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 health and wellbeing. It is impossible to separate mental health and physical health, and recently the serious effect of mental-ill health on physical health has become better recognised. 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 of the mental health problems in our population need to be managed by our local services – 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 life events that can cause unhappiness and stress.

There is a need to identify better ways of promoting positive mental health amongst the community and building resilience to life's problems. We need to try and nurture the more favourable factors that contribute to mental wellbeing. This includes promoting open attitudes and tackling stigma felt by people when they suffer from mental health problems. This is particularly important in times of recession 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. Whilst the strategy focuses on adult mental health, it also links to other strategies for specific groups e.g. children & older people.

In recognition of mental health as a key issue for the city, the strategy has been developed in partnership (see Appendix A) and is supports the delivery of the mental health strand of 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? 8

Mental Health and Wellbeing in Nottingham 11

Promoting mental health and well-being 14

Local concerns – where we are now 17
A need to broaden the public mental health approach 18
Variability of access to psychological therapies 19
Changing attitudes to and stigma surrounding mental illness 19
Improving care of people with serious mental illness 19
Addressing gaps in service provision for some groups 20
Improving physical health of those with mental health problems 20

Strategic priorities 21
Promoting mental resilience and preventing mental illness 21
Early detection and intervention 21
Improving outcomes through effective treatment and relapse prevention 23
Ensuring adequate treatment and support for the most vulnerable 24
Improving the wellbeing and physical health of those with mental health problems 25

Taking the strategy forwards 27
Leadership 27
Governance 27
Action Plans 27

Appendix A: Strategic Stakeholder Group 29

Appendix B: Links to other strategies 30

Appendix C: Map of Nottingham Mental Health Strategy to Nottingham Plan, Joint Health and Well Being Strategy, Clinical Commissioning Group Strategy and National Strategy 31

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 in the diagram 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*, & promote patient and professional education.

4. ***Ensuring adequate treatment & support for all with mental health problems***
   - supporting recovery and rehabilitation by ensuring pathways back into 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 and severity of diagnosable mental health conditions. 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 is a whole population approach to improving mental wellbeing, and reducing the burden of mental health problems achieved through:

- assessment of the risk factors for mental health problems, protective factors for wellbeing, and the levels of mental health problems and wellbeing in the local population,
- delivery of appropriate, evidence based interventions to promote wellbeing, prevent mental disorder, and treat mental disorder early
- ensuring that people at 'higher risk' of mental health problems and poor wellbeing are proportionately prioritised.

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 issue that causes 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.

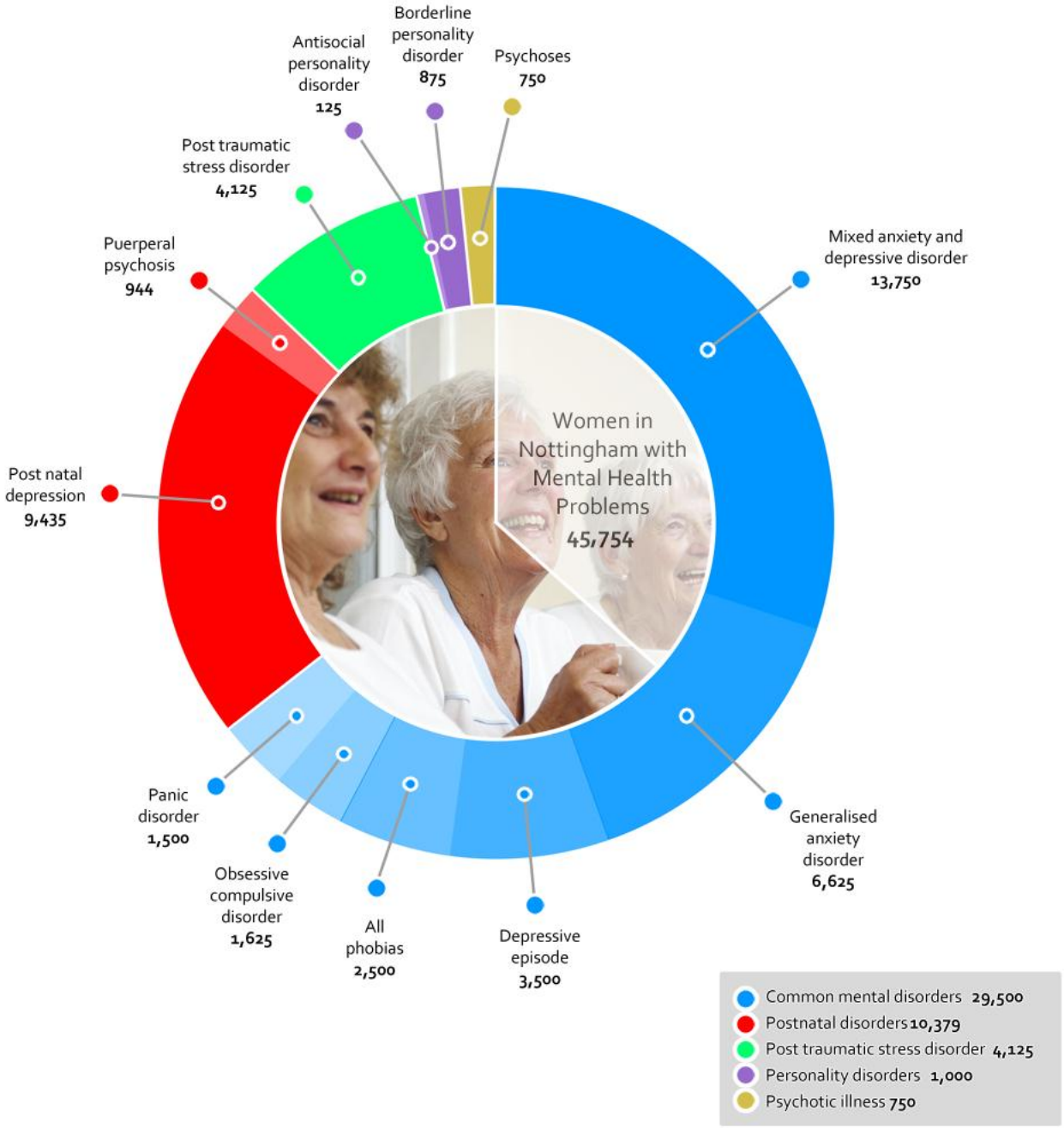
There are close links between mental health problems and unemployment, debt, housing problems, deprivation, domestic violence, marginalised groups within society, loneliness and isolation, and alcohol and drug misuse. About half of patients with mental health problems will have experienced mental ill-health before the age of 15 years and 75% before they are 24. Public health outcomes such as teenage pregnancies and children in poverty are worse in Nottingham compared to England[2]. 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.

These broad areas cover both cause and effect. 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.

[2] Public Health Outcomes Framework Data Tool available at: http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000041/par/E12000004/ati/102/page/0

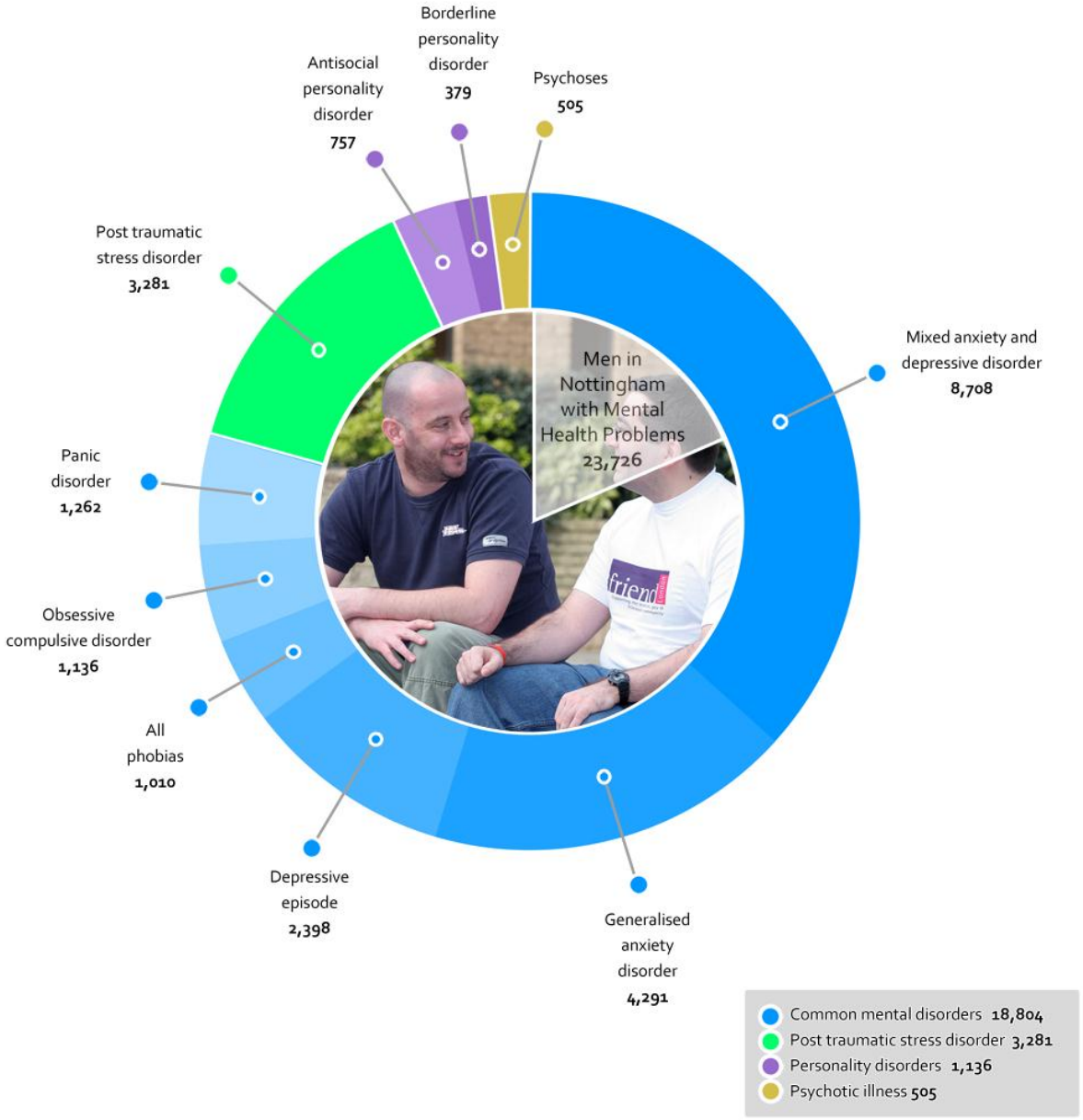
Figures 2 and 3 below show the type of mental health problems experienced by men and women in Nottingham. The burden of ill health represented here is likely to be underestimated (by approximately 30% for common mental health problems and up to 100% for psychosis) due to differences in the local Nottingham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



[3] 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

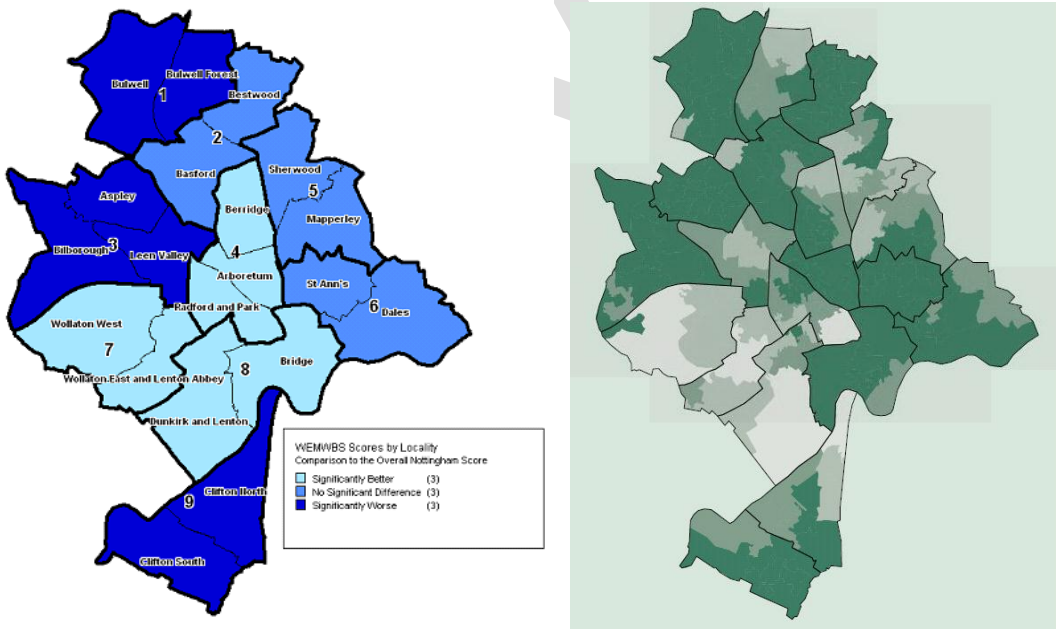


Mental Health and Wellbeing in Nottingham[4]

Mental wellbeing is measured in Nottingham in the annual citizens' survey, using the Warwick Edinburgh Mental-Wellbeing Scale (WEMWBS)[5]. 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)



[4] 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

[5] 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.

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. There is still wide variation in recording across the city (Depression 0.7% to 21.5% Serious Mental Illness 0.12% to 4.3%[6]) making assessment of care needs difficult. Management of these problems largely occurs in primary (community) care, and we know that the burden on GPs and other primary care services is substantial.

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

Community Mental Health Profile 2012

Nottingham

nepho NORTH EAST PUBLIC HEALTH OBSERVATORY

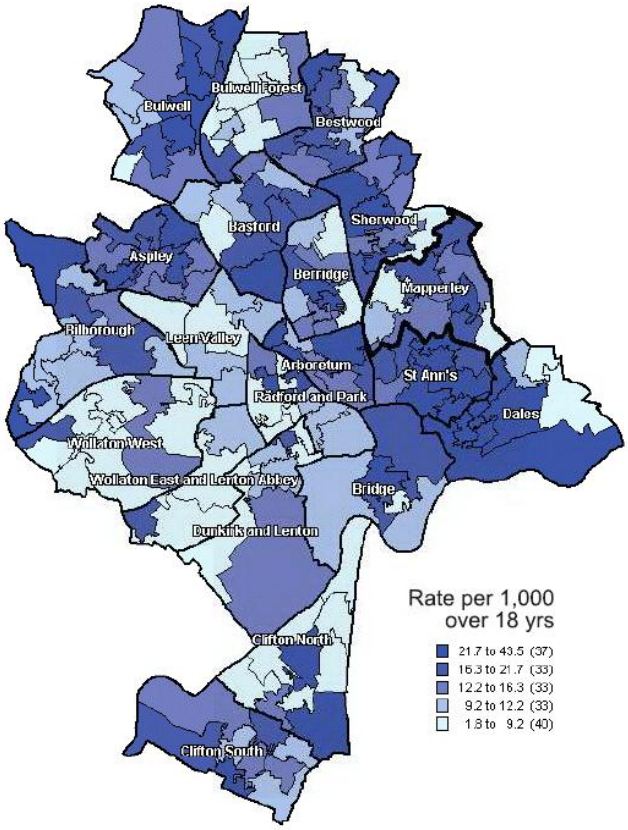
	Wider Determinants of Health	Local value	Eng. avg.	Eng. worst	England Range	Eng. best
1	Percentage of 16-18 year olds not in employment, education or training	4.90	5.98	11.40		2.70
2	Episodes of violent crime, rate per 1,000 population	22.83	14.78	35.06		6.35
3	Percentage of the relevant population living in the 20% most deprived areas in England 2010	51.48	19.77	82.99		0.27
4	Working age adults who are unemployed, rate per 1,000 population	82.43	64.24	120.38		32.60
5	Directly standardised rate for hospital admissions for alcohol attributable conditions, rate per 1,000 population	21.81	17.43	31.14		8.49
6	Numbers of people (aged 18-75) in drug treatment, rate per 1,000 population	9.02	5.46	0.88		16.26
	Risk Factors					
7	Homeless households rate per 1,000 population	4.48	2.03	10.36		0.13
8	Percentage of the population with a limiting long term illness (based on 2001 census data)	19.12	16.93	24.35		10.25
9	Percentage of pupils participating in physical activity 5-16 year olds	57.94	86.36	57.94		100.00
10	Percentage of adults (16+) participating in recommended level of physical activity	10.79	11.45	5.76		16.93

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).

[6] JSNA, available at: http://www.nottinghaminsight.org.uk/insight/jsna/adults/jsna-adult-mental-health.aspx

Referrals to secondary care (hospital or specialist) services give a picture of mental health need at the more serious end of the spectrum (Fig 6). Again patterns reflect deprivation, perhaps more closely than for mental wellbeing (Fig 4) with a concentration in the St. Anns area.

Figure 6: Rate of referrals to adult mental health services 2009/10 (darkest blue = highest rate)



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.

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 suggests that a population-based approach has clear potential to improve mental health and wellbeing and reduce inequality[7]. However, focusing on material deprivation within sectors of the population misses an important part of the picture. Higher material wealth has also been linked to poorer psychological and social effects[8]. More recent research has discovered that damaging effects of inequalities within our society are partly due to social and psychological effects, rather than simply low income, poorer housing etc.[9,10]. In essence, many communities have high levels of mental wellbeing even in extremely difficult circumstances. Therefore, there is evidence that building strong, supportive communities will increase resilience.

The WHO report 'Mental health, resilience and inequalities'[11], states that mental health itself is produced socially. Individuals and communities that are part of wider society are more resilient. However, economic downturn and other changes in society such as families living further apart, issues for our ageing population, relationship breakdowns, and materialistic culture threatens this resilience. Mental health and wellbeing needs to be considered not for individuals but in light of our living, working, and social lives.

Figure 8 below 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.

Figure 8 Promoting mental wellbeing

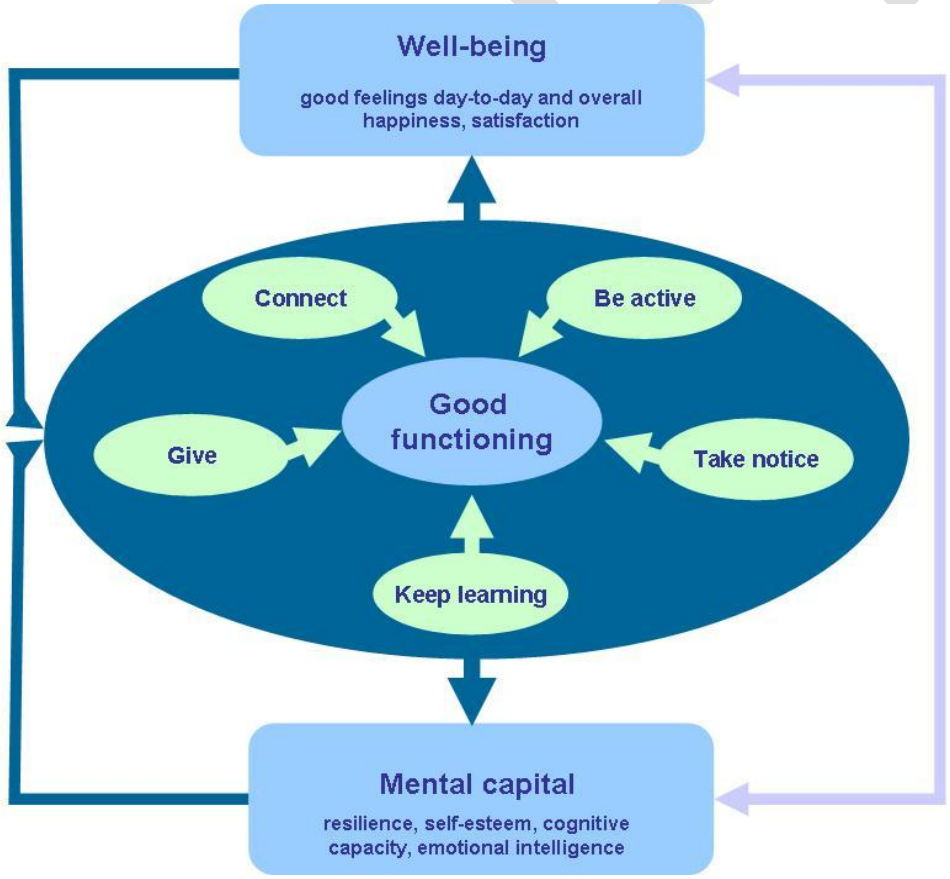
[7] Aked et al. 2010. The role of local government in promoting wellbeing. Local Government improvement and development (available at www.local.gov.uk).
[8] Joseph Rowntree Foundation (2009) Contemporary social evils (UK: The Policy Press).
[9] Danny Dorling. Various publications (see www.dannydorling.org).
[10] Friedli L (2009) *Mental Health, Resilience and Inequalities* (Denmark: WHO).

National policy

The Foresight report[11], 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 produce a decrease in the percentage of those with mental health problems. This is particularly true for those with undiagnosed mental health problems whose needs are frequently unmet.

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).

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



[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

No Health Without Mental Health[13]: a cross-government mental health outcomes strategy for people of all ages was also launched in February 2011 and builds on the priorities previously identified in New Horizons-a shared vision for mental health, (launched in February 2010). It highlights the equal importance of mental and physical health, the need to focus on prevention and early intervention and to adopt partnership and collaborative action as critical elements of an effective approach to improving population mental wellbeing.

The term 'parity of esteem' was introduced in the national mental health strategy '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 document[14] outlining recommendations to achieve this including leadership, policy change, preventing premature mortality, parity of care and integrated care, ways to influence across the life course, funding and research. One of the priority areas identified was tackling stigma and discrimination. Another 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 to address issues normally thought of as physical concerns such as smoking, obesity, drugs and alcohol should also have 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. This commitment to early intervention is intended to produce a benefit across the whole population both in the short and longer term. Local partnership work has also been undertaken, focusing on the health benefits of employment, and health in the workplace.

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 Assessment[15]
- Local voice[16]
- Local professional views[17]
- National reports and policy drivers[18]

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

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

are some gaps. In particular, some patient groups find the existing services difficult to access, something that local commissioners and services are working hare to improve. Services to support recovery and maintain physical health are not always ideal for all patients and there appears to be room for more action to prevent mental illness and intervene early. There is also potential for more work through partners who are in a position to influence the social and environmental factors and/or the improve the experience for people with mental health problems in accessing services such as housing providers, police, emergency services, neighbourhood services, education providers etc.

This strategy aims to address the following concerns:

A need to broaden the public mental health approach

In order to have a positive effect on mental health and wellbeing across the whole population, we need to implement interventions that we know to be most effective. 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 (link to The Children and Young People's Plan). Interventions in adulthood need to include priorities such as improving housing, environment, workplace mental health promotion, promoting healthy ageing, and reducing social isolation. Mental health promotion activities where there is evidence of effectiveness such as encouraging physical activity, involvement in arts, learning, volunteering and interventions such as mindfulness (as listed on page 15) should also be considered. A community development approach should also be part of the strategy; working with communities to build on their own assets[19].

A method for considering the effects of services or projects on mental health is Mental Wellbeing Impact Assessment (MWIA)[20]. This is done by a small stakeholder group, using an evidence based tool and can inform how well a project or service is contributing to positive mental health outcomes.

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.

[19] An example could be use of green spaces for ecotherapy (improving mental health working in the outdoor environment)
[20] Published by the National MWIA Collaborative (England). Available at: www.apho.org.uk/resource/view.aspx?RID=70494

Changing attitudes to and stigma surrounding mental illness

The Attitudes to Mental Illness report [21] 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 frequently 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 identify need early and ensure appropriate access for all by continuing to work to ensure adequate capacity and clear commissioned pathways for these services.

Improving care of people with serious mental illness

People with serious mental illness frequently have complex health and social care needs. Good social care is essential to underpin good medical care, and enable people to function well with their condition, promote wellbeing and recovery wherever possible. Some may require hospital admission to provide continuous support and treatment. This is frequently disruptive to the normal pattern of life and services to support recovery need to re-establish a person in their role in their home, workplace and community. Coordination is paramount to good care. Locally, a need to improve the rehabilitation pathway to ensure that individuals' care needs are matched more appropriately to support, and clear care pathways support reintegration in the community has been identified and work is on going to continually improve this.

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 management options come along that 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 practitioners who will be providing these services in new ways.

[21] Attitudes to Mental Illness, 2011, NHS Information Centre (available at: http://www.ic.nhs.uk/pubs/attitudestomi11).

Addressing gaps in service provision for some groups

The Joint Strategic Needs Assessment and other work has identified some gaps in care pathways. The majority of care needs are met within the system but continuous review of the system 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). Bringing treatment closer to home may require development of additional capacity in the community setting and better links across services. Developing tools for real time examination of routine data will enable action to ensure the delivery of the right care in the right place. Work to improve data (including the development of the payment by results system) will support better commissioning. Specific work on review services with commissioners and providers will tackle identified needs. With regard to social care, personalised budgets have made care more responsive and tailored to the individual but the range of provision sometimes limits how well a person's needs can be met. Specific issues include:

- Building capacity in primary care to improve referrals
- Working with providers to improve pathways and reduce delays in discharge
- Tackling longer term issues for inpatients with need for continuing care
- Developing the rehabilitation pathway
- Development of business cases or working with regional partners to address gaps in local provision: women's low secure; eating disorders; personality disorders; other out of area placements
- Increasing the range of social care providers who understand the needs of those living with mental health problems
- Further work to understand the needs of ethnic minorities and other defined groups

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

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. Keeping well also entails activities that promote mental health. Mental health promotion is therefore integral to encouraging individuals to adopt healthy lifestyles. However, we need to get better at providing services in a way that makes the best use of these assets. 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 of evidence of effective approaches to community engagement to develop a community approach to promote resilience and to support people at risk of mental health problems, particularly in areas of high need
- Assessing and aligning policies and strategies to improve impact on mental health and well-being and where possible minimising any adverse effects
- Commissioning of 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

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 other 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
- Incorporating self-referral pathways for individuals with poor mental well-being 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
- Piloting new service models to improve early assessment and routing to appropriate care for those with mental health problems who come into contact with hospital services

Approximately 50% of adults with mental health problems will have experienced mental ill-health before the age of 15, and 75% before they are 24. Early intervention therefore reaches back into childhood and action is required at all stages of life to make the most of 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. In outline current work includes:

- Parenting support with a greater role for health visitors and school nurses, and specific interventions such as the Family Nurse Partnership, the Family Intervention Project, and Social & Emotional Aspects of Learning (SEAL) programmes and anti-bullying measures in school

- Reviewing existing provision of services and interventions aimed at children aged 0-5 years to ensure services commissioned by different organisations are aligned and reflect the local learning and experience of early intervention.
- Better identification and management of women and their offspring affected by postnatal mood disorders
- Incorporating evidence based practice that encourages positive parenting from pre natal care onwards to improve mental health outcomes
- Joint commissioning of specific parenting interventions to reduce the need for medical intervention in behavioural problems.

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*

As clinical practice advances, commissioners and service providers need to continually review treatments and pathways of care. For example the use of cognitive behaviour therapy in psychosis is gaining recognition as a useful treatment for some patients. For some, care would be better delivered in the community, but services need to be organised in this way. Delivery of care needs to be reviewed through the commissioning process to ensure that quality is maintained and individuals are placed at the centre of their own care. People with recurrent mental health problems also need support to gain insight into their condition so that they can seek help and support early should they relapse. 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. 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
- Piloting use of outcome measures and quality incentive schemes for hospital care as a means of focusing on recovery and improving outcomes

- Reviewing referrals to secondary care services to make sure that care is as far as possible given at the right place and time
- Reviewing out of area treatments with a view to addressing local service gaps
- Ensuring the provision of social care is able to meet the specific needs of those with mental health problems
- Working with providers through workshop events to identify issues and address problems of care based on service user experience
- Improving patient education and support towards better self-management and relapse prevention

4. Ensuring adequate treatment and support for the most vulnerable

Serious mental illness frequently causes inability to carry out the usual day to day tasks of living. 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 back into appropriate care, housing, employment and wider society. It also often includes need for support for those in the immediate circle of carers. Key work areas are:

- Commissioning appropriate support to empower individuals and their families to cope with the hurdles on the path to recovery
- Focusing on delayed discharges to reduce potential blockages in accessing appropriate care and to help people back to health more quickly
- Continuing to review placement of patients 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
- Implementing a responsive rehabilitation and accommodation pathway that addresses individual needs for health, social care and housing in a coordinated way and supports people towards independence

Social stressors 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 prevention 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).

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

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 and employment.

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. 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
- Supporting organisations and groups to deliver support services to people with mental health problems that will enable them to access services they need more easily
- Better identification and assessment of aspects of physical health and lifestyle in 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 patients and service users to better manage themselves and access services and wider support.

- Developing up to date comprehensive serious mental illness registers and their use to ensure that this group receives annual checks and appropriate additional support where required for existing physical illness
- Health equity audit to assess progress in reducing inequalities in service uptake
- Promoting awareness of the link between mental health and physical health outcomes (and parity of esteem) through training, and as a part of implementation of the initiatives outlined above
- 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 is available, monitoring progress on outcomes through the public health outcome framework indicator: *reducing premature mortality in people with serious mental illness*.

TAKING THE STRATEGY FORWARDS

Leadership

Improving mental health is everyone's business. If we are 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 variation and evaluation of impact of specific commissioned services on improving outcomes in mental health
- Identification of indicators and suitable targets for assessing progress
- Alignment of strategic approach and actions across different strategies impacting on mental health, and supporting the work of the Nottingham partnerships.

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

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 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.