Promoting Mentally Healthy Cities Across IIMHL countries: I-CIRCLE

19th December 2017

Introduction

"Health is created and lived by people within the settings of their everyday life; where they learn, work, play, and love."

The Ottawa Charter (1986)

This Make it so is a quick snapshot (website scan) of healthy cities’ endeavors in general with a focus on cities fostering mental health and decreasing addiction in IIMHL and IIDL countries. A key IIMHL leader in this work has been Dr. Arthur Evans formerly of Philadelphia who transformed the city of Philadelphia and included trauma informed approaches in city activities.

This work fits closely with IIMHL’s International City and urban Regional CoLlaborativE (I-CIRCLE) which involves cities and urban regions within the eight IIMHL countries working together to problem-solve and spread innovations. The purpose of this collaborative work is to support mental health and wellbeing within urban settings and enable citizens to thrive.

This report is in three parts:

1. Cities involved in IIMHL's I-CIRCLE
2. International agencies promoting health and mental health strategies for healthy cities
3. Additional activities across IIMHL countries are described.

Please note this is not a definitive literature search, but rather a very quick snapshot of some national or state reports and activities across the eight IIMHL countries. Thank you to Isabella Goldie from the UK for assisting us. If there is a major policy document missing we are happy to include it.

We hope you find it helpful.

Janet Peters and Fran Silvestri

1 http://www.who.int/healthy_settings/en/
2 http://www.iimhl.com/icircle-about-us.html
1. IIMHL’s “I-CIRCLE”

“A healthy city is one that is continually creating and improving those physical and social environments and expanding those community resources which enable people to mutually support each other in performing all the functions of life and developing to their maximum potential.”

As noted above, IIMHL’s I-CIRCLE involves cities and urban regions within eight countries working together to spread innovations.

Background

The idea was conceived when Dr. Arthur Evans, Philadelphia’s Commissioner of Behavioral Health and disability Services, presented at the IIMHL Leadership Exchange in Vancouver in September 2015. Dr. Evans spoke about the City of Philadelphia’s ten years of work with its communities and city government prompted by the recognition that the major issues for our urban communities (e.g. homelessness, education, employment, criminal justice) are intertwined with behavioral health issues and that effectively addressing those behavioral health issues actually helps people in other areas of their lives. Thus there is a bi-directional relationship: mental health problems impact on social outcomes and social factors drive mental health problems – all need consideration.

Philadelphia took a public health approach and engaged a wide range of people outside the mental health system in order to build resilience and self-determination, recognize and address emerging behavioral health issues and ensure people with behavioral health challenges access needed supports, can work and can be independent and productive members of the community.


Participants have shared innovations that include:

• taking protective action to prevent future problems (e.g. addressing the social determinants of health including inequity, ensuring a healthy start, building resilience and strengthening social connectedness)
• enhancing early recognition and effectively responding to emerging issues (e.g. through classes and training – digitally or in person - that enable people to take the necessary action to respond and heal themselves, their families and neighbors and others they encounter at work and in their wider lives)
• ensuring a comprehensive range of behavioral health services that is appropriate for the population served.

The focus is on building social capital to complement the formal mental health system (e.g. through forming strategic local partnerships with groups and organizations in the local communities) and taking a public and population health approach. http://www.iimhl.com/icircle-about-us.html

Video http://www.iimhl.com/icircle-homepage.html
September 2017 “Healthy Minds Philly”

3 WHO Health Promotion Glossary http://www.who.int/healthpromotion/about/HPG/en/
Blog: Fran Silvestri noted:

On September 11-12, 30 leaders from around the world visited the Department of Behavioral Health and Intellectual disAbility Services (DBHIDS) to understand the developments in Philadelphia to build the mental health literacy and services. On September 13 and 14th leaders travelled to New York City to learn about NYC Thrive approach. Other cities participating in this learning exchange include New York City; Pittsburgh; Christchurch, New Zealand; London and the West Midlands region in England; Stockholm; Dublin; and Toronto, Canada. There were also additional leaders from Australia, England, Spain and the Pan American Health Organization (PAHO).

IIMHL visited DBHIDS in 2016, bringing 18 international visitors to see how they serve the Philadelphia community.

Philadelphia and New York City are viewed internationally as an example of how to plan and organize supports in a city urban landscape that uses innovation and creative ideas to transform behavioral health services traditionally seen in office settings out into the public and community via a population health approach, while still providing care to those in most need.

http://healthymindsphilly.org/en/blog/international-visitors-returning-to-dbhids

From those meetings, the group decided to issue a consensus “Statement on leading cities and urban regions to better mental health for their residents”.

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**DECLARATION ON LEADING CITIES AND THEIR REGIONS TO BETTER MENTAL HEALTH FOR THEIR RESIDENTS**

**NOVEMBER 23, 2017**

**PREAMBLE**

People living in cities around the world care about their mental health and the mental health of their fellow residents. They also know that urbanization - living amongst masses of people with its related stressors and burdens - can often be toxic to mental health and well-being. As the process of urbanization accelerates around the world, the sheer scale of the mental health challenge cities face is ever more daunting. Fortunately, though, all is not bleak. There is hope. Cities and the regions around them are uniquely positioned to drive a new and sorely needed broad agenda to meet this challenge. The “urban ecology” that increases the risk of illness and sets obstacles to needed care can also drive mental health promotion and prevention. The levers and resources (people, material, funds, ideas and dynamism) needed to both foster mental health and well-being and tackle mental health challenges are in the hands of city government. They are close to their neighborhoods, routinely work across sectors, are seen as being responsible for quality of life issues with resources to invest in them, and are effective leaders of the multiple stakeholders required to produce inclusive, equitable, community solutions to challenges. They can attend to vulnerable populations and promote opportunity and social inclusion. This declaration stands on the shoulders of recognized global policies that have come before, building on their perspective of health and health equity in cities and urban environments and on a “whole of health, wellbeing and quality of life” strategic direction. This includes such frameworks as the UN Sustainable Development Goals, 100 Resilient Cities, Habitat III, WHO Europe Healthy Cities Network, with the unique feature of highlighting the critical importance of, and the need for a
specific focus on, mental health as a complementary effort.

Recognizing all this, leaders from cities in countries engaged in the International Initiative for Mental Health Leadership (IIMHL) created the International City and urban Regional CoLiaboratiVE (I-CIRCLE) to share and learn about new ways to improve and promote the mental health of their residents. In September 2017, I-CIRCLE members met for a week, first in Philadelphia and then in New York City. We shared experiences, ideas and learnings. The power of what we saw, heard and experienced only further increased our belief in what cities and their regions can and have to do. It became clear that a fresh and exciting public health approach to urban mental health is emerging, built on explicit principles for action that guide, anchor, and align work along the wide breadth of its vision. Already several cities and urban regions have taken on this broader view of mental health and the role of cities: Thrive NYC, Thrive West Midlands, Thrive London, Black Thrive London, and longstanding work by the City of Philadelphia. Critically, the week also clearly demonstrated how essential leadership is to moving forward. We all agreed to issue a joint declaration to cities in our respective countries and to cities around the world.

DECLARATION
The mental health and well-being of the residents of a city/urban region are an immediate and core concern of those communities. It should also be so for city leaders around the world. As city leaders engaged in promoting and protecting the mental health of the people of our cities, we have found great value and even greater promise in a principle-based public health approach to the mental health of the populations we serve, focusing on fostering recovery, resilience, self-determination and mutual aid. We share these principles and approaches, derived from the work of our founding member organizations to call other city leaders and governments to accelerate the movement to promote and protect our cities’ greatest assets, the health, mental health and wellbeing of their residents. We recognize the convergence of growing efforts of cities and localities who are taking up this approach in key areas that are reflected in the largest scaled and most rapidly growing shared framework of city action of Thrive NYC, through the 200 city US Cities Thrive Coalition. We call on all cities to start a dialogue and plans of action along these principles, further informed and continuously elaborated by our growing experience and their unique contexts:

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<th>Change the culture</th>
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<td>Make mental health everyone’s business</td>
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<td>Promote environments that support and respect resilience, recovery, self-determination and mutual aid</td>
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<td>Attend to the needs of all, but maintain our collective commitment to especially those most vulnerable and excluded</td>
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<th>Use data better</th>
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<td>Build new ways to get the kind of information needed for a public health approach</td>
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<td>Share and use information to drive improvement, equity, and change</td>
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<th>Act early</th>
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<td>Invest in prevention and reach people early</td>
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<td>Equip people with what they need to promote their mental health</td>
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<td>Pay close attention to early childhood and support new parents</td>
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<th>Close treatment gaps</th>
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<td>Close gaps in access, quality, equity, cultural competence, and the impact of treatment on population health and prevention</td>
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<td>Multiply options for getting care with workforce and information innovation</td>
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<td>Support person-centered, holistic care</td>
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<td>Enhance treatment quality and value</td>
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<th>Partner with communities</th>
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| 4 |
Build on and foster personal, family, and community assets for communities and workplaces to be sources of mental health and resources for those with mental illness
Equip communities to be their own problem solvers and innovators of solutions
Address individual and collective trauma and its structural root causes

**Position government to lead**
Be transparent
Create opportunities to lead and coordinate scaled action for mental health
Change structures to involve all of government and mental health in all policies
Advocate for public policies and actions that promote and protect mental health and wellbeing
Engage media, including using social marketing and social media

**I-CIRCLE** will promote these principles in its collaborative work and assist engaged cities across the globe in incorporating them into their own public health approach to mental health, while building a growing network of cities, encouraging more to join our network. I-CIRCLE will link with and not duplicate the work of others, while establishing the platform that advocates for city and regional engagement in mental health concerns. It will be the place to spark and spread innovation, to share and learn, to develop the necessary leadership and the leaders to take it on. I-CIRCLE will ensure that the benefits of the approaches taken - and the strategies necessary to implement them - will be communicated globally. This includes building and sharing the evidence base for effective interventions, with a shared commitment to evaluate the work we do.

**Mental health matters. Cities matter. Leadership matters.**

On October 27th 2017 Fran Silvestri noted:

“We are currently moving forward with work items resulting from the meeting:

• creating a small group to develop the plan for a virtual home for the I-CIRCLE collaborative, to provide a focal point for I-CIRCLE and to engage international leaders through the Statement and our work
• identifying a group who will be involved in transitioning to the next meeting in Stockholm in May 2018, mostly composed of those planning to attend the I-CIRCLE match.”

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1 New York City, Philadelphia, Pittsburgh, Dublin, London, the West Midlands, Christchurch, Toronto, Sydney
II NYC Thrive and the growing number of American Thrive cities, the Philadelphia Department of Behavioral Health and Intellectual Disability Services, London Thrive, Black Thrive London, West Midlands Thrive, City Mental Health Alliance.

**Cities involved in IIMHL’s I-CIRCLE**

Several cities were involved in IIMHL’s meetings however some do not yet have information available on websites. The following section is on those cities who do have IIMHL-related information publicly available.
**Australia - Sydney**

VIDEO: IIMHL 2017 Leadership Exchange – Mentally Healthy Cities

A presentation by Dr. Arthur Evans as part of the 2017 Leadership Exchange in Sydney, Australia.

The Greater Sydney Commission is leading metropolitan planning for Greater Sydney with a mandate to improve liveability, productivity and environmental quality across Greater Sydney. Like many growing global cities, the importance of liveability will be tested as Greater Sydney is expected to grow by 1.6 million people over the next 20 years.

The Commission is committed to sharing and building knowledge, evidence-based research and case studies with other cities to better understand how health and wellbeing can be improved by quality urban planning.

The ‘Liveability Framework’ is an important part of this work. The Liveability Framework identifies that liveable places and communities exhibit positive outcomes across the following nine areas:

1. Sense of belonging and local identity
2. Community engagement
3. Connected communities
4. Urban design excellence
5. Social infrastructure
6. Diversity of job opportunities
7. Housing choice
8. Culture and innovation
9. Environmental quality


**England**

Background information

“For decades successive UK governments have sought to centralise power in order to achieve their policy objectives, resulting in the UK becoming one of the most centralised political economies in the world. However, Greater Manchester’s landmark devolution deal in April 2016 brought, for the first time, all £6 billion of health and social care spending under local control, marking an unprecedented opportunity.”

Alongside the Centre for Mental Health and leaders such as Councillor Sarah Hayward in London and Dr. Martin Reeves in the West Midlands, the Royal Society of Arts has been exploring the extent to which this shift towards localism might support a deepening

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commitment to parity of esteem between and integration of mental health and physical health.

At the RSA a crucially important measure of success for devolution is the extent to which the most marginalised in society are served by new structures. This extends to health. As Councillor John Clancy, Leader of Birmingham City Council told the Core Cities Business Summit “we’ve made mental health a priority, as it’s another thing that holds back growth”.

However, there have been missed opportunities to give mental health improvement the focus that it requires. The NHS England Sustainability and Transformation Plans provided such as opportunity for hard wiring parity of mental health and physical health care into the system, however these have not delivered at any significant level for mental health due to fast-tracked service redesign alongside huge budgetary constraints. RSA research tells us that not investing in mental health holds back growth and costs more in the long-term.

RSA research showed us that:

- People with mental health illnesses are a third less likely to be in employment
- Between 10-45 percent less likely to receive physical health checks like blood pressure, cholesterol checks as well as cervical cancer screening.
- People with serious mental health conditions die on average 10-15 years younger
- Take up for talking therapies is as low as 5 percent among those with anxiety and depression in some areas, whilst the dropout rates for these therapies are up to 90 percent in others.

The challenge is how we reverse this trend. London School of Economics and MHF evidence reviews commissioned by Public Health England on mental health promotion and prevention are clear that there are not only evidence based actions that would support earlier preventative action but also a strong business case to support this. We can see hopeful interventions from city Mayoral candidates in discussing the improvement of mental health provision as part of broader reform and inclusive growth strategies.

In addition to direct service improvements, devolution can be a vehicle for a higher profile ‘hearts and minds’ approach to mental health. Both Greater London and the West Midlands have developed their own ‘Thrive’ approach drawing on the work of New York City and Philadelphia to create whole city based multi-level mental health strategies. Organisations like the Mental Health Foundation are working to improve understanding of preventative ‘upstream’ approaches alongside supporting opportunities to disseminate learning and build momentum across the UK and internationally. Some cities are further ahead and are grasping the challenge and are leading the way in this agenda providing strong examples for others. Guernsey Thrive Initiatives and the work of Black Thrive in London are applying this ‘whole’ approach to remoter island and Black communities.

Black Thrive aims to address the pronounced mental health inequalities and service access inequity experienced by the Black community in Lambeth and is centred around the concept of co-production with community members.

More generally in London, Sadiq Khan’s mayoral manifesto included specific pledges on raising mental health awareness and Andy Burnham, the mayor of Greater Manchester, has stated that improving child and adolescent mental health services will be a priority.

Indeed, the West Midlands Mental Health Commission, chaired by Norman Lamb MP, has not only helped facilitate the introduction of mental health provision for children and young people that is now inclusive of young adults, spanning 0-25 years. These
Developments have also led to the upskilling of the region’s education leaders – improving the skills and confidence to deal with mental health in young people, and looking at not only the social environment but also the built environment to develop mentally healthy schools. The upcoming project with RSA Academies will also seek to consolidate that legacy.

These are great examples of what cities and regions could achieve through utilising the new crop of political leadership to make devolution a meaningful alternative to the current system where central government can too easily opt out of accountability without substantive challenge.


**Mental Health First Aid - England**

Poppy Jarman CEO of MHFA England says:

"Mental health is a normal part of life. In any one year, one in four of us will experience a mental health issue. But long-standing stigma means that many of us have a limited understanding of how to look after our own mental health and that of the people we care for. With MHFA training I hope, like me, you'll feel more confident and motivated to play your part in supporting wellbeing in yourself and those around you."

MHFA England provides mental health awareness training and consultancy in cities all over England in a wide variety of communities, including schools, universities, the armed forces community, businesses and the public sector. Through its in-house consultancy team and national network of over 1,300 instructors, MHFA England facilitates and delivers a number of Mental Health First Aid courses, including Youth MHFA, Higher Education MHFA, Workplace MHFA and Armed Forces MHFA. Each of the courses teaches the mental health equivalent of physical first aid, tailored to the particular audience.

The training provides participants with the skills and confidence to recognise the signs and symptoms of common mental health issues and effectively guide a person towards the right support, be that self-help or professional services. Those who take MHFA courses are not trained to be therapists or psychiatrists but can offer initial support through non-judgemental listening and guidance. MHFA training also teaches people to look after their own mental wellbeing and spreads the important message that we all have mental health.

MHFA England has a social mission to train one in ten of the population in MHFA skills in order to raise mental health literacy, break stigma and support more people to access the right help at the right time.

It’s hoped that this will also support a broader culture change towards a mentally healthier society where the population’s wellbeing is better looked after on an ongoing basis.

https://mhfaengland.org/
City Mental Health Alliance

MHFA England is part of The CMHA is a coalition of organisations that have come together to create an environment in the City where mental health is discussed in the same way as physical health.

We were founded by City businesses and are closely supported by two leading UK mental health organisations, Mental Health First Aid England and Mind. Championed by senior business leaders, the Alliance is business-led, expert-guided and aims to create a culture of good mental health for City workers, to share best practice and increase mental health understanding.

Our focus is on supporting all of us, as City workers, to achieve our full potential, for ourselves, our families, our communities and the businesses for whom we work, throughout our working lives. We are a grassroots, bottom-up organisation, designed to listen to and serve the interests of its members. A key part of our success is to tap into the enormous experience and goodwill of each of our members to create change, and enable that to be shared with other members and more broadly.

We aim to:

- **Increase mental health literacy** — develop the knowledge and understanding in the City of the full spectrum of mental health issues. Provide appropriate language and confidence to talk articulately and with impact. Engage proactively with the media to encourage a better understanding and positive reporting of mental health issues in the City.
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- **Create a culture of openness** — support people, especially senior business leaders with experience of mental health problems, to tell their stories and inspire others to speak out about their experiences.
- **Enable practical steps to be taken by employers** — provide City employers with practical tools and the opportunity to share and hear other companies’ experience.

Report: Better Mental Health for All: A Public Health Approach to Mental Health Improvement (2016)

This report was published by the Faculty of Public Health’s Mental Health Committee in conjunction with the Mental Health Foundation. Public Health England supported the project financially as part of their wider programme to promote best practice in public mental health.

This report focuses on what can be done individually and collectively to enhance the mental health of individuals, families and communities by using a public health approach. It is intended as a resource for public health practitioners to support the development of knowledge and skills in public mental health. It presents the latter from the perspective of those working within public health, giving valuable interdisciplinary perspectives that focus on achieving health gains across the population.


Was commissioned by Public Health England and written by the Mental Health Foundation to initially support Public Health England’s response to the Mental Health Taskforce. This has led to prevention being strongly represented in the 5 Year Forward View for Mental Health and also acts as a brief summary of the evidence base on prevention for local commissioners. Further to this, PHE are committed to developing a Prevention Concordat as part of the 5 Year Forward View and have commissioned and published a suite of support materials and local training and development strategies to support local action on prevention.


https://www.gov.uk/government/publications/better-mental-health-jsna-toolkit

West Midlands

A new study has estimated the financial impact of poor mental health on the West Midlands region to be over £12 billion per year, including nearly £2 billion a year as a direct cost to the NHS – equivalent to more than £3000 for every person living in the area. ‘Mental Health in the West Midlands Combined Authority: A report for the West Midlands Mental Health Commission’ by Dr. Karen Newbigging, Health Services Management Centre, University of Birmingham, and Michael Parsonage, Centre for Mental Health (January 2017).

The study was commissioned by the West Midlands Mental Health Commission, a body set up by the West Midlands Combined Authority (WMCA), to assess the current costs of mental ill health and how to improve population mental health across the region. They study was led by the Health Services Management Centre at the University of Birmingham in partnership with the Centre for Mental Health.

As well as the significant financial impact of poor mental health identified in the study, other key findings include:

• Nearly one in four adults (23.8%) in the region are experiencing mental health problems at any given time.
• There are strong links between mental health and socio-economic conditions (for example, women living in the poorest households are nearly three times as likely as men living in the most well-off households to be diagnosed with a common mental health problem, and people living in the poorest socio-economic circumstances are ten times more at risk of suicide than those in well-off households).
• If the high costs of poor mental health are to be substantially reduced, the mental health of children and young people needs to be a priority, both for its immediate benefits and because intervention in the early years has been shown to reduce mental health problems in adulthood.
• Organisations in the WMCA have been pioneers in developing innovative models of care, however, there is variation between CCGs and Local Authorities in terms of the range of provision and performance on national performance indicators. This means that some people will find it harder to access the support they need.

These findings are now helping to inform the West Midlands Mental Health Commission’s Action Plan and the full report is available.
This plan outlines a series of actions that will be taken forward by a range of organisations and partners in the region, who will work together to drive better mental health and wellbeing.

The Commission was led by Norman Lamb, MP for North Norfolk and former Minister of State for Care and Support, whose Ministerial responsibilities included adult social care, integration and mental health.

It was set up after Local Authority Chief Executives from the West Midlands region identified that poor mental health and wellbeing is a significant driver of demand for public services and has a negative impact on the economy. The Commission was established to work out how the opportunities of devolution could help to address poor mental health and wellbeing across the region.

It made recommendations to the WMCA and to Government in relation to:

• ways to improve mental health and wellbeing services and improve outcomes, for people in our region and across the country
• How public services should be transformed in the West Midlands, within current resources
• How resources currently spent on supporting people with mental ill health can be re-directed to measures that keep people mentally well and enable recovery in people with poor mental health and wellbeing
• The potential for devolved powers from government to the West Midlands for mental health and wellbeing


Two PowerPoint presentations:

Health and planning: The West Midlands experience, Paul Southon Health & Adult Wellbeing Programme Manager (Sandwell Council)

Thrive West Midlands – an Action Plan to drive better mental health and wellbeing in the West Midlands Sarah Norman, Chief Executive Dudley MBC

London

Thrive LDN

We believe that lasting change doesn’t start at the top; it begins when Londoners act together. Thrive LDN is a citywide movement to improve the mental health and wellbeing of all Londoners. Thrive LDN is supported by the Mayor of London and led by the London Health Board.

Our aspirations for London:

• A city where individuals and communities take the lead
• A city free from mental health stigma and discrimination
• A city that maximises the potential of children and young people
• A city with a happy, healthy and productive workforce
• A city with services that are there when, and where needed
• A zero suicide city

http://thriveldn.co.uk/about/

Report: Thrive LDN
Towards happier, healthier Lives

Excerpt from the Foreword by Sadiq Khan, Mayor of London:

“In London, the latest figures show that one in four Londoners will suffer from mental health problems. This means that in nearly every household across our city, you will find a home that includes or knows someone dealing with poor mental health. And for some groups in our communities - in particular young Black Asian and minority ethnic (BAME) men and the Lesbian, Gay, Bisexual, Transgender and other groups (LGBT+) - the risk of developing poor mental health is even higher. Yet even though we are all touched by mental health, there’s still a stigma attached and many outdated attitudes that linger. As a society, we are still not comfortable talking about mental health in the way we should be.

Many people with poor mental health also have trouble gaining and retaining work, and maintaining suitable housing. These people are also at greater risk of physical health problems, and they often die at a younger age. All of this embeds inequalities in our society. While in recent years we have seen a positive change in attitudes and greater public understanding of the issues surrounding mental health, many Londoners are not seeking the support and treatment they need early enough – if at all. In 21st Century London, this is simply unacceptable. Now, more than ever we need to work with communities and help build resilience so that all Londoners have the opportunity to thrive. If we are to make real headway into tackling mental health, we need to get to the point where there’s no shame in discussing mental health. It is vital we do more to raise awareness around mental health – and break down outdated stigmas - in order to give people the confidence they need to come forward and seek help. I have been working with a range of partners to develop Thrive LDN and to improve everyone’s understanding of mental health and wellbeing in London”.


Healthy London Partnership

Thrive LDN is supported by the Mayor of London and led by the London Health Board, in partnership with Greater London Authority, Healthy London Partnership, NHS England (London Region), Public Health England (London Region) and London Councils.

The movement brings together health and care leaders, residents, businesses and community and voluntary organisations to improve mental health and wellbeing in the capital.

More than two million Londoners experience some form of poor mental health every year and report a lower level of life satisfaction and self-worth than the national average. Almost 10% of children and young people living in the capital aged between five and 16 experience a mental health issue and every week two Londoners take their own lives.

https://www.healthylondon.org/mental-health/thrive-london
Mental Health Foundation

The Mental Health Foundation has supported Thrive LDN since its inception and is working with the city to ignite a conversation with Londoners about improving mental health. This work has involved mapping mental health inequalities across London and working with boroughs with the highest risk of mental health problems in the first instance. Overall, these community conversations will have engaged more than 1,000 people with a wide range of experience and understanding of mental health and ill health.

In addition, the Foundation has developed a series of pilot community resilience programmes on three estates in Lambeth, Southwark and Barking and Dagenham.

https://www.mentalhealth.org.uk/news/thrive-london-launch

Time to Change

Time to Change is working with Thrive London to develop a London-specific anti-stigma campaign that will work with communities where poor mental health is particularly prevalent and where barriers to receiving help are particularly challenging.

The campaign will be developed with these communities, including people who are living with, or have had experience of, poor mental health. A fund will support the campaign to stimulate activities in communities, schools and workplaces that connect people with those experiencing poor mental health.

https://www.time-to-change.org.uk/news/thrive-london-launch-mental-health-stigma-discrimination

Bristol

Bristol has been named as the best city in the UK to live in, thanks to its “great shopping, great scenery and great social scene”.


The Bristol City Council plays a key role.

Bristol Workplace Wellbeing Charter: Bristol City Council

The Workplace Wellbeing Charter This is a national award, which recognises the positive way in which you manage your business and support your workforce.

The Charter involves:

• self-assessing against a set of nationally agreed standards
• devising an action plan to drive future change
• working with staff and other organisations to implement good practice

More than 30,000 people in Bristol now work for employers who've signed up to the Workplace Wellbeing Charter including a wide range of organisations of every size in the public, private, voluntary and community sectors. The Charter is a free, voluntary scheme, which is run by Bristol City Council.

https://www.bristol.gov.uk/business-support-advice/bristol-workplace-wellbeing-charter
Live Well Bristol

Five Ways to Wellbeing
The Five Ways to Wellbeing are a set of evidence-based actions which promote people’s wellbeing:

• connect
• be active
• take notice
• keep learning
• give

These activities are simple things you can do in your everyday life.
[Five Ways to Wellbeing website]

Social Prescribing

Social Prescribing is a way of linking people with support in the community.

It provides links with activities, which can benefit your health and wellbeing for example:

• coffee mornings
• kitchen on prescription groups
• ‘Dose of Nature’
• a reading group at the library

Local projects

Please check each project for more information, and how to get involved.
• Knowle West Health Park
• Positive Minds (Hartcliffe Health and Environment Action Group)
• Wellspring Healthy Living Centre
• Ways to Wellbeing
• Southmead Healthy Alternative

City-wide services

• Wellaware
• Services for adults and older people
• Bristol Mental Health Go to http://bristolmentalhealth.org/ (opens new window)
• Mind (Bristol) Go to http://www.bristolmind.org.uk/ (opens new window)
• Live Well Mental Health
  https://www.bristol.gov.uk/web/live-well-bristol/improve-your-wellbeing

USA - Philadelphia

City of Philadelphia Department of Behavioral Health and Intellectual disAbility Services

“We need to take a wide view and have a broad impact, where we don’t wait for challenges to occur and instead take an innovative approach by meeting people where
they live, work and play. This calls for a public health approach where everyone plays a role.”

Arthur C. Evans, PhD, Former Commissioner.

People who experience traumatic events have an increased risk of developing a range of behavioral health concerns. To address this, DBHIDS has developed a variety of evidence-based practices and innovative approaches to raise the level of resilience and heal the effects of trauma in the City of Brotherly Love.

Below are some of the examples of how DBHIDS is helping to strengthen our communities.


Robyn Shearer from Te Pou in New Zealand reported on Dr. Evans presentations in New Zealand in 2016:

“Dr. Arthur C. Evans and his team from DHBIDS in Philadelphia implemented an approach that uses public health models to manage population health; including stigma reduction, community based youth services, mental health screening kiosks in supermarkets, a mural arts programme and mental health first aid programmes. Of note is a recovery-oriented cognitive therapy programme which has halved length of stays and lowered the use of restraint and compulsory treatment. It is extended from inpatient facilities and there are also programmes for housing and day treatment.”

A public health approach has been most effective.

The DHBIDS use a collective impact approach and believes strongly that a public health and population health approach has been the most effective way for the city to lead mental health reform.

They identified seven competencies that underpin this model:

1. Working at the community and group level – most clinicians have been trained to deal either with the individual or small family groups. It will take new training to deliver interventions to large groups of people.

2. Working upstream – waiting until someone has as a diagnosis is often starting too late for maximum intervention effectiveness. It takes new levels of screening to reach people before they have a clinical interface.

3. Broad set of strategies – traditional therapies and case management are ineffective for serving large, community-sized groups.

4. Working with non-diagnosed populations – the current treatment system is predominantly people who aren’t diagnosed (75%) but may either already be at risk, or on the continuum of possible disorders or substance abuse. Population health management means finding these people before they reach higher levels of acute care.

5. Deliver health promotion interventions – this is more than just treating symptoms. It means helping people take ownership of their own health status.
6. Working in community and other non-clinical settings – facility based care has a place but it is not the solution for every population. Organisations need to think outside the box in terms of where services can be delivered.

7. Health activation approaches and empowering others – the big question of the day “how do you empower whole communities?”

“Four strategies DBHIDS uses to achieve results:

• Build community capacity
• Enhance treatment quality
• Change administrative structures
• Mobilise stakeholders

Use of change management to extend reach and information to facilitate reviews
Their work involves change management and ensuring trauma informed care is at the forefront of any programme. Formal and informal collaboration with partners extends their reach deep into the community and partners understand the change process.

They use information to review and promote their work – including a great social media presence. They have developed an innovation lab with technical assistance, outcome measures and a network of academics.”


**ThriveNYC**

**Report: ThriveNYC: A Mental Health Roadmap for All**

**SIX GUIDING PRINCIPLES**

1. Change the Culture
2. Act Early
3. Close Treatment Gaps
4. Partner with Communities
5. Use Data Better
6. Strengthen Government’s Ability to Lead

In November 2015, First Lady Chirlane McCray launched ThriveNYC, a decisive turning point in the way New York City approaches mental health and substance misuse.

We can make it our goal to not only reduce the toll of mental illness, but also promote mental health and protect New Yorkers’ resiliency, self-esteem, family strength, and joy.

Our plan for achieving these goals and many others is described in this Roadmap, which lays out:

• The challenges we face;
• The principles that will guide our effort to meet those challenges;
• A broad array of solutions that build upon our principles; and
• A plan to achieve long-term change.

Our work will be shaped by six guiding principles. They are based on research, the experience of other cities and countries, input from hundreds of local organizations that are working to promote mental health, and individual New Yorkers with experience battling mental illness who bravely shared their stories with us.
We will advance these principles in part through 54 targeted initiatives—representing an investment of $850 million over four years—that together comprise an entirely new and more holistic approach to mental health in New York City, and set a foundation for taking on this public health challenge in the years ahead.


**Report: ThriveNYC – One year on**

**LOOKING FORWARD** In 2017, we will continue to ramp up existing programs, evaluate early progress, urge federal leaders to do their part in making mental health and substance misuse a priority, and strengthen relationships with other stakeholders.

The ThriveNYC team will also launch a number of new initiatives, including:

1. **Trauma Services for Families with Young Children:** ACS has partnered with Montefiore Medical Center to provide Group Attachment Based Intervention (GABI) to families receiving prevention services. GABI is a group therapy model for parents with very young children, ages 0-3, who have experienced trauma, mental illness, or other challenges that affect the attachment relationship. These services treat both parents and children to promote secure attachment, reduce the impact of trauma and mental illness, and promote healthy parenting skills. GABI is tailored for our hardest to reach, most vulnerable families by operating on a drop-in basis up to six times per week. In Spring 2017, ACS will launch 5 sites citywide that will serve a total of 480 families per year.

2. **Veterans Outreach Team Expansion:** VetsThriveNYC is committed to extending hope, healing, and wholeness to the veteran community in New York City. The outreach team will engage veterans and their families by directing them to peer opportunities, clinics, service providers, allies, and community resources. The team will engage with the veteran community by providing direct one-on-one case management, making referrals to service providers through VetConnectNYC, launching a multimedia marketing strategy and mobile application, participating in events designed for veterans, and collaborating with faith-based organizations. More than 2,000 veterans out of the City’s total 210,000 veteran population will be reached annually.

3. **Virtual Learning Center:** The Virtual Learning Center (VLC) is a free, universally-available online Learning Center that will offer mental health education and skill-building tools to community organizations. The initial targeted users include faith-based leaders and immigrant community leaders. Upcoming modules include: 1) Self-care/stress management and 2) Problem-solving treatment. The VLC will launch in 2017.

**CONCLUSION**

Making care more accessible, increasing public awareness of the symptoms of mental illness, and launching the first-of-its-kind 24/7 mental health connection to care are just a few accomplishments that have come out of Year One of ThriveNYC. With the help and support of thousands of individuals, the mental health reform movement is growing and momentum continues to build. The ThriveNYC team is tremendously grateful to all partners within New York City government and external collaborators who helped get this revolutionary effort off the ground. We look forward to strengthening this foundation as we explore new ways to connect New Yorkers to mental health care in Year Two.

http://www1.nyc.gov/nyc-resources/thrivenyc.page
2. International Agencies promoting health and mental health strategies for healthy cities

“As by 2050 two thirds of the global population will live in cities. Increasingly, public health is an important component of the built environment, but all too often this focuses only on physical health. There is a strong opportunity to leverage the urban environment to explicitly enhance our mental health and wellbeing.”

World Happiness Report, 2017

Editors: John Helliwell, Richard Layard, and Jeffrey Sachs Associate Editors: Jan-Emmanuel De Neve, Haifang Huang and Shun Wang

Happiness is increasingly considered the proper measure of social progress and the goal of public policy. In June 2016, the OECD committed itself “to redefine the growth narrative to put people’s well-being at the centre of governments’ efforts”.

In a recent speech, the head of the UN Development Program (UNDP) spoke against what she called the “tyranny of GDP”, arguing that what matters is the quality of growth. “Paying more attention to happiness should be part of our efforts to achieve both human and sustainable development” she said.

In February 2017, the United Arab Emirates held a full-day World Happiness meeting, as part of the World Government Summit. Now International Day of Happiness, March 20th, provides a focal point for events spreading the influence of global happiness research.

The launch of this report at the United Nations on International Day of Happiness is to be preceded by a World Happiness Summit in Miami, and followed by a three-day meeting on happiness research and policy at Erasmus University in Rotterdam.


WHO

Healthy Cities is a long-term international development initiative that aims to place health high on the agendas of decision makers and to promote comprehensive local strategies for health protection and sustainable development. Basic features include community participation and empowerment, intersectoral partnerships, and participant equity.

The WHO Healthy Cities project is a global movement. It engages local governments in health development through a process of political commitment, institutional change, capacity-building, partnership-based planning and innovative projects. Nearly 100 cities are members of the WHO European Healthy Cities Network, and 30 national Healthy Cities networks across the WHO European Region have more than 1400 cities and towns as members.

A Healthy City aims to:

- to create a health-supportive environment
- to achieve a good quality of life
- to provide basic sanitation and hygiene needs
- to supply access to health care.

Being a Healthy City depends not on current health infrastructure, rather upon, a commitment to improve a city's environs and a willingness to forge the necessary connections in political, economic, and social arenas.

**Evaluation**

Evaluations of Healthy Cities programmes have proven them successful in increasing understanding of health and environment linkages and in the creation of intersectoral partnerships to ensure a sustainable, widespread programme. The most successful Healthy Cities programmes maintain momentum from:

- the commitment of local community members;
- a clear vision;
- the ownership of policies;
- a wide array of stakeholders;
- a process for institutionalizing the programme.

http://www.who.int/healthy_settings/types/cities/en/

**WHO – Europe**


This report summarizes evidence of health benefits, discusses pathways to health and evaluates health-relevant indicators of urban green space.

http://www.euro.who.int/__data/assets/pdf_file/0010/337690/FULL-REPORT-for-LLP.pdf?ua=1


The European health report is a flagship publication, published every three years. The 2012 report set the baseline for monitoring progress towards the six targets of the European policy framework, Health 2020.

The 2015 report presents the progress made since the baseline.

http://www.euro.who.int/__data/assets/pdf_file/0008/284750/EHR_High_EN_WEB.pdf?ua=1

**citiesRISE (change of name from mhNOW)**

A new Name: As we went through the process of finding a new name, we quickly grew to understand that in order to truly mobilize global cities to close the mental health gap, we needed to speak to people beyond the bounds of the existing mental health community.
In short, mental health needed a rebrand. The core insight behind the citiesRISE branding was a sense of global connection, strength, and positivity. By focusing on the potential of mental health rather than dwelling on the burden of mental illness, we feel we will be able to re-frame the story.

http://cities-rise.org/celebrating-our-new-brand-citiesrise/

citiesRISE is a global platform committed to transforming the state of mental health policy and practice in cities and beyond to meet the mental health needs of populations across the world.

To achieve significant, measurable improvements in mental health – especially among young people – citiesRISE is scaling up proven methodologies and tools and harnessing the skills and energy of experts and communities. Our vision is a world in which cities enable young people to grow up, develop resilience, and lead productive lives through mainstreaming mental health across sectors.

citiesRISE has long-term targets that mirror the Sustainable Development Goals.

- Improvement in awareness of mental health (SDG11)
- Reduction in suicidality and self harm (SDG3)
- Improvement in risk factors for premature mortality (SDG3)
- Increase in early identification and screening for mental health mandated in school systems (SDG3)
- Improvement in school retention rates in 30 cities (SDG4)
- Improvement in job retention in 30 cities (SDG8)

http://cities-rise.org/

For news: http://cities-rise.org/news/

citiesRISE also has a global division: http://globaldevincubator.org/#work

citiesRISE joins global city leaders convening for I-CIRCLE

In September 2017, citiesRISE joined the International Initiative for Mental Health Leadership (IIMHL)/I-CIRCLE convening composed of cities leaders from the United Kingdom, Europe, Australia, New Zealand, Canada, and the US that gather each year to discuss mental health city leadership.
UNESCO: Global Network of Learning Cities

The 13th Pascal International Conference
This was held from 3-5 June 2016 in Glasgow, Scotland (United Kingdom of Great Britain and Northern Ireland). The Conference was organized by the Pascal International Observatory, a key partner of the UNESCO Global Network of Learning Cities (GNLC). Its main theme was the development of learning cities and the cross-cutting role they play in initiatives such as Smart Cities, Healthy Cities and Resilient Cities, which promote holistic approaches to urban development.

A number of members of the UNESCO Global Network of Learning Cities were also present to share their experiences and inspire international dialogue on developing learning cities. These members, who included UNESCO Learning City Awardees 2015 Beijing (China), Cork (Ireland), Espoo (Finland) and Swansea (United Kingdom of Great Britain and Northern Ireland), provided insights into their best practices and future plans. Bristol, which has just joined the Network as the first city in England, gave an impressive presentation on its Learning City Year 2016 and associated love learning campaign.

http://www.uil.unesco.org/lifelong-learning/project/unesco-global-network-learning-cities-key-contributor-13th-pascal


The publication is the first of its kind. It showcases examples of cities from all over the world which use the learning city approach to enhance citizens’ individual empowerment, social cohesion, economic development, cultural prosperity and sustainable development.

http://www.uil.unesco.org/lifelong-learning/project/unlocking-potential-urban-communities-case-studies-twelve-learning-cities


In May 2015, the World Education Forum in Incheon (Republic of Korea), brought together 1,600 participants from 160 countries with a single goal in mind: how to ensure inclusive and equitable quality education and lifelong learning for all by 2030?


Alliance for Healthy Cities

The Alliance for Healthy Cities is an international network aiming at protecting and enhancing the health of city dwellers. The Alliance is a group of cities and other organizations that try to achieve the goal through an approach called “Healthy Cities”. We believe that international cooperation is an effective and efficient tool to achieve the goal. And we promote the interaction of people who are in the front lines of health issues.

The Healthy Cities approach was initiated by the World Health Organization. In order to cope with the adverse effects of an urban environment over health, the WHO has been promoting the approach worldwide.

http://www.alliance-healthycities.com/htmls/about/index_about.html

The vision:
Building cities and communities of peace
Where all citizens live in harmony
Committed to sustainable development, respectful of diversity
Reaching for the highest possible quality of life and equitable distribution of health
By promoting and protecting health in all settings

The Charter:

We, the members of the Alliance for Healthy Cities:

Committed to improving the quality of life of our citizens and reducing inequalities;

Reaffirming that health which is a state of complete physical, mental, social and spiritual well being and not merely the absence of disease, is a fundamental right and that the attainment of the highest possible level of health requires action by many sectors;

Recognizing that urbanization is a worldwide phenomenon and that improving the quality of life and determinants of health in cities require actions by many sectors;

Realizing that local governments must manage rapidly growing urban areas and govern with accountability, transparency, predictability and the rule of law in order to meet social, political, economic, environmental and health goals;

Determined to enable individuals and groups to improve their quality of life through the Healthy Cities approach;

Desiring to share the Healthy Cities approach and ideas among other cities and local governments;

Committed to building healthy public policy, creating supportive environments, strengthening community action, developing personal skills and reorienting health services;

http://www.alliance-healthycities.com/htmls/charter/index_charter.html

US Agency for International Development (USAID)

Through our assistance programs, USAID plays an active and critical role in the promotion of U.S. foreign policy interests. The investment we make in developing countries has long-term benefits for America and the American people. Development now takes its place alongside defense and diplomacy as the three essential components of American foreign policy.

A map depicts the locations of USAID-funded projects to better monitor development results, improve aid effectiveness and coordination, and enhance transparency and social accountability. A subset of USAID urban projects has been chosen to participate in the initial roll out of the map. Over time the intent is to display a comprehensive portfolio of agency projects on the map.

https://urban-links.org/where-we-work/

Sustainable Cities

Integrated Urban Infrastructure Solutions for Environmentally Sustainable, Healthy, and Livable Cities
We are a network of scientists, industry leaders, and policy partners, committed to building better cities of the future through innovations in infrastructure design, technology and policy. Developed with support from the US National Science Foundation’s Sustainability Research Network (SRN) program, our network connects across nine research universities, major metropolitan cities in the U.S. and India, as well as infrastructure firms, and policy groups. Our work focuses on ways to reimagine infrastructure—energy grids, transportation networks, green spaces, and food and water systems—to create cities that are highly functional, promote the health of residents and the environment, and have that intangible feeling called livability, that makes cities desirable places to live and work.

“Our Mission is to advance environmental sustainability, health, and livability in diverse cities across the world through infrastructure innovations in energy, water, transportation, green infrastructure, and food systems, linked with social, behavioral, and policy change.”

Our network connects research and education with concrete actions in cities. The universities in our network are partnering with their local cities, and with industry and policy partners who bring great potential to disseminate the findings of our network to more than 29,000 cities in the US and globally.

http://www.sustainablehealthycities.org/

London School of Economics Cities (LSE Cities)

LSE Cities is an international centre at the London School of Economics and Political Science that carries out research, graduate and executive education and outreach activities in London and abroad. Its mission is to study how people and cities interact in a rapidly urbanising world, focusing on how the physical form and design of cities impacts on society, culture and the environment.

LSE Cities is one of a small number of research centres that contribute to LSE’s reputation as one of the foremost social science universities in the world. With the support of Alfred Herrhausen Gesellschaft – Das internationale Forum der Deutschen Bank, the centre builds on the interdisciplinary work of the Urban Age project, an international investigation of cities that since 2005 has studied the social and spatial dynamics of Delhi, Rio de Janeiro, London, Hong Kong, Istanbul, São Paulo, Mumbai, Mexico City, Johannesburg, Berlin, Shanghai and New York City.

https://lsecities.net/about/lsecities/

3. Additional information on cities from IIMHL countries

• Australia: Healthy Cities

Emerging from the First International Conference on Health Promotion was the Ottawa Charter (1986), and associated with this was the concept of Healthy Cities. The Healthy Cities approach recognised that underlying social, economic and environmental conditions are all critical to the ability of people to experience optimal health. The World
Health Organisation (WHO) supported the development of Healthy Cities around the world. The holistic, collaborative philosophy of Healthy Cities has held great appeal for thousands of cities, towns and islands throughout the world, which have implemented policies and programs around the Healthy Cities approach. In 2003, with the support of the WHO Western Pacific Region, the AHC (Alliance for Healthy Cities) was formed. This Alliance, which provides an opportunity for international exchange between Healthy Cities in the region, has grown rapidly and now has over 130 city members. Healthy Cities Illawarra is also a member of the steering committee.

In Australia, three pilot Healthy Cities programs were established in 1987. These were located in Canberra, Noarlunga and in the Illawarra region. In 2007, an Australian Chapter of the International Alliance for Healthy Cities was formed and there are now 8 member cities and organisations.


Example: Healthy Cities Illawarra

Healthy Cities Illawarra works to promote and improve the health, physical environment and quality of life of the people of the Illawarra.

There was a strategic and administrative need to specifically recognise a range of programs and activities, which are directly engaged in preventing or controlling diseases in people living in the Illawarra and Shoalhaven regions.

http://www.healthyillawarra.org.au/

Mental wellbeing

"In each year, approximately one in every five Australians will experience a mental illness. Mental illnesses are the third leading cause of disability burden in Australia, accounting for an estimated 27% of the total years lost due to disability"

The effects on families and communities across the Illawarra and Shoalhaven are far reaching. Healthy People Illawarra generally works to create opportunities to positively impact on people’s mental health and sense of well-being through education and engagement in a range of community based programs and activities. Strategies which involve people in practical ways in community activities, projects or "place-making" can enhance a sense of belonging, improve self esteem, reduce feelings of isolation and loneliness and connect people to support service networks.


Healthy Cities Symposium

Monday 29th May, 2017
Kindly hosted by Liverpool City Council, sponsored by South Western Sydney Local Health District

Committee members and key stakeholders attended an important half-day symposium on the intersection of health and planning, hosted by the Committee in conjunction with South Western Sydney Local Health District (SWLHD) at Liverpool City Council. As part of our Density Done Well series, the Healthy Cities Symposium focused on a growing global recognition that the structure of cities has profound impacts on the health of its citizens. This was an especially timely conversation in the context of a rapidly growing Sydney that is moving both upwards and outwards. The symposium featured presentations from some of Australia’s leading experts on this important topic and two
panel sessions with experts from the public and private sectors discussing the speeches and the most pressing issues for the Sydney context.

Amanda Larkin, Chief Executive of SWSLHD, gave an introduction to the first speakers of the day, while also outlining the challenge for the South West of Sydney, which has considerable rates of chronic illness linked to sedentary lifestyles. The first presenter was Billie Giles-Corti, Distinguished Professor and Director of Urban Futures at RMIT, discussing her contribution to a research series published in the prestigious The Lancet journal: **Urban Design, Transport and Health**.

Billie’s insightful presentation was followed by a speech from Mark Stevenson, Professor of Urban Transport and Public Health at the University of Melbourne, who also contributed to the *Urban Design, Transport and Health* series in the Lancet.

After Billie and Mark’s presentations, they were joined on a panel by Stephen Moore, Principal at RobertsDay, to reflect on the issues raised and provide some answers for how to move forward. Billie emphasised the importance of collecting data, suggesting that “what gets measured, gets done”, while Stephen noted that major adaptive reuse will be required to make a city that promotes healthy lifestyles.

Committee for Sydney Chair Michael Rose then introduce our third speaker for the day, Dr. Jennifer Kent, Postdoctoral Research Fellow in the Urban and Regional Planning program at the University of Sydney. Jennifer provided a concise account of the Sydney context, suggesting that the ‘doing’ of healthy cities in Sydney will require three D’s: Distribution, Design and Diversity.

Jennifer was then joined on the final panel of the day, along with Amanda Larkin, Bruce Macnee (Manager Strategic Planning at Liverpool City Council) and Helen Papathanasiou (Manager Environmental Outcomes and City of Parramatta). These panellists reflected on the proceedings of the day and provided a local context to the debate.


**Rated 5th healthiest city in the world.**

Sydney’s sprawling suburbs and car-based culture hardly seem the epitome of the healthy city. However *Sydney tops* the LSE’s Metropolitan Wellbeing index for its quality of education – a major wellbeing factor – whilst also coming in the top 10 for health and the top 20 for wealth. It is also the embodiment of a healthy outdoor culture that many cities want to be (see San Francisco and New York) but few actually manage, with a high level of sports clubs and facilities (many the legacy of the Sydney Olympics), parks and beaches, not to mention good weather virtually all year round. *Far from resting* on its sandy laurels, Sydney is still working at it – 20,000 new street trees are to be planted to increase urban canopy by 50% by 2030, an investment in bicycle infrastructure has seen bike trips triple in peak periods and a retro-fitting programme of City buildings has seen GGE reduce by 18%, with a plan to hit 70% over the next 20 years.

City of Melville

More cities are including information of their population’s mental health on their websites. One page starts with:

Keeping Mentally Healthy

Being mentally healthy means a sense of wellbeing, confidence and self esteem. It enables us to fully enjoy and appreciate other people, day-to-day life and our environment.

When we are mentally healthy we can:
• form positive relationships
• use our abilities to reach our potential
• deal with life's challenges.
• How can I improve my mental health?

A few tips for positive mental health are:
• talk about or express your feelings
• exercise regularly
• eat healthy meals
• get enough sleep
• spend time with friends and loved ones
• develop new skills
• relax and enjoy your hobbies
• set realistic goals
• talk to your GP or a health professional.


10th Making Cities Liveable Conference 2017

The 10th Making Cities Liveable Conference was held in Brisbane from the 10 – 11 July 2017 and featured an inspirational and educational program inclusive of 9 keynote presenters and 56 concurrent speakers.

The 2017 Conference Program focused on the ongoing commitment of professionals in the field who help contribute to our city’s environments through learning, knowledge and collaboration. Over the two days, we examined public policy and social/community outcomes and considered what actions have been taken to positively influence the ongoing debate. Together, we considered new ideas and solutions for the future development of our Liveable Cities. https://healthycities.com.au/

Conference Proceedings

This early report (2005) was a collaboration between WHO and Melbourne agencies.

Report: Promoting Mental Health

CONCEPTS ■ EMERGING EVIDENCE ■ PRACTICE

A Report of the World Health Organization, Department of Mental Health and Substance Abuse in collaboration with the Victorian Health Promotion Foundation and The University of Melbourne, 2005.
Promoting Mental Health: Concepts, Emerging Evidence, Practice aims to bring to life the mental health dimension of health promotion. The promotion of mental health is situated within the larger field of health promotion, and sits alongside the prevention of mental disorders and the treatment and rehabilitation of people with mental illnesses and disabilities.

Like health promotion, mental health promotion involves actions that support people to adopt and maintain healthy lifestyles and which create supportive living conditions or environments for health. This Summary Report and the full Report on which it is based describe the concepts relating to promotion of mental health, the emerging evidence for effectiveness of interventions, and the public health policy and practice implications.


- Canada

Vancouver

City of Vancouver website

Overall Goal: A long-term, integrated plan for healthier people, healthier places, and a healthier planet.

Goal 4: Healthy Human Services

The Healthy City Strategy is comprised of 13 long-term goals for the well-being of the City and its people, including ambitious targets to reach by 2025.

The first Healthy City Strategy Action Plan adds 19 actions to implement by 2018. Learn more about the goals, targets, how we measure change, and find out how you can become a part of a Healthy Vancouver.

One part of this is: Connecting to care can be a critical first step on the long road to greater mental and physical health and well-being. The Healthy City Strategy promotes an integrated approach to human services. We want to ensure that all Vancouverites have access to the services they need to thrive.

Our goal: Equitable access to high-quality social, community, and health services

Our target: A family doctor for every Vancouver resident, and increase number of citizens who report having access to services when they need them by 25%.

Initiatives helping us reach these goals and targets

- **Community centres**
  We operate 24 community centres around the city. Find out where they are and what programs and services they offer.

- **Community grants**
  To help build strong communities in Vancouver, the City offers a range of grants funding for non-profit social groups and neighbourhood organizations.
Health clinics, training, and groups
Learn about City community health clinics, professional first aid training certification, and health and wellness programs.

Mental health and addiction
Learn how the City is reducing the harm caused by alcohol and drug use - and ensuring that people get treatment - without sacrificing public safety. Get links to mental health and addiction resources.
http://vancouver.ca/people-programs/healthy-human-services.aspx

Happy City
Happy City is based in Vancouver and uses lessons from psychology and public health to design happiness into neighborhoods and cities around the world.

Our cities influence the way we move, behave and feel. The life-shaping power of urban design isn’t always obvious. But through collaborative consulting, research, and immersive public engagement, we help clients turn evidence into pragmatic design and action.

The good news: the happy city, the thriving city and the green city are the very same place. Let’s build it together.
https://thehappycity.com/

This agency has a toolkit for cities:

Happy Homes
A toolkit for building sociability through multi-family housing design
Modern cities are facing a crisis of social disconnection. But the way we design multi-family housing can nurture local social connections and trust. We’ve gathered evidence from psychology, neuroscience, public health and other fields to identify how design influences sociability in multi-family housing.

Use this visual toolkit to identify principles, strategies and actions to boost social wellbeing in multi-family housing.
https://thehappycity.com/resources/happy-homes/

Mental Health Commission of Canada, 2013
Creating Mentally Healthy Cities and Communities – 2-page brochure
As 2,000 municipal leaders gathered at the Federation of Canadian Municipalities annual conference in 2013 in Vancouver, BC, the Mental Health Commission of Canada urged them to keep mental health front and centre, and to remember that they have a vital role to play in sparking change. The Commission developed a brochure highlighting some of the tools that can be used to promote mentally healthier cities and communities.
https://www.mentalhealthcommission.ca/sites/default/files/MHCC_FCM_Brochure_ENG_0.pdf

The National Standard of Canada for Psychological Health and Safety in the Workplace (the Standard)
the first of its kind in the world, is a set of voluntary guidelines, tools and resources intended to guide organizations in promoting mental health and preventing psychological harm at work.

Launched in January 2013, it has garnered uptake from coast to coast to coast, internationally and across organizations of all sectors and sizes.

**How does the Standard work?**

The Standard provides a comprehensive framework to help organizations of all types guide their current and future efforts in a way that provide the best return on investment.

**Adopting the Standard can help organizations with:**

- Productivity
- Financial Performance
- Risk Management
- Organizational Recruitment
- Employee Retention

**Download the Standard for free**

**Download the Implementation Guide**

**Read frequently asked questions (FAQ) on the Standard**

https://www.mentalhealthcommission.ca/English/national-standard

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**England**

**Public Health England**

Examples of additional work relevant to healthy cities include the reports below.


Public Health England West Midlands, working in partnership with Birmingham City Council and KIKIT – Pathways to Recovery, have produced this guide to support mosques in their work to improve health of people they serve locally, and to prevent illness. The aim of this guide is to provide mosque leaders and communities with public health evidence and recommendations, demonstrating how these recommendations link into Islamic teachings, with case study examples from local mosques.


This is a 124-page report and the Foresight team considered a wide range of evidence and commissioned 22 peer-reviewed evidence reviews.

Key recommendations were subsumed under the following headings:
• Working lives
• Lifelong learning
• Housing and neighbourhoods
• A central role for families
• Health and care systems
• Social, physical and technological connectivity
• A coherent response to aging

This report brings together evidence about today’s older population, with future trends and projections, to identify the implications for the UK. This evidence will help government to develop the policies needed to adapt to an ageing population.

Health Education England


This report sets out:

• Where we are now: the overall numbers, skills and location of our current workforce in mental health.
• Where we need to be: our underpinning assumptions and modelling about the overall number and types of skills required to provide mental health services in the growth areas, whilst ensuring the service as a whole is maintained and improved.
• What we need to do to get there: who needs to do what and when to achieve the net growth in staff – with clear actions for local and national partners.

“We understand that this plan is only a first vital step on an important and challenging journey for mental health. But the opportunities to challenge stigma, change and enhance lives and to create local workforce plans, meeting the needs of diverse and rewarding communities and individuals are available here. Stepping Forward give us an imperative to think about how we recruit, train, develop and support our most valuable resource: our people.”


Future Communities and the Young Foundation

Report: Design for social sustainability: A framework for producing thriving communities

This paper sets out how to plan, design and develop successful and socially sustainable new communities. The ideas and examples are drawn from a large scale review of evidence about what makes communities flourish with practical examples and approaches from new settlements around the world. It was commissioned by the Homes and Communities Agency as part of Future Communities.

Future Communities was a partnership between the Young Foundation, the Homes and Communities Agency, Local Government Improvement and Development, and a group
of local partners including Birmingham City Council, London Borough of Barking and
Dagenham, Aylesbury Vale District Council and Peabody Trust. International projects
are also underway with the City of Malmö (Sweden) and in Adelaide (Australia).

“Social and cultural factors are identified as an essential element because of the
contribution they make to building vibrant and inclusive communities. Six areas are
identifies as important supports for social and cultural life:

• a sense of community identity and belonging;
• tolerance, respect and engagement with people from different cultures, background
and beliefs; friendly, co-operative and helpful behaviour in neighbourhoods;
• opportunities for cultural, leisure, community, sport and other activities;
• low levels of crime and anti-social behaviour with visible, effective and community-
friendly policing;
• and opportunities for all people to be socially included and have similar life
opportunities”.

http://www.social-
life.co/media/files/DESIGN_FOR_SOCIAL_SUSTAINABILITY_3.pdf

Mental Health Foundation

The Foundation has two reports that are useful:

Report: The Lonely Society?

Recommendations from this (undated) report:

1. A key requirement is an increased awareness of the problems that loneliness can
cause and a public debate that helps to tackle the stigma of loneliness, making it
easier for people to talk about and address. This could be facilitated through
reinforcing information and education about loneliness and the importance of social
relationships in schools, workplaces, other community settings and the media using
existing initiatives on mental health and well-being.
2. An understanding of the impact of loneliness on both physical and mental health
within medical education, GP services and social services, so that medical and social
care assessments of individuals take into account the impact of loneliness, and direct
people to appropriate local services and opportunities.
3. Programmes to map all available local opportunities that may combat loneliness and
isolation, such as sports clubs, book groups in libraries, social network groups,
transport links and volunteering organisations. This information can then be provided
to local services such as GP practices, mental health services, occupational
therapists, schools, colleges and youth workers, so that they can direct people to
appropriate opportunities as required.
4. The development of authoritative and trusted local authority websites and printed
material which specifically focus on mapped local services and support that can help
people who may be experiencing loneliness, and provide practical advice and options
to help them establish new social connections.
5. The commissioning of local services that (a) establish and extend peer support
schemes for people at risk of isolation, and good neighbour schemes that encourage
neighbours to engage proactively with people at risk of isolation; and (b) facilitate
face-to-face contact with people at risk of isolation, bringing individuals into wider
social groups and environments. The voluntary sector could play a major role in the
provision of these services.
6. A commissioning and service focus on groups that may be at risk of social isolation,
such as teenagers and young unemployed adults, recently retired people, immigrants
and people with physical disabilities and learning disabilities, so that individuals can be offered support at an early stage, reducing the chance of their developing chronic loneliness with all its ensuing problems.

Report: Poverty and mental health - A review to inform the Joseph Rowntree Foundation's Anti-Poverty Strategy, 2016

This 110-page report notes that poverty increases the risk of mental health problems and can be both a causal factor and a consequence of mental ill health. Mental health is shaped by the wide-ranging characteristics (including inequalities) of the social, economic and physical environments in which people live. Successfully supporting the mental health and wellbeing of people living in poverty, and reducing the number of people with mental health problems experiencing poverty, require engagement with this complexity.

The review presents a conceptual framework for understanding the relationship between poverty and mental health, which draws together: a life course analysis; a discussion of the socio-economic factors (or social determinants) impacting mental health and poverty; the principles of human rights, equity, anti-stigma and non-discrimination; and the approaches of prevention, self-management, peer support, community development and social movement building.

Connected Health Cities

Connected Health Cities (CHCs) will improve health services for patients in North England. There are four Connected Health Cities (CHCs) in the North of England. Each local city region will unite health and social care services so that together they can share information and improve the health of local people.

At the heart of the health improvements is the efficient use of health data and technology. These two elements can unlock new meaning and when analysed between services can lead to new, more efficient processes and the continuous improvement of public health.

Design Council: Active by Design

Design Council is a charity and is recognised as a leading authority on the use of strategic design. We use design as a strategic tool to tackle major societal challenges, drive economic growth and innovation, and improve the quality of the built environment. Our approach is people-centred and enables the delivery of positive social, environmental and economic change. We address all aspects of design including product, service, user experience and design in the built environment. We are the UK government's adviser on design.

The Active Design Guidelines (2010) provides architects and urban designers with a manual of strategies for creating healthier buildings, streets, and urban spaces, based on the latest academic research and best practices in the field. The Guidelines included mental health experts and involves:
• Urban design strategies for creating neighborhoods, streets, and outdoor spaces that encourage walking, bicycling, and active transportation and recreation
• Building design strategies for promoting active living where we work and live and play, through the placement and design of stairs, elevators, and indoor and outdoor spaces
• Discussion of synergies between active design with sustainable and universal design initiatives such as LEED and PlaNYC

https://centerforactivedesign.org/guidelines/

Happy City

Happy City is a charity and community interest company, founded in Bristol. Happy City exists to get people talking, thinking and moving towards what really matters.

Founded in 2010 by Liz and Mike Zeidler, Happy City was set up to challenge the belief that economic growth is the only measure of success in society. Their aim was to put wellbeing at the heart of public discourse on what it means to truly prosper.

With an initial focus on their home city of Bristol, Happy City launched a ‘public inquiry into what works’ as an alternative to the conventional problems focused approach and came up with ‘a radically simple plan to grow happiness one city at a time’. They were soon joined by growing numbers of volunteers and supporters to help people ‘live more, share more, and enjoy life, for less’.

From 2010 to 2015; projects, campaigns, workshops and events were run in communities across Bristol and beyond. Thousands were engaged in thinking and acting on ways to improve their own, and their community’s, wellbeing. Art, music, media, film and performance were used to provoke conversation and connection. Happy City also began working to develop a range of training programmes, delivered in schools, prisons, businesses, community centres and public buildings to help people of every background find their way to wellbeing.

Our Training Programmes:

• The WoW of Wellbeing – a focused workshop to introduce groups to the key ways to wellbeing.
• The Wellbeing Workout – a three part workshop based on our Happiness Pulse, strengthening strategies for building resilience reserves.
• Wellbeing Champions Programme – a 2 day programme to equip participants with the tools to spread wellbeing in their organisation or community.

Happy City began working with everyone from global experts to local change-makers, to translate the best of that theoretical and academic work into tool that would be useful to individuals, groups and local policy-makers – new measures to rival existing, GDP based, definitions of value and progress. Happy City have since developed a suite of tools to help measure both the drivers of wellbeing (health, economy, environment, education, culture, etc.), the reality of people’s daily lives (relationships, belonging, purpose, vitality, etc) and the impact and benefits of each on the other. In 2016, after many years of development work and piloting, we officially launched our suit of measurement tools. http://www.happycity.org.uk/our-mission/history-of-the-project/

All of our work is based on our founding beliefs that:
• Many of our greatest global challenges have, at their roots, the (mistaken) idea that the way to individual happiness is through increased consumption and the mark of success is what we own.
• Real lasting happiness and wellbeing depends on many things over and above our basic needs; the quality of our relationships, supportive and active communities, opportunities to engage and be valued, the long term quality of our environment.
• Individually and collectively there are many things we can do to develop lasting happiness and community resilience that don’t cost the earth (financially or environmentally).
• Money and the measurement of economic growth are only tools. They are means not ends and must be used as enablers, not the drivers, of society.

http://www.happycity.org.uk/our-mission/

People can take their “Happiness Pulse”
http://www.happycity.org.uk/measurement-policy/happiness-pulse/

Data gathering

In 2016 we have collated data for all the largest 9 cities in England, to explore the results for each city please click below:

Birmingham, Bristol, Leeds, Liverpool, London, Manchester, Newcastle, Nottingham and Sheffield.

In time, with further funding, we aim to make results available for all cities in the UK. Please see the executive summary of the 2016 Report here. For more information about all 60 indicators for each city and the full report please click here.

For more information please get in touch at index@happycity.org.uk

We also plan to make the results fully interactive, so that everyone from citizens to policy makers can explore how their city is doing and where resources and action are most needed to help places to thrive.


• Ireland

Health Service Executive

The Healthy City concept was initiated 1986 when WHO’s regional office for Europe founded the Healthy Cities movement. Its aim is to improve and promote population health through health policy, intersectoral collaboration and community participation. Since then, it has continued to be developed and adopted as a tool in structuring intersectoral collaboration and healthy public policy amongst key partners in cities across the world.

A Healthy City is one that is continuously creating or improving their physical & social environments and expanding those community resources which enable people to mutually support each other in performing all the functions of life and in developing their maximum potential. (WHO 2011)

Healthy Cities is founded on the moral and political beliefs that inequalities in social conditions (and therefore health) are unjustified and that their reduction should be an
overriding public health objective of the city. Healthy Cities provides a model for cities to develop innovative and creative solutions to public health and health promotion.

As World Health Organisation designated Healthy Cities, Cork, Waterford and Galway cities have committed to the overarching theme of health and health equity in all policies. To achieve this status cities must demonstrate to the WHO that health is a core value for the city administration and that the vision, values and strategy for the city are translated into action for health through planning.

In Ireland the following cities have been designated World Health Organisation Healthy Cities status. For more information click on links below.

- **CORK Healthy Cities**
- **WATERFORD HealthyCities**
- **GALWAY Healthy Cities**

Derry and Belfast in Northern Ireland are also long standing WHO designated Healthy Cities.

https://www.hse.ie/eng/services/list/5/publichealth/publichealthdepts/howweimprovehealth/WHO_Healthy_Cities.html

**Healthy Ireland**

Health can improve through reducing inequalities, improving housing, maximising employment, effective education, healthier lifestyles and family/ community action.

**Healthy Ireland** is the national framework for action to improve the health and wellbeing of Ireland over the coming generation. It reflects the international experience of a new commitment to public health with a focus on prevention.

Public Health professionals contribute to health improvement by gathering the evidence on how the health of the public can be improved, and working towards making better health available:

https://www.hse.ie/eng/services/list/5/publichealth/publichealthdepts/howweimprovehealth/

**The National Healthy Cities and Counties of Ireland Network**

**Healthy Ireland**

Where everyone can enjoy physical and mental health and wellbeing to their full potential, and where wellbeing is valued and supported at every level of society and is everyone’s responsibility.
The National Healthy Cities and Counties of Ireland Network was launched in City Hall, Dublin on 29th November 2016. The following 5 Counties were presented with Certificates of accreditation to the Network:

- Galway City Council,
- Cork City Council,
- Waterford City and County Council,
- South Dublin County Council,
- Offaly County Council.

Healthy Cities Project

The Healthy Cities project is a global World Health Organization (WHO) movement, set up in 1986. It involves Local Authorities working to improve health and wellbeing through political commitment, working in partnership with local stakeholders and supporting innovative projects.

The WHO European Healthy Cities projects’ main goal is to put health high on Local Authorities’ social, economic and political agendas. Health is the business of all sectors. Local Authorities have the power to protect and promote their citizens’ health and wellbeing. Health in this context includes economic and urban development, and regeneration.

What is a Healthy City or County?

A healthy city or county works to:

- improve health and wellbeing by creating and continually improving its physical and social environments, and
- develop community resources that help people to support each other and achieve their potential.


One example of a city’s work:

Healthy Waterford

**Waterford: A member of the WHO European Network of Healthy Cities Phase VI (2014-2018)**

Four parts of this include:

- **Social prescribing**

Sometimes referred to as community referral, is a means of enabling GPs, nurses and other primary care professionals to refer people to a range of local, non-clinical services. It is an option for people who are experiencing social exclusion or isolation for a variety of reasons or who have poor social supports.

Recognising that people’s health is determined primarily by a range of social, economic and environmental factors, social prescribing seeks to address people’s needs in a holistic way. It also aims to support individuals to take greater control of their own health. [http://www.healthywaterford.ie/projects/social-prescribing/](http://www.healthywaterford.ie/projects/social-prescribing/)

- [#kindwaterford](#kindwaterford)
We want to RAISE THE ENERGY of Waterford and focus on the benefits of kindness where everyone in Waterford treats themselves and others with empathy and kindness. Ultimately this will build emotional resilience in ourselves and our communities and along the way reduce isolation, anxiety, loneliness and the sigma around mental health difficulties.

#kindwaterford will do this by:

• Raising awareness of the protective factors for mental health and wellbeing
• Working to reducing the stigma associated with mental health issues
• Promoting supports and resources including the #littlethings campaign, available in Waterford
• Support communities to spread the #kindwaterford message

  • **Health literacy**

  A4 leaflets contain contact details for Waterford’s Primary Care Team, out of hours GP service and other useful contacts. Each Primary Care Team (PCT) includes GPs, nurses, a physiotherapist, a speech and language therapist and an occupational therapist. PCTs also provide social work, home support and administrative staff.

  PCTs can also link to a network of personnel who support the team, including psychologists/counsellors, audiologists, podiatrists, area medical officers, dentists, dieticians and ophthalmologists. The team’s aims are to provide accessible, integrated, quality primary care services that meet the needs of the local population.
  [http://www.healthywaterford.ie/healthliteracy/](http://www.healthywaterford.ie/healthliteracy/)

  • **Mental health awareness week**
Positive Mental Health (is part of Healthy Ireland work)

Healthy Ireland aims to improve both the physical and mental health and wellbeing of people in Ireland. As the Healthy Ireland Framework sets out, wellbeing is an integral part of health. Wellbeing reflects the quality of life and the various factors which can influence it over the course of a person’s life.

Wellbeing also reflects the concept of positive mental health, in which a person can realise his or her own abilities, cope with the normal stresses of life, work productively and fruitfully, and be able to make a contribution to his or her community. Consideration of health and wellbeing requires a shift in focus from what can go wrong in people’s lives, to focusing on what makes their lives go well.

There are a number of existing mental health awareness campaigns and supports which aim to improve awareness and understanding of mental health and wellbeing in Ireland. Further information, advice, and links to supports and services are available on www.yourmentalhealth.ie
http://www.healthyireland.ie/positive-mental-health/
Mental Health Ireland

Mental Health Ireland is a national voluntary organisation which was established in 1966 as the Mental Health Association of Ireland. MHI’s aim is to promote positive mental health and wellbeing to all individuals and communities in Ireland. We have a network of 92 Mental Health Associations throughout the country, all led by volunteers. Our Mental Health Associations fundraise to organise outings and events for those struggling with mental health in their communities.

http://www.mentalhealthireland.ie/what-we-do/

Mental Health Ireland promotes the Five Ways to Wellbeing

Developed by The New Economics Foundation (NEF), the Five Ways to Wellbeing are simple actions you can do in your everyday life to feel good and function well.

The research conducted in 2008, drew on state of the art research about mental wellbeing throughout life.

The Five Ways to Wellbeing are:
The five ways have been used worldwide by young and old to help people take action to improve their wellbeing.

Connect
With the people around you. With family, friends, colleagues and neighbours. At home, work, school or in your local community. Think of these as the cornerstones of your life and invest time in developing them. Building these connections will support and enrich you every day… Learn more

Be active
Go for a walk or run. Step outside. Cycle. Play a game. Garden. Dance. Exercising makes you feel good. Most importantly, discover a physical activity you enjoy and that suits your level of mobility and fitness… Learn more

Take notice
Be curious. Catch sight of the beautiful. Remark on the unusual. Notice the changing seasons. Savour the moment, whether you are walking to work, eating lunch or talking to friends. Be aware of the world around you and what you are feeling. Reflecting on your experiences will help you appreciate what matters to you… Learn more

Keep learning
Try something new. Rediscover an old interest. Sign up for that course. Take on a different responsibility at work. Fix a bike. Learn to play an instrument or how to cook your favourite food. Set a challenge you will enjoy achieving. Learning new things will make you more confident as well as being fun… Learn more

Give
Do something nice for a friend, or a stranger. Thank someone. Smile. Volunteer your time. Join a community group. Look out, as well as in. Seeing yourself, and your happiness, linked to the wider community can be incredibly rewarding and creates connections with the people around you… Learn more

http://www.mentalhealthireland.ie/five-ways-to-wellbeing/
• New Zealand

Ministry of Health

The Ministry published some older documents that still have relevance.

**Report: Healthy Places, Healthy Lives: Urban environments and wellbeing by the Public Health Advisory Committee, 2010**

This report to the Minister of Health is an evidence-based review of how the urban environment influences the health of communities. It identifies where New Zealand’s health system can best add value in the creation of urban areas that promote people’s health. Cities and towns influence health in a way that goes far beyond the presence of health services in these areas. The way that urban areas are planned and laid out – known as urban form – shapes people’s life choices and has a strong bearing on health outcomes. Urban form affects where we live, how we travel to work or school, how clean our air and water is, whether we are active, and what shops or facilities we use.

**Recommendations to the Minister of Health:**

1. The PHAC recommends that the Minister of Health encourages the health system to support the development of:
   (a) urban infrastructure that promotes active transport for all populations
   (b) other features of urban form that promote positive health outcomes for all populations (for example, a controlled number of alcohol outlets, and increased quality of and access to open spaces).
2. The PHAC recommends that the Minister of Health works with his ministerial colleagues whose portfolios have direct links with urban form and transport to place health and health equity at the centre of urban governance and planning.
3. The PHAC recommends that the health system enhances the provision of public health expertise to relevant local, regional and central government agencies in order to improve environmental health.
4. The PHAC recommends that the Minister of Health works with his ministerial colleagues whose portfolios have direct links with environmental health to build explicit consideration of human health into environmental standards, regulations and initiatives.
5. The PHAC recommends that the Minister of Health directs the health system to give priority to:
   (a) providing services in locations where they can be easily accessed by active and public transport
   (b) using the principles of universal design when deciding on the location and design of all facilities providing publicly funded health services.
6. The PHAC recommends that the Minister of Health directs employers in publicly funded health services to develop travel plans for their employees that encourage and incentivise active, public and shared transport modes.

[https://www.mentalhealth.org.nz/assets/ResourceFinder/Healthy-places-healthy-lives-PHAC.pdf](https://www.mentalhealth.org.nz/assets/ResourceFinder/Healthy-places-healthy-lives-PHAC.pdf)

**Report: Building on Strengths – A new approach to promoting mental health in New Zealand, 2002**
Building on Strengths further seeks to promote health and contribute to a reduction in inequalities by enhancing the mental health and well being of people who are affected by their socio-economic status or who are vulnerable as a result of their social isolation. It builds on the good work already being done throughout the country at local, regional and national levels.

The priority actions outlined by the strategy document focus on:

- strengthening individuals by increasing resiliency through programmes that promote coping skills
- building community cohesiveness through activities that make them safer, and
- reducing structural barriers to mental health through partnerships to improve access to conditions that promote positive mental health, such as education, meaningful employment and suitable housing.


Building on Strengths – A Guide for Action, 2001

Like the consultation document, the Guide for Action reflects the three key elements of this new approach to the promotion of mental health in this country:

- creating healthy populations
- focusing on wellness
- and the community taking control.


Healthy Christchurch

Healthy Christchurch is a CDHB-led intersectoral collaborative partnership based on the WHO Healthy Cities model. The key idea is that all sectors and groups have a role to play in creating a healthy city, whether their specific focus is recreation, employment, youth, environmental enhancement, transport, housing or any other aspect of city life.

This intersectoral initiative aims at foster collaboration between organisations who have signed The Healthy Christchurch Charter. [Read the Healthy Christchurch Charter](http://www.healthychristchurch.org.nz/)

The Christchurch City Health and Wellbeing Profile is a snapshot capturing information about Christchurch’s population and the factors that influence their health and wellbeing. The Profile is a summary of the thoughts and feelings of the almost 700 people and organisations in Christchurch. Christchurch residents identified a range of issues that were important to creating healthy people and communities. [These key issues have been analysed in detail and developed into over 40 individual papers](http://www.healthychristchurch.org.nz/city-health-profile/factors-that-affect-our-health-and-wellbeing/toiora/mental-health) that cover background on the issue along with recent data and solutions with a particular focus on inequalities.

Health begins where we live, work, learn and play and the findings of the Profile show that everyone has some role to play promoting Christchurch as a good place to live.

Mental health and wellbeing

Earthquakes of 2011

The Profile was largely developed prior to the February 2011 earthquake but now provides an even more timely snapshot of what people valued about life in Christchurch. The Profile was created through the Healthy Christchurch interagency network. Public consultations were held between September 2009 and September 2010, and the information gained from these conversations formed the basis for the development of the Profile. Staff from Community and Public Health (CDHB) and the Christchurch City Council coordinated the Profile, with help from a range of agencies throughout the city.

http://www.healthychristchurch.org.nz/city-health-profile

Mental health

• Scotland

Scotland’s Mental Health Strategy

The Scottish Government’s Mental Health Strategy takes a health promoting and preventative approach and sets out a range of commitments around:

• more accessible child and adolescent mental health
• improved responses to common mental health problems
• integrated community, inpatient and crisis mental health services.

The ambition is to create the best social circumstances possible and improve the conditions in which people are born, grow, live, work and age. This cannot be achieved solely by the NHS. Community Planning Partnerships, Integrated Joint Boards, third sector organisations, people with lived experience and their families and carers will also play a key role. Such partnerships can assist by working together to take action to reduce mental health inequalities, both as part of prevention and as part of service provision.

http://www.healthscotland.scot/health-topics/mental-health-and-wellbeing

The Warwick-Edinburgh Mental Well-being Scale (WEMWBS)

Of interest is this Scale which was developed in Scotland and is used by other countries to measure mental wellbeing.


Report: Promoting Healthy Cities – Why planning is critical to a healthy urban future, 2014
Glasgow is Scotland’s largest city and a World Health Organization ‘Healthy City’. While health in Glasgow has improved over the past century, it still has one of the poorest health profiles of any Scottish or UK city. Glasgow has adopted the approach of health equity in all policies at both strategic and operational levels. For instance, the main social housing provider has a strong focus on tackling health inequalities in all of its work, and the main strategy for employability in the city – Glasgow Works – similarly includes a focus on tackling health inequalities. In addition, community empowerment is a priority. This is supported by the Scottish Government, including several initiatives recognising the need to create positive physical environments, to approach health in an integrated manner, and to ‘co-produce’ urban health.

WHO initiated the Healthy Cities movement in Europe in the 1980s, which was motivated by the new risks posed to health from the urban environment. The Healthy Cities movement is associated with a new intersectoral understanding of public health as being concerned with a broad range of social and environmental determinants of health. This involves a critical role for planners and others.

In England, the Marmot Review and 2010 Public Health White Paper Healthier Lives, Healthier People recommended that planning, transport, housing, environment and health systems should be fully integrated to address the social determinants of health. In Scotland, the 2008 Good Places, Better Health implementation plan has encouraged a ‘system-based’ rationale for action to reduce health inequities and the links with other governmental strategies related to this domain. Taking an integrated approach to promote healthy cities also means considering other dimensions of sustainable development. Health cannot be thought of in isolation to the economy and the environment. Employment is a key determinant of health and wellbeing, and unemployment and underemployment have adverse mental and physical health consequences, such as increased stress and depression.

http://www.rtpi.org.uk/media/1119674/rtpi_promoting_healthy_cities.pdf

**The Glasgow Indicators project**

**Partners**
This project has been developed by the Glasgow Centre for Population Health (GCPH) with support from a range of partners, including Glasgow City Council, Glasgow’s Community Planning Team, Community Safety Glasgow, Glasgow Life, the University of Glasgow, NHS Greater Glasgow and Clyde and the International Futures Forum.

**Aims**
With this website we aim to create an accessible resource that informs a wide audience about the wellbeing of Glasgow’s population across a range of domains (e.g. health, poverty, education, environment), allows progress to be monitored and encourages civic engagement in the cross-cutting issues that face the city.

**Our model and guiding principles**
We have developed a 12 domain model to describe health and wellbeing in the city. This provides a *basket of indicators* rather than one index, reflecting a dynamic interlinked view of the city. (see below)
In presenting indicators we attempt to:

• show trends
• show inequality, or difference, within the city
• (where possible) make comparisons to other comparator UK cities and to European cities

[Links to websites]

Report: Mental Health in Focus: a profile of mental health and wellbeing in Greater Glasgow & Clyde, 2011

The establishment of the national adult mental health indicators, developed by NHS Health Scotland1, together with a growing policy awareness of the need to attend to mental health as a population health issue, created a climate of opportunity to look systematically and in detail at the mental health and wellbeing profile of Greater Glasgow & Clyde (GG&C).

This 358-page report is invaluable with the use of comprehensive domains and indicators used to describe the mental health and wellbeing of the population.

Using the national mental health indicators as a framework, this 358-page report draws on a range of local and national administrative and survey data sources to describe the mental health and wellbeing of the population of Greater Glasgow & Clyde. A set of 51 indicators, within 14 domains, (Table ES.1) have been analysed. Wherever possible, the indicators were analysed by sex, age, area deprivation (SIMD quintiles) and geographical area (GG&C vs. rest of Scotland, local authority and neighbourhood).

[Links to websites]
See Me: End mental health discrimination

See Me is Scotland’s Programme to tackle mental health related stigma and discrimination, funded by the Scottish Government and Comic Relief and managed by SAMH and The Mental Health Foundation. See Me aims to create a social movement for change with a specific focus on community based action and empowered local leadership. Alongside this ‘whole’ system and place based approaches are adopted within key settings where the impact of stigma and discrimination can have the most detrimental impact on people’s lives (schools, workplaces and health and social care settings/services). See Me applies a human rights based approach to reducing stigma and addressing those intersecting layers of discrimination. Key to the See Me way of working is to create solutions alongside people with a lived experience and local communities.

• Sweden

Sweden is situated in northern Europe, bordering Finland and Norway. It is a monarchy with a parliamentary form of government. The size of the population is about 9.4 million inhabitants and more than 80% of the population live in urban areas.

The Swedish health care system is a socially responsible system with an explicit public commitment to ensure the health of all citizens. Quality health care for all is a cornerstone of the Swedish welfare state. The 1982 Health and Medical Services Act not only incorporated equal access to services on the basis of need, but also emphasizes a vision of equal health for all. [http://www.euro.who.int/en/countries/sweden](http://www.euro.who.int/en/countries/sweden)

Healthy Cities Sweden

Healthy Cities Sweden is part of the global WHO project Healthy Cities which engages local governments in health development through a process of political commitment, institutional change, capacity-building, partnership-based planning and innovative projects. About 90 cities are members of the WHO European Healthy Cities Network, and 30 national Healthy Cities networks across the WHO European Region have more than 1400 cities and towns as members.

Member cities develop action plans on the basis of the national goals brought down to the local level.

Through meetings, the network will actively disseminate knowledge and promote the sharing of experience. Five meetings with the steering committee and the city-coordinators will take place during the year. The themes are: Healthy Urban Planning, HIA, Health Promotion and Public Health work at local level. [http://www.healthycities.se/in-english/](http://www.healthycities.se/in-english/)


This publication documents the experiences of participatory approaches for development and better health taken by Region Skåne (Sweden) and three other regions, described in case studies: the Autonomous Province of Trento (Italy), the Autonomous Community of Andalusia (Spain) and Wales (United Kingdom).
If the ultimate goal of all development is to improve the prerequisites for long-term survival and the well-being of the population in a region, this entails action for increased social inclusion and a more equitable distribution of the social determinants of health. The intentional consequences of participatory approaches go far beyond the health sector, into the realm of creating positive sustainable social change. Through the engagement of stakeholders, recognizing the value of each person's contribution to the process is not only practical but also collaborative and empowering in finding solutions together. WHO's Health 2020 policy calls for a whole-of-government and whole-of-society approach that involves a range of stakeholders at all levels.

http://www.euro.who.int/__data/assets/pdf_file/0007/294064/Taking-participatory-approach-development-health-malmo-skane.pdf?ua=1


Despite remarkable health gains, inequities persist between and within countries in the WHO European Region, and Sweden is no exception. Actions to effectively tackle health inequities need to be carried out at all levels of government. Regions have a key role to play because they are close to their populations and have the power and skills to develop efficient public health policies that may help to reduce health disparities by changing the distribution of the social determinants of health.

This report describes the process that the Region Västra Götaland, Sweden followed to mainstream health equity in its regional health plan; this resulted in the adoption of the Action Plan for Health Equity in Region Västra Götaland. This publication give an account of not only the factors that made the Action Plan possible but also the obstacles encountered and the measures taken to overcome them. The report illustrates how the whole-of-government and whole-of-society approaches central to the new European health policy, Health 2020, were implemented in a real setting.

http://www.euro.who.int/__data/assets/pdf_file/0004/256783/Tackling-health-inequities-from-concepts-to-practice-The-experience-of-Vastra-Gotaland.pdf?ua=1

The Swedish Health Behaviour in School-aged Children (HBSC) study
Reported by WHO in August 2017

Since the beginning of the 1990s, the Swedish Health Behaviour in School-aged Children (HBSC) study has shown an alarming increase in young people experiencing multiple health complaints. In response, researchers conducted a nationwide study in 2009 to collect data from almost 170,000 young people between the ages of 12 and 15. Acting on its findings, the Swedish Government decided to invest heavily in schools and health-care systems to identify young people at risk of mental health problems, and to provide support. It also invested 30 million euros in research programmes on effective interventions.

In 2014, the HBSC study revealed that Swedish schoolchildren were still experiencing multiple health complaints – such as irritation, sleep difficulties, and generally feeling low – at double the rate they had reported in 1986. Of particular concern was stress in schools, as well as the increasing number of mental health complaints among 13-year-olds.

In response to this continuing rise in unhappiness, and with public and professional awareness mobilized, the Public Health Agency of Sweden held a major cross-sectoral consultation with civil society and professionals. Together they reviewed the evidence on how young people are affected by social media, social inequality and their own expectations for the future, and shared experiences, ideas and explanations for the
trends. The results of the consultation will appear in a 2017 report on the causes of increased psychosomatic symptoms among young people.

The Swedish Government also appointed a national coordinator to support the work of agencies, local authorities, regions and nongovernmental organizations in the area of mental health. Additionally, the Public Health Agency of Sweden is contributing to a regional project, supported by the Nordic Council of Ministers, with HBSC teams in Denmark, Finland and Norway. The teams collect data on positive mental health to provide evidence of similarities and differences.

Thanks to more than 30 years of data from the HBSC study, and the Government’s response, public awareness and understanding of these issues have increased, as has self-reporting of mental health problems by young people themselves. [Link to WHO news article](http://www.euro.who.int/en/countries/sweden/news/news/2017/07/turning-hbsc-study-data-into-action-tackling-mental-ill-health-in-sweden)

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**US**

**SAMHSA**

SAMHSA covers information on mental health and addiction data across the country as well as many initiatives that relate to health cities. Examples are:

- **Cities**
  
  **Community Conversations About Mental Health**
  Community Conversations About Mental Health provides information on holding a community dialogue that builds awareness and support around mental health issues. It also has a Toolkit for this work. [Link to Toolkit](https://www.samhsa.gov/community-conversations)

  **Faith based and community Initiatives**
  [Link to Faith based Initiatives](https://www.samhsa.gov/faith-based-initiatives)

- **Data**
  
  **Behavioral Health Barometer: New York, Volume 4: Indicators as measured through the 2015 National Survey on Drug Use and Health, the National Survey of Substance Abuse Treatment Services, and the Uniform Reporting System**

  This is one of a series of national and state reports that provide a snapshot of behavioral health in the United States. This is for the city of New York. [Link to report](https://www.samhsa.gov/data/sites/default/files/NewYork_BHBarometer_Volume_4.pdf)

**TED talk: Charles Montgomery – The Happy City**

Charles Montgomery explores what happens when you take an abandon city space in NYC and populate it with urban social experiments. The outcomes are unexpected as
city dwellers explore this public space, interact with each other, and change their attitudes towards social connections, values, and each other.

Charles Montgomery explores what happens when you take an abandoned NYC space and infuse it with social experiments. The results are surprising and inspiring. An award-winning author and urban experimentalist, Charles Montgomery is the author of Happy City which the New York Times recommended as essential reading for their city’s new mayor. Working with the BMW Guggenheim Lab, the Museum of Vancouver and other institutions, he creates experiments that challenge us to see our cities—and ourselves—in entirely new ways.

Montgomery’s Home for the Games initiative led hundreds of people to open their homes to strangers during the Vancouver 2010 Olympics. Operating in cooperation with the BMW Guggenheim Lab and the citizens of New York City, he transformed an empty lot into a device to maximize feelings of altruism. 
https://www.youtube.com/watch?v=7WiQUzOnA5w

Happy City: US
To Co-Creating A Culture Of Happiness & Well-Being, One City At A Time

HappyCity is a 501(c)(3) non-profit community development organization and the leaders in the establishment of happiness and well-being indicators and quality-of-life initiatives in cities across the U.S.

We exist to co-create a culture of happiness & well-being, one city at a time through our Vision 80 Project, a city-wide strategy to measure and improve the well-being of our people. 
http://www.happycity.us/

At HappyCity, we believe that increasing happiness is considered a proper measure of social progress and goal of public policy. We are the early adopters of the UN's Sustainable Development Goals (SDGs) to help cities across the U.S. to achieve economic, social, and environmental objectives in harmony, thereby leading to higher levels of well-being for the present and future generations. 
https://thehappycity.com/resources/happy-homes/

Vision 80 Project
The HappyCity VISION 80 Project is a strategy of taking a city-wide approach to measure and improve our state of well-being -- by developing a benchmark tool based on a scale from 0 to 100 to assess our quality of life with a goal to exceed a single index average of 80 by 2050.

Taking the Lead to Prioritize Happiness & Well-Being in Cities
Increasingly, leaders at the community and local level are making happiness a priority by mobilizing for Vision 80 to identify strengths and needs, to build the momentum from the ground up for a national campaign that transforms our state of well-being for all.

We can do this by developing strategies around the following topics:

• Health - provide resources so that every day activities can be performed; improve quality of exercise (make exercise fun again)
• Psychological Well-Being - implement behavioral change campaigns
• Community Vitality - encourage volunteerism and charitable giving
• Social Support - seek out like minded advocacy coalitions
• Time Balance - dedicate time to do things that are enjoyable
• Environment - increase access to nature
• Governance - build strong relationships with local influential leaders
• Access to Education, Culture & Arts - provide equal access to education, culture and arts
• Financial Well-Being - spend within the means of what can be afforded
• Work - seek out work that serves a higher purpose

By taking action at the local level to prioritize happiness and well-being in developing policies and practices, we can make Vision 80 become a reality -- to benefit the environment, local economy and advancing social equity.

http://www.happycity.us/vision-80.html

Mental Health America

Mental Health Facts, Stats, and Data
Mental Health America is committed to promoting mental health as a critical part of overall wellness. We advocate for prevention services for all, early identification and intervention for those at risk, integrated services, care and treatment for those who need it, and recovery as the goal.

We believe that gathering and providing up-to-date data and information about disparities faced by individuals with mental health problems is a tool for change.

Key Findings in 2017

• **1 in 5 Adults have a mental health condition.** That's over 40 million Americans; more than the populations of New York and Florida **combined.**
• **Youth mental health is worsening.** Rates of youth depression increased from 8.5% in 2011 to 11.1% in 2014. Even with severe depression, 80% of youth are left with no or insufficient treatment
• **More Americans have access to services...** Access to insurance and treatment increased, as healthcare reform has reduced the rates of uninsured adults. 19% of adults remain uninsured in states that did not expand Medicaid. 13% of adults remain uninsured in states that did expand Medicaid.
• **...But most Americans still lack access to care.** 56% of American adults with a mental illness did not receive treatment. Even in Vermont, the state with the best access, 43% of adults with a mental illness did not receive treatment.
• **There is a serious mental health workforce shortage.** In states with the lowest workforce, there's only 1 mental health professional per 1,000 individuals. This includes psychiatrists, psychologists, social workers, counselors, and psychiatric nurses combined.
• **Less access to care means more incarceration.** Arkansas, Mississippi, and Alabama had the least access to care and highest rates of imprisonment. There are over 57,000 people with mental health conditions in prison and jail in those states alone. That's enough to fill Madison Square Garden three times.

http://www.mentalhealthamerica.net/issues/state-mental-health-america#Key
An infographic of these data is below:

**1 IN 5 ADULTS HAVE A MENTAL HEALTH CONDITION**

THAT'S OVER 40 MILLION AMERICANS

MORE THAN THE POPULATIONS OF NEW YORK & FLORIDA COMBINED

**YOUTH MENTAL HEALTH IS WORSENING**

RATES OF YOUTH DEPRESSION

8.5% IN 2011

11.1% IN 2014

EVEN WITH SEVERE DEPRESSION, 80% ARE LEFT WITH NO OR INSUFFICIENT TREATMENT.

**MORE AMERICANS HAVE ACCESS TO SERVICES**

ACCESS TO INSURANCE INCREASED

So did Access to treatment

Healthcare reform has reduced the rates of uninsured adults with mental health conditions; however,

19% REMAINED UNINSURED IN STATES THAT DID NOT EXPAND MEDICAID.

13% REMAINED UNINSURED IN STATES THAT DID EXPAND MEDICAID.

**MOST AMERICANS LACK ACCESS TO CARE**

56% of American adults with a mental illness did not receive treatment

Even in Vermont, the state with the best access, 43% of adults with a mental illness did not receive treatment.

**THERE IS A SERIOUS MENTAL HEALTH WORKFORCE SHORTAGE**

In states with the lowest workforce, there's only 1 mental health professional per 1,000 individuals

This includes psychiatrists, psychologists, social workers, counselors and psychiatric nurses combined.

**LESS ACCESS TO CARE MEANS MORE INCARCERATION**

Arkansas, Mississippi, and Alabama, had the least access to care and highest rates of imprisonment

There are over 57,000 people with mental health conditions in prison and jail in those states alone. That's enough to fill Madison Square Garden 3 times.
Prevention

This agency painstakingly evaluated 100 of the nation's largest cities on 48 measures of health, happiness, and well-being to find the healthiest, happiest cities in America.

We explored the glorious: from access to green space and concert halls to number of farmers' markets (not to mention the inclination to eat five fruits and veggies a day). We looked at the grim: disease incidence, depression measures, unemployment rates, even FBI crime statistics. After some high-level number-crunching, we came up with 25 hometowns you may want to call your own. But don't bother packing. We also identified what put those ZIP codes on the list, and our tips will help you be healthy and happy wherever you live.  

Plan4health

The Plan4Health community envisions the full integration of planning and public health where we live, work, and play. By bringing together the complementary strengths of planning and public health — and building partnerships with organizations from a range of sectors and perspectives — we hope to be a catalyst for collective action toward a healthier future!

Plan4Health is launching in neighborhoods, cities, and counties across the United States, funding work at the intersection of planning and public health. Anchored by American Planning Association (APA) chapters and American Public Health Association (APHA) affiliate members, Plan4Health supports creative partnerships to build sustainable, cross-sector coalitions. Each coalition is committed to increasing health equity through nutrition or physical activity. And, each coalition is dedicated to meeting the needs of residents where they live, work, or play.

Plan4Health is supported by the Centers for Disease Control and Prevention (CDC). The American Planning Association’s Planning and Community Health Center is an awardee of the CDC’s National Implementation and Dissemination for Chronic Disease Prevention funding opportunity. Plan4Health is one community within the larger project — sharing lessons learned and expertise with the American Heart Association; the National Women, Infants, and Children; Society for Public Health Education; and Directors of Health Promotion and Education.

These communities, in turn, complement the CDC’s ongoing work to reduce health disparities in communities of color through Racial and Ethnic Approach to Community Health (REACH) and Partnerships to Improve Community Health (PICH) funding opportunities. Together, these organizations are working to change the environments in which people make decisions about their lives and their health.  
http://plan4health.us/plan4health/

Center for Urban Design and Mental Health

The Centre for Urban Design and Mental Health curates and creates research and dialogue to inspire, motivate and empower policymakers and urban practitioners to build mental health into their projects for a healthier, happier urban future.
The Centre for Urban Design and Mental Health (UD/MH) is the only think tank dedicated to answering one question: **how can we design better mental health into our cities?**

**Mission:** To help inform, motivate and empower policymakers, designers, planners, and public health professionals to build better mental health into their cities through smarter urban design.

**Vision:** To be a central repository and global go-to resource and platform for policymakers, architects, transport planners, urban planners, developers, designers, engineers, geographers, and others who want to design better mental health into cities, and drive integration of mental health into urban design as standard. [http://www.urbandesignmentalhealth.com/mission-and-vision.html](http://www.urbandesignmentalhealth.com/mission-and-vision.html)

### VIDEOS

**The Happy City Experiment:** Charles Montgomery, TEDxVancouver 2014

“THE SYSTEMS AND FORMS OF OUR CITIES INFLUENCE HOW WE FEEL AND HOW WE TREAT EACH OTHER - OUR ROADS, OUR BUILDINGS, OUR NEIGHBORHOODS, OUR PARKS, OUR SIDEWALKS... THESE ARE EMOTIONAL INFRASTRUCTURE”


**Stress in the City:** Mazda Adli at TEDxBerlin 2013

“THE COMBINATION OF SOCIAL DENSITY ON THE ONE HAND AND SOCIAL ISOLATION ON THE OTHER HAND COMBINES TO GIVE CITY-SPECIFIC SOCIAL STRESS”


**100 Resilient Cities**

100 Resilient Cities—Pioneered by the Rockefeller Foundation (100RC) is dedicated to helping cities around the world become more resilient to the physical, social and economic challenges that are a growing part of the 21st century.

100RC supports the adoption and incorporation of a view of resilience that includes not just the shocks—earthquakes, fires, floods, etc.—but also the stresses that weaken the fabric of a city on a day to day or cyclical basis.

Examples of these stresses include high unemployment; an overtaxed or inefficient public transportation system; endemic violence; or chronic food and water shortages. By addressing both the shocks and the stresses, a city becomes more able to respond to adverse events, and is overall better able to deliver basic functions in both good times and bad, to all populations.

[http://www.100resilientcities.org/about-us/#section-2](http://www.100resilientcities.org/about-us/#section-2)

**PricewaterhouseCoopers: Cities of Opportunity**

London, Singapore, Toronto and Paris top the 2016 benchmark (our 7th edition) of the broad urban qualities that make 30 global business, finance and culture capitals successful. Beneath the headline results of who finishes first, however, findings show the heart of the city revolves around balanced social and economic strengths. And even
in this group of cities that power the world economy, quality of life factors jump out in relation to urban success. People are at the center of the big city picture.

Education, transit, health, economics, and governance all have to line up for a city to lead well.

Three ingredients of healthy city life

Our snapshot of urban wellbeing today is built on 67 data variables. These are divided among 10 indicator categories, and then organized into three families of information. All in all, the study captures a holistic view of urban life.

1. Tools for a changing world

London, Paris, New York, Tokyo and Amsterdam make the top 10 in all three indicators—or tools—needed to be at the forefront of a digitally and physically connected, knowledge-based world.

The intellectual capital and innovation indicator focuses on education and, secondarily, the innovation that a highly educated society generates.

Technology readiness frames the technological potential of a really smart city—one that “uses digital intelligence to improve citizens’ lives,” as Carlo Ratti, director of the MIT Senseable City Lab, tells us.

City gateway quantifies a city’s global connections and attraction beyond its local borders. and it measures a city’s global draw, taking its pulse in today’s internationally networked world.

2. Quality of life

The basis for common wellbeing and prosperity begins with each urban resident’s quality of life. This section is the most important in understanding how to build the infrastructure that serves the public good. Its four indicators—transportation and infrastructure; health, safety, and security; sustainability and the natural environment; and demographics and livability—speak directly to the results of many urban policies in our 30 cities. It is also the one section that centers on the daily conditions of life for most of the residents of those cities. Developed cities dominate the top results.

3. Economics

Economic achievement proves the most open and diverse of our three indicator families. No city breaks through to the top 10 in all three indicators. The cities that do best in at least two indicators are London, Toronto, New York, Singapore, Los Angeles, Madrid, Paris, Kuala Lumpur, and Stockholm. This section combines the three indicators that assess and analyze the aspects of urban economies that are directly related to growth and continuing durability, stability, and capability. They try to measure the structural capacity and support that each urban economy offers to the forces that propel economic development. Ease of doing business and cost indicators, especially, evaluate the degree to which each of our 30 cities has designed and put in place an economic framework that will allow all kinds of entrepreneurial and innovative spirits to thrive. Economic clout tests strength now and also takes the pulse of urban momentum.

Desert Hot Springs Healthy City Initiatives

A very basic website for this city’s work. 
http://dhshealthycity.com/

\[\text{\^{\text{i}}} \text{New York City, Philadelphia, Pittsburgh, Dublin, London, the West Midlands, Christchurch, Toronto, Sydney} \]

\[\text{\^{\text{ii}}} \text{NYC Thrive and the growing number of American Thrive cities, the Philadelphia Department of Behavioral Health and Intellectual Disability Services, London Thrive, Black Thrive London, West Midlands Thrive, City Mental Health Alliance} \]