Building Emotional Resilience Strategy
2014-17
Acknowledgements

Belfast Strategic Partnership would like to acknowledge the continuous work of the Mental Health and Emotional Wellbeing Thematic Group in driving and supporting the development of this Building Emotional Resilience Strategy.
Foreword

As joint chairs of the Belfast Strategic Partnership Mental Health and Emotional Wellbeing Thematic Group we are delighted to launch the First Belfast Emotional Resilience Strategy.

The development of this strategy comes from a number of initiatives undertaken to help build a healthier Belfast. Events like the Mayors’ Initiative on Suicide Awareness ‘Celebrating Life – Ag Céiliúradh an tSaol’ in April 2012, as well as the “Have Your Say Belfast” (2012-2013) survey which was distributed to 135,000 homes across the city have all helped to inform this publication. Our work in the city in providing Mental Health care to a wide range of Service Users also informs this strategy. This document represents a live process, under constant review and discussion. This is to ensure that the actions and objectives outlined within the document fit well with relevant local and regional priorities and identified need.

This strategy sets out our vision for Emotional Resilience for Belfast citizens and over the next three years we will work collectively and in collaboration with a range of stakeholders in the community, voluntary and statutory sectors to achieve our actions and objectives.

Since the signing of the Good Friday/Belfast Agreement in 1998 the impact that the conflict here has had on people is well documented and a ‘lived experience’ for citizens. According to research, over 3,500 people were killed and over 40,000 individuals were injured during the conflict. In Belfast over 1500 individuals lost their lives with over 1200 deaths in the north and west of the city alone. (Sutton, 1994)

Among individuals and families affected by the conflict, high levels of post-traumatic stress, clinical depression and substance abuse remain prevalent. There is no doubt that the legacy of the conflict continues to be felt to this day, including the transgenerational impact on the emotional health and psychological wellbeing of many of our people who did not grow up during those years of conflict.

Many key issues remain and are highlighted within this document, including: impact of crime & anti-social behaviour, social isolation, access to open space, access to employment opportunities and confidence building. These themes while reflective aren’t exclusive.

Health and wellbeing of citizens is a crucial element in the make-up of successful cities.

As Belfast continues to grow and develop a reputation for being prosperous and vibrant, there is an onus on those responsible for health and wellbeing to work together to achieve good quality of life for our residents.

The publication of the ‘Building Emotional Resilience Strategy’ is the result of such an approach. It will have a positive and direct impact on the life of this city.

Its aim is to identify agreed priorities to ensure that the welfare of people comes first and establishes that feeling safe, being healthy and having access to opportunities are central to quality of life.

A wide engagement process has taken place to get us to this stage and Belfast Strategic Partnership will continue to take this approach in moving forward. As part of our six week consultation we will engage the wider community, voluntary
and statutory sectors to ensure we maximise input and get it right.

We aim to provide a ‘citizens first’ approach to health and wellbeing which is both visible and inclusive to our city’s health and wellbeing.

As a partnership, we welcome views and comments from interested parties for the duration of the consultation period (15th May-26th June 2014) and we will consider all responses in relation to the final version of the strategy.

It is our hope that this document clearly demonstrates the commitment of Belfast Strategic Partnership to enhance the health and wellbeing for the people of Belfast. We encourage continued contributions and input from the citizens of Belfast to inform and shape the future development and delivery of this strategy.

We look forward to engaging with all of you in the coming weeks and months.

Irene Sherry  Barney McNeany
Co-Chairs
Mental Health and Emotional Wellbeing Thematic Group
Emotional Resilience Strategy

Belfast Strategic Partnership

Vision

‘All people and communities in Belfast can confidently expect to have access to the opportunities and resources they need to live longer, healthier lives.’

Mission

‘To reduce life inequalities and improve the health and wellbeing of people in Belfast by changing the way we work together. We do this by jointly harnessing the enthusiasm, efficiency and experience of our stakeholders to seek health and wellbeing gains in ways that we cannot do by working alone.’

Purpose

- To shape the future health and wellbeing priorities for Belfast
- To foster and take advantage of strategic opportunities to achieve better health outcomes
- To work together on areas where we can achieve the most impact
- To inform and influence future policy development
- To focus on the prevention of ill-health
- To develop and deliver an overarching health and wellbeing action plan for the city

Key Principles

To successfully reduce inequality and address the wider determinants of health we must:

- Maximise our combined impact by working better together
- Be accountable to others based on the results of our work
- Base our decisions and actions on evidence and learning from others

- Be open to innovative approaches and be prepared to work differently
- Encourage the active involvement of all stakeholders and strengthen relationships
- Build on the success of existing partnerships and programmes of work
- Engage with communities and seek to contribute to Community Planning
- Make effective use of our collective resources through better joint planning and priority setting
- Drive Equity in Health and Wellbeing through all of our policies
- Share our learning to change the way the public sector works

‘Making Belfast a Resilient City’
We will work to make Belfast a Resilient City, by:

- Building and strengthening existing work that has a positive impact on emotional resilience
- Undertaking pro-active and active work around prevention, promotion and education
- Developing and enhancing emotional resilience infrastructure and activity across the city
- Working with citizens to better understand and value emotional resilience as a concept and notion
- Promotion of emotional resilience programmes as a means of support for individuals
- Better connecting emotional resilience work and activities across the city, with a focus on disadvantage and inequalities.
- Building on Belfast already being a World Health Organisation Healthy City with community resilience as one of the core themes in Phase VI (2014-2018)
Belfast Strategic Partnership
Central Priority

The central priority of the partnership is to strengthen the emotional wellbeing and resilience of individuals and communities in Belfast. Emotional Resilience refers to an individual's ability to adapt to stressful situations or crises that may have occurred in the past, present or into the future.

Other Belfast Strategic Partnership Key Demonstration Projects, which contribute to building emotional resilience, are outlined below in Diagram 1.

Diagram 1

Key Demonstration Projects - Contribution to Emotional Resilience

- **Active Travel**
  - Feel good, sleep better
  - More social interaction
  - Opportunities to connect to other people and places
  - Safer streets

- **Belfast Works**
  - Increased coping skills and stronger support networks for priority groups
  - Increased self confidence and self esteem

- **Child Friendly**
  - Creating healthy places for children and families to socialise and play. Have more confidence and knowledge to participate in decision making on the built environment.

- **Age-friendly Neighbourhoods**
  - Walking and enjoying the local area will improve older people's confidence, help them to get active, feel safe and influence local decisions

- **Common Assessment Framework**
  - Increased confidence as individuals, know referral pathways and understand how to access and exit services and own their own care plan
  - Improved links to other types of support

- **Emotional Resilience**
  - Emotional resilience refers to an individual's ability to adapt to stressful situations or crises.
Emotional Resilience

‘Emotional resilience refers to an individual’s ability to adapt to stressful situations or crises’.

Characteristics of emotional resilience

1. Self awareness:

Resilient people are aware of the situation, their own emotional reactions and the behaviour of those around them. In order to manage feelings, by remaining aware, resilient people can maintain their control of the situation and think of new ways to tackle problems.

2. An understanding that setbacks are part of life:

Understanding that life is full of challenges and while we cannot avoid many of these problems, we can remain open, flexible, and willing to adapt to change.

3. Self Reliance:

Generally, resilient people tend to have what psychologists call an internal ‘Locus of Control’. Those with a high external ‘locus of control’, believe that powerful others, fate, or chance primarily determine events. Those with a high internal ‘locus of control’, tend to believe that events result primarily from their own behaviour and they have the power to influence their environment.

4. Strong problem-solving skills:

Problem-solving skills are essential when a crisis emerges; resilient people are able to spot the solution that will lead to a safe outcome. In danger situations people sometimes develop tunnel vision. They fail to note important details or take advantages of opportunities. Resilient individuals, on the other hand, are able to calmly and rationally look at the problem and achieve a successful solution.

5. Social connections:

Whenever you’re dealing with a problem, it is important to have people who can offer support. Talking about the challenges you are facing can be an excellent way to gain perspective, look for new solutions, or simply express your emotions. Friends, family member, co-workers and support groups can all be potential sources of social connectivity.
Factors contributing to Emotional Resilience include:

1. Close relationships with family and friends
2. A positive view of yourself and confidence in your strengths and abilities
3. The ability to manage strong feelings and impulses
4. Good problem-solving and communication skills
5. Seeking help and resources
6. Seeing yourself as resilient
7. Coping with stress in healthy ways and avoiding harmful coping strategies
8. Helping others
9. Finding positive meaning in your life despite difficult or traumatic events.

Belfast Strategic Partnership recognises the need to work at a number of levels which are independent and interdependent.

Table 1: Emotional Resilience Factors at Individual, Social/Community and Structural Level Protective Factors

<table>
<thead>
<tr>
<th>Individual level</th>
<th>Social/Community level</th>
<th>Structural level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive sense of self</td>
<td>Supportive caring parents/family</td>
<td>Safe and secure living environment</td>
</tr>
<tr>
<td>Good coping skills</td>
<td>Good communication skills</td>
<td>Financial security</td>
</tr>
<tr>
<td>Attachment to family</td>
<td>Supportive social relationships</td>
<td>Employment/meaningful activity</td>
</tr>
<tr>
<td>Social skills</td>
<td>Sense of social belonging</td>
<td>Positive educational experience</td>
</tr>
<tr>
<td>Good physical health</td>
<td>Community participation</td>
<td>Access to support services</td>
</tr>
<tr>
<td>Spirituality</td>
<td>Access to social networks</td>
<td>Tolerance and respect for diversity</td>
</tr>
</tbody>
</table>

Adapted from Margaret M. Barry and Rachel Jenkins (2007) Implementing Mental Health Promotion Churchill Livingstone Elsevier
Stakeholder Engagement

As part of the stakeholder engagement process and consultation, 135,000 surveys were sent to homes in Belfast. Alongside this a number of other consultations were also held across the city with the community sector, community of interest sectors, post primary schools and youth sector.

The response to the ‘Have Your Say Belfast’ survey was one of the highest ever received of any survey across the city.

‘Have Your Say Belfast’ 2013 Report and Findings

The ‘Have Your Say Belfast’ survey was issued in August 2012 as part of a three month consultation process.

Belfast Strategic Partnership acknowledges that while there is significant investment in mental health and crisis response services across the city for when people become ill there is a need to develop a focused and life course approach to developing services and strategies that intervene early and prevent people’s mental health and wellbeing deteriorating.

In total 3,065 questionnaires were returned for analysis. 708 of these were completed through an online survey and 2,357 people in the Belfast area completed paper returns.

Of the respondents:

- Two-thirds were female
- There were high proportions of 36-50 and 51-70 year olds
- Most of those completing the questionnaire were ‘employed’
- 17% said that they had a disability
- 5.6% of those responding said that they identified as gay, lesbian, bisexual or transgender
- More than one-quarter of those completing the questionnaire live in the top 20% deprived areas in Belfast.

What the HYSB survey told us

- More than 27% of respondents indicated that they had treatment for anxiety or depression in the previous 12 months.
- 53% of respondents who considered themselves to have a disability indicated that they had received treatment for anxiety or depression. Further compounded when they live in the top 20% most deprived areas – 66.7% had received treatment.
- A higher proportion of people living in the top 20% most deprived areas indicated that they had received treatment for anxiety or depression than those living in other areas throughout Belfast (36.2% compared to 24.3%).
- A higher percentage of people who identified as gay or lesbian indicated that they had received treatment for anxiety or depression in the year preceding the consultation. More than 42% compared to 27% of people who identified as heterosexual.
• Mental wellbeing was significantly higher among those categorised as being heterosexual compared to transgender.

• No significant gender differences or differences with older people on mental wellbeing scores. (SWEMWBS)

(SWEMWBS) Short Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS) a set of validated questions, their experience of the seven questions combined to make a score which can be used as a measure of mental wellbeing.

Important issues for improving Quality of Life

• A higher proportion of people living in the top 20% most deprived areas indicated that lower levels of crime and anti-social behaviour would help improve quality of life than those living in other areas throughout the city.

• Better employment opportunities and activities for children also showed a difference in terms of more people in the top 20% deprived areas indicating those things that would improve quality of life.

• 23% of respondents identified the need to have greater levels of confidence in order to help make them feel better about themselves.

Coping mechanisms

• The research highlighted the importance of interpersonal relationships and their impact on emotional wellbeing.

• Respondents highlighted that having the love and support of a family was a major contributing factor to their health and wellbeing.

• Money was also an issue for respondents but didn’t feature as highly, suggesting that family, love, and interpersonal relationships were more important.

Techniques respondents use to help them think positively

• Talk to and have the support of family and friends

• Talking to someone openly about problems or issues

• Exercising regularly

Techniques respondents use to help them connect better with others included

• Attendance at community events, services or activities

• Community support, attendance at community centres and groups

• Focus on positive, fulfilling life

• Involvement in family and communal activities

• Focus on the importance of family connections

Impact on Social Connections

• Almost 46% said they get together with family members every day and almost 30% once per week.

• Almost 30% of respondents indicated that they get together with friends every day and more than 40% said once per week.
• It is important to note that those in the 25-50 age band presented as higher needing support, however this group identified as the lowest in relation to daily contact with friends.

Further Observations

• Those who responded feeling that they had a good social life were less likely to have received treatment for anxiety or depression in the past 12 months.

• Talking to and having the support of family and friends is the technique used by most people to help them think more positively.

• There were no significant gender differences on mental wellbeing scores.

• Mental wellbeing was significantly higher in those identifying themselves as heterosexual compared with those identifying as transgender.

• Future planning should take account of the issues identified by individuals and communities within Have Your Say Belfast.

For further information on the ‘Have Your Say Belfast’ summary report visit www.belfastcity.gov.uk/healthandwellbeing
Key Actions and Objectives

Actions

Outcome-focused

- Have an outcome and evidence-based approach, establish measures of need and inequality and prioritise objectives on that basis. Where evidence is unavailable initiate a process to gather evidence on an ongoing basis.

Inclusive

- Engage people and communities at every level to address the issues associated with life inequalities

- Work to ensure that the wider community has the opportunity to be part of, and contribute to BSP work

Approach

- Our approach will be focused on early intervention, including raising awareness of and building emotional resilience and working across the key areas of promotion, prevention and education.

- It is also important to note that we should learn from other work that can contribute to and inform the outworking of our strategy.

Objectives

Raise awareness and enhance individual emotional resilience and wellbeing

We will do this by:

- Working with our partners to ensure emotional resilience is recognised and incorporated within employment and skills strategies being developed in the city

- Delivering a positive emotional resilience awareness raising campaign called ‘Take 5’

- Ensuring emotional resilience is considered and incorporated in the transformation of leisure services for the city currently being taken forward by BCC

- Developing and enhancing Emotional Resilience infrastructure and activity across the city

- Delivering citywide seminars on emotional resilience

- Working with service providers to develop and design a Statement of Intent

We will build on extensive work already underway, including:

- www.mindingyourhead.info website, and promotional campaign
- Tools for Life programme (Appendix 1)
- BSP Lifelong Learning (Draft) Strategy
- BSP Active Belfast Strategy
- Age-Friendly Action Plan
- Child Friendly Cities Strategy
To reduce life inequalities and develop emotional wellbeing at a community level

We will do this by:

- Working with the Police and Community Safety Partnerships to build emotional resilience into programmes aimed at reducing crime and anti-social behaviour in local areas.

- Working with partner organisations to build emotional resilience into programmes aimed at improving parks, community gardens and open spaces in the city.

- Working with Active Belfast to connect with the Healthwise programme and the significant opportunities that brings to contributing to emotional resilience at community level.

- Ensuring that building emotional resilience is considered at both an individual and community level in the regeneration of the city; particularly in major construction projects and developments.

- Utilising existing engagement processes (local area working, renewing the routes, neighbourhood renewal, youth forum, G6, and other communities of interest).

We will build on extensive work already undertaken, including:

- PSNI/Policing Board Plan 2014/17
- Police and Community Safety Partnership Plan 2014-15
- District Police and Community Safety Partnership plan 2014-15
- Suicide prevention community response planning
- Mental health and emotional wellbeing training programmes
- Pilot workplace emotional wellbeing training programmes
- Community resources / development work
- Volunteering opportunities
- Tools for Life programme

To develop emotional wellbeing policy and practice across sectors and within all organisations in BSP

We will do this by:

- Developing a policy framework
- Developing guiding principles
- Encouraging partners to sign a Statement of Intent
• Developing measures for monitoring and measuring improved emotional resilience

We will build on extensive work already taken, including:

• Protect Life Strategy
• Belfast Healthy Cities Health in All Policies work

* Primary care mental health referral hub refers to area based focused services across Belfast situated in the north, south, east and west of the city
Appendix 1:

Examples of ‘Tools for Life’* Programmes and ‘Take 5’ Activities

**Tools for Life programmes**

- Emotional resilience/coping skills
- Confidence/self esteem building
- Personal development
- Breaking down social isolation – e.g. friendship/walking groups/Men’s Sheds
- Dealing with stress and anxieties
- Health improvement (Sexual health, Cook It, physical activity groups)
- Active citizenship and inter generational work (community cohesion outcomes)
- Respect programmes - cultural awareness/valuing diversity
- Mindfulness
- Complementary Therapies
- Family Support Mood Matters
- Mental Health Awareness
- Knit & Natter
- Yoga for mental and physical health
- Nutrition
- Self Management Programme
- Mental Health First Aid
- Beating the Blues
- Life coaching
- Mood Matters, In Pregnancy, In Young people, Adults and later Life.
- Living Life to the Full/Life Skills Programmes
- Top Tips for Looking After Yourself

**‘Take 5’ Activities**

What we know people in Belfast do regularly to maintain and enhance resilience

- Regularly eat breakfast
- Sit down with other people to eat meals
- Get a good night’s sleep
- Be active
- Take a friendly stroll
- spend time with family
- Play sport
- Laugh
- Walk the dog
- Play with their children/grandchildren
- Talk to their neighbour
- Meditate
- Listen to music
- Relax and wind down
- Read a book
- Bake a cake
- Learn a new skill
- Work through issues in small steps
- Get involved in their community
- Volunteer and make time for others
- Think positively, think straight
- Cut down on tea, coffee and ‘energy’ drinks

*Tools for Life programmes include the range of programmes available to the population at the early stages of support services*
## Appendix 2:
### Mental Health Emotional Wellbeing Thematic Group Members

<table>
<thead>
<tr>
<th>Name</th>
<th>Organisation</th>
<th>Role</th>
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<tbody>
<tr>
<td>Irene Sherry</td>
<td>Ashton Community Trust</td>
<td>Co-Chair</td>
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<tr>
<td>Barney McNeany</td>
<td>Belfast Health and Social Care Trust</td>
<td>Co-Chair</td>
</tr>
<tr>
<td>Jim Morgan</td>
<td>Belfast Health Development Unit</td>
<td>Lead Officer</td>
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<tr>
<td>Daniel Jack</td>
<td>Age NI</td>
<td>Member</td>
</tr>
<tr>
<td>Dympna Johnston</td>
<td>Belfast Area Partnerships Health &amp; Wellbeing</td>
<td>Member</td>
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<tr>
<td></td>
<td>Representative</td>
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<tr>
<td>Valerie Brown</td>
<td>Belfast City Council</td>
<td>Member</td>
</tr>
<tr>
<td>Maria Morgan</td>
<td>Belfast Health and Social Care Trust</td>
<td>Member</td>
</tr>
<tr>
<td>Anne McCusker</td>
<td>Belfast Healthy Cities</td>
<td>Member</td>
</tr>
<tr>
<td>Lekan Ojo-Okiji Abasi</td>
<td>Black Minority Ethnic Representative</td>
<td>Member</td>
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<tr>
<td>Michael Culbert</td>
<td>Coiste na níarchimí</td>
<td>Member</td>
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<tr>
<td>Neil Foster</td>
<td>Commission for Victims and Survivors</td>
<td>Member</td>
</tr>
<tr>
<td>Anne Bill</td>
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<tr>
<td>Stephen Barr</td>
<td>N&amp;W Belfast Protect Life Implementation Group</td>
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<td>Amy Pepper</td>
<td>Public Health Agency</td>
<td>Member</td>
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<td>Malachai O’Hara</td>
<td>The Rainbow Project and HERE NI Representative</td>
<td>Member</td>
</tr>
<tr>
<td>Glenda Davies</td>
<td>South and East Belfast Community of Interest</td>
<td>Member</td>
</tr>
<tr>
<td>Brian Mullan</td>
<td>Victims and Survivors Service</td>
<td>Member</td>
</tr>
</tbody>
</table>
References and Sources


3. ‘Have Your Say Belfast’ Survey 2013, Report and findings, Belfast Strategic Partnership

4. SWEMWBS 2006, Short Warwick-Edinburgh Mental Wellbeing Scale, NHS Scotland, University of Warwick and University of Edinburgh

5. Troubled Consequences Report. 2013 Commission for Victims and Survivors NI (CVSN) University of Ulster

Diagram 1
Belfast Strategic Partnership Key Demonstration Projects

Table 1
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