Nottingham City's Mental Health and Wellbeing Strategy 2019-2023

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Foreword

This Mental Health and Wellbeing Strategy 2019-2023 for Nottingham City builds on our previous strategy, Wellness in Mind 2014-2017. The strategy sets out our ambition in conjunction with Happier Healthier Lives, Nottingham City's Joint Health and Wellbeing Strategy 2016-2022, which identifies adult, children and young people's mental health as one of our four outcomes.

Good mental health is an essential aspect of overall good health for all our citizens. However, we know that mental health problems affect certain groups of people more than others; for example, people who are unemployed or homeless are more likely to experience mental health problems and those that live in more deprived areas tend to experience worse mental health outcomes. This is not acceptable and we aspire to see overall improvements in the mental health of our citizens.

Currently, and for the foreseeable future, Nottingham City faces substantial challenges that impact upon mental health including higher levels of deprivation, child poverty, unemployment, a population living longer with more ill health and greater levels of physical and mental health co-morbidities. This challenge is further accentuated by the fact that there are fewer financial resources available to public and voluntary sector organisations enabling us to respond to the level of need. However, where we can make a difference, and where there is good evidence of return on investment, this must be considered. It is now more apparent than ever that health and especially mental health is everyone's responsibility.

We, as the organisations that serve our city and in partnership with our citizens, intend to focus resources on addressing mental health through three key areas:

- Preventing mental health problems
- Mental health promotion and early intervention
- Treatment and recovery

In addition, action across three crosscutting themes aims to tackle disparities in mental health:

- Employment
- Mental health stigma
- Parity of esteem

This strategy reinforces our commitment to equal status to mental health and physical health across the local health and care system.

We would like to thank all of those who have contributed towards devising this strategy and, most importantly, to everyone involved in making commitments and delivering action that bring about improvements in the mental health of our citizens.

Executive summary

This strategy outlines the overarching approach to improving the mental health and wellbeing of the citizens of Nottingham City. Its purpose is to provide a shared direction of travel that consolidates existing local plans and aligns to wider partnership strategies whilst identifying nuances specific to Nottingham City.

The strategy is not specific to a particular sector or organisation. Instead, it sets our collective approach as organisations that have a role to play in improving the mental health and wellbeing of citizens and employees. Many of the organisations that are pivotal to the delivery of this strategy are those represented on the Nottingham City Health and Wellbeing Board, which includes representatives of:

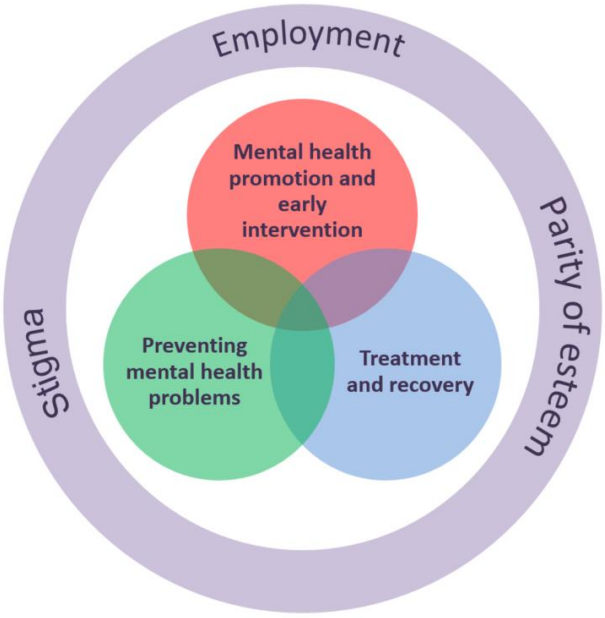
- Nottingham City Council;
- Nottingham City Clinical Commissioning Partnership;
- Healthwatch Nottingham & Nottinghamshire;
- NHS England;
- Nottingham CityCare Partnership;
- Nottinghamshire Healthcare NHS Foundation Trust;
- Nottingham University Hospitals NHS Trust;
- Nottingham City Homes;
- Nottinghamshire Police;
- The Department for Work and Pensions;
- Nottingham Counselling Centre;
- Nottingham Community Voluntary Services;
- Nottinghamshire Fire and Rescue Service;
- University of Nottingham; and
- Nottingham Trent University.

Mental health problems are common and exist throughout the life course affecting children, adults and older people. Based on national estimates, over 110,000 adults aged over 16 and more than 5,000 children aged 5 to 16 living in Nottingham are living with mental health problems. Those with serious mental illness are experiencing inequality in life expectancy, dying on average 15 to 20 years younger than the general population.

Mental health problems do not affect all groups of people equally; some experience worse mental health outcomes than others. For Nottingham citizens, this situation arises in part due to lifestyle factors that influence mental health such as substance misuse and levels of physical inactivity, social and cultural factors, the conditions in which citizens live and work and environmental factors such as poverty and deprivation. Furthermore, mental health problems are more likely to affect adults who are unemployed, from a black, Asian and minority ethnic group, those who are homeless or children who have experienced abuse, live in poverty or have witnessed domestic violence.

There is evidence to suggest that investing in mental health interventions results in improved citizen outcomes and savings. This strategy for Nottingham City aims to address and improve the mental health of all our citizens through priority action across three principal routes supported by three crosscutting themes. To illustrate this we have developed a conceptual model (Figure 1) based on the World Health Organisation framework, highlighting action for the health and social care system to ensure that all citizens have the opportunity to experience good mental health and wellbeing without stigma or discrimination.

Figure 1 - Conceptual model of Nottingham City's framework for mental ill health prevention, promotion and treatment



Identified actions in each of the following key areas and themes are set out in Table 1:

Table 1: Summary of proposed actions across Nottingham's strategic framework for mental health

Preventing mental health problems	– Ensure comprehensive perinatal and infant mental health pathways are commissioned and delivered. – Ensure all children, young people and families have easy access to timely, evidenced-based treatment of emotional/mental health difficulties. This should include educating other professionals to offer lower level and preventative emotional wellbeing support, whilst ensuring children and young people gain access to more specialist mental health treatments where required. – Provide support to build resilience amongst Nottingham City's citizens most at risk from the impacts of social exclusion. – Improve housing standards for Nottingham City citizens in private and rented accommodation. – Promote self-help and ensure resources and signposting are available to help Nottingham City citizens improve and maintain their own mental health and wellbeing. – Ensure that a strategic, needs-led training offer for mental health is available to organisations including suicide prevention, mental health first aid and trauma-informed practice. – Develop a making every contact count prevention model that includes an emphasis on mental health. – Adopt a mental health in all policies approach to emphasise mental health and wellbeing through all local public policy developments and not solely through healthcare policy. – Become a signature to the Government's Prevention Concordat for Better Mental Health consensus statement.

Mental Health Promotion and Early Intervention	– Establish clear and consistent universal messages to help citizens understand how best to look after their mental health. – Work towards becoming a trauma-informed health, care and education system. Identify citizens at risk of worse mental health through identification and appropriate interactions with citizens that are at risk of and experience trauma. – Enable children and adults with, or at risk of, mental health problems to access the appropriate level of support as and when they need it. – Enable children and adults with, or at risk of, mental health problems to lead healthier lifestyles through increased levels of physical activity, improved nutrition, reduced weight, reduced alcohol consumption and stopping smoking. – Ensure the Improving Access to Psychological Therapies programme is expanded in response to local need in adults, children and high-risk groups, including people accessing substance misuse treatment and people with long-term conditions. – Expand the primary mental health care offer to include social prescribing, debt advice, peer support and system navigation. – Work with NHS England and the criminal justice system (including the Youth Offending Service) to better identify and support those who have or are at risk of mental health problems. – Intervene earlier through improved information sharing at an organisational level and on an individual care basis. – Promote greater integration of case management systems to improve decision-making and wider adoption of the single care record.
Treatment and Recovery	– Ensure universal and targeted Child and Adolescent Mental Health Services are appropriate for local need. – Reduce out-of-area placements in mental health services for adults in acute inpatient care. – Ensure an appropriate response is available for people with multiple complex needs (mental health, substance misuse, homelessness and offending). – Utilise trauma-informed approaches consistently across health and social care settings and the wider workforce. – Ensure crisis support for children, young people and adults is available, effective and timely. – Ensure all those identified as at risk of self-harm have safety plans. – Ensure follow-up support is appropriate for those transitioning between settings including inpatient mental health, prison and the wider criminal justice system (including the Youth Offending Service), university and children's care. – Establish integrated working between mental health and social care in order to provide high quality joined up planned care. – Use relevant research and evidence to improve mental health outcomes. This will include research into improving the mental health outcomes of Nottingham's lesbian, gay, bisexual and transgender populations undertaken in 2019 by the University of Leicester and the University of Brighton.
Employment	– Enable those with, or at risk of, mental health problems to secure and maintain employment. – Establish financial resilience as a component of good quality care for people experiencing mental health problems. – Develop a strategic approach to improving the mental health of people in employment so that they remain employed. This might include the widespread adoption of reasonable adjustments. – Provide support to navigate benefits and universal credit, especially for those with debt and financial issues. – Take action to improve the mental health and wellbeing of our workforce and, in doing so, provide an example of good practice to other local employers.

Parity of Esteem	– Enable those with serious mental health problems to lead healthier lives and ensure those with long-term physical health conditions have their mental health needs addressed. – Support the implementation of smokefree settings at Nottinghamshire Healthcare NHS Foundation Trust and Nottingham University Hospitals NHS Trust. – Develop a strategic approach to a mental health training offer for front-line staff to understand mental health problems and mental health stigma. – Establish a greater emphasis on mental health across universal health and care services, including provision of training for staff about emotional development, trauma-informed approaches and mental health (accompanied by access to consultation and advice from clinical specialists where required).
Stigma and discrimination	– Raise awareness of mental health stigma and discrimination via the Time to Change programme, ensuring actions are embedded and sustained. – Reduce the level of stigma experienced by citizens, including: those with learning disability; those in black, Asian and minority ethnic groups; older people; the homeless; offenders; those affected by trauma; those affected by substance misuse and lesbian, gay, bisexual and transgender people. – Develop mental health champions within the statutory and non-statutory workforce. – Develop and support public-facing campaigns that raise awareness of mental health problems and challenge stigma.

Vision

Nottingham aspires to be a city where improving mental health is everyone's responsibility and all citizens have the opportunity to experience good mental health and wellbeing without stigma and discrimination.

Aim

We aim to ensure that mental health acquires equal status to that of physical health over time, with a greater understanding of and commitment to integration of the two. We want to ensure that mental health problems are prevented as far as possible and, where they do arise, individuals receive support and access to treatment early. We want to inspire confidence in those citizens, their families and carers accessing our mental health services by ensuring they experience high quality care that is person-centred, safe, effective and promotes recovery.

Our aim will be achieved through actions relating to three key areas:

- Preventing mental health problems
- Mental health promotion and early intervention
- Treatment and recovery

As well as by our three crosscutting themes:

- Employment
- Mental health stigma
- Parity of esteem

Assessing progress

Assessment of progress against our aim will be monitored through the existing mechanisms for mental health reporting. This aim, along with the themes described in this strategy are closely aligned to the following existing strategies and plans:

- Nottingham and Nottinghamshire Integrated Care System All-age Integrated Mental Health and Social Care Strategy 2018
- The Five Year Forward View for Mental Health
- Happier Healthier Lives, the Nottingham City Joint Health and Wellbeing Strategy 2016-2020
- The Black and Minority Ethnic Community of Practice Mental Health Action Plan

The progress of actions relating to this strategy will be monitored through the existing action plans and reporting processes in the strategies and plans listed above. This is illustrated in Figure 2.

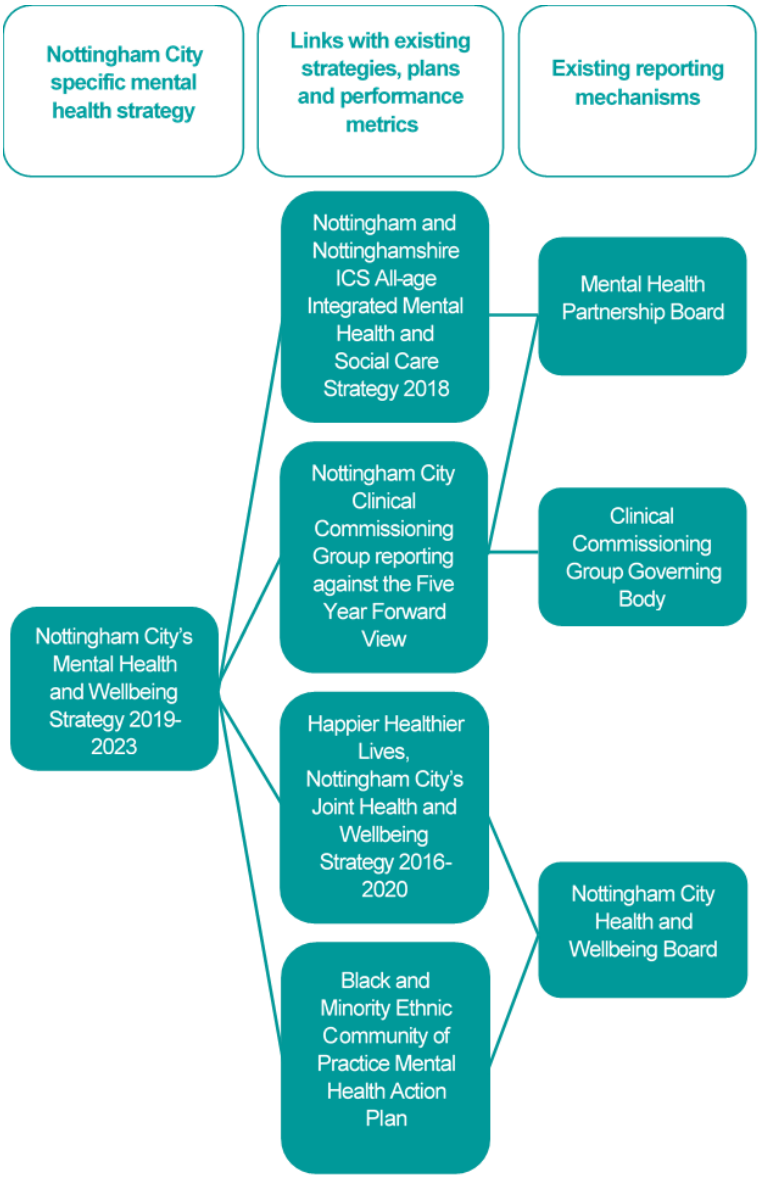


Figure 2: Reporting mechanisms for mental health performance indicators and metrics

Terms and definitions

What do we mean by mental health?

The World Health Organisation defines mental health as

> *a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community* (1)

Poor mental health is strongly linked with poor physical health, resulting in over three times the risk of dying early for those with long-term mental health problems (2).

What is mental wellbeing and resilience?

There is no universally agreed definition of mental wellbeing. Wellbeing is to do with how we feel and cope with everyday life. Mental wellbeing is a broad term that can be defined as

> ***….a dynamic state, in which an individual is able to develop their potential, work productively and creatively, build strong and positive relationships with others and contribute to their communities*** (3)

Many different aspects of life contribute to mental wellbeing and it is usual for it to fluctuate. Resilience is the ability to cope with life's challenges and to adapt to adversity. It is important because it can help protect against the development of some mental health problems. Resilience helps us to maintain our wellbeing during difficult circumstances (4).

Many people who live with mental health problems experience good mental wellbeing. Poor mental wellbeing does not necessarily lead to mental health problems, but if it continues over a long period, it can make us more susceptible to them.

What do we mean by mental health problems?

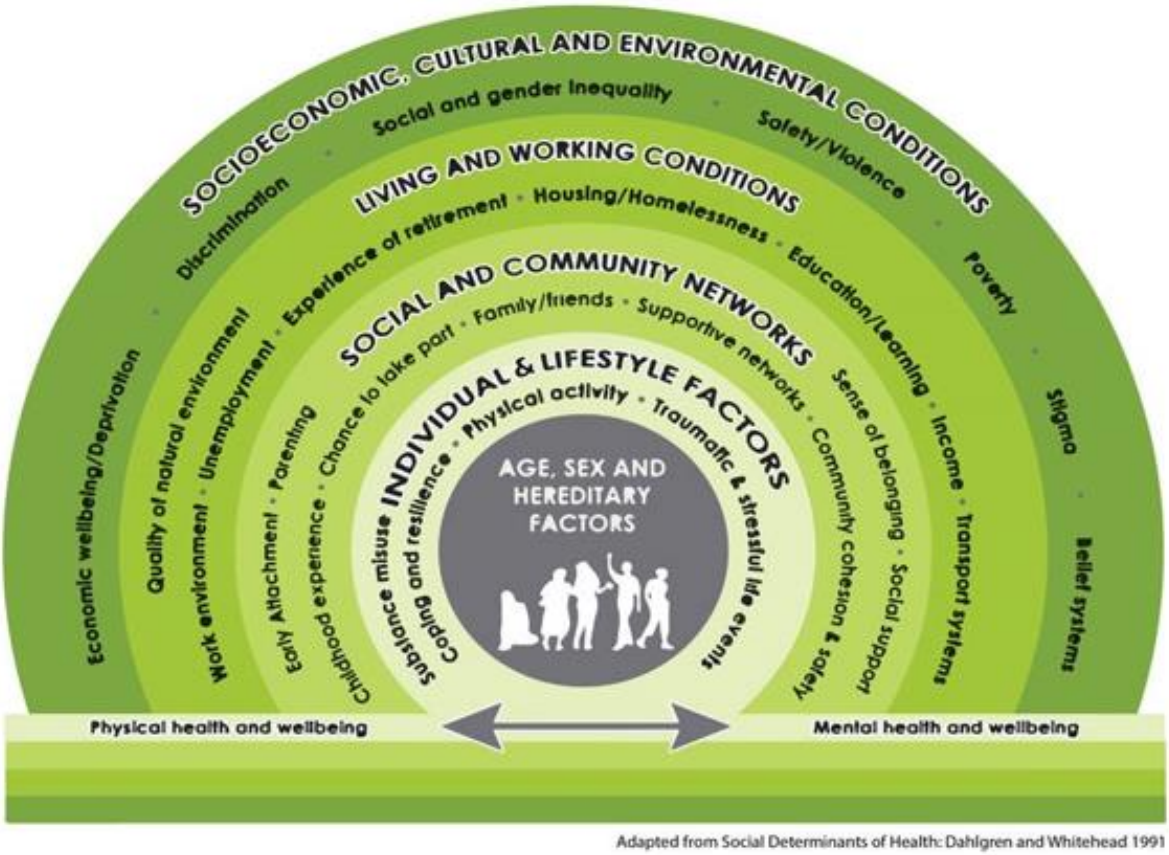
It is not unusual to experience mental health problems, with an estimated **1 in 6 adults suffering from a common mental health problem such as depression or anxiety at any one time** (5). Mental health problems include common mental disorder (such as anxiety and depression), which affects nearly one in four of the population, and mental illnesses such as psychosis, schizophrenia or bipolar disorder, which are less common, affecting 0.5–1% of the population (7).

Mental health problems can be surrounded by prejudice, ignorance and fear. This can result in stigma and discrimination that makes it harder for those with mental health problems to live a normal life.

Mental illness, unlike other health problems tends to start early and persist into and throughout adulthood. It is recognised that about half of all lifetime mental health problems begin during childhood and adolescence (8)(9).

The proportion of people with common mental disorder using mental health treatment has increased. Around one in four aged 16–74 with common mental disorder symptoms was receiving some kind of mental health treatment in 2000 (23.1%) and 2007 (24.4%). By 2014, this had increased to more than one in three (39.4%). This increase is accounted for by IAPT and medication treatments (10).

Figure 3. Influences on mental health and wellbeing



Influences on mental health

Many factors influence our mental health and may make us more vulnerable to mental health problems. Some of these are based in our genetics and biology, but most influences are at a wider social, community or cultural level.

Figure 3 shows how these influences contribute to mental health across the life course.

Research has shown that work, income, gender, ethnicity, education and socioeconomic position are key influences on mental health (32)

Mental health problems often occur because of trauma in our lives. Our ability to cope may be influenced by factors such as our family, early attachment and presence of supportive networks. Mental health problems can be both caused and influenced by unemployment; debt; poor housing or housing problems; deprivation; domestic violence; discrimination; feeling marginalised within society; loneliness and isolation; and drug and alcohol misuse. The way in which urban areas are planned, designed and built are of major significance to good mental health. Access to high quality housing in safe neighbourhoods, green spaces and strong communities with good transport systems all contribute. Factors such as air pollution, traffic, noise, lack of space, feeling unsafe and insecure, anti-social behaviour and limited options for physical activity impact negatively on mental health. Inequalities in society lead to inequalities in mental health and many of the social influences on mental health can be exacerbated by mental health problems.

Risk factors relating to mental health problems

There are a number of population groups that are at higher risk of experiencing mental health problems (11):

Children and young people	Adults
Children with parents who have mental health or substance misuse problems	People with a history of mental health problems or self-harm
Those who suffer personal abuse and trauma or witness parental domestic violence Children who experience abuse have a 7-fold increased risk of recurrent depression and a near 10-fold increased risk of developing post-traumatic stress disorder as an adult. Where children have experienced abuse there is also an 8-fold increased risk of anxiety and a 9-fold increased risk of suicidal ideation	Homeless people Homeless people have a near to 4-fold increased risk of developing a mental health problem Poor physical health Adults with two or more physical illnesses have a 6-fold increased risk of having mental health problems
Looked after children Looked after children have a 5-fold increased risk of experiencing a childhood mental health problem and between 4- and 5-fold increased risk of a suicide attempt	Offenders and ex-offenders Prisoners experience increased risk of suicide and a 20-fold increased risk of psychosis
Child carers	Adults with a history of violence or abuse
Children and young people excluded from school	Black, Asian and minority ethnic groups, especially young men of Afro-Caribbean origin
Young offenders There is an 18-fold increased risk of mental health problems amongst young offenders and offenders have a 5-fold increased risk of suicide	Lesbian, gay, bisexual, transgender Lesbian, gay, bisexual or transgender adults have a 2-4-fold increased risk of suicide over their lifetime
Teenage parents	Travellers, asylum seekers and refugees
Lesbian, gay, bisexual, transgender	A history of being looked after/adopted
Black, Asian and minority ethnic groups, especially young Asian women	People with learning difficulties
Families living in socio-economic disadvantage There is a 3-fold increased risk of mental health problems for children in families with lower income levels	Isolated older people Citizens living in a cold home or experiencing fuel poverty have a 4-fold increased risk of having depression or anxiety
Adverse childhood experiences Children experiencing 4 or more adverse childhood experiences have more than a 12-fold increased risk of attempted suicide as an adult	Unemployment Unemployed adults have a 5.6-fold increased risk of developing a mental health problem

Research has shown that many mental health problems begin in childhood or early adulthood. The likelihood of diagnosis, of seeking help and how we respond to mental health problems also differ according to factors such as: ethnic background, family history and social/cultural norms (12).

There is evidence that people with long-term physical conditions are two to three times more likely to experience mental health problems than the general population. Much of the evidence relates specifically to disorders such as depression and anxiety, though co-morbidities are also common in dementia, cognitive decline and some other conditions. There is particularly strong evidence for a close association with cardiovascular diseases, diabetes, chronic obstructive pulmonary disease and musculoskeletal disorders (13).

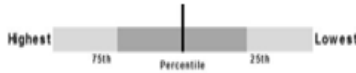
Nottingham City has higher levels than the England average of many of the factors that increase the risk of mental health problems throughout life, such as higher rates of deprivation, greater ethnic diversity; high levels of unemployment, increased youth offending and more looked-after-children.

Overleaf, Figure 4 shows how Nottingham compares to England on a range of indicators that we know are linked with an increased risk of experiencing mental health problems. Nottingham is statistically significantly worse than the England average for nearly all of these measures.

Figure 4: Factors associated with an increased risk of mental health problems – Nottingham City (dates vary)

Key:

- Significantly lower than England average
- Not significantly different from England average
- Significantly higher than England average
- Unable to compare



	Indicator	Local Number	Local Value	Eng Avg	Eng Highest	England Range	Eng Lowest
1	Percentage of people living in 20% most deprived areas in England, 2014	182118	58.0	20.2	60.5		0.0
2	Percentage of children in poverty, under 16 years, 2014	19575	34.3	20.1	39.2		3.1
3	Children subject to a child protection plan with an initial category of abuse, rate per 10,000 aged under 18, 2016	352	53.4	20.8	53.4		2.3
4	Looked after children, rate per 10,000 children under 18, 2015/16	595	90.2	60.3	163.8		21.5
5	First time entrants into the youth justice system 10 to 17 year olds, rate per 100,000, 2016	157	609.3	327.1	739.6		97.5
6	Percentage of 16-18 year olds not in education, employment or training, 2015	580	5.8	4.2	7.9		1.5
7	Hospital admissions for mental health conditions, per 100,000 aged 0-17 years, 2015/16	75	113.8	85.9	179.8		33.8
8	Unemployment 2016	11400	7.6	4.8	9.0		2.3
9	Statutary homeless households, rate per 1,000 households, all ages, 2015/16	597	4.6	2.5	12.5		0.1
10	Admission episodes for mental and behavioural disorders due to use of alcohol condition (narrow) - rate per 100,000 population all ages, 2015/16	454	174.2	80.1	272.7		28.7
11	Long-term health problem or disability - % of population, all ages, 2011	55382	18.1	17.6	25.6		11.2
12	Excess winter deaths index - all ages Aug 2015 / Jul 2016	186	21.3	15.1	27.9		-0.7

Source: Public Health Outcomes Framework Indicators

The relationship between physical and mental health

Physical and mental health are inextricably linked. Physical ill health affects mental health and vice versa. **People living with mental health problems are less likely to have their physical health problems diagnosed and treated, whereas people with physical health problems often have undiagnosed mental health problems** (11).

People with mental health problems experience poor physical health with higher than expected mortality. There are numerous causes of excess mortality amongst people with mental health problems including the adoption of less healthy behaviours and leading less healthy lives owing to a higher prevalence of smoking, alcohol, substance misuse, poor diet, suicide, inactivity and obesity (7). Whilst much of this excess mortality is potentially avoidable, it does not explain it all. Further factors that contribute to excess mortality reported in the Chief Medical Officer of England's report on mental health (7) are summarised below:

Factors that contribute to excess mortality in people with mental health problems

- Health behaviours e.g. smoking, diet, exercise, alcohol and drugs
- Altered help seeking e.g. delayed presentation, reduced treatment adherence, poor uptake of health screening and impaired mental capacity leading to treatment refusal
- 'Diagnostic overshadowing' e.g. failure by health professionals to recognise physical health problems in people with mental heath problems
- Discriminatory policies
- Excess weight and obesity caused by antipsychotic medication
- Social conditions e.g. homelessness, unemployment and poverty
- Suicide and violent victimisation
- Direct physical impacts of mental health problems such as changes to immune function

People with physical health problems, especially chronic diseases, are at increased risk of mental health problems, particularly depression and anxiety. Around 30% of people with a long-term physical health condition also have a mental health problem. This co-morbidity/multi-morbidity is associated with a range of poor outcomes and increased costs (13). Analysis by the Kings Fund (13) indicates that between 12% and 18% of all NHS expenditure on long-term conditions is linked to mental health problems, which if left untreated, can significantly exacerbate physical illness and drive up the costs of health and social care.

The case for prevention and investment

Mental health problems affect the lives of individuals, families, communities and society as a whole. The health and economic costs to an individual with mental health problems can be high. Societal effects include contribution to higher levels of illness, higher crime rates, greater incidence of addiction, poorer work performance/productivity, unemployment, lower educational attainment and lower levels of social cohesion. Mental health problems can result in homelessness, the break-up of families and even self-harm or suicide (14). It is acknowledged that the gap between the employment rate for Nottingham City citizens accessing mental health treatment and the city overall is favourable in Nottingham compared to England and Nottinghamshire and that continued efforts are required to maintain this position. Life expectancy for people experiencing mental health problems is lower on average than for people with good mental health due to a combination of unhealthy behaviours including smoking, drinking alcohol, physical health side effects of medication and barriers to accessing physical healthcare such as stigma (15).

Mental health problems also impact the wider economy, being responsible for more sickness absence than any other illness. **In England, total economic and societal cost of mental health problems exceed £105 billion a year** (16) with the government spending around £19 billion every year within and beyond the health system on dedicated services for people with mental health needs (17). Furthermore, it has been estimated that treating physical problems associated with mental health problems and vice versa is not as effective as it could be and costs more than £11 billion a year (15).

Improvements in mental health can result in direct and indirect savings across health and care budgets such as through reduced use of primary care, mental health and substance misuse/alcohol services. Further to this, improved mental health will result in lower levels of work absence, reduced demand on welfare and benefit support (such as housing and universal credit) and an increase in levels of employment amongst citizens. It has been argued that integrating the care of physical and mental health could both improve health outcomes and save money (15).

Evidence suggests investing in mental health prevention, promotion and early intervention results in savings, and based on even conservative assumptions, many are very low cost and very good value for money

Implementing mental ill health prevention interventions is recommended in the Prevention Concordat for Better Mental Health, which recognises that a shift is needed in the balance of focus from mental health treatment to prevention and promotion. If coupled with a shift in expenditure, this could also generate efficiency gains for commissioners and service providers (18). **Public Health England's modelling work estimates the return on investment for evidence-based interventions varies between £1.26 and £39.11 per £1 spent.** For example, for every £1 invested in school-based social and emotional learning programmes, £5.05 could be realised in costs averted (17).

Mental health inequalities

Understanding and addressing inequality is part of creating a mentally healthier society (19). The distribution of health problems across a population is not even: some groups of people experience more problems with their health than others.

People with a diagnosed serious mental illness are one such group that experiences a marked inequality in life expectancy, dying on average between 15 and 20 years younger than the general population (21). The Public Health Outcomes Framework estimates that people in Nottingham known to mental health services are over 4.5 times more likely to die before the age of 75 years than the general population and that this has consistently been the trend over the last 5 years (PHOF 4.09i).

Deprivation

The pattern of this distribution follows the social gradient: those living in the poorest areas experience more ill health and die younger than those in the richest areas. It is important to note that people from the poorest areas also spend more of their shorter lives living with disabling conditions (20).

Ethnicity

Ethnicity is an important factor in the development and experience of mental health problems. Varying cultural contexts and availability of access to culturally-competent support have a key role in the prevention of mental health problems, their diagnosis, treatment and recovery. In general, people from black, Asian and minority ethnic (BAME) groups living in the UK are more likely to be diagnosed with a mental health problem and, when diagnosed, are more likely to be admitted to hospital and experience a poorer treatment outcome. Furthermore, increased likelihood of disengagement from mental health services can lead to social exclusion, which exacerbates mental health problems. (33)

While BAME groups are considered to be at greater overall risk of mental health problems, considerable variability in prevalence has been found within these groups (35), suggesting a more complex picture. The Adult Psychiatric Morbidity Survey (36) found significant variability by ethnic group in the prevalence of common mental health problems in women but not men. Non-British white women were the least likely to have a common mental health problem (15.6%), followed by white British women (20.9%) and black British women (29.3%). A 2015 review found higher prevalence of psychosis in people from black ethnic minority backgrounds compared with the majority white population when controlling for the effect of socioeconomic status (37).

In 2017, Nottingham City Health and Wellbeing Board published its Health Needs Assessment of the black and minority ethnic populations within Nottingham City. Mental health was one of a number of key themes identified in the assessment. Many of the participants engaged in the assessment felt that mental health problems were common in BAME communities, and that these were exacerbated by cultural bias, experience of stigma and discrimination and challenges in accessing appropriate services. The assessment recommended consideration was given to the following findings:

- BAME communities find it difficult to engage with mental health services for cultural reasons and because they believe the service will not meet their needs.

- BAME communities feel greater investment is required to improve access to culturally appropriate mental health services that have the capacity and resource to prevent and treat mental health problems.

In addition to the two findings listed above, the assessment highlighted a need to raise mental health awareness in BAME groups and drew attention to national research (34) that showed disproportionality in the diagnosis and treatment of people from BAME groups, particularly in crisis situations.

Employment

Inequality in mental health exists between those who are employed and those who are not. Unemployed people are likely to experience poorer mental health than employed people and those with mental health problems are less likely to be in employment. Given that the relationship is bi-directional rather than causal, for some people this can become an insurmountable cycle of unemployment, poor mental health, poverty and deprivation with few opportunities to recover without timely and appropriate intervention.

Carers

The Care Act (2014) defines a carer as any person who provides unpaid care. This might be by looking after partners, other family members and friends who are ill, older or disabled. There are approximately 6.5 million carers in the UK, 13% of whom care for someone with a mental health problem. (40)

Carers are the primary source of support for people with mental health problems. Support often includes:

- Administering medications
- Chaperoning to appointments
- Advocacy
- Providing acceptance, understanding and the encouragement to take steps towards recovery
- Being the driving force that supports change in behaviours that cause harm to mental wellbeing
- Offering advice to practitioners about a patient's behaviour and responses to treatment
- Connecting inpatients to family and the wider community

The act of caring can and often does have a significant impact on people's physical and mental health and wellbeing. The mental health of carers is often neglected, despite known evidence that carers are at increased risk of experiencing mental health problems such as depression and emotional distress (38). The State of Caring report (2018) reported that 72% of carers in the UK suffered mental health problems as a result of caring and 61% said their physical health had been impaired. The people who were most likely to report negative impact on their mental health were those who cared for a disabled child (81%), those with childcare responsibilities for a non-disabled child (80%) and those carers struggling financially (80%) (39).

This strategy supports the Triangle of Care approach. The Triangle of Care (41) is a guide to achieving an alliance between a citizen or patient, practitioner and carer. It sets out six key standards:

1. Carers and the essential role they play are identified at first contact or as soon as possible thereafter
2. Staff are ‘carer aware’ and trained in carer engagement strategies
3. Policy and practice protocols regarding confidentiality and sharing information are in place
4. Defined posts responsible for carers are in place
5. A carer introduction to the service and staff is available, with a relevant range of information across the care pathway
6. A range of carer support services is available

Financial vulnerability

There is a well-documented inverse relationship between socioeconomic status and mental health problems, in that the prevalence of negative health outcomes, including mental health problems, increases as socioeconomic status decreases (42). The Mental Health Foundation proposes that much of the impact of debt on a person’s mental health results from a lack of support, sleep disturbance and feelings of isolation and loneliness (43). Approaches to reducing financial vulnerability and minimising its impact (e.g. through debt first aid, and clearer pathways between health, care and debt / money advice services) play important roles in improving the mental health of citizens.

National strategies and plans

NHS Long Term Plan (2019)

The NHS Long Term Plan sets out a ten-year strategy for the redesign and future-proofing of our health service. The Plan includes the following specific actions around mental health:

- Development of the wider workforce to help address mental health problems;
- Expansion of the community crisis offer;
- Advancement of social prescribing and self-care;
- Improvement of patient control through expansion of the Personal Health Budget for mental health services;
- A focus on children and young people's mental health, including increased funding to expand the community offer and for eating disorder services;
- Implementation of a universal smoking cessation offer for long-term users of specialist mental health services;
- Investment for specialist homelessness NHS mental health support;
- Improvement in access to mental health support for people in work and for those seeking and retaining employment;
- Improvement in access to perinatal mental health care for mothers; and
- A focus on adult mental health services, including increased funding and a new community-based mental health offer.

Prevention Concordat for Better Mental Health (2017)

The Prevention Concordat for Better Mental Health is underpinned by an understanding that taking a prevention-focused approach to improving the public's mental health is shown to make a valuable contribution to achieving a fairer and more equitable society. The Concordat promotes evidence-based planning and commissioning to increase the impact on reducing health inequalities. The sustainability and cost-effectiveness of this approach will be enhanced by the inclusion of action that impacts on the wider determinants of mental health and wellbeing.

The Concordat is intended to provide a focus for cross-sector action to deliver a tangible increase in the adoption of public mental health approaches across:

- local authorities
- the NHS
- public, private and voluntary, community and social enterprise (VCSE) sector organisations
- educational settings
- employers

The Prevention Concordat website provides a range of resources and evidence of cost-effective interventions to aid local areas in planning and commissioning services.

Transforming children and young people's mental health provision: a Green Paper (2017)

This green paper sets out the ambition that children and young people who need help for their mental health are able to get it when they need it. The focus of this paper is on earlier intervention and prevention, especially in and linked to schools and colleges.

The Government is proposing to:

- Create a new mental health workforce of community-based mental health support teams
  - Mental health support teams will be trained staff linked to groups of schools and colleges. They will offer individual and group help to young people with mild to moderate mental health problems including anxiety, low mood and behavioural difficulties.
  - The support teams will work with the designated mental health leads and provide a link with more specialist mental health services. This will mean that schools and colleges will find it much easier to contact and work with mental health services.
- Establish a designated lead for mental health in every school and college
  - oversee the help the school gives to pupils with mental health problems
  - help staff to spot pupils who show signs of having mental health problems
  - offer advice to staff about mental health
  - refer children to specialist services if needed
- A new 4-week waiting time for NHS children and young people's mental health services to be piloted in some areas
- Set up a new national partnership to improve mental health services for young people aged 16 to 25. The partnership will start by deciding which areas to focus on. This might be student mental health, looking at how universities, colleges, local authorities and health services work together.
- Improve understanding of mental health
  - Including a better understanding of how social media affects the health of children and young people
  - Carry out research into what is the best way to support families
  - Research and produce guidance on how mental health problems can be prevented

Five Year Forward View for Mental Health (2016)

The Five Year Forward View for Mental Health (FYFVMH) builds on the NHS Five Year Forward View plans for how to ensure the NHS is sustainable in relation to mental health and transform mental health services. The FYFVMH sets out an extensive number of recommendations and specifically identifies three priority actions for the NHS by 2020/21:

- A 7 day NHS – right care, right time, right quality;
- An integrated mental and physical health approach; and
- Promoting good mental health and preventing poor mental health.

The strategy directs local areas to develop effective mental health prevention plans and use the best data available to commission the right mix of services to meet local needs. Plans should focus on public mental health, including promoting good mental health, addressing the wider social determinants of mental health problems, local approaches to challenging stigma, and targeting at risk groups with proven interventions (such as NICE guidelines).

In order to develop an integrated approach across the local system, engagement is required not solely by the NHS but from local authorities, healthcare, social care, public health, housing, criminal justice, voluntary sector and service user involvement.

Future in Mind (2015)

This report by the Children and Young People's Mental Health Taskforce identifies actions that transform the design and delivery of mental health services for children and young people. Emphasis is placed on: better understanding of mental health and reduced mental health stigma that affects young people; substantial changes to how care is accessed and delivered; increased access to and use of clinically effective support and interventions including parenting support to strengthen attachment between parent and child; better care and support to the most vulnerable and developing the workforce through better understanding of mental health and the support available to children and young people.

A Local Transformation Plan is in place, aligned to the integrated care system footprint as a means to implementing the recommendations in Future in Mind across Nottingham and Nottinghamshire.

The 10 actions proposed by the Government that would lead to substantial change by 2020 are:

1. Improved public awareness and understanding, where people think and feel differently about mental health problems for children and young people where there is less fear and where stigma and discrimination are tackled.
2. Children and young people having timely access to clinically effective mental health support when they need it.
3. A step change in how care is delivered moving away from a system defined in terms of the services organisations provide (the 'tiered' model) towards one built around the needs of children, young people and their families.
4. Increased use of evidence-based treatments with services rigorously focused on outcomes.
5. Making mental health support more visible and easily accessible for children and young people.
6. Improved care for children and young people in crisis so they are treated in the right place at the right time and as close to home as possible.
7. Improving access for parents to evidence-based programmes of intervention and support to strengthen attachment between parent and child; avoiding early trauma, building resilience and improving behaviour.
8. A better offer for the most vulnerable children and young people, making it easier for them to access the support that they need when, and where they need it.
9. Improved transparency and accountability across the whole system, to drive further improvements in outcomes.

Professionals who work with children and young people are trained in child development and mental health and understand what can be done to provide help and support for those who need it.

Mental Health Crisis Care Concordat (2014)

The vision of the concordat is that the signatory agencies work together to deliver high quality responses when people of all ages experiencing mental health problems require urgent help at a time of crisis, as well as to work together to prevent crisis through intervening at an earlier stage.

The Concordat is a shared agreed statement, signed by senior representatives from all the organisations involved. It covers what needs to happen when people in mental health crisis need help: in policy making and spending decisions, in anticipating and preventing mental health crises wherever possible, and in making sure effective emergency response systems

operate in localities when a crisis does occur. The Concordat is arranged around:

- Access to support before crisis point
- Urgent and emergency access to crisis care
- The right quality of treatment and care when in crisis
- Recovery and staying well, and preventing future crises

This Concordat expects that, in every locality in England, local partnerships of health, criminal justice and local authority agencies will agree and commit to local Mental Health Crisis Declarations. Nottinghamshire (City and County jointly) has a signed Declaration in place since December 2014 and has a current action plan detailing priorities for 2017-19.

The National Strategy for Suicide Prevention in England (2012)

This strategy sets out a national cross-government approach to reducing the rate of suicide and improving support available to those bereaved by suicide. The strategy identified six areas for action in order to achieve an overall reduction in the rate of suicide. These included:

1. Reducing the risk of suicide amongst groups of people in the population that are known to be at greater risk of suicide
2. Tailoring approaches to improve the mental health of certain groups in the population such as people from BME groups, pregnant women (perinatal mental health), children and young people, those that misuse substances and the unemployed (this is not an exhaustive list)
3. Reducing access to the means of suicide such as reducing the means by which the public can access the rail network
4. Providing better information and support to those bereaved or affected by suicide
5. Supporting the media in delivering sensitive approaches to suicide and suicidal behaviour
6. Supporting research, data collection and monitoring

Following on from the national strategy, the most recent Third Suicide Progress report (2017) establishes the need to continue to deliver on these six areas for action, whilst also accentuating the need to:

- challenge stigma around mental health and suicide; and
- include a greater focus and improved response to those that self-harm (as it identifies self-harm as the single biggest indicator that someone is at risk of suicide).

No Health without Mental Health: A Cross-Government Mental Health Outcomes Strategy for People of All Ages (2011)

This national strategy for mental health underlined the equal importance of mental and physical health (parity of esteem), the need to focus on prevention, to intervene early and encourage partnership working to improve mental wellbeing across the population in order to achieve the following outcomes:

- More people will have good mental health
- More people with mental health problems will recover
- More people with mental health problems will have good physical health
- More people will have a positive experience of care and support
- Fewer people will suffer avoidable harm

- Fewer people will experience stigma and discrimination

Summary of key themes from national strategies

Whilst each of these national strategies warrants full consideration at local level in its own right, there are some essential elements that we want to focus our energies on in Nottingham City to further our overall strategic aim.

Reducing mental health stigma and enabling greater awareness of mental health

This is universal with a specific focus on reducing prejudice and discrimination experienced by black, Asian and minority ethnic populations. Work around addressing stigma will be carried out through our Time to Change programme and through developing mental health awareness and understanding in the workforce. Work surrounding suicide prevention and self-harm reduction will play an important role.

Preventing mental illness

Preventing mental health problems from arising in the first place and intervening swiftly when problems start to arise can lead to improved quality of life for individuals as well as fewer people requiring specialist services, thereby reducing cost in the longer term. This approach requires concerted planning and allocation of resources. Where resources can be allocated, they should be used in an equitable way in order to reduce health inequalities.

Improve awareness and access to mental health services

All age access will be improved with clear consideration being given to certain groups including those who are unemployed, black, Asian and minority ethnic populations, children and pregnant women. The right support should be available earlier to avoid people being passed from one service to another and people reaching a crisis. Support for children and young people's mental health will become more visible and available universally via schools. Improving access to evidence-based treatments such as Improving Access to Psychological Therapies and Early Intervention in Psychosis should continue to be a local priority.

Integrated care

To date, emphasis has been placed on the integration of mental and physical health by addressing the physical health needs of patients experiencing mental health problems. As we move forward, a greater emphasis will need to be placed on the mental health of people with physical long-term conditions, the integration of mental health services within acute hospitals and the integration of primary and secondary care, especially with improved access to patient record systems and the sharing of information to improve patient care and treatment.

The Strategy's alignment to the wider strategic context

A shared vision for mental health

The national and local context

The following information highlights the impact various aspects of mental health have on society, highlighting the scale of the problem and the need to prioritise resources to address mental health.

One in four adults experience at least one **diagnosable mental health problem** in any given year (22).

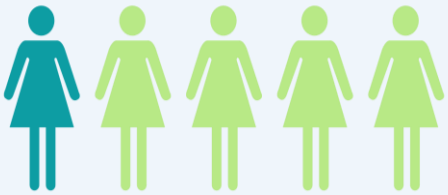
In Nottingham this would be **64,539 adults****

10% of children aged 5 - 16 have **significant mental health problems** (23)

This would be **4,243 children** In Nottingham**

50% of long-term mental health problems emerge by the age of **14**;

75% by the age of **18** (9)



A fifth of women under 24 years of age report 'ever' **having self-harmed** (10)

In Nottingham this would be **12,407 women****

1 in 10 new mothers experience **postnatal depression** (5)

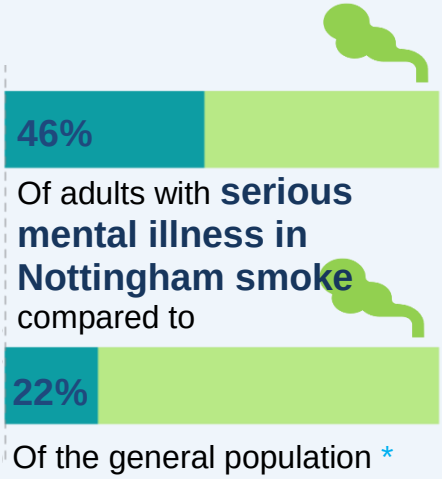
In Nottingham this would be **431 new mothers****

Around **25%** of mental health patients who die by suicide have a **major physical illness** (24).

Approximately **50%** of people who have died by suicide have a **history of self-harm**

About 1 in 100 people in the population have a **serious mental illness** (5).

In Nottingham this would be **3,253 people****



90% of all prisoners are estimated to have a **diagnosable mental health problem** (22).

This would be **954 of** Nottingham **inmates*****

Source: * PHE Local Tobacco Profile **ONS mid-2016 population estimates ***Department of Justice http://www.justice.gov.uk/contacts/prison-finder/nottingham

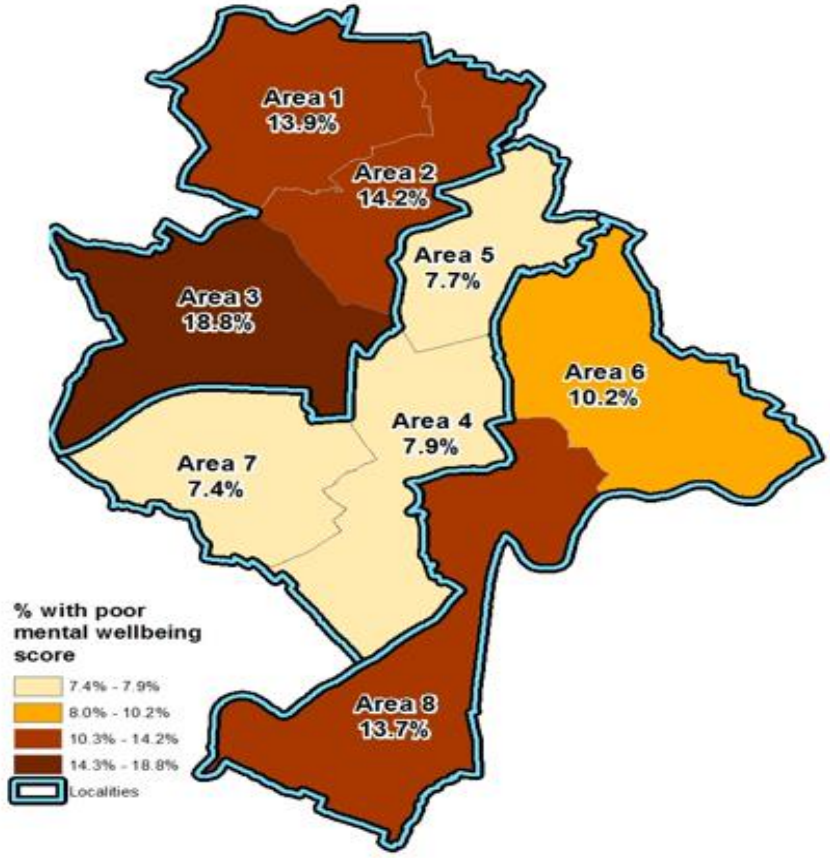
Nottingham context

Mental Wellbeing

Mental wellbeing in adults is measured in Nottingham by the annual citizens' survey using the Warwick Edinburgh Mental Wellbeing Scale (25) with approximately 2,000 people taking part. We do not know how well this 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. A higher score on a range from 14-70 indicates better mental wellbeing. In 2017, the average mental wellbeing score for Nottingham City was 52.4, slightly higher than that of England 49.9 (26).

There is a need for caution in the interpretation of results broken down to populations smaller than Nottingham City. However, results suggest the need to improve mental wellbeing in the following groups that tend to have lower mental wellbeing scores: unemployed people, those otherwise not in paid work, those with a disability or long-term illness and people living in social rented housing. The areas of Nottingham that tend to report lower average mental wellbeing scores are Aspley, Bilborough, Leen Valley (Area 3 average score 49.7), Basford and Bestwood (Area 2 average score 50.8). With Area 3 having the highest proportion of respondents (18.8%) reporting a poor mental wellbeing score (Figure 5). The proportion of people reporting an above average mental wellbeing score (greater than 60) in 2017 was 21% of those surveyed, which is a reduction from 25% in the 2016 survey.

Figure 5: Percentage of Nottingham Citizen Survey respondents reporting a poor mental wellbeing score (2017)



Common and serious mental health problems

It is possible to estimate the numbers of people experiencing mental health problems based on national surveys. Figures 5a, 5b, 6a and 6b provide a visual representation of the range of mental health problems likely to be experienced by the population of Nottingham at any one time.

Due to the high levels of multiple risk factors experienced by the Nottingham population, together with a younger, more deprived and ethnically diverse community, these estimates should be treated with some caution and are likely to underestimate the true level of mental health problems in Nottingham.

For further information on the mental health needs of Nottingham City, see the following joint strategic needs assessment chapters:

- Adult mental health (2016)
- Mental wellbeing (2016)
- Suicide (2018)
- Emotional and mental health needs of children and young people (2015)
- Carers (2017)

Figures 6a and 6b highlight that, **based on national estimates, there are over 110,000 males and females aged 16+ years experiencing a range of mental health problems living in Nottingham**. Overall, more women than men have a lived experience of these problems. It is important to note that not all of these people will be known to or in receipt of mental health services. However, this profile provides an indication of the level of mental health need that exists in Nottingham in any given year.

Figures 7a and 7b illustrate, **based on national prevalence rates, there are over 5,000 boys and girls aged 5-16 years who experience mental health problems** including anxiety, depression and conduct disorders such as defiance, aggression and anti-social behaviour. Children experiencing such problems are more likely to have poorer outcomes and are more likely to experience mental health problems in adulthood. A limitation of this estimate is that the underlying national prevalence data is nearly 15 years old and rates of mental health problems amongst children may have changed.

Figure 6a. Estimate of mental health problems amongst **males** aged 16+ in Nottingham based on national prevalence

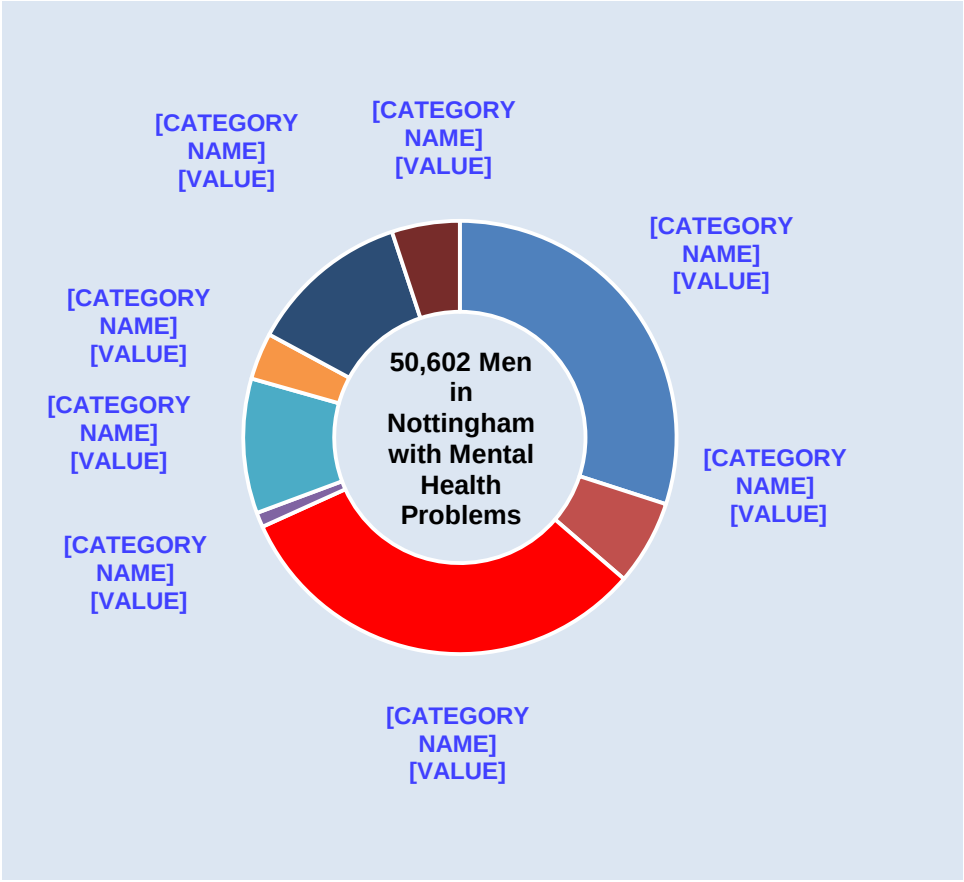
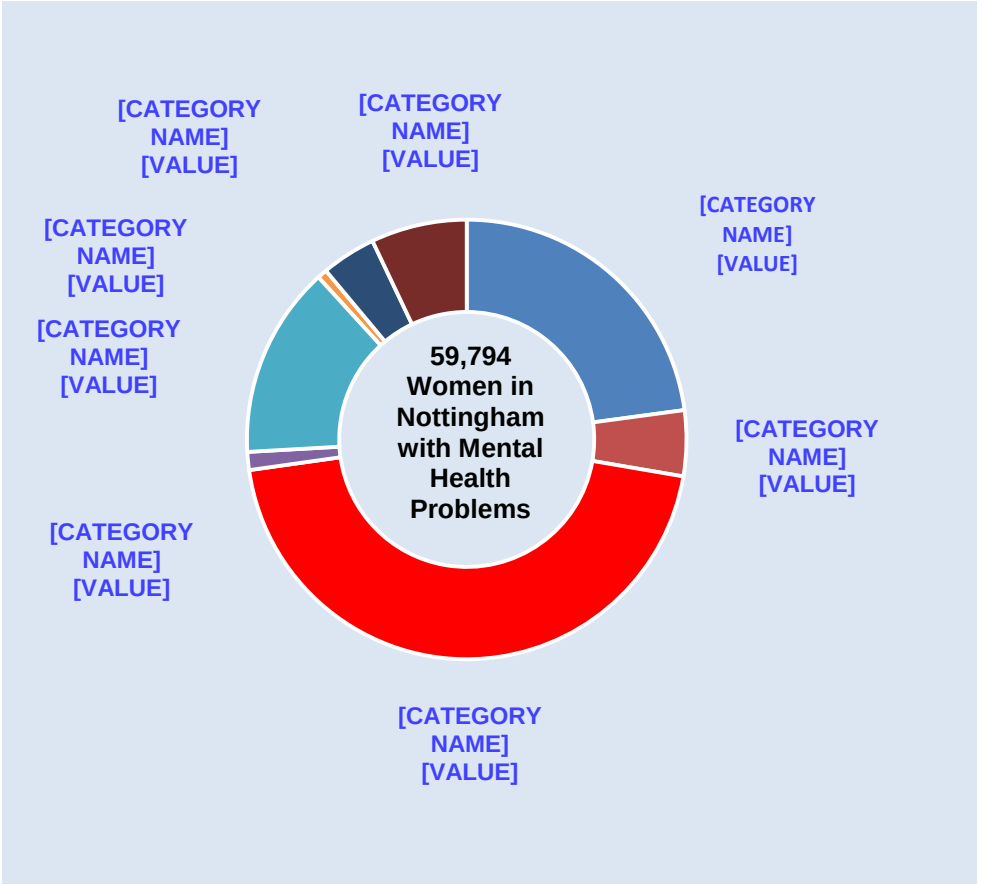


Figure 6b. Estimate of mental health problems amongst **females** aged 16+ in Nottingham based on national prevalence



Source: APMS (2014) and ONS mid-year population estimate (2016)

Figure 7a. Estimate of mental health problems amongst **boys aged 5-16 years** in Nottingham based on national prevalence

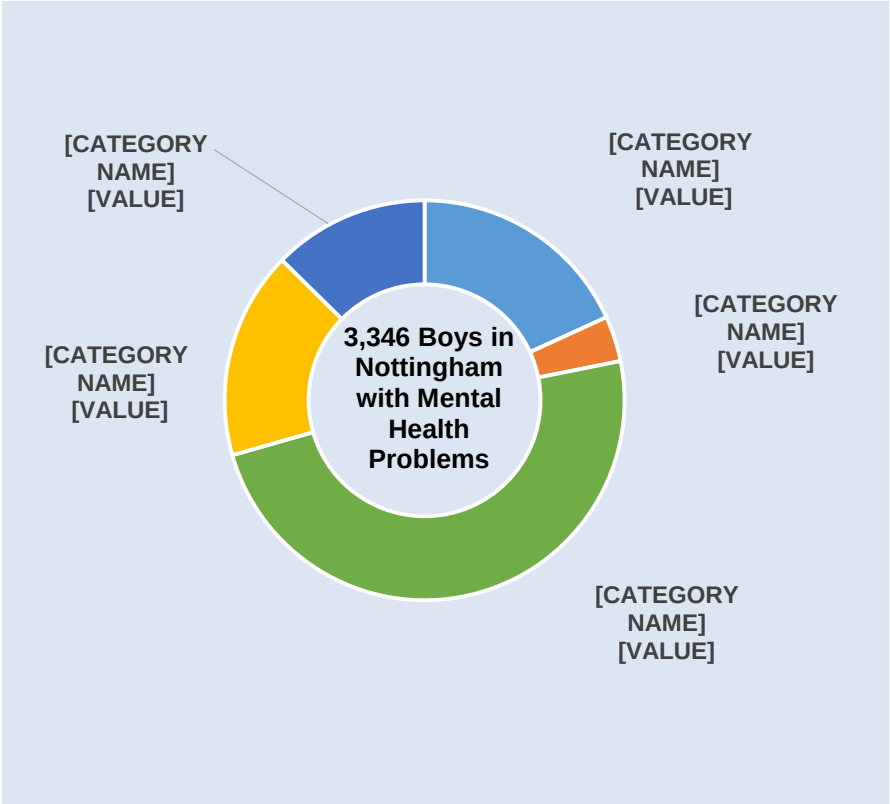
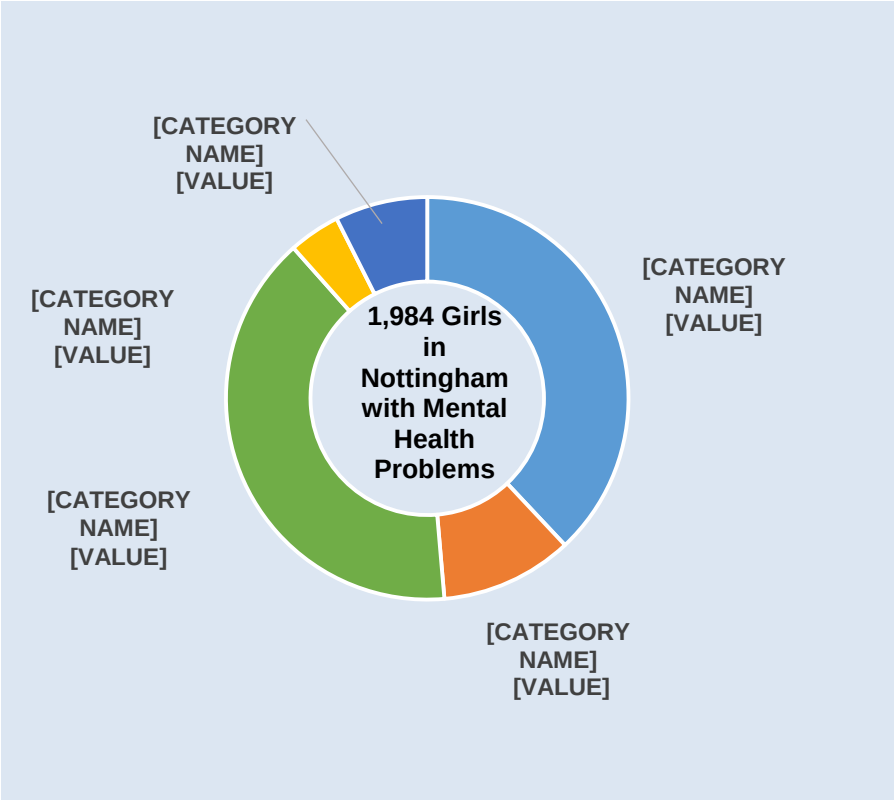


Figure 7b. Estimate of mental health problems amongst **girls aged 5-16 years** in Nottingham based on national prevalence



Source: Mental Health of Children and Young People in Great Britain (2004) and ONS mid-year population estimate (2016)

Resources and budgets

The full picture of spend on mental health services is not straightforward, in part because services are commissioned by different organisations. Also, because provision of universal services includes work to support good mental health in ways that mean specific funding cannot easily be disaggregated. Mental health treatment and support is primarily paid for by Nottingham City Council (children and adult social care), Clinical Commissioning Groups (primary and secondary mental health services) and NHS England (specialist inpatient mental health services and services in secure settings, such as prisons). However, the contribution of education, employers, community and voluntary sectors is acknowledged.

In 2016/17, Nottingham City Council spent £10 million, along with a further £4 million from the Nottingham City Clinical Commissioning Group, on adults with a primary support reason of mental health. This investment included the provision of a range of services, such as residential and nursing homes, care support and enablement, day care and direct payments. The cost has risen from the previous year and is likely to continue to rise due in part to an ageing population and people living longer with more ill health, greater complexity of needs and more disabling conditions (multi-morbidity).

In 2018/19, Nottingham City Clinical Commissioning Group invested £45 million on the provision of mental health services across primary care (Improving Access to Psychological Therapies and services in the community) and secondary care mental health services delivered by Nottinghamshire Healthcare NHS Trust, including community mental health teams, specialist mental health services and inpatient services.

The Local Transformation Plan identifies the spend on children's emotional and mental health for 2016/17 by each commissioning body, including:

- NHS England spent £2 million on inpatient provision including acute care, eating disorders, paediatric intensive care unit, low secure provision and Child and Adolescent Mental Health Service Learning Disability beds;
- Nottingham City Clinical Commissioning Group spent £3.7 million on community emotional and mental health provision; and
- Nottingham City Council spent just under £1 million on community emotional and mental health provision, including looked after children.

There is currently a risk within the health and social care system as a whole, whereby one organisation disinvests in an aspect of mental health service provision only for an increase in pressure to arise elsewhere. This is associated with a potential increase in cost to another part of the system essentially serving the same group of people in the population.

One option to mitigate the risk is to pool budgets across the health and social care system and to plan care in a more integrated way thus establishing a culture of collaboration and incorporating prevention as a central element (27). Nottingham City partners are currently working together through the Health and Wellbeing Board to realise this ambition. Integration beyond the Nottingham City boundary is in development under the All-age Integrated Mental Health and Social Care Strategy 2018.

Nottingham's strategy for mental health planning and investment

Learning from our previous strategy

This strategy builds on the previous mental health strategy for Nottingham City which covered the period 2014-2017. However, the current economic climate provides an opportunity to ensure that this refreshed strategy meets national and local strategic mental health priorities.

A strategy evaluation was conducted to inform future priorities and lessons that could be learnt. There were a number of areas where outcomes showed an improved trend over the strategy period. For example:

- Advancements in Improving Access to Psychological Therapies in terms of access, referral and completion
- An increase in the GP population with recorded depression and severe mental illness
- An increase in the percentage of mental health patients with comprehensive care plans
- An improved recovery rate for depression

Notwithstanding this progress, a number of areas require further focus and improvement. The gap in employment between those with mental health problems and the overall population has increased, as has the life expectancy gap. Those with mental health problems experience higher morbidity and mortality than those without. Admissions to hospital for mental health problems in children under 18 have also increased.

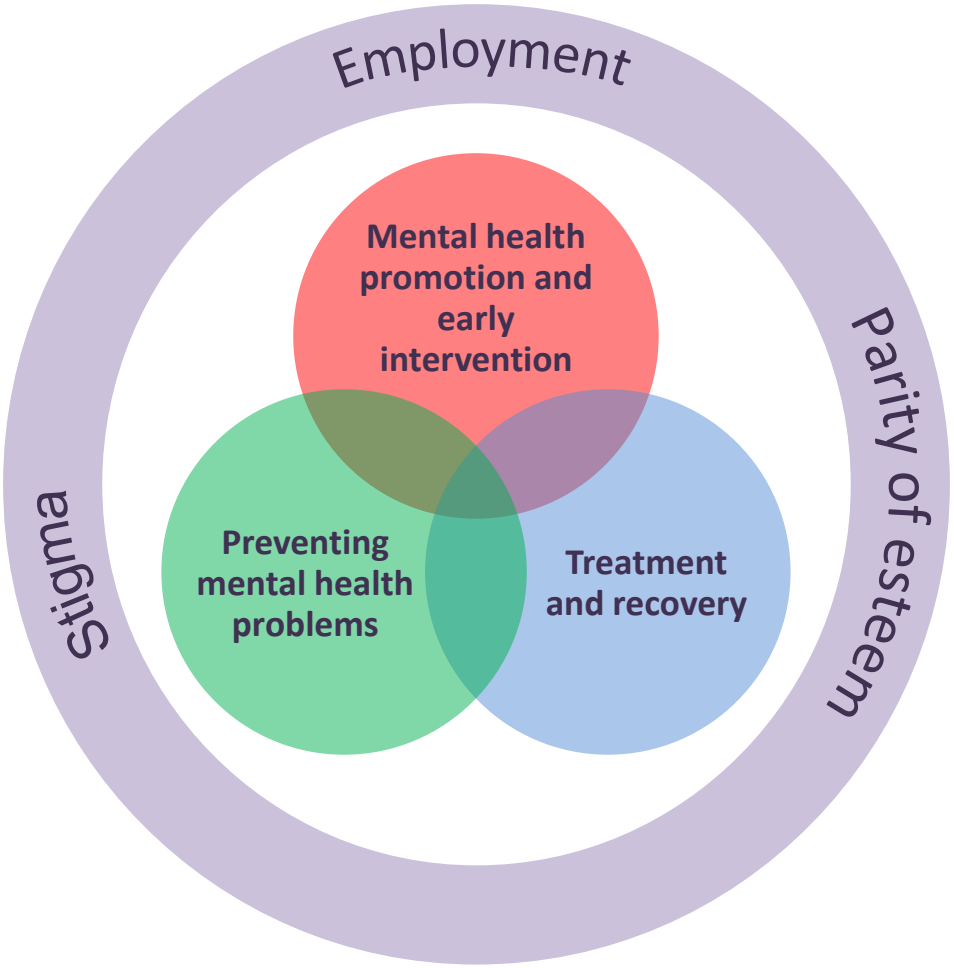
The gaps identified have informed our future strategic direction. The development of this strategy, its outcome measures and priorities include a clear need to continue focus on physical health and parity of esteem, early identification and recovery.

Nottingham's model

A report by the Chief Medical Officer for England (2013) states that central government departments, Public Health England, NHS England and others should consider adopting the World Health Organisation's framework approach. The report also strongly recommends local authorities, the NHS and clinical commissioning groups structure their funding and interventions in mental health using this framework.

Our mental health strategy builds on the World Health Organisation's framework, reflecting that actions may overlap across all three domains and the cross-cutting themes. The Nottingham City model (Figure 7) suggests that, in order to have a real impact on the mental health of our population, activity is required across all domains. **It is not enough to focus on treatment without prevention, whilst improving early intervention will not succeed without the availability of suitable treatment** (7).

Figure 8. Conceptual model of Nottingham's framework for the prevention of mental health problems, mental health promotion, treatment and recovery, derived from the World Health Organisation Public Mental Health Framework and the CMO 2013 model.



Preventing mental health problems

The prevention of mental health problems is concerned with the causes of disease and can be defined as:

> ***Mental disorder prevention aims to reduce the incidence, prevalence and***

recurrence of mental disorders, the time spent with symptoms and the risk conditions for mental illness, preventing or delaying recurrences and also decreasing the impact of illness in the affected person, their family and society. (7)

Preventive public mental health interventions should begin before and during childhood, as we know that half of all mental health problems develop before the age of 14 and three quarters develop by the age 25 (28). Further efforts to prevent mental health problems must continue into adulthood as part of a life course approach.

The focus for the **prevention** of mental health problems in Nottingham City will:

- Ensure comprehensive perinatal and infant mental health pathways are commissioned and delivered.
- Ensure all children, young people and families have easy access to timely, evidenced-based treatment of emotional/mental health difficulties. This should include educating other professionals to offer lower level and preventative emotional wellbeing support, whilst ensuring children and young people gain access to more specialist mental health treatments where required.
- Provide support to build resilience amongst Nottingham City's citizens most at risk from the impacts of social exclusion.
- Improve housing standards for Nottingham City citizens in private and rented accommodation.
- Promote self-help and ensure resources and signposting are available to help Nottingham City citizens improve and maintain their own mental health and wellbeing.
- Ensure that a strategic, needs-led training offer for mental health is available to organisations including suicide prevention, mental health first aid and trauma-informed practice.
- Develop a making every contact count prevention model that includes an emphasis on mental health.
- Adopt a mental health in all policies approach to emphasise mental health and wellbeing through all local public policy developments and not solely through healthcare policy.
- Become a signature to the Government's Prevention Concordat for Better Mental Health consensus statement.

Mental health promotion and early intervention

Mental health promotion is concerned with the determinants of mental health and can be defined as:

> ***"Mental health promotion activities imply the creation of individual, social and environmental conditions that enable optimal psychological and psychophysiological development. Such initiatives involve individuals in the process of achieving positive mental health, enhancing quality of life and narrowing the gap in health expectancy between countries and groups. It is an enabling process done by, with and for the people."*** (7)

The focus for mental health **promotion and early intervention** in Nottingham City will:

- Establish clear and consistent universal messages to help citizens understand how best to look after their mental health.
- Work towards becoming a trauma-informed health, care and education system. Identify citizens at risk of worse mental health through identification and appropriate interactions with citizens that are at risk of and experience trauma.
- Enable children and adults with, or at risk of, mental health problems to access the appropriate level of support as and when they need it.
- Enable children and adults with, or at risk of, mental health problems to lead healthier lifestyles through increased levels of physical activity, improved nutrition, reduced weight, reduced alcohol consumption and stopping smoking.
- Ensure the Improving Access to Psychological Therapies programme is expanded in response to local need in adults, children and high-risk groups, including people accessing substance misuse treatment and people with long-term conditions.
- Expand the primary mental health care offer to include social prescribing, debt advice, peer support and system navigation.
- Work with NHS England and the criminal justice system (including the Youth Offending Service) to better identify and support those who have or are at risk of mental health problems.
- Intervene earlier through improved information sharing at an organisational level and on an individual care basis.
- Promote greater integration of case management systems to improve decision-making and wider adoption of the single care record.

Treatment and recovery

Whilst approximately three quarters of individuals with physical disorders receive treatment, only about a quarter of people with mental health disorders do so. Furthermore, **people with mental illness die up to 15–20 years earlier on average than people without mental illness** (7).

Enabling individuals to recover from and avoid further mental health problems through effective, timely and appropriate high quality treatment is the third component of this strategy.

The focus for **treatment and recovery** in Nottingham City will:

- Ensure universal and targeted Child and Adolescent Mental Health Services are appropriate for local need.
- Reduce out-of-area placements in mental health services for adults in acute inpatient care.
- Ensure an appropriate response is available for people with multiple complex needs (mental health, substance misuse, homelessness and offending).
- Utilise trauma-informed approaches consistently across health and social care settings and the wider workforce.
- Ensure crisis support for children, young people and adults is available, effective and timely.
- Ensure all those identified as at risk of self-harm have safety plans.
- Ensure follow-up support is appropriate for those transitioning between settings including inpatient mental health, prison and the wider criminal justice system (including the Youth Offending Service), university and children's care.
- Establish integrated working between mental health and social care in order to provide high quality joined up planned care.
- Use relevant research and evidence to improve mental health outcomes. This will include research into improving the mental health outcomes of Nottingham's lesbian, gay, bisexual and transgender populations undertaken in 2019 by the University of Leicester and the University of Brighton.

Cross-cutting themes

In addition to the above three domains, the Nottingham City model incorporates three further cross-cutting themes: employment, parity of esteem and reducing stigma. These three themes require concerted attention in order to improve overall mental health across the City. There is local evidence (29) that some of Nottingham City's population, including the black, Asian and minority ethnic populations, experience mental ill health disproportionately as well as experiencing stigma and discrimination, lower levels of employment and negative experiences of accessing healthcare. As with other risk factors, where any individual or group of people experience multiple factors, over time these result in a greater negative impact upon mental health and wellbeing.

Employment

Unemployment is associated with an increased risk of mortality and morbidity, including poor mental health, suicide and health-damaging behaviours (30). Mental health problems can be considered as both a risk factor for 'worklessness' and an outcome of it. As such, **mental health problems are a leading cause of sickness absence in the UK, with over 15 million days lost (11.5% of total days lost)** due to stress, depression and anxiety in 2016, an increase of more than 24% since 2009. Furthermore, individuals can become trapped in a cycle whereby mental health problems can create and maintain 'worklessness', which then worsens mental health (7).

The focus for **employment** in Nottingham City will:

- Enable those with, or at risk of, mental health problems to secure and maintain employment.
- Establish financial resilience as a component of good quality care for people experiencing mental health problems.
- Develop a strategic approach to improving the mental health of people in employment so that they remain employed. This might include the widespread adoption of reasonable adjustments.
- Provide support to navigate benefits and universal credit, especially for those with debt and financial issues.
- Take action to improve the mental health and wellbeing of our workforce and, in doing so, provide an example of good practice to other local employers.

Parity of esteem

The term 'parity of esteem' was introduced in 2011 in the Government's mental health strategy 'No Health without Mental Health'. It refers to the equal status of mental and physical health. **Parity of esteem seeks to ensure that all health and social care services view and treat mental and physical health problems equally**. Services and health workers have traditionally focused on one aspect or the other, which can lead to gaps in addressing health needs.

People with physical health problems, especially chronic diseases, are at increased risk of mental health problems, particularly depression and anxiety. Around 30% of people with a long-term physical health condition also have a mental health problem (13).

The focus for **parity of esteem** in Nottingham City will:

- Enable those with serious mental health problems to lead healthier lives and ensure those with long-term physical health conditions have their mental health needs addressed.
- Support the implementation of smokefree settings at Nottinghamshire Healthcare NHS Foundation Trust and Nottingham University Hospitals NHS Trust.
- Develop a strategic approach to a mental health training offer for front-line staff to understand mental health problems and mental health stigma.
- Establish a greater emphasis on mental health across universal health and care services, including provision of training for staff about emotional development, trauma-informed approaches and mental health (accompanied by access to consultation and advice from clinical specialists where required).

Reducing stigma

Stigma against people with mental health problems can have a substantial public health impact and can be defined as:

> ***…an attribute that is deeply discrediting and that reduces the bearer from a whole and usual person to a tainted, discounted one.*** (31)

Stigma and discrimination against people with mental health problems can have a substantial impact which can further inequalities: including poor access to mental and physical healthcare; reduced life expectancy; exclusion from higher education and employment; increased risk of contact with the criminal justice system; victimisation; poverty and homelessness (7).

The 2014 Adult Psychiatric Morbidity Survey of Mental Health showed that a fifth of people seek help from family, friends and neighbours following an attempted suicide. Therefore, reducing stigma in local communities is important to reducing barriers to people seeking help (24).

In 2018, Nottingham became the East Midlands Time to Change hub. The intention is to become a city where people talk openly about mental health problems in the same way as physical health issues, without fear of stigma or discrimination. Time to Change is a growing social movement aimed at changing how we all think and act about mental health. Too many people with mental health problems are made to feel isolated, worthless and ashamed. Our plans for the hub will be co-produced with people who have a lived experience, focusing on men, the workplace and the African-Caribbean community.

The focus for **reducing stigma** in Nottingham City will:

- Raise awareness of mental health stigma and discrimination via the Time to Change programme, ensuring actions are embedded and sustained.
- Reduce the level of stigma experienced by citizens, including: those with learning disability; those in black, Asian and minority ethnic groups; older people; the homeless; offenders; those affected by trauma; those affected by substance misuse and lesbian, gay, bisexual and transgender people.
- Develop mental health champions within the statutory and non-statutory workforce.
- Develop and support public-facing campaigns that raise awareness of mental health problems and challenge stigma.

Our aim will be achieved through these actions relating to our three key areas:

- Preventing mental health problem
- Mental health promotion and early intervention
- Treatment and recovery

As well as our three crosscutting themes:

- Employment
- Mental health stigma
- Parity of esteem

Progress towards our aim will be monitored through the existing mechanisms for mental health reporting, including the Nottingham City Health and Wellbeing Board, the Mental Health Partnership Board and the Clinical Commissioning Group Governing Body.

References

1. WHO. Mental Health a state of wellbeing [Internet]. 2014 [cited 2018 Mar 2]. Available from: http://www.who.int/features/factfiles/mental_health/en/

2. NHS Digital. Mortality rate three times as high among mental health service users than in general population [Internet]. 2012. Available from: http://content.digital.nhs.uk/article/2543/Mortality-rate-three-times-as-high-among-mental-health-service-users-than-in-general-population

3. Cooper R, Boyko C, Codinhoto R. Mental Capital and Wellbeing : Making the most of ourselves in Mental Capital and Wellbeing : Making the most of ourselves in the 21st century. Foresight [Internet]. 2008;1–22. Available from: http://www.bis.gov.uk/assets/bispartners/foresight/docs/mental-capital/learning_through_life.pdf

4. Mental Health Strategic Partnership. Building resilient communities: Making every contact count for public mental health. 2013;(August):1–49. Available from: http://mentalhealth.org.uk/content/assets/PDF/publications/building-resilient-communities.pdf

5. HM Government. No Health Without Mental Health: A cross-government mental health outcomes strategy for people of all ages. Policy. 2012;1–103.

6. NHS Choices. Psychosis [Internet]. Available from: https://www.nhs.uk/conditions/psychosis/

7. Dame P, Davies SC. Annual Report of the Chief Medical Officer 2013 Public Mental Health Priorities: Investing in the Evidence. [cited 2018 Jan 31]; Available from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/413196/CMO_web_doc.pdf

8. Kessler RC, Angermeyer M, Anthony JC, DE Graaf R, Demyttenaere K, Gasquet I, et al. Lifetime prevalence and age-of-onset distributions of mental disorders in the World Health Organization's World Mental Health Survey Initiative. [Internet]. Vol. 6, World psychiatry : official journal of the World Psychiatric Association (WPA). 2007. p. 168–76. Available from: http://www.ncbi.nlm.nih.gov/pubmed/18188442%5Cnhttp://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=PMC2174588

9. Jones PB. Adult mental health disorders and their age at onset. Br J Psychiatry [Internet]. 2013;202:s5–10. Available from: https://pdfs.semanticscholar.org/7d75/ef8f4f93f3cb42e427895e8a876bb2860212.pdf

10. McManus S, Bebbington P, Jenkins R BT (eds. . (2016). Mental health and wellbeing in England: Adult Psychiatric Morbidity Survey 2014. Leeds: NHS. 2016; Available from: https://digital.nhs.uk/catalogue/PUB21748

11. DH. Confident Communities , Brighter Futures. A framework for developing wellbeing. 2010;

12. MHF. Health inequalities manifesto 2018. 2018;1–22.

13. Naylor C, Parsonage M, McDaid D, Knapp M, Fossey M, Galea A. Long-term conditions and mental health: The cost of co-morbidities [Internet]. The King's Fund and Centre for Mental Health. 2012. p. 1–32. Available from:

http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/long-term-conditions-mental-health-cost-comorbidities-naylor-feb12.pdf

14. Panel JC. Public Mental Health Services. 2013;(July):1–58.

15. Naylor C, Das P, Ross S, Honeyman M, Thompson J, Gilburt H. Bringing together physical and mental health A new frontier for integrated care. 2016 [cited 2018 Jan 31]; Available from: https://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/Bringing-together-Kings-Fund-March-2016_1.pdf

16. Foley T. Bridging the Gap : The financial case for a reasonable rebalancing of health and care resources. 2013;(October):1–31.

17. Mcdaid D, Park A-L, Knapp M, Ali N, Appleby L, Belsman L, et al. Commissioning Cost-Effective Services for Promotion of Mental Health and Wellbeing and Prevention of Mental Ill-Health Commissioning Cost-Effective Services for Promotion of Mental Health and Wellbeing and Prevention of Mental Ill- Health Commissioning Co. 2017; Available from: www.gov.uk/phe%0Awww.facebook.com/PublicHealthEngland

18. Knapp, M.; McDaid, D.; Parsonage M. Mental Health Promotion and Prevention: The Economic Case. UK Dep Heal [Internet]. 2011;(January):48. Available from: http://www.lse.ac.uk/businessAndConsultancy/LSEEnterprise/pdf/PSSRUfeb2011.pdf

19. Mental Health Foundation. Better Mental Health For All: A public health approach to mental health improvment. 2016;65.

20. The Marmot review. The Marmot review: Fair society, healthy lives. 2010;1–242. Available from: http://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review/fair-society-healthy-lives-full-report-pdf.pdf

21. Laursen TM, Nordentoft M, Mortensen PB. Excess Early Mortality in Schizophrenia. Annu Rev Clin Psychol [Internet]. 2014;10(1):425–48. Available from: http://www.annualreviews.org/doi/10.1146/annurev-clinpsy-032813-153657

22. CentreForMentalHealth(forNHS). 13 The five year forward view for mental health. Ment Heal Taskforce. 2016;(February):82.

23. Public Health England. The mental health of children and young people in England. 2016;(December):1–33.

24. Department of Health. Preventing suicide in England : Third progress report of the outcomes strategy to save lives. 2017;(January).

25. NHS Health Scotland. Measuring Mental Wellbeing Warwick Edinburgh Mental Wellbeing Scale [Internet]. Available from: http://www.healthscotland.scot/tools-and-resources/wemwbs

26. Morris S, Earl C, Neave A. Health Survey for England 2016 Well-being and mental health Health Survey for England 2016: Well-being and mental health. Heal Surv Engl [Internet]. 2017;(December):1–20. Available from: http://healthsurvey.hscic.gov.uk/media/63763/HSE2016-Adult-wel-bei.pdf

27. NHS Confederation. What the NHS needs to see from the social care green paper [Internet]. 2018. Available from: http://www.nhsconfed.org/-/media/Confederation/Files/Publications/Social-care-green-paper-briefing-WEB.pdf

28. Kessler R et. 2005 Lifetime prevalence and age-of-onset distributions of DSM-IV

disorders.pdf. 2005.

29. Burton, J Hadid, D and Denness H. Health Needs Assessment of the Black and Minority Ethnic populations within Nottingham City. 2017.

30. Public Health England. The importance of health and work [Internet]. 2017. Available from: https://www.gov.uk/government/publications/health-and-work-infographics/the-importance-of-health-and-work

31. Goffman E. Stigma: notes on the management of spoiled identity. Simon & Schuster; 1963.

32. CSDH. Closing the gap in a generation [Internet]. Closing the gap in a generation. Health Equity Through Action on the Social Determinants of Health. Final Report of the Commission on Social Determinants of Health. 2008. p. 246. Available from: http://www.bvsde.paho.org/bvsacd/cd68/Marmot.pdf%5Cnpapers2://publication/uuid/E1779459-4655-4721-8531-CF82E8D47409

33. Mental Health Foundation. Black, Asian and minority ethnic (BAME) communities. 2019. Available from: https://www.mentalhealth.org.uk/a-to-z/b/black-asian-and-minority-ethnic-bame-communities

34. Mind (2013). Mental health crisis care: commissioning excellence for Black and minority ethnic groups. A briefing for Clinical Commissioning Groups, March 2013.

35. Mental Health Foundation (2016) Fundamental Facts About Mental Health.

36. NHS Digital (2014) Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England

37. Qassem, T., Bebbington, P., Spiers, N., McManus, S., Jenkins, R., & Dean, S. (2015). Prevalence of psychosis in black ethnic minorities in Britain: Analysis based on three national surveys. Social Psychiatry and Psychiatric Epidemiology, 50(7), 1057–1064.

38. Mental Health Foundation (2016) Mental health statistics: carers.

39. Carers UK (2018) State of caring 2018.

40. Carers UK (2015) Facts about carers.

41. Carers Trust (2013) The Triangle of Care. Carers Included: A Guide to Best Practice in Mental Health Care in England. Second Edition. London.

42. Royal Society for Public Health (2018). Life on Debt Row. London.

43. Mental Health Foundation. Debt and mental health. 2019. Available from: https://www.mentalhealth.org.uk/a-to-z/d/debt-and-mental-health