

HEALTH SCRUTINY PANEL
25 SEPTEMBER 2013
NOTTINGHAM ADULT MENTAL HEALTH AND WELLBEING STRATEGY
REPORT OF HEAD OF DEMOCRATIC SERVICES

1. Purpose

- 1.1 To consider and comment on the draft Nottingham Adult Mental Health and Wellbeing Strategy.

2. Action required

- 2.1 The Panel is asked to provide comments as part of the consultation on development of the Nottingham Adult Mental Health and Wellbeing Strategy.

3. Background information

- 3.1 Mental health is a key priority for Nottingham. Mental health and wellbeing is a priority under the Nottingham Plan to 2020 and a theme within the Joint Health and Wellbeing Strategy. In relation to adult mental health, the Health and Wellbeing Strategy contains a priority to 'support 1,100 people to remain in work or begin working through removing health as a barrier to employment.'
- 3.2 An Adult Mental Health and Wellbeing Strategy is currently being developed, led by Public Health colleagues. The draft Strategy was considered by the Health and Wellbeing Board on 28 August 2013 and will be going out for stakeholder and public consultation. Once the Strategy has been agreed, an action plan will be developed and implementation monitored by the Health and Wellbeing Board.
- 3.3 A copy of the draft Strategy is attached to this report. Public health colleagues will be attending the meeting to present the draft Strategy. The Panel will have opportunity to ask questions, discuss the proposals and provide comment to contribute to development of the Strategy.

4. List of attached information

- 4.1 The following information can be found in the appendix to this report:

Appendix 1 – Draft Nottingham Adult Mental Health and Wellbeing Strategy

5. **Background papers, other than published works or those disclosing exempt or confidential information**

None

6. **Published documents referred to in compiling this report**

Nottingham Plan to 2020

Nottingham City Joint Health and Wellbeing Strategy 2013 - 2016

7. **Wards affected**

All

8. **Contact information**

Jane Garrard, Overview and Scrutiny Review Co-ordinator

Tel: 0115 8764315

Email: jane.garrard@nottinghamcity.gov.uk



Wellness in mind **- The Nottingham Adult Mental Health and Well-being Strategy**

[Insert corporate logos

Nottingham Clinical Commissioning Group

Nottinghamshire Healthcare Trust

Nottingham City Council]

**Prepared by the Nottingham Mental Health Strategy Stakeholders
July 2013**

[Comments to Mandy Clarkson, Specialty Registrar in Public health, Public Health, Nottingham City Mandy.Clarkson@nottinghamcity.gov.uk Tel: 0115 8765435]

INTRODUCTION

"No health without mental health" expresses a real truth – without good mental health we lack a sense of good health and wellbeing. It is impossible to separate mental health and physical health, and we now understand the relationship between poor mental health and poor physical health much better. The national mental health strategy has highlighted this - and adopted *"No health without mental health"* as its title.

One in four people will encounter mental health problems* at some stage of life. This rate is higher in cities – as is the case in Nottingham. Many mental health problems need to be managed by local health services such as GPs, counsellors, and mental health teams based in hospitals. However on a daily basis, our families, friends and communities all play a big part in keeping us healthy and providing the support to cope with events that can cause unhappiness and stress.

We need to identify better ways of promoting positive mental health amongst people in the community and improving our resilience to life's problems. We need to nurture the things that contribute to mental wellbeing. This includes promoting open attitudes to mental health and tackling stigma felt by people when they suffer from mental health problems. This is particularly important in times of economic downturn when stresses such as unemployment, money and housing worries increase and can cause mental health problems.

Wellness in Mind – Nottingham's adult strategy for mental health focuses on how we can address these issues, building on the national strategy. Many issues (such as parenting, education, employment, debt, homelessness, complex families, loneliness, domestic violence, alcohol and substance misuse) are linked with mental health and have a special focus in other strategies. This strategy just focuses on adult mental health, but it also links to other strategies for specific groups e.g. children & older people.

Mental health has been recognised as a key issue for the city. This strategy has been developed in partnership (see Appendix A) and is supports the delivery of priority four in Nottingham's Health and Well-being Strategy ([Nottingham City Joint Health and Wellbeing Strategy](#)).

*** Note on terms used in this strategy**

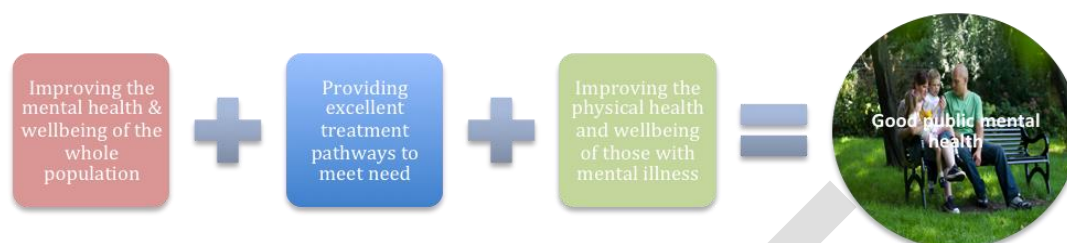
The phrase 'mental health problem' mirrors the terminology used in the National Strategy. Therefore it is also used in this strategy as an umbrella term to describe the full range of diagnosable mental illnesses and disorders, including personality disorder. 'No Health Without Mental Health' states that: "Mental health problems may be more or less common, may be acute or longer lasting and may vary in severity. They manifest themselves in different ways at different ages and may (for example in children and young people) present as behavioural problems. Some people object to the use of terms such as 'mental health problems' on the grounds that they medicalise ways of thinking and feeling and do not acknowledge the many factors that can prevent people from reaching their potential. We recognise these concerns and the stigma attached to mental ill health; however, there is no universally acceptable terminology that we can use as an alternative".

CONTENTS

Strategic Overview	4
What is mental health?.....	6
What are the challenges?	9
Mental Health and Wellbeing in Nottingham	11
Promoting mental health and well-being	13
Local concerns – where we are now	16
A need to broaden the public mental health approach	17
Changing attitudes to and stigma surrounding mental illness	18
Variability of access to psychological therapies.....	18
Improving care of people with serious mental health problems.....	18
Addressing gaps in service provision and ensuring those most in need can get the services they require.....	19
Improving physical health of those with mental health problems	19
Strategic priorities	20
Promoting mental resilience and preventing mental illness.....	20
Early detection and intervention	21
Improving outcomes through effective treatment and relapse prevention.....	22
Ensuring adequate treatment and support for the most vulnerable.....	23
Improving the wellbeing and physical health of those with mental health problems	24
Taking the strategy forwards	26
Leadership	26
Governance.....	26
Action Plans	26
Appendix A: Strategic Stakeholder Group	28
Appendix B: Links to other strategies.....	29
Appendix C: Diagram of the relationship of the Nottingham Adult Mental Health Strategy to the Nottingham Plan, Joint Health and Well Being Strategy, Clinical Commissioning Group Strategy and National Strategy.....	30
Appendix D: Equality Impact Assessment	
Appendix E: Outline Action Plans	

STRATEGIC OVERVIEW

The purpose of this strategy is to promote mental wellbeing and reduce the burden of mental health problems experienced by people in Nottingham. Three key elements to improving the population's mental health have been identified, as shown below:



This strategy encompasses all of these elements. The priorities outlined below are colour coded to reflect which priority addresses each element (see Appendix C also).

The priorities of the strategy are:

1. Promoting mental resilience and preventing mental illness

– by working with communities to promote the factors that contribute to mental wellbeing, aligning local services to include mental wellbeing at the centre of their aims, and supporting individuals to adopt healthy lifestyles.

2. Early detection and intervention

– by promoting awareness, reducing stigma, improving screening, suicide prevention, improving access to early management such as social and psychological interventions.

3. Improving outcomes through effective treatment and relapse prevention

– by clinicians, commissioners and providers working together to provide the *right care* and support in the *right place*, & improve understanding amongst patients and professionals of what is most effective to improve mental health outcomes.

4. Ensuring adequate treatment & support for all with mental health problems

- supporting recovery and rehabilitation by ensuring pathways are in place to provide appropriate care, housing, employment and a place in society.

5. Improving the wellbeing and physical health of those with mental health problems

– by ensuring good physical care for people with mental health problems. This includes physical health promotion and ill health prevention strategies, particularly in relation to heart disease and smoking.

These priorities address issues raised in the national strategy '*No health without mental health*' ([see Appendix C](#)). Some also have a new emphasis, building on the remit of local authorities for public mental health and role of Clinical Commissioning Groups in developing better care pathways through public and clinical engagement.

They also capture local concerns and link with other local strategies and plans such as:

- The [Nottingham Plan](#) which aims to reduce the proportion of people with poor mental health by 10% by 2020 (whilst maintaining Nottingham's overall position in relation to the England average)¹, and
- [Nottingham's Health and Well-being Strategy](#), which has identified mental health as an early intervention priority. This includes two areas of special focus: improving early years experiences to prevent mental health problems in adulthood, and enabling people to begin working or remain in work where previously their health (especially mental health problems) has been a barrier.

¹ Based on the Warwick and Edinburgh Mental Wellbeing Score measured in the annual Citizen Survey.

WHAT IS MENTAL HEALTH?

Mental health is easier to recognise than to define. Mental health problems (as defined on page 2) span a wide range of mental health conditions. Some are more severe than others. However, positive mental health is more than simply an absence of mental disturbance or illness.

WHAT IS MENTAL WELLBEING?

One way of describing positive mental health is 'mental wellbeing'. Many people who live with mental health problems can experience mental wellbeing. Mental wellbeing means that you can:

- Make the most of your potential
- Cope with life
- Play a full part in your family, workplace, and community, among friends.

Many different aspects of our lives contribute to our mental wellbeing as shown in Figure 1 below. Poor mental wellbeing does not necessarily lead to mental health problems, but when they are unbalanced our mental health is at risk.

Figure 1: The balance of mental wellbeing and mental health problems



WHAT IS PUBLIC MENTAL HEALTH?

Public mental health tries to improve mental wellbeing, and reduce the burden of mental health problems across the whole population. This can be achieved through:

- assessing the risk factors for mental health problems and the things that help to help us have good mental wellbeing.
- Understanding the levels of mental health problems and wellbeing in the local population,
- delivering appropriate, evidence based interventions to promote wellbeing, prevent mental health problems, and treat mental health problems early
- ensuring that people at 'higher risk' of mental health problems and poor wellbeing are prioritised for services in proportion to their needs.

DRAFT

WHAT ARE THE CHALLENGES?

Mental health problems are very common. Often they occur because of adverse events in our lives, and it may depend upon our circumstances as to how well we can cope with the challenges. In economically difficult times this is an increasing concern. For some, mental health problems can seriously affect ability to carry out our daily lives within our communities and society.

In England, mental health problems are the biggest single cause of disability (accounting for 26% of all years lived with a disability). Poor mental health is strongly linked with poor physical health (resulting on average in 20 years reduction in life expectancy).

Mental health problems are wide-ranging in nature, from low mood and stress related problems through to psychosis and serious mental illness. At any one time 1 in 6 people suffer from a common mental health problem like depression or anxiety. For serious mental illness like psychosis the figure is 1 in 200. People with serious mental health problems frequently have complex needs and require high levels of care involving community and hospital services, and social care.

There are close links between mental health problems and unemployment, debt, poor housing or housing problems, deprivation, domestic violence, marginalised groups within society, loneliness and isolation, and alcohol and drug misuse. About half of patients with mental health problems will have experienced mental ill-health before the age of 15 years and 75% before they are 24. Our childhood experiences and how well we are nurtured in early years has a big impact on our mental health throughout our lives, implying the need for prevention or early intervention.

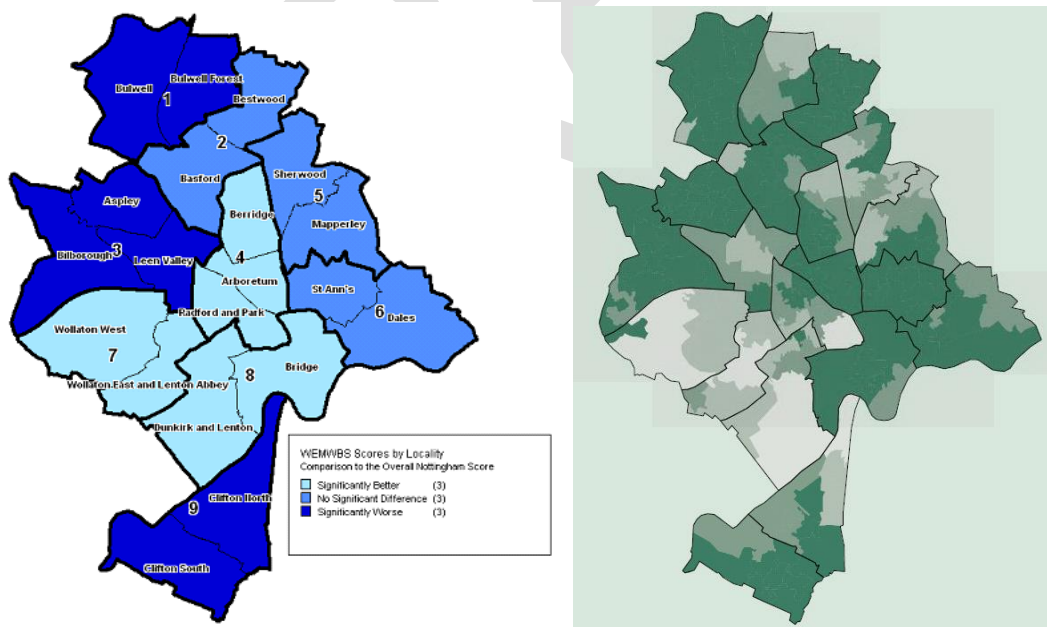
The problems described above are both a cause of, but are also affected by mental health problems. Therefore a wide variety of approaches are needed at the individual, family, community and societal level - to prevent illness, intervene early and meet the health and care needs of those most affected by mental problems.

Mental Health and Wellbeing in Nottingham²

Mental wellbeing is measured in Nottingham in the annual citizens' survey, using the Warwick Edinburgh Mental-Wellbeing Scale (WEMWBS)³. We do not know how well it reflects the mental wellbeing of citizens who do not take part in the survey, but the measure itself is a good indicator for those who do take part. Individual scores show a pattern similar to populations across England, with the majority of people scoring around the mean score (50.41). However, there are variations at an individual and local area level that suggest need to improve mental wellbeing.

The two maps in figure 4 below show how poorer mental wellbeing broadly matches the areas of Nottingham that are more deprived, although this can hide individual need. Many areas are below national average. At any one time Nottingham has around 44,000 people with depression or anxiety and around 3,000 with serious mental illness. Nottingham also has high rates of suicide compared to England - around 30 people per year. This mirrors risk factors for poor mental health, for which the city is significantly worse than average (Figure 5).

Figure 4: Patterns of mental wellbeing in Nottingham (darkest blue = lowest scores) – largely mirror patterns of deprivation (darkest green = most deprived 20% of the population)

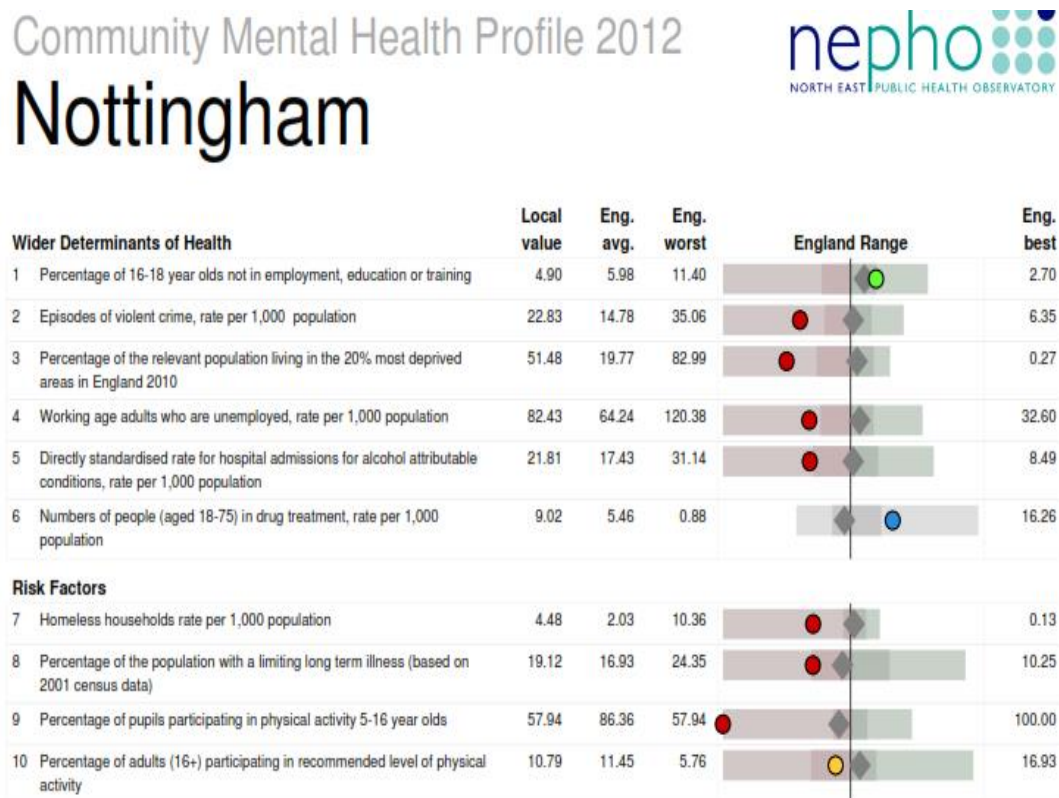


² For more detailed information see Nottingham's Joint Strategic Needs Assessment – chapter on Mental Health - <http://www.nottinghaminsight.org.uk/insight/jsna/adults/jsna-adult-mental-health.aspx>

³ Based on the Warwick and Edinburgh Mental Well-being Score measured in the annual Nottingham Citizen Survey. This is a measure used by the Health Survey for England and included in the Public Health Outcomes Framework.

Wider risk factors in Nottingham likely to affect mental health are shown in figure 6, most of these are worse compared to England averages (indicated by the red dots). These give a sense of high levels of need in Nottingham City.

Figure 5: Background factors affecting mental health in Nottingham – mostly significantly worse than the England average



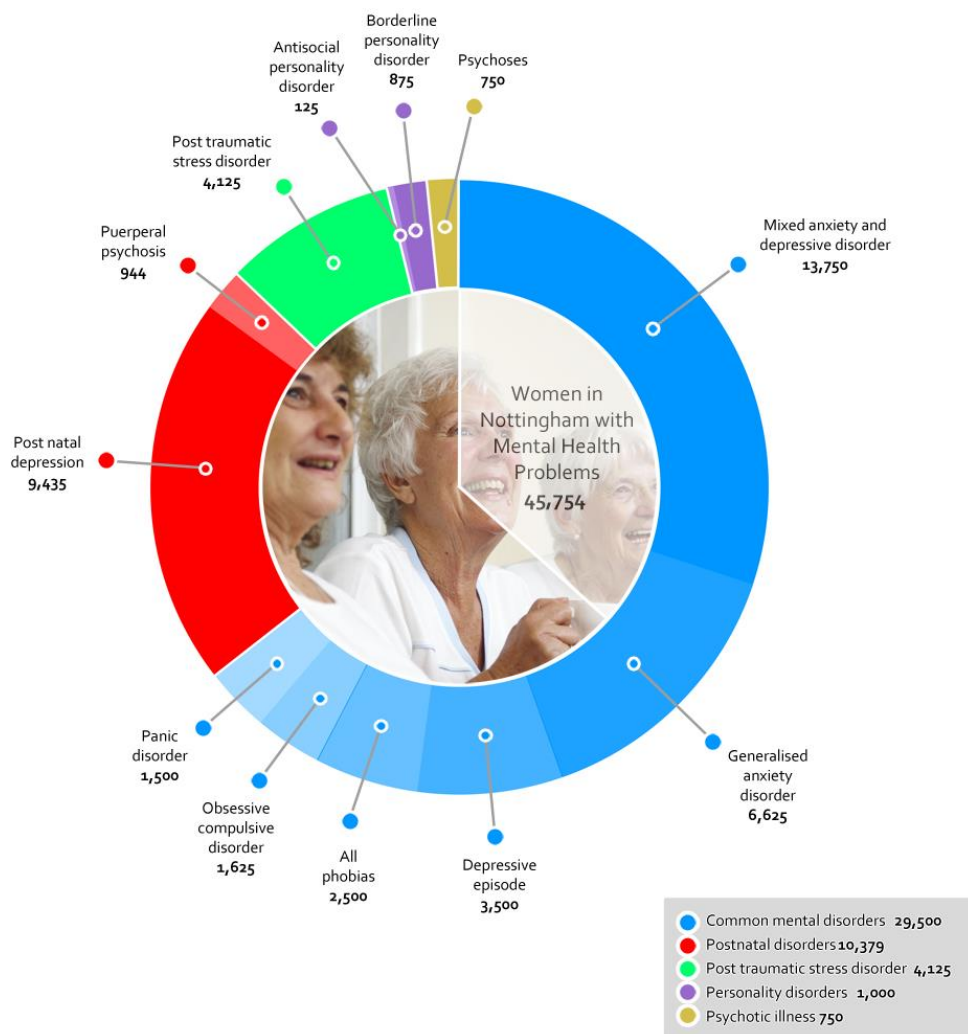
Nottingham has a young, geographically mobile and ethnically diverse population, as well as a high proportion of students, which explains much of the additional risk of mental health problems in the population. Differing risk factors for mental health problems can be identified for specific groups within the Nottingham population such as ethnic minority groups, students, older people, travellers, lesbian, gay, bisexual and transgender (LGBT) groups, and carers. For more detail see the Nottingham Joint Strategic Needs Assessment – chapters on Mental Health, Suicide, Carers, Students, Asylum seekers, Refugees and Migrant workers, and Long-term conditions of older people (link at the end of this section).

Nottingham has a relatively low rate of people under the care of secondary mental health care in settled accommodation when compared with the East Midlands, and a lower proportion in paid employment than England. This suggests a need to address social factors in promoting recovery to full health.

The largest group of people with mental health problems are people with common mental disorders such as anxiety and depression. Often these are under reported because people do not seek help, or due to the way the data are recorded. Care of these problems largely occurs in primary (community) care, and we know that the burden on GPs and other community services is substantial.

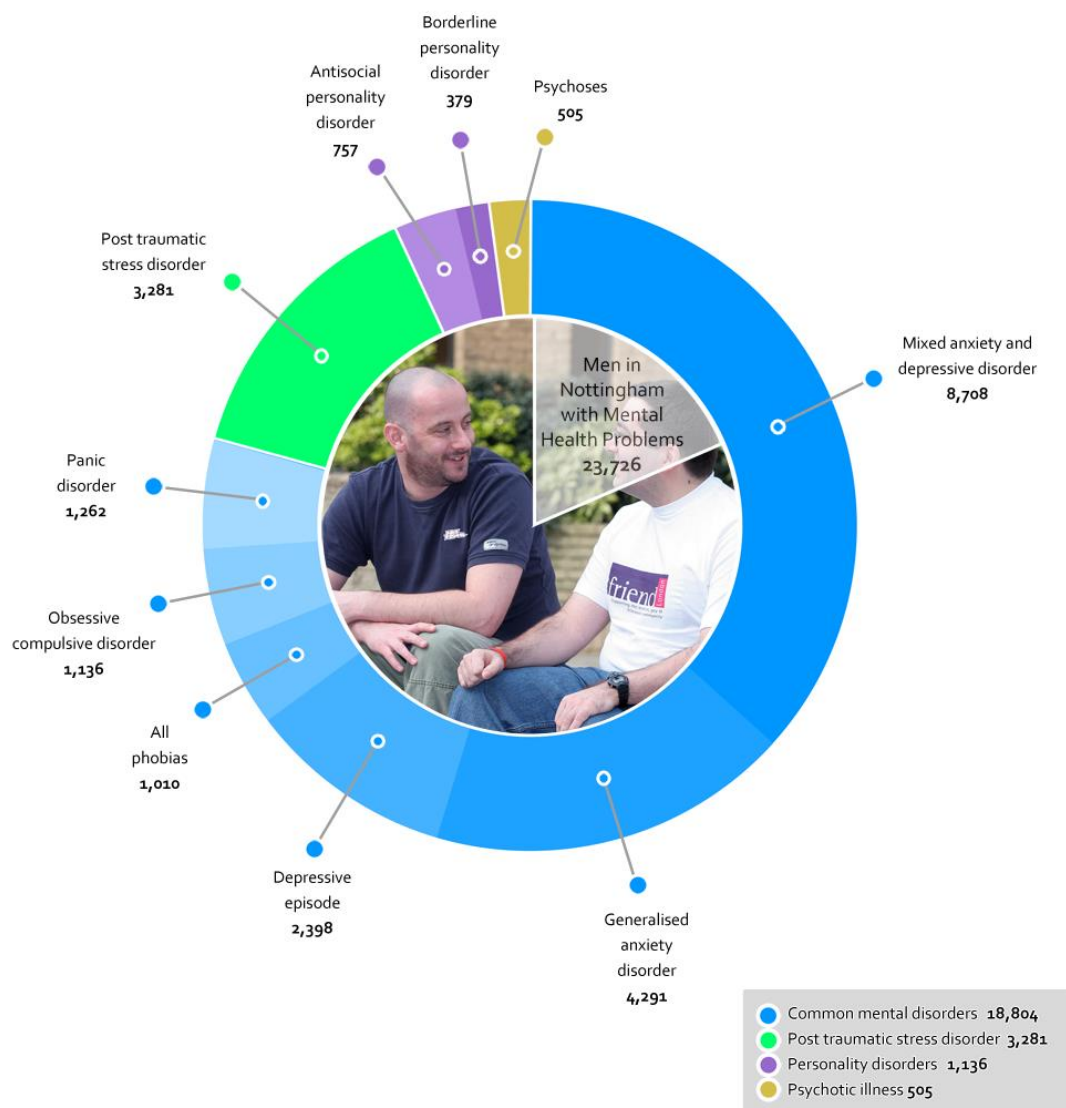
Figures 2 and 3 below show the type of mental health problems experienced by men and women in Nottingham. The burden of ill health represented here is likely to be underestimated (by approximately 30% for common mental health problems and up to 100% for psychosis) due to differences in the local Nottingham population compared to the national survey data they were drawn from⁴. The key thing to note is the common nature of common mental health problems amongst the population.

Figure 2: Mental health problems amongst women in Nottingham



⁴ Prevalence figures have been taken from the Psychiatric Morbidity Survey (2007), and applied to the Nottingham population. Whilst the survey is thought to be nationally representative, they are likely to underestimate the burden of mental ill health in Nottingham given its younger, more deprived and more ethnically diverse population.

Figure 3: Mental health problems amongst men in Nottingham



A full description of mental health and other related issues and needs identified within Nottingham city in the Joint Strategic Needs Assessment (JSNA) can be accessed at: [Joint Strategic Needs Assessment \(JSNA\) - Nottingham Insight](#)

PROMOTING MENTAL HEALTH AND WELL-BEING

The evidence

Evidence shows that a population-based approach has potential to improve mental health and wellbeing and reduce inequality⁵. However, focusing on groups with less material wealth misses an important part of the picture. Somewhat surprisingly, higher levels of material wealth have also been linked to poorer psychological effects⁶. More recent research has discovered that the damaging effects of inequalities within our society are partly due to social and psychological effects, rather than simply low income, poorer housing etc.^{7,8}. In essence, communities can have high levels of mental wellbeing even in extremely difficult circumstances. Therefore building strong, supportive communities will increase resilience.

The WHO⁹, suggests that good mental health is produced socially. Individuals and communities that are part of society are more resilient. However, economic downturn, impact of Welfare reform and other issues such as families living further apart, an ageing population, relationship breakdown, and materialistic culture threatens resilience. Being in work is an important part of improving and maintaining mental wellbeing and good mental health, as well as contributing to effective recovery¹⁰. Mental health and wellbeing needs to be considered not for individuals but in light of our living, working, and social lives.

Figure 8 Promoting mental wellbeing



⁵ Aked et al. 2010. The role of local government in promoting wellbeing. Local Government improvement and development (available at www.local.gov.uk).

⁶ Joseph Rowntree Foundation (2009) Contemporary social evils (UK: The Policy Press).

⁷ Danny Dorling. Various publications (see www.dannydorling.org).

⁸ Friedli L (2009) *Mental Health, Resilience and Inequalities* (Denmark: WHO).

⁹ Friedli L (2009) *Mental Health, Resilience and Inequalities* (Denmark: WHO).

¹⁰ Georgia Pomaki et al. 2010. Best Practices for Return-to-Work/ Stay-at-Work Interventions for Workers with Mental Health Conditions. Available at: http://www.ccohs.ca/products/webinars/best_practices_rtw.pdf

Figure 8 above shows areas that have been shown to promote mental wellbeing in groups or at a population level. It is helpful to note, many of these can be influenced by statutory services, and many can be tackled within communities themselves.

Numerous studies show strong links between serious mental illness and health outcomes. For people with schizophrenia and bipolar disorder, estimates of reduction in life expectancy are between 16 and 25 years. For people with depression there is a doubling of risk of early death from cardiovascular disease (CVD). CVD is the biggest cause of years of life lost for those with mental health problems, largely due to smoking. Health problems are, in part, linked to the side effects of long term medication, but lifestyle and poor access to healthcare play an important part.

In 2006 a formal investigation by the Disability Rights Commission, *Equal Treatment: Closing the Gap* identified obesity, high blood pressure, smoking, heart disease, respiratory disease, diabetes and stroke as being more prevalent in people with mental health problems and also identified higher rates of bowel cancer in people with schizophrenia. Standard treatments and screening were offered less to these groups. Physical health is therefore an important equalities issue that this strategy will address.

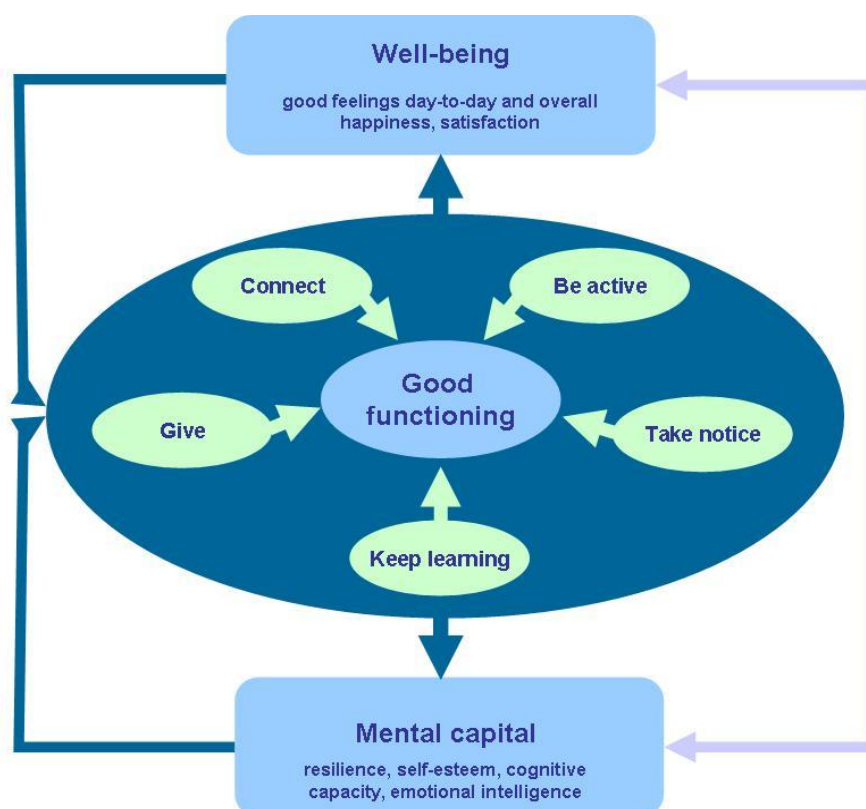
National policy

The Foresight report¹¹, published in 2008 spoke of the need for policy and strategy to nurture mental wellbeing in the wider population to enable individuals to function in families, communities and society. Improving mental wellbeing across the population by even a small amount would increase resilience, and decrease the percentage of those with mental health problems. This is particularly true for those with mild mental health problems who may not be receiving services or treatment.

The report highlighted the importance of the whole life course approach. It recognises the importance of good mental wellbeing in childhood and adolescence for positive mental wellbeing in adulthood and old age. The evidence-based *Five Ways to Wellbeing*¹² (suggestions for individual actions to improve our own wellbeing) came out of this report (Figure 8).

¹¹ *Mental Capital and Wellbeing* The Foresight Report: DH: London 2008

¹² The New Economics Foundation. 2008. Five Ways to Wellbeing. Available at: <http://www.neweconomics.org/projects/five-ways-well-being>

Figure 4: Five Ways to Well-being (from The Foresight Report 2008).

No Health Without Mental Health¹³: a cross-government strategy was also launched in February 2011 and builds on priorities previously identified in New Horizons -a shared vision for mental health, (February 2010). It highlights the equal importance of mental and physical health, the need to focus on prevention, intervene early and encourage partnership working to improve mental wellbeing across the population.

The term 'parity of esteem' was introduced in 'No Health Without Mental Health'. Parity of esteem ensures that all health and social care services view and treat mental and physical health problems equally. The Royal College of Psychiatrists recently produced a document¹⁴ outlining recommendations of ways to achieve this including leadership, policy change, preventing premature mortality, equal care of physical and mental health problems, ways to influence across the life course, funding and research. One of the priority areas identified was tackling stigma and discrimination. A key recommendation was to ensure that parity should be evident in public health, and that strategies should promote wellbeing as well as the health of the population. Services that address issues normally thought of as physical problems such as smoking, obesity, drugs and alcohol should also have mental health and wellbeing at the centre of their thinking.

¹³ HM Government. 2011. No health without mental health: a cross-government mental health outcomes strategy for people of all ages. Department of Health.

¹⁴ Whole person care: from rhetoric to reality, 2013 Royal College of Psychiatrists, London.

LOCAL CONCERNS – WHERE WE ARE NOW

Mental health has been a key partnership issue for Nottingham and improving mental wellbeing is an objective in the Nottingham Plan. This is now being taken forward through the Health & Wellbeing Strategy, which has two main areas of focus for mental health:

- To identify more children with behaviour problems earlier so that they can receive specific help.
- To support 1,100 people to remain in work or begin working, through removing health as a barrier to employment.

Much of the evidence surrounding mental health recognises the importance of nurturing good mental wellbeing in childhood and adolescence in order to produce good mental health outcomes in adulthood and older age. In adulthood, the recognition that being in work has a major impact on mental health and wellbeing has led to local partnership work focusing on the health benefits of employment, and health in the workplace. Actions to improve mental health outcomes in the population are proposed in more detail in the Nottingham Health and Wellbeing Strategy (link in appendix B). This commitment to early intervention is intended to produce a benefit across the whole population both in the short and longer term.

Under the terms of the Health and Social Care Act (2012) Local Authorities are now responsible for improving the health of their local population including mental health. Public health transferred fully into Nottingham City Council in April 2013, and this position to be able to influence positive mental health within the population through the wider social and environmental factors discussed in the introduction to this strategy is a welcome opportunity.

To establish our local concerns, the stakeholder group has drawn on information from a number of sources, principally:

- Nottingham's Joint Strategic Needs Assessment¹⁵
- Local voice¹⁶
- Local professional views¹⁷
- National reports and policy drivers¹⁸

¹⁵ Mental health chapter and other relevant chapters (Domestic Violence, Substance Misuse, Alcohol, Children's Mental Health, Dementia) – also includes specific needs assessment work and data from health equity audit reports.

¹⁶ Patient and carer surveys, service user feedback and engagement groups

¹⁷ Through joint commissioning meetings, mental health clinical meetings and a Mental Health Summit

The stakeholder group found that people in Nottingham generally have access to a good range of services with competent, highly trained specialist staff. However, there are some gaps. In particular, some patient groups find the existing services difficult to access, something that local commissioners and services are working hard to improve.

We know that Nottingham has higher than average levels of mental health problems in the population, and there appears to be room for more action to prevent mental illness and intervene early. Adult mental health problems often reach back into childhood, or adolescence and action is required at all stages of life to promote good mental health as we move through life. Interventions in childhood are covered in more detail in the Children and Adolescent Mental Health Services strategy. Future work should consider how strategies could be even better aligned across the life course to create a clear pathway from pre-conception in to older age.

There is also potential for more work through partners who are in a position to influence the lives of people with mental health problems when coming into contact with services such as housing, police, emergency services, neighbourhood services, drug and alcohol services, education etc.

This strategy aims to address the following concerns:

A need to broaden the public mental health approach

We want to have a positive effect on mental health and wellbeing across the whole population. Interventions that help to build good foundations for mental health in childhood are key, and are covered in the [Children and Young People's Plan](#). Interventions in adulthood need to include improvements in housing, environment, workplace mental health promotion, healthy ageing, and reducing social isolation. Mental health promotion activities where there is evidence of effectiveness include encouraging physical activity, involvement in arts, learning, volunteering and interventions such as mindfulness (listed on [page 15](#)). A community development approach is also part of the strategy; working with communities to build on their own assets¹⁹.

Suicide is a particular issue that needs to be addressed through communities as well as services. An updated joint strategy spanning Nottingham City and Nottinghamshire County is currently in development to address this.

¹⁸ e.g. *No Health Without Mental Health* – National strategy and implementation plans

¹⁹ An example could be use of green spaces for ecotherapy (improving mental health working in the outdoor environment)

Changing attitudes to and stigma surrounding mental illness

The Attitudes to Mental Illness report²⁰ showed the proportion of people who agree that mental illness is like any other increased to 77% in 2011. Although the proportion who remain uncomfortable talking to an employer about mental health problems has also reduced, it still stands at 43% (from 50% when measured the previous year). This suggests that whilst people understand mental health issues, there is still a fear of seeking help and support, which needs to change.

Variability of access to psychological therapies

Common mental health problems are the biggest contributor to mental ill health and can be addressed through talking therapies such as cognitive behavioural therapy. Access to psychological therapy services has been patchy and uptake has been variable, and work is on going to improve this. Particular groups affected are those with long-term physical illness frequently affected by poor mental health, older people, those who are lesbian, gay, bisexual or transgender (LGBT), and some black and minority ethnic groups that access the service less. There is a need to ensure appropriate access for all by ensuring adequate capacity and the right type of services are offered.

Improving care of people with mental health problems

Commissioners and providers of services need to listen carefully to those who use the services and act on what they tell them. There are very good systems in place with the main mental health care provider in Nottingham (Nottingham Healthcare Trust) to involve patients and carers in the way that care is delivered. Patient involvement systems in community based care are less focused on mental health, and we need to ensure that we actively seek views of those with mental health problems who often find it difficult to express their needs. New opportunities are available with Healthwatch²¹ to hear what users of mental health services locally have to say.

People with serious mental illness often have complex health and social care needs. Good social care is essential to enable people to live well with their condition, and promote wellbeing and recovery wherever possible. Where people have required hospital admission, social services are also needed to support recovery and re-establish a person in their role in their home, workplace and community.

Other support services such as social housing providers (Nottingham City Homes) are a good example of other partners to health care services who are very aware of their potential to influence mental health, and who play a very important role.

²⁰ Attitudes to Mental Illness, 2011, NHS Information Centre (available at: <http://www.ic.nhs.uk/pubs/attitudestomi11>).

²¹ Healthwatch England is the independent consumer champion for health and social care in England. For more information go to: <http://www.healthwatch.co.uk>

For those with serious mental illness in the community, medical care is often shared between primary and secondary care teams. There is a need to ensure that as new treatment and care options come along, these are implemented in a coordinated way to ensure safe and seamless care. This needs to be supported by excellent education and continuous professional development for all professionals who will be providing these services.

Addressing gaps in service provision and ensuring those in most need can get the services they require

The Joint Strategic Needs Assessment and other work identified some gaps in service provision (see mental health chapter – link in Appendix B). For some groups (such as ethnic minority groups) we know that they do not use the services to the same extent as others, but still do not always fully understand the reasons why. Continuous review by commissioners in partnership with expert clinical groups, public health and providers will identify opportunities for more appropriate and efficient care as the new structure of health and social care services settles in (following the Health and Social Care Act, 2012).

The strategy aims to bring together non clinical services such as housing, police, faith groups, education, drug and alcohol services and the business sector to address the need for co-ordinated provision through the development of the Action Plan.

Improving physical health in people with poor mental health

There are a variety of factors underlying this issue: side effects of long-term use of medication, challenges in managing physical problems in patients who often have difficulty caring for themselves, tackling lifestyle issues (such as smoking, drinking, or poor diet) which have in the past been perceived as less important for those with severe mental health problems by both patients and clinicians, and difficulty in accessing general services for people with mental health problems and who may be deterred by issues such as stigma. At times, a lack of awareness and understanding amongst professionals can lead to less health promotion active and sometimes, poorer care for those with mental health problems, adding to these challenges.

STRATEGIC PRIORITIES

1. Promoting mental resilience and preventing mental illness

- by working with communities to promote the factors that contribute to mental wellbeing, aligning local services to include mental wellbeing at the centre of their aims, and supporting individuals to adopt healthy lifestyles.

We have described the ways that wider environmental and social factors, such as employment education and housing are strongly linked to mental health and how some communities are more resilient than others. We know that common mental health problems can be helped at an early stage with support from families, friends and community, which can also facilitate access to professional help. People who have had mental health problems also have an increasingly recognised role in supporting others as a part of their own recovery. However, we need to get better at providing services in a way that makes the best use of these assets. Keeping well also entails activities that promote mental health. Mental health promotion is therefore essential to encourage individuals to adopt healthy lifestyles. Part of the strategy is therefore aimed at discovering how we can align local strategic plans and mobilise our communities' own assets.

Key work areas include:

- Review of effective interventions for promotion of mental health and mental wellbeing to inform commissioning
- Review evidence for effective approaches to engage communities in promoting resilience, and supporting people at risk of mental health problems, particularly in areas of high need
- Assessing and aligning a wide range of policies and strategies to improve impact on mental health and well-being and where possible minimise any adverse effects
- Commissioning effective mental health promotion interventions in various settings and groups (e.g. educational establishments, those aimed at older people, the workplace, and interventions that help people into work) to support individuals to achieve healthy lifestyles.
- Supporting people whose health is a barrier to working, to remain in work or begin working.

2. Early detection and intervention

– by promoting awareness, reducing stigma, improving screening, suicide prevention, improving access to early management such as social and psychological interventions.

Early intervention can reduce how long people suffer with some mental health problems and improve outcomes. However, there are significant barriers – the onset of mental health problems may go unrecognised or get explained in different ways both by individuals themselves and professionals. Stigma may also deter people from seeking help early. There is therefore a need to raise awareness of mental health issues, to dispel the myths, and to support a wide range of professional groups to spot problems early and feel confident in referring on or signposting to other services.

Key work areas include:

- Continuing to commission interventions and support campaigns that promote awareness of mental health issues and reduce stigma
- Supporting training and continuing development of professionals and front-line staff to increase awareness of mental health problems, improve their ability to spot mental health problems, and understand pathways for securing appropriate treatment and also reduce stigma associated with mental illness
- Support initiatives that raise awareness and support a wide range of services such as housing providers, police, educational establishments, emergency services to better understand the needs of those with mental health problems
- Improving pathways for individuals with poor mental well-being and common mental disorders to get appropriate access to services for assessment, advice, and support
- Ensuring early access to treatment by commissioning improved access to psychological therapies for a broader range of mental health problems and for the groups who are identified as most in need
- Improving uptake of use of mental health screening questions in any contact with health services in primary or secondary care
- Improving opportunistic screening for individuals to reduce suicide risk
- Providing early assessment and referral to appropriate care for those with mental health problems who come into contact with hospital services
- Linking adult and childhood mental health work. Future mental health work should consider how strategies could be even better aligned across the life course to create a clear pathway from pre-conception in to older age.

3. Improving outcomes through effective treatment and relapse prevention

– by clinicians, commissioners and providers working together to provide the *right care* and support in the *right place*, & improve understanding amongst patients and professionals of what is most effective to improve mental health outcomes.

As clinical practice advances and the needs of the population changes, commissioners and service providers need to continually review treatments and pathways of care with those who use the services. Delivery of care needs to be reviewed through the commissioning process to ensure that quality is maintained, and the best outcomes are achieved for all patients, whilst ensuring that individuals are placed at the centre of their own care. Holistic support for people living with mental health problems needs to address issues such as loneliness, isolation and reduction of stigma associated with their condition. Increased choice of social support tailored to the needs of those with mental health problems is needed to enable people to live their lives in a way that they feel is meaningful and connected to the rest of society.

Key areas of work include:

- Continuing to support joint work through the Clinical Mental Health Group (a local group of clinicians with expertise in mental health care) to implement changes in practice according to best guidance and evidence
- Developing and putting in place shared care arrangements, including professional development to support new care pathways
- Ensuring an emphasis on how mental health providers address physical healthcare needs by working with commissioners and the full range of providers
- Continually reviewing outcome measures and quality incentive schemes for hospital care as a way of focusing on recovery and improving patient outcomes
- Reviewing referrals to secondary care services to make sure that care is as far as possible given at the right place and time
- Working with providers to fully understand service user experiences of care

4. Ensuring adequate treatment & support for all with mental health problems

- supporting recovery and rehabilitation by ensuring pathways are in place to provide appropriate care, housing, employment and a place in society.

Serious mental health problems frequently prevent people from being able to care effectively for themselves. This means that people with serious mental illness have complex needs and are frequently vulnerable. For some there is a continuing need for care but all will need a plan and support toward their recovery. This needs to include pathways into appropriate care, housing, employment and help them to find a place in society. It also often includes need for support for those in the immediate circle of carers.

Key work areas of work include:

- Commissioning appropriate support to empower individuals and their families to cope with the hurdles on the path to recovery
- Working with providers of services such as police, housing, employment support, education and training to help them better understand and meet the needs of those with on-going mental health problems
- Continue to monitor progress towards greater flexibility and choice over accommodation and social support for citizens with on-going needs
- Ensure that services are provided in a way that enhances choice and control of the user, but that also meet the needs of the local population
- Continuing to review placement of patients in residential mental health care settings to ensure that their needs are met in the best way possible whilst maximising best use of NHS rehabilitation services

5. Improving the wellbeing and physical health of those with mental health problems

– by ensuring good physical care for people with mental health problems. This includes physical health promotion and ill health prevention strategies, particularly in relation to heart disease and smoking.

Social issues such as homelessness, seeking asylum, unemployment, life changes such as retirement, disability, family difficulties and domestic violence also cause people to be vulnerable to mental health problems. Often, these are associated with lifestyle behaviours that are also detrimental to mental health such as alcohol and substance misuse and criminal behaviour. Tackling the wider factors as outlined in the 'Local concerns' section above is the first step to reducing the impact on mental health. However, for those already affected, specific measures need to be put in place. These are taken forward in more specific work outlined elsewhere (see Appendix B: Links to other strategies).

People with mental health problems can experience good mental wellbeing. For example, a person living with a serious long-term mental health problem can feel socially connected and live a fulfilled life. In order to do this, people may need additional assistance to access opportunities and services, such as appropriate housing, employment, and leisure facilities.

Key areas of work are:

- Keeping the parity of esteem approach central to all services. Both commissioners and providers need to ensure that it is considered in existing and new services
- Promoting awareness of the link between mental health and physical health outcomes (and parity of esteem) through training, and as a part of the initiatives outlined above
- Supporting organisations and groups to deliver support services to people with mental health problems in a way that will enable them to access services they need more easily
- Better identification and assessment of aspects of physical health and lifestyle in primary and secondary care, and development of care pathways for intervention
- Development of tools and incentives to providers to support assessment, recording and communication between professionals across sectors

- Shared-care protocols to improve clinical management, to clarify roles and responsibilities and empower service users to be able to manage their own condition better and get access to the services and support they need.
- Ensuring that new initiatives to address physical needs in mental health services and vice versa are focused on patient and population outcomes
- Once robust data are available, monitoring progress on outcomes through the public health outcome framework indicator: *reducing premature mortality in people with serious mental illness*.

DRAFT

TAKING THE STRATEGY FORWARDS

Leadership

Improving mental health is everyone's business. To improve mental health and wellbeing there is a need for leadership and strong champions at all levels. The work outlined in this strategy begins to move Nottingham towards a coordinated approach with actions being taken forwards by leads across the public, private and voluntary sectors. Processes, structures and accountabilities for individual areas of work will be appropriate to the required actions and responsible organisations. Dedicated teams commission health and social care within the Clinical Commissioning Group and the Local Authority. These are brought together under the Commissioning Executive Group of the Health and Well-being Board ([Appendix A: Strategic Stakeholders](#)).

Strategic work includes:

- Annual updating of the Joint Strategic Needs Assessment for mental health.
- Further work to understand the mental health needs of minority ethnic groups and other potentially disadvantaged groups within a diverse population
- Assessment of the impact of commissioned services on improving outcomes in mental health
- Identification of indicators and suitable targets for assessing progress
- Alignment of various strategic approaches and actions impacting on mental health, and supporting the work of the Nottingham partnerships.
- Ensuring that mental health strategy and actions are aligned across Nottingham City and Nottinghamshire County wherever possible, and working towards a single strategic approach for both areas in the longer term.

Governance

Overall implementation of this strategy will be monitored by the Nottingham City Health & Well-being Board Commissioning Executive Group. Regular quarterly progress reporting will be received by this group. Specific actions that sit within the Action plan will continue to be owned by the lead organisations responsible for their implementation, and will be operationalised by the relevant strategies and plans that they link to.

Action Plans

A detailed action plan to take forward this strategy is included in the appendices (Appendix E: Outline Action Plans). Key areas of work outlined in the strategy have identified leads and stakeholders who will coordinate progress reporting to the Commissioning Executive subgroup of Nottingham's Health and Wellbeing Board.

Appendix A: Strategic Stakeholders

List of participants and roles of strategic stakeholders

Appendix B: Links to other strategies

Brief description and link to other strategies such as the Children and Young People's Plan, Vulnerable Adults Plan, Complex Families, Alcohol Strategy, Substance Misuse Strategy, Housing Strategy, Social Inclusion Strategy, CAMHS Strategy

Appendix C: Diagram of Nottingham Mental Health Strategy relationship to Nottingham Plan, Joint Health and Well Being, Clinical Commissioning Group and National Strategy

Diagram showing alignment of key elements of each and demonstrating how they are achieved within local work.

Appendix D: Equality Impact Assessment

Brief description and link to EIA of the strategy.

Appendix E: Outline Action Plans

Table of key areas outlined in the strategy named lead and stakeholders and timeframe for delivery

Appendix A: Strategic Stakeholders & contributors

The original stakeholder group was represented by:

- Nottingham City Council - Strategic housing, adult and children's health/social care commissioning, employment
- NHS Nottingham City - Public Health, adult and children's mental health commissioning
- Nottingham Clinical Commissioning Group - GP lead for mental health
- Nottinghamshire Healthcare NHS Trust
- Service users
- Nottinghamshire Police
- Crime and Drugs Partnership
- Nottingham Self-help
- University sector
- Academic expertise - Institute of Mental Health

The table below is a lists the major contributors to the strategy to date, and their role:

Individual contributor	Organisation represented	Role(s)
Dr Jo Copping	Nottingham City Council	Consultant in Public Health Medicine
Dr Caroline Hird	Nottingham City Council	Consultant in Public Health Medicine
Dr Michele Hampson	Nottingham Partnership Trust	Honorary Consultant and Health and Wellbeing Board representative
Charlotte Reading	Nottingham Clinical Commissioning Group	Head of Commissioning -Mental Health and Learning Disabilities
Liz Pierce	Public Health Nottingham City	Public Health Manager for Vulnerable adults
Alex Castle-Clarke		
Sue Taylor	GP with special interest	
Marcus Bicknell	Nottingham City Clinical Commissioning Group	GP, Beechdale Surgery and Executive Lead
Chris Grocock/Jill Smith	Nottingham City Council	Partnership Development Officer
Ciara Scarff	Nottingham Clinical Commissioning Group	Scarff Ciara - Head of Contracts - Mental Health/Learning Disabilities and Community
Claire Thompson	University of Nottingham	
Steven Cooper	Nottingham City Homes	Project manager
David Manley	Nottingham Health Care Trust	Substance misuse lead
David Potter	Self Help Nottingham	
Lucy Davidson	Nottingham Clinical Commissioning Group	Assistant Director of Commissioning – Mental Health
Heather Flambert	Nottingham Health Care Trust	
Deborah Hooton	Nottingham City Council	Head of Joint Commissioning for Children and Families
Jill Smith	Nottingham City Council	Employment and Skills Officer
Julie Hall	Nottingham City Council	
Justine Schneider	Institute of Mental Health	
Lorna Beedham	Nottingham City Council	Advisor for the achievement of vulnerable groups
Mat Rawsthorne	Self Help Nottingham	
Simon Nickless	Chief Superintendent	Nottingham Police
Chris Packham	Nottingham Health Care Trust	Associate Medical Director
Bert Park	Nottingham Health Care Trust	
Ian Trimble	Nottingham City Clinical Commissioning Group	GP, Sherwood Health Centre and Executive Lead
David Edgley		Equality and Diversity Champion
Sarah Andrews	Nottingham City Council	Specialist Housing Development Officer
Karen Archer	Health Watch Nottingham	Director of local Health Watch
Catherine Cook and Rachel Shippam	HWB3	

Thanks also go to the following people who were very instrumental in developing the Strategy in its early stages, but have moved on in their role:

Dr Jane Bethea - Specialty Registrar in Public Health, NHS Nottingham City; Dr Peter Cansfield - Consultant in Public Health Medicine, Nottingham Primary Care Trust and Nottingham City Council; Kiran Loi - Specialty Registrar in Public Health, Nottingham City Council; Onyi Duru - Foundation Doctor, NHS Nottingham City

Appendix B: Links to other strategies and resources

If viewing this document electronically, these links should take you to the relevant pages on the internet.

No Health Without Mental Health:

A cross-government mental health outcomes strategy for people of all ages

Nottingham Plan

Nottingham City Joint Health and Wellbeing Strategy

**Working together for a healthier Nottingham,
Nottingham City Clinical Commissioning Group
Strategy 2013-2016**

The Nottingham City Joint Carers Strategy 2012 to 2017

**A Strategy for the Reduction and Prevention of Suicide
in Nottinghamshire and Nottingham City 2009-2012 (to
be updated in 2013)**

**Joint Strategic Needs Assessment (JSNA) - Nottingham
Insight**

Appendix C: Diagram of the relationship of the Nottingham Adult Mental Health Strategy to the Nottingham Plan, Joint Health and Well Being Strategy, Clinical Commissioning Group Strategy and National Strategy.

The picture below shows how the colour coded key elements of achieving good public mental health are aligned between the National strategy and Nottingham strategies. The Action Plan in Appendix E demonstrates how these will be achieved locally.

