

Annual Public Health Report

for the Isle of Wight



2015 to 2016

TABLE OF CONTENTS

	Page
Foreword	4
1. Summary of recommendations from 2014/15 report and progress update	5
2. Introduction	7
What do we mean by “Mental Health”?	7
What is parity of esteem between physical and mental health?	7
Why do we need parity of esteem between Physical and Mental Health?	7
What are the determinants of positive / negative mental health?	7
3. The local picture	9
Mental illness prevalence on the Isle of Wight	9
Suicide on the Isle of Wight	10
Self-harm on the Isle of Wight	11
Dementia prevalence on the Isle of Wight	11
4. Work underway	12
Prevention	12
Self-care and self-management	13
Supporting Recovery from Substance Misuse	13
Physical Activity	14
Sexual Health	15
Wellbeing Platform	16
5. Recommendations for 2016/17 and beyond	17
References	18

Foreword

My team and I are delighted to present this Public Health Annual Report and welcome this yearly opportunity to showcase all the good work underway on the Island to help support and facilitate better health and wellbeing for our residents. This also provides a chance to critically assess our successes against persistent or new challenges and allows the Isle of Wight Public Health Team to present what we think are the key areas for improvement for the future. In this report we have decided to focus on the very important issue of “parity of esteem” between physical and mental health.

It is a sad fact that mental health does not receive the same level of attention as physical health. People experiencing mental health problems frequently face stigma and discrimination, not only in the wider community but also from services. This is exemplified in part by lower treatment rates for mental health conditions and an underfunding of mental healthcare which represents a clear imbalance when compared to the scale and impact of mental health conditions. A radical culture change is therefore needed to raise awareness and ensure better use of resources to tackle the issue.

Achieving “parity of esteem” will require a fundamental change in the way services are planned, delivered and commissioned. But we need to be bolder in our approach and recognise that we all have a role in achieving better positive physical and mental health. The solution for achieving parity of esteem between physical and mental health rests in part in the individual and the collective responsibility to look after ourselves better. It also lies in the better integration of local services and strategic outlook.

The Isle of Wight Public Health Team presents this report as a positioning statement which clearly identifies the specific characteristics which define our island, the range of issues it faces in terms of physical and mental health and the steps we are talking collectively to remedy these.

**Dr Rida Elkheir,
Director of Public Health
Isle of Wight Public Health Team**

1. Summary of recommendations from the Director of Public Health Annual report 2014/15 and progress update.

Recommendation 1 - That Local Area Coordination is extended to all areas of the Island, and becomes integral to the delivery of the new integrated model of care.

Through the development of My Life a Full Life a further six Local Area Coordinators have been appointed for Newport and surrounding areas. This leaves only three areas without Local Area Coordination at the present time. The positive impact on the wider system is being demonstrated through the outcomes achieved for individuals, families, communities. Through the Local Area Coordination Leadership Group working with partners across the system, there is a move to exploring how a system-wide approach can be developed to extend Local Area Coordination for full Island coverage supporting and improving the health and wellbeing of all communities.

Recommendation 2 - Further develop and disseminate the working model for health assets.

Public Health is working in partnership with My Life a Full Life and embarked on an ambitious programme of systemic transformation which will ensure that people will have much greater support from their community, family and friends, as it builds on assets and mobilises social capital to help reshape care delivery to meet people's changing needs. My Life a Full Life marks a significant shift towards prevention and early intervention, self-help/care, with the aim of reducing health inequalities and improving the health and wellbeing of our communities.

Recommendation 3 - Plan to incorporate asset-based approaches into mainstream public health activity once the approach is fully evaluated

Through the evaluation of Local Area Coordination and Asset Based Community Development (ABCD), we are gaining a greater understanding of how these approaches improve and sustain health and wellbeing. This understanding is leading to the development of incorporating an assessment of assets as part of the Joint Strategic Needs Assessment (JSNA) to inform not only local need but also where the health assets are located locally that can support health and wellbeing. This greater understanding of the wealth of resources in the community is enabling public health activity to build on positive local health and wellbeing improvement activities and working more closely with communities to support them in the development of those assets.

Recommendation 4 - Plan to integrate health assets and interventions that promote assets into health and wellbeing strategies.

Enabling and supporting people to maintain their health and wellbeing requires a strategic partnership approach that is rooted in evidence, sustained and which goes beyond health and social care, beyond commissioning, to achieve sustainable and real culture change in our communities. In 2015/16, Public Health, in partnership with

My Life a Full Life, developed a Prevention and Early Help Strategy which marks a shift away from a focus on sickness and disease to one focused on creating and sustaining wellness and wellbeing.

Such an approach is embedded in the corporate plans and strategies of all organisations of My Life a Full Life as well as within local agencies such as charities working with mental health, learning disabilities, older people and the independent sector such as Housing Associations and Care Homes. The My Life a Full Life Prevention work stream and strategy will promote wellbeing in many ways. How this will happen in practice will depend on the characteristics, needs and assets of individuals being supported including people's goals and wishes and how these impact on their wellbeing.

Recommendation 5 - Champion asset-based approaches at local, regional and national levels.

Through conversations with NHS England and Public Health England, the Isle of Wight is being seen as an area of good practice in the development of these approaches. This has led to national and regional recognition and opportunities to take a leadership role locally in supporting the development of asset-based approaches as part of the Public Health South East Community Asset Based Approaches Programme.

Recommendation 6 - Prioritise NHS and local authority investment into asset-based community development for health and wellbeing.

Through evaluation we are developing a robust model for determining the cost benefit for these approaches for the system (NHS & local authority). This will be used to inform wider commissioning and a business case to secure long term investment. There is emerging recognition and understanding that on the Island these approaches are reducing dependency on statutory services through empowering individuals to use their personal assets and choices to support their health and wellbeing

Recommendation 7 - Develop workforces and build community capacity to incorporate skills and knowledge on health assets and asset-based approaches.

Through working together in the community Local Area Coordination has influenced workforce development through shared learning and training events. This has enabled exploration of these approaches by partners and the skills and knowledge required to work in this way to be encouraged behaviours. This is seen both in how professionals and organisations are working within communities and how together with communities we are supporting the development of community capacity. For example, in one area, a community has come together to develop local football activities for children at no cost.

2. Introduction

What do we mean by “Mental Health”?

The positive dimension of mental health is laid out in the World Health Organisation’s (WHO) definition of health as contained in its constitution: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."ⁱ

WHO describes Mental Health as “not just the absence of mental disorder [but] as a state of wellbeing in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.”ⁱⁱ

What is parity of esteem between physical and mental health?

Parity of esteem is the principle by which mental health must be given equal priority to physical health. Whilst this value was enshrined in law by the Health and Social Care Act 2012 there is still a significant disparity in funding and access for mental health. Mental health problems account for 28% of the burden of disease but only 13% of NHS spendingⁱⁱⁱ.

Why do we need parity of esteem between physical and mental health?

There is a recognised overlap between mental and physical health. Mental illness reduces life expectancy - it has a similar effect on life-expectancy to smoking, and a greater effect than obesity^{iv}.

Mental ill health is also associated with increased chances of physical illness, increasing the risks of the person having conditions such as coronary heart disease, type 2 diabetes or respiratory disease.

In turn, poor physical health increases the risk of mental illness. For example the risk of depression is doubled for people with diabetes, hypertension, coronary artery disease and heart failure, and tripled in those with stroke, end-stage renal failure and chronic obstructive pulmonary disease (COPD). Children experiencing a serious or chronic illness are also twice as likely to develop emotional disorders.

Overall 78% of mental health service users access hospital services compared with 48% of non-mental health service users^v.

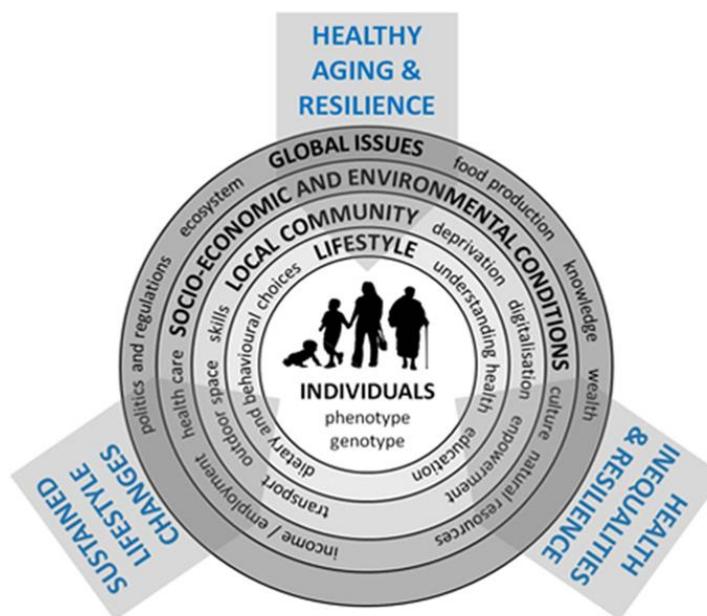
The cost of dealing with the consequences of mental ill health is significant. 54% of mental health service users arriving at A&E came by ambulance or helicopter compared to 26% of non-mental health service users. A higher proportion of these patients were admitted and they stayed in hospital around 30% longer^{vi}.

What are the determinants of positive/negative mental health?

To a large extent, factors such as where we live, the state of our environment, genetics, our income and education level, and our relationships with friends and family all have considerable impacts on health. These factors are called the “wider determinants of health” and bear a significant impact on the quality of life of individuals and communities.

The determinants of physical health are well established within the public health community. Multiple social, psychological, and biological factors determine the level of mental health of a person at any point of time.

For example, persistent socio-economic pressures are recognised risks to mental health for individuals and communities. The clearest evidence is associated with indicators of poverty, including low levels of education.



Poor mental health is also associated with rapid social change, stressful work conditions, gender discrimination, social exclusion, unhealthy lifestyle, risks of violence, physical ill-health and human rights violations.

There are also specific psychological and personality factors that make people vulnerable to mental disorders. Lastly, there are some biological causes of mental disorders including genetic factors which contribute to imbalances in chemicals in the brain.



vii

3. The local picture

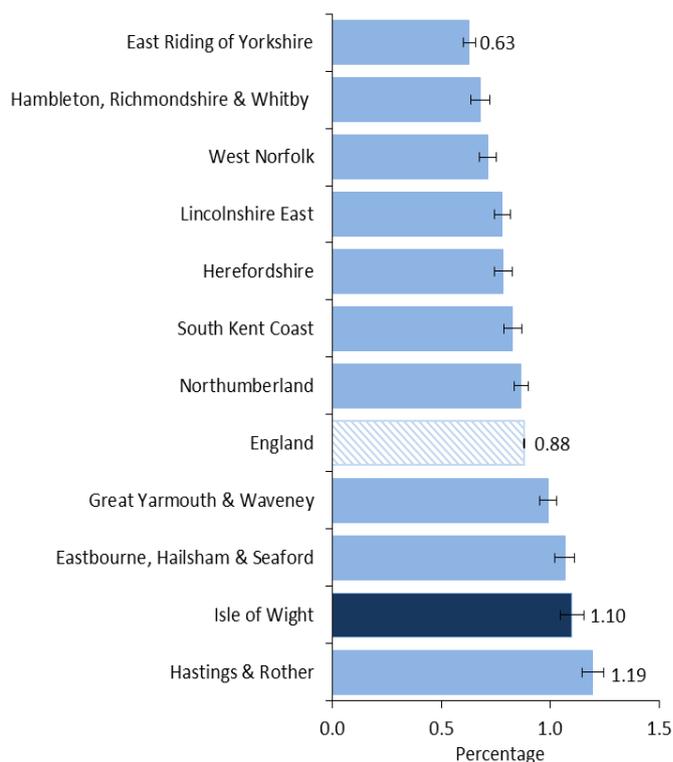
Mental illness is the largest single source of burden of disease in the UK and no other health condition matches mental illness in the combined extent of prevalence, persistence and breadth of impact. Mental illness is consistently associated with deprivation, low income, unemployment, poor education, poorer physical health and increased health-risk behaviour. Mental illness has not only a human and social cost but also an economical one with wider costs in England estimated at £105.2 billion a year^{viii}.

Cost-effective interventions exist to both prevent mental illness and to promote wider population mental health. The Isle of Wight Council aims to provide effective public health action that will reduce the present and future disease burden and cost of mental illness.

Mental illness prevalence on the Isle of Wight

The chart below shows the percentage of patients diagnosed with mental health and on GP practice mental health registers. This is a register of patients with schizophrenia, bipolar affective disorder and other psychoses, plus other patients on lithium therapy.

GP recorded crude mental illness prevalence - Isle of Wight and comparator CCGs: 2014/15



Source: Quality and Outcomes Framework - <http://digital.nhs.uk/qof>

The crude prevalence rate for the Isle of Wight in 2014/15 is 1.1% (1,558 patients).

This is statistically significantly higher (worse) than the England average of 0.9% and also eight out of our ten comparator CCGs.

When comparing the Isle of Wight's localities, West & Central Wight has a statistically significantly lower prevalence than South Wight.

North East Wight is in between and is statistically similar to both. When looking at the time trend, mental illness has steadily increased from 2004/05 to 2014/15.

The England figure shows a similar upward trend, although statistically significantly lower.

Suicide on the Isle of Wight

The suicide and undetermined death rate for the Isle of Wight currently reported by the Public Health Outcomes Framework is 13.4 per 100,000 for the three year period 2013-2015. The England average for the same period is 10.2 per 100,000 and for the South East 10.2 per 100,000. Although the rate for the Isle of Wight is higher this is not significant. The rate for males on the Isle of Wight is 23.2 which is significantly higher than the England average of 15.8 per 100,000. A rate for female suicide on the Isle of Wight cannot be calculated because the number of cases is too small; the England average however is 4.7 per 100,000.

Local responsibility for coordinating and implementing work on suicide prevention became, from April 2013, an integral part of local authorities' new responsibilities for leading on local public health and health improvement. Included in these responsibilities is the establishment of a local suicide prevention partnership, the implementation of a process for local suicide audit and the delivery of local action to prevent and reduce suicide.

A local suicide audit has been carried out for 2013 & 2014, focusing on the six identified key priority areas from the Preventing Suicide in England document. The following local actions have been highlighted from this audit:

2.1 Reduce risk of suicide in high risk groups

The audit indicates that males aged 50 or over with a diagnosis of a long term condition or a terminal illness, which live alone are considered to be a high risk vulnerable group. This should be considered within all areas where diagnosis is delivered and high level intervention of support should be offered to this group.

2.2 Tailor approaches to mental health support in specific groups

Offer additional support to residents who have a long term condition or terminal illness. Offer increased mental health support to those identified with financial difficulties. Increase follow up from those patients who are conveyed to hospital with a possible suicide attempt.

2.3 Reduce access to the means of suicide

Measures are in place to limit the amount of over the counter medications that can be purchased as well as increased support for community pharmacy staff for help in supporting patients and their families with a long term condition and terminal illness. Other measures include availability of Samaritans' Help Line and Freephone number at key locations and regular police presence at identified hot spots.

2.4 Provide information and support to individuals bereaved by suicide

Increased availability and knowledge of appropriate bereavement support so that wider support groups can refer or offer support to those affected.

2.5 Support the media to report appropriately on incidences of suicide

Continue to develop the good working relationship with local media agencies by providing up to date briefings on data and findings from audit and other sources.

2.6 Implement research, data collection and monitoring

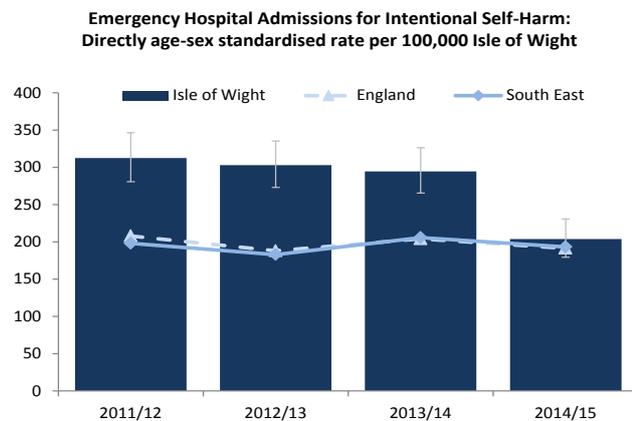
A revised audit process and the interdependencies highlighted within both the prevention group and wider stakeholder groups has clearly shown that there is a need for wider collaboration to prevent suicide. An outcome of this audit is to continue to develop these relationships and use the information and intelligence gathered to support and shape the prevention strategy and enable guidance to other agencies.

Self-harm on the Isle of Wight

The trend in hospital admissions for self-harm, for the financial year 2014/15 for the Isle of Wight (203.9 per 100,000) has seen a significant drop compared to the last 3 financial years and is now in line with the England (191.4) and South East (193.1) averages.

This could be attributed to an initiative called Operation Serenity street triage; this is a collaborative scheme between police and NHS staff, with the objective of supplying a better initial mental illness diagnosis.

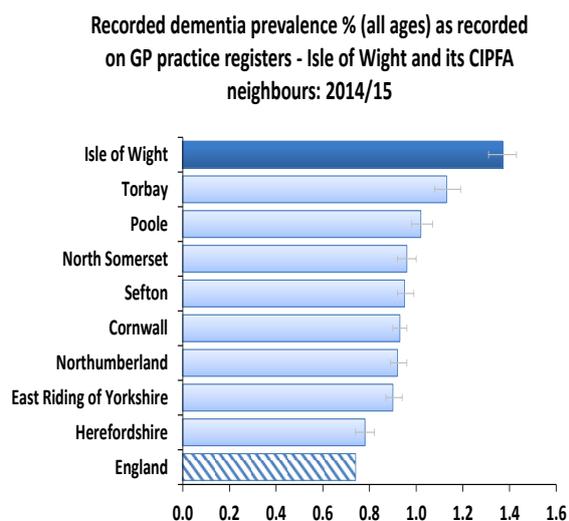
These actions have the potential to reduce emergency admissions for self-harm and help to ensure the correct treatment pathway before crisis occurs.



Source: Hospital Episode Statistics (HES) www.hscic.gov.uk/hes

Before this initiative people experiencing a mental health crisis were taken to a place of safety, either a police station or a hospital under section 136 of the Mental Health Act.

Dementia prevalence on the Isle of Wight



Source: HSCIC (PHE Fingertips tool) www.fingertips.phe.org.uk

“Dementia” describes a set of symptoms that may include memory loss and difficulties with thinking, problem-solving or language when the brain is damaged by diseases, such as Alzheimer’s disease or a series of strokes

The Isle of Wight has the highest proportion of residents diagnosed with dementia (1.4% or 1,944 people) or double the England average of 0.7%.

Although the comparison areas have similar demographics, it may be that the observed differences are due in part to the particularly high proportion of older residents on the Island.

4. Work underway on the Isle of Wight to ensure parity of esteem between Mental and Physical Health

Prevention

The new Care Models Programme (part of the NHS Five Year Forward View^{ix}) recognises the challenges posed by people living longer, often with complex health issues. At the same time, it recognises that many more people want to be more informed and involved in their care and that, as such, there are more opportunities for better health through increased prevention and supported self-care.

People with poor mental health or a learning disability have poorer health outcomes than the general population and for this reason the Prevention Strategy identifies parity of esteem for mental health as a key equality objective.

There are already plans in place to improve this position as part of the work on parity of esteem between mental and physical health led by My Life a Full Life which will:

- Increase the percentage of patients with a learning disability having an annual health check to reduce health inequalities.
- Increase the percentage of patients with a serious mental illness having an annual health check to reduce health inequalities.
- Refresh the Island substance misuse strategy and implementation plan and produce an “addiction strategy” to recognise the pluralistic nature of addiction and dual diagnosis rather than focus on the substance
- Deliver the Island Mental Health Crisis Concordat Action Plan
- Maintaining and improving mental health is fundamental to improving the health of the island’s population. Partnership working with colleagues across the council, CCG and the NHS Trust is crucial in supporting our understanding of the causes and prevalence of poor mental health and of strategies that focus on better mental health for all.

Self-care and self-management

Digital inclusion is central to self-help initiatives and to promote education and information.

At least one in four of us will experience a mental health problem at some point in our life – often not diagnosed nor requiring specialist services. The Island is championing the use of E-Mental Health tools that people can access and use at their own convenience whether in the comfort of their own home, or when they are out and about.



The Isle of Wight is developing an approach to improving and developing access to online mental health support therapy, which could be particularly useful to those with mild to moderate anxiety and depression.

This mode of delivery has a number of advantages. It is easy to access from home and could benefit those living in the more remote parts of the Isle of Wight.

On the Isle of Wight there are currently three providers of e-Mental health which are self-referral:

Big White Wall is a safe online community of people who are anxious, down or not coping who support and help each other by sharing what's troubling them, guided by trained professionals. It is available 24/7 and is completely anonymous. Professionally trained Wall Guides ensure the safety and anonymity of all members www.bigwhitewall.com

Silver Cloud is an online secure and immediate access to supported CBT (cognitive behavioural therapy) programmes, tailored to an individual's specific needs. It provides a space for thinking and feeling working through modules at the individual's own pace <https://iow.silvercloudhealth.com/signup>

Foundation for Positive Mental Health is an easy to use audio programme, that incorporates techniques, which research shows can help lift mood out of depression, stress and anxiety and build confidence & coping www.foundationforpositivementalhealth.com

Reading Well Books on Prescription helps you to understand and manage your health and wellbeing using self-help reading. The scheme is endorsed by health professionals and supported by public libraries and covers young people's mental health, common mental health conditions and dementia.

Supporting Recovery from Substance Misuse

Supporting local people on their recovery journey through substance misuse is beneficial for the physical and mental health and wellbeing of the wider community and the whole island's population. Substance misuse is not only detrimental to the individual but also to their family and wider community.

The Isle of Wight Substance Misuse Strategy (2013) recognises the inter-dependency of substance misuse across physical and mental health and advocates an integrated, recovery approach to addressing its impact, through working in partnership.

Within the context of the Health and Wellbeing Strategy (2015/16) we are delivering positive outcomes for the most vulnerable in our communities through the provision of an integrated substance misuse service, providing support to young people and their families.

Physical Activity

The UK chief medical officers' guidelines indicate that people living in England should aim to take part in at least 150 minutes of moderate physical activity each week^{xi}. Increasing time spent being active as part of an individual's healthy lifestyle is a key physical and mental health improvement message.

The lack of physical activity (those doing less than 30 minutes per week) has resulted in costing the UK an estimated £7.4 billion a year, including £0.9 billion to the NHS alone^{xii}. Low levels of physical activity are considered to be one of the top 10 causes of disease and disability in England.

Encouraging inactive people to become more active could prevent one in ten cases of stroke and heart disease in the UK, one in six deaths from any cause and the number of people at working age living with one or more long-term condition.

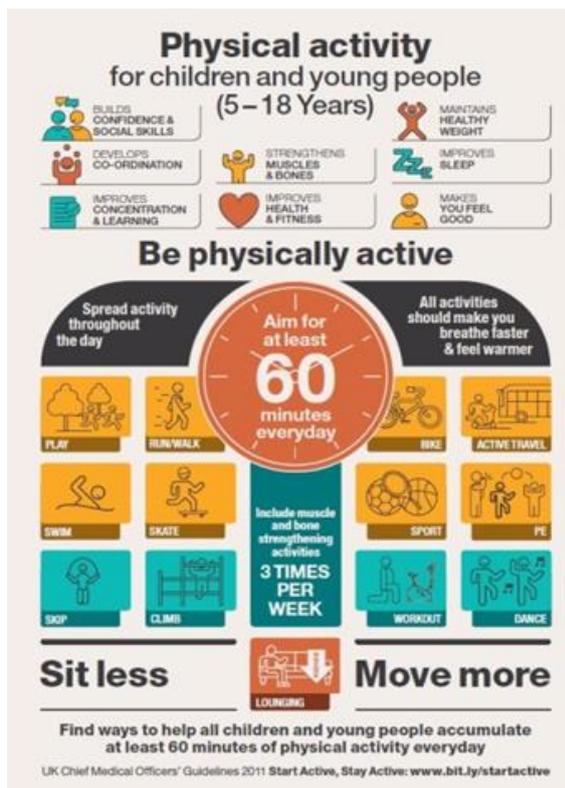
Being physically active at different stages of life can result in a range of individual mental and physical health and wellbeing benefits.

The overarching message is that it is not necessarily about new investments to address the challenges.

It is also about uncovering and making existing assets visible and maximise opportunities to think and act differently about how we commission and plan public services.

This will include developing innovative approaches for distinct groups such as our inactive school-aged children, inactive adults and hard-to-reach groups.





Findings from the 2015 Public Health Children and Young People’s Survey^{xiii} found that, for both females and males, physical activity decreases with age.

An example of how we are responding to the challenge of child obesity (with three in ten Year 6 students classed as overweight/obese), inactivity and sedentary learning is through the work of EduMove in primary schools.

EduMove is an innovation that has an evidence-based background of increasing educational attainment, engagement to and enjoyment within learning and physical activity levels through educational movement games within a Physical Activity Teaching and Learning Curriculum for children.

On the Island we are working towards developing a Physically Active culture, whereby being active is part of a healthy lifestyle for all people living on the Isle of Wight. The message then is clear, ‘to make physical activity a part of daily life during all stages of life^{xiv}’, alongside mobilising the capacity of sport to achieve non-sporting objectives.

Sexual health

The Government has set out its ambitions for improving sexual health in its publication “A Framework for Sexual Health in England”. Sexual health is an important area of public health. Most of the adult population of England are sexually active and access to quality sexual health services improves the health and wellbeing of both individuals and population.

The Isle of Wight Council currently commissions an Integrated Sexual Health Service from the Isle of Wight NHS Trust, based at St Mary’s Hospital, Newport. It also commissions community pharmacies and GP practices to deliver long acting reversible contraception (LARC), chlamydia screening and emergency hormonal contraception services. Community pharmacies are also commissioned to provide chlamydia treatment for those with a positive result.

An integrated sexual health service model aims to improve sexual health by providing easy access to services through open access “one stop shops”, where the majority of sexual health and contraceptive needs can be met on one site, usually by one health professional, in services with extended opening hours and accessible locations. This model will aim to improve the sexual health of the Island by

increasing access to the service for the island communities, with a focus on vulnerable and disadvantaged groups such as young people/people with learning disabilities/people with mental health problems and men who have sex with men.

Wellbeing Platform

The development of the Island's Wellbeing Platform is a programme of work that is providing a multi-layered approach to health improvement. The overarching platform is designed to ensure that health improvement messages are consistently delivered through the broad health and social care system and within the community. The aim of the Platform is to reduce preventable long-term conditions and empower people to take responsibility for their own health and wellbeing and live longer healthier lives.

The Platform consists of a range of services including: The Wellbeing Service, Local Area Coordination (see below), School Nursing, Health Visiting (see below), Leisure Services and GPs for example.

The Wellbeing Service is being developed to offer behaviour change support for 12 months to residents, to achieve long-term healthy lifestyles, for example, weight loss, stop smoking, and alcohol reduction.

Local Area Coordination

Local Area Coordinators work with people (all ages) with physical disabilities, mental health needs, older people and their carers and families.

Following an introduction, a Local Area Coordinator spends time getting to know the individual/family and building a trusted relationship. Some of the key elements that facilitate positive outcomes for people are that the Local Area Coordinator is based within the community; listens without judging; takes time to understand their interests, skills and experiences; they sit within the system and staying true to the principles of strength-based approaches through having positive conversations focussing on the person rather than their need associated with their illness, age mental health or disability. For people with enduring physical and/or mental health needs the programme has seen increases in confidence, self-esteem, community contribution, support into employment and volunteering opportunities.

Health Visitors

Health Visitors lead on the care offered to parents as they transition into parenthood and meet the needs of their babies so they develop well physically and emotionally to be healthy and able to learn. The first 1,000 days of life are critical to life-long good health. Health Visitors deliver the Healthy Child Programme. Health Visitors ensure parents also receive support for Early Help from the family centres and that children are able to access early years education at a preschool setting or child minder. Health Visitors also work closely with general practice and primary care services.

Early Help

In April 2015 Barnardo's began providing an integrated Early Help service, incorporating the Children's Centre offer, parenting support and the Strengthening Families programme interventions. This service is provided from the existing Children's Centres which have been renamed as Family centres as the offer gives support to families with children aged 0-19, not only the 0-5s the Children's centres were originally build for. The service includes family workers who do outreach work with families with complex needs and also provides sessions in the centres.

The services works to a number of outcomes including the Public Health Outcomes Framework (PHOF) indicators and provides interventions to improve health and wellbeing including increasing breastfeeding, healthy eating, physical activity, vaccination rates, oral health, mental health and reducing smoking in the home/car, substance misuse, unwanted pregnancy and unintentional injuries. The midwifery and health visiting services work closely with this service providing clinics from the centres and referring parents to the parenting support and early help services.

NHS Health Check Programme (Cardiovascular Disease Prevention)

NHS Health Checks are a cardiovascular risk assessment offered to everyone between the ages of 40 and 74 who have not already been identified as being at risk. Eligible patients are invited by the GP Practice to be assessed for their 10 year risk of cardiovascular disease and appropriate referrals are made to support patients identified to be at risk. The Island has a higher than national average figure for people attending to have their health check.

5. Recommendations for 2016/17 and beyond

To work collaboratively with partners in the council, and externally to support the development of opportunities for physical activity on the island.

To spread the responsibility for promoting positive health improvement messages by a wider range of organisations (including public, private and voluntary) and make every contact with residents an opportunity to talk about wellbeing.

To work collaboratively to develop easily accessible opportunities including sports, art, education and other activities that will build resilience in an individual to support long term mental wellbeing.

References

- ⁱ WHO (1946): <http://www.who.int/about/mission/en/>
- ⁱⁱ WHO (2014): http://www.who.int/features/factfiles/mental_health/en/
- ⁱⁱⁱ Centre for Mental Health (2015): <https://www.centreformentalhealth.org.uk/parity-of-estateem>
- ^{iv} Risks of all-cause and suicide mortality in mental disorders: a meta-review Authors Edward Chesney, Guy M. Goodwin, Seena Fazel, First published: 2 June 2014: <http://onlinelibrary.wiley.com/doi/10.1002/wps.20128/abstract;jsessionid=B60892E7B3255CBFF2769094A7E3F60A.f04t04>
- ^v Centre for mental health: <https://www.centreformentalhealth.org.uk/parity-of-estateem>
- ^{vi} Ibid iv
- ^{vii} Source: Swansea University; Psychology Department Dementia Research Group: <http://www.swansea.ac.uk/psychology/psychologydementiaresearchgroup/>
- ^{viii} Centre for Mental Health, (2010): www.rcpsych.ac.uk/pdf/Position%20Statement%204%20website.pdf
- ^{ix} NHS Five Year Forward View (2015): <https://www.england.nhs.uk/ourwork/futurenhs/new-care-models/>
- ^x Alison Mental Health course online: <https://alison.com/learn/mental-health-studies>
- ^{xi} Royal College of Psychiatrists (2016) "Health matters: getting every adult active every day": <http://www.rcpsych.ac.uk/pdf/Position%20Statement%204%20website.pdf>
- ^{xii} Sport Think Tank (2016): "Public Health England Lunch Physical Activity Guide": <http://www.sportsthintank.com/news/2016/07/public-health-england-lunch-physical-activity-guide>
- ^{xiii} Isle of Wight Public Health Team (2015): "Children and Young People Survey 2015": <https://www.iwight.com/azservices/documents/2552-Children-and-young-peoples-survey-2015-final.pdf>
- ^{xiv} WHO (2016): Infographic: Make physical activity a part of daily life during all stages of life: http://www.euro.who.int/_data/assets/pdf_file/0004/286753/physical-activity-daily-life.pdf?ua=1



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