Thrive Bristol
City wide programme to improve mental health and wellbeing in Bristol
Programme overview

1. What is Thrive Bristol?

'Thrive Bristol' is a new ten year programme (launching in early 2018) to improve the mental health and wellbeing of everyone in Bristol, with a focus on those with the greatest needs. It covers all ages and considers mental health in its broadest sense, with initiatives to improve the whole population's wellbeing to interventions for people experiencing mental illness.

'Thrive' is a model that began in New York, led by Mayor Blasio. It has more recently been brought to the West Midlands and London through the Thrive Cities network – which Bristol has now joined. It takes a city-wide population health approach to improve mental health and wellbeing. At its core is a recognition that as little as 10% of the population's health and wellbeing is linked to access to healthcare. As such, rather than beginning with treatment, its focus is on the role schools and universities, employers, housing organisations, businesses and the police can play, and on the importance of our relationships, our surroundings and our access to good food, money and wider resources in achieving good mental health.

'Thrive' focuses on prevention and early intervention and works by mobilising public, private and third sector collaboration and leadership (and resources) across a city. It also aims to simplify and strengthen leadership and accountability across the whole system.

This approach aligns closely with the findings of the Marmot Review (2010) on health inequalities which called on us to address the social determinants of health and the 'causes of the causes'. Drawing on this and existing Thrive models, Thrive Bristol is a programme which aims to bring the city together to*[1]:

- Enable individuals and communities to take the lead
- Create a city free from mental health stigma and discrimination
- Maximises the potential of children and young people
- Create a happy, healthy and productive workforce
- Become a city with services that are there when, and where, needed
- Enable people to have enough money to lead a healthy life, and safe and stable places to live
- Become a zero suicide city.

2. Why do we need Thrive Bristol?

Despite often being cited as a great place to live, Bristol has:

- Higher prevalence of poor mental health than the national average – both for children and young people and for adults (Avon Longitudinal Study of Parents and Children research reveals that almost 1/5 of Bristol's young people are self-harming).
- High numbers of individuals who are at greater risk of mental ill health, such as looked after children; unaccompanied asylum seekers; and first time entrants to the criminal justice system (Bristol has the highest rate in England). In addition, those from BAME or LGBTQ+ communities have higher risk of poor mental health.

[1] *TBC – these aims are provisional and will be decided by the Thrive Steering Board.

- The 6th highest rate of Employment and Support Allowance (ESA) claimants for mental health reasons in England.
- High suicide rates compared to the rest of England (12.8 per 100k compared to national average of 10.1 per 100k). The city also recently experienced a 'suicide cluster' within its student population.
- Huge disparities in need with our most deprived communities having far higher rates of mental ill health. For example, Lawrence Hill has more than twice the number of people claiming ESA because of mental health problems than any other ward.
- People with a severe and enduring mental illness being at high risk of dying prematurely from physical illnesses. For example, whilst smoking rates in Bristol for the wider population have fallen, smoking prevalence in adults with serious mental illness in Bristol is high: 47.3% compared to England average of 40.5% (smoking is the key factor behind people with mental illness being at risk of dying up to 20 years prematurely).
- In BNSSG, mental health service users attend A&E 3x as often as the wider population, and approximately 15 % of all A&E attendances and emergency admissions can be attributed to mental health service users (who make up 5% of the population). BNSSG could potentially save up to £886k in A&E attendances and up to £19.7m in inpatient care by reducing MH service user acute hospital activity to levels of the rest of the population, in subgroups that may be amenable to change

3. Financial cost for Bristol

The cost of this to individuals, families and communities is incalculable. However, we have begun to calculate what mental ill health costs Bristol financially. Through working with the Centre for Mental Health we can estimate that mental ill health costs Bristol at least £1.38 billion a year.

4. Thrive Bristol's focus

The programme will focus on improving the mental health and wellbeing of everyone in Bristol, with a focus on those with the greatest needs. Work will be split into three components:

a.) Whole population approach
b.) Life course approach
c.) Targeted prevention approach

The programme will be run by a high profile Thrive Bristol Steering Board which will bring key organisations and individuals together to oversee the programme's development. It will be responsible for creating a programme of work and maximising any available resources. Bristol does not have a city-wide mental health Board so this will bring senior leadership, focus and accountability to mental health and wellbeing in the city. Within this, specific attention will be given around to how to share the costs and benefits of 'upstream' mental health interventions, which might accrue to 'downstream' organisations.

The Steering Board will agree an approach for developing a strategy / action plan to cover the breadth of mental health and wellbeing, which may include, for example: support from birth and early years; children and young people; further education; employment and skills; housing; criminal justice; public mental health (including the physical health of people with mental illness / suicide prevention) and art, sport and nature.

Worksteams will be initiated where needed, for example in Year One on children and young people's mental health, and employment and mental health, but the Board will also draw upon and support the large number of related programmes and projects in place within the city (for example, the Children and Young People's Transformation Plan, Bristol Ageing Better, Golden Key, Bristol's Crisis Concordat and the city's social prescribing programme).

The programme builds upon the work of existing Thrive models, and maintains strong links with these partners to share learning through membership of the Thrive Cities network. This is being led by the International Initiative for Mental Health Leadership (IIMHL) and is bringing cities and urban regions from eight countries together to solve problems and share innovations, enabling Bristol to learn from best practice globally and share our learning / ask for support as our plans develop.

5. Components for success

Learning from other Thrive models reveals that key components are needed for a successful city-wide programme, as outlined below:

Needs and assets assessment
A thorough understanding is needed of the local context, including both needs and assets (drawing on JSNAs, with data broken down by different equality characteristics). In addition, citizens, third sector organisations, young people and adults with lived experience, and a wide range of others, need to be involved throughout this work, with a focus on engaging with voluntary groups (including community, equality and faith groups) and directly with children, young people, adults and parent carers who are at risk of mental health problems.

Partnership and alignment
We wish to work collaboratively across organisational and sectoral boundaries and disciplines to secure place-based improvements that are tailored to Bristol's needs and assets, in turn increasing sustainability and the effective use of limited resources (i.e. pooling resources together to share benefits whenever possible).

Translate need into deliverable commitments
This programme needs to ensure that high-level strategic aims to promote better mental health are translated into an action plan, as well as integrated into wider operational plans across a range of organisations. It needs to build upon the latest evidence around effective interventions, with the exception of where we undertake innovative work to test new approaches.

Define success outcomes
The programme needs to clearly define the mental health improvement we want to see; the role of different projects in making progress; and must specify how improvement will be measured. Further below, examples are suggested around what this might look like.

Leadership and accountability
Bristol's Health and Wellbeing Board and Mayor are leading – and accountable for - 'Thrive Bristol', and a wide range of organisations will be involved in developing and implementing this work. It needs to be embedded within Bristol's One City Plan and the Bristol, North Somerset and South Gloucestershire Sustainability Transformation Programme.

Coordination of Thrive Bristol is led by Bristol City Council's Public Health Team.

6. What might Year One of Thrive Bristol achieve?

Thrive Bristol needs to be developed with partners across the city. However, in covering such a broad range of topics it may appear nebulous as to what 'Thrive Bristol' will achieve, particularly at the outset. The summary below aims to outline what might be achieved in the first year of the programme (January – December 2018) of Thrive Bristol, breaking the programme into its three component parts: whole population; life course and targeted prevention. This is based on discussions with partners across Bristol and nationally.

a.) Whole population approach

Theme	Activity	When?
Launch Thrive Bristol	City and community leaders together share their vision for Bristol becoming a mentally healthy and thriving city. Within this, new data is shared, i.e. mental health costs Bristol £1.3 billion a year , as well as initial commitments, such as1 in 5 Bristolians to have access to Mental Health First Aid over the next decade (tbc). It invites everyone in Bristol to get involved in the programme with a clear menu of ways to do so.	Early 2018
Run city-wide mental health social marketing programme (with Time to Change and Bristol Anti Stigma Alliance)	Begin social marketing campaigns to support people to open up to mental health problems, to talk and to listen. Part of this will be city-wide, but much of it will be targeted to priority populations, such as children and young people, BAME groups and men. City partners will be encouraged to support this, from buses providing in-kind media space, to employers and schools signing the Time to Change Employer Pledge. Through ongoing evaluation, we can modify our approach. National campaigns such as 'Time to Talk' day; Mental Health Awareness Week; World Mental Health Day will be prominent, as well as non-mental health campaigns such as Stoptober. We will link in with related initiatives such as Mind's Blue Light programme, which provides mental health support for emergency services staff, and mobilise support for key city partners (e.g. work around male suicide in partnership with sporting clubs, pubs, barber shops etc). These will bring Bristol together to get talking and break the silence around mental health problems.	From launch onwards with campaign bursts throughout the year
Roll out Mental Health First Aid training at scale	In partnership with Mental Health First Aid England, we will begin a ten year programme to roll out Mental Health First Aid (Adult and Youth) across the city so that 1 in every 5 (tbc) Bristolians will have access to this. We will explore public and private partnerships to fund such a programme.	Ongoing

Embed mental health leadership across the city	Bristol City Council will sign up to national Local Authority Mental Health Challenge and host an event for mental health champions from across the South West region to share best practice and provide mutual support. Following recommendations from the Academy of Medical Sciences (and in line with CQC-approach), we will seek for key NHS bodies to have a mental health / champion at Board level (such as our acute and community trusts). The new Bristol Leadership Challenge programme will initially focus on the mental health needs of people in the city. This programme brings together leaders from across public, private and voluntary sectors in Bristol to strengthen collaboration and civic leadership. More broadly, the Steering Board will seize opportunities to embed mental health and wellbeing within wider strategies and policies, including current spatial planning / housing work.	Ongoing
Longer-term planning and analysis	With partners, develop a vision for what a mentally healthy Bristol would look like in 2050, and work backwards to identify what needs to be done to achieve this (using 'theory of change' model).	March 2018 onwards
Publish key data and strategies	Publish Bristol's Mental Health and Wellbeing JSNA and launch Bristol's new Suicide and Self Harm Prevention Strategy.	January / February 2018
Media engagement	Proactive work with media, including through local media leads being Thrive Bristol partners, to raise awareness and understanding around mental health, especially their role in supporting suicide prevention work. This will be in partnership with the Samaritans and local academic leads (Professor Gunnell).	Ongoing

b.) Life course approach

Based on local need and interest, we propose prioritising children and young people's mental health and employment and mental health in the first year of the programme, with each having a workstream that are led by partners from across the city to identify and act upon key needs. Whilst these are the priority workstreams that Thrive develops, wider life course programmes – such as Bristol Ageing Better – will feed into Bristol Thrive's Steering Board and action plan.

Theme	Activity	When?
Children and Young People's Mental Health Workstream	As noted above, high numbers of children and young people in Bristol are experiencing mental health problems, and we have higher numbers of children at risk of developing mental health problems. This need has recently been captured by the Children and Young People's Mental Health JSNA. A great deal of activities are taking place in across Bristol to support children and young people's mental health. However, we do not have an overarching strategy which joins this work together and ensures that those with the greatest needs are having these met. This workstream will be led by key organisations from across the city who support children and young people affected by poor mental health (linking with existing groups such as the Youth Council and Schools' Mental Health Network).This group will both develop this overarching strategy, and use its expertise and resource to address key gaps. This will aligns with CYP iThrive model, led by Bristol's Community Children's Health Partnership (CCHP), and wider activities. e.g. Time to Change's secondary school programme and its Young Regional Coordinators and Young Champions. It will proactively seeks to work in partnership with organisations across the city, including those working with young people from diverse backgrounds (such as BAME). As part of this, bring local universities and higher education bodies together to share learning around suicide prevention, and state what extra support might be needed from the city.	Late 2017 onwards
Employment and Mental Health Workstream	Mental health conditions have a greater impact on people's ability to work than any other health issue. This workstream needs to develop a city and WECA-wide approach to supporting people in employment to be well and access help if they need it for mental health problems, but also consider how people with mental health problems out of work can be supported into the workplace.	Autumn 2017 onwards

	It will support Bristol to proactively respond to national policy changes, specific: - National review into mental health in the workplace to be published in late 2017 (led by Paul Farmer, CEO of Mind). We are hoping that Paul might join us for a roundtable with employee / business leaders to discuss how we might act upon his recommendations (aligning with WECA). - The DWP's Work and Health Green Paper is due to be published in early 2018 which takes a broader look at how people who are disabled / have long term conditions can access work. This workstream will be undertaken with West of England public health leads with the aim of WECA committing to creating mentally healthy and thriving workforces. It will be led by and involve city partners, ideally Business West, Chamber of Commerce, unions, and bodies with expertise, such as Mind. We plan to create a city-wide mental health and employment strategy. We understand that no city as yet has one, so this could be a first in the UK.	

To note, on both of these priority workstreams we are seeking to work with national experts (such as the Centre for Mental Health) to ensure that Bristol applies the latest, and most robust evidence around what works, learning from the experience of other areas (including around meaningful data collection and metric development).

c.) Targeted prevention approach

Thrive Bristol explicitly wishes to focus on those with the greatest needs, which is why a targeted approach for key groups and communities is required.

Fortunately Bristol has programmes in place which do focus on areas like this, such as Golden Key which is a citywide partnership of people with experience of prison, homelessness, long-term mental health problems and drug and alcohol dependency, service providers, commissioners and city leaders, and programmes such as Pause, a programme that works with women who have experienced repeat removals of children from their care.

However, we have identified groups with significant needs whereby we don't have a city-wide approach to supporting them. Within these, we propose prioritising the following groups in year one.

Theme	Activity	When?
Debt and mental health (ahead of introduction of Universal Credit)	Half of adults in problem debt also have a mental health problem, and one in four British adults with a mental health problem has problem debt – it also has a strong relationship with suicide.	ASAP

	There is concern that welfare reforms may exacerbate this, and that people who need debt support are not accessing it. We propose setting up a working group of Bristol's advice services, relevant voluntary and statutory agencies and local academics to quickly consider what can be done to mitigate the impact of welfare reforms and the issue of debt more broadly. Within this, assessment will be made around whether a recent pilot of debt support in mental health services might be rolled our across healthcare settings (in light of debt concerns leading to greater use of NHS services).	
Community models of Thrive	Frequently our maps of poor mental health outcomes in Bristol match identically with the areas of greatest deprivation in the city. Poverty and mental health are inextricably linked, and we want to Thrive Bristol to work to address this, specifically exploring how resilience can be strengthened in a time of increased austerity. For example, community leaders from Hartcliffe are developing #ThriveHartcliffe and are hosting events in Autumn 2017 to determine what this looks like. Other areas of the city are being encouraged to consider this approach, including areas with BAME communities (acknowledging that BAME people live across the city and that those living in predominantly non-BAME areas may experience isolation and other challenges). We are scoping whether we might localise the city's public mental health awareness campaigns within local settings of high need and evaluate the impact. Over 2018 we seek to host a roundtable or workshop event(s) within communities with national agencies such as the Joseph Rowntree Foundation, BLF, and Comic Relief, as well as academics and local partners to begin to look at the evidence and information on what works in terms of strengthening wellbeing and resilience in challenging financial times, with discussion to focus on what might make a difference. We're keen for these funders to be involved in shaping this with us at the outset, to try and co-develop grant / investment opportunities.	Ongoing
Equally Well: integrating mental and physical healthcare	People's mental health and physical health should be considered and treated wherever people present in the health and social care system. For example health issues within mental health settings, and also mental health issues wherever people present for physical health issues. This would be true whether in community settings or within hospital settings. This work will be undertaken with partners across the STP, with key changes required in how Bristol works. A specific example of what this will involve is below: People affected by severe mental illnesses, such as schizophrenia, are at risk of dying 20 years prematurely due to	Ongoing

	their physical health. A key factor is smoking. People with serious mental illness in Bristol have much higher smoking rates (47.3% compared to England average of 40.5%). In Bristol we do not have a city-wide pathway of smoking cessation support for people with mental illness. As such, the NHS' current efforts (via their CQUIN) to reduce smoking rates for those using secondary mental health services may be limited if people cease to have this when they return to their community. We propose creating a city-wide smoking cessation pathway for people with serious mental illness, over 2018. Within this, a target will be set to reduce smoking rates (e.g. to reduce the smoking rate of people with mental illness in Bristol to the national average by 2022).	
Mental health and domestic abuse	Domestic violence and mental ill health are intrinsically linked. Between 50 - 60% of women mental health service users have experienced domestic violence and in certain mental health settings prevalence is particularly high, with 70% of women psychiatric inpatients and 80% of those in secure settings having histories of physical or sexual abuse. As these figures illustrate, domestic abuse has devastating and often long-term consequences for survivors. However reporting on domestic abuse has traditionally given priority to physical injuries to the detriment of highlighting the significant mental, financial and social impact on survivors and their children. Such abuse is a more common experience for people with mental health problems than without, and individuals who use mental health services may be more vulnerable to being targeted by perpetrators of domestic abuse. This workstream, co-chaired by a large domestic abuse provider (Missing and Next Link) and a leading professor in domestic abuse and health, will explore how Bristol can ensure best practice (from NICE and other guidance) is acted upon in Bristol. For example, through mental health professionals being aware of the link between domestic violence and mental health problems to ensure that service users are safe from violence and are treated for the mental health impact of such abuse, and for professionals to respond effectively and safely after disclosure. This group will also consider how mental health and domestic violence services can be better integrated.	

The above are suggestions for Year One, and each project will take an improvement approach of testing and learning. In parallel long-term strategy and development work will be undertaken via the Steering Board. We are deliberately not beginning with a strategy, but enabling Thrive Bristol to be an approach that builds up and develops, as opposed to a 'big bang' launch that may be unsustainable – especially in uncertain financial times.

Finally, this work needs to closely align with the One City Plan and its indicators. The programme is particularly conscious of the poorer mental health outcomes of people from BAME communities, and is discussing with the new Bristol Race Equality Commission how the two programmes can join efforts to address these inequalities.

7. How will we know if Thrive Bristol has been successful?

The programme needs to clearly define the mental health improvement needed; the role of different projects in making progress; and must specify how improvement will be measured. To support this, a full 'theory of change' process will be undertaken over the first year. This will define long-term goals around what a mentally healthy Bristol will look like in 2050, and then map backward to identify necessary preconditions and actions to achieve these.

As Thrive Bristol is a long-term programme, its dashboard of measurement indicators can include areas which may take some time to change, such as some of the below which draw upon the national Public Health Outcomes Framework and recent research (to note: Bristol currently fares poorly on many of these):

Mental health-focused indicators:
- Self-reported wellbeing scores
- Smoking prevalence in adults with mental illness
- Excess under 75 mortality rate in adults with serious mental illness
- Employment rate for people in contact with secondary mental health services
- Suicide rate
- Adults using secondary mental health services living in stable accommodation.
- People in prison who have a mental illness or a significant mental illness
- Proportion of adults in the population in contact with secondary mental health services
- Rate of people claiming Employment Support Allowance for mental health reasons.

Purely for illustrative purposes, short/medium term targets relating to these may include:
- Reduce Bristol's suicide rate by 10% by 2020
- Reduce smoking rates in people with severe mental illness to 40% (England average) from Bristol's current rate of 47.3%.

Indicators which may predict poor mental health in later life:
- Children in low income families
- School readiness (& of children with free school meal status achieving a good level of development at the end of reception)
- First time entrants to the youth justice system
- Children excluded from school (children with psychological distress and mental health problems are more likely to be excluded, but their exclusion acted as a predictor of increased psychological distress in later years).

Within the above, we would seek to break data down by equality characteristics and to prioritise key aspects of this. One example might be for the programme to closely monitor the number of Afro-Caribbean boys being excluded from school and ensure they receive effective support (as well as ensuring work is being down to understand this issue and prevent it). This is because Afro-Caribbean boys nationally (we need to verify Bristol data) are more likely to be excluded from school, to end up in care and to become involved in the criminal justice system, yet they are less likely to be offered help for their mental health. We are unlikely to reduce the over representation of Afro-Caribbean men in the psychiatric system without intervening in schools settings or earlier.

Coupled with these indicators and targets, the programme will have delivery outcomes relating to its activity, which may include some of the following:

- Improve mental health awareness through training 1 in 5 Bristolians in Mental Health First Aid.
- Ensure 100% of pregnant women / new mothers receive preventative mental health support.
- For the programme's public awareness campaign to reach X% of Bristol residents, and for levels of stigma and discrimination to reduce by x% (Time to Change to support with baseline data).
- For all key NHS bodies in Bristol (and possibly wider public sector bodies) to have a Board-level mental health champion.

8. How will Thrive Bristol be funded?

The 'Thrive' model focuses heavily on the programme being co-developed with a broad range of local partners – including community, education, employment, housing, economic development, culture and health sectors. Within this, it seeks to mobilise wider resources.

Rather than focusing on large investment from statutory bodies, other UK examples of 'Thrive' have included innovative approaches to incentivise improvements:

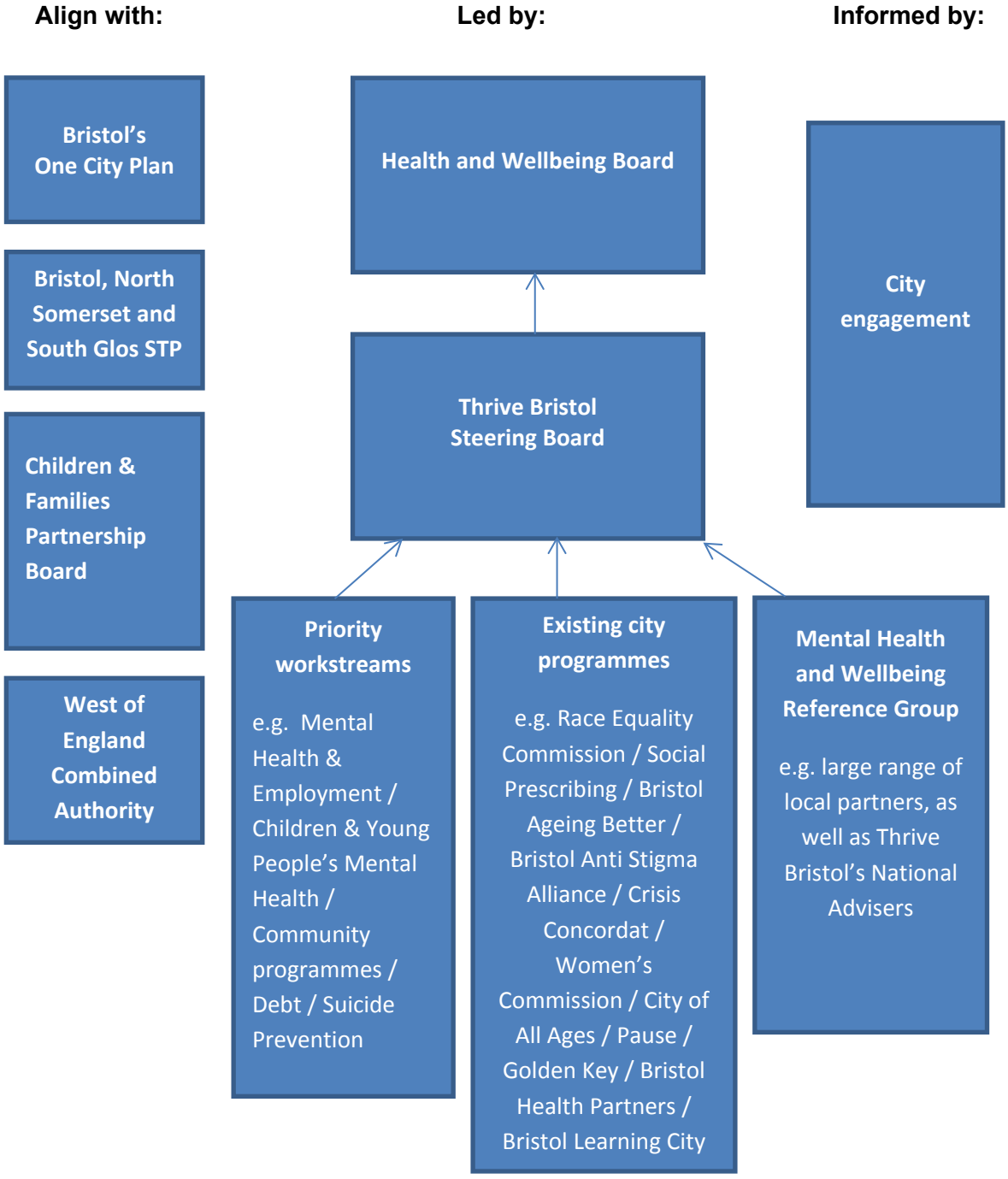
- 'Thrive West Midlands' is undertaking a two year pilot of a 'Wellbeing Premium'. This will reward employers that introduce measures to support the mental and physical wellbeing of their workforce, such as through reduced business rates (an approach advocated by NHS England's CEO).
- 'Thrive London' is working to align philanthropic funds and social investment with their programme.

As such, we are hopeful that the implementation phase of this programme will be financed through a mixture of investment through:

- City partners agreeing to play an enhanced role in improving mental health and wellbeing (e.g. employers funding greater mental health support for employees; acute providers prioritising mental health).
- From external sources (e.g. philanthropy / grants / social investment – the Quartet Community Foundation and Big Society Capital are supporting this approach)
- Existing budgets / projects being aligned with 'Thrive'.
- Exploring income generation opportunities (e.g. providing Mental Health First Aid to businesses).

Through the development of this programme we may identify additional resource needs. However, the programme is being created within a context of reduced budgets, so its success should not be dependent upon significant council funding. The programme is open and transparent around the limited budget attached to it at the outset, but is ambitious in seeking resource from a range of sources in the city and beyond.

9. How will Thrive Bristol governed?



Advised by national partners

Centre for Mental Health · mind for better mental health · Mental Health Network NHS CONFEDERATION · Thrive NYC · International Initiative for Mental Health Leadership

10. How is Thrive Bristol considering equality and diversity?

Mental ill health is currently influenced by factors such as race, disability and sexual orientation, and men and women have different risks of mental ill health. We propose undertaking work which focuses on those with the worst health outcomes and as part of this. Improvements may take time, but are needed in areas such as:

- Reducing the significant over-representation of black people in the acute end of services.
- Improving levels of trust that black communities have in services.
- Improving levels of early support received by people from LGBT backgrounds.
- Reducing suicide levels in men / self-harm in women.

Within this we may need to ensure we have tailored indicators to gather and monitor data (e.g. LGBT-specific indicators, or numbers of BAME boys excluded from school). We plan to align aspects of this with work with the new Bristol Race Equality Commission and the Bristol Women's Commission.

11. What has informed this paper?

This paper has been developed following discussions with a large number of partners from public, voluntary and private sector organisations across Bristol (including an event of 120+ community leads, organised by CASS); and national mental health leads (including those involved in with other Thrive initiatives). It draws heavily on Public Health England's Prevention Concordat guidance, as well as wider Thrive models.

- Overview of 'Thrive NYC':
https://thrivenyc.cityofnewyork.us/

- West Midlands' Thrive Action Plan:
https://www.wmca.org.uk/media/1723/wmca-thrive-full-report.pdf

- London 'Thrive'
www.london.gov.uk/what-we-do/health/london-health-board/thrive-london-improving-londoners-mental-health-and-wellbeing

- Public Health England's Prevention Concordat
www.gov.uk/government/collections/prevention-concordat-for-better-mental-health

- NHS England's Five Year Forward View for Mental Health
www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf

12. Further information

For further information on this paper, please contact:
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Appendix 1. Overview of mental ill health in Bristol

Prevalence of mental ill health nationally:
- 1in 4 adults will experience a mental health problem each year.
- 1 in 6 workers will experience depression, anxiety or unmanageable stress.
- 1 in 10 children will experience a mental health problem. Approximately half of all lifetime mental illness starts by mid-teens.
- WHO (2017) noted that depression is now the leading cause of ill health and disability.
- Having a severe mental illness can lead to you dying up to 20 years early due to preventable physical health conditions.

More broadly, mental ill health:
- Is a significant driver of demand for public services
- It has a negative impact on productivity.
- Is a whole system problem: schools, employment, housing, communities.
- Has an increasing evidence base around what works – we are not always acting on it.
- Public opinion is changing: greater openness and increased expectation for support.

Bristol: prevalence of mental ill health:
Bristol has a higher prevalence of mental ill health than the national average – both for children and young people and for adults.
- 8.8% of Bristol patient population has depression diagnosis (8.3% nationally)
- 1 in 10 children will experience a mental health problem (9,000 children in Bristol). Figures are unlikely to fully reflect need.

Mental health is the largest cause of Employment & Support Allowance claims in Bristol (54%). This is the 6th highest rate in England. Lawrence Hill has more than twice the number of mental health claimants than any other ward.

Bristol has high numbers of individuals who are at greater risk of mental ill health, such as:
- Looked after children
- Unaccompanied asylum seekers
- Highest rate in England of first time entrants to the criminal justice system
- Higher rates of young people Not in Education, Employment or Training.

Suicide in Bristol:
- Bristol has a much higher suicide rate than the national average: 12.8 per 100k compared to average 10.1 per 100k. It has 2nd highest female suicide rate in England.
- In the UK, 3 x higher suicide rate for men, middle aged men represent highest suicides in UK, especially in Bristol (28.2 per 100k, compared to UK 20.2).
- There is a strong link between deprivation, poverty and suicide.
- Particular needs in Bristol's student community (7 student in Bristol: 'suicide cluster')

Self-harm in Bristol:
- Self-harm admission to hospital in Bristol is higher than the national average.
- Almost twice as many females as males self-harm (1:9).
- 5 young people per week attend Bristol Children's hospital following self-harm.
- Approximately 1/5th of young people in Bristol self-harm (ALSPAC).

Smoking and Mental Health:
Smoking rates in Bristol have fallen. However, smoking prevalence in adults with serious mental illness in Bristol is high: 47.3% compared to England average of 40.5%.