



We want everyone to recognise the critical importance of being active for their mental health and wellbeing

Mental wellbeing and positive mental health are vital for good individual health and allowing individuals to fulfil their potential and contribute to society. Mental illness, mental health and mental wellbeing are interdependent. Everyone has mental health, just as they have physical health.

Mental wellbeing has been defined in the Oxfordshire Prevention Framework as “how people feel and how they function, both on a personal and a social level, and how they evaluate their lives as a whole”¹. In reality, the term mental wellbeing captures getting the most from life; feeling connected to friends, family and neighbours and leading a healthy and happy life.

Mental illness or mental health disorders, can be characterised by a range of different problems or symptoms, for example disturbed thoughts, emotions, behaviour or relationships with others. Examples include depression, anxiety, bipolar disorder and schizophrenia. Severe mental illness (SMI) refers to people with psychological problems that are often so debilitating that their ability to engage in functional and occupational activities is severely impaired. Many of these disorders can be successfully treated (WHO definition of mental illness²).

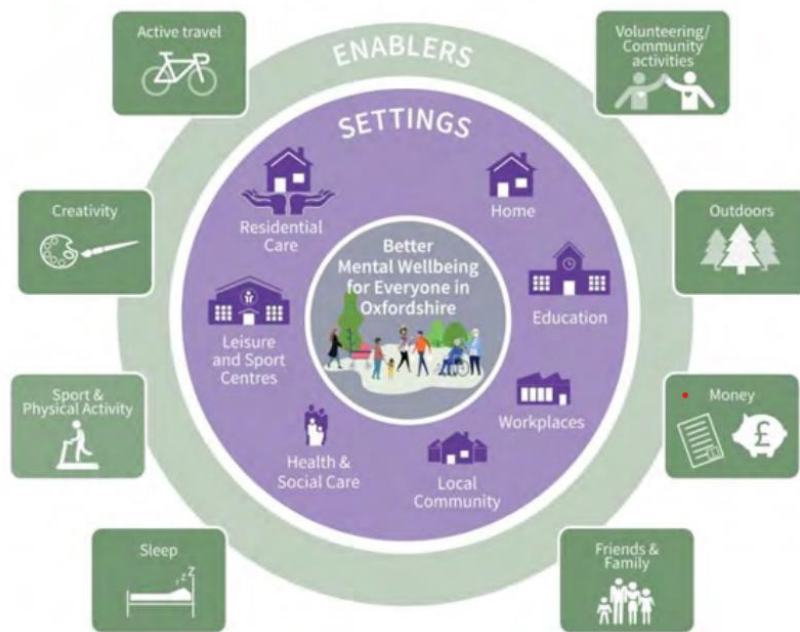
You can have a mental illness, which is well controlled and have good mental wellbeing, and you can have no mental illness, but you can feel stressed, anxious or dissatisfied with life.

Oxfordshire Mental Health Prevention Framework³ has mapped the enablers of good mental wellbeing.

¹ [Oxfordshire-Mental-Health-Prevention-Framework-2020-2023-FINAL.pdf \(healthwatchoxfordshire.co.uk\)](#)

² [Mental health \(who.int\)](#)

³ [Oxfordshire-Mental-Health-Prevention-Framework-2020-2023-FINAL.pdf \(healthwatchoxfordshire.co.uk\)](#)



The role of activity in good mental health and wellbeing

The link between physical activity and depression is well established. Evidence⁴ has found that people who are inactive have 3 times the rate of moderate to severe depression of active people. National Institute for Clinical Excellence recommends a programme of physical activity for people with mild depression⁵.

Other positive outcomes of physical activity include⁶:

- a sense of purpose and value
- a better quality of life
- improved sleep
- reduced stress.
- improved mood
- improved self-esteem

Move Together provides a person-centred and accessible physical activity pathway with behaviour change support provided by a coordinator and signposting to a wide range of activity opportunities based on the participants needs and preferences. Strong partnerships are established with mental health services, such as Mind and Talking Space, to create cross referrals for participants and a combination of physical and mental health treatment.

A gap exists to ensure adults with severe mental illness (SMI) can access lifestyle interventions to improve their physical health (people with severe mental illness (SMI) have a life expectancy up to

⁴ [Physical inactivity and depression in the community. Evidence from the Upper Bavarian Field Study - PubMed \(nih.gov\)](#)

⁵ [Depression in adults: recognition and management | Guidance | NICE](#)

⁶ [About physical activity - Mind](#)

20 years less than the general population⁷, and the gap is widening⁸), by promoting the benefits of activity and how accessible it can be despite the daily challenges they face engaging in functional and occupational activities. There is an important role that support workforces can play in promoting physical health, by working closely with supported housing, upskilling carers and social workers and forming strong relationships with community Mental Health Teams to promote and signpost to community lifestyle interventions.

There are inequalities in physical activity levels across many groups, both nationally and in Oxfordshire.⁹ For example;

- People who live in the most deprived areas are twice as likely to be physically inactive as those living in least deprived areas
- Those with long term conditions are twice as likely to be amongst the least physically active
- Physical activity is lower in older adults, half of those aged 75-84 are inactive, and 7 out of 10 of those aged 85 or over.
- People with disabilities are twice as likely to be inactive compared to those without
- There are differences in activity levels by ethnic background, with Asian women, Asian Men and black women at highest risk of inactivity.

The groups most at risk of poor mental health are:

- Those living alone, who are lonely, in poor physical health, and not employed.
- Adults from Black, Asian and Ethnic minority backgrounds, LGBTQ+, disabled people, and people who have had contact with the criminal justice system or suffered domestic abuse.
- Those with low income
- Those with longstanding physical health problems
- Children and young people who are most at risk of reduced mental health and wellbeing include looked after children, those who have witnessed domestic abuse, living in poverty and those living with a disability, LGBTQ communities and from diverse ethnic heritage.

Those at risk of low activity are also at risk of poor mental health.

Adult mental health in Oxfordshire

- In 2021 nearly 80,000 adults registered with an Oxfordshire GP had a diagnosis of depression. This is 1 in every 8 adult registered patients, and has increased by 7% since 2020.¹⁰
- 14% of Oxfordshire's adults (approximately 1 out of every 7) report having a common mental health condition. There is variation at district level with nearly 1 in 5 adults in Oxford reporting having a common mental health disorder, higher than the other districts.
- Oxfordshire spends £3.5 million on anti-depressants each year¹¹

⁷ [Risks of all-cause and suicide mortality in mental disorders: a meta-review - Chesney - 2014 - World Psychiatry - Wiley Online Library](#)

⁸ [Mortality gap for people with bipolar disorder and schizophrenia: UK-based cohort study 2000–2014 | The British Journal of Psychiatry | Cambridge Core](#)

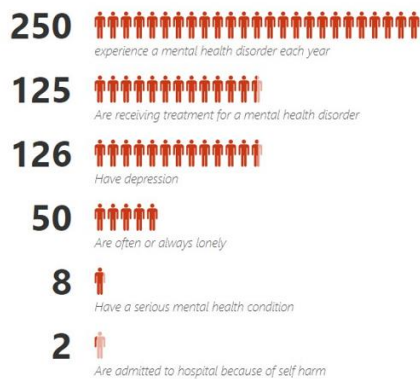
⁹ [Active Lives | Sport England](#)

¹⁰ [Microsoft Power BI](#)

¹¹ [Mental Wellbeing Needs Assessment \(oxfordshire.gov.uk\)](#)

- Just over 6500 adults registered by Oxfordshire’s GP practices have a diagnosed serious mental health condition such as schizophrenia or bipolar disorder.
- 24% of adults in Oxfordshire are often or sometimes feel lonely and 5% are often or always lonely.

OUT OF EVERY 1000 ADULTS IN OXFORDSHIRE



Nationally

- 4 out of every 10 GP appointments are supporting people with mental health problems.¹²
- 9 out of 10 adults with a mental health problem are supported by primary care not by specialist services.¹³
- 43 per cent of all people with mental health problems are in employment, compared to 74 per cent of the general population and 65 per cent of people with other health conditions¹⁴
- 14 people in England and Wales commit suicide every day, men are three times more likely than women to commit suicide¹⁵. Suicide is now the leading cause of death for men aged 15–49¹⁶.
- Up to 20% of women develop a mental health problem during pregnancy or within a year of giving birth¹⁷. Suicide is the second leading cause of maternal death, after cardiovascular disease¹⁸.
- People with severe mental illness (SMI) such as bipolar disorder or schizophrenia have a life expectancy up to 20 years less than the general population¹⁹, and the gap is widening²⁰. This is mostly from preventable physical health problems, such as cardiovascular disease. It is

¹² [40 per cent of all GP appointments about mental health - Mind](#)

¹³ [The Five Year Forward View for Mental Health \(england.nhs.uk\)](#)

¹⁴ [The Five Year Forward View for Mental Health \(england.nhs.uk\)](#)

¹⁵ [Suicides in England and Wales - Office for National Statistics \(ons.gov.uk\)](#)

¹⁶ [The Five Year Forward View for Mental Health \(england.nhs.uk\)](#)

¹⁷ [Oxfordshire-Mental-Health-Prevention-Framework-2020-2023-FINAL.pdf \(healthwatchoxfordshire.co.uk\)](#)

¹⁸ [The Five Year Forward View for Mental Health \(england.nhs.uk\)](#)

¹⁹ [Risks of all-cause and suicide mortality in mental disorders: a meta-review - Chesney - 2014 - World Psychiatry - Wiley Online Library](#)

²⁰ [Mortality gap for people with bipolar disorder and schizophrenia: UK-based cohort study 2000–2014 | The British Journal of Psychiatry | Cambridge Core](#)

estimated that for people with serious mental illness, 2 in 3 deaths are due to physical illnesses and can be prevented²¹.

- Loneliness and lack of social interaction are also risk factors for physical and mental health – these factors increase risk of early death by 30%²². Physical activity can boost mental wellbeing and help reduce social isolation, a risk factor for depression.

Children and Young People in Oxfordshire

- 16,000 young people in Oxfordshire are estimated to have a mental health disorder²³ this is 1 in every 6 young people.
- In 2020/21 nearly 7000 young people had an appointment with child and adolescent mental health services (CAMHS) in Oxfordshire²⁴. There has been an 60-80% (depending on age group) increase in referrals to CAMHS since 2016.
- 31% of referrals to CAMHS are closed before treatment. This means that in Oxfordshire each year over 2000 young people are referred to child and adolescent mental health services but do not meet the criteria or threshold for treatment, yet these young people are likely to have issues with their mental wellbeing.
- In Oxfordshire the average waiting time to treatment (defined as a second appointment) is 52 days.²⁵
- Oxfordshire has a higher proportion of hospital admissions as a result of self-harm in 10-24 year olds than compared to England. Approximately 1 in 250 10-24 year olds has an admission to hospital for self-harm.
- Mental wellbeing has been assessed in primary, secondary and Further Education (FE) students as part of the OxWell Survey in 2019 and in 2020 and findings indicate:
 - o Girls' mental wellbeing is lower compared to boys.
 - o Overall mental wellbeing is worse with increasing age: in year 12, almost 1 in 5 pupils (boys and girls) report low wellbeing scores
 - o Life satisfaction decreases with age, especially in girls.
 - o During lockdown, effects of the pandemic on loneliness, happiness and life satisfaction were worse with increasing age
 - o During lockdown, 41% of those responding in 2020 often felt too worried to sleep
 - o Experiencing bullying is more common in younger ages : 21% (1 in 5) of pupils in year 4 across Oxfordshire taking part in the survey reported being frequently bullied and 10% (1 in 10) sometimes bullied. This had reduced to 8% and 6% respectively by year 10
 - o 11% of 10–15-year-olds report feeling lonely often. In Oxfordshire this equates to over 5,500 young people often feeling lonely. With children in urban areas more likely to feel lonely than those in rural areas²⁶

²¹ [The Five Year Forward View for Mental Health \(england.nhs.uk\)](https://www.england.nhs.uk/our-work/mental-health/5-year-forward-view/)

²² [Wellbeing and mental health: Applying All Our Health - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/wellbeing-and-mental-health-applying-all-our-health)

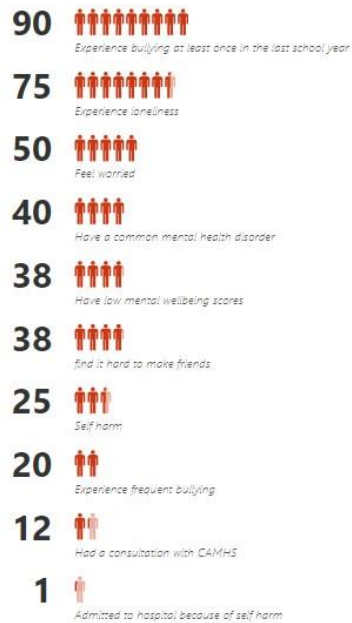
²³ [Mental Wellbeing Needs Assessment \(oxfordshire.gov.uk\)](https://www.oxfordshire.gov.uk/mental-wellbeing-needs-assessment/)

²⁴ [Microsoft Power BI](#)

²⁵ [Local area \(CCG\) maps \(childrenscommissioner.github.io\)](https://www.childrenscommissioner.gov.uk/local-area-ccg-maps/)

²⁶ [Oxfordshire JSNA 2021](#)

OUT OF EVERY 250 10-16 YEAR OLDS IN OXFORDSHIRE



Nationally:

- 1 in 10 young people self-harm²⁷
- Over 1 in 10 of 10–15-year-olds report feeling lonely often²⁸
- Persistent depression during adolescence is associated with significantly increased risk of depression and poorer education and employment outcomes during adulthood.²⁹
- 50% of those with lifetime mental illness (excluding dementia) will experience symptoms by the age of 14³⁰
- 75% of those with lifetime mental illness (excluding dementia) will experience symptoms by the age of 24³¹
- Most parents of children with depression seek advice, but only 25% have contact with a children's mental health service³²
- Nearly all parents of children with ADHD seek some form of help because of concerns about their child's mental health, but only a minority receive evidence-based treatment³³

²⁷ [Mental health of children in England \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

²⁹ [The case for early intervention to support levelling up and Covid recovery | Early Intervention Foundation \(eif.org.uk\)](https://eif.org.uk)

³⁰ [Mental health of children in England \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

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- Only around a third of children (32%) with a probable mental health disorder are able to access treatment³⁴.

Achieving our ambition - reducing barriers to physical activity

We will focus on reducing the barriers to activity

There are different barriers and needs depending on where you are on journey. Barriers for someone with SMI are different to someone without a diagnosis or for someone who is struggling but not yet at the point of needing mental health services, and it may be different again for someone who is neurodiverse or somebody who has learning difficulties. It is important we think about the different groups who would benefit from support and how we reduce their barriers.

The barriers we want to reduce and remove are.

- Making the first step- it can be very hard to get out the house and take the first step to being active.
- Fear, lack of confidence and worry about social interaction. How do you get back out there when you have been through a difficult time.
- Information in an accessible and available form. It isn't always possible for people to find things online or in a public place.
- Concern about physical health, medication and whether it is safe to exercise.
- Cost
- Transport issues and accessibility of location
- Uniforms, which can be excluding from a cost, sensory and body image perspective.
- Equipment and other costly extras
- Simplifying sign up and online booking
- Increasing the understanding of sports/class/coach/ instructors/ PE teachers of mental health, neurodivergence and the importance of allowing difference in participation
- Reducing fear of being stigmatised when accessing sport and leisure activities.

We will focus on connecting existing schemes, and delivering opportunities for people to be active where they live

Priority focus areas for the next two years:

These are the core priority areas we have agreed to focus on together to achieve our ambition:

- We will work closely with schools to embed physical activity as an enabler to reduce anxiety and depression.
- We will increase awareness of the importance of physical activity across the mental health workforce through ramping up training and enabling others to deliver training
- We will focus on the 10 highest priority neighbourhoods to encourage residents to walk more for their mental health and wellbeing

³⁴ [cco-briefing-mental-health-services-2021-22.pdf \(childrenscommissioner.gov.uk\)](#)

Actions we will take together over the next two years:

- Expand programmes such as **Boxing for Wellbeing within schools as well as addressing mental health and exam stress** through the redesigned School Games
- Expand and cascade the Active Medicine programme, so that **2,000 people working with residents at greatest risk of inactivity are trained in understanding the importance of physical activity** for mental health and wellbeing
- Provide **mental health walks and walking groups in the 10 highest priority neighbourhoods in Oxfordshire**
- Create a **focus group of people with lived experience of mental health issues**, to better understand the barriers and challenges to physical activity

To achieve our ambition, we will work with the following existing workstreams:

Older people and long-term conditions

Children and Young People

Healthy Place Shaping

The following services currently help people in Oxfordshire get active to support their mental wellbeing:

- Oxfordshire Mind
- Achieve
- Age UK / Generation Games
- Aspire
- Move Together
- Sport in Mind
- Oxfordshire Health NHS Foundation Trust
- Asylum Welcome
- Schools
- GPs and Practice nurses
- Community Mental Health / Physical Health Teams
- Leisure providers / Exercise Referral.
- Banbury Mind Hub
- Foodbanks and larders
- Project PT
- Libraries
- Oxfordshire Health Hub in Banbury
- Social services
- Early Help
- Voluntary sector groups and activities
- Turning Point

- Homeless Oxfordshire
- Connection floating support
- Park run/walk and Mind volunteers.
- Be Free Young Carers
- Carers Oxfordshire
- Social prescribers
- Active medicine and partnership with MIND

What we need to do to make the change

Our partners have already pledged that they will:

- Continue to work with others in Oxford Health to develop a Creative Movement group for patients with anxiety/depression.
- Asylum Welcome will do more outreach work to collaborate to run accessible community events across Oxfordshire and will integrate intentional movement based activities & education into MH response
- North Oxfordshire School Sport Partnership will reach out to Cherwell Mental Health Team and embed the work of Project PT in North Oxfordshire schools