



A Mentally Healthy Hull

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Foreword

This strategy looks at how, as a city, we can collectively boost good mental health and prevent and reduce the impact of mental health problems. Clinical services and support are a vital part of this, but not the only part, and this strategy deliberately focuses on what can be done outside of those services – sometimes known as ‘public mental health’.

To improve the mental health of our city, we all need to consider how the work that we do, the services we deliver, the policies we write and the way we interact can impact on mental health. In particular, we need to think about those who are struggling the most or carrying the heaviest burdens. If we make our city work for them, it will work for everyone. In this regard this strategy links to Hull’s Community Plan, offering commitment on inclusion and ambitions for safe and welcoming neighbourhoods, and a fairer healthier Hull.

So please read and digest this strategy and put it to work so that together, we can make Hull a mentally healthy city.

Julia Weldon
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What is a mentally healthy hull?

Our vision is for Hull to be a mentally healthy city, where people feel more comfortable to talk about their mental health and wellbeing and more people enjoy good mental health.

Engagement with the public and professional stakeholders has shaped this strategy, these are aspirations about what a Mentally Healthy Hull means to those who took part:

'Normalising mental health needs'

'More prevention support'

'Mental health terms need to be known and translated for all communities'

'Promotion and awareness raising of existing services and support' groups

'Think family – join up our approach!'

'More support for LGBTQ+ communities'

'Promotion of mental health amongst employers'

'Identifying and supporting our carers'

'A clearer, more comprehensive training offer around mental health for frontline staff'

'Less crisis, more early intervention'

'More safe spaces in the community'

'Holistic approaches to health and wellbeing'

'Promote free activities that improve wellbeing'

'More Autism friendly environments'

'Co-production and community involvement'

'Mental health as part of the school curriculum'

'Change the conversation on mental health – mental health is positive!!'

Language and terminology

There are lots of different terms used to describe mental health, and often the same term can have different meanings. They span a spectrum from everyday challenges into severe clinical conditions, and from wellness to illness. The choice of words can have a powerful impact, so it's important to choose with care. Especially (but not exclusively) for children and young people we want to avoid medicalising when that's not necessary.

We've tried to stick to a few key phrases, and these are explored below. They may not be used in the same way by different organisations, and this strategy is simplifying and summarising some incredibly complex and contested areas, but we hope that setting them out here will help us to develop a more common and considered use of language in this space.

Mental health

This term is often used interchangeable to be a positive or a negative. We are using mental health as a positive concept, following the WHO definition

'A state of mental wellbeing that enables people to cope with the stresses of life, realise their abilities, learn well, and work well, and contribute to their community. Mental health is more than the absence of mental disorders. It exists on a complex

continuum, which is experienced differently from one person to the next, with varying degrees of difficulty and distress and potentially very different social and clinical outcomes'.

This includes mental wellbeing, emotional wellbeing, and good mental health.

Mental health problem

We are using this term to include a wide spectrum from temporary and low-level challenges, to enduring mental health conditions. It's sometimes also referred to as poor mental health.

Mental illness or mental ill health

This term generally refers to a clinically recognised condition, whether it's been diagnosed for an individual or not.

THRIVE Framework

The THRIVE Framework conceptualises the mental health and wellbeing needs of children, young people, and families into five needs-based groupings:

- Thriving - Those whose current need is support in maintaining mental wellbeing through effective prevention and promotion strategies

- Getting Advice - Those who need advice and signposting
- Getting Help - Those who need focused goals-based input
- Getting More Help - Those who need more extensive and specialised goals-based help
- Getting Risk Support - Those who have not benefitted from or are unable to use help, but are of such a risk that they are still in contact with services

Trauma

- Trauma is when we experience very stressful, frightening, or distressing events that are difficult to cope with or out of our control. It could be one incident, or an ongoing event that happens over a long period of time.
- Most of us will experience an event in our lives that could be considered traumatic. But we won't all be affected the same way. Trauma can happen at any age. And it can affect us at any time, including a long time after the event has happened.

Introduction

The World Health Organisation (WHO) describes mental health as a state of mental wellbeing that enables people to cope with the stresses of life, realise their abilities, learn well, and work well, and contribute to their community. Mental health is more than the absence of mental disorders. It exists on a complex continuum, which is experienced differently from one person to the next, with varying degrees of difficulty and distress and potentially very different social and clinical outcomes.

Mental health affects us all and is important for our personal growth, development, and resilience. Mental wellbeing safeguards us from the effects of life's stresses, traumatic events, promotes health and the management of long-term conditions. Mental wellbeing is an incredibly helpful resource for individuals, families, and communities. It is linked to better physical health, positive relationships, and more connected societies. It helps people to achieve

their potential, cope with adversity, work productively and participate in their community.

Unfortunately, mental health problems still pose a significant public health challenge. Struggling with your mental health can be met by stigma and prejudice, and people often don't speak about their problems through fear of repercussions or judgement. Many feel they must deal with their problems on their own due to embarrassment and shame or feeling the need to stay 'strong'. Despite significant steps forwards over recent years, stigma around mental health still exists.

Whilst anyone can develop a mental health problem, the factors that increase the risk of mental health problems are not distributed equally across the city. Some communities or groups are more likely to have mental health problems than others.

But it doesn't have to be like this. By promoting mental health and enhancing preventative measures, it could mean more parents are empowered to nurture their babies' mental wellbeing, fewer children are exposed to trauma, young people better enabled to understand and manage their emotions, fewer adults exposed to unhealthy workplaces, reduced suicides, less loneliness, and more people feeling

supported to recover.

By underestimating the importance of early intervention and prevention in mental health we can often favour reactive approaches. However, if we address the factors that damage our wellbeing, and promote the aspects that enhance it, we can reduce the level and seriousness of mental health problems in our city. We can also improve resilience to challenging life events that aren't easily preventable.

Our vision is for Hull to be a mentally healthy city, where people feel more comfortable to talk about their mental health and more people enjoy good mental wellbeing.

This vision cannot be achieved in isolation, we can only make this a reality by working together, for each other.

This strategy is designed to provide a framework for professionals and organisations across the city. Its scope is to prevent mental health problems and improve mental wellbeing outside of clinical services, for all ages.

Why A Mentally Healthy Hull Strategy?

Hull is a vibrant city with a wealth of fantastic community assets. These include (but are not limited to) an active and highly regarded voluntary and community sector, many open green spaces and well-utilised community venues, and a proud local identity. All of these, in addition to many other assets, contribute positively to the mental health and wellbeing of residents. The people of Hull have risen to the challenges that the city has faced over time. The city remains a friendly, down to earth positive city with a rich history and a strong sense of community.

However, Hull is the fourth most deprived local authority in England (bottom two per cent) based on the Index of Multiple Deprivation (IMD) 2019. Overall, 45 per cent of all Hull's 166 geographical areas on which the IMD is based fall within the most deprived ten per cent of areas of England, 54 per cent in the bottom 20 per cent and 76 per cent in the bottom 40 per cent.

Life expectancy at birth is significantly lower in Hull (80.0 years for women, 75.6 years for men in 2018-20) than England (83.1 years for women, 79.4 years for men), for both males and females. Furthermore, the gap between Hull and England has increased in recent years. Among men, life expectancy has

been decreasing in Hull since 2014-16, while among women life expectancy in Hull has decreased in most years from 2012-14 onwards. Nationally, Hull had the tenth highest rate of premature mortality (death aged 75 or under) in the most recently available timeframe 2018-2020, with the potential for this inequality to have worsened following the COVID19 pandemic.

Poverty and poor physical health are inextricably linked with mental health problems. It is often the case that those with the worst mental health experience poor physical health, and those with poor physical health experience higher rates of mental health problems such as anxiety and depression, along with social isolation.

'Public mental health is the art and science of improving mental health and wellbeing and preventing mental illness through the organised efforts and informed choices of society, organisations, public and private, communities and individuals.'

Why Public Mental Health Matters – Faculty of Public Health

Whilst most people are aware of steps that can be taken to improve their physical health, these are less

well known amongst the public in terms of mental health. Increasing awareness of how to protect and promote good mental health and wellbeing is important, but the biggest impact will be had when we are making a difference to the underlying causes of mental health problems at city (or regional, or national) level. These include poverty, debt, loneliness, trauma, discrimination, unemployment, and domestic abuse. To be a mentally healthy Hull, we need to prevent and address the impact of these wider determinants of health.

It is important to acknowledge that Hull's data indicates poorer wellbeing outcomes, higher prevalence common mental health issues, higher inpatient admissions among 0–17-year-olds, higher rates of inpatient stays in secondary mental health services and higher suicide rates than the national averages. These factors help strengthen a case for the importance for preventative approaches to mental health in our city.

This strategy aims to raise the profile of factors that can prevent mental health problems and promote mental health in Hull. It aims to achieve this by building

on the available local assets and resources, and using evidence of what works. This strategy has the overarching aim of improving mental wellbeing for those who need it most, across all life stages.

400 estimated cases relating to perinatal mental health of mild to moderate depressive illness and anxiety in Hull each year

The prevalence of a probable mental disorder for secondary age pupils is 20% in children aged 11 to 16 years (Hull: 3,980 / 1 in 5)

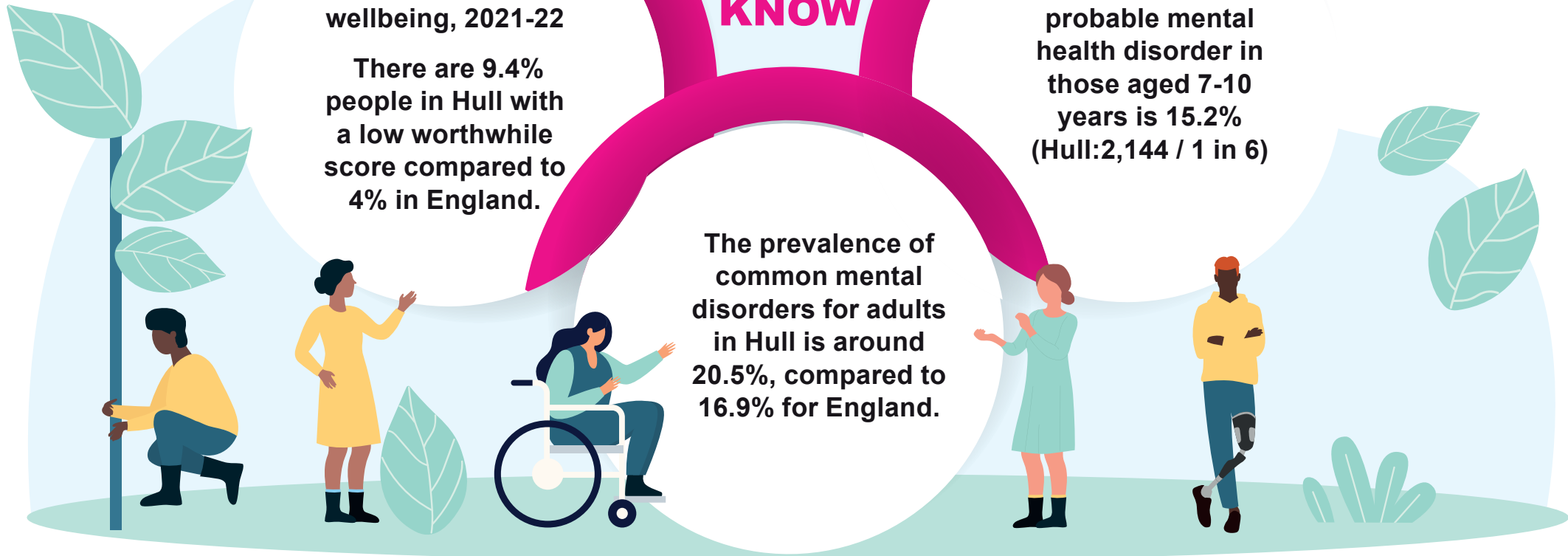
WHAT WE KNOW

Self-reported wellbeing, 2021-22

There are 9.4% people in Hull with a low worthwhile score compared to 4% in England.

The prevalence of probable mental health disorder in those aged 7-10 years is 15.2% (Hull:2,144 / 1 in 6)

The prevalence of common mental disorders for adults in Hull is around 20.5%, compared to 16.9% for England.



Objectives

Our strategic objectives have been drawn from professional stakeholder consultation and evidence-based approaches to improve mental wellbeing and tackle mental health problems.

- Work together to create a culture where people feel comfortable speaking about their mental health and wellbeing
- Nurture communities to be mentally healthy, safe, supportive and trauma informed
- Promote awareness and access to non-clinical interventions that promote mental health and wellbeing
- Reduce inequalities by understanding and prioritising the needs of communities who are more likely to have mental health problems.
- Ensure prevention is a priority by addressing factors that can have a negative impact on our mental health and wellbeing and invest in preventative programs.

Hulls Big Mental Health Conversation...

Throughout the development of this strategy three key themes were identified through our **Big Mental Health Conversation**. These themes could be considered as universal approaches to how we can improve the mental health and wellbeing of the people of Hull. These approaches were **Challenging Stigmas, Feeling Connected and Being Active**



Challenging Stigmas

Stigma around mental health can influence a person's own beliefs about their problems. 61 per cent of people that completed our survey said they wouldn't talk about their mental health due to feeling embarrassment and shame, and over half of respondents said that they worry about being labelled negatively if they opened up about how they feel. However, 66 per cent of people that completed the survey said that they would be open to talk about their mental health if there was less stigma about having mental health problems and over half of respondents stated that it would help if challenges to our emotional wellbeing were taken more seriously by society.

'I've got used to hiding it as it's seen as a weakness. It just feels embarrassing, there is a real lack of understanding' The Big Mental Health Conversation

Areas for action:

- Comprehensive training regarding mental health awareness for frontline staff.
- Promote widespread involvement in anti-stigma campaigns and mental health promotion.
- Normalise the importance of emotional self-care across the life course.

Feeling Connected

Feeling connected and having a sense of belonging is crucial to everyone's physical and emotional health. People that took part in our focus groups felt that the power of shared experiences such as listening to other people's stories, learning from others, and hearing other people's opinions was a positive way to address your own problems, along with shared humour and having fun. All participants felt that making the most of opportunities available to enhance social interaction is an essential part of improving and maintaining wellbeing.

77 per cent of survey respondents said that they would prefer to talk to someone to cope with mental health problems. 58 per cent said that they would prefer to speak to someone who has been through the similar things and 42 per cent of people said that they would try to socialise more to improve their wellbeing.

More information is needed about how we can access community groups' The Big Mental Health Conversation

Areas for action:

- Build on existing work to tackle loneliness in collaboration with local partners.
- Promote local assets that improve wellbeing and promote connectedness.
- Equip frontline professionals with the tools and knowledge to confidently signpost service users to groups, activities, and programs to promote wellbeing and belonging.

Being Active

Participation in physical activity can contribute significantly to improved physical health and mental wellbeing in the city.

Whilst there is lots of physical activity participation in Hull, inactivity is still a cause for concern. The proportion of physically inactive adults in Hull was higher than the England average in 2022/23, over half of our children and young people in Hull are not active enough and older young people are less likely to be active. Encouragingly, 73 per cent of survey respondents said that they have or would use exercise to improve their mental health.

'My favourite thing is green open spaces to walk the dogs and get out' The Big Mental Health Conversation

Areas for action:

- Identify opportunities for mental health to be incorporated into the Towards an Active Hull Partnership and subsequent workstreams.
- Promote the benefits of physical activity for mental health and wellbeing, including active travel.

Mentally Healthy Hull and the Life Course...

Different factors can impact on mental health at different stages of life. It's helpful to consider some of those 'stage specific' influences alongside the themes of stigma, feeling connected, and physical activity.

Infant and perinatal mental health

The first 1001 days of a child's life, from conception to age two, is a period of rapid change, when development is strongly influenced by environment and experiences. The family environment is of fundamental importance in pregnancy, infancy, and childhood and to future mental health. Our understanding of baby brain development, attachment, bonding, trauma and adversity are interlinked and help us to understand how an infant's mental health develops.

Perinatal mental health problems can impact on attachment and bonding for parents and babies therefore compromise the healthy emotional, cognitive, and even physical development of children. Perinatal mental health problems can occur during pregnancy or in the first year following the birth of a child, it can affect up to 20 per cent of new and expectant mums (1) and covers a wide range of conditions such as depression and anxiety. If left untreated, mental health problems can have significant and long-lasting effects on the adults, the child, and the wider family (2).

It is also important for **dads and partners** to interact and bond with the newborn to help the infant's development and to reduce the risk of mental health problems for themselves, as well as supporting the child's emotional and physical development. Peer

support for new parents, including dads and partners has been demonstrated to be highly beneficial in supporting the parenting journey.

'Opportunities to meet other parents are beneficial as being on maternity can be quite lonely'

Infant mental health describes a baby's capacity to experience, express and eventually regulate their emotions. It also influences and is influenced by their capacity to form close relationships. Sensitive, nurturing and attuned parenting is key to infant mental health as such parenting leads to the formation of a secure attachment style between baby and caregiver.

Our mission is to develop co-ordinated and comprehensive services and support which address the needs of families in this early stage of life, ensuring that all babies have a sensitive, nurturing relationship to lay the foundation for positive lifelong physical and emotional health.

Research suggests that in areas of high deprivation, such as Hull, around 50 per cent of babies may not be forming a secure attachment relationship with their caregivers (3). Having a secure attachment with primary caregivers is protective against social, mental, and physical health difficulties later in life. Forming an insecure attachment with one's primary caregivers impacts on social, emotional, and cognitive development.

Families are more likely to find it difficult to form those secure relationships if parents had difficult experiences as a child themselves; are lacking social support and isolated; are struggling with their own mental health; have substance use issues; have lots of young children in the home; or have other significant life stressors going on.

Areas for action:

- Promote and raise awareness of the positive influence of attachment, bonding, and strong support in the early years.
- Embed emotional and mental health support at all stages of pregnancy and in the early years, so families know where to come for support at any point in their parenting journey.



Children and Young People

Families and parenting continue to be important throughout childhood, but from the age of four or five, other factors can start to become important. Most children spend a high proportion of their waking lives in schools, and schools matter for mental health and wellbeing. The school ethos, relationships with peers and incidence of bullying all have an impact (2).

In Hull we have seen an overall rise in prevalence of a probable mental disorder between 2017 and 2022 for our children and young people.

‘Having someone who you can trust and talk to without judgement can be really positive’

Through ongoing engagement with children and young people, in relation to prevention, several areas of action have been developed. These include creating trauma-informed and mentally healthy environments; promoting high quality PHSE in the school curriculum; developing Trusted Adult Relationships in education and in the community so young people have someone to talk to; promotion and awareness raising of existing services and support groups; promoting peer support in education and the community, normalising mental health needs; promoting healthy social media use, tackling bullying and body image; and ongoing active involvement of children and young people in service review and developments. These themes were echoed in our Big Mental Health Conversation. In addition, being a young carer can have an impact on mental health and wellbeing which can affect school or college education, social life and ambitions for their future.

‘Good quality support in schools, colleges and uni’s is needed in managing mental health before it gets to a level that services have to intervene’



The Thrive framework (4) provides a set of principles for creating coherent and resource-efficient communities of mental health and wellbeing support. It aims to talk about mental health and mental health support in a common language that everyone understands. Our commitment is to have a whole system approach in which the Thrive conceptual framework will underpin all activity for Childrens and Young Peoples mental health.

The Thrive Hull Partnership have a strong focus on prevention, communication and tackling health inequalities, with the aim of ‘making mental health everyone’s businesses’, and not just the preserve of clinical, mental health professionals.

Areas for action:

- Assist Thrive Hull Partnership to ensure prevention is prioritised across the six priority areas.
- Advocate for investment and support for children and young people’s mental health prevention.
- Join up across children and adult mental health prevention work streams to share good practice to improve outcomes.
- Support education settings to have a trained Senior Mental Health Lead and adopting a relational whole school approach to emotional wellbeing and mental health’.



Working Age Adults

During adulthood a different range of influences and challenges to mental health and wellbeing become apparent, these can include becoming a partner or spouse, employee, co-worker, parent, and carer. Having good mental health and wellbeing is important in adulthood not only for people as individuals but for families, children, and people they support or provide care for (5).

The absence of debt, good quality housing, family contribution in terms of emotional and practical support, and a good understanding of mental health are all important influences for working age adults in terms of the prevention of mental health problems. Although some external factors are often out of the scope of control, resilience building and knowledge around self-care are crucial factors promoting mental health during this part of the life course.

Challenging stigmas around mental health is important across all ages, but often this comes into sharper focus during working age. There can sometimes be a perception that mental health problems are a sign weakness or failure when the expectation is that adults must be 'strong' and provide for those around them.

Nearly half of respondents to our survey said that caring for someone often has a negative impact on their mental health. Often having caring responsibilities can increase isolation and loneliness, intensify money worries, and cultivate feelings of guilt, frustration, and anger.

“Getting the balance between being a carer, working, being a mum and having a relationship is almost impossible.”

Parent carer

Good mental health improves employability, finding a job, and remaining in that job. Unemployment can cause high levels of stress and the effects have negative consequences for people's mental health, including lower self-esteem, which can prevent people from accessing work (5). In 2021/22 Hull had an unemployment rate that was almost four times the rate of unemployment for England.

Volunteering can not only be a means to enhance vocational skills but provide opportunities to boost mental health by cultivating a sense of purpose, increasing human connection, and promoting personal growth.

There is an important distinction between 'good work', characterised by fair treatment, autonomy, security, and reward, and 'bad work', in which individuals do not feel supported, valued, or stimulated. 40% of working age survey respondents said that work had a negative impact on their mental health and around half of people that took part in our survey said that they would not speak to their manager or work colleagues about their mental health.

Conversely, 53 per cent of survey respondents said they would be more likely to talk about their mental health if it was promoted more in their organisation.

Areas for action:

- Support workstreams that identify and tackle the barriers that prevent people feeling able to work.
- Take steps to improve workplace wellbeing by raising awareness, education, challenging stigmas and enhancing opportunities to be active.
- Foster a carer friendly society, empowering and supporting carers to fulfil their caring role whilst maintaining their own health and wellbeing.
- Develop a partnership approach to the prevention of mental health problems for adults.
- Work with organisations and business to ensure workplace culture and policies support employees around mental wellbeing



Later years

Often the change from working life to retirement can have differing impacts for everyone, however loneliness and social isolation are key risk factors for mental health conditions in later life.

‘The closing down of banks, post offices and shops hasn’t helped. I miss speaking to people when you do the shop, it’s not the same.’

Linking to the key theme of ‘feeling connected’ it is essential to consider our approach to mental health in later years. Coupled with loneliness and isolation, digital exclusion in older people was a theme in our Big Mental Health conversation. While the number of digitally connected older individuals is rising, many people over the age of 55 are still not online. Research suggests that almost half of over 65’s are unable to perform fundamental internet tasks safely and successfully and that the rapid change to digital technology is leaving older people behind, often creating feelings of frustration and a lack of connection to the outside world (5).

‘We want to speak to humans’.

Mental and physical health problems have complex interactions among older people: having one increases the risks of the other; mental health problems exacerbate physical health problems. This often impacts on mental health and quality of life and makes it harder to get out and do the things you enjoy, which can add to feelings of loneliness and isolation. In addition, dementia can often be a factor in later years, living with dementia will affect a person’s feelings, thoughts, and responses. It is important to recognise and respond to emotional needs to promote mental health and enable people to live well with dementia.

Caring responsibilities continues to be a theme in later years, 75% of over 75’s who took part in our survey said that caring responsibilities had a negative impact on their mental health. Older people often take responsibility for caring for spouses and friends but rarely see themselves as a ‘carer’, therefore not getting advice and help needed for their mental health to thrive.

The Older People’s Partnership Group works across Hull and the East Riding to promote the needs of older people, coordinating and improving existing services in the region. They also help to find new, creative approaches to problems that older people in the community face. Furthermore, the Carers Information Support Service which operates in the city providing universal information and advice to unpaid carers.

Areas for action:

- Support older people to become more confident in navigating the digital world whilst ensuring digital is not the only option
- Increase opportunities for human interaction, such as befriending schemes, day opportunities and local community groups.
- Increase support for older carers by joining up priorities outlined in the Integrated Carers Strategy.



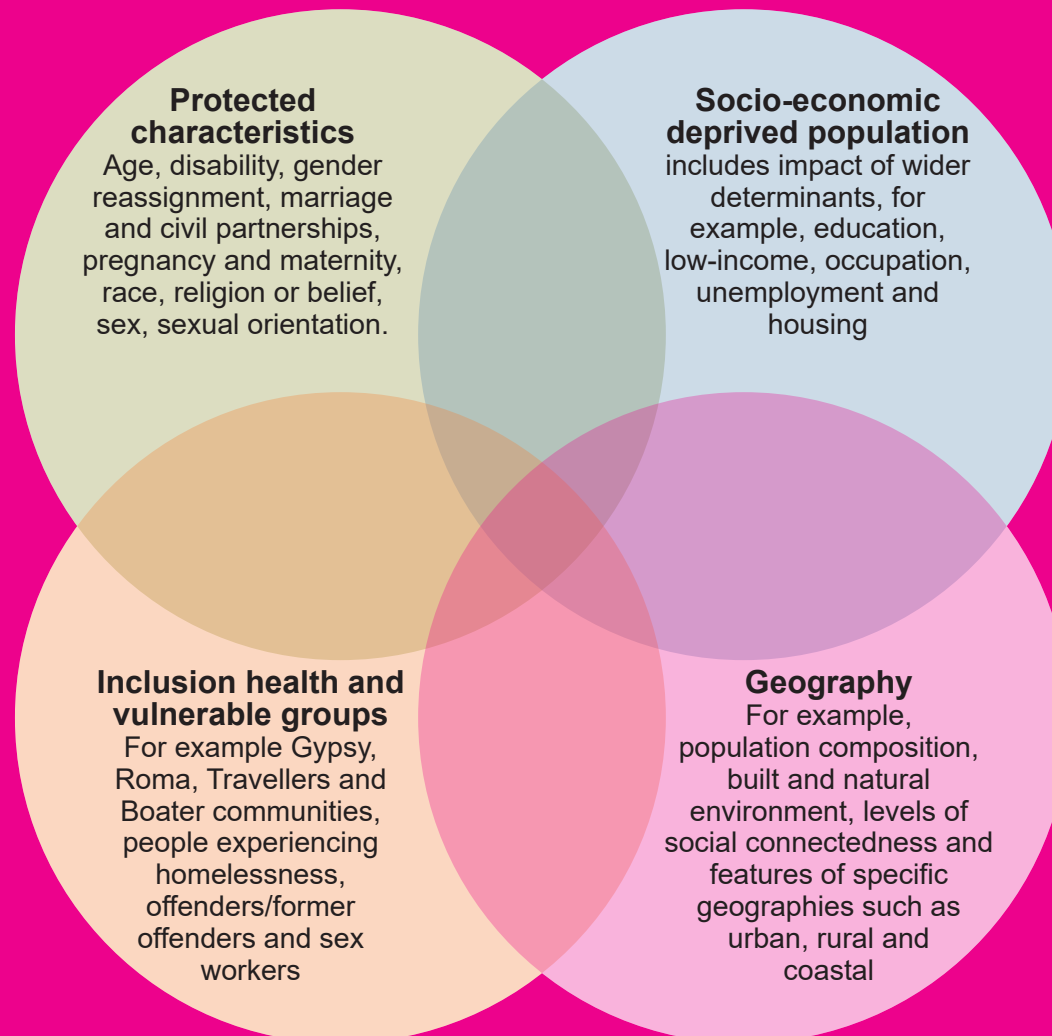
Recognising Inequalities in a Mentally Healthy Hull

Health inequalities are unfair and avoidable differences in health outcomes between one group of people and another group of people (7). There are many communities in Hull who experience worse mental health than others. This doesn't mean that every individual in these groups will have mental

health problems – but it means that we need to understand the needs of different communities and take these into account when we design and review services, interventions, and spaces.

Whilst the populations that are affected by these inequalities are very diverse, they often share similar characteristics in that they experience stigma, discrimination and social isolation and sometimes more extreme trauma and poverty than other

people. This can negatively impact their mental health and wellbeing. The intersectionality is shown in the domains of health inequality (8) graphic below, displaying the broad range of individual characteristics and societal factors that have been identified as contributing to health inequalities. Individuals can fall into more than one category and, subsequently, may experience multiple drivers of poor health at the same time.



We haven't tried to list all the different groups affected by mental health inequalities here – but these are some examples:

Neurodiversity

Autistic people have a higher likelihood of developing mental health problems than neurotypical people. 80 per cent of people with Autism have at least one mental health condition (9). This can be exacerbated by misdiagnosis or late diagnosis; lack of understanding in society; places and policies that are not well designed; and barriers to accessing support.

Poverty and Debt

Half of adults with a debt problem also have a common mental health condition (10). Data suggests that need for mental health services is greater among more deprived communities.

Care Leavers

Hull has a higher rate of children in care than the national average. Loneliness and isolation, education and employment, housing, finances and understanding the reasons for being in care, all have significant impacts on mental health and wellbeing of care leavers.

Adversity, Trauma and Resilience

Childhood trauma, and trauma experienced as an adult, can have a significant impact on mental health throughout life. Preventing adverse childhood experiences happening in the first place, ensuring all children and young people have a trusted adult they can talk to, and changing our organisations, policies and places to be trauma-informed would all help.

LGBTQ+

People who identify as LGBTQ+ have higher rates of common mental health problems and lower wellbeing than heterosexual people (11). Being LGBTQ+ isn't

a mental health problem, and it doesn't cause mental health problems. However, members of the LGBTQ+ community often face difficult experiences, like discrimination and stigma. These experiences can often affect mental health.

Homelessness

86 per cent of people experiencing homelessness have self-reported a mental health problem. 45 per cent have been diagnosed with a mental health problem (12). Mental health problems are both a cause and consequence of homelessness. The onset of mental illness can trigger, or be part of, a series of events that can lead to someone being forced into homelessness. Furthermore, housing insecurity and homelessness is stressful and can exacerbate

Learning disability

Children and young people with a learning disability are three times more likely than average to have a mental health problem (13). A learning disability is not a mental health problem, but people with learning disabilities may also experience mental health problems. There are lots of different reasons for this, such as facing negative attitudes from other people and experience negative life events, such as abuse. These attitudes and experiences can often impact on mental health.

Asylum seekers and refugees

Face unique challenges to their mental health and are often at greater risk of developing mental health problems (14). Often a lack of trust in services and people, housing related issues, feelings of loneliness, and discrimination all have a negative impact on the mental health of refugees and asylum seekers. Understanding the impact of trauma, getting the right support, and having someone to talk to are significant protective factors for this population.

People living with chronic illnesses and disabilities

30 per cent of people in the UK live with one or more long-term physical health conditions, over 26 per cent of whom also have a mental health problem. 70 per cent of disabled people say that social isolation affects their mental health and wellbeing (15). Disabled people are more likely than non-disabled people to have mental health issues. Issues affecting a disabled person's mental health include discrimination and difficulties in accessing facilities and services.

Ethnic minorities

Evidence on prevalence suggests that people from ethnic minority groups are at comparatively higher risk of mental ill health, and disproportionately impacted by social detriments associated with mental illness (16). Racism and discrimination, social and economic inequalities, and mental health stigma and shame are all factors that contribute.

Areas for action

- Allocate resources proportionate to need to deliver equitable outcomes
- Spread Trauma Informed Practice as an approach across the city
- Work co-productively to address the root causes of mental health problems
- Prioritise targeted work with Hull communities which experience the highest levels of inequality.

Conclusions and recommendations

There are many, many opportunities to work together to reduce the likelihood of mental health problems occurring, reduce the severity of their impact, and promote good mental health. Many of these, such

as tackling stigma and improving opportunities for connectedness, are about much more than mental health and underpin the wider commitments in Hull's Community Plan.

Many of the 'areas for action' identified throughout the strategy are already happening, but we need to do more to achieve the objectives that we've set out.

These recommendations are high level and aim to provide scope for services and organisations to consider and develop as part of our ambition for Hull to become a mentally healthy city. The next phase of activity will include the development of a co-produced delivery plan.

Work together to create a culture where people feel comfortable speaking about their mental health and wellbeing	Nurture communities to be mentally healthy, safe, supportive and trauma informed	Promote awareness and access to non-clinical interventions that promote mental health and wellbeing	Reduce inequalities by understanding and prioritising the needs of communities who are more likely to have mental health problems	Ensure prevention is a priority by addressing factors that can have a negative impact on our mental health and wellbeing and invest in preventative programs
<p>Promote widespread involvement in anti-stigma campaigns and mental health promotion and importance of emotional self-care across the life course.</p> <p>Promote comprehensive training regarding mental health awareness for frontline staff.</p> <p>Work with organisations and business to ensure workplace culture and policies support employees around mental wellbeing.</p>	<p>Spread Trauma Informed Practice as an approach across the city.</p> <p>Embed emotional and mental health support at all stages of pregnancy and in the early years, so families know where to come for support at any point in their parenting journey.</p> <p>Join up across children and adult mental health prevention work streams to share good practice to improve outcomes.</p> <p>Build on existing work to tackle loneliness in collaboration with local partners.</p> <p>Support older people to become more confident in navigating the digital world whilst ensuring digital is not the only option.</p>	<p>Support education settings to have a trained Senior Mental Health Lead and adopt a relational whole school approach to emotional wellbeing and mental health.</p> <p>Map local assets that improve wellbeing and promote connectedness.</p> <p>Develop a partnership approach to the prevention of mental health problems for adults.</p> <p>Identify opportunities for mental health to be incorporated into the Towards an Active Hull Partnership and subsequent workstreams.</p> <p>Promote the benefits of physical activity on mental health and wellbeing, including active travel.</p> <p>Increase opportunities for human interaction in older people, such as befriending schemes, day opportunities and local community groups</p> <p>Increase support for older carers – supporting their own mental health needs as well as those cared for.</p> <p>Equip frontline professionals with the tools and knowledge to confidently signpost service users to groups, activities, and programs to promote wellbeing and belonging.</p>	<p>Allocate resources proportionate to need to deliver equitable outcomes.</p> <p>Work co-productively to address the root causes of mental health problems.</p> <p>Prioritise targeted work with Hull communities which experience the highest levels of inequality.</p> <p>Foster a carer friendly society, empowering and supporting carers to fulfill their caring role whilst maintaining their own health and wellbeing.</p> <p>Support workstreams that identify and tackle the barriers that prevent people feeling able to work.</p>	<p>Advocate for investment and support for children and young people's mental health prevention.</p> <p>Prioritise work on the Prevention Concordat for Better Mental Health.</p> <p>Promote and raise awareness of the positive influence of attachment, bonding and strong support in the early years.</p> <p>Assist Thrive Hull Partnership to ensure prevention is prioritised across the six priority areas.</p>

Annex 1

Relevant plans and strategies

National

NHS Long Term Plan (2019)

Major Conditions Strategy (2023)

Suicide Prevention Strategy for England: 2023 to 2028

Mental Health Foundation Strategy 2020-2025 - Making Prevention Happen

Local

Hull Community Plan 2024 - 2034

Hull's Joint Local Health and Wellbeing Strategy

Hull's Economic Strategy 2021-2026

Hull's Joint Strategic Needs Assessment

Hull Early Help and Prevention Strategy 2021 - 2025

Humber and North Yorkshire Health & Care Partnership Children & Young People's Mental Health & Emotional Wellbeing Strategic Plan for 2021-2024

Health Needs Assessment Children & Young People Emotional Wellbeing and Mental Health March 2023

Towards an Active Hull 10 Year Strategy 2018 - 2028

Hull Carer's Strategy (2020 – 2025)

Preventing Homelessness and Rough Sleeping Strategy 2023 - 2028

Humber Autism Strategic Framework

Annex 2

References

1. Centre for Mental Health, LSE Personal Social Services Research Unit. The costs of perinatal mental health problems - report summary (2015).
2. Better Mental Health For All: A Public Health Approach to Mental Health Improvement (2016) London: Faculty of Public Health and Mental Health Foundation.
3. Securing Healthy Lives, The Parent-Infant Foundation (2022).
4. Wolpert, M. et al. (2019). THRIVE Framework for system change. London: CAMHS Press.
5. Wilson H, Finch D. Unemployment and mental health. The Health Foundation (2021).
6. Age UK. Offline and Overlooked: Digital exclusion and its impact on older people (2024).
7. Public Health England. Place-based approaches for reducing health inequalities: main report (2019).
8. Office for Health Improvement and Disparities. Health disparities and health inequalities: applying All Our Health (2022).
9. Lever AG, Geurts HM. Psychiatric Co-occurring Symptoms and Disorders in Young, Middle-Aged, and Older Adults with Autism Spectrum Disorder. *J Autism Dev Disord.* 2016 Jun;46(6):1916-1930. doi: 10.1007/s10803-016-2722-8. PMID: 26861713; PMCID: PMC4860203.
10. Holkar M. Mental health problems and financial difficulty. Money and Mental Health Policy Institute. 2019. Derived from Adult Psychiatric Morbidity Survey (2014).
11. Semlyen, J. et al (2016). "Sexual orientation and symptoms of common mental disorder or low wellbeing: combined meta-analysis of 12 UK population health surveys." *BMC Psychiatry* 16(1): 67.
12. Homeless Link. The unhealthy state of homelessness. Health audit results (2014).
13. Lavis, P. et al (2019). Overshadowed The mental health needs of children and young people with learning disabilities.
14. Mental Health Foundation (2024). The Mental Health of Asylum Seekers and Refugees in the UK. The Mental Health Foundation, UK.
15. Sense. Fear of mental health crisis as loneliness rises dramatically amongst disabled people (2021).
16. Bignall, T. et al (2019) Racial disparities in mental health: Literature and evidence review. Race Equality Foundation.





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