Mental Health and Wellbeing Assessment Trafford 2022

TRAFFORD BOROUGH COUNCIL

Contents

List of Abbreviations 4
Background 5
1.1 Aims and Objectives 6
1.2 Methodology 6
1. Introduction 7
2.1 Why is understanding mental health needs important? 7
2.2 What are the factors that impact our mental health? 9
2.3. Why is understanding wellbeing important? 9
2.4. Why is understanding social connectedness important? 10
3. Local Context for Trafford 11
3.1 Trafford Population and Demographics 11
4. Level of Mental Health Needs in Trafford Population 12
4.1 Children Mental Health in Trafford 12
4.1.2 Wellbeing of Young People in Trafford 13
Optimism 15
Positive Affect 16
4.1.3 Inequalities in Young People's Wellbeing across Greater Manchester 16
4.1.4 What We Don't Know 17
4.1.5 Social Connectedness – Young people 17
4.2 Adults Mental Health in Trafford 20
4.2.1 Depression Prevalence 20
4.2.2. Suicide rates 21
4.2.3 Domestic Abuse 22
4.2.4 Wider Determinants 24
4.2.5 Adult Wellbeing in Trafford 26
4.2.6 Social Connectedness – Adults 28
4.2.7 Adult Social Care Users 29
5. Existing and Future Impacts of Mental Health 30
5.1 Ageing Population 30
5.2 Long COVID-19 31
5.3 Cost of living crisis 32
5.4 Hybrid Working and Digital Poverty 33
5.5: Health Index Score 34
6. Community Assets 36
6.1 What are community assets? 36
6.2 Five Ways to Wellbeing 37

6.3 Appreciation Points, Coping Strategies and Gaps in Services Needs 39

6.3.1 Appreciation Points and Coping Strategies 39

6.3.2 Services Needs and Recommendations.. 39

7. Conclusion 40

References 41

Appendix 1 43

List of Abbreviations

ADL	Activities of Daily Living
ASCOF	Adult Social Care Outcomes Framework
BME/BAME	Black and Minority Ethnicities
CAMHS	Child and Adolescent Mental Health Services
CBT	Cognitive Behavioural Therapy
CMHT	Community Mental Health Team
CPN	Community Psychiatric Nurse
ELSA	English Longitudinal Study of Ageing
ESA	Employment and Support Allowance
ESOL	English to Speakers of Other Languages
FWW	Five Ways to Wellbeing
GM	Greater Manchester
GP	General Practitioner
IAPT	Improving Access to Psychiatric Therapies
IT	Information Technology
LGBTQ+	Lesbian, Gay, Bisexual, Transgender, Queer/Questioning
NB	Non-binary
NHS	National Health Service
NICE	National Institute for Health and Care Excellence
NIHR	National Institute for Health and Care Research
NW	North West
OHID	Office for Health Improvement and Disparities
ONS	Office for National Statistics
QOF	Quality and Outcomes Framework
SEMHN	Social, Emotional and Mental Health Needs
SMI	Severe Mental Illness
UK	United Kingdom

Background

Positive mental health and wellbeing are essential building blocks for population health. Multiple individual, social and structural determinants including our emotional skills, genetics, environment where we live, learn, work and play, economic factors combine to protect or undermine our mental health and shift our position on the mental health continuum. Improved mental health and wellbeing is associated with a range of better outcomes for people of all ages and backgrounds. Our mental wellbeing enables us to build resilience, fulfil our potential, get the most from life and feel connected to family, friends and neighbours and contribute to our communities. Conversely, poor mental health and serious mental illness can have a negative impact on individuals, families, and communities, affecting our quality of life and leading to premature deaths (people with severe mental illness in England are 3.7 times more likely to die early than the general population). The COVID-19 pandemic has exposed stark health inequalities and brought the importance of mental health and wellbeing to the forefront. However, the pandemic has also given us an opportunity to build back fairer. Improving mental wellbeing and reducing mental health inequalities has a beneficial influence on all aspects of public health, given the link to many chronic health conditions and early preventable deaths.

This report gathers the information required to bring about change beneficial to the health of our population in Trafford focusing on mental wellbeing. It provides a broad picture of mental wellbeing across Trafford and the life course and makes recommendations around steps to improve our understanding of and opportunities to improve mental wellbeing within our communities.

1.1 Aims and Objectives

The aim of this mental health needs assessment is to inform and support strategy development, commissioning decision making and action planning; and to reduce inequalities across the Trafford Borough area to improve mental health and wellbeing. We have set out to respond to Trafford Council's strategic vision, outcome, and priorities for the borough with the intention to prevent poor health and promote wellbeing.

The key objectives are to:

- Gather and collate evidence which allows us to obtain a comprehensive understanding of the mental health and wellbeing landscape within our communities
- Understand how poor mental health and wellbeing affects our local health and social care economy
- Identify specific strengths and gaps in our current services, and any particularly 'at-risk' groups
- Understand determinants of health in Trafford and consider social and economic factors that affect mental health such as the Covid-19 pandemic, employment and cost of living.

1.2 Methodology

Data gathering involved both quantitative and qualitative methods. Data held by OHID and ONS was collated, queried and analysed to obtain statistics for mental health in Trafford, and Surveys, questionnaires and focus groups were used for stakeholder engagement to gain insight into stakeholder experiences.

Focus groups consisted of frontline mental health professionals from organisations including 42nd Street, Age UK, The Learning Disability Service, Greater Manchester Mental Health NHS Foundation Trust (GMMH), Cheshire and Wirral Partnership NHS Foundation Trust, Children and Adolescents Mental Health Services, BlueSci Support and BlueSci Support users.

1. Introduction

2.1 Why is understanding mental health needs important?

Improving mental health and wellbeing is a public health goal. Mental Health is the single largest cause of disability in the UK contributing to around 22% of the total burden. Mental health issues are becoming increasingly common with one in six adults experiencing a diagnosable mental health issue at any given time and in England, Severe mental illness (SMI), affects around half a million adults. In 2021, rates of probable diagnosable mental health issues amongst young people (aged 6 – 19) have increased to one in six. In addition to affecting an individual physically, there are significant economic implications. People with a long-term mental health condition lose their jobs every year at around double the rate of those without a mental health condition. Additionally, mental health issues cost the economy an estimated £105 billion each year – roughly the cost of the entire National Health Services (NHS) budget.

Mental illness is closely associated with many forms of inequalities including health and social inequalities. Mental illnesses disproportionally affect the health of our most disadvantaged groups with lower quality of life, poorer health outcomes and early preventable deaths. In terms of social inequalities, mental illnesses have a wide range of detrimental impacts on employment, benefits, social isolation and housing. Individuals in contact with secondary mental health services have a 67.4 percentage points lower employment rate than the overall rate and 50.9% of employment support allowance claimants have a primary condition of a mental and behavioural problem. Amongst people who contact Citizens Advice, people with mental problems have a greater number of practical problems such as:

85% are more likely to need advice following disconnection from their energy supply

- 2 times more likely to need advice following disconnection from their mobile phone supply
- 62% are more likely to need advice on threatened homelessness
- 61% are more likely to need advice on accessing jobs than clients overall

Some subgroups are more exposed and vulnerable to unfavourable social, economic, and environmental circumstances (see Figure 1 below). These subgroups, interrelated with gender and age, are at higher risk of mental health problems. These include:

Fig 1: Groups more exposed and vulnerable to unfavourable social, economic, and environmental circumstances

Socio-economic disadvantages such as poverty are factors that are associated with examples of high-risk groups. Other high-risk groups identified are.

- women who are pregnant or have a child aged under 12 months
- children living at a socio-economic disadvantage
- children with parents who have mental health or substance misuse problems
- looked-after children
- adults with a history of violence of abuse
- people with poor physical health
- older people living in care homes
- isolated older people

2.2 What are the factors that impact our mental health?

Mental health includes our emotional, psychological, and social well-being that affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through to adulthood.

Many factors contribute to mental health problems, some of which are summarised in Table 1 below:

Individual	Societal/Economic	Relational
• Identity (gender, sexuality, ethnicity, culture) • Neurodiversity • Genetic influences • Use of drugs and/or alcohol • Disability • Long-term health issues	• Housing (in)stability • Financial circumstances • Employment • Access to support • Discrimination and racism • Stigma • Deprivation	• Social support network • Caring responsibilities • Intimate partner violence • Breakdown of relationships • Relational trauma • Neglect

Table 1: Factors contributing to mental health problems

2.3. Why is understanding wellbeing important?

Well-being has been defined as "*the combination of feeling good and functioning well*" (Ruggeri *et al.*, 2020). As such, it integrates both physical and mental health, and the definition goes beyond just an absence of disease and dysfunction. Wellbeing combines positive emotion with having a sense of purpose and control, as well as positive relationships within the community.

Wellbeing has been linked to several markers of health and adaptive functioning. Longitudinal studies suggest that well-being in childhood predicts well-being in adulthood (Richards & Huppert, 2011). In adulthood, associations have been found

between subjective wellbeing and longevity, physical health, greater prosocial behaviour, productivity, and more positive relationships (Ruggeri *et al.*, 2020).

2.4. Why is understanding social connectedness important?

Social connectedness can be defined as the experience of belonging to a social relationship or network (Lee & Robbins, 1995). This includes the social support that is either provided or thought to be readily available in times of need (Haslam et al., 2015). Having positive and meaningful relationships with others leads to people experiencing more fulfilment and purpose in their lives. Access to a supportive social network is also a factor which contributes to individual resilience, allowing people to better manage the challenges of life.

The risks associated with loneliness are profound, with some studies estimating that it can increase your risk of death by 26% (Holt-Lunstad , 2015). Loneliness has been found to have medium to large effects on a range of health outcomes, including mental and physical health, wellbeing, sleep, and cognition (Park *et al.*, 2020).

COVID-19 pandemic restrictions have affected people's mental health through reduced social interaction (The Health Foundation, 2022) highlighting the impact of reduced social connectedness. A spokesperson for Age UK stated "*There is this fear now more of loneliness and isolation. 97% of the people that we interviewed said they were they had a fear of loneliness and isolation that maybe they didn't have before [the pandemic]*."

3. Local Context for Trafford

This assessment is done following the conceptual framework for life course approach to health. This approach suggests a complex interplay of biological, behavioural, psychological, social protective and risk factors, which contribute to health outcomes across the span of a person's various phases of life. These phases range from preconception, infancy and early years (0 to 5), early childhood to school age through to adolescent, adult and older people. Figure 2 presents the WHO conceptual framework of life course approach to health.

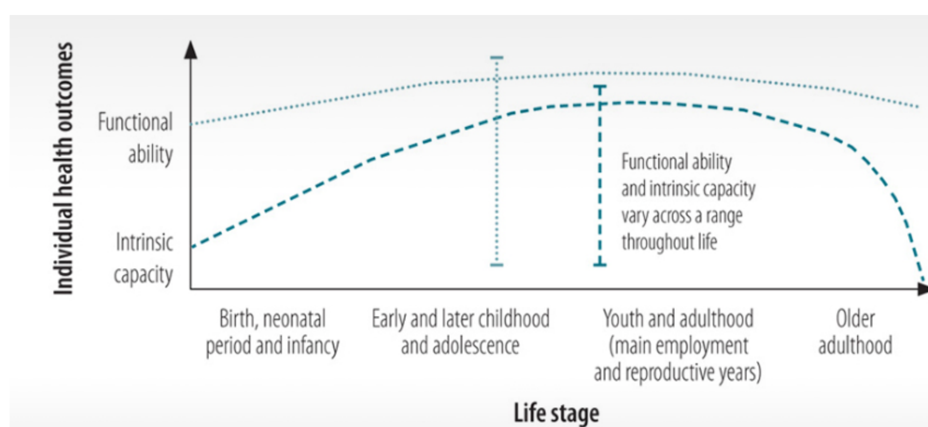


Figure 2: WHO conceptual framework of the life course to health

3.1 Trafford Population and Demographics

Following the 2021 census results, statistics released by the Office for National Statistics (ONS) as of September 1, 2022, revealed that Trafford's population has increased by 3.8 % in ten years from around 226,600 in 2011 to 237,600 in 2020. This is lower than the overall increase for England (6.6%), where the population grew by nearly 3.5 million to 56,489,800. Table 2 below presents a comparison of Trafford populations for the years 2011 and 2020.

Age Group	Year 2011 Population	Year 2020 Population	% Change
Children	45,900	50,700	10.46%
Adults	144,700	145,400	0.48%
Elderly	36,500	41,400	13.4%

Table 2: Comparison of Trafford population for the years 2011 and 2020.

4. Level of Mental Health Needs in Trafford Population

Below we will present the level of mental health need across our population in Trafford using the life course approach.

4.1 Children Mental Health in Trafford

During the period 2017-2021, the percentage of school pupils with social, emotional and mental health needs (SEMHN) steadily increased across Trafford, the North-West and England. The percentage of SEMHN in Trafford increased from 1.8% in 2017 to 2.4% in 2021. However, Trafford remained below the averages for the North West (2.2% in 2017 to 2.9% in 2021) and England (2.3% in 2017 to 2.8% in 2021) during the reported period (Figure 3).

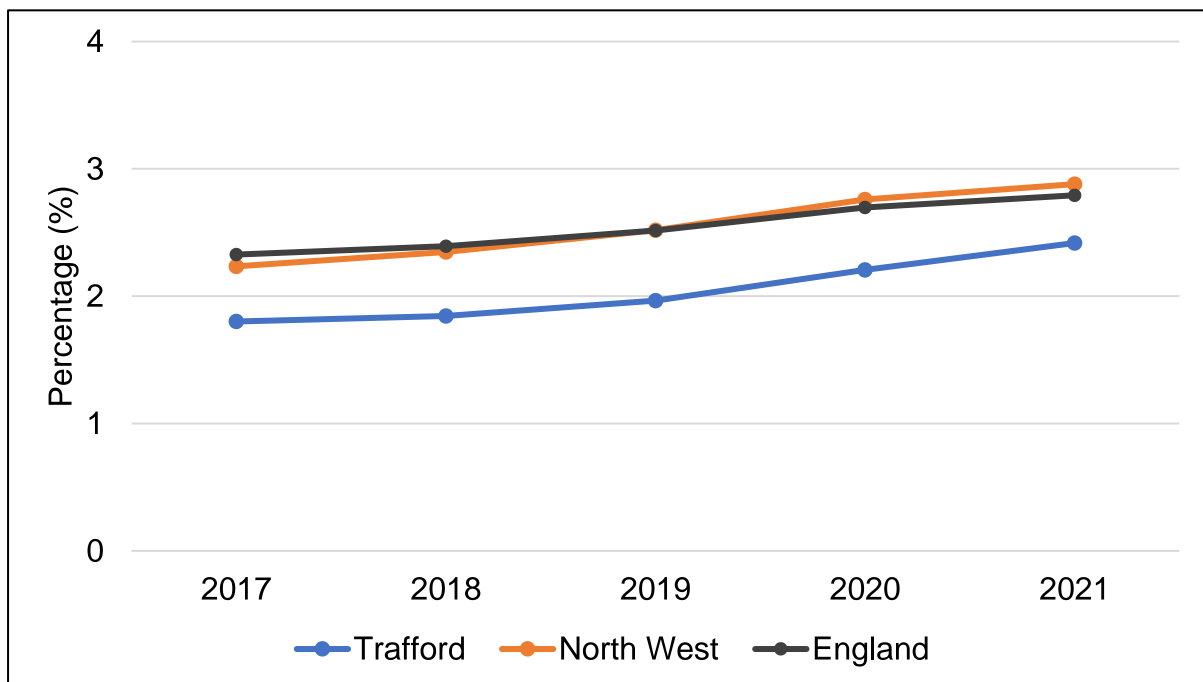


Fig 3. Percentage of School Pupils with SEMHN in Trafford, North West and England 2017 and 2021. (Source: Department for Education Special Educational Needs Statistics, 2020)

North West Child and Adolescent Mental Health Service (NW CAMHS) Dashboard estimates mental health for children and young people (CYP) between the ages 6-18 years in Trafford. Data from the NW CAMHS dashboard suggests that of the 42,292 CYP in Trafford, 7,365 (17.4%) have probable mental health disorders (PMD), of these

2,578 (35%) require services to support their needs. Children with autism known to schools contribute 5%, looked after children 1.5% and young offenders 0.3% to the total estimated population of CYP with mental health disorders in Trafford. Data by ethnicity suggests that the majority (87.8%) of young people with mental health disorders are from white ethnic backgrounds followed by mixed children (7.1%), Asian/Asian British (3.3%) and Black/Black British (1.8%).

The young people's mental health charity 42nd Street stated regarding ethnicity and mental health "*Key groups have been disproportionately affected [by mental health issues]: young people of colour, their family, friends and communities."*

4.1.2 Wellbeing of Young People in Trafford

The #BeeWell programme surveys the domains and drivers of wellbeing of pupils in secondary school across Greater Manchester (GM). This survey began in the autumn of 2021 and will take place on an annual basis. A total of 3,658 Year 8 and Year 10 pupils participated in the 2021 survey.

Key findings from the #BeeWell survey on the markers of wellbeing in Trafford by neighbourhoods are presented below:

Psychological Wellbeing

Mean scores for psychological wellbeing were similar across the Trafford Neighbourhoods and GM (see Figure 4 below).

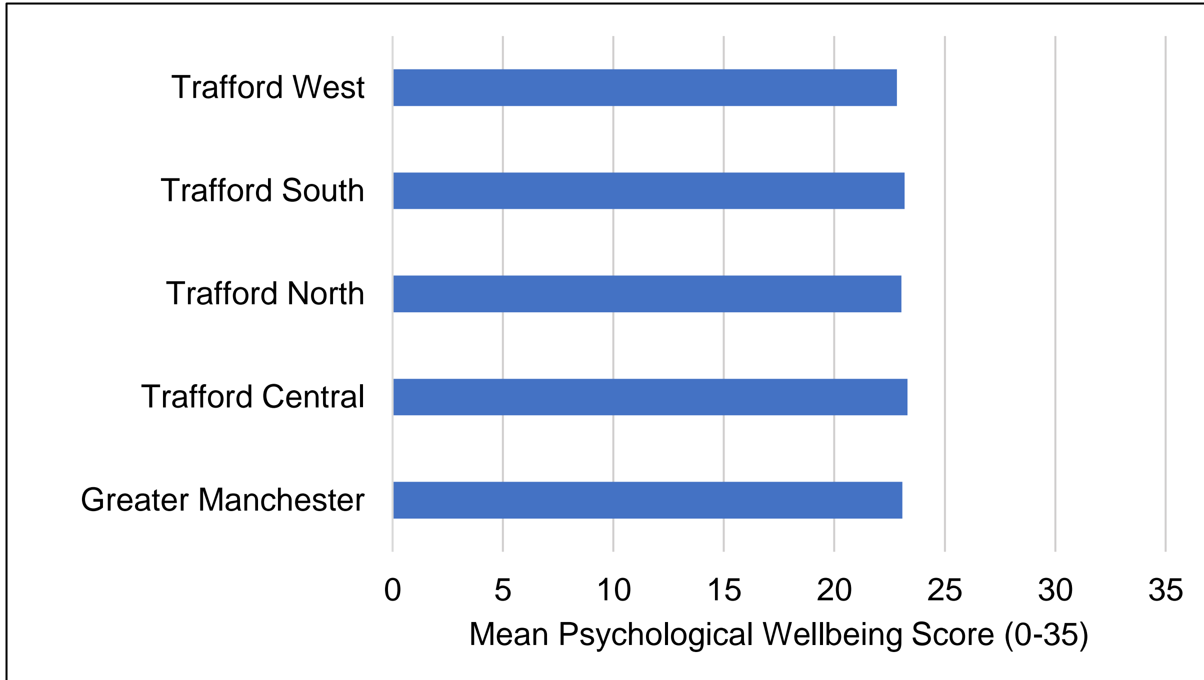


Fig 4: Mean Psychological Wellbeing Scores for Trafford Neighbourhoods and GM

Life Satisfaction

There were no significant differences in mean life satisfaction scores (Figure 5) across Trafford neighbourhoods and in comparison, with GM. However, the mean life satisfaction scores were lower than those in the ONS data collected for adults.

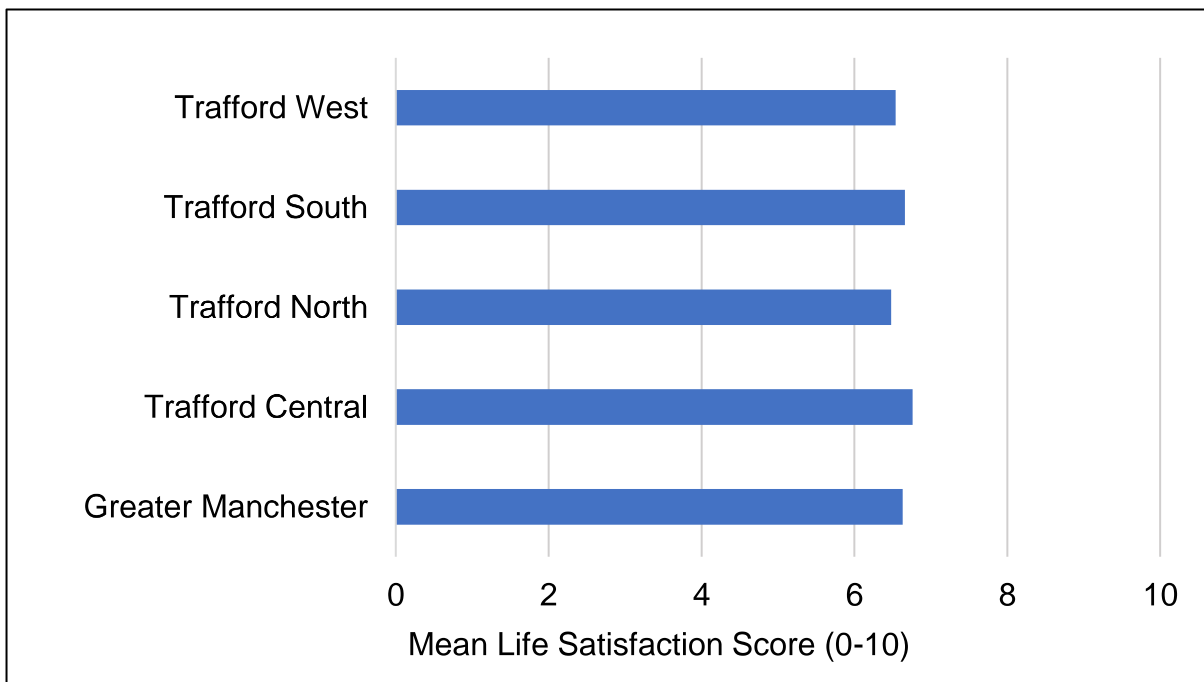


Fig 5: Mean Life Satisfaction Scores for Trafford Neighbourhoods and GM

Optimism

There were generally lower levels of optimism in females compared with males across all Trafford neighbourhoods and in GM (Figure 8). Female pupils in Trafford West reported slightly lower optimism when compared with females from other Trafford neighbourhoods and GM.

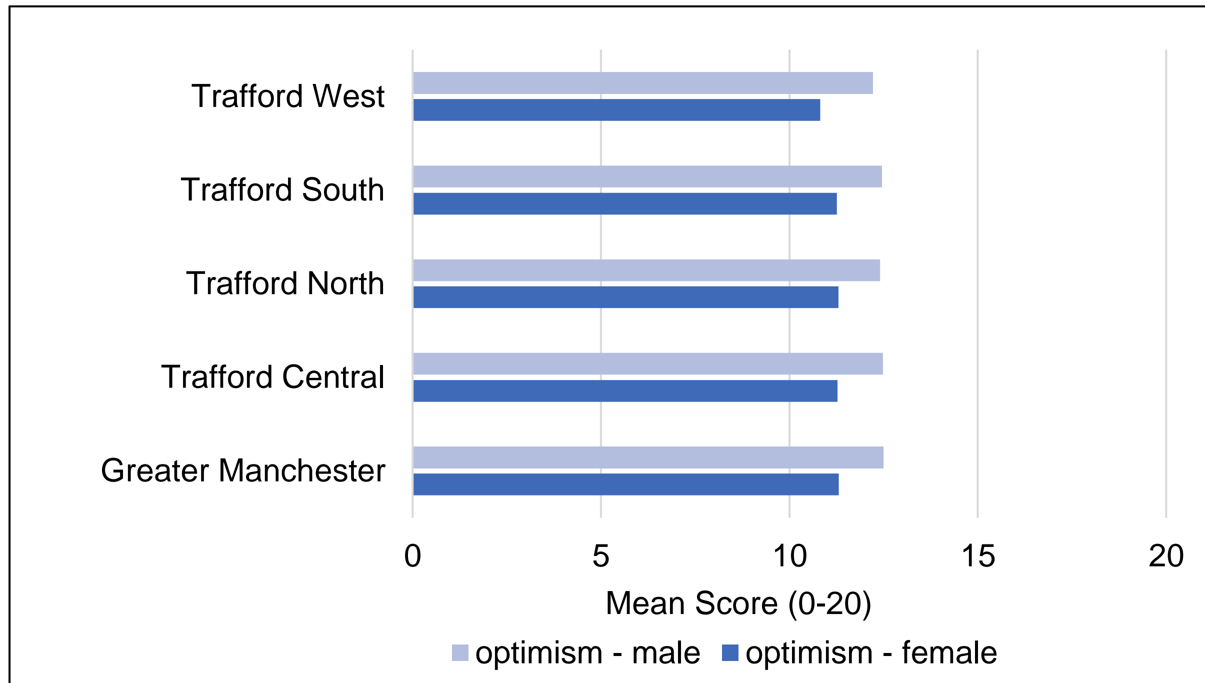


Fig 6: Mean Optimism Scores 0-20 by gender for Trafford Neighbourhoods and GM

Positive Affect

The mean positive affect scores were similar across Trafford neighbourhoods and in comparison, with GM, no significant differences were reported (see Figure 7 below).

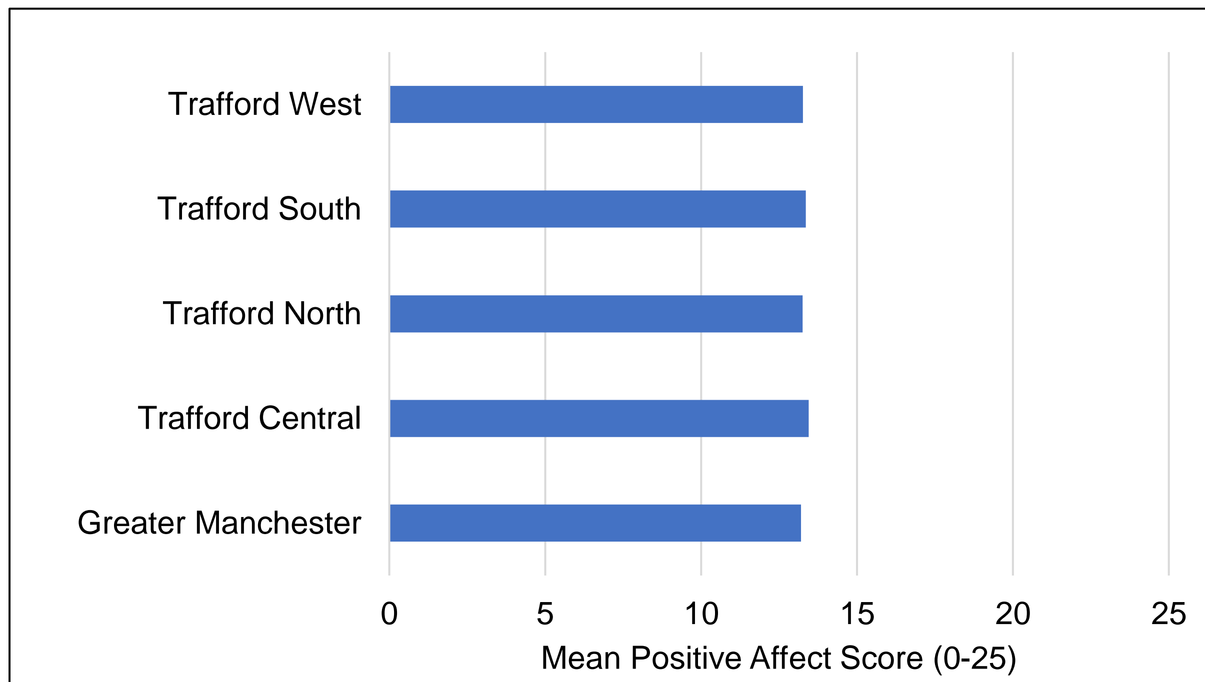


Fig 7: Mean Positive Affect Scores 0-25 for Trafford Neighbourhoods and GM

4.1.3 Inequalities in Young People's Wellbeing across Greater Manchester

A report on young people's wellbeing inequalities across Greater Manchester was prepared by the #BeeWell Research Team (2022). Two domains (**Psychological Wellbeing** and **Life Satisfaction**) are considered below.

- **Gender Identity** – Females scored significantly lower than males across both domains. The largest difference was observed between males and those identifying as non-binary (NB scoring significantly lower).
- **Sexual orientation** – Sizeable inequalities were observed between heterosexual young people and those identifying as gay/lesbian or bi/pansexual. The latter two groups scored around two-thirds of a standard deviation lower than their heterosexual counterparts.

- **Transgender status** – Transgender pupils reported lower levels of life satisfaction and psychological wellbeing than their cisgender peers.

Although wellbeing inequalities were identified with respect to other dimensions (ethnicity, language, age, socio-economic status, caregiving responsibilities, and special educational needs and disabilities), these were not statistically significant. One exception was the difference in life satisfaction scores between two school year groups– Year 10 reported significantly lower scores than their Year 8 peers.

Feedback from the focus group also identified wellbeing inequalities, the young people's mental health charity 42nd Street stating "*We see resilience in young people all the way through, particularly in those communities that have experienced greater levels of intergenerational trauma and people of colour. When you're speaking to community leaders, to families, to young people, there's huge resilience already there. But those people are struggling disproportionately because of the situation they're in, because of prejudice in society, because of structural inequalities.*"

4.1.4 What We Don't Know

As the #BeeWell programme is soon to enter its second year of data collection, there is no comparator data available at present. Therefore, it will be a couple of years before it is possible to identify local patterns in youth well-being.

The #BeeWell programme currently only provides data collected from two secondary school year groups. As such, there is a lack of wellbeing data available at a national and local level which captures the experiences of primary school-aged children.

4.1.5 Social Connectedness – Young people

Data published by the ONS in 2018 suggests that the youngest age group assessed as part of this survey (16-25 years of age) reports greater levels of loneliness than any other age group. This finding highlights the need to capture young people's experiences and monitor loneliness as a marker of wellbeing, given its established link with many aspects of functioning.

The #BeeWell Survey includes several measures which explore young people's sense of social connectedness, including levels of family support, loneliness, and friendships.

Data from the #BeeWell survey suggests that pupils in Trafford North reported lower than average levels of family support (see Figure 8 below), indicating that they feel less supported by the adults that they live with compared to students from other Trafford neighbourhoods and GM.

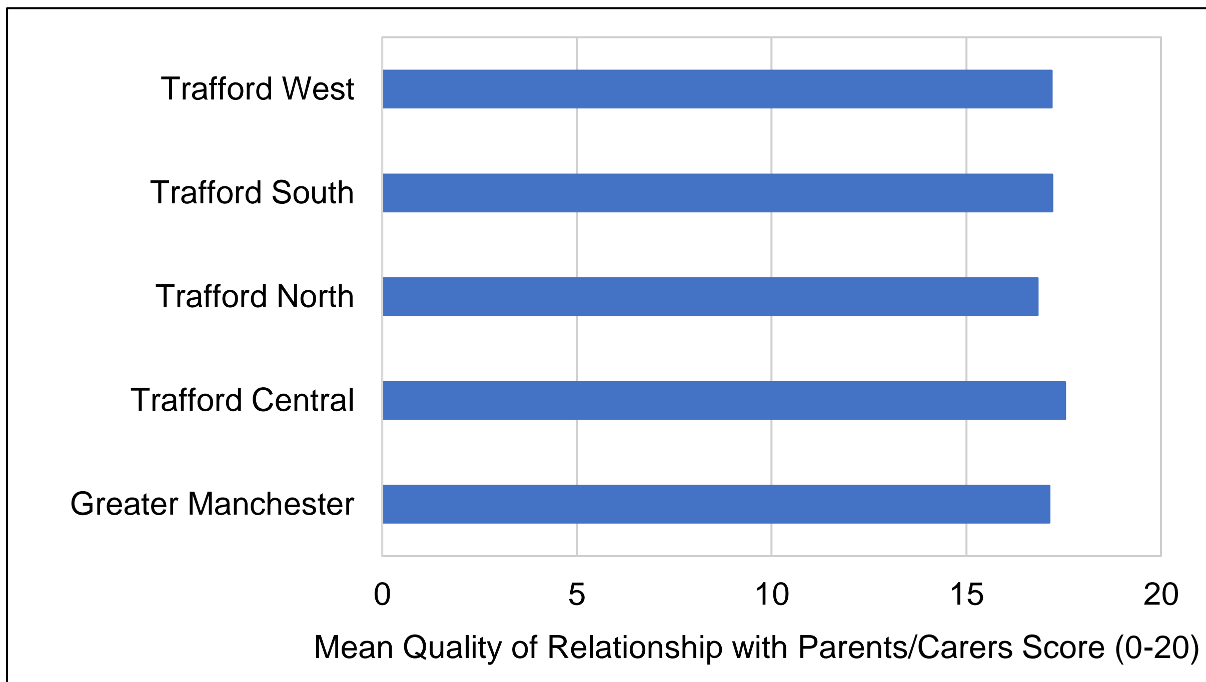


Figure 8. Mean Quality of Relationship with Parents/Carers at Home Scores for Trafford Neighbourhoods and GM

For the measure of experiences of loneliness (Figure 9), pupil in Trafford South scored higher than the average score for other Trafford neighbourhoods and GM. This suggests that they feel lonely more often compared to other students.

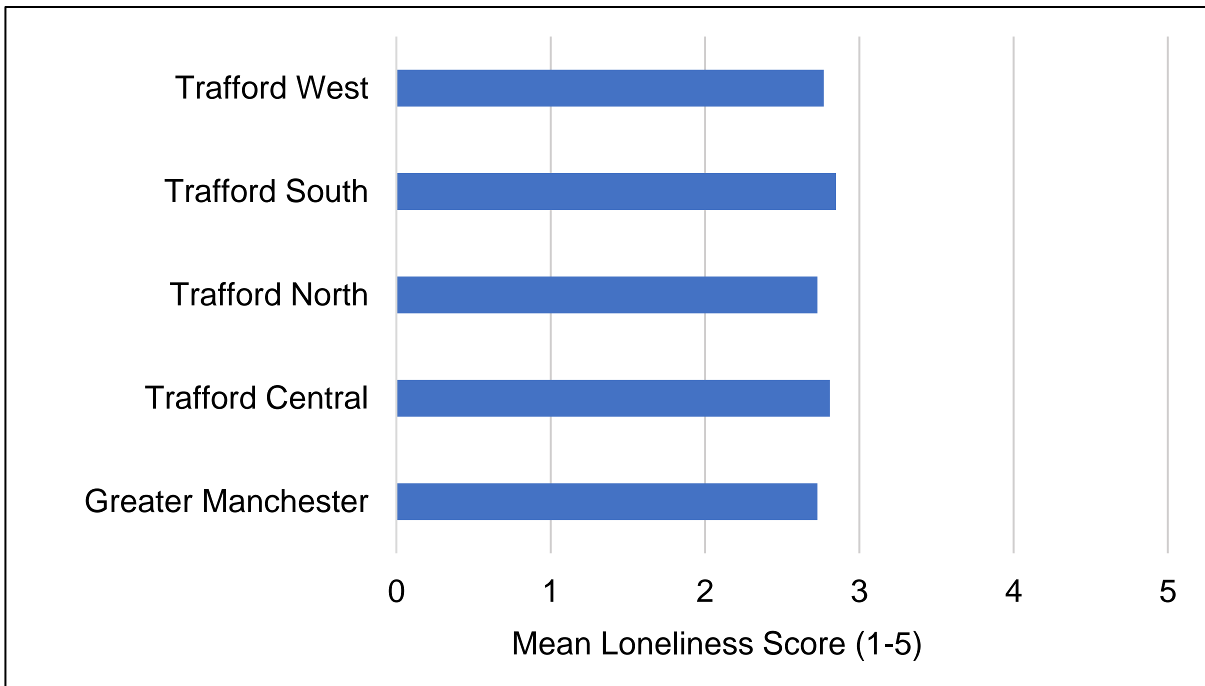


Figure 9. Mean Loneliness Scores for Trafford Neighbourhoods and GM

The mean quality of friendship with peers (Figure 10) measure is slightly lower for Trafford West and North neighbourhood when compared with South, Central and GM.

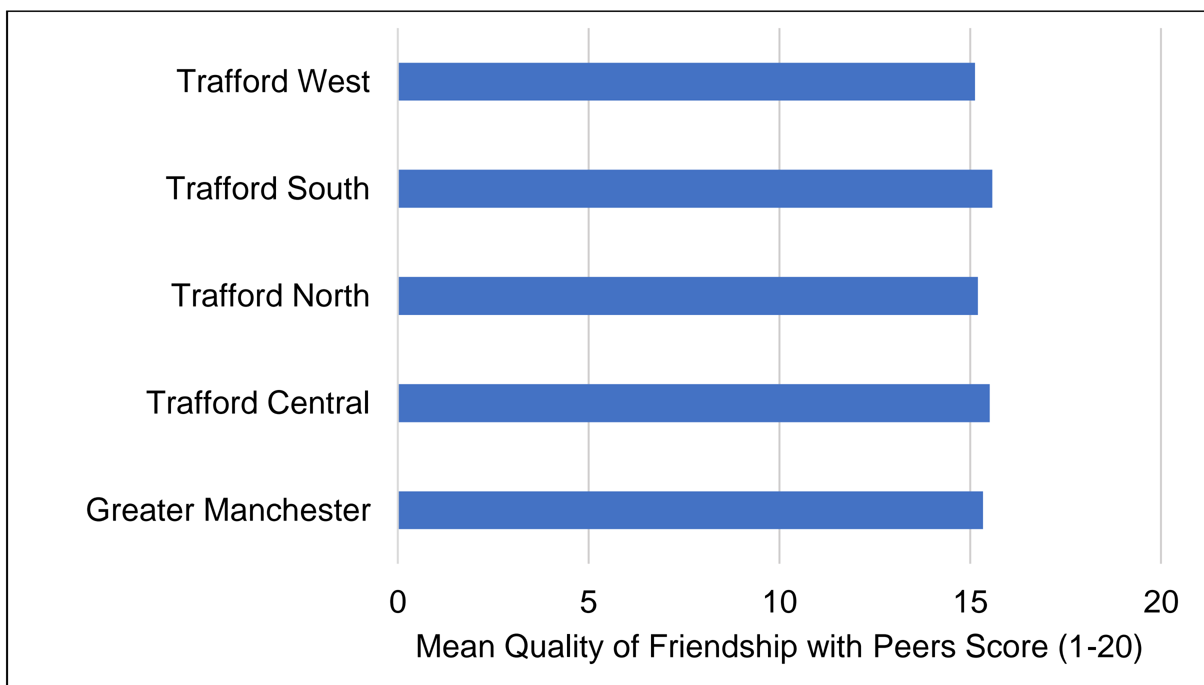


Figure 10. Mean Quality of Friendships with Peers Scores for Trafford Boroughs and GM

4.2 Adults Mental Health in Trafford

Key statistics on mental health issues in Trafford are as below:

- More than 1 in 10 adults (14.8%) in Trafford are on a GP register for depression.
- Trafford has the second highest prevalence of depression amongst its group of similar local authorities (Mental Health Profile, 2020).
- Recent data for Trafford are not available but estimates for 2016/17 suggest that 13% of adult patients are affected by depression and anxiety, slightly higher than 2015/16 (11.8%) (Mental Health Profile, 2017).
- Approximately 2,369 adults (0.97%) are on a Trafford GP register because they have a severe mental illness.

4.2.1 Depression Prevalence

According to a report from the World Health Organization, depression is a common mental disorder, and it is estimated that about 5% of adults suffer from depression. More women are affected by depression than men. This can cause the affected person to suffer greatly and function poorly at work, at school and in the family.

Data from NHS Digital for the years 2016-2021 suggests that depression rates across England are increasing. Trafford has a higher depression rate (13 per 1,000 population) compared to NW (11 per 1,000 population) and England during this time period. For the year 2020/2021, the prevalence rates were 13 and 11 per 1,000 for Trafford and North West respectively. Data from OHID fingertips shows a similar pattern. There has been a steady increase in recorded prevalence of depression over the period 2013/2014 to 2020/21. The percentage of individuals diagnosed with depression on the GP registers in Trafford almost doubled, increasing from 7.5% for the year 2013/2014 to 15.4% for the year 2020/21, higher than NW (15%) and England (12.3%) averages (See Figure 11 below).

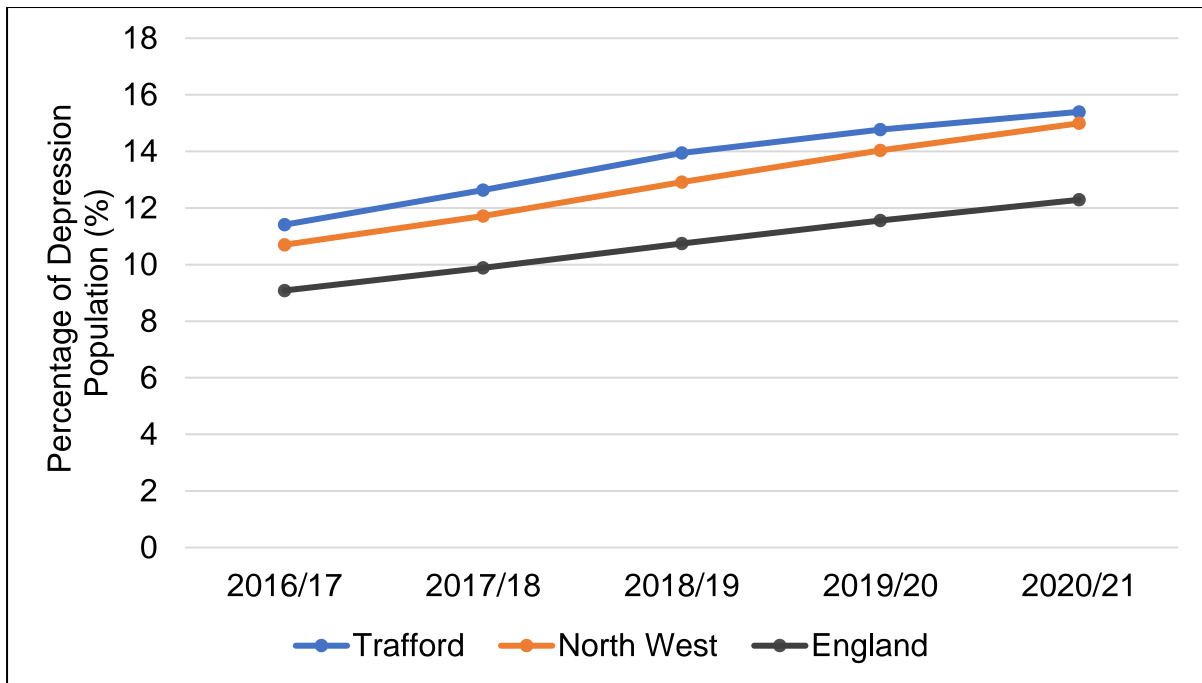


Fig 11: Prevalence of Depression (aged 18+), as recorded on Practice Disease Registers, in Trafford, NW and England between 2016 and 2021 (Source: OHID Fingertips)

The Health Foundation found that the COVID-19 pandemic caused a sustained deterioration in mental health for a fifth of the population (The Health Foundation, 2021). Age UK when asked about the impact of the COVID-19 pandemic on their service users commented that"*… and we did find that the people were themselves self-reporting that they had, you know, 44% increase in feeling depressed and having reduced motive motivation, 84% had increased feelings of anxiety. People were more worried about the future and to a certain extent, things have moved on and life isn't the same anymore as it was. And they're finding that struggle*".

4.2.2. Suicide rates

Every year close to 6,500 people in the United Kingdom (UK) take their own life, and many more attempt suicide. Suicide is a tragedy that affects families, communities and entire countries with life-long impacts on the individuals who are left behind. Suicide is a major public health problem with a range of risk factors across micro, meso and macro levels. However, it is preventable through timely, evidence-based and often low-cost interventions.

The suicide rate in Trafford is 7.3 per 100,000 population and is statistically lower than NW (10.7 per 100,000 population) and England averages (10.4 per 100,000).

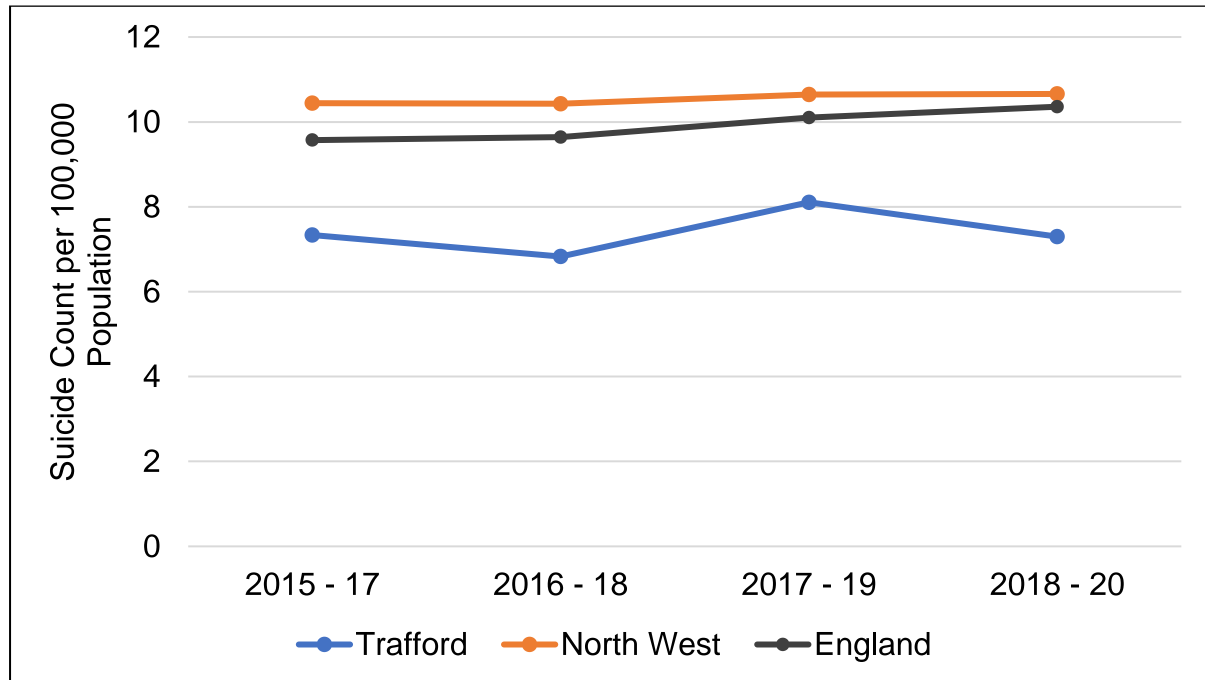


Fig 12: Suicide Rates per 100,000 Population in Trafford, NW and England between 2015 and 2020 (Source: OHID Fingertips).

Trafford has the second lowest suicide rate in the Northwest (lowest in Oldham at 7.1 per 100,000 population) and its group of 16 similar local authorities (lowest in Thurrock at 6.6 per 100,000 population). Due to lack of timely data post pandemic, the impact of COVID-19 on the mental health of individuals remains to be seen.

4.2.3 Domestic Abuse

Many people (mostly women and children) exposed to violence and abuse, are often faced with being trapped in this situation with little access to refuge or support. Such exposures are known risk factors for serious and long-lasting mental health problems.

A weekly social study by University College London found that reports of abuse have been higher in adults under the age of 60, households with lower incomes, overcrowded homes, and among people living with children. The study highlights that

this is most likely an underestimation of actual levels due to underreporting (Fancourt *et al.*, 2020)

Domestic abuse-related incidents and crimes rates per 100,000 in Trafford for the year 2020/21 are higher (34.3 per 100,000 population) than NW (29.7 per 100,000 population) and England (30.3 per 100,000 population) averages. Between the period 2016/17 to 2020/21, the rates for Trafford have remained above the NW and England averages declining by 4.9 per 100,000 between 2018/19 and 2019/20 reducing the gap between the Trafford rate and NW and England rates but rising again in 2020/21.

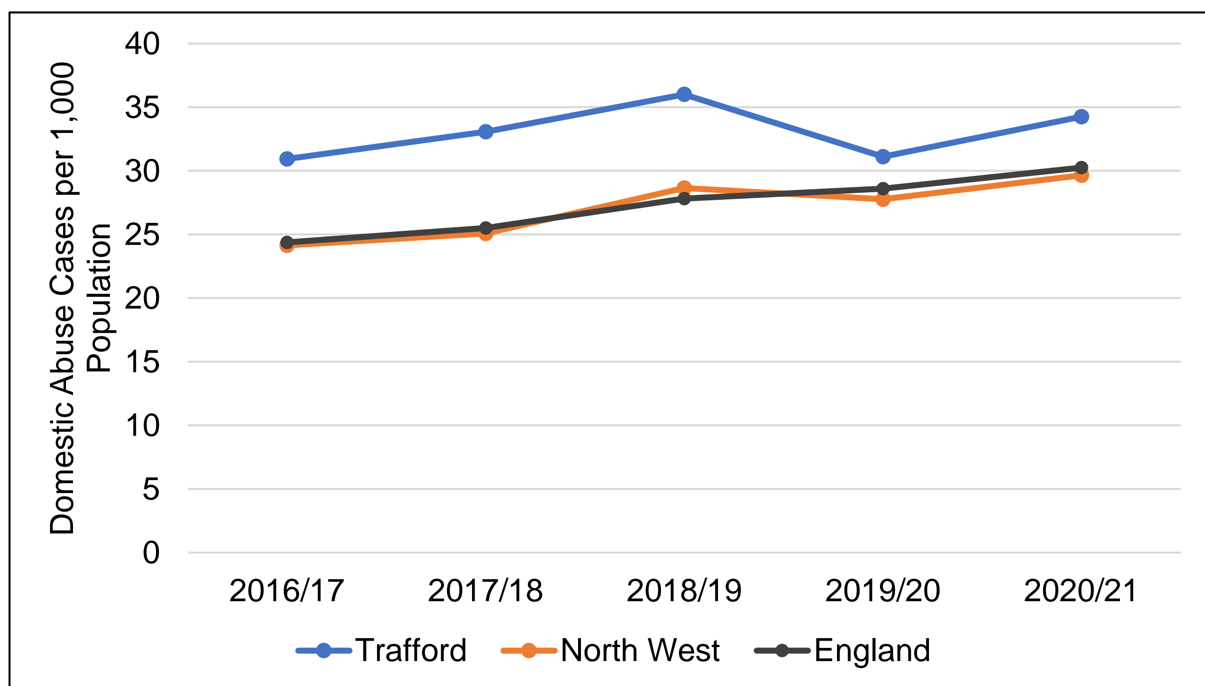


Fig 13: Domestic Abuse-Related Incidents and Crimes Recorded by the Police (crude rate per 1,000) in Trafford, NW and England between 2016 and 2021 (Source: OHID Fingertips)

Greater Manchester Mental Health commented "*We've certainly seen an increase in people affected or coming to services being affected by domestic abuse since the pandemic*."

4.2.4 Wider Determinants

Employment and Support Allowance Claimants

The relationship between mental health and unemployment is bi-directional. Having a good mental health is key influence on employability, finding and job. Unemployment and lack of finances can indirectly affect the quality of life, which in turn presents a risk to an individual's physical and mental health. The stress associated with this can have negative consequences for people's mental health, including depression, anxiety and lower self-esteem .This can create a negative reinforcing cycle, whereby an individual is unable to carry out certain tasks. Employment and support allowance (ESA) can be very helpful when one's mental health is not alright.

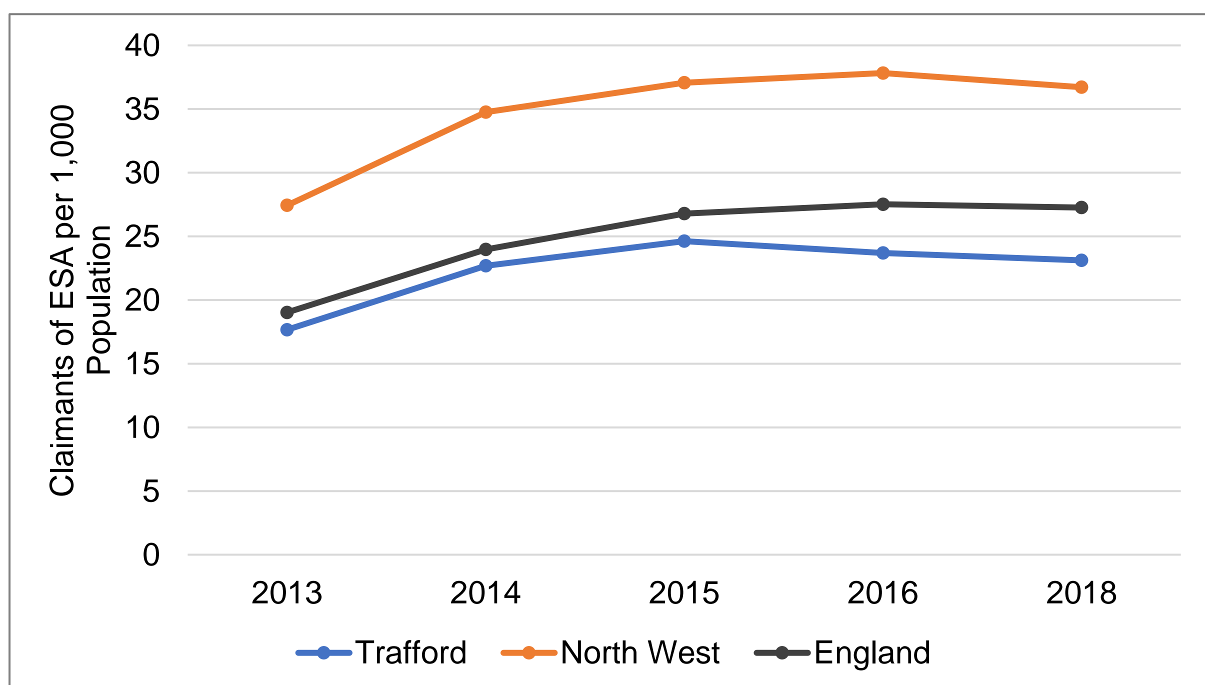


Fig 14: Number of Claimants of Employment Support Allowance (ESA) for Mental and Behavioural Conditions (rate per 1,000 working age population) in Trafford, NW and England between 2013 and 2018 (Source: OHID Fingertips)

In 2018, Trafford had the lowest number of ESA claimants for mental health and behavioural conditions (23.1 per 1,000 working age population) when compared with NW (36.7 per 1,000 working age population) and England (27.3 per 1,000 working age population). Examining the number of ESA claimants with mental and behavioural

disorders between 2013 and 2018, the Trafford rates remained below that of NW and England but all three followed a similar trend. There was a sharp rise in ESA claimants in Trafford between 2013 (17.7 per 1,000 working age population) and 2014 (24 per 1,000 claimants).

Based on analysis on data of UK unemployment in 2021, from Thomson, Katikireddi et al, there has been a rise in unemployment rate with additional 2000,000people having poor mental heath making a total of about 800,000 unemployed people with poor mental health by the end of 2021.

The rise in unemployment is not distributed evenly across society. While the unemployment rate was estimated at 5.1% in January 2021, the highest rates were among young people aged 18–24 (14.0%), people with lower qualifications (7.8%) and people from minority ethnic groups (7.6%).

In January 2021, 43% of unemployed people had poor mental health. This was greater than for people in employment (27%) and for people who were on furlough (34%). This suggests that furloughing has provided some protection for mental health.

4.2.5 Adult Wellbeing in Trafford

In 2011, the ONS introduced four subjective wellbeing questions for the household surveys. The questions were as follows:

- Overall, how **satisfied** are you with your life nowadays?
- Overall, to what extent do you feel that the things you do in your life are **worthwhile?**
- Overall, how **happy** did you feel yesterday?
- Overall, how **anxious** did you feel yesterday?

At a national level, average ratings of well-being have significantly **deteriorated** across all measures in the year ending March 2021 – a trend which is reflected in the Trafford data (see Figures 22-25 below*)*. This deterioration coincided with the COVID-19 pandemic. The mean scores for the Worthwhile and Happiness questions for Trafford were worse than the national median.

The ONS also presents data on the proportion of people that fall within certain thresholds (e.g., low, medium, high, or very high scores for life satisfaction). In Trafford in 2020/21:

- Nearly 96% of respondents reported at least a **medium** level of life satisfaction (scores 5+)

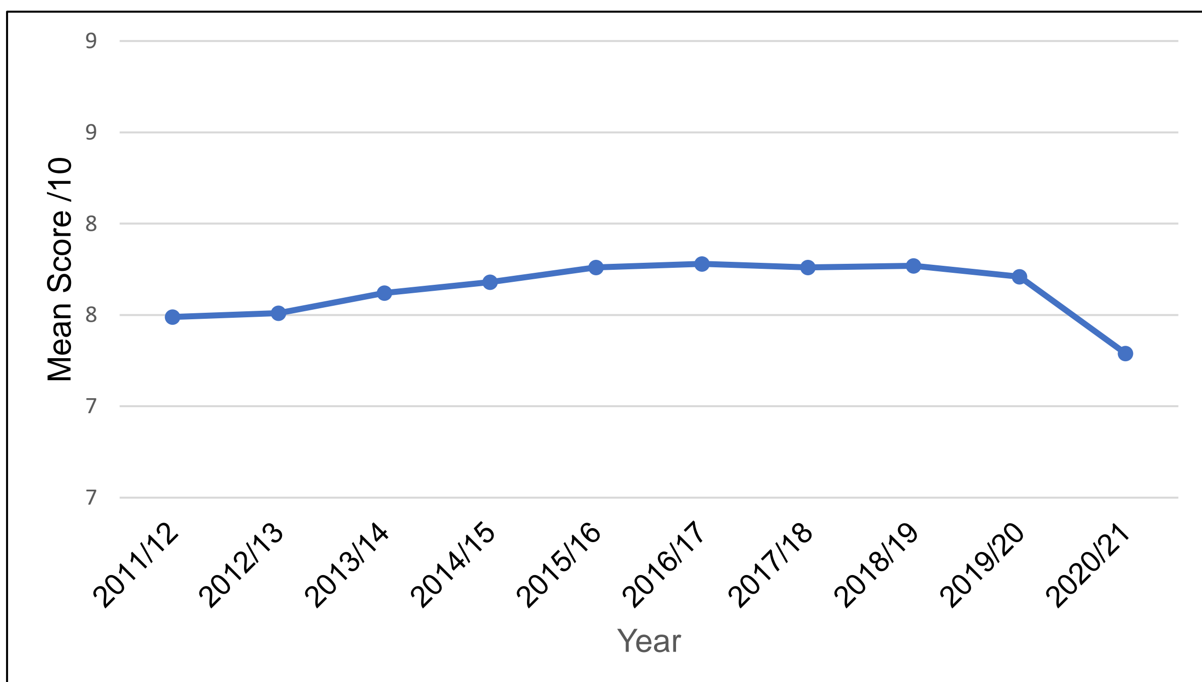


Figure 15: Mean scores for Life Satisfaction in Trafford between 2011 and 2021

- 93% of respondents felt life was worthwhile

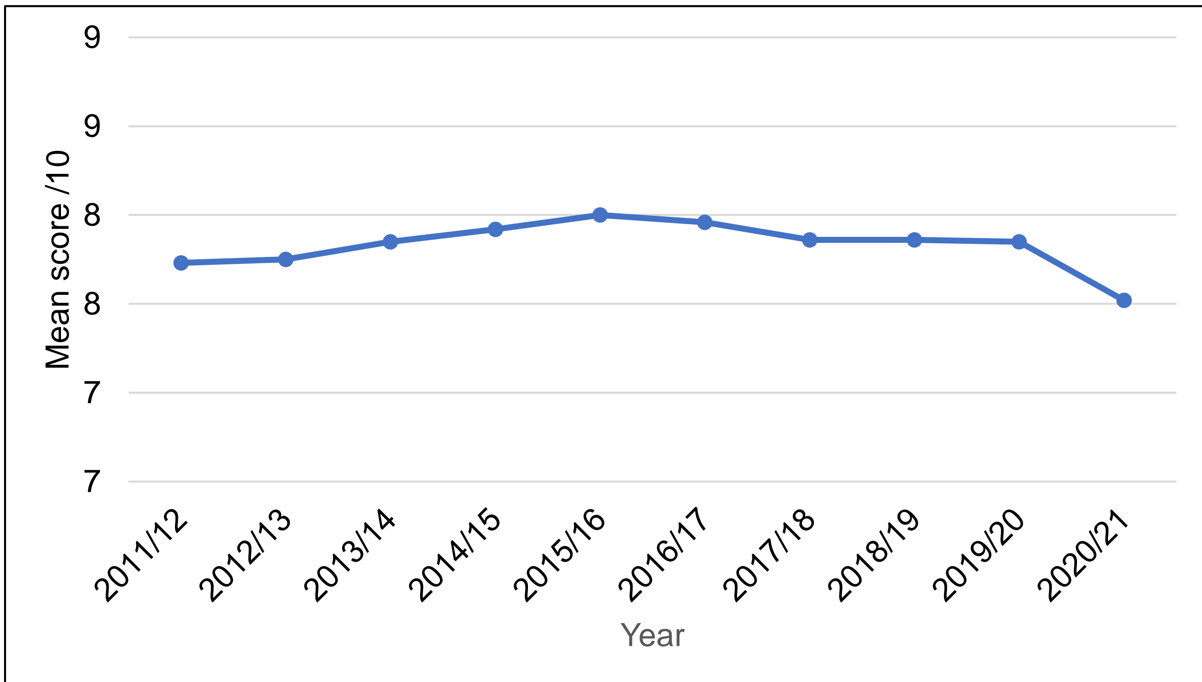


Figure 16: Mean scores for the Worthwhile measure in Trafford between 2011 and 2021

- Almost 11% reported **low** levels of happiness (scores 0-4). Nationally, 9.3% of people fell within this range.

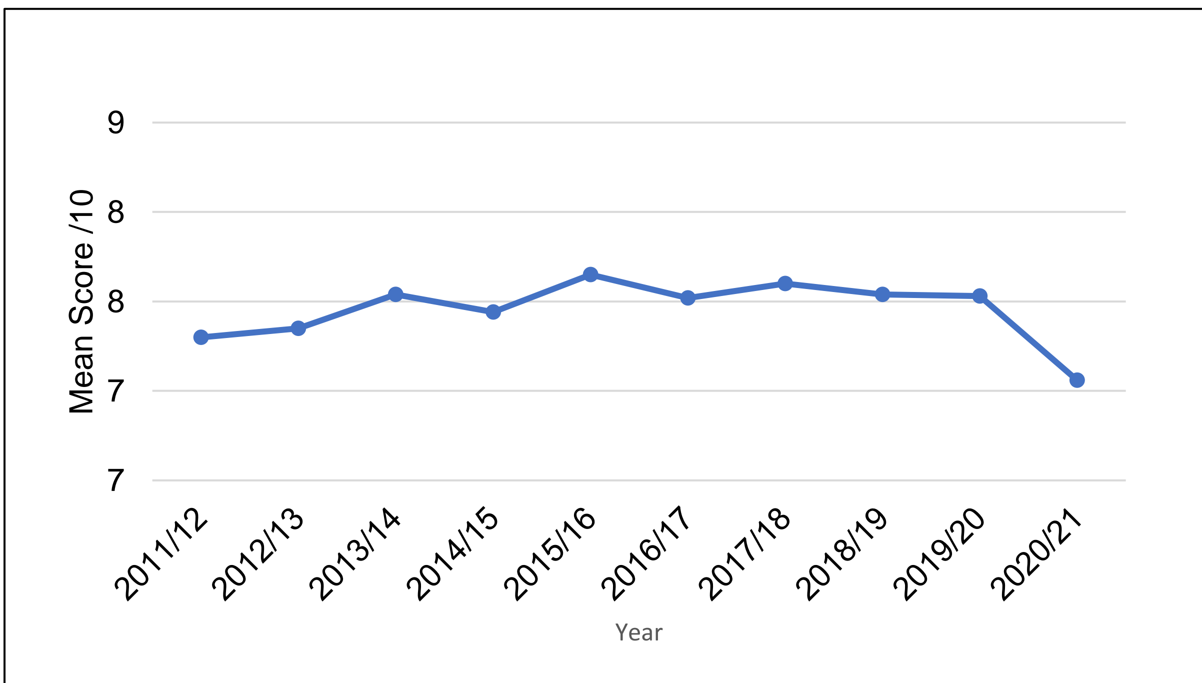


Figure 17: Mean Happiness scores in Trafford between 2011 and 2021

- 26% reported **high** levels of anxiety (scores 6+). Across the UK, 24% of respondents fell within this range.

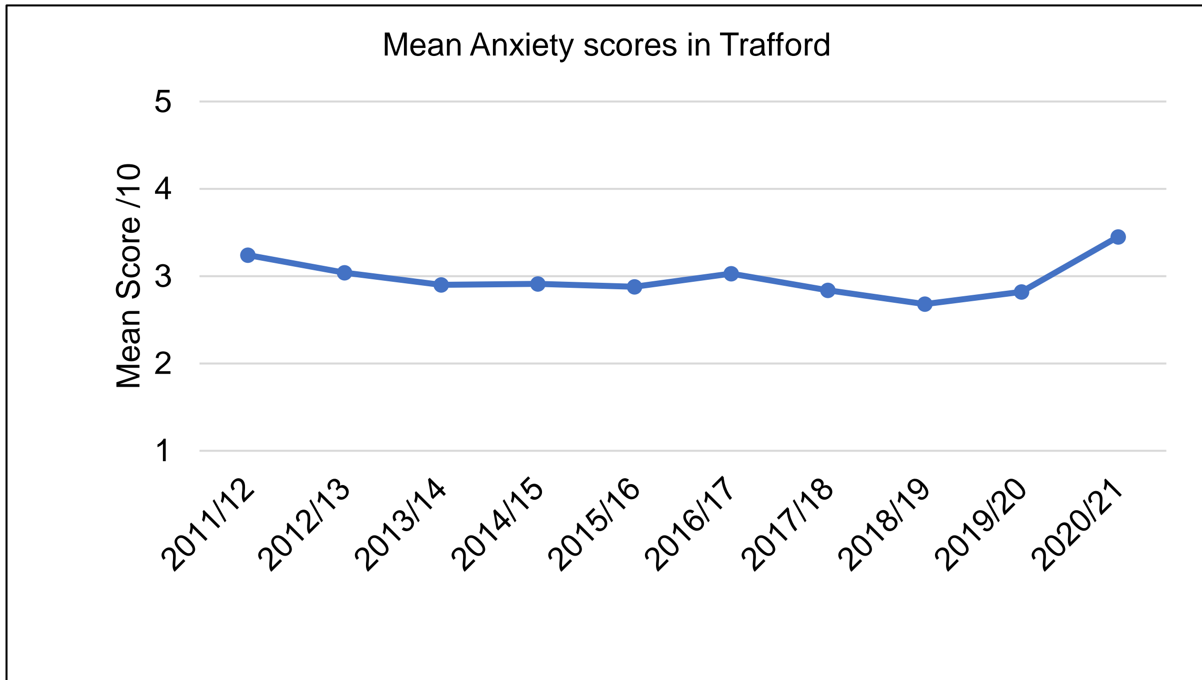


Figure 18: Mean Anxiety scores in Trafford between 2011 and 2021

4.2.6 Social Connectedness – Adults

ONS data from October 2020 and February 2021 suggests that:

- 4.67% of respondents felt lonely "often/always"
- 15.21% felt lonely "some of the time"

Despite data being collected during a national lockdown in the COVID-19 pandemic, it should be noted that it is comparable to the national rates of loneliness recorded in 2016/17 (ONS, 2017). Although sample sizes were relatively small, Trafford data during this time period compared favourably to other neighbourhoods in Manchester (Figure 19).

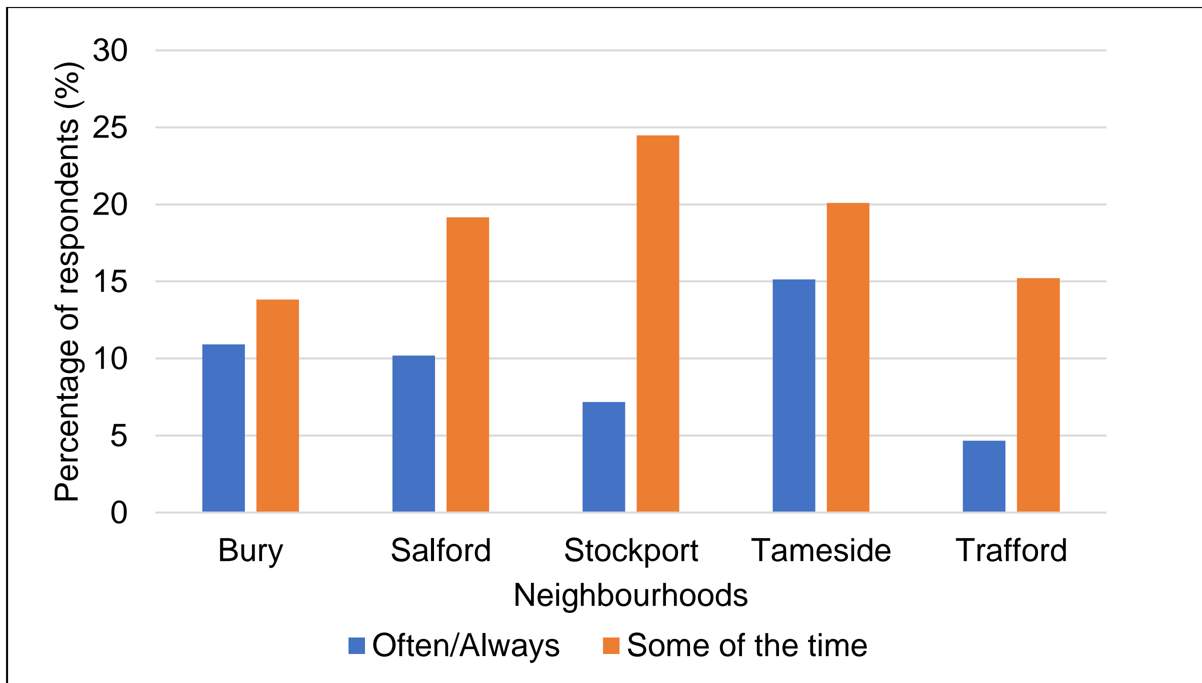


Figure 19: Loneliness ratings between October 2020 and February 2021, by neighbourhood

4.2.7 Adult Social Care Users

Social care users are one of the groups at heightened risk of social isolation. The Adult Social Care Outcomes Framework (ASCOF) reports on the level of social isolation experienced by this group.

In recent years, the percentage of adult social care users who have as much contact as they would like has been similar to the average for England. However, in 2019/20, there was a considerable improvement in Trafford, with 58% of respondents reporting that they were having as much social contact as they would have liked, compared to 47% across England.

5. Existing and Future Impacts of Mental Health

5.1 Ageing Population

The prevalence of people living with long-term conditions increases with age, and recent data from the Health Foundation suggests that over 30% of people aged 65 and over are living with one or more long-term condition in England (The Health Foundation, 2021). An ageing population increases the total number of people requiring health and social care support as those over the age of 65 will make up a higher proportion of the population. However, recent data suggests that the rate at which people develop social care needs is dropping and is fewer in those over the age of 65 years than 15 years ago. Trafford's population is estimated to grow by almost 10% to 257,092 residents by the year 2040, with (residents over the age of 65 expected to make up roughly 21% of the population (NOMIS, 2022).

The English Longitudinal Study of Ageing (ELSA) collects measurements on activities of daily living (ADLs) for people over 50 years of age. ADLs are fundamental tasks and skills that allow an individual to live an autonomous life. Figure 20 below suggests that the percentage of people needing help with ADLs increases with age particularly after 84 years of age. Needing support with ADLs can be associated with a reduction in quality of life and unsafe living conditions, which in turn presents a risk to an individual's physical and mental health. This can create a negative reinforcing cycle, whereby an inability to carry out certain ADLs negatively impacts physical and mental health, further undermining the individual's capacity to undertake ADLs without support.

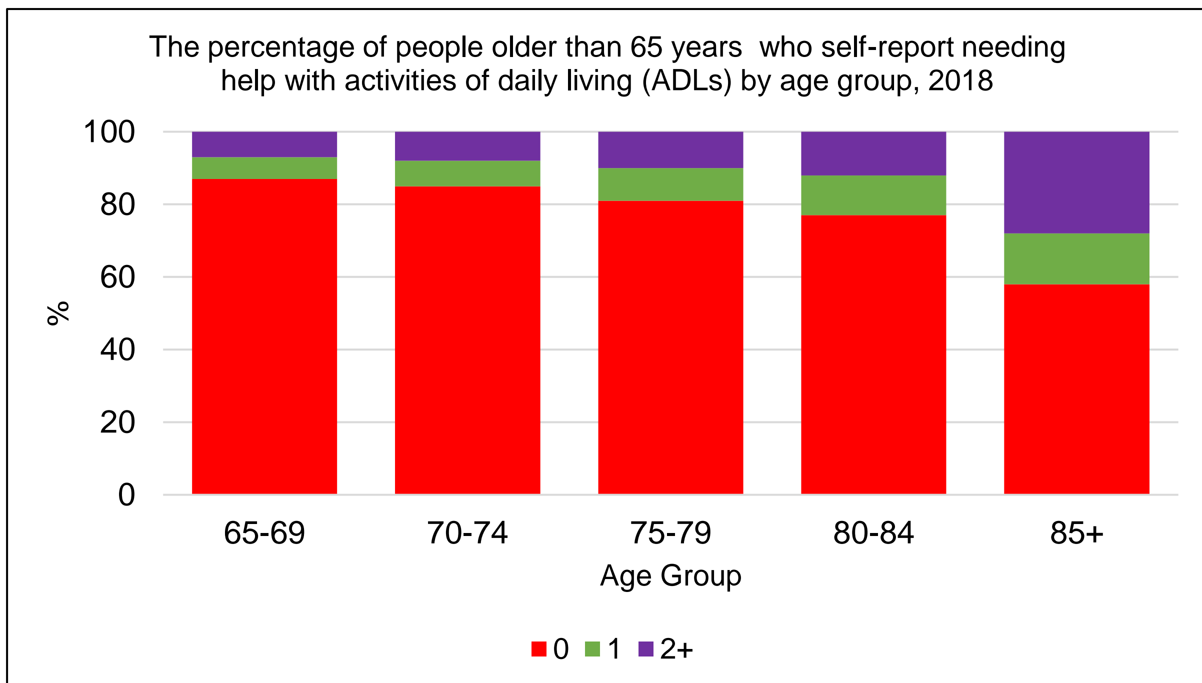


Fig 20: The percentage of people older than 65 who self-report needing help with activities of daily living (ADL) by age group, 2018.

At ages 65–69 years, around 13% of people reported needing some help with at least one ADL (6% with one ADL and 7% with two or more ADLs) and 87% report having no need for help. By ages 85 and older, this has increased to 42% needing help with at least one ADL (14% needing help with one ADL and 28% needing help with two or more ADLs) and 58% reporting no need for help.

5.2 Long COVID-19

Over 35% of Trafford's population have caught COVID-19 - estimated to be even higher if accounting for non-reported asymptomatic cases. For most people, the symptoms of COVID-19 will pass within a matter of days or weeks. However, for some people the effects can last for months. This is known as long COVID. The symptoms of long COVID can be clustered into four main types (NIHR):

- Post-viral fatigue
- Fluctuating multi-system symptoms
- Lasting organ damage
- Post-intensive care symptoms (cognitive impairment, declines in mental health, chronic pain, fatigue and shortness of breath).

It is estimated that the prevalence of long COVID disproportionately effects those living with pre-existing conditions (The Health Foundation, 2021). Given the link between higher prevalence of long-term conditions and an ageing population, the burden of long COVID is likely to impact older population groups, especially those who are limited by daily activities.

Long COVID symptoms present a significant risk to mental health. The fluctuating nature of the condition can pose as a barrier to build positive routines including socialising, working, and exercising. Having a long-term health condition can be isolating, particularly in the case of long COVID, which is relatively novel and poorly understood

5.3 Cost of living crisis

The UK is currently facing a cost-of-living crisis. In April 2022, the ONS reported a 40 year high in UK inflation (ONS, June 2022). Around 9 in 10 adults (46 million people) in Great Britain report that their cost of living has increased compared with around 6 in 10 adults (32 million people) in November 2021. The cost-of-living crisis has impacted people's behaviour with 57% of people spending less on non-essential items, 51% using less fuel, 35% spending less on food shopping and 23% using their savings. Only 11% of people reported no impact on their behaviour due to an increase in the cost of living (Figure 21).

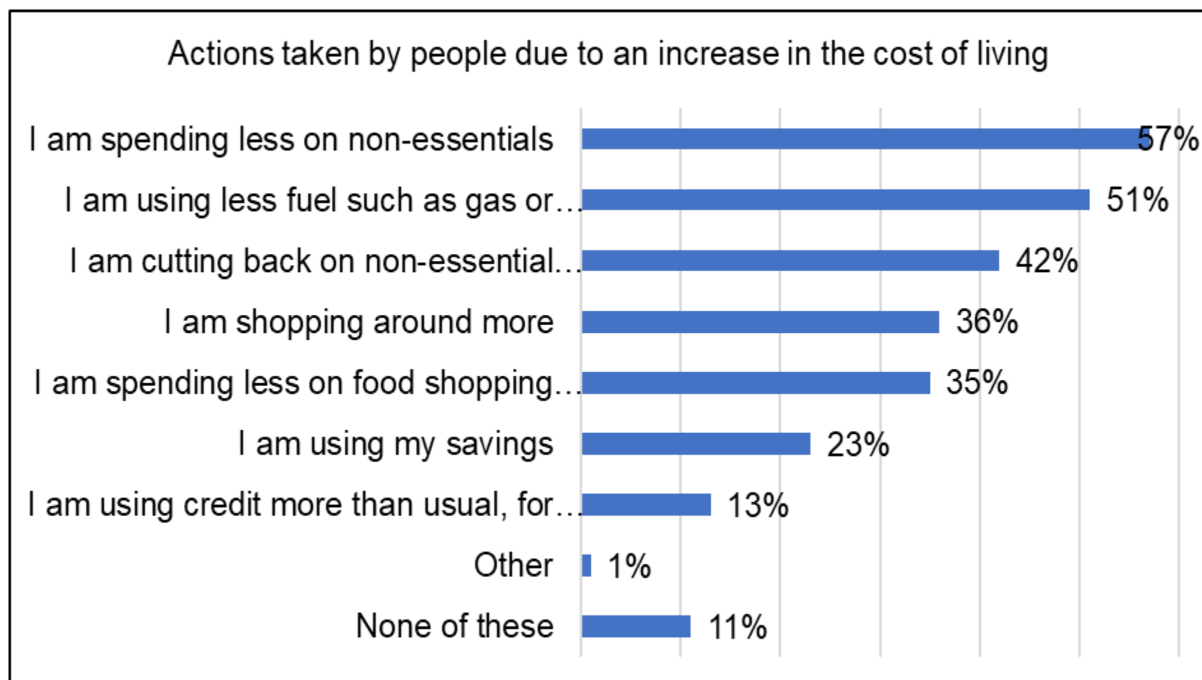


Fig 21: Actions taken by people due to an increase in the cost of living in the UK

Whilst the impact of the cost-of-living crisis is far reaching, it is set to impact the poorest and most vulnerable members of society most negatively. Increasing cost of food, electricity and gas, and fuel will likely mean that more people will struggle to meet their basic needs, and in turn may affect their mental state.

5.4 Hybrid Working and Digital Poverty

During the pandemic, more mental health services adapted to provide services via digital platforms. This has presented a significant opportunity for engagement, as it has enabled services to reach more people who might otherwise struggle to attend appointments in person. A spokesperson for Greater Manchester Mental Health NHS Foundation Trust stated "*I put [digital working] with the positives because it feels like actually, we're talking to people that just wouldn't have spoken to a service previously… We are now seeing a lot of people who would never have accessed the service [due to hybrid working], where before all we did was clinic-based face to face working. So, people who don't leave the house – the kind of hidden mental health problems that we weren't accessing services before*." The charity 42nd Street also saw increased engagement when using digital platforms "*We've seen significant numbers of young people of colour accessing online, and I think for us it's as a system. It's about making sure we're there at the various point and in the different environments. Digital does not mean one particular one offer. It's multiple offers. It's an environme*nt." However, it is noted that this new, hybrid way of working may still fail to reach groups of people who do not have internet access, are not technologically literate, or do not own any digital devices. As such, it is likely that older adults, socio-economically disadvantaged individuals, and those with learning disabilities may continue to have difficulties in terms of accessing services. The Cheshire and Wirral Partnership NHS Foundation Trust highlighted the potential inequalities in service provision when using solely digital platforms "*People are being left behind because now… if you look at the way so many things are now set-up, you can't call a number, you go through the website and that doesn't work for people*." The Learning Disability Service echoed these feelings "*I think the [digital age] is leaving people with learning disabilities and people who can't afford it behind, as well as older people. So, I think I agree that there*

have been positives, but I think there's a danger as we move to a more digital age… there will be digital inequalities, like health inequalities."

5.5: Health Index Score

According to the recent release from the ONS of Health Index for England which is a new measure that can be used to understand the health of an area by summarising a selection of indicators into a single value which can be tracked over time. The Health Index is currently an experimental statistic that gives every local area in England an overall health score for each of the past six years (2015-2020) This overall score is made up of measures in different categories, called domains and subdomains. These measures include physical and mental health conditions like diabetes or anxiety, local unemployment, road safety, and behaviours like healthy eating.

The Health Index score has a baseline of 100, which represents England's health in 2015. A score higher than 100 means that an area has better health for that measure than was average in 2015, lower than 100 means worse health than the 2015 average.

Trafford's best score across all subdomains is 109.9 for health relating to "access to services". The second highest scoring subdomain is **"mental health",** which addresses mental health conditions such as self-harm, suicides, and children's social, emotional and mental health, while Trafford's worst score is for **"personal well-being".**

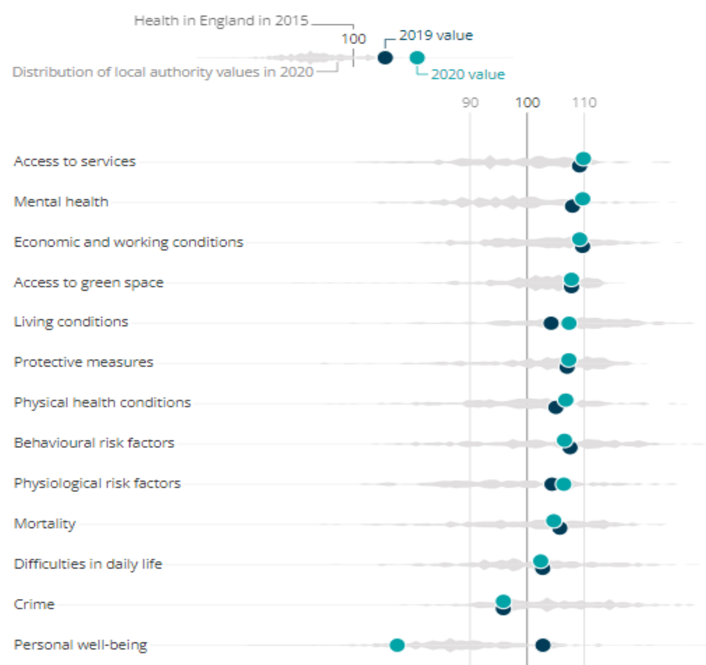


Fig 22: Health Index Values for each subdomain, Trafford 2020(Source ONS)

Trafford's score for "mental health" is better than the score for England as a whole.

Fig 23 compares the Health Index values for the "mental health" subdomain in England and across local authority areas in the North West, 2019 and 2020.

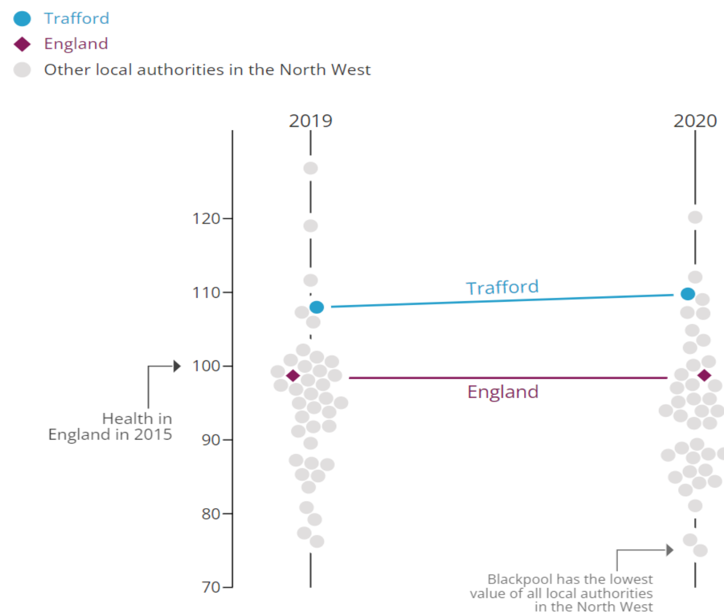


Fig 23: Health Index values for the "mental health" subdomain in England and across local authority areas in the North West, 2019 and 2020.

Trafford's score for "mental health" improved from 108.0 in 2019 to 109.8 in 2020. This means Trafford went from being in the top 20% of local authority areas to being in the top 10% across England for this subdomain.

The change was largely driven by a decrease in self-harm (the index improved by 4.3 points) and a decrease in suicides (the index improved by 4.3 points). However, there was a worsening in children's social, emotional and mental health (a decrease of 3.7).

6. Community Assets

6.1 What are community assets?

All communities will have existing resources which already support the wellbeing of the local population or can be leveraged to do so. According to NICE (2017), community assets can include:

- the skills, knowledge, social competence and commitment of individual community members
- friendships, intergenerational solidarity, community cohesion and neighbourliness within a community
- local groups and community and voluntary associations, ranging from formal organisations to informal, mutual aid networks such as babysitting circles
- physical, environmental and economic resources within a community
- assets brought by external agencies – public, private and third sector

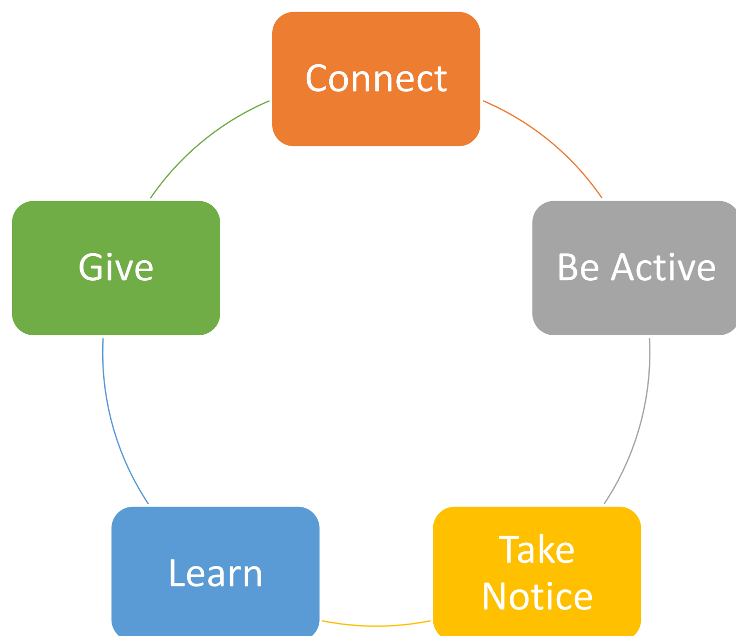
BlueSci, Support who harness many of Trafford's Community Health and Wellbeing resources for social prescribing stated *"Social prescribing has flourished during the pandemic, and I think that's had a really big impact on people's mental health. The feedback from the social prescribers has been very positive in that it's not seen as a mental health service by the clients, but actually the benefit that they've received from being seen by those individuals has been life changing for a lot of them."* The charity 42nd Street also noted the importance of these resources *"And I think social prescribing, those [interventions] which are not traditionally labelled. This as a mental health service, are really, really important, particularly for marginalized groups."*

42nd Street also said about collaborative working with other community assets "*Our service works really closely with Mind in Salford and who support the wider family around the young person and… the number of families who have been either becoming homeless or on the edge of that and they've been supported by Mind to access benefits they didn't know they could access and recoup some of that money which is just made all the difference*."

6.2 Five Ways to Wellbeing

The Five Ways to Wellbeing (FWW) are a set of evidence-based public mental health messages developed by the New Economics Foundation that aim to improve mental health at population level.

Figure 24: Five Ways to Wellbeing



The five messages (Figure 24) were developed to reflect the *kinds* of behaviour that people can engage in to improve the sense of wellbeing. As such, people are encouraged to undertake activities which are suited to their needs/preferences. A brief outline of the five pillars and the kind of support currently available:

Connect – the development of relationships with family, friends, colleagues, neighbours and people in local communities.

Be active – the promotion of physical activity, suitable for all ages and abilities.

Take notice – taking time for stillness, mindfulness, and reflection.

Learn – the practice of continuous learning and trying new activities.

Give – the act of helping others, e.g., through volunteering.

As there are currently no standardised tools specifically designed to evaluate the availability of community assets with respects to promoting wellbeing, the FWW will be used as a framework to identify the existing resources within the local community in Trafford and highlights areas for improvement (see Table 3 below).

Table 3: Mental Health Services within Trafford and their FWW Approaches

	Connect	Be Active	Take Notice	Learn	Give
BlueSci Support	Brew and Chat – weekly drop in group BME Peer Support Group	Regular physical activities including cycling, yoga, and wellbeing walks	Meditation with Theatre of the Senses, Sew Mindful – embroidery workshop	Weekly art groups, ESOL English Conversation Club, Drama workshops	Range of volunteering opportunities within BlueSci – including as a wellbeing peer/allotment volunteer
Trafford Carers Centre	Befriending services Getting to know your group – group for carers who support someone with poor mental health, BAME carers catch up group, Knit and natter group	Physical activities for young carers, including rock climbing, kayaking. and walking groups	Lightening Bees – opportunity to create a small film reporting on something going on in Trafford, Carers gardening group, monthly meditation group	Learn My Way – free online courses around digital skills, Young carer workshops – including creative writing and arts and crafts, flower arranging group	Opportunities for members of the public to volunteer and fundraise
Age UK Trafford	Befriending services for older adults Support for carers and people living with dementia Peer support groups	Online exercise videos for stamina, balance, and strength. In-person exercise classes Walking football programme	Afternoon Matinee – monthly vintage film club	Silver Surfer classes – focusing on IT and computer skills	Volunteering opportunities for members of the public – e.g., on reception, as a volunteer driver, in the dementia day care service.
42nd Street	Q42 – weekly group for LGBTQ+ people aged 13-18 Jet 42 – peer support group for young black and mixed-race men Women's group – with social, therapeutic, and creative elements Cloud 42 – peer support group for care leavers	Movement – a space for people aged 13-25 to explore different ways of expressing themselves through movement	Bee Heard – monthly groups where young people can reflect on mental health services and have their say about what they should look like.	Creative programme offering different creative workshops to under-25-year-olds	Change Ambassadors – group of young people who advocate for young people through campaigning and social action

6.3 Appreciation Points, Coping Strategies and Gaps in Services Needs

Although Trafford Borough has several services to support the mental health needs of people, there could still be changes in the approach by which services are provided.

Below are extracts from some of the conversations with Trafford residents accessing BlueSci services:

6.3.1 Appreciation Points and Coping Strategies

"*The first meeting I thought, "sod off this is stupid." But by the end of the second session, I was more open about the therapy and felt like I benefited*."

"*I try to keep busy and be useful. I try to reach out to those who are close. I try to maintain myself and my home. It doesn't always work but I keep on trying*."

"*Got a routine separating the week into sections. Things I do for myself, then with my husband. I also have one event in the month to look forward to. Being useful and wanted makes me feel better*."

"*I practice the techniques I have been taught but it can be hit and miss if it works. What works for me is to speak to a friend who doesn't judge or enable me, just listens. I am still taking medication which helps.*"

"*I am very good at recognising when I am going downhill due to my schizophrenia, and I call my brother or my CPN if I need support.*"

"*I have been seeing a mental health and wellbeing service person. I had wanted to start to get out but had limited mobility. She introduced me to a few groups. I started to gain in confidence as I started to mix with others. She was the perfect person. No one else could have helped me gain so much confidence in such a short space of time. I am going to carry on getting stronger and stronger and maybe start giving back as and when I can.*"

6.3.2 Services Needs and Recommendations

"*We need more staff that care. Support is needed for those who fall through the gap. Not viewed as ill enough for CMHT but too complex for basic IAPT services. A cross over service that deals with both Autism and Mental Health conditions.*"

"*We need more talking / groups, activities and less CBT and medication*.

"*As lovely as the practitioner was, she was not able to meet my needs. More time and counsellors trained in specific issues is needed.*"

"*I have been listened to and believed. A personalised approach would be a more effective way to assess someone's mental health*."

7. Conclusion

This needs assessment supports commissioners and providers to better understand the population they are responsible for. Considering how the population varies between places is important for identifying need and supporting prevention and early intervention. Projections of population growth should be used to ensure that the services offered are sustainable and delivered at scale. Variation across characteristics should be reflected in the service offer to ensure the offer is acceptable, relevant and accessible; this is especially important when considering ethnicity and poverty.

Finally, to reduce health and social inequalities, commissioners and providers need to ensure that services are working with those most at risk as early as possible. This means that mental health support to our residents should be enhanced through a need -based workforce and access to clear, useful information and advice available to Trafford citizens.

The major priority groups identified from this assessment are children and young people especially those with special educational needs (SEN), who are six times more likely to have a mental disorder than those that do not. Teenagers about the age of 14.5 years record the highest rate of those with mental conditions, older adults especially those with deprived societal/economic and environmental disadvantage, and social care users. It is therefore recommended to establish for early mental health and wellbeing intervention and prevention e.g., promoting 5 ways to wellbeing, social prescribing and use of greenspace.

References

Department of Health and Social Care (2011). Mental Health promotion and mental illness prevention: the economic case. [Online]
Available at: https://www.gov.uk/government/publications/mental-health-promotion-and-mental-illness-prevention-the-economic-case [Accessed October 2022].

González-Carrasco M., Vaqué C., Malo S. *et al.* (2019). A Qualitative Longitudinal Study on the Well-Being of Children and Adolescents. *Child Ind Res* 12: 479–499. doi.org/10.1007/s12187-018-9534-7

Gov.UK (2021) Department for Education. Academic Year 2020/21: Special educational needs in England [Online]
Available at: https://explore-education-statistics.service.gov.uk/find-statistics/special-educational-needs-in-england [Accessed October 2022]

Holt-Lunstad J, Smith TB, Baker M, Harris T, Stephenson D. (2015) Loneliness and social isolation as risk factors for mortality: a meta-analytic review. *Perspect Psychol Sci.* Mar;10(2):227-37. doi: 10.1177/1745691614568352. PMID: 25910392.

Keyes CLM. & Annas J. (2009). Feeling good and functioning well: Distinctive concepts in ancient philosophy and contemporary science. *The Journal of Positive Psychology* 4(3):197-201. doi.org/ 10.1080/17439760902844228

Lee RM. & Robbins SB. (1995). Measuring belongingness: The Social Connectedness and the Social Assurance Scales. Journal of Counselling Psychology, 42, 232-241.

NHS Digital (2021). Quality and Outcomes Framework, 2020-21. [Online]
Available at: https://digital.nhs.uk/data-and-information/publications/statistical/quality-and-outcomes-framework-achievement-prevalence-and-exceptions-data/2020-21 [Accessed October 2022].

Office for Health Improvement and Disparities (OHID Fingertips). Public Health Profiles. Depression [Online]
Available at: https://fingertips.phe.org.uk/search/depression [Accessed October 2022].

Office for Health Improvement and Disparities (OHID Fingertips). Public Health Profiles. Suicide Prevention Profile. [Online]
Available at: https://fingertips.phe.org.uk/suicide [Accessed October 2022].

Office for National Statistics (2021). Mapping loneliness during the coronavirus pandemic [Online]

Available at:https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/mappinglonelinessduringthecoronaviruspandemic/2021-04-07 [Accessed October 2022].

Office for National Statistics (2022). The cost of living, current and upcoming work: June 2022. [Online]
Available at:
https://www.ons.gov.uk/economy/inflationandpriceindices/articles/thecostoflivingcurrentandupcomingwork/june2022 [Accessed October 2022].

Office for National Statistics (2022). What actions are people taking because of the rising cost of living? [Online]
Available at:
https://www.ons.gov.uk/peoplepopulationandcommunity/personalandhouseholdfinances/expenditure/articles/whatactionsarepeopletakingbecauseoftherisingcostofliving/2022-08-05 [Accessed October 2022].

Public Health England (2018). Severe Mental illness (SMI) and physical health inequalities. [Online]
Available at: https://www.gov.uk/government/publications/severe-mental-illness-smi-physical-health-inequalities [Accessed October 2022].

Trafford Council (2022). Trafford Joint Strategic Needs Assessment. [Online]
Available at: https://www.traffordjsna.org.uk/Health-wellbeing-priorities/Mental-Health.aspx [Accessed October 2022].

The Health Foundation (2021). Unemployment and Mental Health: Why both require action for our COVID-19 recovery
Available at: https://health.org.uk/publications/long-reads/unemployment-and -mental-health x [Accessed October 2022].

Office for National Statistics (2022). How health has changed in your local area:2015 to 2020 [Online]

Available at:
How health has changed in your local area: 2015 to 2020 - Office for National Statistics (ons.gov.uk)[Accessed November 2022]

Bee Well Survey (2021). **#BeeWell Neighbourhood Data Hive (2021 survey)**
Available at**:**
#BeeWell Neighbourhood Data Hive (uomseed.com) [Accessed November 2022]

Appendix 1

Overarching Topic	Topic	Factors
Societal/Economic	Access	Access to life enhancing activities
Societal/Economic	Access	Access to services
Societal/Economic	Access	Access to social housing
Societal/Economic	Families	Families geographically spread
Societal/Economic	Families	Family breakdown
Societal/Economic	Families	Parental pressure
Societal/Economic	Finances	Cost of childcare
Societal/Economic	Finances	Poverty stigma - food banks
Societal/Economic	Finances	Income - job opportunities, high skilled jobs
Societal/Economic	Finances	Living wage jobs
Societal/Economic	Finances	Benefits
Societal/Economic	Finances	Disposable income
Societal/Economic	Finances	Financial advice
Societal/Economic	Leisure	Leisure time
Societal/Economic	COVID-19 Impacts	COVID lockdowns meaning that faith/community support networks, staffed by older people, collapsed
Societal/Economic	COVID-19 Impacts	Post-COVID - families presenting that were not previously known
Societal/Economic	Education	Choice - lack of different routes
Societal/Economic	Education	Education quality
Societal/Economic	Education	Fair access to education/schools
Societal/Economic	Education	Academic achievement pressures
Societal/Economic	Education	Educational outcomes + anxiety - impact on job opportunities and future outcomes
Societal/Economic	Employment	Educational outcomes + anxiety - impact on job opportunities and future outcomes
Societal/Economic	Employment	Being employment ready
Societal/Economic	Employment	Employment/unemployment
Societal/Economic	Employment	Having to give up jobs to care
Societal/Economic	Employment	Shift work - impact on community networks
Societal/Economic	Employment	Wages
Societal/Economic	Employment	Working conditions
Societal/Economic	Employment	Working from home - interactions, functional conversation, work-life balance
Societal/Economic	Employment	Income - job opportunities, high skilled jobs
Societal/Economic	Employment	Living wage jobs
Societal/Economic	Politics/Legislation	Austerity
Societal/Economic	Politics/Legislation	Civil rights
Societal/Economic	Politics/Legislation	Legislation/justice system

Societal/Economic	Politics/Legislation	Political policies (and change/reorganisation)
Societal/Economic	Resources	Information, advice, and guidance
Societal/Economic	Cost of living	Heating v eating
Societal/Economic	Cost of living	Cost of living in communities where people have networks but can't remain there
Societal/Economic	Cost of living	Cost of childcare
Societal/Economic	Cost of living	Poverty stigma - food banks
Societal/Economic	Social Media	Facebook, WhatsApp, etc. - young people
Societal/Economic	Inclusivity	Discrimination
Societal/Economic	Inclusivity	Equality/Inclusivity
Societal/Economic	Inclusivity	Inclusion/Diversity
Societal/Economic	Inclusivity	Loneliness and isolation
Societal/Economic	Inclusivity	Values
Societal/Economic	Waiting Lists	Waiting lists - need help now
Societal/Economic	Culture	Cultural
Societal/Economic	Culture	Expectations to conform to or use expected routes - pressure to succeed
Societal/Economic	Culture	Societal expectation
Societal/Economic	Culture	Academic achievement pressures
Societal/Economic	Business	Business support
Societal/Economic	Demographics	Population demographics
Societal/Economic	Media	Negative media stories - crime and violence in young people
Societal/Economic	Additional Needs	Households consisting of people with diverse and complex needs
Societal/Economic	Additional Needs	SEND - lack of childcare facilities (e.g. holiday clubs)
Societal/Economic	Additional Needs	Trauma/ACEs - Impact on development and relationships
Societal/Economic	Community	Elderly people especially - communal events aren't as common
Societal/Economic	Community	Networks of support in communities
Societal/Economic	Community	Seldom heard communities
Societal/Economic	Community	Cost of living in communities where people have networks but can't remain there
Social/Community	Safety	Bullying at school/work
Social/Community	Safety	Childhood trauma
Social/Community	Safety	Crime
Social/Community	Safety	Domestic abuse
Social/Community	Safety	Feeling safe
Social/Community	Safety	Parent/caregiver trauma
Social/Community	Safety	Secure homes/family environment
Social/Community	Social Media	Social media
Social/Community	Social Media	Social media communities
Social/Community	Culture	Stigma
Social/Community	Culture	Shame/blame
Social/Community	Culture	Cultural identity
Social/Community	Culture	Opportunities for success

Social/Community	Education	Early years settings and early intervention
Social/Community	Education	Education lacking mental health training
Social/Community	Education	Educational environment (which are a community resource connected to wider community)
Social/Community	Education	Poor attendance and disenfranchised
Social/Community	Education	Academic pressure
Social/Community	Education	School Community
Social/Community	Education	School/Peer pressure
Social/Community	Identity	Confidence
Social/Community	Identity	Diversity
Social/Community	Identity	Identity/belonging
Social/Community	Identity	Mindfulness
Social/Community	Identity	Sense of purpose
Social/Community	Identity	Cultural identity
Social/Community	Identity	Opportunities for success
Social/Community	Community	Communication with services/attendees
Social/Community	Community	Community pride
Social/Community	Community	Demographic inequalities
Social/Community	Community	Faith communities
Social/Community	Community	Having a say, being involved in your community, finding solutions
Social/Community	Community	History and having roots in a community
Social/Community	Community	Interest groups and clubs
Social/Community	Community	Lack of representation in services/groups
Social/Community	Community	Local groups/activities
Social/Community	Community	Neighbour/location groups
Social/Community	Community	Peer support
Social/Community	Community	Play (for all)
Social/Community	Community	VSE (Voluntary)
Social/Community	Community	Lack of understanding/people/groups they can relate to
Social/Community	Community	Young people not being valued members of their communities
Social/Community	Community	Groups to meet others at same life stage (young parents, menopause, etc.)
Social/Community	Community	Community centres
Social/Community	Community	Lack of facilities
Social/Community	Community	Nice green spaces
Social/Community	Community	Stigma
Social/Community	Community	Shame/blame
Social/Community	Community	Opportunities for success
Social/Community	Connections	Activity groups
Social/Community	Connections	Connections with peers
Social/Community	Connections	Loneliness, isolation, lack of support
Social/Community	Connections	Family and friends
Social/Community	Connections	Family relationships
Social/Community	Connections	Friendships

Social/Community	Connections	Lack of trust
Social/Community	Connections	Lack of hobby groups (e.g. book club)
Social/Community	Connections	Parent/child bond
Social/Community	Connections	Sports clubs/groups for children/adults
Social/Community	Connections	Lack of understanding/people/groups they can relate to
Social/Community	Connections	Young people not being valued members of their communities
Social/Community	Connections	Groups to meet others at same life stage (young parents, menopause, etc.)
Social/Community	Community Assets	Community centres
Social/Community	Community Assets	Lack of facilities
Social/Community	Community Assets	Nice green spaces
Social/Community	Community Assets	Green spaces within walking distance
Social/Community	Community Assets	Leisure activities
Social/Community	Community Assets	Signposting - too many/too few options, what's out there?
Social/Community	Community Assets	Accessible community buildings
Social/Community	Community Assets	Access to amenities - shops, healthcare, leisure
Social/Community	Community Assets	Neighbourhood facilities available locally
Social/Community	Community Assets	Transport - connected to local area (Affordable)
Social/Community	Socio-Economic	Socio-economic
Social/Community	Access	Access to family/family support
Social/Community	Access	Access to support
Social/Community	Access	Cost of accessing groups/clubs etc.
Social/Community	Access	Difficulty accessing health care services
Social/Community	Access	Access to amenities - shops, healthcare, leisure
Social/Community	Access	Accessible community buildings
Social/Community	Access	Neighbourhood facilities available locally
Social/Community	Access	Transport - connected to local area (Affordable)
Environmental	Leisure	Green spaces (safe/clean and social groups/walking)
Environmental	Leisure	Libraries and leisure provision
Environmental	Leisure	Pleasant civic areas to walk for leisure & transport
Environmental	Leisure	Social spaces in parks
Environmental	Leisure	Play spaces
Environmental	Leisure	Play (children's) - Accessible equipment
Environmental	Leisure	Play streets (consultation)
Environmental	Accessibility	Access to digital devices (e.g. broadband/wi-fi speed)
Environmental	Accessibility	Access to education (suitable, local)
Environmental	Accessibility	Access to local amenities - appropriate to location
Environmental	Accessibility	Accessibility (Demographics and inclusivity)
Environmental	Accessibility	Accessibility generally
Environmental	Accessibility	Access to green space
Environmental	Accessibility	Access to healthcare
Environmental	Accessibility	Accessibility - transport
Environmental	Community Assets	Access to green space
Environmental	Community Assets	Green spaces (safe/clean and social groups/walking)

Environmental	Community Assets	Libraries and leisure provision
Environmental	Community Assets	Play (children's) - Accessible equipment
Environmental	Community	Community led projects
Environmental	Connections	Buddy benches
Environmental	Cost of living	Affordable public transport
Environmental	Cost of living	Cost of living
Environmental	Cost of living	Utility costs and housing
Environmental	Education	Schools (Early education settings)
Environmental	Environment	Climate change
Environmental	Environment	Inequality of resource distribution that impacts environment
Environmental	Environment	Investment in care for environment
Environmental	Environment	Litter/clean public spaces
Environmental	Environment	Noise pollution
Environmental	Environment	Pollution
Environmental	Environment	Pollution levels
Environmental	Environment	Pleasant civic areas to walk for leisure & transport
Environmental	Environment	Social spaces in parks
Environmental	Environment	Safety in community and impact of crime and lighting at night in streets
Environmental	Health	Access to healthcare
Environmental	Health	Clean water
Environmental	Health	Distribution of doctors, GPs, pharmacies
Environmental	Housing	Suitability to meet need
Environmental	Housing	Light, windows, fresh air
Environmental	Housing	Living in restricted environments - lack of autonomy
Environmental	Housing	Personal space (Overcrowding)
Environmental	Housing	Utility costs and housing
Environmental	Inclusivity	Demonstrating inclusivity (removing invisible barriers)
Environmental	Licensing	Licensing (gambling, pubs, etc.)
Environmental	Physical Activity	Space for cycle storage
Environmental	Physical Activity	Cycle lanes
Environmental	Roads	Cycle lanes
Environmental	Roads	Play streets (consultation)
Environmental	Safety	Community safety
Environmental	Safety	Crime disproportionately affects offenders as victims and perpetrators
Environmental	Safety	Access to probation - MCR local office closed in 2021
Environmental	Safety	Safety
Environmental	Safety	Cycle lanes
Environmental	Safety	Safety in community and impact of crime and lighting at night in streets
Environmental	Services	Distribution of doctors, GPs, pharmacies
Environmental	Services	Waiting lists for services
Environmental	Transport	Accessibility - transport
Environmental	Transport	Affordable public transport

Environmental	Transport	Cycle lanes
Environmental	Transport	Capability of public transport
Environmental	Transport	Public transport (links)
Environmental	Transport	Transport policy (e.g., Dogs and bikes on trams)
Environmental	Transport	Pleasant civic areas to walk for leisure & transport
Physical/Behavioural	Health	Disability
Physical/Behavioural	Health	Medications (Medication for MH conditions, other medications including pain medication, no review for medication)
Physical/Behavioural	Health	Neurodiversity
Physical/Behavioural	Health	Physical mobility (disability)
Physical/Behavioural	Health	Physical pain (barrier to moving, good physical health, no control, disability)
Physical/Behavioural	Alcohol	Alcohol use
Physical/Behavioural	Community	Community
Physical/Behavioural	Community	Community safety
Physical/Behavioural	Connections	Communication
Physical/Behavioural	Connections	Engagement with services
Physical/Behavioural	Connections	Isolation
Physical/Behavioural	Culture	Cultural
Physical/Behavioural	Culture	Stigma (body image, use of medications, hidden disability, racism, culture, homophobia)
Physical/Behavioural	Diet	Diet (Healthy diet, what to eat & when, obesity & anorexia, control & body image, low energy, low self-esteem)
Physical/Behavioural	Early Years	Education (Early health, 1001 critical days)
Physical/Behavioural	Employment	Impact of employment (Time with family/friends, impact on leisure time, impact on sleep)
Physical/Behavioural	Families	Parent/carer responsibilities
Physical/Behavioural	Finances	Money - afford gym, etc.
Physical/Behavioural	Harmful Behaviours	Addiction
Physical/Behavioural	Harmful Behaviours	High risk sexual behaviour
Physical/Behavioural	Harmful Behaviours	Smoking
Physical/Behavioural	Harmful Behaviours	Substance misuse (physical impact, behavioural impact, diet, smoking)
Physical/Behavioural	Harmful Behaviours	Self harm and coping mechanisms
Physical/Behavioural	Injury	Impact of injury
Physical/Behavioural	Physical Activity	Exercise
Physical/Behavioural	Physical Activity	Access to opportunities to exercise
Physical/Behavioural	Physical Activity	Physical pain (barrier to moving, good physical health, no control, disability)
Physical/Behavioural	Physical Activity	Exercise (Distraction, Endorphins release, social connection, feel good about yourself, improving health (i.e., obesity))

Physical/Behavioural	Relationships	Relationships (sexual behaviour, domestic abuse)
Physical/Behavioural	Relationships	Domestic abuse
Physical/Behavioural	Safety	Neglect
Physical/Behavioural	Safety	Trauma
Physical/Behavioural	Safety	Community safety
Physical/Behavioural	Safety	Domestic abuse
Physical/Behavioural	Self	Diet (Healthy diet, what to eat & when, obesity & anorexia, control & body image, low energy, low self-esteem)
Physical/Behavioural	Self	Exercise (Distraction, Endorphins release, social connection, feel good about yourself, improving health (i.e. obesity))
Physical/Behavioural	Self	Body image
Physical/Behavioural	Self	Confidence
Physical/Behavioural	Self	Self-belief/self-esteem
Physical/Behavioural	Self	Self-care (key in achieving work-life balance, self neglect)
Physical/Behavioural	Self	Motivation
Physical/Behavioural	Self	Trust
Physical/Behavioural	Self	Self harm and coping mechanisms
Societal/Economic	Sleep	Sleep (slide into mental health conditions, physical health, immunity, fatigue)
Societal/Economic	Sleep	Sleep/tired