

# BETTER TOGETHER BURY

**Co-producing a mental health complex system map and action plan for the Greater Manchester Borough of Bury**



January 2024

**Author: Ed Davie, policy and public affairs manager at Centre for Mental Health with thanks to everyone who participated in the workshops and Bury's public health team, especially Lee Buggie and Jim McGlynn**

## Executive summary

As a result of austerity, the Covid-19 pandemic and the cost of living crisis mental health inequalities have widened in Bury and across Greater Manchester and the UK. Greater Manchester Health and Social Care Partnership (GMHSCP), Bury Council and Centre for Mental Health are determined to improve health and wellbeing and have worked together to co-produce a mental health complex system map and set of suggested actions for the borough to take this forward.

Some people and communities are at much greater risk of worsened mental health: those living in poverty, poor quality housing or with precarious or no employment; those with drug, alcohol or gambling issues; older people who are more likely to be bereaved by Covid-19 and may be at greater risk of social isolation; women and children exposed to violence and trauma at home; people with long-term physical health conditions; and people from racialised communities where many health outcomes are worse due to structural racism. These inequalities are largely the result of economic and social factors that put some people and communities at a dramatically higher risk of poor mental health. Being economic and social in nature these factors are therefore changeable. To support that change GMHSCP commissioned Centre for Mental Health to support boroughs take action to reduce mental health inequalities. Bury Council chose to use this resource to help co-produce, with over 70 local people from the community and services, a complex system map of Bury's mental health and wellbeing risks and protective factors. In a second workshop local people co-produced a set of actions based on evidence and the gaps and assets identified by the map. The map and recommendations will now be taken to system leaders in a bid to influence policy and commissioning decisions.

Actions identified in the second workshop:

### **Societal and economic**

1. Emulate Preston in pursuing a community wealth building model where anchor institutions, including the council, NHS, educational establishments, and other major economic actors, make concerted efforts to employ, train and buy more goods and services from local people paid at least Living Wage Foundation rates.
2. Refresh Bury's Child Poverty Strategy – this stopped being a statutory requirement in 2016 nonetheless it would be useful to ensure that everything that can be done to reduce and mitigate the effects of child poverty on mental health is being done.
3. Make free school meal registration the default for eligible children. Sheffield City Council has boosted free meal take up and pupil premium investment in schools by making this change at little cost to local services, Bury should do the same.
4. Provide more financial advice in health, social care and housing settings and more mental health support for people in financial problems.

## Environmental

5. Ensure more decent, affordable, secure housing including for those with mental health problems.
6. Promote Bee Network public transport offers.
7. Make walking and cycling safer and pleasant with more pedestrianisation, safe crossings, protected cycle tracks, low traffic neighbourhoods and street planting.
8. Prioritise mixed, medium density developments to revitalise town centres and brown-field sites rather than out of town developments that increase the need to drive.

## Behavioural

9. Invest in substance misuse, smoking cessation, gambling problem, anger management and relationship services.
10. Tighten alcohol off licencing policies to reduce hours of sale, ban super-strength lagers/ciders, single can sales and consider a minimum unit price approach like Newcastle's.
11. Ban alcohol, gambling and junk-food advertising and sales on public sector owned sites including poster-sites, digital, sponsorship and vending machines.

## Community

12. Invest more in early intervention mental health services, including peer support especially for children and young people and parents and carers.
13. Greater support for the elderly and unwell to reduce isolation and loneliness.
14. Create greater access to more community centres and events and green spaces that promote good relations between people with different characteristics.

## Introduction

Mental, and indeed physical, health results from an interaction between social determinants (such as poverty and discrimination), environmental factors (like housing and air pollution), personal attributes (including genes and behaviours), and the health care and other support available to people (Davie, 2021). The World Health Organisation, among other experts, say that social determinants account for up to 55% of health outcomes (WHO, 2017). Given that, from the 2007 banking crisis onwards, many social determinants have worsened for a lot of people, it is sadly not surprising that mental health is getting worse in the UK, with Bury being no exception despite the best efforts of local people and services. Most recently, the Covid-19 pandemic, cost of living crisis and accelerating climate change – combined with a complex political environment and cuts to public services – have further reduced the resilience of people and the services that support them, stalling and even reversing healthy life expectancy (Marmot et al., 2020).

Our worsening mental health is leading to higher levels of distress across the population, unsustainable demand on expensive and over-stretched treatment services, and economic inactivity that together costs approximately £119 billion a year in England alone (O'Shea, 2020) – this works out at many hundreds of millions of pounds of service cost, lost

productivity, and human misery every year in Bury. As well as a mental health gap between people with different characteristics (racialised and LGBTQ+ communities for example suffer worse outcomes due to discrimination) the life expectancy of a person with a severe mental illness is about 20 years shorter than someone without a diagnosis, and the gap is getting bigger (Centre for Mental Health, 2021). The situation is difficult, but there is hope for positive change if the right actions are taken to address the factors that affect mental health. We know from programmes that have been properly funded, supported, and measured, like those delivered by local authorities through the Better Mental Health Fund, that proper investment in evidence-based and informed interventions can support significant improvements, reducing distress and cutting costs.

Bury Council's public health team are determined to ensure that this is a borough that focuses as much on preventing mental ill health as on its consequences; where good mental health, parity of esteem between mental and physical health, the ability to adapt and manage adversity and the recognition of the wider factors affecting mental health are supported throughout the life course. GMHSCP), Bury Council and their partners are all committed to reducing mental health inequalities – not only is this the right thing to do but would also reduce demand on under-pressure services and support a more productive local population. To that end GMHSCP commissioned national mental health research charity Centre for Mental Health to work with boroughs including Bury to support mental health equality work. This report covers this joint work and the map and list of actions that resulted.

## Background

Mental health, illness and wellbeing are not equally distributed across the population. The protective and risk factors set out below are more or less likely to be present depending on a person's circumstances, environment, and other characteristics.

## MENTAL HEALTH PROTECTIVE AND RISK FACTORS AMENABLE TO ACTION

### PROTECTIVE FACTORS

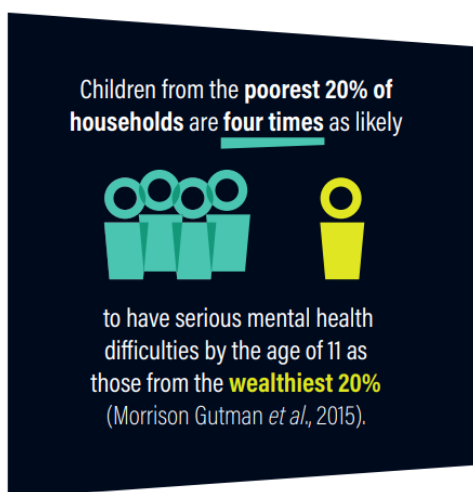
- ⊙ Secure and sufficient income
- ⊙ Fair treatment
- ⊙ Positive parenting
- ⊙ Positive school experience
- ⊙ Secure, decent housing
- ⊙ Access to healthy, natural environments
- ⊙ Exercise, healthy diet, abstinence from smoking and substances
- ⊙ Community connectivity and relationships

### RISK FACTORS

- ⊙ Poverty
- ⊙ Discrimination including racism\*
- ⊙ Child neglect, abuse, insecure attachment
- ⊙ Bullying, excessive exam and social media pressure
- ⊙ Homelessness, poor quality, insecure housing
- ⊙ Polluted (air, water, noise), high-traffic places
- ⊙ Inactivity, poor diet, smoking, alcohol, and drug use
- ⊙ Unsafe and disconnected communities

The role of public health, and other partners concerned with health and wellbeing, is to maximise the protective factors and reduce the risk factors for as many people as possible with special attention given to those groups who suffer the worse outcomes. The most important factor to address from the list above is poverty. This is because poverty worsens all the other factors, from housing and environmental conditions to the likelihood of experiencing abuse, neglect and bullying as a child.

### **THE ASSOCIATION BETWEEN DEPRIVATION AND POOR MENTAL HEALTH OUTCOMES**



Rates of depression, serious mental illness, and suicide, not to mention nearly every physical illness and injury, worsen with increased poverty and deprivation in a very clear dose-response relationship – the more the exposure the worse the outcomes.

**HOW POVERTY HARMS MENTAL HEALTH**

**SOCIAL DETERMINANTS**

- ⊙ People with the lowest incomes are harmed the most by economic inequality, as it increases risk factors and reduces protective ones while damaging self-esteem and control
- ⊙ Increases the risk of adverse childhood experiences
- ⊙ Intersects with discrimination including structural racism leading to worse outcomes for racialised communities.

**ENVIRONMENTAL FACTORS**

- ⊙ Reduces access to healthy food
- ⊙ Makes living in overcrowded, insecure housing more likely
- ⊙ Lessens access to green space & exercise
- ⊙ Increases exposure to air pollution
- ⊙ Deprived areas more likely to be saturated by unhealthy products like fast food, betting shops, cheap illicit tobacco.



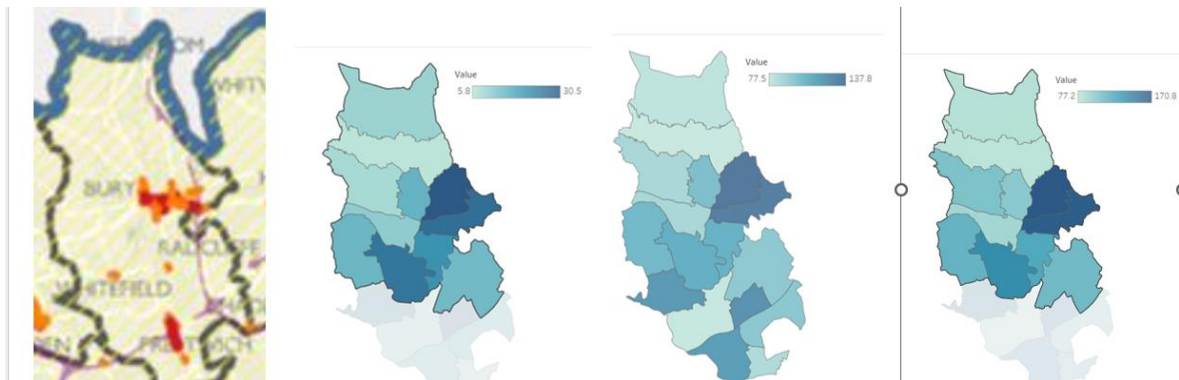
**INDIVIDUAL FACTORS**

- ⊙ Makes genetic risk more likely to convert to illness
- ⊙ Increases stress
- ⊙ Reduces sense of control, self-esteem & confidence
- ⊙ Cuts 'mental bandwidth' for 'good' health choices (Mullainathan & Shafir, 2013)
- ⊙ Creates vulnerabilities to unhealthy consumption such as smoking, substance misuse, unhealthy foods & alcohol.

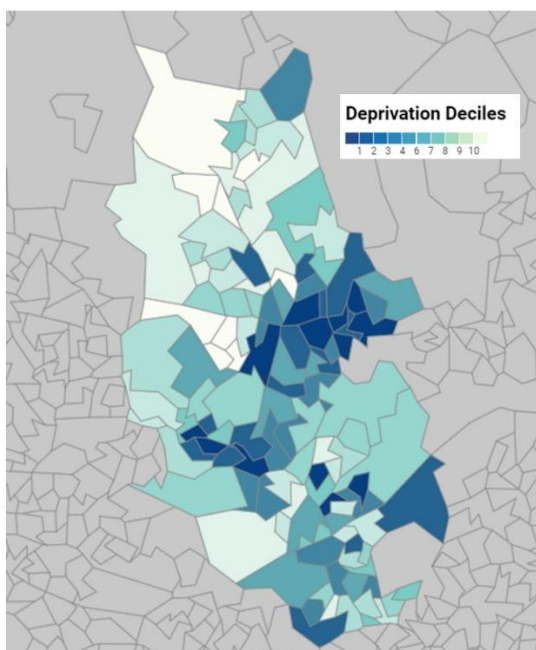
**ACCESS TO HEALTH CARE  
AND OTHER SUPPORT**

- ⊙ Deprived communities have less access to quality health care and other support services, as these areas are often underserved and under-resourced compared to more wealthy areas.
- ⊙ This phenomenon is described by Tudor Hart as the 'inverse care law'.

You can see the intersecting harms when you compare (from left to right, darker colours higher levels) air pollution, child poverty, alcohol related hospital admissions and all cause premature death rate maps of Bury.



Given the strong relationship between mental health and wellbeing outcomes and deprivation is important to note that the proportion of Bury's lower super output areas (geographic units of 400-1,200 households) ranked in the 40% most deprived in England has increased to 43% in 2019 (most recent data) from the last measure in 2015. So even though Bury overall has lower levels of deprivation in Greater Manchester than the average there is still considerable poverty that is a major risk to mental health.



- In 2019 (most recent figures) Bury ranked as the 95<sup>th</sup> most deprived local authority out of 317 in England
- In 2015, Bury was ranked 117<sup>th</sup> meaning that the borough has become more deprived relative to other places in the intervening four years.
- 43% of Bury's lower super output areas (LSOAs – an area of 400-1,200 households) are in the most deprived 40% in England.
- The darker the blue on the map (left) of Bury the more deprived the area – 13 are in the most deprived 10% in England.

### Mental health and wellbeing outcomes

Red/Amber/Green rated to England average where figure available

Indicator	Bur	Wig	Traf	Man	Sto	Tam	Roc	Old	Sal	Bol	GM	Eng
Depression % (20/21)	8	15.6	15.4	13.4	15.7	16.8	18.7	13.7	13.1	14	12.7	12.7
MH Act detentions per 100K (2020/21)	94	105	101	156	100	90	110	116	110	125	111	91
Suicide per 100k (20)	10.4	13.6	7.3	9.3	8.8	9.1	9.7	7.1	11.9	9.8	10.4	9.7
Low life satisfaction % (2022)	5	4	5	5	4	5	5	6	4	9	5	5
Low happiness % (2022)	9	7	9	9	6	8	7	10	10	9	8	8
Hi anxiety % (2022)	43	40	44	41	42	37	33	40	41	42	40	

## Risk factors

Indicator	Bur	Wig	Traf	Man	Sto	Tam	Roc	Old	Sal	Bol	GM	Eng
% LSOAs in 40% highest deprivation (2019)	43	44	36	71	35	61	63	59	62	59	58	
Economically inactive adults % (2021/22)	24	24.2	27.3	33	23.6	25	36.4	31.7	32	32.2	29.4	39.4
Physically active adults % (2020/21)	62	57.7	63.1	60.6	63.2	55.7	54.2	56.1	56	54.7	58.3	65.9
Healthy life expectancy male (18/20)	63.4	59.2	66.3	61.2	65.1	61.6	57.4	56.6	58.7	60.3	61.4	63.1
Healthy life expect female (18/20)	62.2	61.4	66.9	59.7	62.2	58.2	58.4	58.2	57.4	62.4	60.9	63.9
Feeling of belonging in neighbourhood % (2022)	76	71	80	72	77	71	71	71	68	70	73	63
Air pollution PM 2.5 (2021)	7.4	7.5	7.3	7.9	7.6	7.7	7.1	7.4	7.6	7.3	7.48	7.4

Information in the tables above indicates Bury has some good foundations to build on – over three quarters of residents feel a sense of belonging to their neighbourhood, there are relatively low levels of economically inactive adults and Bury has a comparatively low level of depression (though this last indicator is so much lower than Greater Manchester and England averages that it may indicate another issue like stigma, low diagnosis or poor data – further investigation needed).

There are however worryingly high levels of suicide, detentions under the Mental Health Act and relatively high numbers of people reporting low happiness and high anxiety. As already mentioned, there are areas of significant deprivation which increases risks to mental and physical health.

These significant, growing and unequally distributed problems are why an action plan to reduce mental health inequalities and improve wellbeing in Bury is important. This report summarises some of the evidence around tackling mental health inequalities and how Bury's public health team have worked with GMHSCP, Centre for Mental Health and local people and organisations to tackle it. This has involved two events:

- The public health team and Centre for Mental Health convened a Let's Talk Bury co-production event to create a complex system map (showing risk and protective factors, plus existing interventions) in the borough



• A second online event was then held to examine the draft map, identify gaps and suggest actions to improve mental health inequalities based on the evidence and local knowledge. Four themes identified by the evidence review and then discussed at the Let's Talk Bury co-production events were:

1. Societal and economic – covering issues like poverty and discrimination
2. Physical and behavioural – fitness and illness, exercise, smoking, drinking, diet, relationships
3. Social and community – family, neighbourly and civic relationships
4. Environmental – housing, green space, transport, facilities

#### Let's Talk Bury complex system mapping workshop

The factors that protect or worsen health and the way they interact with each other are complex. For example, your genetic inheritance may make it more likely than average that you develop a mental illness but the fact that you were supported by caring adults as child and now live in a healthy environment with plenty of money lessens that risk. The 'biopsychosocial' model of mental health tries to take account of this interaction between biological, psychological, and social factors.

Given this complexity researchers have developed a methodology to try to record all relevant factors and how they interact with each other to make poor health outcomes more or less likely – this is called 'complex system mapping.' Done well and acted upon this can identify opportunities to improve health outcomes. For example, the Foresight Obesity System Influence Diagram (below) and accompanying research is credited (Jebb, 2017) with:

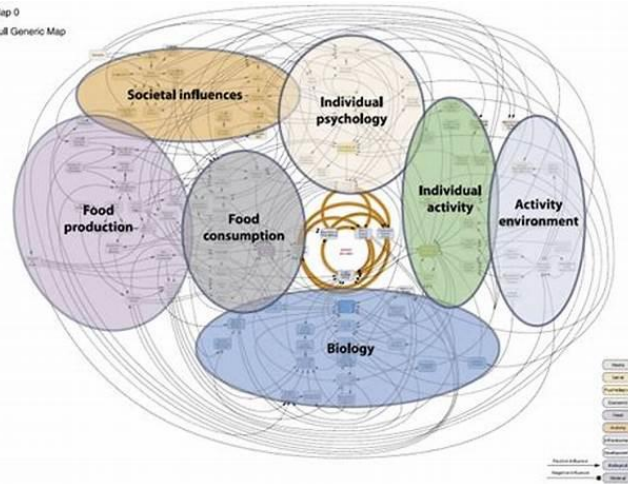
Changing policy, noticeably slowing rate of increase in obesity.

Inspiring England's first ever obesity strategy 'Healthy Weight, Healthy Lives', grounded in the strategic approach set out by Foresight.

In 2011, its successor, 'Healthy People, Healthy Lives,' again used the Foresight report as a touchpoint to the scientific evidence.

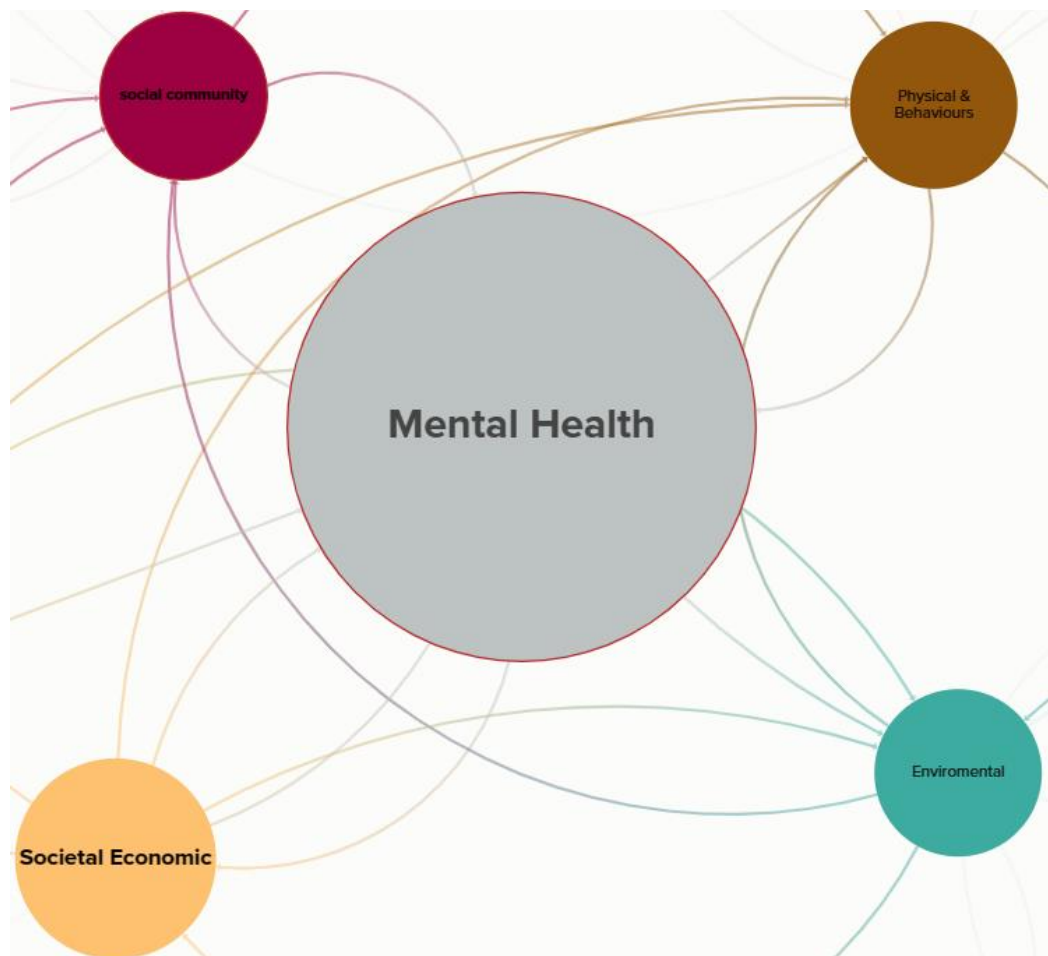
Created more balanced perspective about individual and environmental factors including recognition of the impact of the environment on personal 'choices'.

Map 0  
Full Generic Map

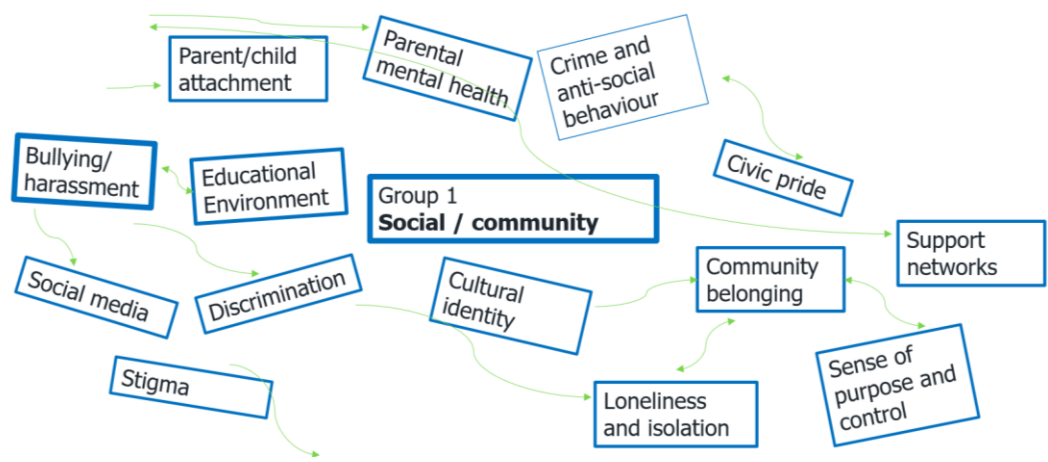


Subsequently, researchers (Stansfield et al, 2021) have developed a similar methodology to be applied to a whole organisation and whole-system approach to public mental health. The premise for this work is a recognition of the crosscutting nature of mental health within public health policy and practice and the contribution that a range of policy teams make to improving overall population mental health outcomes. It is this methodology that Centre for Mental Health and the Bury public health team adapted to create a mental health and wellbeing complex system map for Bury. To do this we assembled over 70 local stakeholders including mental health service users, commissioners and providers, colleagues from the wider NHS, council services including children's and adult social care, education, planning, housing, economic development and other services including the Department for Work and Pensions

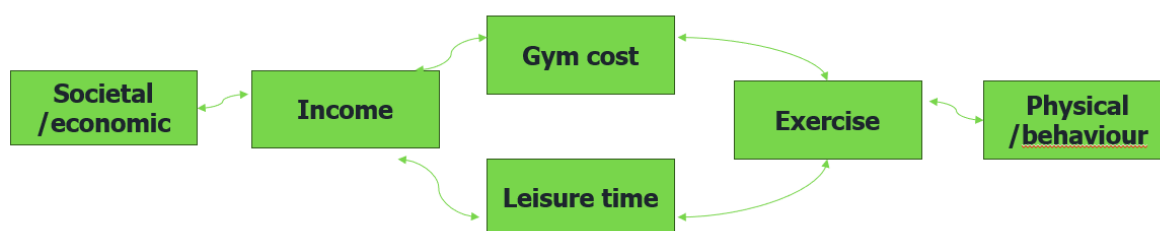
Attendees at the system mapping workshop first heard from the Centre for Mental Health facilitator about the evidence regarding mental health and the wider determinants of health including those covered by the factors listed above and then from a Bury public health specialist about the borough's particular circumstances and current work.



Attendees then broke into four groups – each discussing one of the four topics and using post-it notes on flipchart paper and pens to record relevant factors and the links between them. Below is an example from a theoretical group:



Each group would then meet each other group in a series of workshops to make links between topics. Below is an example of where the Societal/economic group identified 'income' as a factor and the Physical/behaviour identified 'exercise' and when the two groups came together they decided that 'gym cost' and 'leisure time' linked both 'exercise' and 'income'.



When all topic groups had made links with each of the other three topic groups, all attendees were asked to post-it existing interventions that they were aware of related to each of the factors on the flip chart paper. For example, the environment group had identified 'access to green space' as an important factor so attendees noted interventions that facilitated access to green space like a housing estate gardening scheme or a walking club for the elderly in a local park.

Council officers then used computer software called Kumu to convert all the information into a digital map that you can see, interact with, zoom in and out of here:

Actually working with the map (available here: <https://kumo.io/lee16/mental-health-bury>) is the easiest way to understand it but below are some screen shot examples.

### Workshop two: co-producing an action plan

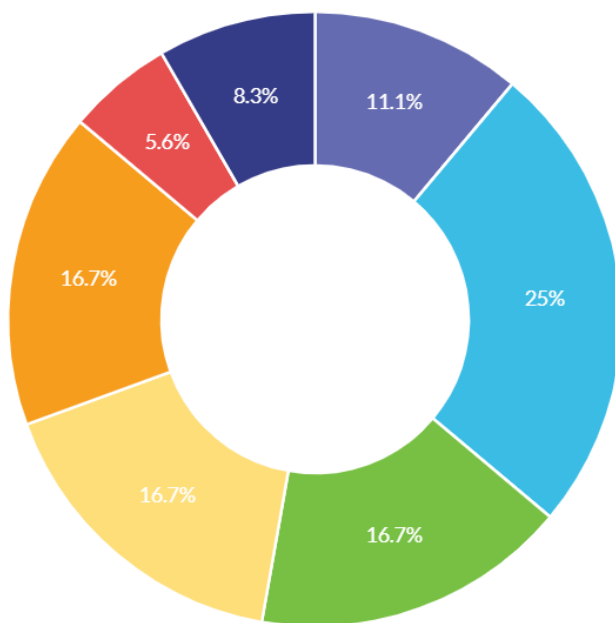
Having digitised the complex system map information, Bury's public health team worked with Centre for Mental Health to arrange an online co-production workshop, which included representatives from:

- The community – residents, service users and carers
- Voluntary, community sector
- NHS
- Public health
- Housing
- Adult social care
- Children's services and education
- Employment and social security
- Parks, leisure and environmental services

The methodology used for the event was developed by Centre for Mental Health's Ed Davie when he designed and delivered 16 Thrive LDN 'community conversations' in half of all the boroughs in London.

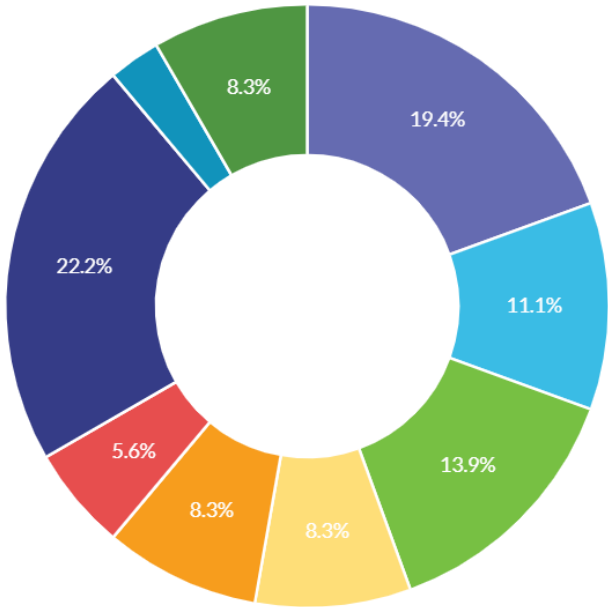
Participants studied the complex system map, identified further interventions to add to it, and suggested actions to reduce inequalities in mental health and wellbeing in Bury. They were also asked to vote for their three preferred evidence-based interventions from a list constructed from a literature review by Centre for Mental Health. Recordings of these workshops were made, and notes of suggested actions were taken as summarised below. We recognise that there is currently a lot of work going on in Bury and that some suggested actions may already be either planned or taking place on some scale. The next stage of the process is to establish what added value could be offered by taking forward the actions suggested below and what is already taking place that could be either scaled up further, tweaked to more effectively address local inequalities, or coordinated more effectively alongside other existing interventions.

**Societal and economic choices**



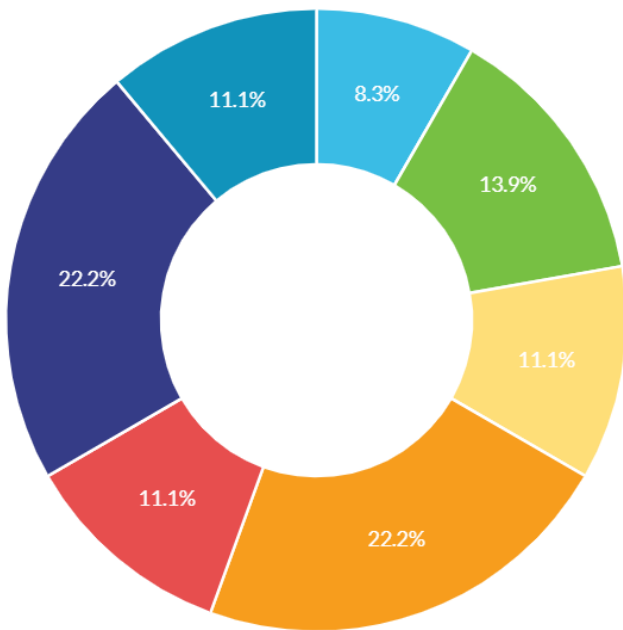
- Choice
- Bury should seek Living Wage Place status
  - Bury's major organisations should do more to train, hire and procure from local people and smaller organisations
  - Council tax support should be extended and lift more low income people out of paying
  - Financial advice should be made more widely available via the NHS, council and community settings
  - Eligible children should, by default, be added to free school meals register (with an opt-out)
  - Smoking cessation support should be extended and targeted at low income smokers
  - More should be done to encourage take up of Healthy Start vouchers and free nursery places

**Environmental choices**



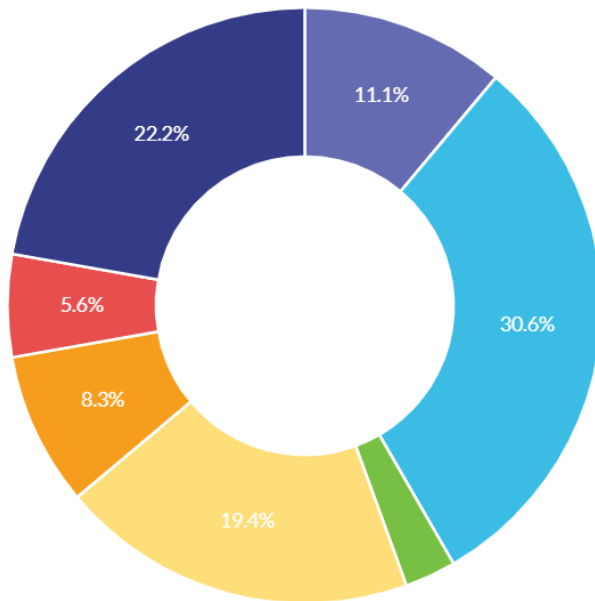
- Do more to ensure everyone has a decent, affordable and secure home
- Create more protected cycle lanes and secure cycle storage
- Pedestrianise more high streets and make walking more safe and pleasant
- Constrain motor traffic with low traffic neighbourhoods, controlled parking zones and clean air charging
- Increase access to parks and gardens
- Plant more trees and community planting beds
- Prioritise reviving town centres and brownfield sites over out of town development
- Support more electric public transport
- Create School Streets that restrict traffic at drop-off and pick-up times to encourage walking and cycling

**Behavioural choices**



- Ban smoking in playgrounds
- Create smoke-free council and housing association tenancies
- Tighten alcohol off licensing rules to reduce hours, strengths of lagers and ciders and limit new outlets
- Tighten planning to restrict junk food take-aways near schools
- Ban adverts for alcohol, junk food and gambling on public sector owned advertising sites
- Create more water fountains in schools, parks and high streets
- Invest in substance misuse and smoking cessation services
- Invest in anger management and relationship support services

**Community choices**



Choice

- More effort to tackle discrimination and promote marginalised communities
- Invest in mental health services especially for parents, carers and children and young people
- Invest in parenting programmes, children's centres and health visitors for young families
- Support more community centres and spaces
- Change planning rules to ensure community and green space in every new development
- Support 'Whole School' approaches to tackle bullying
- Provide greater support for elderly and unwell people to socialise and reduce loneliness and isolation

## References

Centre for Mental Health (2021) Tackling Mental Health Disparities. Available from: <https://www.centreformentalhealth.org.uk/publications/tackling-mental-health-disparities>

Davie, E. (2021) Briefing 57: Better together. Centre for Mental Health. Available from: <https://www.centreformentalhealth.org.uk/publications/briefing-57-better-together>

Gutman, L., Joshi, H., Parsonage, M. and Schoon, I. (2015) Children of the new century: Mental health findings from the Millennium Cohort Study, London: Centre for Mental Health. Available from: <https://www.centreformentalhealth.org.uk/sites/default/files/2018-09/newcentury.pdf>

Marmot, M., Allen, J., Boyce, T., Goldblatt, P., Morrison, J. (2020) Health Equity in England: The Marmot Review 10 Years On. Institute of Health Equity. Available at <https://www.health.org.uk/publications/reports/the-marmot-review-10-years-on>

Mullainathan, S. and Shafir, E. (2013) Scarcity – the true cost of not having enough. London: Penguin

O'Shea, N. (2020) Cost of mental ill health. Centre for Mental Health, Available from: <https://www.centreformentalhealth.org.uk/news/centre-mental-health-calls-government-set-budget-wellbeing-cost-mental-ill-health-england-reaches-ps119-billion#:text=The%20economic%20and%20social%20cost%20of%20mental%20ill,estimate%20published%20today%20by%20Centre%20for%20Mental%20Health>

Stansfield, J., Cavill, N., Marshall, L., Robson, C., Rutter, H. (2021) Using complex systems mapping to build a strategic public health response to mental health in England. Journal of Public Mental Health

Windsor-Shellard, B. (2020) How does living in a more deprived area influence rates of suicide? London: ONS. Available from: <https://blog.ons.gov.uk/2020/09/10/how-does-living-in-a-more-deprived-area-influence-rates-of-suicide/#:~:text=The%20impact%20of%20deprivation%20and%20suicide&text=Living%20in%20a%20deprived%20area%20increases%20suicide%20risk%20for%20nearly,compared%20to%20the%20least%20deprived>

World Health Organisation (2017) Social determinants of health. Available from: [https://www.who.int/health-topics/social-determinants-of-health#tab=tab\\_1](https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1)