyes⁵ describes a model which shows how people experience the different but linked concepts of mental health, mental illness and wellbeing. This dual continuum model shows that wellbeing is not a static state; individuals may move between quadrants at different times of their lives, and in response to different circumstances.

Dual continuum of mental health



Mental illness affects individuals and impacts on the wider community. One in four adults experiences mental health problems at some point during their lives. This can have adverse effects on many aspects of daily life including educational performance, employment, income, personal relationships and social participation. In 2008 it was calculated that 20% of the total burden of illness in the UK was attributable to mental illness⁶. The prevalence of mental health problems is not evenly spread across socio-economic groups. Social exclusion is known to be a risk factor for mental illness, while mental illness often leads to social exclusion. In addition, mental illness is both a cause and consequence of poor physical health.

The Foresight Report¹ proposed that:

"Achieving a small change in the average level of wellbeing across the population would produce a large decrease in the percentage with mental disorder, and also in the percentage that have sub-clinical disorder - those languishing" (p21).

To that end, this report looks at mental health and illness in Cwm Taf and seeks to change the perspective to that of population wellbeing.

Chapter 2: The drivers for wellbeing in Cwm Taf

The impact of poor mental health places a huge burden on individuals, families, communities and the economy. It has been estimated that the overall costs of mental illness in Wales amounts to £7.2 billion per year⁴. This is made up of:

- The costs of health and social care for those with mental illness
- Losses to the economy due to sickness absence and unemployment
- The human costs associated with poorer quality of life

It follows that there is a large benefit to be gained from preventing mental illness and promoting wellbeing.

During 2012, a number of strategies and plans were produced which, taken together, present an opportunity to tackle the burden of mental illness by implementing action to promote population wellbeing:

- Together for Mental Health
- Single Integrated Plans
- Communities First plans

Together for Mental Health

Together for Mental Health⁷ is the age inclusive, cross-government strategy for Wales. It emphasises the need:

- To promote better mental wellbeing among the whole population
- To ensure that the needs of vulnerable people with mental health problems receive the appropriate priority
- To adopt a recovery and enablement approach to improve the lives of service users and their families
- To work in partnership, acknowledging that no single body or sector can transform mental health in Wales

With regard to wellbeing, it aims to achieve the following outcomes:

Promoting better mental wellbeing and preventing mental health problems	
1.	Population wide physical and mental wellbeing is improved; people live longer, in better health and as independently as possible for as long as possible
2.	People and communities are more resilient and better able to deal with the stresses in everyday life and at times of crisis
3.	Child welfare and development, educational attainment and workplace productivity are improved as we address poverty

Together for Mental Health acknowledges the social determinants of mental wellbeing, and the need to implement action to improve wellbeing at three different levels:

- **Strengthening individuals** - through interventions designed to promote self-esteem, self-efficacy, life/coping skills and resilience, and lifestyles that enhance and protect mental health. A review of the most up-to-date evidence suggests that building the following five actions into our day-to-day lives is important for individual wellbeing⁸.

Five ways to wellbeing

Connect	With the people around you, with family, friends, colleagues
Be active	Go for a walk or run. Step outside. Cycle. Play a game. Garden
Take notice	Be curious. Catch sight of the beautiful. Remark on the unusual
Keep learning	Try something new. Rediscover an old interest
Give	Do something nice for a friend or stranger. Thank someone. Smile

Promoting these five messages has been identified as a key action in the strategy.

- **Strengthening communities** - by increasing social support, social inclusion and participation, improving community safety and neighbourhood environments, promoting childcare and self-help networks, developing health and social services which support mental health, and improving mental health within schools and workplaces. Our third sector (voluntary) organisations also play a vital role in supporting wellbeing, as well as providing specialist services for those with mental health problems.
- **Reducing structural barriers to wellbeing** - through initiatives to reduce poverty, discrimination and inequalities and to promote access to education, meaningful employment and housing, as well as services and support for those who are vulnerable. This is happening through the implementation of a number of government strategies including:
 - Our Healthy Future
 - Fairer Health Outcomes for All
 - Child Poverty Strategy for Wales
 - Planning Policy Wales
 - Creating an Active Wales
 - School Effectiveness Framework
 - Strategy for Older People in Wales

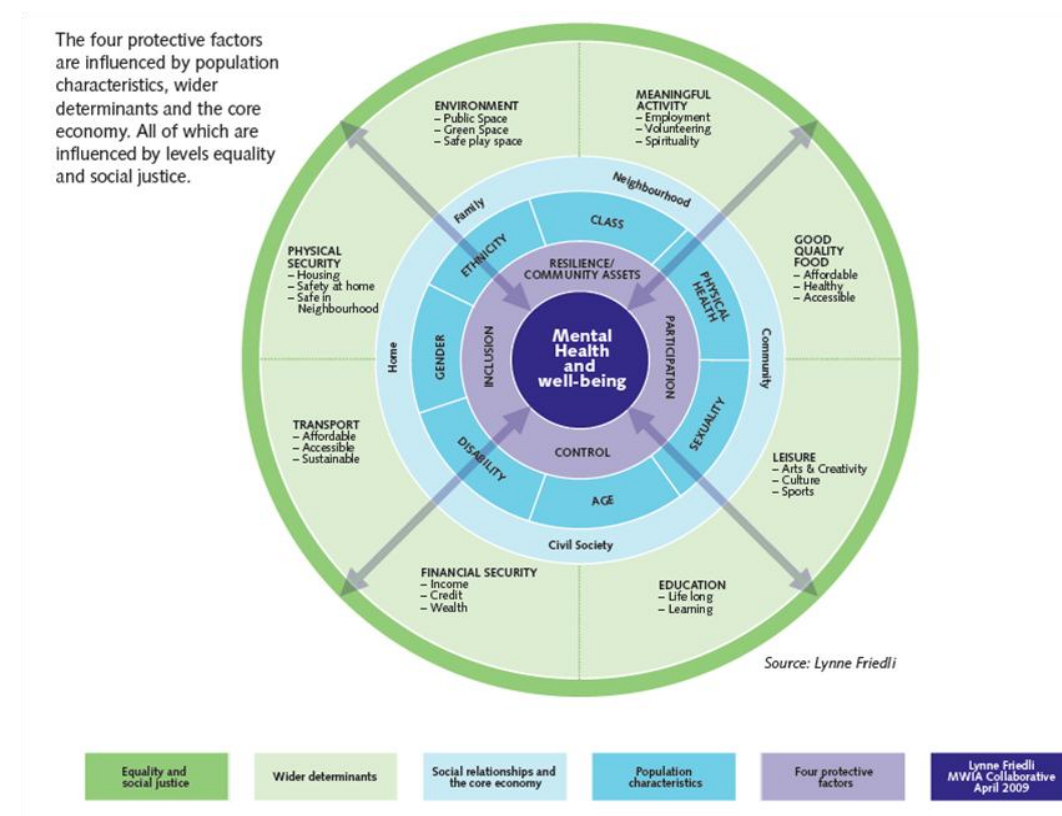
Single Integrated Plans

People's lives are most acutely influenced at the local level – in their homes, at school, in their places of work and in their neighbourhoods. Promoting the wellbeing of individuals and communities is fundamental to the work of local government. In turn, the wellbeing of residents is affected by all the core functions of local government. Friedli's model⁹ demonstrates the impact of a wide range of factors on mental wellbeing.

This model also demonstrates that efforts to improve population wellbeing need to be implemented through a cross-governmental approach at **local** level to achieve better outcomes and reduce inequalities in Cwm Taf.

Single Integrated Plans (SIPs) have been developed for Rhondda Cynon Taf¹⁰ and Merthyr Tydfil¹¹. These take a new approach to partnership working and replace previous plans and strategies. Both SIPs prioritise prevention and early intervention, and acknowledge the challenges faced by the region due to deprivation and inequalities. The statutory plans detail the level of mental ill health in the area and the measures being put in place to address this. However, actions across **all** the priority areas of both plans represent opportunities to improve population wellbeing.

Friedli⁹: Dynamic model of mental wellbeing



Single Integrated Plan priorities

A Single Integrated Plan for Merthyr Tydfil 2013-2017	Delivering Change: A Single Integrated Plan for Rhondda Cynon Taf
Underpinning priority: Learning for Life	Vision: People in Rhondda Cynon Taf are safe, healthy and prosperous
People in Merthyr Tydfil benefit from a strong, sustainable and diverse economy	People in Rhondda Cynon Taf are prosperous
People who live and work in Merthyr Tydfil are supported to enjoy a healthier and better quality of life	People in Rhondda Cynon Taf are Healthy
People enjoy a vibrant, attractive, safe and sustainable environment in which to live, work, play and visit	People in Rhondda Cynon Taf are safe and feel safe
People in Merthyr Tydfil have the opportunity and aspiration to learn and develop their skills and maximise their potential	

It has been shown that; deprivation, unemployment, family breakdown, isolation and poor social support are all risk factors for mental illness. Conversely, urban regeneration has a positive impact on mental health¹². In addition, there is mounting evidence demonstrating the contribution green spaces can make to improving wellbeing and reducing inequalities¹³. Planning Policy Wales¹⁴ objectives are to promote:

- Networks of facilities and open spaces in places well served by sustainable means of travel
- Social inclusion, improved health and wellbeing by ensuring that everyone has easy access to the natural environment and to good quality, well-designed facilities and open space
- The provision of accessible facilities to make urban areas, particularly town centres, more attractive places, where people will choose to live, work and visit

In addition to SIPs, the local authority Local Development Plans have a major part to play in creating the conditions for wellbeing in our towns, villages and communities.

Local authorities can use the Five Ways to Wellbeing to demonstrate how a change in perspective to that of wellbeing can be implemented across service areas. Although the Five Ways to Wellbeing was originally developed as a set of evidence based actions to improve individuals' wellbeing, they are already being used in some areas to provide a framework for strategic planning and service design¹⁵.

Examples of how Five Ways to Wellbeing has been designed into service areas¹⁵

	Children's services	Adult social care	Planning and Transport	Housing and Community Services	Environment	Work, and the economy
Connect	Intergenerational activities – facilitating connection between younger and older residents	Local area co-ordination – work with individuals, families and communities to support people with disabilities	Design traffic-free spaces into developments – to encourage social connections	The Big Lunch – events to encourage neighbours to get to know each other	Area-based growing competition – to improve local environments through collaboration	Local procurement policy – to support local businesses
Be active	Support buddies for disabled young people – to help them take part in sport and physical activity	Healthy walks scheme – to encourage physical activity and use the natural environment	Town centre cycle paths – to encourage physical activity and active travel	Enabling council residents to grow their own food	Green Gym – to promote physical activity and support conservation	Green space apprenticeships – to boost job opportunities
Take notice	Public art projects with young people – to encourage appreciation of public spaces	Arts festival for social inclusion – to combat discrimination and explore links between creativity and wellbeing	Auditing green space provision – to ensure access to the natural environment	Gardening support for vulnerable residents – to maintain outdoor spaces	Resident involvement in wildlife protection – to encourage appreciation of biodiversity	Help local people understand the local economy
Keep learning	Online of directory of informal learning activities – to encourage participation and enjoyment of learning	Adult learning as part of social prescribing – for mild mental health problems	Identify sites for self build – to encourage innovative and entrepreneurial skills	Provide training as part of resident involvement – to encourage learning through participation	Community planting events – to teach gardening skills and improve public spaces	Local entrepreneurship training – to unlock potential and skills to stimulate the local economy
Give	Peer support awards for young people – to recognise efforts in helping others	Timebanking – to build social networks	Supporting 'walking bus' schemes – to encourage volunteering, physical activity and safe travel to school	Use peer-support models to enable independent living	Encourage volunteers to 'adopt' their local area – to help maintain the quality of public spaces	Local business support networks

Communities First Plans

Good wellbeing is important for healthy, functioning communities but poverty is one of the most significant factors which impacts on wellbeing in our communities. Cwm Taf is the most deprived area in Wales.

Communities First is the Welsh Government programme which supports the most disadvantaged people in our most deprived areas. Following reconfiguration in 2012, there are now 11 Communities First clusters across Cwm Taf - three in Merthyr Tydfil and eight in Rhondda Cynon Taf. The programme has three strategic objectives focussed on tackling poverty:

- Prosperous Communities
- Learning Communities
- Healthier Communities

The Welsh Government has identified a number of existing and future interventions which will support these objectives and build resilience in our Communities First areas¹⁶. A number of our Communities First clusters are involved in piloting some of these interventions.

Building Resilient Communities¹⁶. Activities being undertaken/proposed in some Communities First Clusters in Cwm Taf

Job Centre Plus

Advice Services

Time Banking

Pupil Deprivation Grant Match Fund

Communities 2.0 (Digital Inclusion)

Come Outside

'StreetGames'

Over 50s Health Checks

Communities First clusters have developed plans based on the three strategic objectives which together should increase social capital and improve community cohesion in these areas.

People with long-term conditions and co-morbid mental health problems disproportionately live in deprived areas and have access to fewer resources of all kinds. The interaction between co-morbidities and deprivation makes a significant contribution to generating and maintaining inequalities¹⁷.

This is reflected in Cwm Taf, where people living in the most deprived areas experience the highest levels of mental illness and poorest wellbeing. It has been suggested that this is a response to relative deprivation and social injustice, which erode the emotional, spiritual and intellectual resources essential to wellbeing¹⁸.

Improving wellbeing and supporting people with mental illness has been identified as a priority in a number of Communities First cluster plans. Specific actions focus on raising awareness, reducing the stigma and discrimination associated with poor mental health, and signposting to support services. Staff and volunteers in Communities First areas have received Mental Health First Aid training. In some areas, peer support groups have been established which help build confidence, self-esteem and resilience in some of the most vulnerable individuals in our communities.

Focus on... Make the Difference (MaD) group

The Make the Difference (MaD) group started in 2011 and is funded by Communities First Rhondda Fach Cluster to support people who have substance misuse and/or alcohol dependency issues. The group meet at weekly drop-ins. Members report having previously been mistrusted and ostracised in the community. Self-esteem and confidence can be low, and mental health problems are common.

The group thrives on the peer support and specialist services offered. Members have reported increasing confidence and feelings of wellbeing and there is a strong focus on striving to achieve positive steps on their journey to rehabilitation and recovery.

The MaD group supports members to adopt more positive, healthier lifestyles as valued and fully integrated members of the local community.

In the longer time, when I feel better, I would like to return the help to other people like myself

Chapter 3: Wellbeing in Cwm Taf?

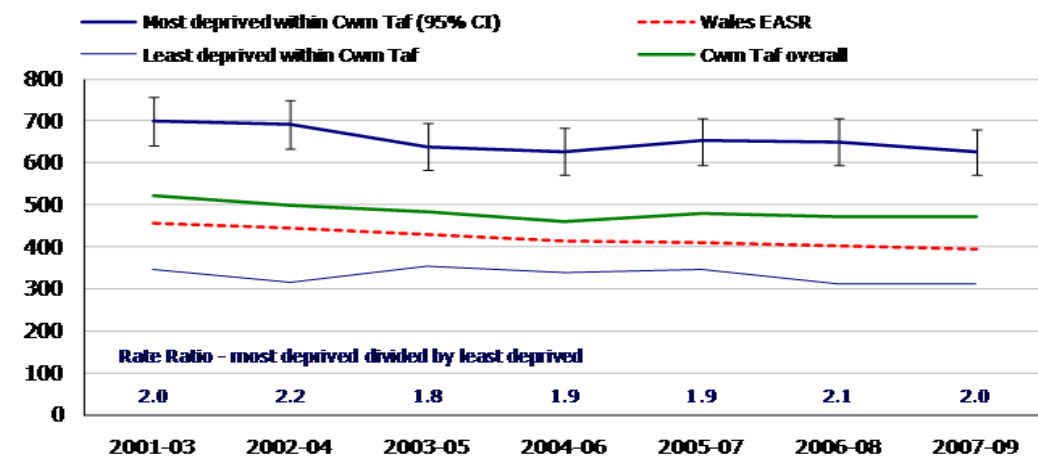
Mental health, wellbeing and inequalities

When it comes to wellbeing, statistics for Cwm Taf make difficult reading, but clearly mirror the association with inequalities.

Poor mental health is both a cause and a consequence of social, economic and environmental inequalities; mental health problems both reflect deprivation and contribute to it¹⁹. Mental ill-health is consistently associated with unemployment, less education, low income or material standard of living, in addition to poor physical health and adverse life events. This is starkly demonstrated across a range of indicators for Cwm Taf, reflecting its position as the most deprived area in Wales.

Life expectancy in Cwm Taf is increasing. However, this improvement is not experienced equally. There are local inequality gaps between the most and least deprived areas in both life expectancy and deaths from different causes. There are also inequalities in the quality of life in terms of healthy life expectancy and disability-free life expectancy.

Mortality in males under 75 in Cwm Taf, European age standardised rates (EASR) per 100,000 population

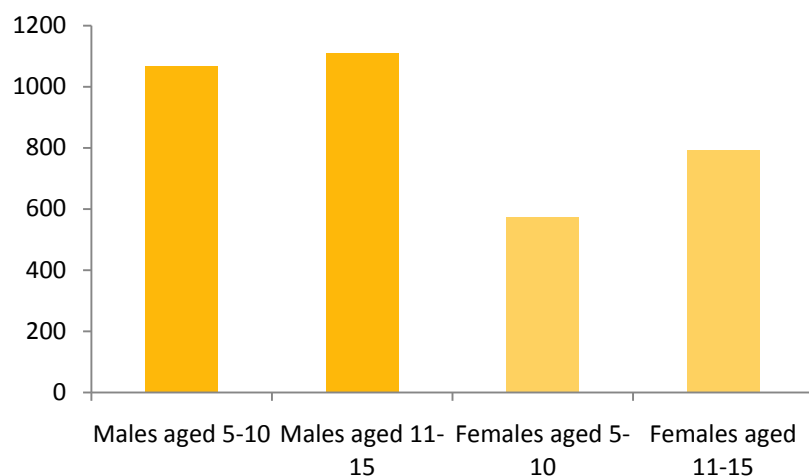


Source: Public Health Wales Observatory

We know that disadvantage starts before birth and accumulates throughout life. Action to reduce health inequalities should start before birth and follow the life course²⁰.

Around 50% of lifetime mental illness starts by the age of 14 and continues to have a detrimental effect on the individual and their family for many years²¹.

Estimated number of children with any mental health problem, Cwm Taf 2012

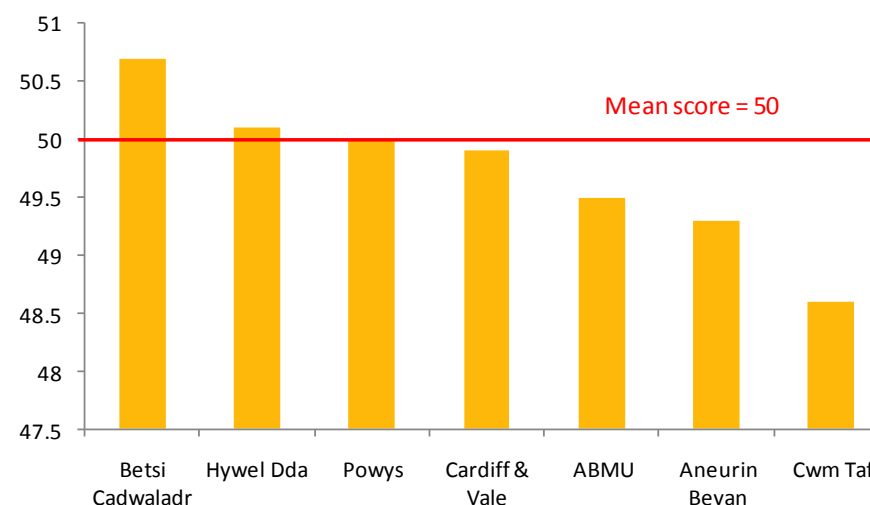


Source: Daffodil Cymru

It is crucial to provide targeted interventions to those most at risk in the early years, to promote resilience and self-esteem as children develop, and to identify signs of mental health issues at the earliest stage.

For adults, the Mental Component Summary Score is a non-clinical, self-reported measure of mental health and wellbeing, which is included as part of the Welsh Health Survey. Scores relate to a mean of 50, with higher scores indicating better health.

Mental Component Summary Score by health board 2010/11



Source: Welsh Health Survey

The Welsh Health Survey (2011) reported that 13% of adults in Cwm Taf are being treated for any mental illness, and this is the highest figure amongst health boards in Wales.

Latest statistics predict an increasing proportion of people aged over 65 in the population. This trend, along with an increase in the prevalence of age-related chronic conditions, including dementia, is likely to continue, and will have a significant impact on individuals, carers and health and social care services.

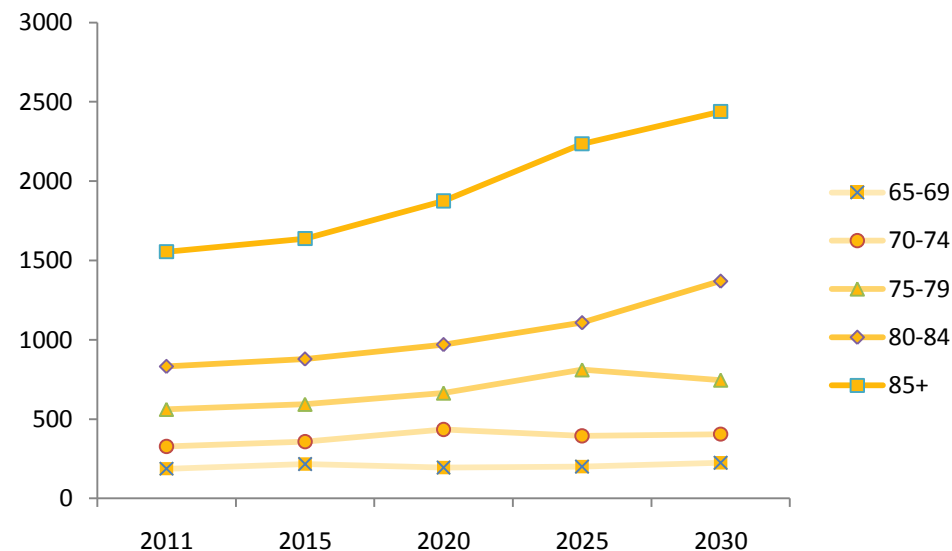
In particular, the rising costs of dementia - human, societal and economic, will be felt as our older population increases.

The strength of evidence around dementia prevention is currently limited²². However, the evidence that is available suggests that the best current advice to prevent dementia includes advocating healthy lifestyles^{23,24} specifically:

- Stopping smoking
- Reducing alcohol intake
- Eating a healthy diet
- Participating in physical and social activity

It has been estimated that by promoting and adopting healthy lifestyles in middle age, an individual's risk of developing dementia could be reduced by approximately 20%²⁵.

Cwm Taf Health Board population estimates of dementia by age band



Source: Public Health Wales Observatory

Wider determinants of wellbeing

Wellbeing is not just determined by individual factors. It is also dependent on the distribution of social, economic and environmental resources in the population. These are linked to inequalities and include: education, employment, housing, planning and the environment.

As this information is already reported in Single Integrated Plans, consideration should be given to developing a dashboard of broader indicators that reflect the level of wellbeing in our area.

Some parameters, such as the Open Space Survey, are in development. Once completed by local authorities, this will give a range of information on accessibility to green space, which is known to have a positive effect on wellbeing.

Across a range of these broader indicators, Cwm Taf compares less favourably with Welsh average figures.

Indicator	Wales	Cwm Taf
1 % Children living in poverty	22.2	27.2
2 Educational attainment aged 16 (mean score)	394	381
3 % Year 11 school leavers not in employment, education or training (NEET)	5.4	6.7
4 % Residents aged 16-74 who have no academic or professional qualifications	25.9	33.1
5 % Residents aged 16-74 who have never worked or are long term unemployed	5.4	7.1
6 % Residents whose daily activities were limited by a long-term health problem or disability ?	22.7	26.4
7 % of the working-age population claiming employment related-benefits	14.1	20.7
8 % Empty homes	1.8	3.4
9 Rate of criminal damage incidents per 1000 day time population	13.4	18.1

Data sources:

1 HMRC

2,3,7,9 Wider determinants of health 2012: Cwm Taf Health Board, Public Health Wales Observatory

4,5,6 Census 2011

8 StatsWales

Wellbeing and the recession

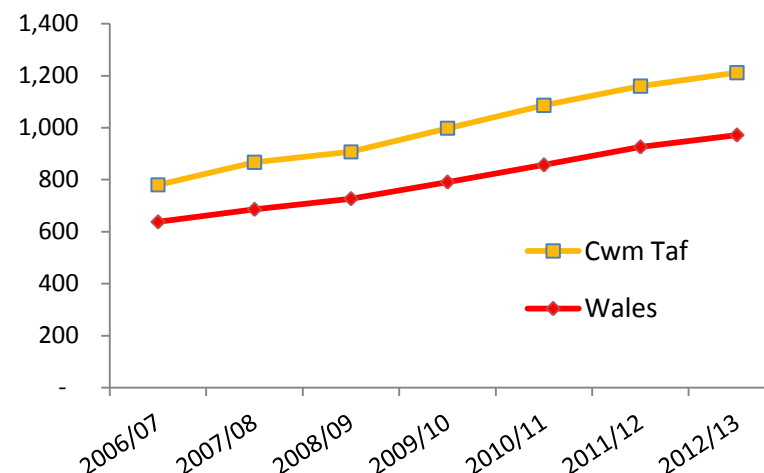
The UK economy officially entered into recession in June 2008. Evidence shows that the strongest negative effect of economic downturn is on mental health²⁶. Rising unemployment rates and increased job insecurity have resulted in less money being available in many households. Negative impacts of unemployment on wellbeing include:

- Financial strain caused by loss of income
- Difficulty in finding alternative employment
- Loss of social role
- Anger and frustration about the situation
- The stigma attached to being unemployed

Given the relationship between debt and mental ill health, the recession has exacerbated the problems that people in poverty face, and has resulted in increased levels of anxiety and depression in some areas^{27, 28}.

This is reflected in antidepressant prescribing figures which have increased across all health boards since 2006, with the gradient being sharper since 2008. Cwm Taf has the highest figures in Wales.

Antidepressant prescribing – items/1000PU, Cwm Taf Health Board



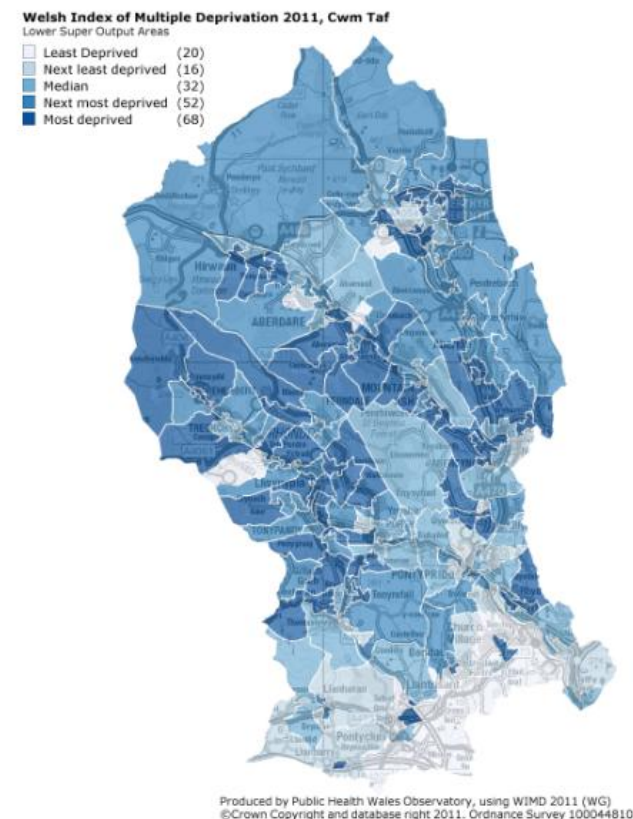
Source: Medicines Management Prescribing Unit, Cwm Taf Health Board

The impact of welfare reforms

The Welfare Reform Act 2012 introduced the greatest changes to welfare benefits in 60 years. Analysis of the impact of the reforms in Wales shows²⁹:

- Wales has a higher dependence on welfare benefits than Great Britain as a whole
 - Although the introduction of Universal Credit is expected to increase household income in Wales, this is significantly offset by the income losses estimated from the other welfare reforms
 - The south Wales valleys are most likely to be disproportionately impacted by the benefit changes
 - It is anticipated that the welfare reforms may have wide-ranging negative effects on claimants' wellbeing, and increased demands on the health, housing and social services that support them
 - There will be consequences for local government including a likely increase in demand for services such as welfare rights and information, debt advice and debt recovery/eviction, budgeting support, employment support, and applications for benefits and other financial support
- The extent of existing inequalities is clear from the Welsh Index of Multiple Deprivation. It is vital that we all

work together proactively to mitigate the negative impacts of the recession and welfare reforms on the health and wellbeing of people living in Cwm Taf.



Chapter 4: Physical health and wellbeing

Physical health and mental health are inextricably linked. It is well recognised that not smoking, maintaining a healthy weight and drinking alcohol within safe limits all contribute to good physical health. However, it is widely documented that:

- People with mental health problems experience poor physical health
- People with physical ill health also suffer mental health problems

Those with poor mental health are at greater risk of physical ill health and die, on average, 5-10 years younger than the general population. Mental ill health is associated with an increased risk of diseases such as cardiovascular disease, cancer and diabetes. This can be partly explained by higher rates of smoking, excess alcohol consumption, drug misuse, poor diets and less physical activity. For some, the side effects of medication can exacerbate weight gain and further contribute to physical health problems³⁰.

Improving the physical health of people with mental health problems is vital to improving wellbeing. To that end, a number of staff working in mental health services have been

trained in smoking cessation and alcohol brief intervention, as well as referring to physical activity programmes such as the National Exercise Referral Scheme (NERS).

The NERS scheme targets clients who have a chronic disease or are at risk of developing chronic disease. Evaluation has shown that, although the programme was originally introduced as a social prescribing mechanism to promote physical activity, it also has positive effects on depression and anxiety³¹. Increasingly, anxiety and/or depression are being cited as a reason for referral to the scheme.

	Total referrals to NERS 2012/13	Referrals for anxiety/depression
Merthyr Tydfil	775	236 (30%)
Rhondda Cynon Taf	1497	135 (9%)

Source: NERS

Evidence shows that people with long-term conditions are two to three times more likely to experience mental health problems than the general population²¹. These can lead to significantly poorer health outcomes and reduced quality of life³². Caring for someone with a long term condition also affects the health and wellbeing of the carer.

The Education for Patients Programme (EPP) is an NHS based self-management course for people living with any long-term health condition. It helps people improve their quality of life by learning different skills to better manage their condition on a daily basis.

Groups of 8-16 participants with a variety of different conditions, meet over six weekly sessions of 2½ hours per week. The courses are facilitated by tutors who have experience of long-term conditions. People who have been on a course have reported:

Increase in:	Decrease in:
Self confidence	Pain and fatigue
Control of their condition	Anxiety, depression and breathlessness
Wellbeing	Visits to GPs
Ability to cope	Outpatients visits
Exercise & relaxation	A & E admissions
Quality of consultations with doctors	Hospital admissions

Focus on... Education for Patients Programme

Linda's perspective

There is no particular moment that you become chronically ill; it happens slowly over a long period of time between being acutely ill, rushing around seeing doctors and consultants, receiving invasive treatments, recovering and then comes the slow realisation that this is going to be your life. Being told there is "nothing that can be done" is devastating and trying to remain positive is difficult. I felt useless, worthless and despaired.

I joined an EPP course. It was wonderful to be greeted, treated to a hot drink and welcomed to a group. Although we had widely differing health problems we all had the same experiences of chronic illness e.g. pain, frustration, fatigue, depression and so we met on a level playing field. We all understood the tutor's words because every item related to all of us and it was a relief to know that you were not alone.

We were taught how to re-think how we were coping with every day – not to think 'I can't' or 'I'll try' but to think 'I can', 'I will' and to self-manage each problem. We were made to feel that our problems were manageable instead of impossible, and therefore hope takes the place of despair. The EPP course has been a very valuable experience and has provided me with information, made my life more bearable through self management and given me hope that I can improve further still by using the skills the course has provided me with. I am very grateful to the tutors for their time and patience, their interest and encouragement.

Chapter 5: Improving wellbeing throughout life

Studies have shown that throughout the life course there are critical points of transition: pregnancy, pre-school, going to school, the move to high school, starting work, redundancy, retirement and bereavement – that influence, and are influenced by, emotional, cognitive and social development¹⁸.

Starting well

Women are the bearers of future generations and have to adapt to a number of normal physical, emotional and social changes during the transition to motherhood. Quality support during, what can be, a stressful time, is important for mothers' and families' wellbeing as women move into new parenting roles.

A woman's mental health during and after pregnancy has an impact on her child. If the mother is stressed or anxious while she is pregnant, the child is more likely to be anxious³³. Mental illness during or after pregnancy is common, affecting one in six mothers. Depressed mothers may be less

responsive to their baby's efforts to engage with them and this, in turn, affects how babies bond with their mother.

Midwives, Health Visitors and GPs seek to prevent, recognise and manage maternal mental illness before, during and after pregnancy and to promote maternal health and wellbeing. Parenting skills training improves the mental health of parents, and a range of individual and family support programmes are available through Flying Start, Families First and Team Around the Family approaches.

The strategic policy agenda for children and young people in Wales is based on the United Nations Convention on the Rights of the Child, whereby children:

- | | |
|----|---|
| 1. | Have a flying start in life |
| 2. | Have a comprehensive range of education and learning opportunities |
| 3. | Enjoy the best possible health and are free from abuse, victimisation and exploitation |
| 4. | Have access to play, leisure, sporting and cultural activities |
| 5. | Are listened to, treated with respect, and have their race and cultural identity recognised |
| 6. | Have a safe home and a community which supports physical and emotional wellbeing |
| 7. | Are not disadvantaged by poverty |

The Child Poverty Strategy³⁴ reiterates that the early years are fundamental to children's development. Also, evidence shows that earlier interventions produce better outcomes and are cost effective in the long term³⁵.

The Healthy and Sustainable Pre-School Scheme (HSPSS) recognises the value of early intervention and provides a structured framework for pre-school settings to develop and integrate holistic approaches to health promotion and wellbeing. Currently 27 pre-school settings across Cwm Taf are working towards achieving Phase 1 of the HSPSS award, which has focussed on nutrition, oral health and physical activity. Mental and emotional health and wellbeing will be incorporated as settings move forward into Phase 2 of the programme in 2013/14.

Developing well

Developing an emotionally healthy school in which all pupils have the necessary skills to thrive can have long term benefits. To that end, Thinking Positively³⁶ sets out eleven criteria to support all schools and early years settings in promoting emotional health and wellbeing. These criteria are used as indicators for the Mental and Emotional Health and Wellbeing section of the Welsh Network of Healthy School Schemes National Quality Award (NQA).

Eleven criteria for schools – a whole school approach to promoting emotional health and wellbeing

1. Appropriate Policies & Strategies in place:
 - Anti Bullying Policy and Strategy
 - Positive Behaviour Management Policy.
 - Appropriate strategies to address; multi-cultural, gender, sexual orientation, sexual exploitation, special needs and health issues which avoid stereotyping and discrimination
2. Commitment to whole staff training on mental and emotional health and well-being related issues
3. Engagement with, and response to, specific local/national initiatives and environmental and social issues
4. Mental and emotional health and well-being covered by Foundation Phase, National Curriculum and Personal and Social Education
5. Out of school hours learning incorporate activities which are inclusive and promote increased self-esteem and well-being
6. Pupil participation
7. Staff participation
8. School environment, ethos and the informal curriculum
9. Involvement of families and community
10. Involvement and collaboration with outside statutory and voluntary agencies and individuals
11. The development of a health promoting workplace which recognises the importance of support for mental and emotional health and well-being

Supported by the Healthy Schools Scheme, three schools in Cwm Taf have successfully completed the NQA, while 17 have completed a whole school approach to mental and emotional health and wellbeing. An additional 31 schools are working towards this using the NQA framework. Schools incorporate a range of initiatives to build confidence, self-esteem and emotional resilience in children and young people, including:

- Anti-bullying policies
- Whole school wellbeing policies
- SEAL (Social and Emotional Aspects of Learning)
- SAP (Student Assistance Programme)

**Focus on... Student Assistance Programme (SAP)
Afon Taf High School**

Afon Taf High School is based in Troedyrhiw, Merthyr Tydfil for pupils aged 11 – 18. The School Nurse has co-ordinated the SAP programme since 2010.

SAP is a comprehensive primary prevention and early intervention programme for students. It aims to educate, identify, refer and support students with problems such as: family breakdown, grief and loss, and drug and alcohol abuse. The programme has been set up across the different year groups in the school and builds the children's self-worth and confidence, helps them consider their own actions and how they affect themselves and others. It builds friendships, communication skills and problem solving, and promotes healthy lifestyles. Groups meet weekly, during school time, for one lesson each week.

Since its inception, Afon Taf High School has run a total of 85 groups, trained 24 people (teachers, non-teaching staff and volunteers) and has helped almost 1000 children. Work has progressed with four of the primary feeder schools to deliver SAP to year 6 pupils as part of their transition to high school. The programme has produced positive outcomes for pupils and staff and is valued by parents.

'I learnt how to trust and
who to trust'

'I am worthwhile'

Good wellbeing and resilience helps protect young people against emotional and behavioural problems, violence and crime, teenage pregnancy and the misuse of drugs and alcohol. It can also help them to learn and achieve academically, thus affecting their long-term social and economic wellbeing³⁷.

Counselling is one of a range of services that help to support the emotional health needs of pupils. School based counselling is available across both local authority areas, and in Rhondda Cynon Taf, community based counselling is available for young people up to the age of 25.

Focus on... Raise-IT

The Rhondda Cynon Taf (RCT) Viewpoint (2011) survey identified that young people wanted more information and support around mental health and emotional wellbeing issues.

Raise-IT was written and developed by a detached youth worker to raise awareness of mental health, challenge stigmas associated with it, discuss issues that particularly affect young people and promote strategies to maintain good mental health in young people. Raise-IT sessions have been delivered through PSE lessons at two pilot schools to over 400 young people in RCT. Sessions cover topics such as:

What is mental health?	Body Image
Eating Disorders	Self Harm
Depression	Resilience

The project has had excellent feedback from young people and teaching staff. Each young person has also achieved an OCN Level 1 in Mental Health and Mental Illness.

This project is the only one of its kind in RCT which allows young people to talk about, and have age appropriate information on issues that are affecting them, their peers and families. It gives young people an opportunity to explore their views and opinions and challenge discrimination, giving them a better understanding of issues around mental health.

Working well

Work, both paid and unpaid, is good for wellbeing^{38, 39}. It is an important determinant of self-esteem and identity. It can provide a sense of fulfilment and opportunities for social interaction, as well as providing a source of income.

The challenge for wellbeing in Cwm Taf is two-fold:

- How to mitigate the negative impacts of unemployment on wellbeing
- How to ensure wellbeing in the workplace

There is a strong association between worklessness and poor health. Supporting people to both gain and sustain employment has been identified as a priority in Single Integrated Plans, reflecting the scale and impact of unemployment in Cwm Taf. Unpaid work through volunteering and time banking schemes can build confidence and motivation, give a sense of purpose, and help people learn new skills. Volunteering can broaden social networks and improve community cohesion.

For those trying to re-enter the job market, learning coping strategies and having social and emotional support, acts as a resilience factor when seeking work in the current difficult economic climate⁴⁰.

Focus on... Bridges into Work

The Bridges into Work project is a European funded project working across six areas of South Wales, including Merthyr Tydfil and Rhondda Cynon Taf. The aim of the project is to support local people to gain the skills and confidence to help them move towards employment.

The project delivers accredited courses and personal support programmes, including enhanced support for people facing barriers to working, such as work limiting health conditions. Bespoke pre-employment courses have been developed in partnership with local employers to help learners to gain employment.

To date, the Bridges into Work project in Merthyr Tydfil has supported 2,849 participants in gaining 3,800 qualifications, and 663 participants have gained employment in the last two years.

In Rhondda Cynon Taf in 2012, the project engaged with 3,640 people, gaining 3,533 qualifications, and 718 participants moved into employment.



For those in employment, stress, anxiety and depression are estimated to cause more sickness absence than any other illness. For employers, the costs associated with poor mental health in the workplace amount to £860 per year for every employee in the Welsh workforce ⁴.

The workplace can be a setting to improve wellbeing by:

- Creating healthy working environments
- Recognising and providing early intervention for those with mental health problems
- Providing support for those recovering from illness

Local authorities and health boards should act as exemplar employers in improving workplace health⁷, and the Corporate Health Standard can be used as a mechanism for this. For organisations employing fewer than 50 people, the Small Workplace Health Award scheme supports staff health and wellbeing.

For employers, good health is good business. A number of interventions can improve wellbeing, staff retention, and reduce sickness absence, including:

- Staff Health And Wellbeing Policies
- Mental Health First Aid training for managers
- Support services for staff

Focus on... Worksure

Worsure is an employee support service provided by Cwm Taf Health Board. It offers telephone-based advice, guidance and support to employees who are unable to work, or feel at risk of being unable to work, due to health or personal issues. Support can range from health advice, through to practical guidance for personal issues such as debt, caring responsibilities, bereavement or other emotional issues.

Gaynor's perspective

Gaynor was worried about going off sick, so she contacted the Worsure team. She described previous complex long term sick leave due to reactive depression, and was currently experiencing a set back since returning to work. To help prevent her relapsing, the Worsure team gave her telephone Anxiety and Depression Management on a weekly basis. Cognitive Behavioural Therapy techniques were used to manage increasing symptoms and develop a proactive relapse plan.

As a result, Gaynor was able to remain in work and eventually took on extra management responsibilities, as well as taking up a new exercise class out of work. She also devised a long term relapse prevention plan and widened her support network both in and out of work.

Ageing well

An increasingly ageing population presents challenges for society. The Older People's Commissioner for Wales⁴¹ has set out a framework prioritising the improvement of wellbeing and quality of life to ensure that older people:

- Feel safe and are listened to, valued and respected
- Are able to get the help they need, when they need it, in the way they want it
- Live in a place which suits them and their lives
- Are able to do the things that matter to them



The problems faced by older people have a detrimental impact on their wellbeing. These include:

- Social exclusion and a lack of social support. Many older people live alone; they may be reluctant to go out for fear of crime; local facilities such as shops, post offices, and transport may be limited or inaccessible
- Lack of material wellbeing. Financial insecurity and inadequate or inappropriate housing are areas of concern. Older people are least likely to claim their financial entitlements. Increasing energy costs puts a strain on limited finances
- Access to appropriate health and social care. Increasing numbers of older people are living with chronic conditions and/or dementia

As the number of older people in our population grows, it is vital that communities become more 'age-friendly'. This can be done by creating homes and neighbourhoods that enable older people to remain independent, economically active and involved with their friends, neighbours, family and local community. Schemes to promote social inclusion, volunteering initiatives, life-long learning and other meaningful activity can all have a positive impact. Free bus passes and free swimming for over 60s are examples of supporting older people to get out and about and maintain physical activity. Befriending schemes in Cwm Taf support older people by providing educational and social activities, advice and advocacy.

Chapter 6: Improving wellbeing services

Improving population wellbeing will ensure that fewer people develop mental health problems⁶. However, action to identify problems early, provide effective and timely interventions, and promote recovery, will also improve wellbeing in people with diagnosed conditions.

Mental Health First Aid

People are often reluctant to discuss mental health problems with family, friends and work colleagues. The stigma associated with mental health problems may also hinder people from seeking help. Mental Health First Aid (MHFA) is a 12-hour training course that improves mental health literacy. It helps people to recognise the signs and symptoms of someone with mental health problems; to respond to various mental health crises, engage with, support and signpost people to appropriate help.

During 2012, a total of 19 MHFA training courses were delivered in Cwm Taf. Twelve Adult MHFA courses were delivered, attended by 133 people. In addition, Youth MHFA is a 14-hour training course for adults working or living with young people. It is particularly relevant for those who work with adolescents and may come into contact with young people at risk of experiencing

mental distress. Seven Youth MHFA courses were delivered in 2012, with 95 people completing the training.

Supporting and expanding the MHFA scheme has been identified as a key action in the delivery plan for Together for Mental Health.

Depression-Busting

People living in the most deprived areas of Cwm Taf experience the highest levels of mental illness and poorest wellbeing. Communities First staff identified high levels of depression/anxiety in the Maerdy area, and commissioned the third sector organisation Journeys to provide a Depression-Busting course. Subsequently, the course participants formed their own peer support group, Maerdy Association for Self Help (MASH).

Further Depression-Busting courses and additional peer support groups have been established in other areas. Rhondda Cynon Taf Independent Living staff and Communities First staff helped with facilitating the groups and establishing a confidential, safe setting for people to support one another by sharing their experiences. The groups provide peer support, self help techniques and promote recovery for people with mild to moderate depression and/or anxiety.

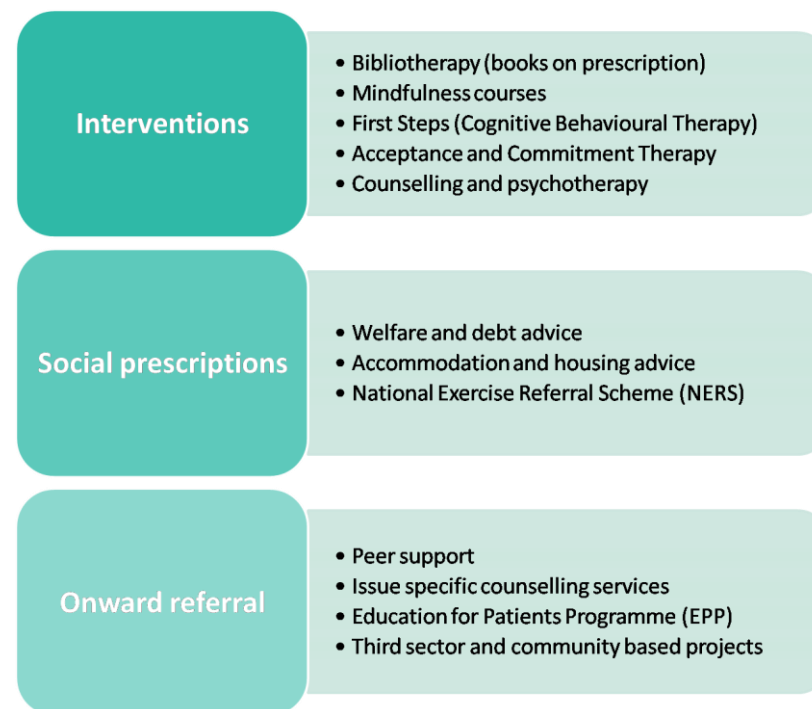
Improving wellbeing in primary care

The Mental Health (Wales) Measure⁴² was introduced by the Welsh Assembly Government to make provision for primary mental health support services and the coordination of, and planning for, secondary mental health services including arrangements for assessment and advocacy.

As a result, 2012 has been a year of significant change in the delivery of mental health services in the Cwm Taf area. A strategic redesign of adult mental health services for people of working age has been implemented, and a Recovery Model introduced in partnership with our patients, staff and public. This is delivering higher quality and more sustainable services. In-patient services have been located on a single site to concentrate expertise, and a range of new community posts in assertive outreach, home treatment and crisis intervention services have been introduced to support the model.

The Mental Health Measure has also enabled significant development of primary care services across Cwm Taf. The new Primary Care Mental Health Support Service now has a presence in all our GP practices and offers assessment, interventions, information and advice for patients and carers. It is also supporting GPs and practice staff to promote the

mental health and wellbeing of their patients. The service has developed a stepped range of interventions:



Further work is underway to complement this service through the development of a range of accessible 'Tier 0' services that will promote mental health and wellbeing.

Focus on... Mindfulness

Mindfulness is a cognitive/behavioural therapy approach which incorporates meditation techniques. It helps people become aware of, and so change, the way they think and feel about their experiences. By becoming more aware of their thoughts and feelings, and what they can and can't change, they are better able to manage them.

John's perspective

'I had originally attended a Mindfulness course in relation to work related stress, but have found the techniques I learned really useful in other difficult situations. I recently fell from a ladder which resulted in a dislocated and fractured kneecap. Whilst having treatment in A&E I focused on relaxation and the technique of channeling the breath to the site of my pain. This helped me to cope with a lot of pain and stress in a much calmer, more controlled way that I would have otherwise done'.

A Psychologist's perspective

'Before October 2012, course participants included those who had been known to services for very many years, plus new GP referrals. The low motivation and negativity of those who had been in services for many years often coloured the mood and expectations of the entire group.

Since the new service was introduced in October 2012, the difference we found when running the same courses with participants who had been assessed and appropriately referred, is remarkable. The willingness and motivation of most group members is more positive and upbeat, and more receptive to what is being taught, and is also leading to successful outcomes'.

Community Wellbeing Coaches

Community Wellbeing Coaches work with individuals on a one-to-one basis, helping them to set realistic goals and create their own personal health and wellbeing plan. They can also act as a link between professionals and communities, translating health messages into actions and signposting to services that can provide professional help if required.

Focus on... Sara's story

Sara, a single mother with an undiagnosed mental health problem and behaviour issues, felt she lacked support. She worked with a Community Wellbeing Coach to decide her aim - to get more structure in her life, learn to cook, and eventually get back to part time bar work.

The Coach contacted Social Services on her behalf, and arrangements were made for more regular visits. After encouragement, Sara attended a GP appointment which confirmed a diagnosis of Bipolar disorder.

Sara is now taking the correct medication and is feeling more stable and focused. She no longer breaks the law, is pursuing her goal of obtaining part time bar work, and is even learning to cook using the Healthy Eating Handbook the Coach created for her.

Carers' wellbeing

A carer can be anyone, of any age, who provides unpaid care and support to a relative, friend or neighbour who is disabled, physically or mentally ill, or affected by substance misuse.⁴³

Carers provide 96% of all community care in Wales and save the Welsh state an estimated £7.7billion each year⁴⁴.

There are 37,000 adult carers in Cwm Taf⁴⁵; this amounts to more than 12% of the population. Of the total number, some 11,750 carers provide over 50 hours of care per week. There may be more than 4,000 young carers (aged 5-17) in Cwm Taf. A study by the Princess Royal Trust for Carers⁴⁶ suggests that 5-7% of 18-25 year olds may be young adult carers. Using 2011 census data, this would amount to nearly 1,700 young adult carers in Cwm Taf.

Carers do not choose to become carers. They are often unprepared to deal with the impact of their role on relationships, health and wellbeing, finances, career and lifestyle⁴⁷. Carers often feel isolated, unsupported and alone. Evidence shows that caring has a detrimental impact on the physical, emotional and mental health of carers who report poorer health (especially mental health) than non-carers of the same age⁴⁸.

The Carers Strategies (Wales) Measure 2010⁴⁹ requires us to improve the way carers are identified and supported. A Cwm Taf strategy has been developed to ensure that carers are identified, have their needs assessed, and are able to access timely and relevant information. Carers will be recognised as partners in care and will be engaged in decision making that affects them and the person they care for.

Support for carers is provided by the Health Board, Local Authorities and by third sector carers' organisations. Work is underway to expand the use of Carers Champions in GP practices. The duties undertaken by carers relieve a huge burden from health and social care services. Improving the wellbeing of this group should be a significant priority.

Focus on... Edie's Story

As part of the 1000 Lives Plus, Stories for Improvement Work, Cwm Taf Health Board has developed a DVD showing the lived experience of a patient and carer. 'Edie's Story' is a powerful and moving resource which is now being used in staff training to: challenge poor performance, influence service delivery, and improve patient and carer experience.

Chapter 7: Adopting a different perspective

This report has given an overview of mental health and mental illness in Cwm Taf and highlighted the impact of poor mental health on our population. The World Health Organisation has stated:

“There is no health without mental health”

This is particularly pertinent at a time when inequalities, the financial recession and welfare reforms risk further negative influences on the health of people in Cwm Taf.

However, this is also a time of opportunity to consider mental health from a different perspective. For too long the term “mental health” has been associated negatively with “mental illness” and the related stigma attached to that. Changing the focus to that of wellbeing acknowledges that we all have mental health needs. As I have shown in this report, the drivers are now in place to take forward a population approach to wellbeing through:

- Together for Mental Health
- Single Integrated Plans
- Communities First Plans

One mechanism which all partners can adopt to start changing the perspective is Five Ways to Wellbeing. Communicating these evidence based messages has been identified as a key action in Together for Mental Health. These activities can be incorporated in to everyday life by all of us, whether we have a mental health problem or not. By thinking more creatively, Five Ways to Wellbeing could also provide a framework for strategic planning and service design to improve the wider determinants of population wellbeing.

As the Health Board and its partners move forward with the delivery of new plans, it will be for all agencies to take up the challenge of embracing different perspectives to prioritise and improve population wellbeing, in order to reduce the levels of mental ill health in Cwm Taf.

Five ways to wellbeing

Connect...	With the people around you. With family, friends, colleagues and neighbours. At home, work, school or in your local community. Think of these as the cornerstones of your life and invest time in developing them. Building these connections will support and enrich you every day.
Be active...	Go for a walk or run. Step outside. Cycle. Play a game. Garden. Dance. Exercising makes you feel good. Most importantly, discover a physical activity you enjoy and that suits your level of mobility and fitness.
Take notice...	Be curious. Catch sight of the beautiful. Remark on the unusual. Notice the changing seasons. Savour the moment, whether you are walking to work, eating lunch or talking to friends. Be aware of the world around you and what you are feeling. Reflecting on your experiences will help you appreciate what matters.
Keep learning...	Try something new. Rediscover an old interest. Sign up for that course. Take on a different responsibility at work. Fix a bike. Learn to play an instrument or how to cook your favourite food. Set a challenge you will enjoy achieving. Learning new things will make you more confident as well as being fun.
Give...	Do something nice for a friend, or a stranger. Thank someone. Smile. Volunteer your time. Join a community group. Look out, as well as in. Seeing yourself, and your happiness, linked to the wider community can be incredibly rewarding and creates connections with the people around you.

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