

# The Bridge strategy 2021-2023

working to reduce inequalities in health and wellbeing





**This strategic plan has been developed by the Trustees, working co-productively with the senior management team and staff from all areas of the Charity. It has been shaped by the views of our beneficiaries and healthcare professionals.**

At The Bridge, we're committed to working with, supporting and celebrating women of all abilities, cultural backgrounds, social class, religion, ethnicity, partnership status, maternity status, age, size, gender identity and sexuality. We're an LGBTQ+ inclusive organisation.

We work to empower women to live positive, healthy lives, whilst recognising the ways that each one of us is uniquely shaped by privilege and the existence of structural and systematic discrimination and inequality.

Join the movement.

# about The Bridge

The Bridge's history can be traced back to the 1920s when a group of radical, outward looking women formed an organisation to promote the intellectual, physical, spiritual, moral and social interests and needs of its members. The Charity has been supporting women's health and wellbeing since it was formally set up in 1932 and today we continue the pioneering work of the women who laid the foundations.

This document sets out what we want to achieve over the next three years. The focus of our work remains on reducing health inequalities and on preventing and minimising risks to both physical and mental health. To achieve this we have set two main priorities via our 'impact goals'.

## impact goal 1

promote and support healthy living

## vision

a world where women are empowered to live positive, healthy lives

## values

respect  
inclusivity  
empowerment  
integrity  
sustainability  
holistic approach

## impact goal 2

promote and support good mental wellbeing

## mission

working to reduce inequalities in health and wellbeing by supporting women to make positive life choices



**“health inequalities are the avoidable and unfair differences in health between different groups of people in society.”**

The Health Foundation, 2018 (1)

# overview – the context of our work

Everyone has the right to good health. Wellbeing shouldn't be dependent on where you live and what your income is, but it is. Health inequalities exist and they are increasing, made worse by the pandemic. Health inequalities are determined by many factors but people who live in deprived areas are most at risk. In 2020, the 'Health Equity in England: The Marmot Review 10 Years On' report showed that there has been little progress in reducing inequality (1). It's a sad reflection on society that many people in Britain have to deal with the effects of health inequalities on both their physical and mental health.

## the good news

The good news is that this situation can be reversed – we can all enjoy better physical and mental health, and for longer.

We work with local women to overcome barriers and make healthy living an integral part of everyday life. We know that our programmes and services work and we have that on good authority – that of the people who use them.

## help needed

Charities can only do a limited amount to support the Government, local authorities and the health service to improve the lives of people experiencing the effects of health inequalities. Most charities have no power to provide better affordable housing, improve living and working conditions or take decisions about urban planning.

Tackling health inequalities needs a concerted effort from everyone; from the Government, Public Health England, the NHS and Local Authorities, to employers, city planners, voluntary organisations, charities, and individuals.

## it's all connected

We believe that physical and mental health are intrinsically linked and most of our work connects the two. Food insecurity sits somewhere in the middle and affects both. The strategy for our work in Southwark and beyond focuses on what we can do to prevent ill health and poor mental wellbeing.

## the challenges

### inactivity, obesity and preventable conditions

Lack of physical activity, being overweight or obese, a poor diet can all lead to preventable ill-health.

We understand that:

- it's difficult to think about doing more physical activity if you're struggling to pay bills and put food on the table;
- some people don't like gyms or traditional sports;
- it's hard to maintain good mental and physical health when faced by multiple challenges or health conditions.

**we work with women to overcome the barriers to physical activity and healthy lifestyle and make change happen**

### poor mental health

Positive wellbeing is associated with healthier lifestyles; better physical health; improved recovery from illness; more social cohesion and improved quality of life.

Without early intervention, poor wellbeing can lead to depression, anxiety and more serious mental health problems. Mild mental disorders affect approximately one in five women in Southwark (2), yet relatively little attention has been given to preventing mental illness and promoting positive wellbeing.

**we support women to find strategies that help them manage their mental wellbeing and cope when things get tough**

### food insecurity

Food insecurity should not be a factor of life in Britain in 2021. According to the British Medical Journal, food insecurity has been under the surface of every public health crisis in recent times; but it was the recent coronavirus pandemic that exposed the extent and severity of the systematic food insecurity across the country (3).

One in four people over 16 in Southwark experienced food poverty in 2019 (4). Poor diet equals poor health and wellbeing.

**we support people to get access to food and to eat well.**



“even though I had never been to a gym before I took to it like a duck to water.”

(SWAP participant)

# promote and support healthy lifestyles

There is a widespread misunderstanding of the obesity 'epidemic' and people often fail to take into account the social, economic, environmental and financial barriers which can combine with genetic pre-disposition or medication. Often people who are overweight or obese are blamed or 'fat-shamed'. Many things can get in the way of physical activity and eating healthily: lack of time, money, opportunity, safety fears, changes in working patterns (sitting at computers for seven hours a day), the availability of fast food, food insecurity, caring responsibilities and the perception that eating healthily is expensive. Add to this, the power of the food industry and its influence on our attitudes towards food and it's no surprise that the population is growing in size in more ways than one!

Making positive choices about food intake and physical activity can be life-changing – keeping active, eating healthily and in moderation can improve mental wellbeing; prevent people becoming overweight or obese; and reduce the risk of developing a potentially life-threatening illness such as type 2 diabetes, coronary heart disease and certain cancers such as breast and bowel.

## the numbers

- Southwark residents are currently expected to spend more than a quarter of their lives in poor health (1);
- cardiovascular disease is the second largest cause of death in Southwark, accounting for around a quarter of all deaths in 2018 (2);
- 6% of people in Southwark have type 2 diabetes (3). Public Health England estimate that a further 3.2% may have undiagnosed diabetes, with an additional 10.2% of residents at increased risk of developing the disease (4);
- people with long term conditions are two to three times more likely to experience mental health problems (5);
- the pandemic has exacerbated physical and mental health problems associated with food insecurity, such as obesity and low self-worth (6);
- one in four Southwark residents over the age of 16 are food insecure (7);
- poor diet is related to 30% of life years lost to early death and disability; one in three cancer deaths and one in two heart disease deaths are caused by poor diet; a severely food insecure person is five times more likely to experience anxiety disorders and major depressive episodes than someone who has access to adequate food (8).

## what we do

Many of the factors identified as contributing to an unhealthy lifestyle are avoidable, given the right access to resources and support.

The resources available from statutory services are not sufficient to meet the needs of those who are at risk, so our work aims to strengthen and add value to the healthcare system, building on and complementing local and national strategies; and prioritising prevention.

We share our knowledge and resources through our in-person and online programmes; and through all we do at our facilities in Southwark. Additionally, we signpost to external resources, as and when needed, to create a continuous path of support for everyone we work with. Our women only gym provides a uniquely supportive environment for physical activity; and the kitchen offers itself as a space for practical learning and recipe development.

As well as being a basic need for survival, keeping active and having access to good quality food plays a huge part in setting us up for a physically and mentally healthy life.

Our programmes are evidence based, most following the basic principles of the 5 Ways to Wellbeing (9), so include personal wellbeing in addition to physical health.

## outcomes

- women become more physically active, undertaking a minimum of 150 minutes of physical activity a week;
- women lose or maintain weight, and have a more positive body image;
- those we work with have increased knowledge and awareness of healthy cooking and eating and are more in control of their eating behaviours, through cooking classes and access to recipes created by a nutritionist;
- our service users deepen their understanding of the links between physical activity and mental wellbeing, which allows them to take control over their own lives and gain in self-confidence;
- our service users start to influence the health habits of their family and friends, by actively sharing the knowledge and resources; and by making changes in their own lives to become a positive role model to others;
- our service users gain self-worth, as their views are used to inform service and programme development;
- our service users become more connected to people from their community and maintain connections with their self determined support channels post graduation.



*“art therapy allows me to transport to my inner self for a few minutes of calm in the city of madness.”*

(RISE participant)



# promote and support good mental health

Poverty, unemployment, job insecurity, housing issues and debt are some of the economic risk factors for poor mental health; add to these personal issues such as family disharmony, abuse, and neglect, all of which are set to worsen as a result of the coronavirus pandemic, and you have the recipe for a mental health epidemic. These new or worsening pressures will play a big part in levels of wellbeing, and increases in mental health problems and widening inequalities.

However, if people are given support to develop positive mental health and wellbeing, the benefits include “reduced emotional and behavioural problems in children and adolescents, increased resilience in communities, reduced levels of mental disorder in adulthood, better general health, less use of health services and reduced mortality in healthy people and in those with established illnesses”(1) We believe that with the right strategies, support and activities to manage mental health, people can learn to cope in the face of adversity. Giving individuals the opportunity to lead healthy lifestyles; build social relationships; develop social capital; work in a healthy workplace or have the prospect of finding employment – all serve as protective factors against poor mental health. The Bridge supports women to develop the tools and strategies.

## the numbers

We know that certain population subgroups are at higher risk of mental health problems because of greater exposure and vulnerability to unfavourable social, economic and environmental circumstances, which intersect with factors including gender, ethnicity and disability”.

- one in six adults experiences symptoms of a common mental health problem, e.g. anxiety or depression; one in five has considered suicide (2);
- almost 50% of people believe that they have had a diagnosable mental health problem but only a third have a diagnosis (3);
- there are concerning levels of poor mental health among people receiving Employment and Support Allowance. Two thirds report common mental health problems, two-thirds report suicidal thoughts; 43.2% have attempted suicide and one third have self-harmed (3);
- around a third of all people with a mental health problem have sought no professional help at all (3);
- mental illness disproportionately affects people from Black ethnicity groups (4);
- people with low incomes are more likely to have requested but not received mental health treatment (5);
- 16 and 24 old women are almost three times as likely to experience a common mental health problem as their male contemporaries (3)

## what we do

we use community assets, including our own, to run programmes which support good mental wellbeing:

- making use of our gym and health and fitness professionals to motivate service users to become more physically active. Published evidence shows this has a beneficial effect on mental well-being and our own gathered evidence also supports this;
- using our cafe and staff with knowledge of nutrition to share expertise on eating healthily on a budget;
- using the cafe space to provide a relaxed, non-medicalised environment for many of our activities;
- enhancing programme delivery, by using volunteers to provide essential support.
- to enhance programmes, we utilise activities and strategies proven to have a beneficial effect on mental wellbeing, including art therapy, talking therapies, dance, creative writing, mindfulness, yoga, Pilates, and all forms of physical activity from walking to high intensity interval training (HIIT);
- we believe that change is possible and use positive messages and realistic goal setting to motivate and support women to change, whilst also making them aware of their individual risks to health and wellbeing;
- support women to integrate into mainstream society (support to get into employment or volunteering, etc.)

## outcomes

- women feel more valued and in control of their own health and wellbeing as co-production and collaboration give women with lived experience the opportunity to have a strong voice in developing and running programmes;
- women feel supported until they are better able to cope and/or have a stepping stone until they can access the relevant specialist NHS services/provision;
- our service users have raised awareness about living well with a mental health problem and develop self-help strategies, including use of online options;
- women have a safe, confidential space and forum where they can share experiences, ideas and resources and have support from peers and other professionals;
- women are aware of support services in the Borough;
- women using our services have increased self confidence; they undertake more physical activity; and they report improved wellbeing.



“when I am cooking, I forget that I am lonely, I cannot wait to eat the food I have made.”

(BOX-IT participant)

# our approach and impact

Wherever possible, we focus our work on prevention as it's the most effective and cheapest way of dealing with poor health and wellbeing. In doing this we target people at high risk who are unable to access NHS and local authority and other services easily or in a timely manner. However sometimes it's too late and people have already slipped into poor physical and/or mental health.

Our work always reflects our organisational values. Our approach is holistic, taking into account the physical, mental, emotional and environmental factors affecting health and wellbeing. We work to empower our service users – working with them to shape our provision and supporting them to manage their own health and wellbeing. We aim to foster respect for self and others and preserve dignity in everything we do

- we focus our energy and resources on **prevention and early intervention** – our team supports women to develop strategies and tactics, enabling them to manage their own health and wellbeing and prevent illness and poor mental health. This makes sense from an economic point of view but more importantly, effective prevention can significantly improve outcomes for individuals and increase the overall resilience of the population;
- **self-management** – for women whose health and/or wellbeing has declined, we provide support and resources to support them to manage their conditions, even if it's only until they can access the relevant specialist NHS services/provision;
- our work model is based on **recovery** – on individual strengths and abilities, not medical deficits and pathologies, trusting the individual to be the expert in their own condition. This approach leads us to **co-design** provision with our service users;
- **co-production** – we provide women with lived experience the opportunity to have a strong voice in developing and running new programmes; We believe that women are the best experts in knowing what support best meets their needs and we work with them to co-produce relevant programmes and services, giving them more control and autonomy;
- our practice focuses on '**protective**' factors, including promoting healthy lifestyles, fostering social relationships, building social capital and developing coping skills, all of which help to prevent or delay the development of health issues;
- we deliver programmes based on the The 'Five Ways to Wellbeing' (1) – a set of **evidence-based** actions developed by the New Economics Foundation to improve personal wellbeing.
- **assets in the community** – we make use of individuals, and community resources, including volunteers to deliver our strategy;
- **health literacy and awareness** – we support women to improve knowledge about physical and mental illness and understand the links between physical health, food and mental wellbeing. We provide 'easy to digest' health information to highlight the benefits of healthy eating, regular physical activity and the importance of looking after mental health (and the risks associated with poor diet, lack of exercise and lack of self-care);
- **empowerment and giving voice** – we provide safe, confidential spaces and forums where women with similar issues can share experiences, ideas and resources. We also collect regular feedback from service users and use it to shape our programme and service offer;
- **challenging stigma and discrimination** – we challenge the myths that stigmatise women who experience poor mental health, are overweight/obese or who are experiencing poverty and food insecurity. We work to reduce the shame they feel for things not of their own making. Stigma and discrimination cause damage – preventing people seeking support and delaying recovery (2). We do this by taking part in campaigns to raise awareness and promoting positive wellbeing messages via our website and social media content;
- addressing the wider determinants of health is the key to improving mental health and wellbeing. Our team of specialist staff, **signpost** those we work with to advice support options available, including, benefits, debt, relationship breakdown, domestic abuse, bullying, etc.

## we believe our work will contribute to:

- lessening the impact of poor mental and physical health on GP services and health services budgets;
- play a part in closing the gap in health inequalities building community cohesion;
- developing a resilient and empowered community a raised awareness of the unfair stigma attached to obesity, mental health and food insecurity and the reality faced by people with lived experience;
- supporting people through the long-term health and wellbeing related impacts of the pandemic;
- helping to fill gaps in provision, for example, for people living in the community who have complex needs but who do not meet the eligibility threshold for support from statutory services;
- removing barriers to health and wellbeing.



# partnerships

A huge thank you to all the organisations that have worked with us over the last few years and to all who will continue to work with us going forward; from funders to local networks to grassroots organisations. The road ahead would be harder without you on side.

To name but a few:



for the Local Air Quality Project and more



for the GROW project funding



for the referrals to all projects, in particular the BOX-IT project



for the Drawing Act I therapy project



for the networking and training



for the leadership coaching programme



for the resources and accountability



for the ZEST project funding



for the ZEST project funding



for the collaboration on the Contact The Elderly tea parties



for the YOGA project funding



for the Healthy Weight Network and more



for the time credit spending partner referrals



for the congestion charge relief for the BOX-IT delivery team



for the work creating spaces for urban wildlife.

## partnerships

We are keen to make contact with other organisations and explore possibilities for working together.

Whether you're a charity, voluntary organisation or business with similar aims and aspirations, and you would like to explore working with us, we'd love to hear from you so please take a look at our work on our website at [www.thebridge-uk.org](http://www.thebridge-uk.org) or get in touch with us directly via [partners@thebridge-uk.org](mailto:partners@thebridge-uk.org)

# references

A significant amount of research and resources influences the direction our strategy; as we aim to work alongside the plans of the key decision makers and voices in the health and wellbeing sphere so we can play our part in supporting the people in our community.

## pg.3

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