

Walsall Multi-Agency Mental Wellbeing Placed Based Strategy

Data and Briefing

2022- 2032



Walsall Council

Walsall Multi-Agency Mental Wellbeing Strategy Data and Briefing Document

Summary

Mental wellbeing is affected by many factors. Our physical health, housing, work, environment, social contacts and finances all contribute to our mental wellbeing.

Our 2020 survey of our residents found that the majority of people in Walsall felt a “medium” level of wellbeing. However, of those that reported low levels of mental wellbeing, poor health, unemployment and financial stress were the most common reasons.

Rates of deprivation and unemployment are significantly higher in Walsall than the national average, and have been exacerbated by the COVID-19 pandemic, with our younger people being particularly affected.

Social contact, a feeling of connectedness with one's family and friends, community and broader society are fundamental to good wellbeing. Both care service users and carers in Walsall reported feelings of social isolation and not having as much social contact as they would like. These groups are likely to have been highly affected by the COVID-19 pandemic.

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

The COVID-19 pandemic has left many of our residents bereaved and distressed. There will very likely be a increased demand for counselling and bereavement services, that are already stretched. However, bereavement support for our residents will be very important in improving population level mental wellbeing in Walsall.

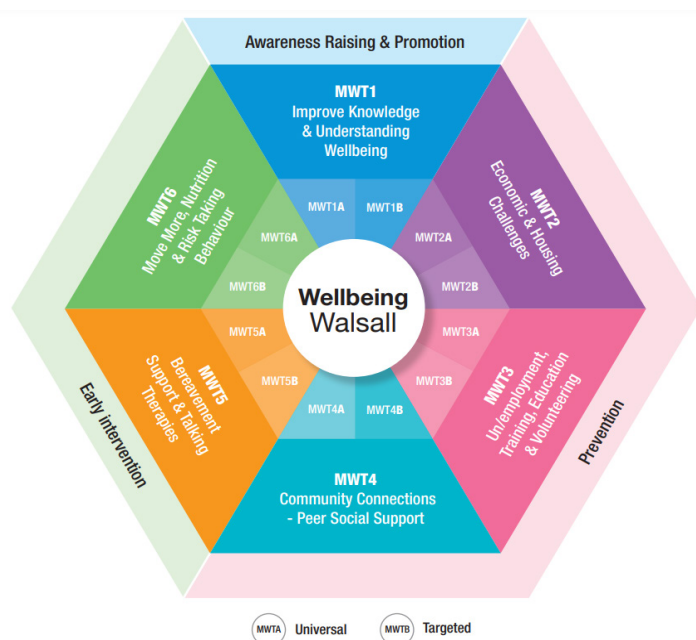
Lifestyle factors, such as physical activity, smoking, drug and alcohol misuse, and obesity strongly impact an individual's quality of life both physically and mentally. Work that strives to improve these factors will have a strong protective effect on the mental wellbeing of Walsall residents.

The rate of mental illness in Walsall is worse than the national average. Without the focussed efforts set out in this strategy to improve the mental wellbeing of the Walsall population and early intervention to prevent the deterioration of mental health, this rate is projected to continue to increase.

Purpose

The purpose of this document is to provide data, information and context to the 6 domains of the Walsall Multi-Agency Mental Wellbeing Strategy which are illustrated in Figure 1 below.

Figure 1. Domains of the Walsall Multi-Agency Mental Wellbeing Strategy



Overview of Mental Health and Wellbeing in Walsall

Attainment of Wellbeing

There are many factors that contribute to good health and wellbeing, both physical and mental.

The Thriving Places Index (TPI) identifies the local conditions required for good mental wellbeing and measures whether those conditions are being delivered fairly and sustainably.

Walsall's scores in the TPI are shown in the figure below:

Figure 2 The Thriving Places Index of Walsall



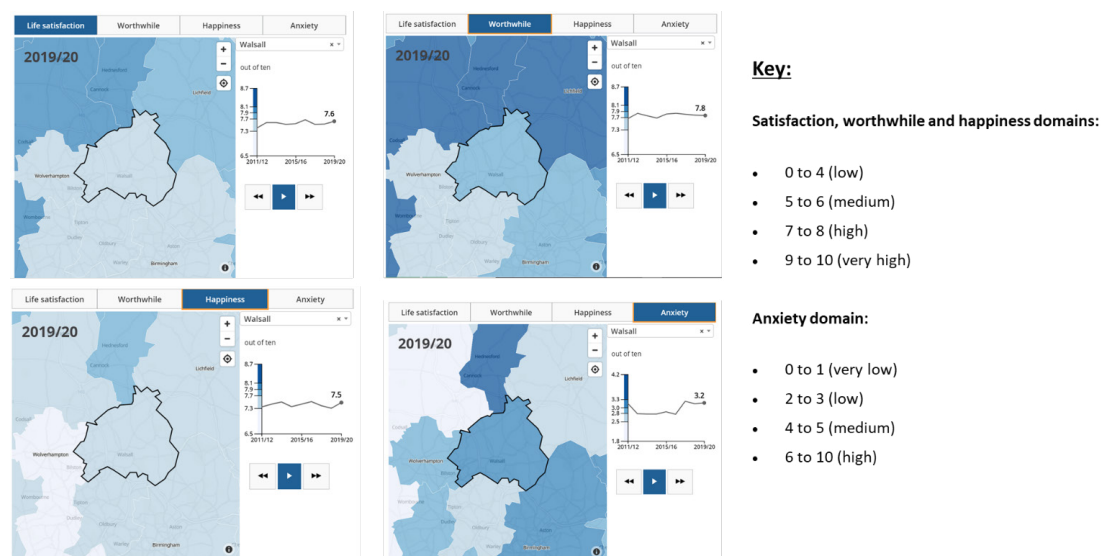
The TPI suggests that in Walsall, there are a number of fundamental factors that support good mental wellbeing that we could improve on including; obesity, diet, exercise, and risky sexual behaviours.

Also, the TPI suggests that improving the local environment and transport networks and employment would increase mental wellbeing in our residents.

Life satisfaction

In 2019/20, **on average**, people in Walsall reported “high” levels of life satisfaction, feeling that life is worthwhile and happiness, and low levels of anxiety although this had increased over the course of the COVID-19 pandemic.

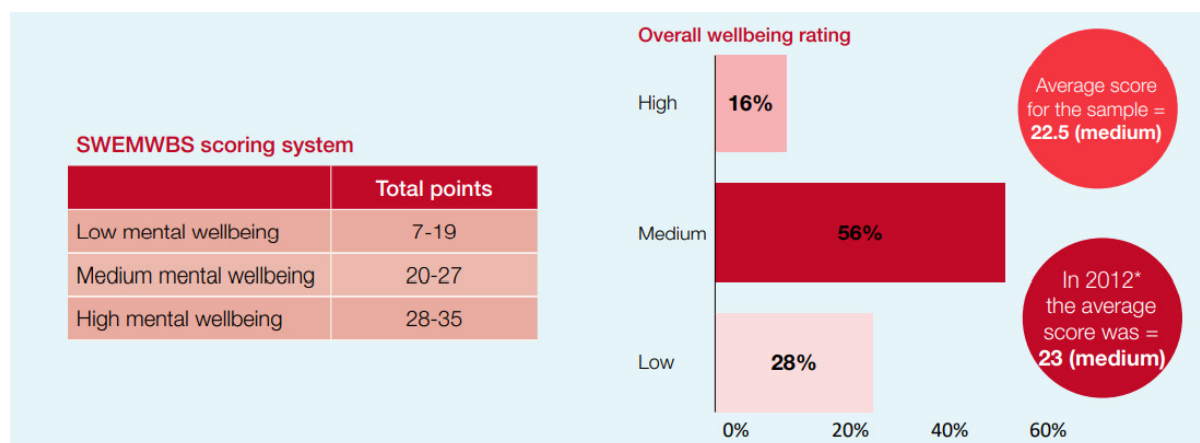
Figure 3. Personal Wellbeing Scores in Walsall.



The maps above indicate the estimated annual score of self-reported life satisfaction, feeling that the things done in life are worthwhile, happiness and anxiety in Walsall residents. It should be noted that these data cover the period in the build up to the national lockdown of the UK in response to the coronavirus (COVID-19) pandemic.

Figure 4. Self-reported wellbeing of Walsall Residents.

The health and wellbeing survey of Walsall residents conducted in late 2020¹ revealed that the majority of our residents experienced a “medium” level of overall wellbeing, which is similar to the findings of the 2012 survey.



The graphic above summarises the key finding of the Walsall residents survey conducted at the end of last year. Overall, the majority (56%) of residents, reported a “medium” level of wellbeing, with a score that has not notably changed since the previous survey that was conducted in 2012.

However, of the residents that did report a low level of wellbeing, poor general health, unemployment and financial stress were cited as the most prominent reasons.

Of note, in the survey, younger people, males, and those furloughed during the pandemic also reported significantly lower wellbeing than the average population of Walsall.

Mental health disorders

The key ambitions of the Walsall Multi-Agency Mental Wellbeing Strategy are the overall improvement of mental health and wellbeing in our resident population, and the early intervention in instances of poor mental wellbeing, in order to prevent deterioration in to more severe mental ill-health.

Figure 5. Estimated prevalence of common mental health disorders (% of population aged 16+).

Compared with England ■■■ Better 95% ■ Similar ■ Worse 95% ■ Not compared

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	—	7,609,582	16.9*	16.2	18.0
West Midlands region	—	832,440	17.7*	16.9	18.9
Sandwell	—	54,150	21.5*	20.1	23.3
Birmingham	—	184,879	21.1*	19.7	22.8
Wolverhampton	—	42,113	20.5*	19.2	22.2
Stoke-on-Trent	—	41,381	20.3*	19.1	22.0
Walsall	—	42,814	19.4*	18.3	20.9
Coventry	—	55,303	19.1*	18.1	20.6
Telford and Wrekin	—	24,724	17.7*	16.9	18.9
Dudley	—	44,886	17.4*	16.6	18.6
Herefordshire	—	24,845	15.6*	14.7	17.0
Staffordshire	—	110,603	15.3*	14.6	16.5
Shropshire	—	40,294	15.2*	14.4	16.4
Worcestershire	—	72,761	15.0*	14.3	16.1
Warwickshire	—	68,318	14.8*	14.1	15.9
Solihull	—	25,369	14.7*	14.0	15.9

The chart above shows the estimated proportion of the population aged 16 years and over who have a common mental disorder (CMD), where CMD is defined as any type of depression or anxiety.

In Walsall the prevalence of CMD is significantly higher than the national average, with 19.4% of residents experiencing anxiety or depression.

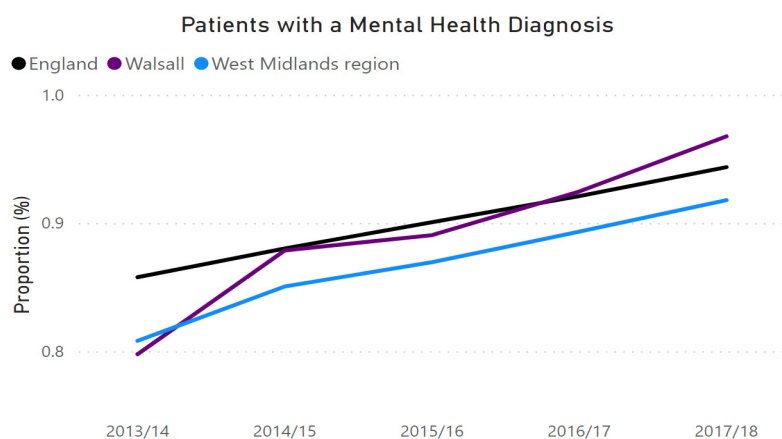
¹ Findings from the Walsall Council Residents Survey November 2020

Figure 6. Estimated prevalence of Common Mental Health Disorders (% of population aged 65+).

Area	Recent Trend	Count	Value		95% Lower CI	95% Upper CI
England	—	1,027,792	10.2*		9.1	11.9
West Midlands region	—	114,900	10.7*		9.5	12.4
Sandwell	—	6,577	13.4*		11.2	16.6
Birmingham	—	18,687	12.7*		10.9	15.5
Stoke-on-Trent	—	5,426	12.6*		10.7	15.3
Wolverhampton	—	5,402	12.5*		10.7	15.1
Walsall	—	5,843	11.7*		10.2	14.0
Coventry	—	5,686	11.4*		10.1	13.4
Telford and Wrekin	—	3,233	10.9*		9.7	12.7
Dudley	—	6,877	10.6*		9.5	12.4
Herefordshire	—	4,594	10.0*		8.6	12.1
Shropshire	—	7,495	9.9*		8.6	11.5
Staffordshire	—	17,891	9.6*		8.6	11.2
Worcestershire	—	12,302	9.4*		8.4	11.0
Warwickshire	—	10,760	9.2*		8.2	10.8
Solihull	—	4,127	9.2*		8.1	10.8

In older adults, the prevalence of CMD is estimated at about 11.7%, which is similar to the national average. This suggests that anxiety and depression is experienced more in younger residents of Walsall than our older residents.

Figure 7. The proportion of the population who have a mental health diagnosis.



There is an increasing trend in the proportion of Walsall residents that have a mental health diagnosis of schizophrenia, bipolar affective disorder and other psychoses recorded on GP practice disease registers. The prevalence of mental health disorders in Walsall is higher than the West Midlands region, and the national average.

Figure 8. Projected prevalence of a variety of mental health disorders in Walsall by 2035.

Mental health by gender	2019	2020	2025	2030	2035
Males aged 18-64 predicted to have a common mental disorder	12,039	12,098	12,304	12,495	12,598
Males aged 18-64 predicted to have a borderline personality disorder	1,556	1,564	1,590	1,615	1,628
Males aged 18-64 predicted to have an antisocial personality disorder	4,013	4,033	4,101	4,165	4,199
Males aged 18-64 predicted to have psychotic disorder	573	576	586	595	600
Males aged 18-64 predicted to have two or more psychiatric disorders	5,651	5,679	5,775	5,865	5,913
Females aged 18-64 predicted to have a common mental disorder	19,242	19,335	19,658	19,866	20,097
Females aged 18-64 predicted to have a borderline personality disorder	2,416	2,427	2,468	2,494	2,523
Females aged 18-64 predicted to have an antisocial personality disorder	1,499	1,507	1,532	1,548	1,566
Females aged 18-64 predicted to have psychotic disorder	583	586	596	602	609
Females aged 18-64 predicted to have two or more psychiatric disorders	6,248	6,278	6,383	6,450	6,525

On the current trajectory, without intervention, the prevalence of mental health problems across a wide range of morbidities, from anxiety to antisocial behavior disorder, to psychotic disorders is projected to continue to increase over the next 10 years without focused intervention. Common mental health disorders, antisocial personality disorders, and psychotic disorders are all predicted to each increase by 4-5% in Walsall by 2035¹.

Common mental health disorders (CMD), such as anxiety and depression are increasingly more prevalent in Walsall than nationally. Nationally, 1 in 6 adults that have experienced CMD in the past week¹¹. This increasing trend is especially true in the younger population as around 1 in 8 children aged 5 to 19 years are estimated to have at least one mental health problem¹¹. Moreover, this increasing trend and significantly higher rate is also reflected in more acute mental health diagnoses, such as schizophrenia and bi-polar disorder.

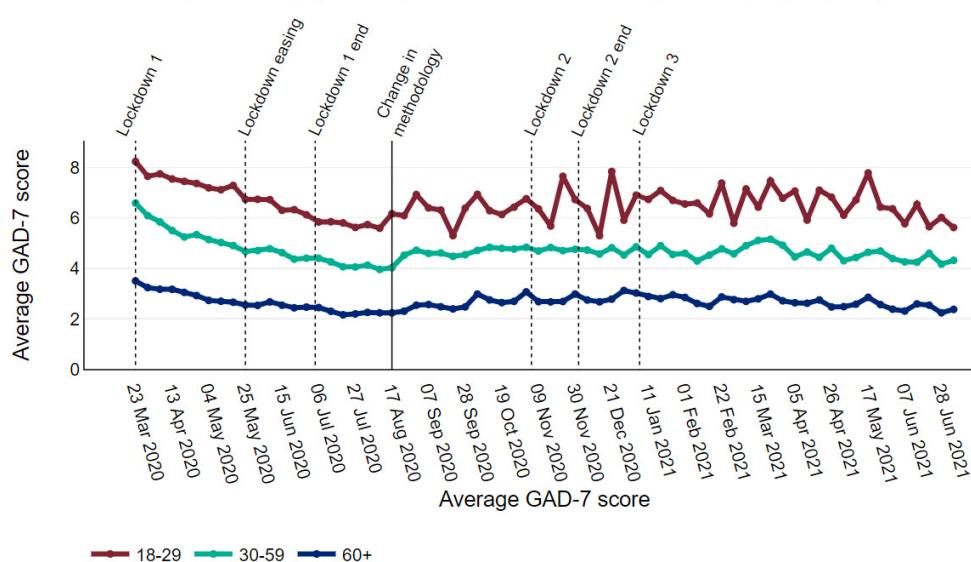
People identifying as Black are more likely than average to have experienced a CMD in the last week, with non-British people identifying as White people being less likely¹².

CMD also contribute to the reasons that individuals can be involuntarily excluded from the labour market, and the proportion of people excluded from employment for these reasons is higher in Walsall than the national average and increasing further.

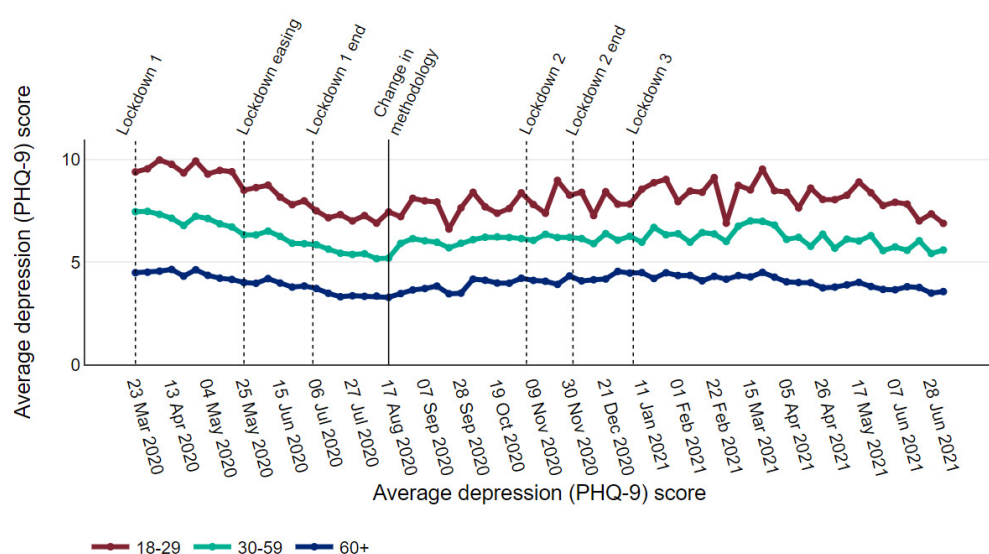
Middle aged men have the highest rates of suicide and young women have the highest rates of being admitted into hospital because of self-harm.

Figure 9 Trends in Anxiety and Depression by age groups

Trend in average anxiety (GAD-7) score in United Kingdom, by age group



Trend in average depression (PHQ-9) score in United Kingdom, by age group



Younger people (aged 18-29) have reported significantly higher levels of anxiety and depression over the duration of the COVID-19 pandemic than older age groups. Sequentially, 30-59 year olds reported higher anxiety and depression levels than 60+ year olds.

People from Black, Asian and other minority ethnic communities have an increased risk of mental health stigma and late mental health diagnosis⁹. Cultural norms and specific religious beliefs amongst diverse groups was also a contributory factor of stigma amongst Black African Caribbean and Asian groups. Amongst these groups feeling of shame of mental health contribute to people suppressing discussions around mental wellbeing.

People who identify as LGBT+ have higher rates of common mental health problems and lower wellbeing than heterosexual people¹. The National LGBT Survey in 2018² found that 24% of respondents had accessed mental health services in the last year, but a further 8% had tried to get help and failed.

Discrimination

Around 90% of people with mental health problems have reported that they have also experienced discrimination in various aspects of their lives, which in turn impact negatively and can exacerbate existing problems.

People with mental health problems are among the least likely groups with a long-term health condition or disability to be employed, have stable relationships, live in quality housing and be socially included.

Stigma and discrimination can also prevent or delay people with mental health problems from accessing early interventions and mental health services. In addition, mental health services might not meet the needs of Black and minority ethnic individuals.

There is a 63% gap in the employment rate between people who are in contact with secondary mental health services and the overall employment rate.

MWT1 - Improve Knowledge and Understanding of Wellbeing

What we know

We know that the prevention of **poor** mental wellbeing is the best policy, both morally and economically³. To improve mental health and wellbeing across the borough of Walsall, this strategy places an emphasis on the awareness raising and prevention agenda.

Strategy Brief

We know that by improving Walsall residents' knowledge and understanding of mental wellbeing, and improving access to timely and appropriate support, our residents will be better equipped to make effective decisions about their health. For this reason, this strategy takes an assets-based community approach to develop mental wellbeing resilience in communities, which will include the promotion of wellbeing.

This strategy takes a comprehensive approach to tackle the stigmas associated with mental ill health. In doing so, it will identify and raise the awareness of contributor **risk factors to developing mental health problems**, with a view to addressing the risk factors together as a partnership.

Mental health stigma remains a huge barrier to recognising and addressing mental ill-health for the public and for those dealing with mental health conditions and symptoms.

By promoting good mental health and intervening early, particularly in the crucial childhood and teenage years, we can help to prevent mental illness from developing and mitigate its effects when it does.

Children from the poorest 20% of households are four times as likely to have serious mental health difficulties by the age of 11 as those from the wealthiest 20%⁴. The challenges experienced by children and young people in Walsall, in terms of their mental wellbeing are addressed specifically in the Walsall Children and Young People's Strategy, which aligns closely with this strategy.

1 Semlyen, J., King, M., Varney, J. et al. Sexual orientation and symptoms of common mental disorder or low wellbeing: combined meta-analysis of 12 UK population health surveys. *BMC Psychiatry* 16, 67 2016.

2 National LGBT Survey 2018: Research report - GOV.UK (www.gov.uk)

3 McDaid et al. The Economic Case for the Prevention of Mental Illness, *Annual Review of Public Health*, 2019.

4 Gutman, Leslie & Joshi, Heather & Parsonage, Michael & Schoon, Ingrid. (2015). *Children of the new century: mental health findings from the Millennium Cohort Study*.

Economic and Housing Challenges

Whilst all people can experience financial challenges, economic and housing challenges are not equally spread across diverse populations. Targeted support is therefore essential to improve opportunities for those with the least opportunities

Walsall has a range of employers and small medium and large businesses. It is our vision that Walsall employers are actively working towards protecting and improving the mental health and wellbeing needs of their workforce. To achieve this, we will raise awareness of the mental health and wellbeing needs of their workforce and promote good practice for organisations.

It is well recognised the job insecurity low income and benefits increase the risk of mental wellbeing decline. We also know that people in employment who develop mental health needs are at a significant risk of becoming unemployed. As such we want to ensure that employers are enabled through the Workforce programme to support, protect, and improve the wellbeing of their workforce.

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

Figure 10. Walsall's Score and Rank across the domains of the Index of Multiple Deprivation.

Domain	England Rank (out of 317)*		
	Average LSOA Score	% of LSOAs in the most deprived 10%	% of population experiencing deprivation
Index of Multiple Deprivation (IMD)	25	22 (26%)	-
Income deprivation	16	11 (32%)	20.0%
- affecting children (IDACI)	17	15 (29%)	26.1%
- affecting older people (IDAOPI)	35	24 (24%)	21.2%
Employment deprivation	38	44 (20%)	14.3%
Education, skills and training deprivation	11	17 (28%)	-
Health deprivation and disability	53	65 (14%)	-
Crime	93	113 (6%)	-
Barriers to housing & services	234	250* (0%)	-
Living environment deprivation	68	146 (5%)	-

* All local authorities with no LSOAs in the most deprived 10% share a rank of 250

Walsall performs very poorly on income deprivation, ranking 16th for average LSOA score and 11th based on the proportion of highly deprived neighbourhoods in the borough. Employment deprivation is also an issue, with an average score rank of 38. However, the borough performs the worst on the education, skills and training deprivation domain, with an average score that ranks it as the 11th most deprived local authority in England.

However, the borough's relative performance on these domains is similar to 2015, worsening only slightly for income and education, but showing some relative improvement for employment. Scores in the income and employment deprivation domains are based on the actual proportion of residents experiencing that aspect of deprivation.

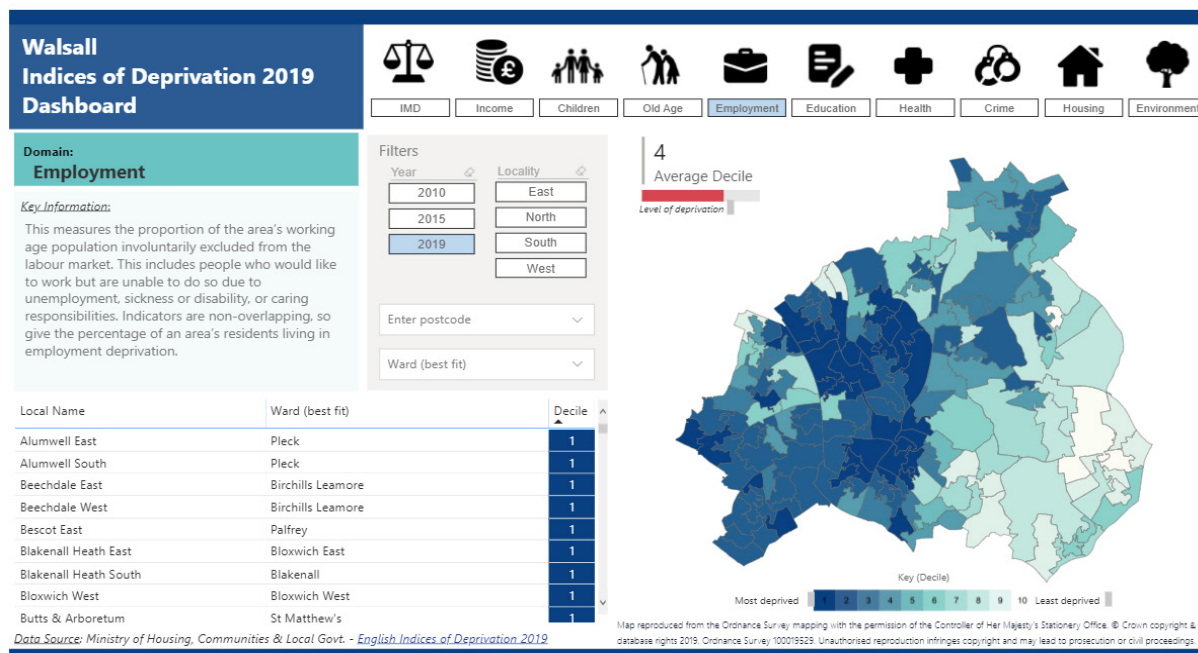
Around half of Walsall residents live in the most deprived 20% of neighbourhoods in England. Healthy life expectancy, the number of years a person can expect to live in good health, is strongly associated with deprivation and is significantly lower in Walsall, than the national average in both males and females. On average a male in Walsall can expect to live 57.9 years in good health, and females for 58.7 years. This is more than 5 fewer years than the national average. There are however stark differences across the Borough ranging from the lowest in **Blakenall** at 54.1 years) and highest in **Streetly** at 70.6 years.

Notwithstanding the increased prevalence of depression and anxiety in more deprived communities, people from these communities are less likely to access services and complete treatment. Of people from the most deprived 10% of areas that were referred to talking therapies, only 35% recovered, compared to 55% of people from the least deprived areas.

Sex and ethnicity also impacts on recovery rates. Recovery rates were higher amongst white ethnicities compared to all other ethnicities. Nationally, white females had the highest recovery rate (50.5%), while the rate was for Asian or Asian British Pakistani males (33.5%). The overall national recovery rate was 46.3%.

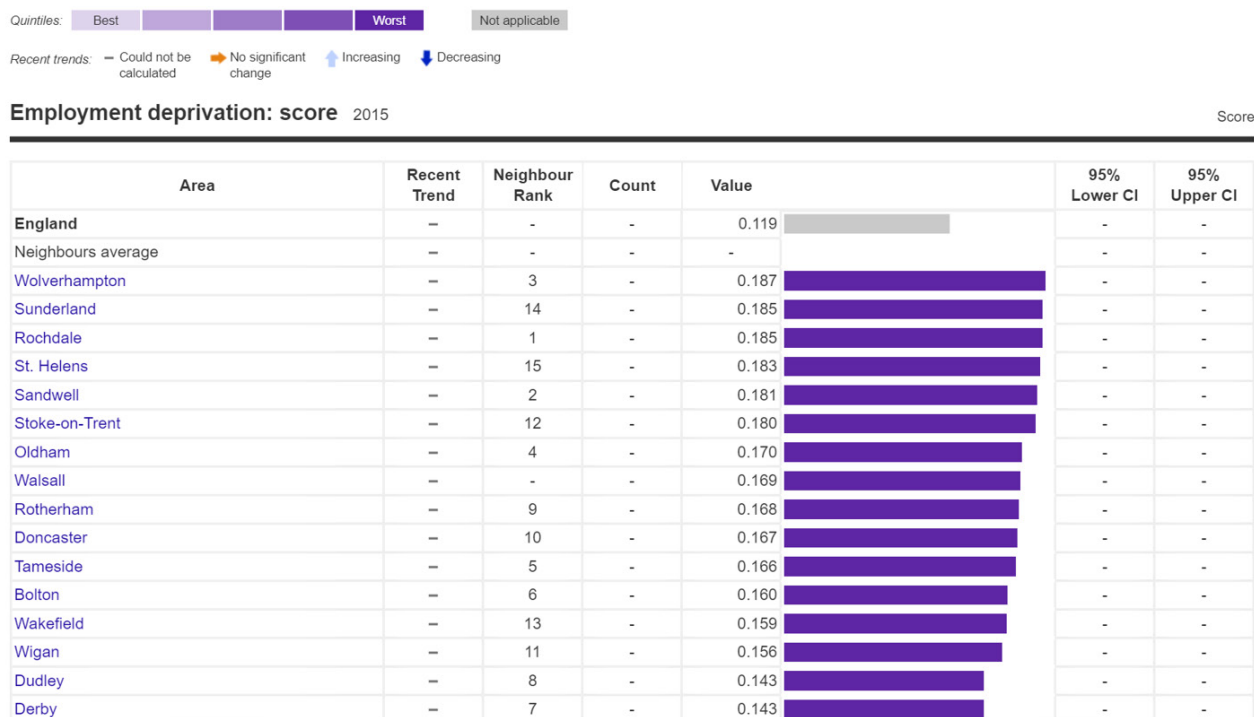
Unemployment is consistently related to higher rates of depression and anxiety and suicide. The Employment Deprivation Domain measures the proportion of the working-age population in an area involuntarily excluded from the labour market. This includes people who would like to work but are unable to do so due to unemployment, sickness or disability, or caring responsibilities.

Figure 11 Employment deprivation in Walsall



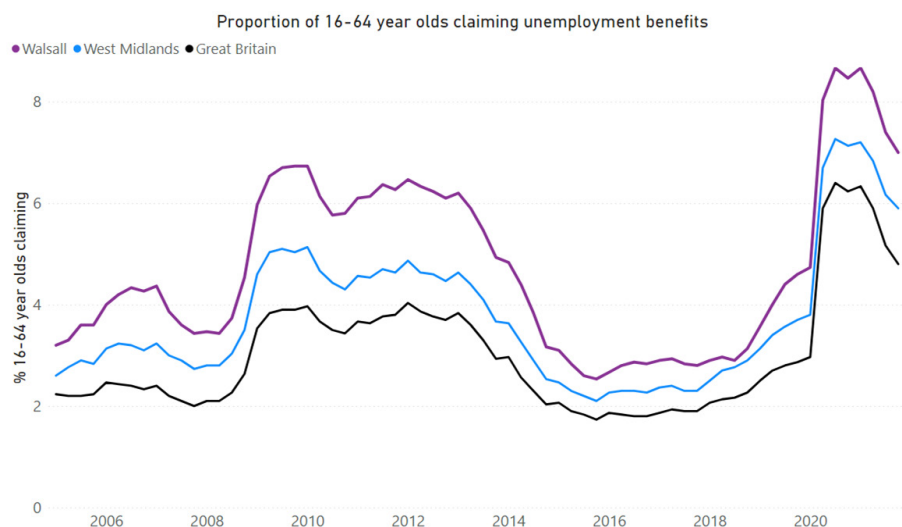
On average, Walsall falls within the 4th most deprived decile with regard to employment, as measured in the Indices of Multiple Deprivation. However, many LSOA's in the borough fall within the most deprived decile nationally, in terms of the lack of attainment and skills in the local working age population involuntarily excluded from the labour market.

Figure 12 Comparison of Employment Deprivation to Walsall's statistical neighbours



Similarly to its statistical neighbours, Walsall falls within the worst quintile of employment deprivation nationally.

Figure 13 Proportion of unemployment benefit claimants in Walsall

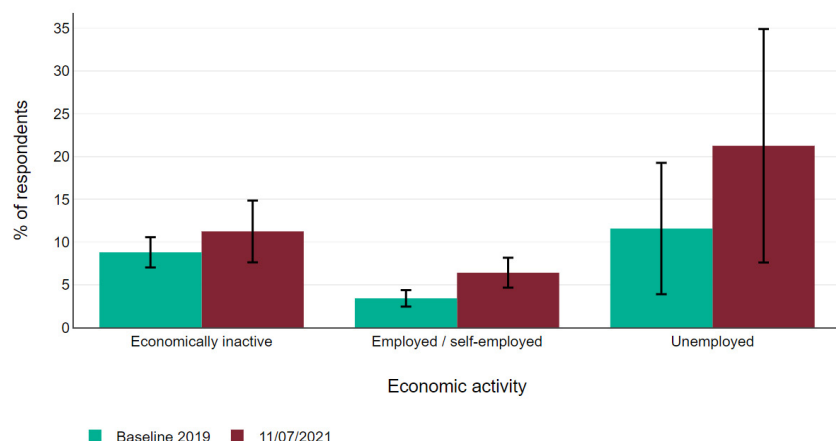


The chart above showing the local economic impacts of the pandemic. There has been a sharp increase in unemployment claims at the start of the pandemic, despite support for employers, such as the furlough scheme. The number of claimants – the figure, just under 15,000 claimants remained steady since then,

Younger people have been affected disproportionately by unemployment and furloughing – the same demographic that is reporting low wellbeing scores.

Figure 14 Life Satisfaction Scores by economic activity status

Percentage of respondents with low life satisfaction (score 0-4) in England, by economic activity – 2019 compared with most recent time period



Nationally, individuals who are unemployed or otherwise economically inactive are more likely to report lower life satisfaction scores than those that are employed.

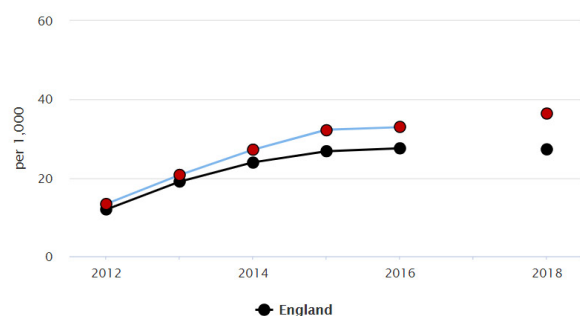
Figure 15 The rate of Employment Support Allowance that is claimed for mental and behavioural disorders in Walsall.

ESA claimants for mental and behavioural disorders: rate per 1,000 working age population

Crude rate - per 1,000

[Export chart as image](#) [Show confidence intervals](#) [Show 99.8% CI values](#)

[Export table as CSV file](#)



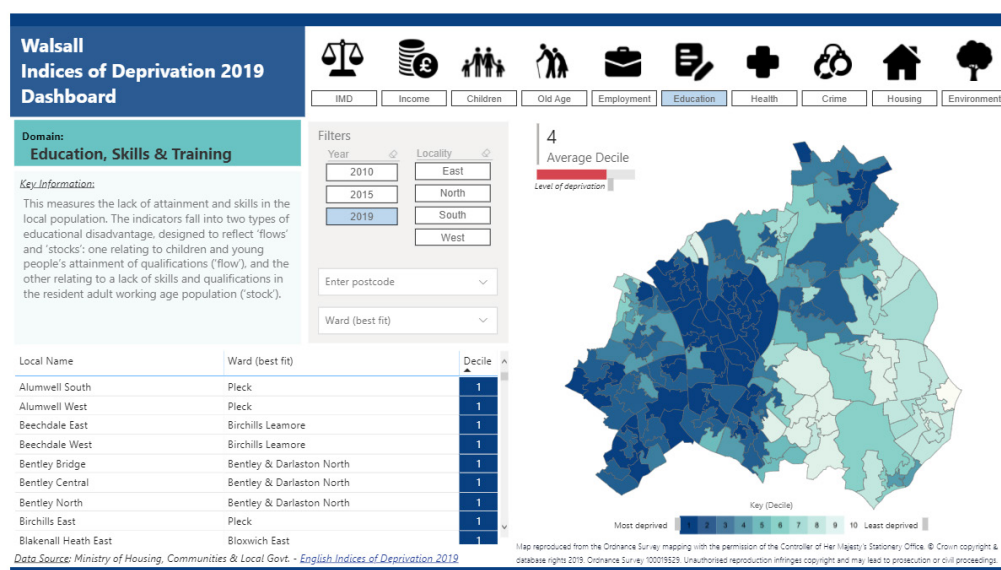
Recent trend: Could not be calculated

Period		Walsall				West Midlands	England
		Count	Value	95% Lower CI	95% Upper CI		
2012	●	2,230	13.3	12.8	13.9	12.4	11.9
2013	●	3,470	20.7	20.1	21.4	19.5	19.0
2014	●	4,550	27.2	26.4	28.0	25.0	24.0
2015	●	5,420	32.3	31.4	33.1	28.7	26.8
2016	●	5,560	32.9	32.1	33.8	29.4	27.5
2018	●	6,090	36.5*	35.6	37.4	29.9*	27.3*

Source: www.nomisweb.co.uk

Mental and behavioural disorders contribute to the reasons that individuals can be involuntarily excluded from the labour market. The rate of claimants for Employment Support Allowance for mental and behavioural disorders is significantly higher than the national average and also increasing in trend.

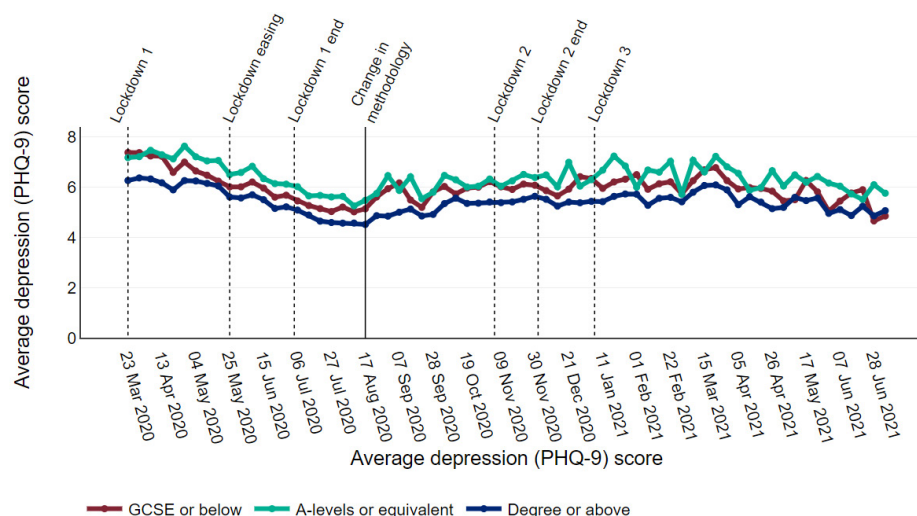
Figure 16 Education, Skills and Training Deprivation in Walsall



On average, Walsall falls within the 4th most deprived decile with regard to education, skills and training, as measured in the Indices of Multiple Deprivation. However, many LSOA's in the borough fall within the most deprived decile nationally, in terms of the lack of attainment and skills in the local population.

Figure 17 Trends in depression prevalence by qualifications

Trend in average depression (PHQ-9) score in United Kingdom, by qualifications



National data collated over the duration of the COVID-19 pandemic has shown that individuals with a degree level of education or higher have reported lower depression scores on average than individuals without a degree level education.

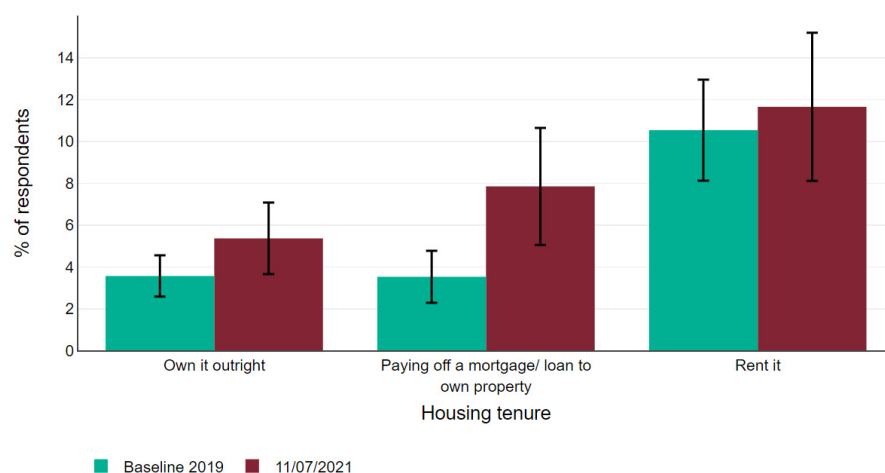
Housing and Wellbeing

Housing and environment is an important social determinant of health and wellbeing. The quality of housing stock available, its affordability, overcrowding and poverty can all affect wellbeing, from the individual level – for example, the time spent commuting to work, through to the community level, in terms of community cohesion.

There is a direct association between unaffordable housing and poor mental health, that goes beyond the effects of general financial hardship. In addition, the type of housing tenure may impact upon how an individual experiences and responds to housing affordability problems.

Figure 18 Life Satisfaction and Anxiety scores by housing tenure

Percentage of respondents with low life satisfaction (score 0-4) in England, by housing tenure – 2019 compared with most recent time period



Percentage of respondents with high anxiety (score 6-10) in England, by housing tenure – 2019 compared with most recent time period



A higher proportion of individuals who rent their homes reported low life satisfaction scores than those that have a mortgage or own a house outright. A higher proportion of renters also reported high anxiety scores, although to a lesser degree.

Decent quality housing is also fundamental to health and wellbeing. In Walsall, 12-14% of homes are estimated to have some type of hazard e.g. fall hazards, excess cold, disrepair or overcrowding⁴. This is true in the private owned, private rented and socially rented sectors.

Overcrowding is associated with negative mental wellbeing. In 2020, 30% of adults in the UK reported psychological distress, compared to 24% of adults in non-crowded households. The proportion of overcrowded households in Walsall is significantly higher than nationally, with about 5.2% of households affected.

Fuel poverty, strongly linked to cold homes, is associated with poor health and wellbeing outcomes and an increased risk of morbidity and mortality for all age groups. Around 13.7% of households in Walsall experienced fuel poverty in 2017. This is likely to be exacerbated by the anticipated rise in fuel and energy costs nationally.

Homelessness is associated with severe poverty and, subsequently, adverse health, educational and social outcomes, particularly for children. Statutorily homeless households contain some of the most vulnerable members of our community. In Walsall, 1 in every 1000 households were in temporary accommodation in 2017/18.

Unemployment, training education and volunteering

Health, unemployment and financial stress

Unemployment is consistently related to higher rates of depression, anxiety, and suicide. Employment deprivation, which is the proportion of people in Walsall who are involuntarily excluded from the labour market, due to unemployment, sickness or disability and caring responsibilities, is within the 4th worst decile in the country.

Unemployment levels remain above pre-pandemic levels, with younger people being disproportionately affected by unemployment and furloughing. Poor health, unemployment and financial stress are the most common reasons residents reported poor levels of wellbeing. These factors are disproportionately felt by younger people, particularly males, and those furloughed during the pandemic.

Education Skills and training

Education, skills, and training deprivation also contributes to employment deprivation and inequalities in Walsall. Individuals with higher educational attainment have lower depression and anxiety scores on average.

Community Connections – Peer social support

Social contact

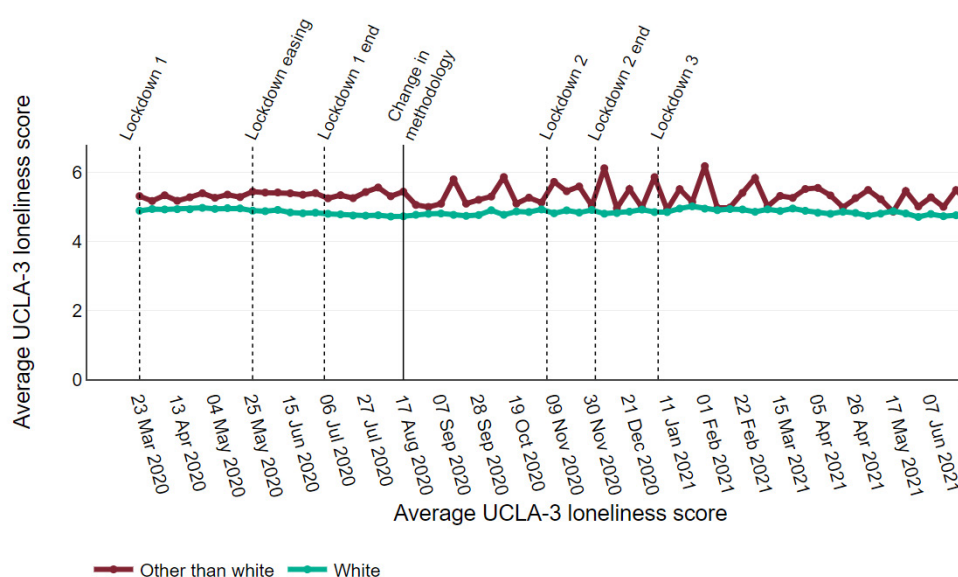
Social contact, a feeling of connectedness with one's family and friends, community and broader society is a fundamental of good wellbeing. Only 40% of adults with social care needs in Walsall said they had as much social contact as they would like. Similarly, less than 30% of adult carers had as much social contact as they would like. This indicates that social isolation and loneliness is a significant wellbeing issue in these groups, and they are likely to have been particularly highly affected by the pandemic¹.

Mental health needs amongst the older population are under-recognised by health-care professionals and by older people themselves. Symptoms of depression amongst older people are often overlooked². Problems such as loneliness and social isolation contribute to the development of mental health conditions such as depression and anxiety and the worsening of underlying mental health conditions.

People with mental health needs, carers and Asian women were at an increased risk of social isolation and loneliness. Similarly, those from the Lesbian, gay, bisexual, and transgender (LGBT) community experience several health inequalities which are often unrecognised in health and social care settings,³ and little is known about their emotional wellbeing and mental health in Walsall.

85% of older people with depression receive no NHS support⁴ and Carers are twice as likely to suffer mental health problems as non-carers.

Figure 19 The trend in average life satisfaction and loneliness scores in the United Kingdom by ethnicity



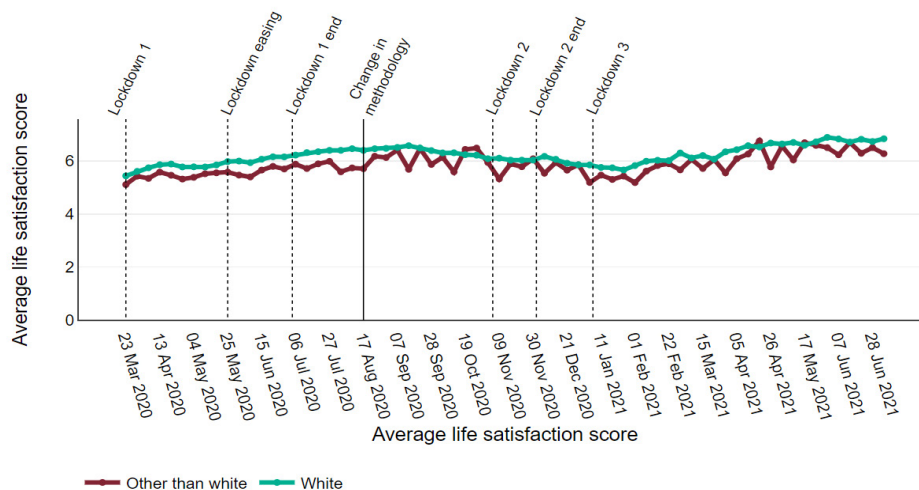
¹ Loneliness beyond COVID-19, Campaign to End Loneliness 2021

² Mental Health Policy Position Paper, Age UK 2019

³ Racial disparities in mental health: Race Equality Foundation, 2020.

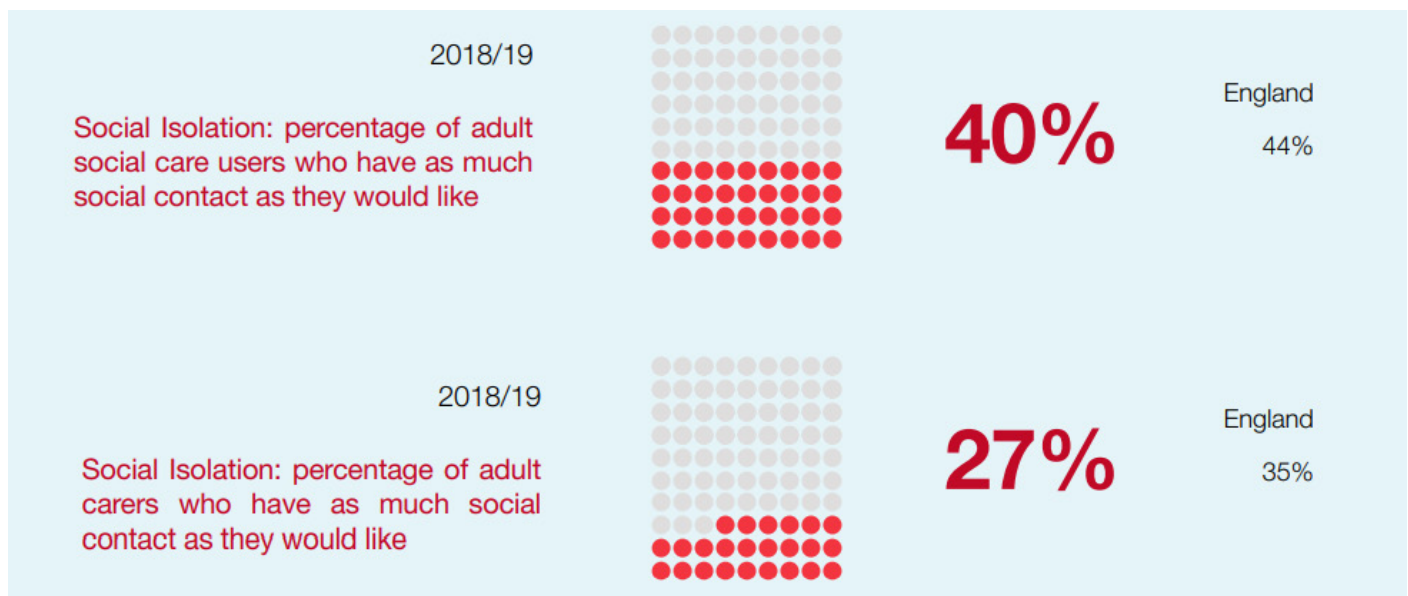
⁴ Better access to mental health services for older people , A. Burns 2015

Trend in average life satisfaction score in United Kingdom, by ethnicity



Throughout the course of the COVID-19 pandemic in the UK, people of “other than white” ethnicity have experienced lower life satisfaction than the white population, whilst simultaneously having a higher loneliness score.

Figure 20 Prevalence of feelings of social isolation in adult social care users and adult carers in Walsall.



Social contact, a feeling of connectedness with one’s family and friends, community and broader society is fundamental to good wellbeing.

Of adults who have social care needs in Walsall, only around 4 in 10 had as much social contact as they would like – which is lower than the national average for England of 44%.

In addition, of all adult carers in Walsall only 27% of them had as much social contact as they would like – again significantly lower than the national average of 35%.

These groups are highly likely to experience lower wellbeing, and have been highly affected by the pandemic. In fact, since March 2020, 9.9% of the Making Connections Walsall service users reported that they felt lonely.

Bereavement Support and Talking Therapies

Bereavement can be an extremely distressing time for relatives, families and friends. Whilst some find support through their existing relationships and networks (family, friends, religion etc.) others struggle and need help to deal with the challenges of death. With the COVID pandemic, a growing population and ageing society the annual number of deaths increased and so too has the demand for support

Counselling and talking therapies are extremely important for these purposes and is proven to prevent people's wellbeing deteriorating further. Nationally, waiting times for NHS psychological therapy (IAPT) vary from 4 days to 61 days in different parts of England¹.

Demand for IAPT services is higher in deprived areas. People living in the most deprived areas of England were twice as likely to be referred to IAPT as those living in the least deprived areas in 2017/18. However, a lower percentage of those referred from the most deprived area entered treatment and finished treatment compared with the least deprived areas¹¹.

In a national survey of bereaved people, when asked whether they had talked to anyone from any support services since the death, 21% of people said that they had not, but would have liked to. This was significantly higher for female respondents (23% versus 16% for males) and younger respondents (25% for under 60 years and 17% for those 60 years and over).

The COVID-19 pandemic has already left many grieving the sudden loss of relatives and friends, and this is likely to precipitate an increased demand for bereavement and counselling services that are already strained.

Black adults are the least likely ethnic group to report being in receipt of medication for mental health, or counselling, or therapy². Furthermore, Black, Asian, and other ethnic communities are more likely to be prescribed medications than to be referred for counselling services.

Around 14% of people who accessed IAPT nationally identified as being was captured did not identify as white. Those that did access IAPT, were less likely to complete a course of IAPT treatment and were less likely to see an improvement in their conditions¹¹.

Around 11% of people referred to IAPT in 2018/19 reported having a disability³. They were less likely to improve or recover after IAPT therapy (61%) than those without a disability (68%). People with a hearing disability had recovery and improvement rates similar to people with no disability¹¹.

Women are slightly more likely to be in contact with mental health and learning disability services than men (5.0% of women and 4.7% of men). Men are at a greater risk of mental ill health but are less likely to seek help whilst older people are less likely to be referred to counselling¹¹.

There is an absence of evidence on outcomes bereavement care for people from an ethnic background. Accessibility of provision, readily available information' and inclusive approaches is essential to meet the needs of diverse population groups⁴.

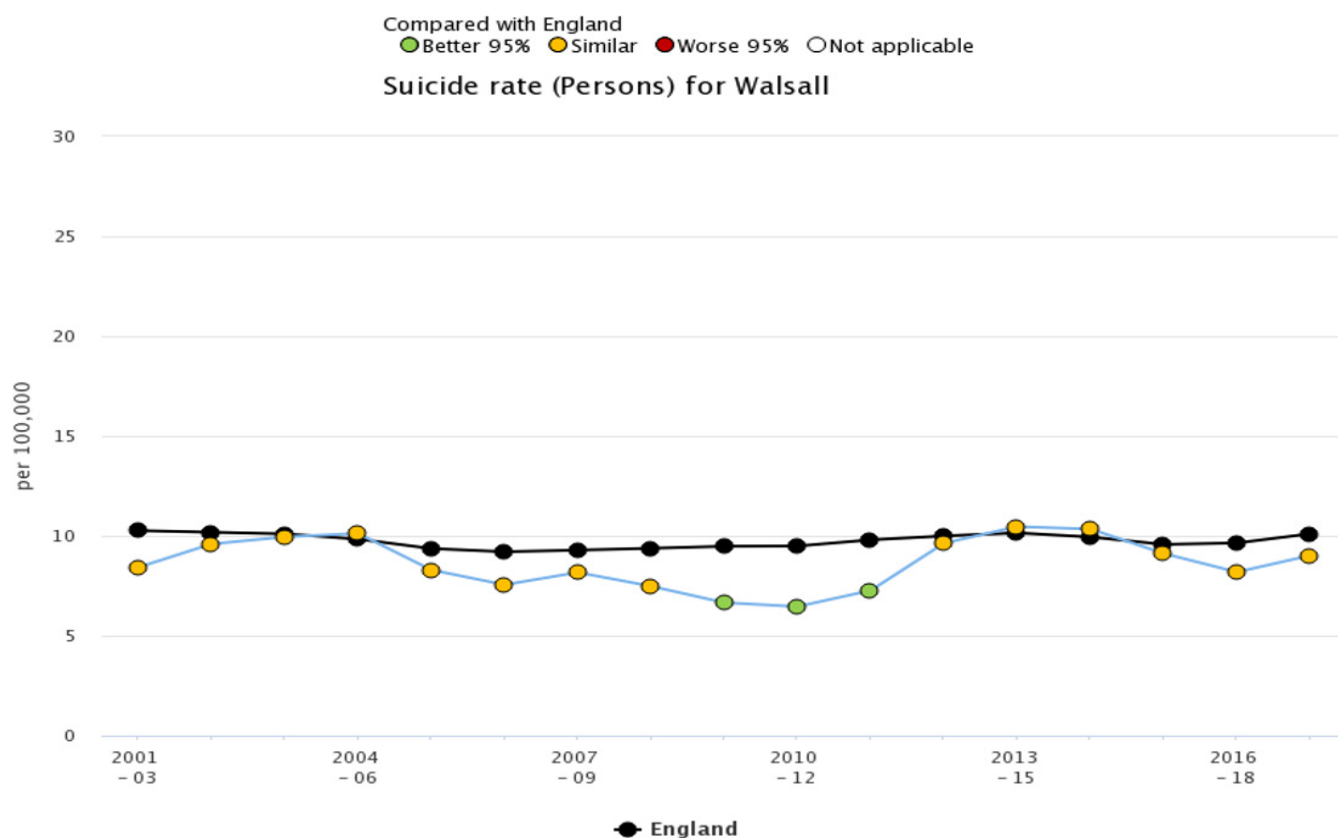
1 [Baker, C., 2020. Mental health statistics for England: prevalence, services and funding](#)

2 [Black, Asian and Minority Ethnic Communities. The Mental Health Foundation, 2021.](#)

3 [Improving Access to Psychological Therapies \(IAPT\) data set reports - NHS Digital](#)

4 [Mayland CR, Powell RA, Clarke GC, Ebenso B, Allsop MJ \(2021\) Bereavement care for ethnic minority communities: A systematic review of access to, models of, outcomes from, and satisfaction with, service provision. PLOS ONE 16\(6\)](#)

Figure 21 Suicide Rate in Walsall



Suicide prevention is outside the scope of this strategy, but is addressed elsewhere in the specific Walsall Multi-agency suicide prevention strategy¹.

However, for context, it is important to note that the suicide rate in Walsall has seen an increasing trend over the last decade and is not significantly different from the national rate for England.

1 [Walsall Multi-Agency Suicide Prevention Strategy 2018-23](#)

Move More, Nutrition and Risk Taking behaviour

Integrating physical and mental health is a national and local priority. Achieving parity of esteem for people with mental health problems is a local priority. The impact unhealthy lifestyles have on mental wellbeing and the need to address the issues of unhealthy lifestyles in the borough is well evidenced¹.

Healthy Lifestyle

Lifestyle factors can impact upon an individual's quality of life both physically and mentally². Smoking, drug and alcohol misuse, gambling and physical inactivity are all major risk factors for poor mental health and wellbeing.

Smoking is the most important cause of preventable ill health and premature mortality in the UK and is a major risk factor for many diseases, such as lung cancer, chronic obstructive pulmonary disease (COPD) and heart disease³.

Studies have shown that people with mental health conditions are more likely to smoke than the general public and that smoking rates increase with the severity of illness⁴.

Overall, around 15.6% of adults in Walsall smoke, but the prevalence is much higher in people with anxiety and depression at about 28.1%⁵. Forty percent of cigarettes smoked in England are smoked by people with a mental health problem⁶.

Physical inactivity is another major leading risk factor for mortality accounting for 6% of deaths globally⁷. People who have a physically active lifestyle have a 20-35% lower risk of cardiovascular disease, coronary heart disease and stroke, diabetes, various cancers and obesity compared to those who have a sedentary lifestyle⁸. Regular physical activity is also strongly associated with improved mental health. In Walsall, 63.2% of adults are physically active²³, and encouraging a further increase in this proportion will have a protective effect on the mental health of Walsall residents.

Author

Dr. Claire J. Heath
Senior Public Health Intelligence Officer
☎ 01922 655983
✉ claire.heath@walsall.gov.uk

Co-Author

Angela Aitken
Senior Programme Development and Commissioning Manager
☎ 01922 6523719
✉ angela.aitken@walsall.gov.uk

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