Joint Public Mental Health and Wellbeing Strategy 2018 – 2021

City of Wolverhampton Council
NHS Wolverhampton CCG

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Foreword

Mental health is integral to overall health, and recognised as being fundamental to growth, development, learning and resilience. Accordingly the social, physical and economic environments in which people are born, grow, live, work and age have important implications for mental health. The support needs of people experiencing mental health difficulties therefore extend beyond health service provision and into wider public services.

This Joint Public Mental Health & Wellbeing Strategy for Wolverhampton follows a life course approach, covering all tiers of service provision and support for all ages. In addition, it sets out key programmes and strategies acting on the wider social, environmental and economic determinants of health to create mentally healthy places and keep people well.

The aim is to not only meet the specific needs of different age groups, but also to reduce cumulative disadvantage associated with poor mental health and wellbeing and related risk factors.

The Strategy brings out key strategic and delivery themes across Council and CCG workstreams to articulate a cohesive, population-based approach to promote wellbeing and improve mental health in the city.

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Vision and values

Our vision is for every resident in the City of Wolverhampton to have the best mental health that they can at every stage of their life.

We will promote an approach that prevents and treats mental health problems with the same drive, passion and commitment as for physical health problems, embedding mental health and wellbeing across the health, care and wider system. This approach recognises the importance of enabling everyone to feel good and function well throughout their everyday lives.

This will be achieved through the following key objectives, drawing upon the wealth of skills and expertise across the Council, NHS and partner organisations:

- Focus on mental health promotion, mental illness prevention and recovery throughout the life course
- Promote resilience in individuals, families and communities through asset-based working and the wider social determinants of health
- Deliver timely, person-centred, effective services that align health and social care outcomes to provide integrated, responsive services and care
- Improve people's experiences of mental health and social care services
- Reduce inequalities in mental health and wellbeing and in access to care and support
- Challenge stigma and discrimination related to mental health problems

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Key strategic and policy drivers

- **Five Year Forward View for Mental Health (2016)** emphasises the need for a shift towards prevention and better integration of care in order to improve outcomes and experiences for people with mental health problems and their carers, and reduce health inequalities.
- **Prevention Concordat for Better Mental Health (2016)** advocates a prevention-focused approach to mental health improvement in populations through evidence-based planning and commissioning. It also acknowledges the active role played by people with lived experience of mental health problems.
- **Care Act 2014** places statutory duties on Local Authorities to promote wellbeing, ensuring personal dignity; physical and mental health and emotional wellbeing; protection from abuse and neglect; control by the individual over their day-to-day life; participation in work, education, training or recreation; social and economic wellbeing; domestic, family and personal domains; suitability of the individual's living accommodation; and the individual's contribution to society.
- **No Health Without Mental Health:** a cross-government outcomes strategy (2011) set out ambitions for mental health to be given equal priority to physical health ('parity of esteem'), and to become 'everyone's business' – that is, for health services, local authorities, education, employers, third sector organisations and communities to work in partnership to address the causes and consequences of poor mental health and promote mental wellbeing in populations.
- **Better Care Fund (BCF)** is a programme spanning both the NHS and local government which seeks to join-up health and care services, so that people can manage their own health and wellbeing, and live independently in their communities for as long as possible.
- **Transforming children and young people's mental health provision: a green paper (2017)** 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.
- **Suicide Prevention Strategy for England (2012)** sets out plans for reducing suicide rates and supporting people affected by suicide.
- **Being mindful of mental health – the role of local government in mental health and being (2017)** of the Local Government Association aspires to the creation of "mentally healthy" places for people of all ages across their whole life-course.
- **Distinctive, Valued, Personal (ADASS, 2015): Why Social Care matters – the next five years** describes the distinctive role and value of social care in taking a whole-person approach to supporting people with complex needs.
- **Thrive Mental Health Commission (WMCA, 2017): An Action Plan to drive better mental health and wellbeing in the West Midlands** sets out key actions for working in partnership to reduce the impact of mental ill health across the region.

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Local and national context

Mental health problems have very high rates of prevalence, estimated to affect around **1 in 4 people every year**. They are often of long duration, even lifelong in some cases and have adverse effects on many aspects of people's lives.

Nationally, poor mental health is estimated to cost the economy approximately **£105 billion per year**, including **£34 billion on dedicated mental health support and services**.

Prevalence of diagnosable mental health problems across the life course

In Wolverhampton in 2015/16, up to 510 women had mild to moderate perinatal anxiety and/or depression

An estimated 105 women had severe perinatal depression

Perinatal and early years

Anxiety and depression affect 10-15% of women having a baby

50% of diagnosed mental health problems emerge by age 14, and 75% by age 24

In 2015 an estimated 3,906 children in Wolverhampton aged 5-16 had a diagnosable mental health disorder

Childhood and adolescence

1 in 150 females and 1 in 2000 males will develop an eating disorder such as anorexia nervosa

1 in 10 children will be affected by depression, anxiety or a conduct disorder (aggression, destructive behaviour, consistent breaking of rules, deceitful behaviour)

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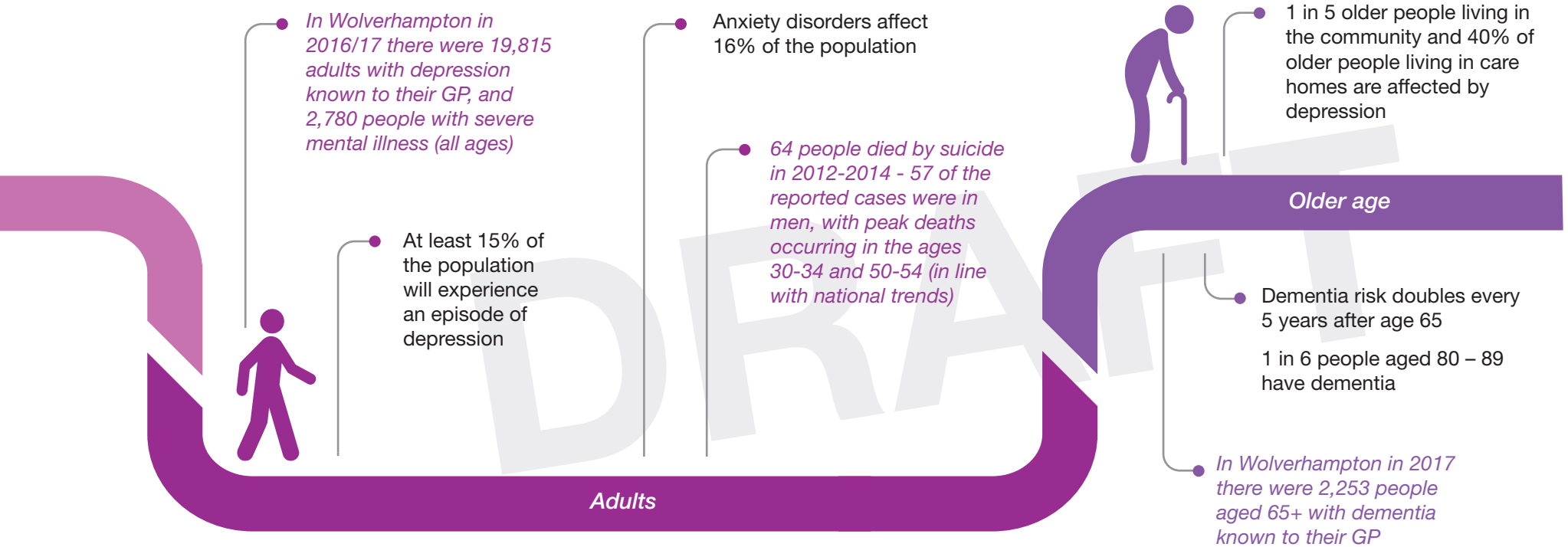
[1] NHS England internal analysis – Five Year Forward View for Mental Health (2016).
[2] Sources: Public Health Profiles: Mental Health, Dementia & Neurology; Mental Health Foundation.

*Approximately **1 in 4 people** in the UK will experience a mental health problem each year*



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[3] 5 Year Forward View for Mental Health (2016)

Wellbeing

Wellbeing encompasses social, emotional and mental wellbeing. It can be best summarised as **feeling good and functioning well**.

A recent report by the Mental Health Foundation (2017) found that that only 13% of people in England consider themselves to have good mental health. This highlights the importance of improving mental health and wellbeing at population level, beyond the prevention of diagnosable or definable conditions.

Creating the conditions for mental health and wellbeing

Poor mental health is both a cause and consequence of overall health inequalities due to its associations with physical health, employment, housing and lifestyle factors. People with severe and prolonged mental illness die 15-20 years earlier on average than others – two thirds of these deaths are due to avoidable physical illness, including heart disease and cancer linked to smoking.

At all ages **traumatic experiences, poor housing or homelessness**, being **part of a marginalised group**, or having **multiple needs** such as a learning disability or autism are all associated with increased risk of mental health problems, and may also limit access to support.[4]

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[4] Prevention Concordat for Better Mental Health (2016)

Best start in life

- Adverse Childhood Experiences (ACEs) describe childhood trauma through abuse, neglect and difficulties in the home environment. ACEs are linked to poorer health and social outcomes, including smoking, substance use and incarceration.
- Children in care are 4 times more likely than their peers to have a mental health difficulty, which may be exacerbated with placement breakdown.
- Resilience factors such as feeling loved and having good social support network can help protect against the effects of childhood trauma.
    - We are developing ways to systematically capture information on ACEs, and intervene early to reduce the occurrence and impact of ACEs and prevent intergenerational problems as part of the **Early Years Strategy** and Healthy Child Programme.

Education

- School ethos, bullying and teacher wellbeing all have an influence on children's mental health. In an average classroom of 30 15-year-old pupils, 3 could have a mental health problem, 7 are likely to have been bullied, and 6 may be self-harming.[5]
- The **Social, Emotional & Mental Health (SEMH) Plan** for schools sets out actions for identifying and responding to SEMH needs. This includes workforce development and training, and off-site and on-site enhanced or alternative provision for pupils with identified SEMH needs.

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Employment

- As of November 2017, there were 12,010 Employment Support Allowance (ESA) claimants living in Wolverhampton.
- It is estimated that approximately 5,525 of these are due to mental health problems.[6]
- We are strengthening pathways across health and employment services to improve access to employment for people with mental health problems.

Housing

- Among people in contact with secondary mental health services, only 27% in Wolverhampton live in stable and appropriate accommodation (2016/17).
- This is lower than both the regional average (45%) and national average (54%).
- We are actively working to improve the quality of rented accommodation, and to reduce homelessness - working in partnership with mental health services – as part of the **Housing Strategy**.

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[5] Lavis P (2015). Promoting children and young people's emotional health and wellbeing: A whole school and college approach. London: Public Health England.

Community

- Just 50.9% of adult social care users and 25.2% of adult carers in Wolverhampton report having as much social contact as they would like (2016/17).
- We are developing a system to measure social isolation locally, and mobilise the community to meet these needs (e.g. through social prescribing).
- Young offenders are known to be a key group at increased risk of mental health issues. Our Reducing Gangs & Youth Violence Strategy will be incorporated into a wider **Exploitation Strategy** in 2019.

Environment

- Access to green spaces has a lasting positive effect on mental wellbeing for all ages and socioeconomic groups. However, these spaces are not equally distributed and are not always safe or accessible within deprived areas.[7]
- We are working to improve access to green spaces for wellbeing and physical activity through the **Open Spaces Strategy and Action Plan**.

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[6] Data from 2016 identified 46% of ESA claimants cited mental illness as the reason for being unable to work.
[7] Better Mental Health For All: A Public Health Approach to Mental Health Improvement (2016). London: Faculty of Public Health and Mental Health Foundation.

Physical health problems

Physical and mental health are inextricably linked. Mental wellbeing and resilience are protective factors for physical health as they reduce the prevalence of risky behaviours such as smoking, substance misuse and unhealthy eating, which are often used as coping mechanisms in the absence of other support. Conversely, people with cancer, diabetes, asthma and high blood pressure are at greater risk of a range of mental health problems such as depression, anxiety and PTSD.

People with long term physical health conditions are more likely to have poor mental health compared with the general population, indicating a need to ensure approaches to improve mental wellbeing are integrated into physical care pathways.

- 30% of the UK population live with one or more long-term health conditions. Of these, approximately 27% will also have a mental health problem.[8]
    - This means that approximately 20,664 people in Wolverhampton with a long-term health condition also have a mental health problem.[9]
- In Wolverhampton smoking prevalence in people with severe mental illness is 46.5%, compared with 16.5% in the general population. This is similar to the national average.

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[8] Naylor C et al (2012). Long-term conditions and mental health – The cost of co-morbidities. London: The King's Fund & Centre for Mental Health.
[9] Based on mid-year population estimate of 255,106 (ONS)

Access to and experience of services

Mental Wellbeing in Wolverhampton – an assessment of needs (2017) reported evidence from responses to a survey of users about their experiences of mental health service highlighted the following:

- **Groups at higher risk of poor mental wellbeing** - unemployed, lesbian, gay, bisexual and transgender (LGBT+), homeless, Black and Minority Ethnic (BAME) groups, refugee and migrants, students, ex-offenders, carers
- **Key issues highlighted**: isolation, access to support groups, housing employment, financial stability, physical health
- **Stigma:** lack of understanding from front line services, lack of support for coming back into work.

There was concern around people wanting support but not meeting the threshold for accessing services, and accessing difficulty in getting timely access to appropriate services. The report also indicated a need to raise awareness of where the public can get help, whether signposts or more information on mental health issues.

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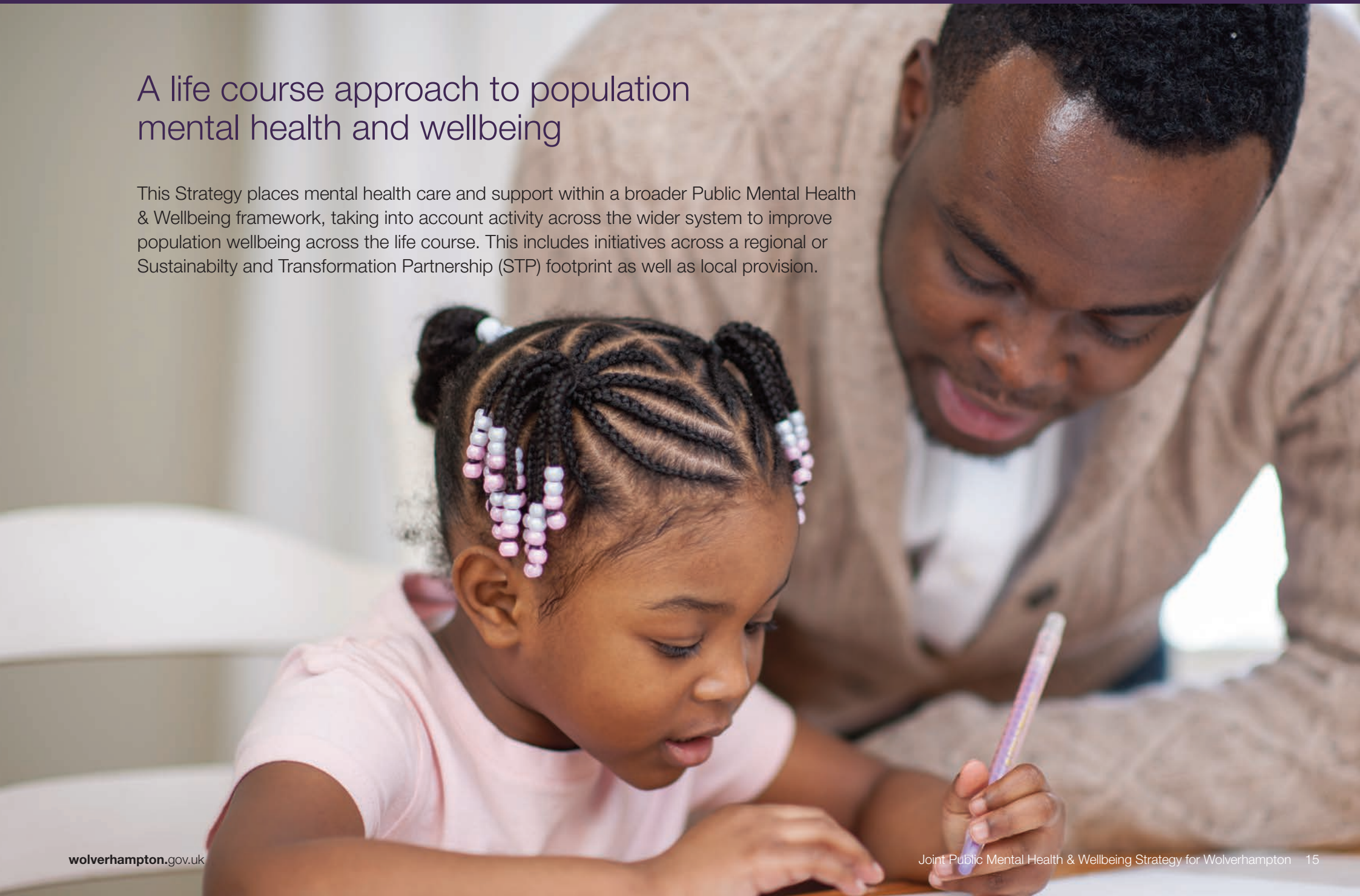
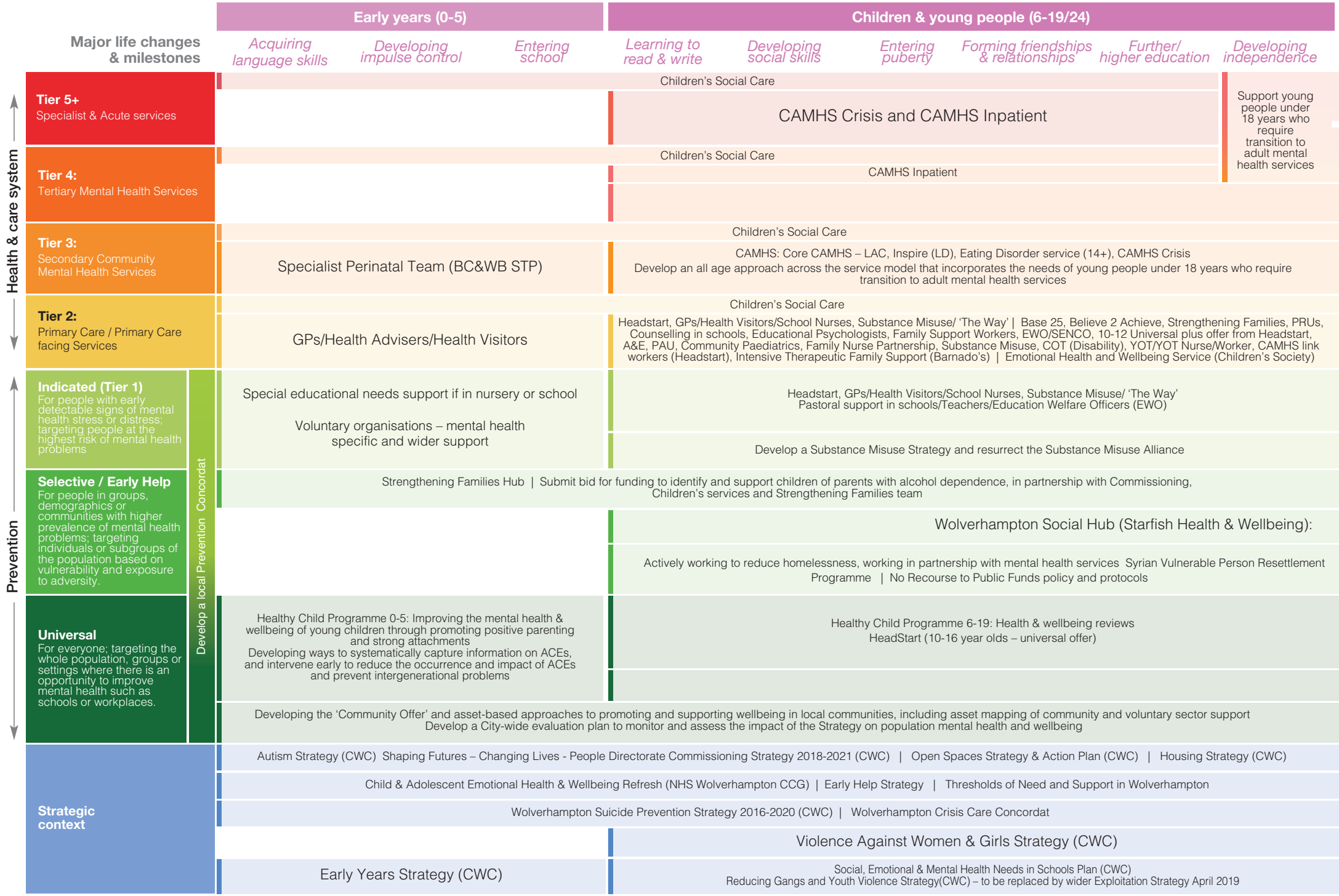
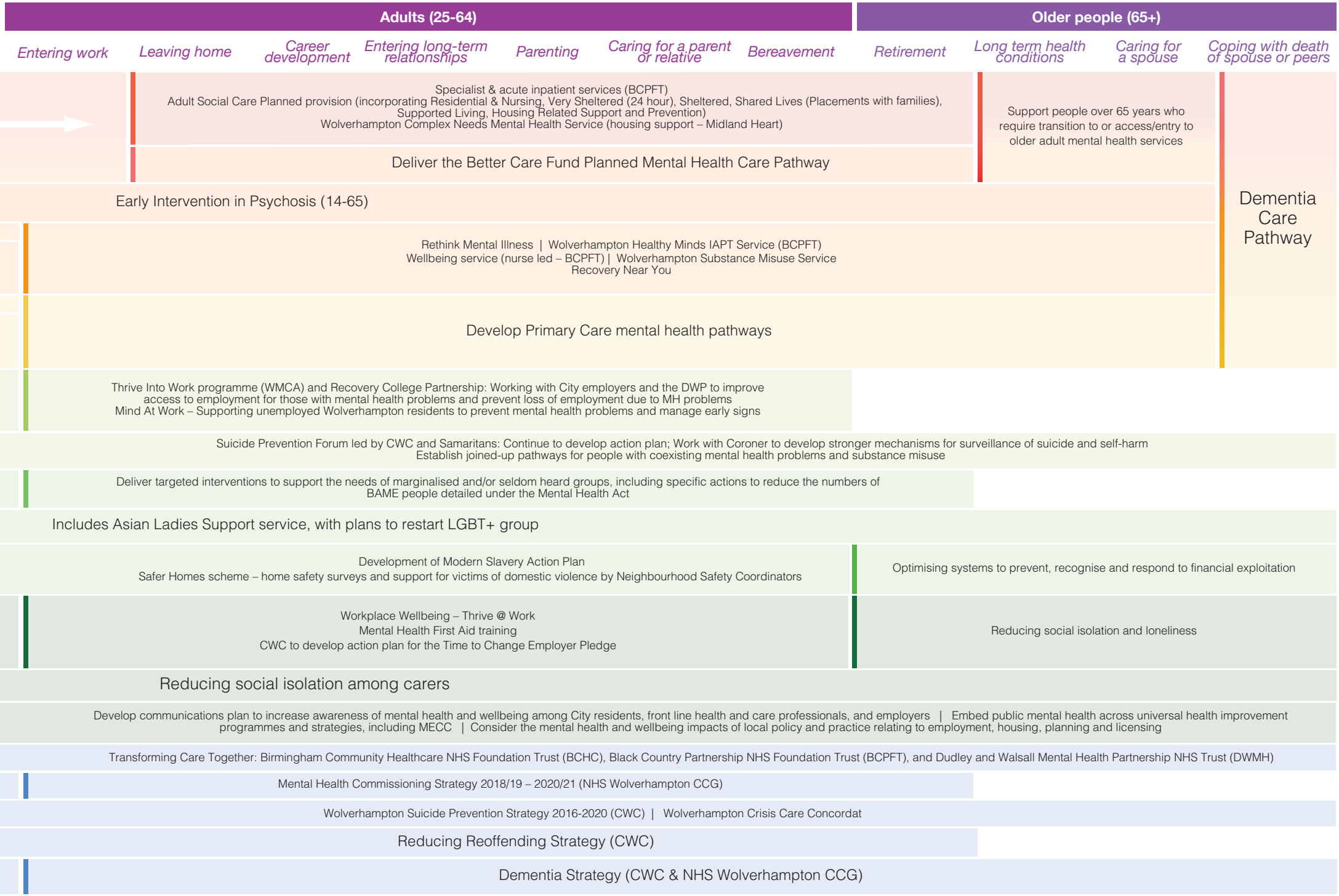
A life course approach to population mental health and wellbeing

This Strategy places mental health care and support within a broader Public Mental Health & Wellbeing framework, taking into account activity across the wider system to improve population wellbeing across the life course. This includes initiatives across a regional or Sustainabilty and Transformation Partnership (STP) footprint as well as local provision.




Early years (0-5)
Children & young people (6-19/24)
Major life changes & milestones
Acquiring language skills
Developing impulse control
Entering school
Learning to read & write
Developing social skills
Entering puberty
Forming friendships & relationships
Further/ higher education
Developing independence
Health & care system
Prevention
Tier 5+
Specialist & Acute services
Tier 4:
Tertiary Mental Health Services
Tier 3:
Secondary Community Mental Health Services
Tier 2:
Primary Care / Primary Care facing Services
Indicated (Tier 1)
For people with early detectable signs of mental health stress or distress; targeting people at the highest risk of mental health problems
Selective / Early Help
For people in groups, demographics or communities with higher prevalence of mental health problems; targeting individuals or subgroups of the population based on vulnerability and exposure to adversity.
Universal
For everyone; targeting the whole population, groups or settings where there is an opportunity to improve mental health such as schools or workplaces.
Develop a local Prevention Concordat
Strategic context
Children's Social Care
CAMHS Crisis and CAMHS Inpatient
Support young people under 18 years who require transition to adult mental health services
Children's Social Care
CAMHS Inpatient
Children's Social Care
Specialist Perinatal Team (BC&WB STP)
CAMHS: Core CAMHS – LAC, Inspire (LD), Eating Disorder service (14+), CAMHS Crisis
Develop an all age approach across the service model that incorporates the needs of young people under 18 years who require transition to adult mental health services
Children's Social Care
GPs/Health Advisers/Health Visitors
Headstart, GPs/Health Visitors/School Nurses, Substance Misuse/ 'The Way' | Base 25, Believe 2 Achieve, Strengthening Families, PRUs, Counselling in schools, Educational Psychologists, Family Support Workers, EWO/SENCO, 10-12 Universal plus offer from Headstart, A&E, PAU, Community Paediatrics, Family Nurse Partnership, Substance Misuse, COT (Disability), YOT/YOT Nurse/Worker, CAMHS link workers (Headstart), Intensive Therapeutic Family Support (Barnado's) | Emotional Health and Wellbeing Service (Children's Society)
Special educational needs support if in nursery or school
Voluntary organisations – mental health specific and wider support
Headstart, GPs/Health Visitors/School Nurses, Substance Misuse/ 'The Way'
Pastoral support in schools/Teachers/Education Welfare Officers (EWO)
Develop a Substance Misuse Strategy and resurrect the Substance Misuse Alliance
Strengthening Families Hub | Submit bid for funding to identify and support children of parents with alcohol dependence, in partnership with Commissioning, Children's services and Strengthening Families team
Wolverhampton Social Hub (Starfish Health & Wellbeing):
Actively working to reduce homelessness, working in partnership with mental health services Syrian Vulnerable Person Resettlement Programme | No Recourse to Public Funds policy and protocols
Healthy Child Programme 0-5: Improving the mental health & wellbeing of young children through promoting positive parenting and strong attachments
Developing ways to systematically capture information on ACEs, and intervene early to reduce the occurrence and impact of ACEs and prevent intergenerational problems
Healthy Child Programme 6-19: Health & wellbeing reviews
HeadStart (10-16 year olds – universal offer)
Developing the 'Community Offer' and asset-based approaches to promoting and supporting wellbeing in local communities, including asset mapping of community and voluntary sector support
Develop a City-wide evaluation plan to monitor and assess the impact of the Strategy on population mental health and wellbeing
Autism Strategy (CWC) Shaping Futures – Changing Lives - People Directorate Commissioning Strategy 2018-2021 (CWC) | Open Spaces Strategy & Action Plan (CWC) | Housing Strategy (CWC)
Child & Adolescent Emotional Health & Wellbeing Refresh (NHS Wolverhampton CCG) | Early Help Strategy | Thresholds of Need and Support in Wolverhampton
Wolverhampton Suicide Prevention Strategy 2016-2020 (CWC) | Wolverhampton Crisis Care Concordat
Violence Against Women & Girls Strategy (CWC)
Early Years Strategy (CWC)
Social, Emotional & Mental Health Needs in Schools Plan (CWC)
Reducing Gangs and Youth Violence Strategy(CWC) – to be replaced by wider Exploitation Strategy April 2019


Adults (25-64)
Older people (65+)
Entering work
Leaving home
Career development
Entering long-term relationships
Parenting
Caring for a parent or relative
Bereavement
Retirement
Long term health conditions
Caring for a spouse
Coping with death of spouse or peers
Specialist & acute inpatient services (BCPFT)
Adult Social Care Planned provision (incorporating Residential & Nursing, Very Sheltered (24 hour), Sheltered, Shared Lives (Placements with families), Supported Living, Housing Related Support and Prevention)
Wolverhampton Complex Needs Mental Health Service (housing support – Midland Heart)
Support people over 65 years who require transition to or access/entry to older adult mental health services
Deliver the Better Care Fund Planned Mental Health Care Pathway
Dementia Care Pathway
Early Intervention in Psychosis (14-65)
Rethink Mental Illness | Wolverhampton Healthy Minds IAPT Service (BCPFT)
Wellbeing service (nurse led – BCPFT) | Wolverhampton Substance Misuse Service
Recovery Near You
Develop Primary Care mental health pathways
Thrive Into Work programme (WMCA) and Recovery College Partnership: Working with City employers and the DWP to improve access to employment for those with mental health problems and prevent loss of employment due to MH problems
Mind At Work – Supporting unemployed Wolverhampton residents to prevent mental health problems and manage early signs
Suicide Prevention Forum led by CWC and Samaritans: Continue to develop action plan; Work with Coroner to develop stronger mechanisms for surveillance of suicide and self-harm
Establish joined-up pathways for people with coexisting mental health problems and substance misuse
Deliver targeted interventions to support the needs of marginalised and/or seldom heard groups, including specific actions to reduce the numbers of BAME people detailed under the Mental Health Act
Includes Asian Ladies Support service, with plans to restart LGBT+ group
Development of Modern Slavery Action Plan
Safer Homes scheme – home safety surveys and support for victims of domestic violence by Neighbourhood Safety Coordinators
Optimising systems to prevent, recognise and respond to financial exploitation
Workplace Wellbeing – Thrive @ Work
Mental Health First Aid training
CWC to develop action plan for the Time to Change Employer Pledge
Reducing social isolation and loneliness
Reducing social isolation among carers
Develop communications plan to increase awareness of mental health and wellbeing among City residents, front line health and care professionals, and employers | Embed public mental health across universal health improvement programmes and strategies, including MECC | Consider the mental health and wellbeing impacts of local policy and practice relating to employment, housing, planning and licensing
Transforming Care Together: Birmingham Community Healthcare NHS Foundation Trust (BCHC), Black Country Partnership NHS Foundation Trust (BCPFT), and Dudley and Walsall Mental Health Partnership NHS Trust (DWMH)
Mental Health Commissioning Strategy 2018/19 – 2020/21 (NHS Wolverhampton CCG)
Wolverhampton Suicide Prevention Strategy 2016-2020 (CWC) | Wolverhampton Crisis Care Concordat
Reducing Reoffending Strategy (CWC)
Dementia Strategy (CWC & NHS Wolverhampton CCG)

Outcome measures

An overarching evaluation and monitoring framework will be developed as part of this Strategy.
This will include indicators relating to wider determinants, vulnerable groups, service activity and outcomes.

Wider determinants

Reduce the number of 16-18 year olds not in employment, education or training

Increase use of green spaces for physical activity

Increase self-rated population wellbeing scores

Vulnerable groups

Increase identification of social, emotional and mental health needs in schools

Reduce number of permanent exclusions from schools

Increase access to employment for people with mental health problems

Increase numbers of people with mental illness and/or disability in settled accommodation

Reduce episodes of violent crime

Reduce the number of first time entrants to the youth justice system

Increase the wellbeing of carers

Service activity

Improve access to and satisfaction with mental health and support services

Increase rates of completed treatment and recovery, including drug and alcohol treatment

Reduce inequalities in access to treatment and support

Reduce emergency admissions due to mental health problems, including substance misuse

Reduce in-year bed days for mental health

Health and care outcomes

Reduce the incidence and prevalence of mental health problems, and inequalities in the population

Reduce inequalities in physical health outcomes between people with mental health problems and the general population

Reduce the number of suicides

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Recommendations

1. Work in partnership across agencies, service users and their carers via the Wolverhampton Mental Health Stakeholder Forum to implement integrated approaches to mental health promotion, support, care and recovery.
2. Continue to co-ordinate activity to improve mental health and wellbeing outcomes through multi-agency partnerships, including the Suicide Prevention Forum.
3. Develop a Prevention Concordat for Wolverhampton to facilitate local and action around preventing mental health problems and promoting good mental health.

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