The Health Creation Alliance's submission to DHSC's Mental Health Plan discussion paper and call for evidence

1. About The Health Creation Alliance

The Health Creation Alliance (THCA) is the leading national cross-sector group addressing health inequalities through Health Creation.

We are community leaders, people with lived experience of poverty, trauma and discrimination and professionals at many levels of seniority from many sectors working together to transform systems from the bottom up so that Health Creation becomes business as usual and recognised as equally important to treating illness and preventing ill health.

Our mission is to increase the number of years people live in good health in *every* community. We achieve this by:

- connecting the voice of lived experience to people setting the policies and designing systems and services
- drawing on our members and extensive connections to bring together movements and collaborations that energise and empower professionals and local residents to take action together
- helping places to establish Health Creation communities of learning, bringing together professionals from diverse backgrounds, community members and people with lived experience to learn from each other.

We also seek to increase the profile and status of Health Creation with policy makers, systems leaders and practitioners as an essential part addressing health inequalities.

We are a membership movement and you can join The Health Creation Alliance for free and become part of the movement here: Members | The Health Creation Alliance

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2. Summary reflections

The Health Creation Alliance (THCA) is pleased that the government is having this cross-departmental conversation about how best to promote good mental health and address mental ill-health well. It is reassuring to see lived experience at the heart of the

conversation, helping to set the questions, and also the cross-sector, cross-society perspective and level of ambition that is being encouraged.

While the consultation makes clear that there are links between this emerging Mental Health and Wellbeing Plan and the Government's Levelling-Up ambitions, it is somewhat light on the realities. A key problem with the paper is that is implies that poor mental health drives inequality/disparity … whereas the experience of THCA members is that it is poverty, trauma, and discrimination that drives poor mental health and this results in further, sometimes entrenched inequality. Right now, despite their best efforts, far too many people are unable to meet their basic material needs, for food and shelter, or are experiencing discrimination of one sort or another and their mental health is suffering hugely as a result. Until these structural drivers of mental ill-health are fully recognised, and cross-government action taken to address them, the plan will be limited in its success. We explore the dynamics involved in this further in section 3 below.

We propose that government visits, talks to and listens to what community organisations say about what Levelling-Up means and takes on board their findings.

A much stronger connection needs to be made between this Mental Health and Wellbeing Plan and the work of the Public Participation team in NHS England and NHS Improvement to generate new Systems-Wide Guidance for Integrated Care Systems (ICSs). The 10 Principles for Working with People and Communities are closely aligned with Health Creation; in other words, if they were genuinely adopted and embedded across ICSs and at all levels, they would make a big difference to people's experience of services and communities' ability to participate in creating health, and this would help to improve mental health across the board. We discuss the central importance of helping people and communities and take control, which is the essence of Health Creation and underpins good mental health, in section 4.

We propose that government gets behind and promotes community Health Creation as a core pillar of a whole system approach to addressing mental ill-health and health inequalities.

It is rare for people have a mental health crisis because of a mental illness, yet the principal remedies are accessed through the NHS. The drivers are usually something else such as debt, relationship breakdown, losing a home or burnout which can turn into chronic stress if not address reasonably quickly. Helping people to take control is a key part of the solution, and this requires genuine, meaningful and constructive human interactions rather than medicines or interactions with medically trained people. This submission discusses some of the ways that human connection and community-based solutions might become accepted and embedded in treatment and recovery approaches in section 5.

We would also recommend government paying more attention to previous failures which can, in fact, offer high quality learning if approached with the right mind-set.

Our response does not focus very much on the six questions posed, although we think they are good questions. This is because the three matters we have focused on – addressing

poverty and inequality, community Health Creation to help people and communities to take control, and more human and community-based treatments – are important across all six questions.

3. Health inequalities driving mental ill-health

Both health inequalities and mental ill-health were running at high levels before COVID. Now, as the shadow of COVID continues to affect people, there are higher levels of domestic abuse, the cost of living is increasing, people's sense of safety is being tested, people with health conditions are struggling to access their GP, both inequalities and mental ill-health are on the rise.

Many more people are not managing to meet their basic needs compared with even 12 months ago, and this includes people in employment. The well-known Maslow's Hierarchy of Needs explains, very simply, that humans are compelled to satisfy physiological needs first before the can pursue higher levels of satisfaction. People need an adequate income, suitable home, engaging occupation and meaningful future – too many people don't have this at present; national policies should be enabling people to have these. Many of our members – including employees of housing providers, the Citizens' Advice Bureau and people with lived experience of mental breakdown – concur that more people are spending their mental energy trying to meet these needs often in impossible circumstances. This is preventing people from playing a full part in the economy.

"A lot of people have been hung out to dry" A survivor of mental illness.

Too many people are going without the basics too often and are constantly anxious. Social inequalities create health inequalities through four main mechanisms, each dependant on each other. 1) Poor resilience 2) Chronic stress 3) Behaviour change 4) Chronic inflammation[1]. These chemical changes in the brain affect people's ability to do ordinary things such as manage their money and connect with other people (which is essential for good mental health). It is driving psychological illness and is fuelling an 'epidemic' in mental health.

"Everyone coming in has higher levels of mental health needs now" Citizens' Advice

It is good that more people are now prepared to and feel able to talk about mental health. When high-flying, senior and esteemed professionals are prepared to talk about their struggles, this helps to reduce the stigma and helps other people to feel better. This is not just a fluffy feeling; the act of someone in a position of power disclosing their own experiences of mental ill-health can actually help to improve someone else who is struggling. This is about reducing stigma, which 'others' other people and is a form of discrimination, and it is about power-sharing which is central to Health Creation.

The government needs to be honest about this sequence of causation and to actively seek policies across the board that help to level up and certainly to enable people to meet their basic needs across many domains. For example:

[1] These four mechanisms are taken from Dr William Birds work, Intelligent Health, Beat the Street.

- make a government commitment and work towards everyone having a decent home (to rent or own) at a price they can afford eg. by investing more in social housing;
- abandon the inclination towards hostile environments as deterrents of worklessness or immigration;
- make access to services and advice simpler so that people are not burdened with the process and it is not necessary to employ an industry of people to help people navigate the processes – this is expensive and should be seen as a sign of failure of the system to deliver for people. Timely access to the right advice can hugely help people to avoid crisis.
- make it impossible for people to be unable to afford their rent, heat and food by pegging the benefit cap to local housing allowance that reflects actual rent levels – the absence of a relationship between these two coupled with high private sector rent levels are currently making it impossible for people to eat and keep a roof over their heads
- Commit to the Delivering race equality in mental health services | Advances in Psychiatric Treatment | Cambridge Core

In addition to this, each govt department – and that of devolved administrations such as Mayoral Combined Authorities and Integrated Care Systems – should be expected to demonstrate '*Health Creation in all policies*'. This is to make sure their wider policies are not impacting on people's mental health but rather are supporting Health Creation which builds resilience. This includes, for example, legislation, powers and guidance relating to bus routes, libraries, green spaces, public realm and many more policy areas.

4. The role of community Health Creation in health and wellbeing

Our core message in this submission is that many of the solutions to mental health problems lie within communities themselves. To access these solutions, service providers need humility and to be prepared to work with those communities as equal partners, allowing communities to take the lead in many instances.

Health Creation is *the process through which individuals and communities gain a sense of purpose, hope, mastery and control over their own lives and immediate environment; when this happens their health and wellbeing is enhanced.*

When people build meaningful and constructive **Connections** with other people, this helps them to find purpose, increases their **Confidence** and leads to greater **Control** over their lives. These are the 3 Cs of Health Creation. Having purpose and agency or control, especially collective agency with others (which also provides a sense of belonging and feeling safe), is proven to enhance health and wellbeing. Positive chemical changes happen in the brain when people gain a sense of control and this makes the more resilient; it helps people cope well with health conditions, disability and ageing and gives them greater control over the wider determinants of health.

Professionals can create the conditions for community Health Creation by working as equal partners with local people and focusing on what matters to them and their communities.

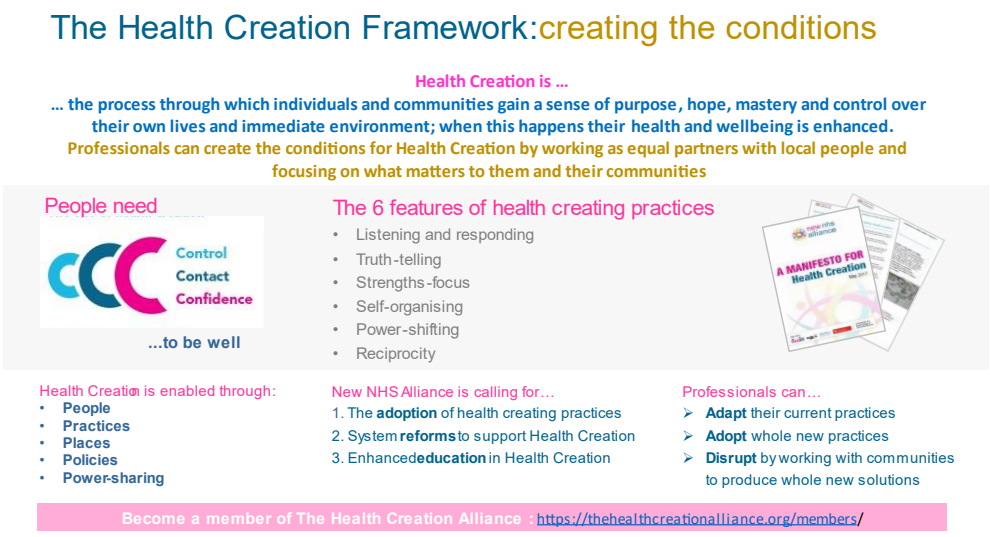
This requires:

- **Listening and responding** to communities
- **Truth-telling**, which is the foundation of trust-building
- A **focus on people's strengths**, not their deficits or illnesses
- Help to **self-organise**, connecting people for a purpose
- **Power-shifting and power-sharing**
- **Reciprocity**, so that people can both give and receive

All frontline workers should be equipped with skills in Health Creation – a second skill-set to use and embed alongside their principal role.

"There is huge power in community-led, place-based partnerships. In every case, we see improvements in mental health" a community-led development specialist.

To address precisely this matter, over five years ago The Health Creation Alliance developed this simple framework which has been tested and enhanced through many conversations with people with lived experience of poverty, trauma, discrimination – many of whom have experience of mental ill-health as a consequence – and it has been used to challenge and change practices on the ground.



Health Creation is the modern term for 'salutogenesis', the **'origins of health'** focusing on factors that support human health and well-being, rather than on factors that cause disease (pathogenesis). The Health Creation Framework – the 3Cs and the 6 features of health creating practices – is a new way of conceptualising and drawing together a range of theories and approaches that have long been expressed in the health world by different names and that are grounded in many people's real-life experiences. In particular, it draws on the work of:

- **Aaron Antonovsky**, an American sociologist who coined the term 'salutogenesis' and talked about helping people to manage and reduce chronic stress (and the impact this has on health). He put forward a theory called 'a sense of coherence' which said that people could stave off the worst effects of stress if their lives are comprehensible, manageable and meaningful[1]
- **Viktor Frankl**, a psychiatrist who sought to understand why some people had survived the German concentration camps during the Second World War, concluding – by quoting Nietzsche – "He who has a why to live for can bear with almost any how"- i.e. the importance of a life with meaning[2]
- **Sir Harry Burns**, President of the BMA and former Chief Medical Officer for Scotland, who spoke often about his experiences of working at Glasgow Royal Infirmary as a surgeon, observing that his working-class patients healed more slowly than others. Absorbing the work of others, such as Frankl and Antonovsky, he thought that some of what he saw was down to a lack of resilience, meaning and purpose in men's lives when the shipyards of Glasgow closed[3]
- **The Young Foundation**, in 2008, studied how neighbourliness strengthens community resilience. They found the strongest communities are those in which residents are able to influence decisions affecting them and their neighbourhoods, where there is regular contact between neighbours and where residents gain the confidence to exercise control over their circumstances[4]

This definition of Health Creation and Framework for Health Creation reflects many people's and communities' experience of what it is that makes them and their communities well, both mentally and physically.

5. More human and community-based treatments

Diagnosis followed by treatment is not always the best approach. Community-based informal interventions and activities often work better because they are more likely to have the 6 features embedded within them than medical interventions: listening and responding, truth-telling, strengths-focus, self-organising, power-sharing, reciprocity. These are common characteristics that lead to people's recovery.

There is a big need for many more community-based and community-led treatments. When these are in place it allows for health creating 'social pathways' (and not just clinical pathways) to play a role in people's recovery.

People will question the evidence, and it does exist but there is an 'inverse evidence law'; far less money has been spent on evidencing community-based interventions. There is a need to increase the money invested in developing the evidence base and to be more open about the type of evidence.

Investing in community groups to enable them to play roles

Access to low level mental health support by the community, offering caring human connection and a range of activities and interests, is essential, as it access to treatments

from community settings. Yet community organisations are not widely trusted and community groups are finding it increasingly difficult to set up and survive, so there are fewer of them.

Investment has been made in formal health services – Integrated Care Systems and Primary Care Networks – but communities and community connectors have largely missed out. This needs to change. Boosting the condition of the community sector needs to be seen as a priority both for ICSs and for the government's Levelling Up drive. These organisations need to be invested in because they are a key part of people's recovery journeys.

"Having community support is important; CABx can't meet all the demand" Citizens' Advice Bureau

Access to the community is part of my treatment" Service User

Working with organisations that work with and are trusted by specific populations – people from Somali origin or heritage, older people, people with a learning disability etc – is a good way of engaging with people who may be struggling with mental ill-health. Equipping people who are trusted by their communities with tools, knowledge and resources both to help people with low level mental health problems and to help them access the services available enhances their ability to help people they can reach, people who may otherwise fall below the radar. They can also help to provide deep insight to decision-makers who will be better informed to make good decisions.

Mental Health First Aid should be widely taught in schools and community settings alongside traditional First Aid.

Peer-supported recovery

The support of peers – someone who has gone through something similar to you and who both understands and can stand alongside you – can be very powerful. A better understanding of why this works and is important is needed and more investment in training peer supporters. There are fewer/insufficient peer supporters from ethnic minorities and this is something that needs to be addressed.

Access through housing organisations

In addition to providing a basic need – affordable housing – housing providers can help tenants to access appropriate support. Many of them – especially ALMOs[2] and 'Placeshapers'[3] – understand their tenants well and often pick up signs of mental ill-health early on. There are now many good case studies where housing providers are working in health creating ways, supporting prevention, offering low level interventions for their

[2] ALMOs stands for Arms-Length Management Organisations, and are council-owned homes managed by a separate board: www.almos.org.uk

[3] Placeshaper housing associations and ALMOs have signed a commitment to support their communities and places www.placeshapers.org

tenants who are struggling with their mental health. Some can be found here: Health Creating Practices; shining a spotlight on housing initiatives

In other case studies, housing organisations can offer accommodation with support and provide step-up accommodation for people who were having episodes where they could be cared for without having to be admitted to hospital. As well as being better for the individuals concerned, this is also less expensive than acute care.

There is a case for placing mental health support expertise within housing organisations and training housing officers in Mental Health First Aid and Psychologically Informed Environments.

Greater use of non-specialists for treatment responses

Mental ill-health has been over-medicalised and there is a lot of scope for building in more community-based and human skills (generalist skills) into the treatment provision.

For example NHS 111 has become the front door to mental health services with 40% of calls being sent directly to the crisis teams. There is scope to signpost people to community-based support directly from 111 and to shift skilling-up of non-specialists to deliver emotional support. Doing this will release more clinicians to focus on high level cases.