Wellness in Mind

The Nottingham City Mental Health and Wellbeing Strategy 2014-2017



NHS
Nottingham City
Clinical Commissioning Group

Nottingham
City Council

Foreword

Welcome to *Wellness in Mind*, the Nottingham City Mental Health and Wellbeing Strategy 2014-2017. This sets out our ambition over the next three years to improve the mental health and wellbeing of citizens in Nottingham and to meet the aims of the national mental health strategy.

Mental health is central to our quality of life, to our economic success, to improving education and employment and tackling social exclusion. Levels of mental health problems are high in Nottingham and addressing mental health is one of the key priorities of the Nottingham City Joint Health and Wellbeing Strategy. Through the Nottingham Health and Wellbeing Board we intend to use our influence to build on current partnerships to support communities to achieve high levels of mental wellbeing. In addition we need to ensure effective mental health services are available for all ages experiencing mental health problems and to promote equal status for mental and physical health.

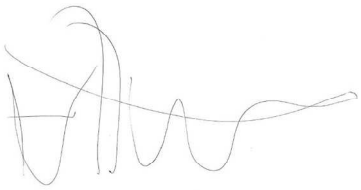
Although good mental health treatment and care is essential, we recognise that influencing the wider social and environmental determinants of mental health and wellbeing is key to preventing mental health problems developing, and to support recovery. Addressing mental health and wellbeing will have positive impacts across the city, improving the lives of not just individuals and families, but also impacting the wider community who will benefit from increased community cohesion, improved educational attainment and productivity, less demand on social welfare, health and care services, and reduced crime and antisocial behaviour.

The five priorities in this strategy support our ambitious aim to improve citizens' mental health and wellbeing:

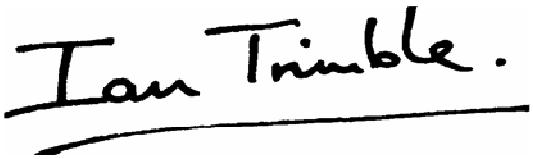
- Promoting mental resilience and preventing mental health problems
- Identifying problems early and supporting effective interventions
- Improving outcomes through effective treatment and relapse prevention
- Ensuring adequate support for those with mental health problems
- Improving the wellbeing and physical health of those with mental health problems.

Action to address these priorities will build upon and complement existing work in the city. However, in order to achieve significant improvements, we believe we need to raise the profile of mental health and wellbeing in Nottingham further. We need to increase understanding of the causes of poor mental health and the impact this has on our city, and to steer closer cross functional working and co-operation at all levels. We are therefore committed to working with citizens, families, local businesses, education, community and voluntary groups, and the public sector in order to deliver our ambitious priorities.

Thanks go to all those who have contributed to the development of the strategy.



Councillor Alex Norris
Chair of Nottingham City
Health and Wellbeing Board



Dr Ian Trimble OBE
Vice Chair of the Nottingham City
Health and Wellbeing Board

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INTRODUCTION AND EXECUTIVE SUMMARY

Wellness in Mind, Nottingham City's Mental Health and Wellbeing Strategy 2014-17, demonstrates the city's ambition to improve the mental health and wellbeing of all its citizens across the life course

Mental health is defined by the World Health Organisation as a state of wellbeing in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community[1]. Mental health is fundamental to our physical health, our relationships, our education and our work. There is no health without mental health.

Mental health problems[*] impact on individuals, families, communities and society as a whole, with immense associated social and financial costs, and they contribute to perpetuating cycles of inequality through generations. Mental illness is an important cause of social inequality as well as a consequence. Mental health problems contribute a higher percentage of total disability adjusted life years in the UK than any other chronic illness (14%, or 23% with drug and alcohol abuse included, compared to cardiovascular disease 12%, cancer 13% and respiratory illnesses 8%)[2]. Recent estimates put the full cost of mental health problems in England at £105.2 billion[3], and mental illness accounts for about 13% of total National Health Service (NHS) spend[4].

Mental health problems are very common – it is estimated that up to half of all people will experience problems at some point in their life[6] and one in six will have a common mental health problem at any one time[5]. We recognise that mental health problems often start in childhood, and that opportunities to promote and protect good mental health arise from pre conception through to old age. Mental health and physical health are interlinked, with people with mental illness experiencing higher rates of physical illness and lower life expectancy, and people with chronic physical health problems often experiencing mental health problems. Due to the continuing stigma that exists about mental health problems, many individuals are reluctant to talk about any mental health problems they may have experienced. It is therefore easy to underestimate how widespread these issues are.

Preventing and treating mental health problems in childhood and adolescence are particularly important due to their far reaching consequences on health, social and educational outcomes. Mental health problems, unlike other health problems tend to start early and persist into and throughout adulthood[6].

According to the National Child and Adolescent Mental Health Service (CAMHS) review (2008)[7], children and young people expressed that their own mental wellbeing is more than 'just being happy' but includes

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[*] Mental health problems' is an umbrella term used to describe the full range of diagnosable mental illnesses and disorders, including personality disorder. Dementia is covered in Living a full life with dementia: A dementia strategy for Nottingham.

'feeling in control' or 'feeling balanced,' and 'having the resilience, self-awareness, social skills and empathy required to form relationships, enjoy one's own company and deal constructively with the setbacks that everyone faces from time to time.'

The causes and influences of mental health problems are wide ranging and interacting. Often they occur because of adverse events in our lives, and other circumstances, such as poverty, unemployment, levels of supportive networks, levels of education and the broader social environment interact and affect how resilient we are in coping with the challenges.

Good quality personalised treatment and care is vital for people with mental health problems and achieving equal status for mental and physical healthcare is a key national driver. However, it has been estimated that even if all those with mental illness were given the best available treatment, the total burden of disability across the population would still be considerable[8], demonstrating the importance of wider supportive networks in enabling people to live full and meaningful lives. Since mental illness is underdiagnosed, and treatment is only part of an effective response, this highlights the need to address the wider risk factors for poor mental health and increase the protective factors.

On a daily basis, social and emotional support from our families, friends and communities play a big part in keeping us healthy and help us to cope with events that can cause unhappiness and stress. Cohesive, tolerant and economically vibrant communities, free from discrimination and inequality help to support our mental wellbeing. The way in which urban areas are planned, designed and built to incorporate transport links, green spaces and access to physical activity are instrumental to good mental health as are financial security, feeling safe and having control over our lives and jobs.

As well as enhancing these protective factors for mental health, there is a good evidence base for a number of mental health interventions that improve mental health and wellbeing and support the delivery of a wide range of outcomes relating to health, education and employment[9]. Improving mental health and wellbeing is associated with significant impacts for individuals and society, including better physical health, longer life expectancy, reduced inequalities, healthier lifestyles, improved academic achievement, enhanced community participation, reduced sickness absence and improved productivity as well as reduced costs from welfare, health and social care[10].

Although measured levels of mental wellbeing in Nottingham are similar to England, there are significant variations in areas within the city and amongst certain groups such as those who are unemployed or living with a long term illness. The high levels of deprivation, unemployment, low educational attainment and unhealthy lifestyles in Nottingham contribute to higher levels of mental health problems in the city. Using national estimates, around 51,000 adults and over 3,400 school-age children are likely to have a mental health problem in Nottingham, although this is likely to be an underestimate due to the higher levels of risk factors for poor mental health found in the city.

In developing this strategy, as well as considering the objectives outlined in the national mental health strategy, No Health Without Mental Health: A Cross-Government Mental Health Outcomes Strategy for People of All Ages (NHWMH)[11] and the Nottingham Joint Strategic Needs Assessment (JSNA) for mental health[12], a wide range of stakeholders' views have been gathered. This has been achieved through public events, workshops, open dialogue with service user and carer groups, consultation with statutory and third sector partners and other frontline staff. Stakeholders have been instrumental in identifying gaps in current services and what our key priorities in Nottingham should be for improving mental health and wellbeing.

As a result of this stakeholder consultation, in order to improve mental health in Nottingham City, we aim to:

- identify better ways of promoting positive mental health amongst local people and improving resilience to life's problems
- nurture the things that contribute to mental wellbeing
- promote open attitudes to mental health and tackle the stigma felt by people when they suffer from mental health problems
- identify those most at risk of mental health problems and put measures in place to detect problems early
- ensure that the best treatment and support are available at the right time and the right place.

These aims are particularly important in times of economic downturn when stresses such as unemployment, money and housing worries increase and contribute to mental health problems.

In order to achieve these aims, we have developed 5 strategic priorities. For each objective, a number of key areas for action have been described, as identified through a review of the evidence base and highlighted by stakeholders.

This strategy also supports the delivery of a number of other strategies, including The Nottingham Plan to 2020[13], Nottingham City Joint Health and Wellbeing Strategy[14], Working together for a healthier future - the Nottingham Clinical Commissioning Group Strategy[15] and The Nottingham Children and Young People's Plan[16]

The alignment of cross cutting strategies to *Wellness in Mind* is essential as there is potential for more work through wider partner organisations that are in a position to influence the lives of people with mental health problems. Contact with services such as housing, ambulance, police, fire and rescue, youth services, offender services, neighbourhood services, drug and alcohol services and education are all opportunities for promotion of good mental health and mental wellbeing.

OUR VISION FOR MENTAL HEALTH AND WELLBEING IN NOTTINGHAM

Nottingham aspires to be a city where good mental health is everyone's business and all citizens benefit from improved wellbeing. We aim to ensure mental health is given equal status to physical health. We want to inspire confidence in people and families using mental health services by ensuring that mental health services are safe and effective and promote recovery from mental health problems, so that all using the services will reach their full potential, be encouraged to live independently and have an enhanced quality of life.

OUR PRIORITIES FOR 2014-17

The five priorities in this strategy have clear, ambitious aims to improve citizens' mental health and wellbeing:

1. Promoting mental resilience and preventing mental health problems
2. Identifying problems early and supporting effective interventions
3. Improving outcomes through effective treatment and relapse prevention
4. Ensuring adequate support for those with mental health problems
5. Improving the wellbeing and physical health of those with mental health problems.

MENTAL HEALTH AND MENTAL WELLBEING EXPLAINED

WHAT IS MENTAL HEALTH?

Mental health is about how we think, feel and behave. Good mental health is not simply the absence of diagnosable mental health problems, although it is likely to help protect against them. Good mental health means that we are able to carry out some essential activities including the ability to:

- Learn
- Feel, express and manage a range of positive and negative emotions
- Form and maintain good relationships with others
- Cope with and manage change and uncertainty.

WHAT IS MENTAL WELLBEING AND RESILIENCE?

One way of describing positive mental health is 'mental wellbeing'. Mental wellbeing is more than simply feeling good, it means that we can:

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

Many different aspects of our lives contribute to our mental wellbeing and it is usual for levels 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 in difficult circumstances[17].

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 of time it can make us more susceptible to them.

WHAT ARE MENTAL HEALTH PROBLEMS?

Mental health problems are very common. They are wide ranging in nature from common mental health problems such as depression and anxiety to rarer problems such as schizophrenia and other psychoses[18] (mental health problems that stop the person from thinking clearly, telling the difference between reality and their imagination). 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.

- At any one time 1 in 6 adults will suffer from a common mental health problem like depression or anxiety[5], which can be wide ranging in severity.
- It is estimated that 1 in 10 children have a clinically recognisable mental health problem with boys more likely than girls to have a mental health problem, with the highest prevalence amongst 11-16 year olds[19].
- For other serious mental illness like psychosis and bipolar disorder it is estimated that 4 in 1000 people will be affected each year[5], but it is likely that Nottingham will experience higher rates. Primary care records show that nearly 1 in 100 people in Nottingham City are recorded as having a serious mental health problem[20].
- People with serious mental health problems may have complex needs and require high levels of care involving community and hospital services, and social care.
- In the UK, mental health problems are the biggest single cause of disability, accounting for 14% of all years lived with a disability, rising to 23% if drugs and alcohol misuse are included.[2].
- 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[21].
- People with severe mental illness are 3 times more likely to be a victim of any crime than those without[22].
- Mental illness is under diagnosed and under treated - only a minority of people with clinically recognisable mental illness in the UK receive treatment[5].
- 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 have started by the age of 14[6].
- A range of behavioural and emotional problems in young children have been linked to maternal anxiety during pregnancy[23,24].
- Self-harm is an emerging public health issue, particularly with regard to young people[25]. Research by the Cello Group and Young Minds[26] describes some of the contributory factors why young people self-harm. Many described how self-harm 'gets out all the hurt, anger and pain' but that relief is so short-lived the behaviour is repeated.

WHAT IS PUBLIC MENTAL HEALTH?

Public mental health aims to improve mental wellbeing and reduce the burden of mental health problems across the whole population by:

- Assessing risk factors for mental health problems
- Nurturing good mental wellbeing
- Understanding the levels of mental health problems and wellbeing in the local population
- Delivering appropriate, evidence based interventions to promote wellbeing, prevent mental health problems and treat mental health problems early
- Ensuring those at 'higher risk' are prioritised for services in proportion to their needs.

WHAT ARE THE CAUSES OF MENTAL HEALTH PROBLEMS?

There are many factors which influence our mental health and may make us more vulnerable to mental health problems. Some of these are based in our own genetics and biology, but most influences are at a wider social, community or cultural level. Figure 1 uses a 'rainbow' image to show how these influences contribute together 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[27]. Often mental health problems occur because of adverse events in our lives, and our ability to cope will be influenced by other factors such as our family, early attachment[†28], and supportive networks. They 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, strong communities with good transport systems all contribute. Factors such as air pollution, traffic, noise, lack of space, feeling unsafe and insecure, anti-social behavior and limited options for physical activity also impact on mental wellbeing.

[†] "Attachment is a specific outcome of early care and is related to socio-emotional skills and resilience. Through their relationships with their mothers and fathers, children develop an "internal working model" of social relationships. If an infant experiences her or his parents as a source of warmth and comfort, she or he is more likely to hold a positive self-image and expect positive reactions from others later in life. Children who have experienced care responsive to their emotional needs since infancy are better able to manage their own feelings and behaviour because they feel secure themselves. Securely attached children are better able to relate to others."

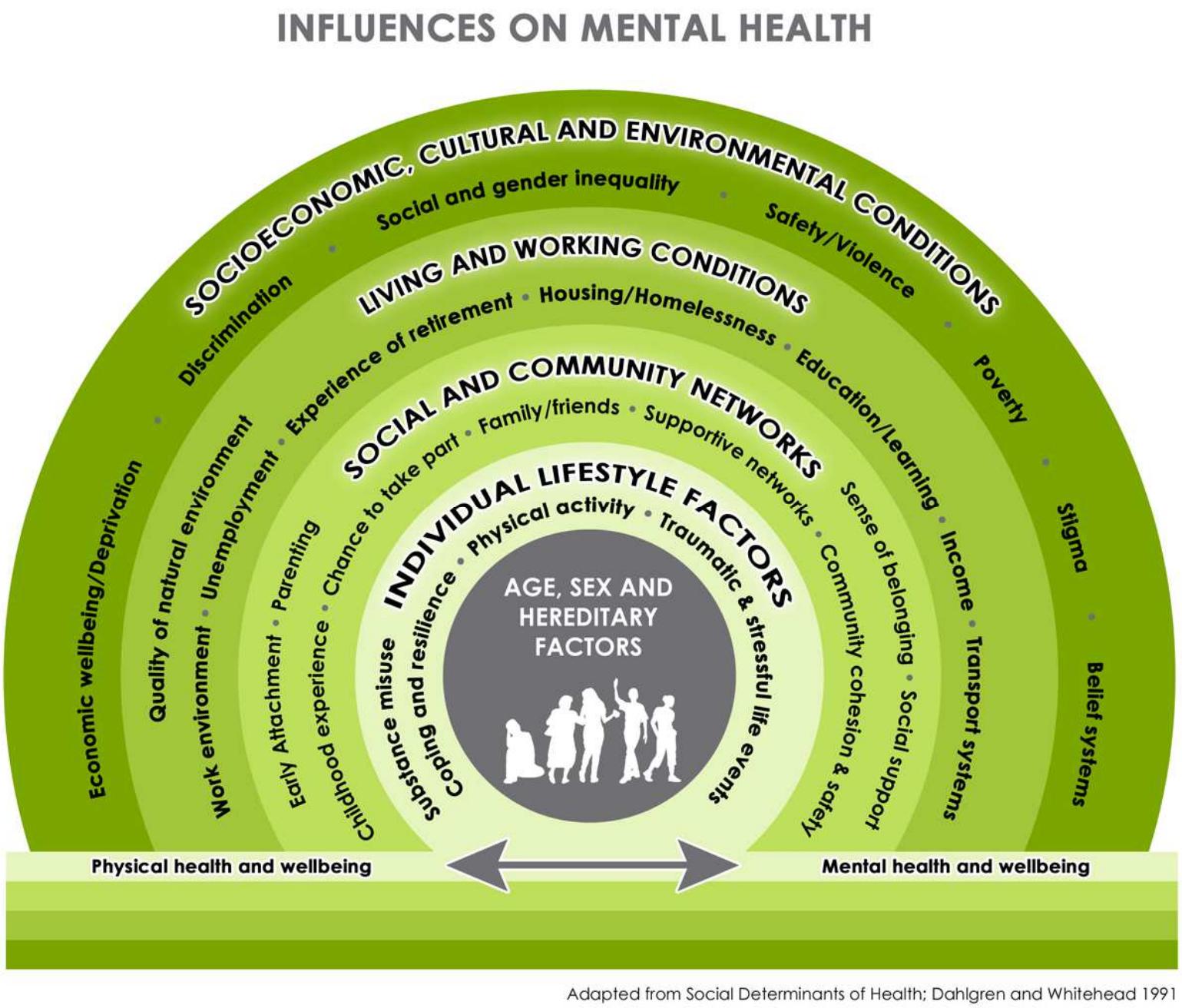


FIGURE 1: Influences on Mental Health

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.

There are groups who are particularly at risk, either at certain points in life or due to social circumstances. These include older people; women during pregnancy and the post-natal period; carers; those living with long term physical health conditions; those with disability including sensory impairment; adults who have experienced mental health problems in childhood; offenders; students; homeless people; substance misusers; those who are socially excluded; those from black minority ethnic (BME) groups; lesbian, gay, bisexual and transgender (LGB&T) groups and asylum seekers/refugees. There are also groups of children and young people who are vulnerable and at particular risk from developing mental health problems e.g. teenage mothers, those within the Youth Justice System, those who are who are looked after, and those with long term medical conditions.

Research has shown that many mental health problems begin in childhood or early adulthood[6] and that the likelihood of diagnosis, seeking help and responses to mental health problems differ also according to factors such as ethnic background, family history and social/cultural norms.

WHAT ARE THE IMPACTS OF MENTAL HEALTH PROBLEMS?

Mental health problems impact on the lives of individuals, families, communities and society as a whole. Poor mental health contributes to socio-economic and health problems such as higher levels of illness and earlier death, higher crime rates, greater incidence of addiction, poorer work performance/productivity, poor educational attainment and lower levels of social cohesion.[29] Mental health problems impact on the economy:

- It is responsible for more sickness absence than any other illness
- In England, mental health conditions cost approximately £105 billion a year[30], due to loss of earnings and associated treatment and welfare costs
- Mental health problems represent the largest single cost to the NHS (13% of current spending).

The cost to an individual with poor mental health can be high because it can result in unemployment, crime, homelessness, the break-up of families and even self-harm or suicide.[31] Whilst mental health problems are rarely life threatening, life expectancy for people experiencing poor mental health is lower than for people with good mental health due to a combination of unhealthy behaviours, particularly smoking, side effects of treatment and less responsive healthcare.[32]

WHAT ARE THE BENEFITS OF IMPROVING MENTAL HEALTH?

Good mental health is linked to better outcomes for people of all ages and backgrounds. It benefits not only individuals but their families and society as a whole. Individuals benefit as a result of being more likely to have healthier relationships, making good life choices, maintaining their physical health, being able to deal with life's ups and downs and developing their own potential. The reduced emotional and behavioural problems in children and young people result in improved educational outcomes which in turn increase their long-term career prospects.

Communities and society as a whole benefit from improved resilience, increased social and community participation, less demand on health and social care services, reduced crime and anti-social behaviour. Better mental health and wellbeing in the workplace result in higher levels of job satisfaction, improved retention rates and reduced sickness absence which in turn increases productivity and reduces reliance on welfare benefits.

CONTEXT

NATIONAL DRIVERS

Under the terms of the Health and Social Care Act (2012) local authorities are responsible for improving the health of their local population including mental health. This includes enabling better mental health within the population through influencing the wider social and environmental factors discussed in this strategy. The Care Act (2014) identifies that local authorities are responsible for promoting wellbeing through all of their care and support functions.

There are three national outcomes frameworks that include specific indicators for people's mental health (including wider determinants): the Public Health Outcomes Framework, the NHS Outcomes Framework and the Adult Social Care Outcomes Framework (see Appendix A).

No Health without Mental Health: A Cross-Government Mental Health Outcomes Strategy for People of All Ages (NHWMH)[11] was launched in February 2011 and highlights the equal importance of mental and physical health, the need to focus on prevention, to intervene early and encourage partnership working to improve mental wellbeing across the population to achieve the following outcomes:

1. More people will have good mental health
2. More people with mental health problems will recover
3. More people with mental health problems will have good physical health
4. More people will have a positive experience of care and support
5. Fewer people will suffer avoidable harm
6. Fewer people will experience stigma and discrimination.

In 2012 the Government published Preventing Suicide in England[33], a cross-government strategy which aims to reduce the suicide rate in England and better support those bereaved or affected by suicide. In common with NHWMH it aims to improve mental health and improve early support for people experiencing mental health problems. It also focuses on improving the monitoring of suicide, particularly tailoring support to high risk groups

Closing the Gap: Priorities for essential change in mental health[34] was published by government in January 2014 to support the delivery of NHWMH, the Mental Health Implementation Framework and the Suicide Prevention Strategy. It is intended to bridge the gap between long term strategic ambitions and short term actions through 25 priorities for action.

Support for people in mental health crisis is a national priority with key organisations signing up to the Mental Health Crisis Concordat[35].

The annual report of the Chief Medical Officer, Our children deserve better: Prevention pays[36] was published in 2012 and sets out the challenges for the health and wellbeing of children and young people. Key messages for policy include:

- The investment in and focus on children and young people's mental health should be proportionate to the associated health burden
- Supporting parents as well as strengthening parenting skills has the potential to yield benefits in relation to physical and mental health
- Service design should recognise the role and importance of schools in relation to children and young people's health in terms of both the potential of schools to foster the development of resilience and providing opportunities for the delivery of interventions to improve mental health.

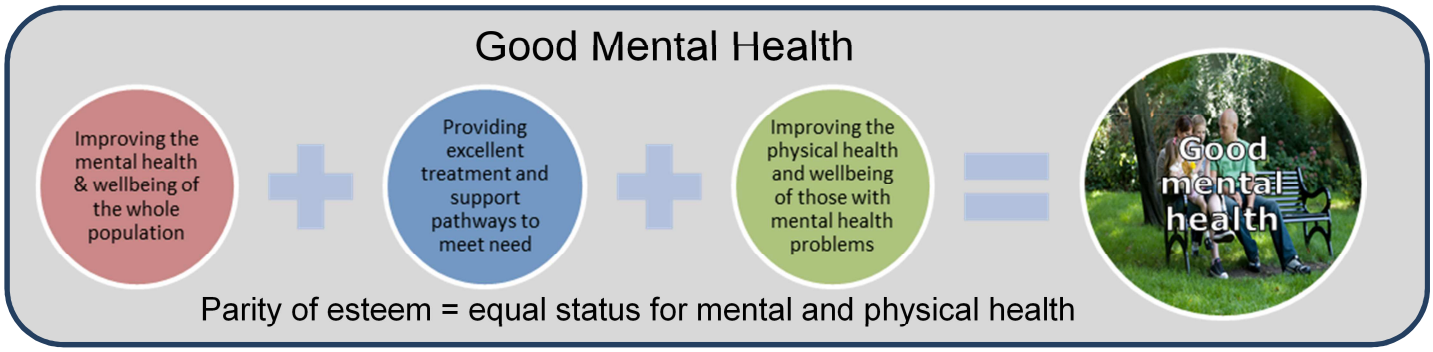
The Good Childhood Report 2013[37]provides an update on research and analysis which has been undertaken by the Children's Society since 2012 and identifies some priorities for future research on children's wellbeing. These are:

- To explore in more detail the wellbeing of specific groups of children who may not be represented in general population surveys
- To undertake research that explores the connections between wellbeing and other issues in children's lives
- To learn more about ways in which children's wellbeing can be enhanced
- To continue to monitor children's wellbeing particularly in view of changes in our society.

PARITY OF ESTEEM

The term 'parity of esteem' was introduced in NHWMH to refer to equal status for 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.

FIGURE 2: Good mental health and parity of esteem



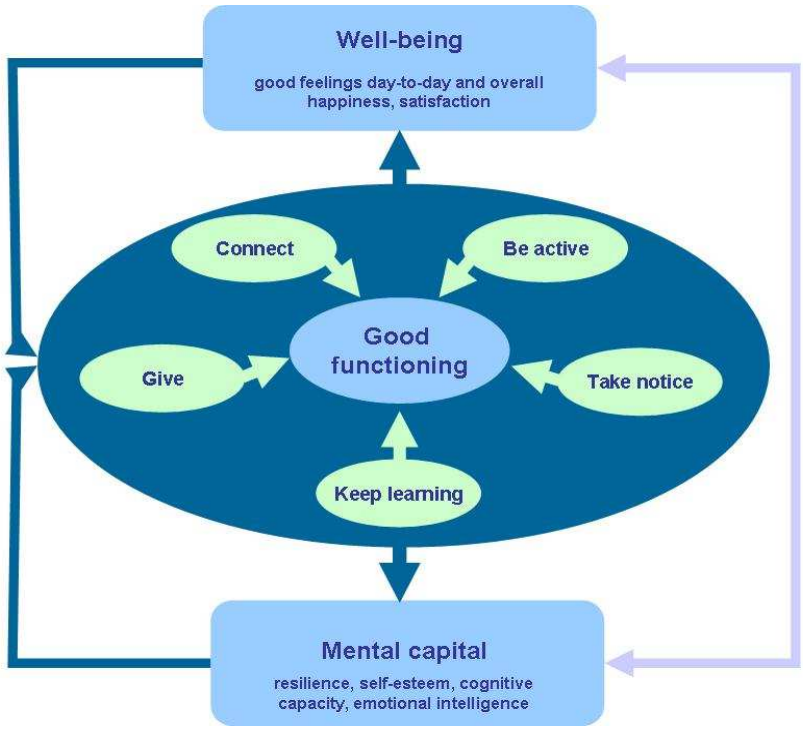
The Royal College of Psychiatrists produced Whole person care: from rhetoric to reality[38], a report outlining recommendations for ways to achieve this, which included: leadership, policy change, preventing premature mortality, equal standards in the care of physical and mental health problems, ways to influence across the life course, funding and research. Key recommendations were:

- Tackle stigma and discrimination
- Ensure parity is evident in public health approaches
- All strategies should promote mental health and wellbeing as well as the physical health of the population
- Ensure services that address issues normally thought of as physical problems such as smoking, obesity, drugs and alcohol have mental health and wellbeing at their centre.

FIVE WAYS TO WELLBEING

The Foresight Mental Capital and Wellbeing Project[39] outlined the need for policy and strategy to nurture mental wellbeing in the wider population. It proposed approaches to improving mental wellbeing across the population; even a small amount of improvement has a positive effect upon mental health throughout the whole of society. The report emphasised a whole life course approach, highlighting the importance of good mental wellbeing in childhood and adolescence, to create positive mental wellbeing in adulthood and old age. The Five Ways to Wellbeing (Figure 3) are a set of evidence-based actions which promote wellbeing that individuals can build into their everyday lives:

FIGURE 3: Five Ways to Wellbeing (from the Foresight Report 2008)



LOCAL DRIVERS

National policy underpins *Wellness in Mind*, whilst enabling Nottingham city to respond to local need in the best way to improve the mental health and wellbeing of all citizens. The crucial role of councils in improving the mental health of everyone in their communities and in tackling health inequalities has resulted in a national call to action – the Local Authority Mental Health Challenge[40]. Nottingham City Council has committed to the challenge and has appointed the portfolio holder for adults and health as their mental health champion to take a proactive lead in improving mental health and wellbeing in the city.

The priorities within the strategy capture local concerns and link with other local strategies including:

- Nottingham Plan to 2020[13] which aims to reduce the proportion of people with poor mental health by 10% by 2020 and maintain Nottingham's mental wellbeing level in line with England as a whole[41].

- Nottingham City Joint Health and Wellbeing Strategy[14] which has identified mental health as an early intervention priority. This includes two areas of special focus: improving early years experiences to prevent mental health problems in adulthood, and enabling people to begin working or remain in work where previously their health (especially mental health problems) has been a barrier. Alongside these two specific areas, the Nottingham Health and Wellbeing Board has expressed an overall commitment to improving mental health for the city.

- Working together for a healthier Nottingham: the NHS Nottingham City Clinical Commissioning Group Commissioning Strategy[15] has also identified mental health as a priority within their

commissioned services. This includes three focus areas: to improve access to psychological therapies, to increase the proportion of patients who receive their care in the community, and to improve the physical health of those with mental health problems.

- Nottingham's Children and Young People's Plan[16] includes 'improving mental health' as a priority, particularly early intervention approaches to preventing mental health problems and improving aspirations, resilience and life skills.

- Adults with mental health problems are one of the most socially excluded groups and many of the features that define individuals as a vulnerable adult increase the risk of mental health problems. Therefore this strategy shares the vision of the Vulnerable Adults Plan for Nottingham City[42].

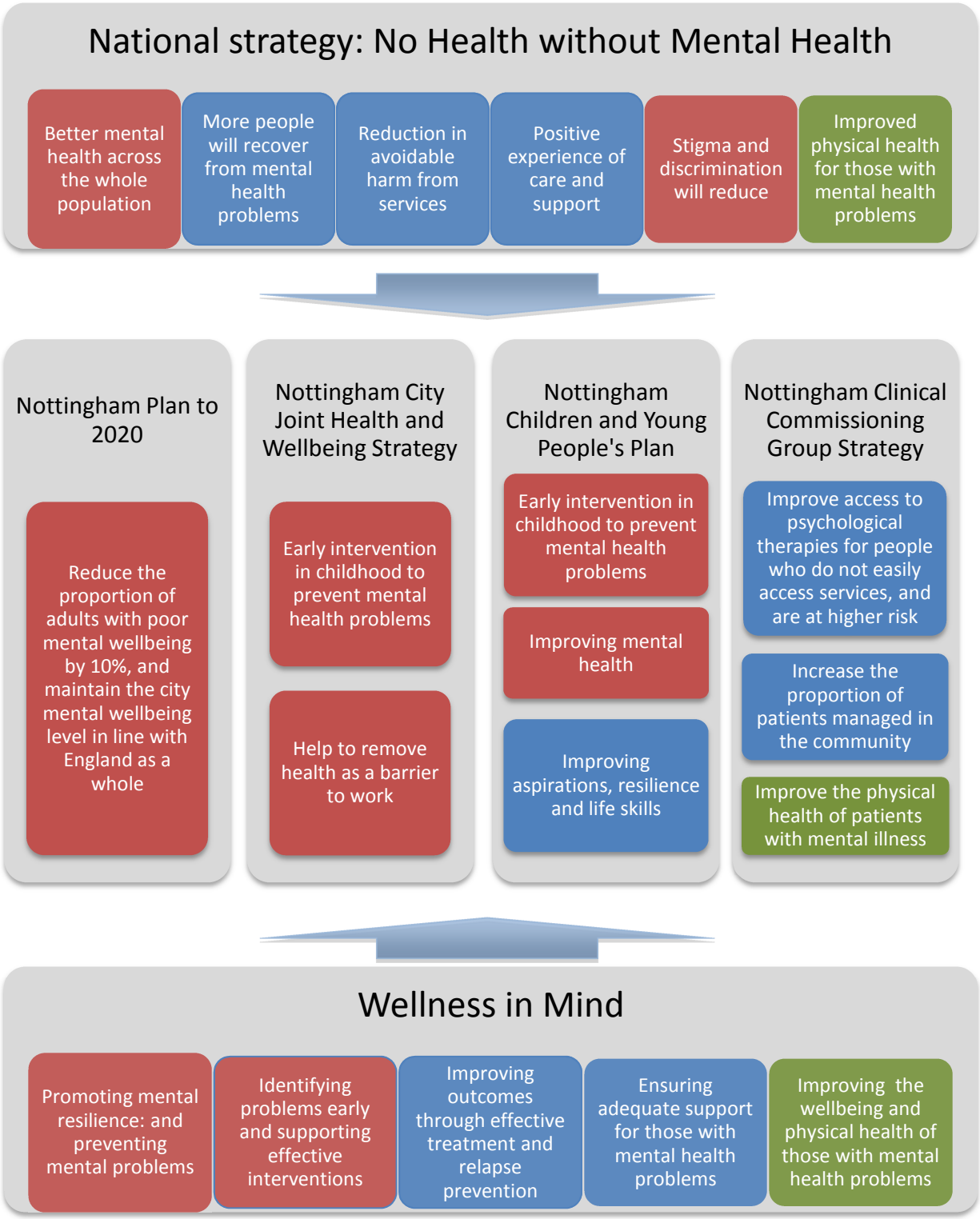
- Carers of people with mental health problems often need support to enable them to continue their caring role and The Nottingham City Joint Carers Strategy[43] outlines the vision and priorities for the improvement of services to achieve better outcomes for carers in Nottingham City over the next five years.

- A joint Nottingham and Nottinghamshire Suicide Prevention Strategy is currently being developed. It will develop a local action plan to take forward the agreed strategic priorities which are informed by the national strategy.

STRATEGIC OVERVIEW

The following diagrams use colours (as described in the key below) to show how each part of national and local strategies fit with the elements of good mental health.

FIGURE 4: Diagram of the relationship of Wellness in Mind to national and local strategy



Key to the colour coding throughout the document

Improving the mental health and wellbeing of the whole population
Providing excellent treatment and support pathways to meet need
Improving the physical health and wellbeing of those with mental health problems

CURRENT PICTURE OF MENTAL HEALTH AND WELLBEING IN NOTTINGHAM

In order to gain a picture of mental wellbeing and mental health needs across Nottingham a range of sources can be used. These include assessing the wider influences on mental health, many of which demonstrate that the City is likely to have greater needs than England. Estimates of the numbers of people affected by mental health problems have been made based on national surveys, but it can be assumed that these will underestimate the needs of the Nottingham population due to the increased risk factors. At any one time, in Nottingham, it is estimated that over 51,000 adults (16+) and 3,437 children and young people (5-15 years) experience mental health problems.

Nottingham's Joint Strategic Needs Assessment (JSNA)[44] includes specific chapters on mental health both for adults, and children and young people.

RISK FACTORS AND SOCIAL FACTORS

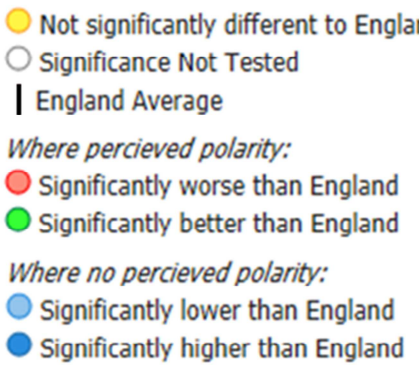
Nottingham has a geographically mobile population of 305,700 (Census 2011) and has seen an increase of 38,700 people since the 2001 Census. International migration and an increase in student numbers (1 in 8 citizens are students) are the main reasons for this growth. The city is ethnically diverse (35% of the population were shown as being from BME groups in the 2011 Census) with a higher than average rate of people with a limiting long-term illness or disability, particularly in the BME groups. The Nottingham JSNA has chapters on mental health, suicide, carers, students, looked after children, maternities and pregnancy, asylum seekers, refugees and migrant workers, domestic violence, priority families, safeguarding, teenage pregnancy, and long-term conditions of older people which give more detail on groups at risk. Nottingham has a high proportion of the social and environmental factors that contribute to poor mental health. High levels of deprivation, high levels of unemployment, low educational attainment, high levels of domestic violence, a high rate of looked after children, and unhealthy lifestyles (high smoking, poor diet, low physical activity) are all interrelated determinants of poor health outcomes and health inequalities. Indicators from Nottingham's community mental health profile[45] and Child Health Profile[46] (Figure 5) on the following page show that a wide range of risk factors for poor mental health in the city compare unfavourably against the England averages (indicated by the red dots, which show that the measure is statistically lower than the England average). Risk factors for poor mental health outcomes for children vary across the City (Figure 6). Nottingham has a relatively low rate of people under the care of secondary (specialist) mental health care who are in settled accommodation when compared with the East Midlands, and a lower proportion in paid employment than England. This underlines the importance of addressing social factors in promoting recovery and independent living.

FIGURE 5 Measures of risk factors for poor mental health in Nottingham

Measures of risk factors for poor mental health in Nottingham

(Sources: Community Mental Health Profiles and Child Health Profiles)

Wider Determinants of Health	Local Value	Eng. Avg	Eng. Worst	Eng. Best
Episodes of violent crime, rate per 1,000 population, 2010/11	22.4	14.6	34.5	6.3
Percentage of the relevant population living in the 20% most deprived areas in England, 2010	51.5	19.8	83.0	0.3
Working age adults who are unemployed, rate per 1,000 population, 2010/11	85.2	59.4	106.2	8.3
Rate of hospital admissions for alcohol attribution conditions, per 1,000 population, 2011/12	22.4	23.0	38.6	11.4
Numbers of people (ages 18-75) in drug treatment, rate per 1,000 population, 2011/12	8.9	5.2	0.8	18.4
Risk Factors	**Local Value**	**Eng. Avg**	**Eng. Worst**	**Eng. Best**
Statutory homeless households, rate per 1,000 households, all ages, 2010/11	4.5	2.0	10.4	0.1
Percentage of the population with a limiting long term illness, 2001	19.1	16.9	24.4	10.2
Percentage of adults (16+) participating in recommended level of physical activity, 2009/10 to 2011/12	10.9	11.2	5.7	17.3
Wider Determinants of Health Specific to Children	**Local Value**	**Eng. Avg**	**Eng. Worst**	**Eng. Best**
Percentage of children achieving a good level of development at the end of reception, 2012/13	39.9	51.7	27.7	69.0
GCSE achieved (5A*-C inc. English and Maths), 2012/13, (% of pupils)	50.3	60.8	43.7	80.2
GCSE achieved (5A*-C inc. English and Maths) for children in care, 2012/13, (% of children looked after)	15.6	15.3	0.0	41.7
Percentage of 16-18 year olds not in education, employment or training, 2012	6.3	5.8	10.5	2.0
First time entrants into the youth justice system 10 to 17 year olds, 2012, (rate per 100,000)	1,107.7	537.0	1,426.6	150.7
Percentage of children in poverty (under 16 years), 2011	35.2	20.6	43.6	6.9
Family homelessness, 2012/13, (rate per 1,000 households)	2.9	1.7	9.5	0.1
Children in care, 2013, (rate per 10,000 children under 18)	90.0	60.0	166.0	20.0



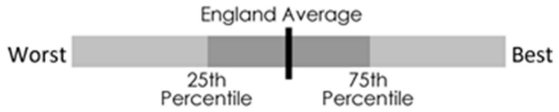


FIGURE 6 Prevalence of risk factors for child and adolescent emotional and mental health disorders (2011)

	Arboretum	Aspley	Basford	Berridge	Bestwood	Bilborough	Bridge	Bulwell	Bulwell Forest	Clifton North	Clifton South	Dales	Dunkirk and Lenton	Leen Valley	Mapperley	Radford and Park	Sherwood	St Ann's	Wollaton East and Lenton Abbey	Wollaton West	Nottingham	East Midlands	England
Lone parent household with dependent child(ren)	6.1%	23.5%	12.6%	7.5%	12.7%	11.6%	6.4%	15.2%	9.1%	6.9%	9.0%	9.4%	2.5%	8.0%	7.5%	4.3%	8.2%	10.5%	7.4%	4.5%	9.5%	6.7%	7.1%
%of all households in social rented housing	42.7%	48.3%	28.3%	16.5%	40.8%	44.1%	31.0%	40.4%	16.1%	19.5%	31.4%	26.7%	23.5%	20.0%	20.0%	27.4%	18.2%	46.8%	28.5%	10.9%	29.7%	15.8%	17.7%
% of all households in private rented housing	40.4%	13.2%	17.3%	36.8%	11.6%	8.0%	39.4%	13.6%	11.7%	10.5%	9.0%	24.5%	55.1%	15.3%	29.4%	46.6%	22.3%	27.3%	25.2%	10.9%	23.1%	14.9%	16.8%
Reference person in household from Routine Occupational group	9.3%	21.1%	16.1%	12.1%	20.9%	21.6%	11.4%	20.9%	16.8%	14.7%	21.5%	16.6%	4.9%	13.7%	11.3%	7.0%	12.1%	14.2%	5.0%	6.8%	13.8%	13.6%	11.0%
Households with no adults in employment with dependent children	5.9%	19.1%	7.5%	6.1%	8.6%	8.8%	5.3%	10.9%	4.9%	4.1%	5.7%	7.8%	2.7%	5.9%	4.7%	4.5%	4.2%	7.9%	7.3%	2.4%	6.9%	3.8%	4.2%
Percentage of usual residents over the age of 16 with no qualifications	16.1%	38.1%	29.8%	21.4%	35.7%	41.9%	19.6%	39.2%	29.7%	29.6%	37.9%	29.6%	9.5%	30.4%	20.2%	11.0%	22.1%	25.2%	11.2%	18.2%	25.6%	24.7%	22.5%
One person in household with a long term health problem or disability, with dependent children	4.1%	9.7%	6.0%	4.9%	5.6%	7.0%	3.8%	6.0%	4.7%	4.8%	4.7%	6.2%	1.9%	6.9%	3.9%	2.9%	4.7%	4.6%	4.6%	4.2%	5.1%	4.6%	4.6%

Key

Area with the lowest prevalence of the risk factor

Area with highest prevalence of risk factor

Notes on table:
All data originated from the 2011 Census.

Ward data in this table are ranked according to prevalence, and colour coded to assist rapid interpretation. Please note colours do not indicate statistical significance from the national, regional or local average.

MENTAL WELLBEING IN NOTTINGHAM

Mental wellbeing in adults is measured in Nottingham in the annual citizens' survey[47], using the Warwick Edinburgh Mental Wellbeing Scale (WEMWBS)[48]. We do not know how well it reflects the mental wellbeing of citizens who do not take part in the survey, but the measure itself is a good indicator for those who do take part. A higher score indicates better mental wellbeing. In 2013 the individual scores showed a pattern similar to populations across England, with the majority of people scoring around the mean score. However, there are variations at an individual and local area level that would suggest the need to improve mental wellbeing e.g. unemployed people, those with a disability or long term illness and people living in social rented housing tend to have lower mental wellbeing scores. The same measure is being piloted with young people in some city schools with a view to wider use later in 2014.

MENTAL HEALTH PROBLEMS IN NOTTINGHAM

Nottingham has higher levels of mental health problems in the population compared to the national population and action is needed to prevent mental health problems and to intervene early.

It is possible to estimate the numbers of people experiencing mental health problems based on national surveys[5,49]. Figures 7, 8, 9 and 10 provide a visual representation of the spread of mental health problems likely to be experienced by the population of Nottingham at any one time. However, the high level of risk factors in Nottingham, together with a younger, more deprived and ethnically diverse community, mean that these estimates need to be treated with some caution, and are likely to underestimate the level of mental health problems in Nottingham.

It is estimated that there are 3,437 school age children (aged 5-15 years) experiencing mental health problems in Nottingham (Figures 7 and 8). Emotional and behavioural problems are the most common, and these vary by age and gender. Estimates of the rate of mental health problems among pre-school children (age 2-5 years) vary considerably but are reported to be at similar levels to older children.

At any one time Nottingham is estimated to have over 51,000 people (aged 16+) affected, of whom 41,000 will have common mental health problems such as depression or anxiety, about 7,000 will have post-traumatic stress disorder and 3,000 people will have severe mental health problems such as psychosis or personality disorder (Figures 9 and 10). Depression and anxiety problems are often underreported because people do not seek help, or they are not always recorded. Care of these problems largely occurs in primary (community) care and we know that these health problems form a large part of the workload of GPs and other community services.

FIGURE 7: Mental health problems amongst girls in Nottingham

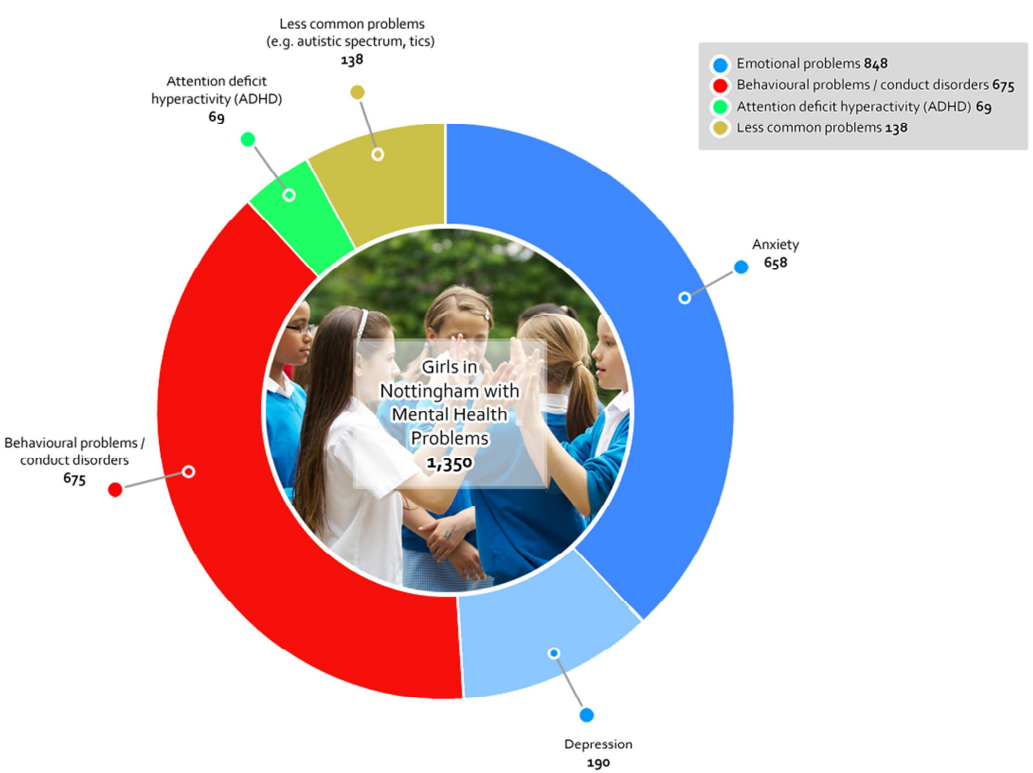
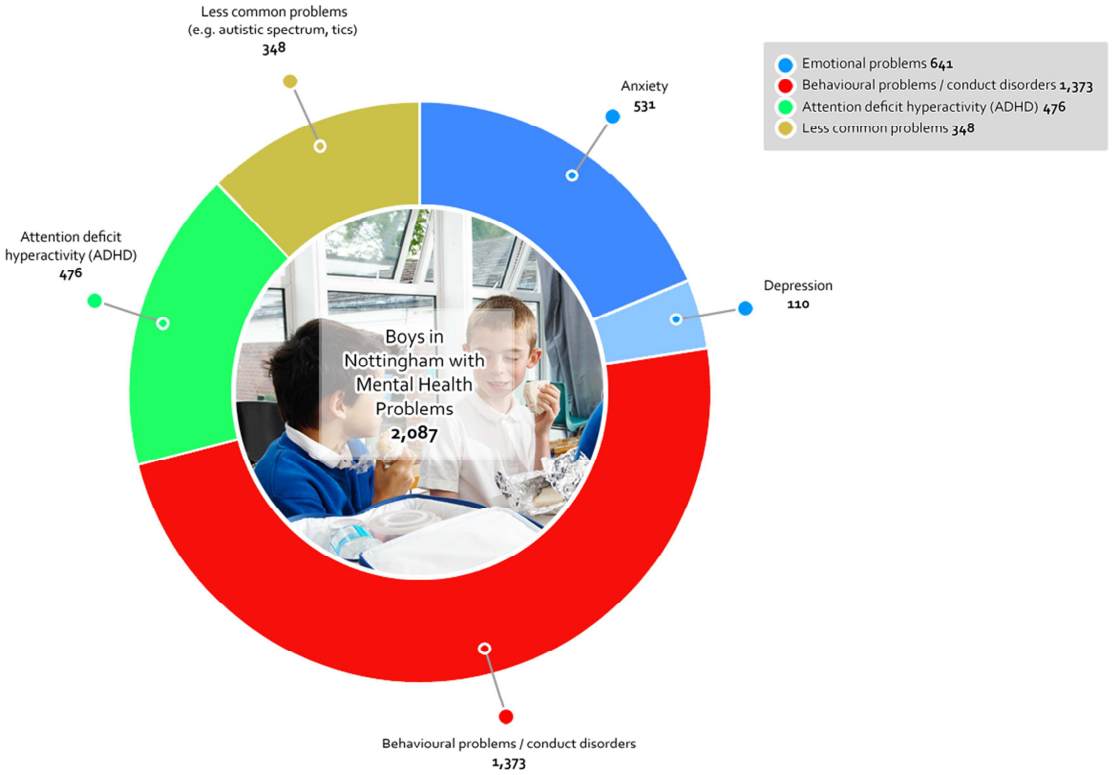


FIGURE 8: Mental health problems amongst boys in Nottingham



Notes: Prevalence figures have been taken from the 'Mental health of children and young people in Great Britain 2004[49] (table 4.1) and applied to the ONS 2011 mid-year estimates of the Nottingham population (ages 5-15). Some children may be counted more than once as they may experience more than one mental health problem.

FIGURE 9: Mental health problems amongst women in Nottingham

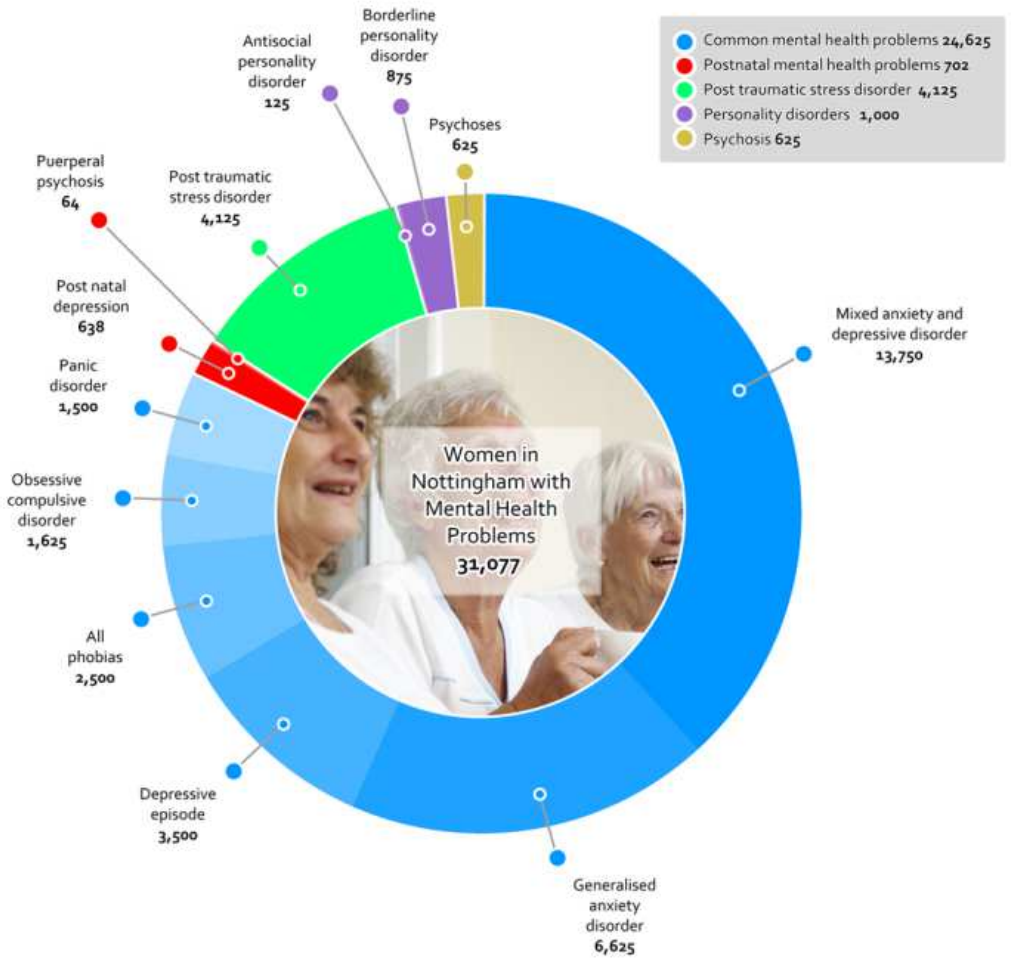
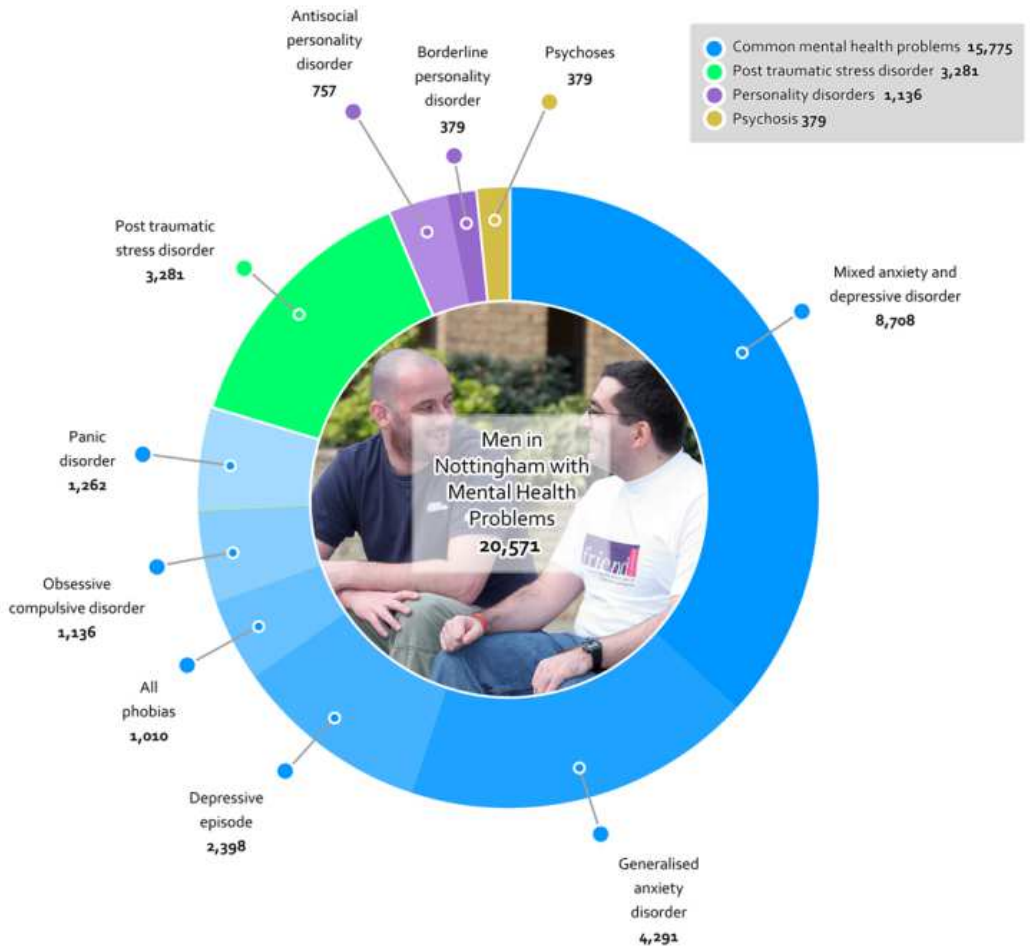


FIGURE 10: Mental health problems amongst men in Nottingham



Notes: Prevalence figures have been taken from the Psychiatric Morbidity Survey (2007)[5] and applied to the ONS 2011 mid-year estimate of the Nottingham 16+ population. Some people may be counted more than once as they may experience more than one mental health problem. Prevalence for common mental health problems is based on people experiencing symptoms within the past week. Psychosis and personality disorder is based on experience within the past year. Postnatal mental health problems estimated based on annual births to women in Nottingham.

WHAT WILL SUCCESS OF THIS STRATEGY LOOK LIKE FOR NOTTINGHAM?

A POSITIVE IMPACT ON THE MENTAL HEALTH OF THE WHOLE POPULATION

The aim of this strategy is to have a positive effect on the mental health and wellbeing of the whole population. Interventions that focus on the needs of families and help to build good foundations for mental health in childhood will result in:

- Improvements in mental wellbeing
- Fewer people experiencing mental health problems
- Citizens with mental health problems and their carers feeling supported
- Communities taking action to maintain positive mental health and mental wellbeing
- Improved recovery and less disability due to mental health conditions.

A CHANGE IN ATTITUDES TO, AND STIGMA SURROUNDING, MENTAL HEALTH PROBLEMS

People with mental health problems should not face social exclusion. Talk of mental health and mental wellbeing across the city will raise awareness and ensure it is viewed as everybody's concern. Mental health will be viewed with equal status and importance compared to physical health problems. This strategy will provide ways in which parity of esteem can be raised on everybody's agenda and will work to reduce stigma surrounding mental health problems.

CONTINUED IMPROVEMENTS IN ACCESS TO PSYCHOLOGICAL THERAPIES

Common mental health problems are the biggest contributor to mental ill health and can be effectively addressed through talking therapies (psychological therapies) such as cognitive behavioural therapy (CBT). All the partners engaged with this strategy support appropriate access to psychological therapies. There is continued commitment to ensure adequate capacity for the right type of services to be offered to groups with higher levels of need (but who currently access the service less) such as those with long-term physical conditions who are frequently affected by poor mental health, older people, those who are from LGB&T and some BME groups. .

IMPROVEMENT IN MEETING THE EMOTIONAL NEEDS OF CHILDREN AND YOUNG PEOPLE

There will be systematic mental health support for all pregnant women who are identified as having emotional and mental health problems, and universal parenting programmes will promote and encourage early attachment.

Parents and children who need support will be identified earlier, and an 'emotional health and wellbeing pathway' will be developed aimed at preventing mental health problems developing further.

If additional support is needed, timely and appropriate access to CAMHS is of paramount importance. This will include skilled, timely, community CAMHS provision where the child or young person is at the centre of delivery.

PEOPLE WITH MENTAL HEALTH PROBLEMS WILL HAVE A POSITIVE EXPERIENCE OF CARE AND SUPPORT

People with mental health problems will have a positive experience of care, and informal carers of people with mental health problems will be adequately supported in their role.

People with serious mental illness often have complex health and social care needs. Good social care will be available to enable people to live well with their condition, promoting wellbeing and recovery wherever possible.

Support services such as social housing providers (e.g. Nottingham City Homes) are a good example of non-health care services that understand their potential to influence mental health, and their role in ensuring citizens with mental health problems receive the support that they need. This strategy aims to equip all services that come into contact with people with mental health problems to feel confident and be able to demonstrate commitment to improving mental health.

Wellness in Mind aims to bring together a wide range of services such as housing, police, fire and rescue, youth services, third sector groups (such as not for profit or community groups), voluntary groups, faith groups, education, schools, employment services, benefits services, drug and alcohol services and the business sector to address the need for co-ordinated provision.

THOSE IN MOST NEED WILL BE ABLE TO GET THE SERVICES THEY REQUIRE

Strategic partners wish to ensure that services can be easily accessed by those who need them. At risk groups (such as particular BME groups) who currently do not use treatment services to the same extent as the rest of the population will be able to use services in appropriate ways. People will move within a pathway of services based upon evidence of current need.

THE PHYSICAL HEALTH OF PEOPLE WITH POOR MENTAL HEALTH WILL BE IMPROVED, AND VICE VERSA

The strategy will raise awareness of the risks to physical health for those with mental health problems. Parity of esteem (equal status of physical and mental health) will be championed across all commissioned services. The strategy also aims to bring an improvement to the mental health of those with physical health problems and long term conditions.

A REDUCTION IN DEATHS ASSOCIATED WITH MENTAL HEALTH PROBLEMS

The strategy aims to contribute to a reduction in the gap in life expectancy between those with and without mental health problems. Improvements will be measured through the Public Health and NHS Outcomes Frameworks (see appendix A). The areas which will have most impact will be those which target premature mortality due to cardiovascular disease, respiratory conditions, cancer and diabetes. A reduction in smoking and obesity would be important to achieving these early aims.

Suicide is a concern for Nottingham and it is intended that this strategy will dovetail with the new joint strategy currently in development across Nottingham City and Nottinghamshire County to reduce the number of deaths from suicide.

STRATEGIC PRIORITIES FOR NOTTINGHAM

The *Wellness in Mind* Strategy encompasses the three elements of good mental health in its five key priorities. These priorities address issues raised in NHWMH. Some have a new emphasis, building on the Council's remit for public mental health and the role of Clinical Commissioning Groups in developing better care pathways through public and clinical engagement.

PRIORITY 1: PROMOTING MENTAL RESILIENCE AND PREVENTING MENTAL HEALTH PROBLEMS

1. Promoting mental resilience and preventing mental health problems

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

Central to this priority is the need to raise awareness of mental health and the importance of mental wellbeing. Stigma associated with mental health problems still exist but will reduce where there is greater understanding. The *Five Ways to Wellbeing* are a set of simple evidence-based actions which promote people's wellbeing:

Mental health's '5-A-Day'	**Partnership action to support this activity:**
Connect	• Support interventions that improve relationships and reduce loneliness and social isolation • Support parenting programmes which help families re-connect • Promotion of good attachment for mother and baby • Encourage a sense of community and social cohesion • Develop environments that encourage wellbeing, are inclusive, promote self-esteem and are non-stigmatising • Promote emotional health and wellbeing systematically within schools • Promote wellbeing in the workplace • Reduce stigma and discrimination
Be active	• Encourage active travel • Build and maintain environments that encourage physical activity in everyday lives • Provide accessible, well maintained, safe green spaces • Promote and provide a variety of exercise and sporting opportunities, including community based activities
Take notice	• Raise the profile of the concept of 'mindfulness'
Learn	• Improve academic achievement • Provide lifelong learning and educational opportunities • Support people to stay in work and develop new skills • Promote access to the arts, creativity and cultural opportunities • Encourage individuals to become more financially literate • Improve self-management of long term conditions
Give	• Support and encourage volunteering • Promote citizen participation

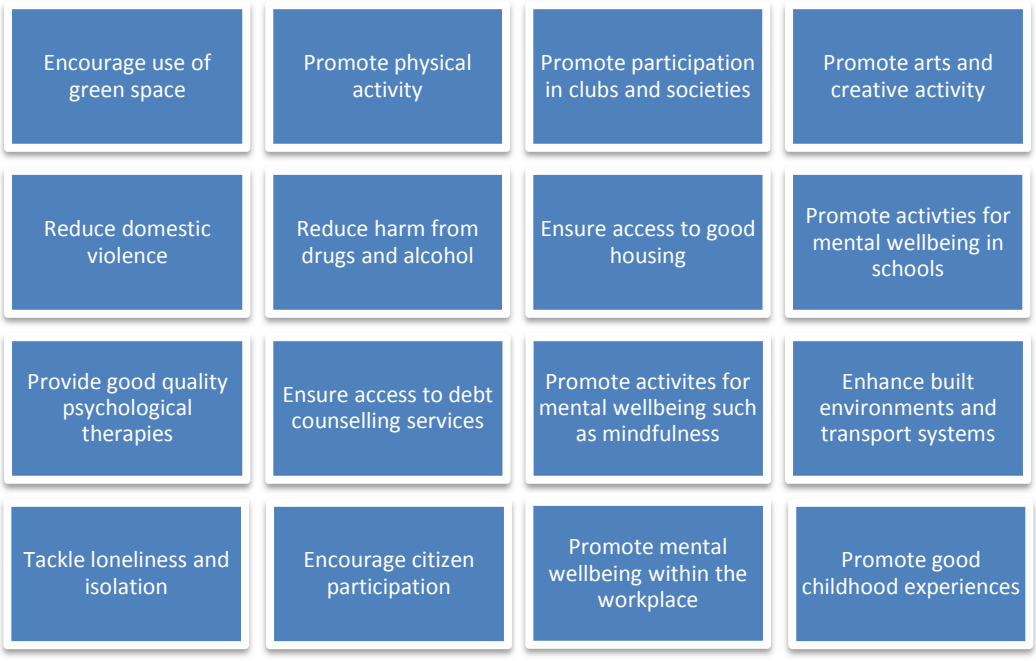
Wellbeing involves both the mind and the body, and further work needs to be done to help people to view mental health and wellbeing in the same way as physical health and wellbeing. Initiatives focusing on tobacco and drug use (which are both associated with an increased risk of mental health problems), sexual health promotion, physical activity and nutrition all have much to contribute to mental wellbeing.

Mental wellbeing can be enhanced by support from families, friends and community. Opportunities to learn and a good education enable people to achieve their full potential. 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, strong communities with good transport systems all contribute. Factors such as air pollution, traffic, noise, lack of space, feeling unsafe and insecure, anti-social behavior and limited options for physical activity also impact on mental wellbeing.

Mental health and wellbeing differs between communities, e.g. people of different cultural and ethnic backgrounds, sexual orientation or age. Mental health and wellbeing can be improved by working closely with communities of interest to identify the best approaches. Making the most of a community's own assets (a community development approach) can bring mental health benefits to individuals. Addressing loneliness and isolation is also a key part of improving mental wellbeing.

Effective mental health promotion activities include physical activity, involvement in arts, learning, volunteering and interventions such as mindfulness. Figure 11 summarises areas shown to promote mental wellbeing or improve mental health in groups or at a population level[17,50,51,52,53,54,55,56,57,58].

FIGURE 11: Promoting mental wellbeing



It is argued that becoming 'wellbeing aware' at every level of public service has the potential to save costs, and at the same time build healthier, more equal and more resilient communities[59].

Work is an important part of maintaining and improving mental health and wellbeing, as well as contributing to effective ill-health recovery[50]. By addressing issues such as the working environment and work-life balance, employers can create a culture where their staff wellbeing increases, resulting in increased productivity, loyalty and a reduction in sickness absence. Being out of work, or never having been in work, increases the risk of developing mental health problems.

Inequalities exist in mental health in a similar way to those linked with physical health with more deprived communities being disproportionately affected. Reducing inequalities in health therefore remains a major priority. However research has found that wellbeing does not depend on spending money or consumerism; it is more about developing wellbeing through the social and environmental factors that build resilience [60,61,62]. Efforts to challenge racism and gender inequalities and to build strong and cohesive communities will have a positive impact on public mental health.

TO ACHIEVE PRIORITY 1 WE SHALL:

- Promote population wide good mental wellbeing and reduce stigma by raising awareness and understanding of mental health problems.
- Promote good attachment between mother and baby.
- Provide effective mental health promotion interventions targeted at those groups who are most at risk.
- Align policy, strategy and services across health, care and the wider determinants such as housing, planning, leisure and employment to improve their impact on mental health and wellbeing.
- Build resilient communities where citizens have greater control of their lives, promote opportunities for participation, reduce isolation and encourage healthy lifestyles.
- Encourage the development of healthy working environments that promote wellbeing and guide employers to the best practice and interventions for those with mental health problems.
- Work with schools and partners to ensure the social and emotional health needs of children and young people are addressed.

PRIORITY 2: IDENTIFYING PROBLEMS EARLY AND SUPPORTING EFFECTIVE INTERVENTIONS

2. Identifying problems early and supporting effective interventions

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

Early intervention can improve outcomes for people experiencing some mental health problems. However, there are significant barriers such as the onset of mental health problems going unrecognised, ignored or explained in different ways both by individuals and professionals particularly in BME groups. Fear of stigmatisation may deter people from seeking help early.

Involving parents and carers can help to alert professionals to symptoms that individuals may not disclose, and 'early warning systems' can be developed to enable people to receive help earlier.

There is a need to raise awareness of mental health issues, to dispel myths, and to support a wide range of professional groups to spot problems early and ensure that they feel confident in referring on or signposting to other services. Clear pathways are needed to help service users, carers and professionals navigate to the right mental health services quickly for people, and gain a clearer understanding of the entry and exit points.

Self-help resources such as good quality websites, self-help groups and 'Reading Well', the national books on prescription scheme[63] (available in Nottingham libraries), are useful for individuals to use on their own or with other forms of treatment as part of a stepped care pathway*.

The Attitudes to Mental Illness report [64] showed the proportion of people who agree that 'mental illness is like any other illness' increased to 77% in 2011, but 43% of people remain uncomfortable talking to an employer about mental health problems. Whilst people understand mental health issues, fear of seeking help and support remains.

Certain groups such as those with long term physical conditions[65], those with disabilities including those with sensory impairment, students, older people, carers, LGB&T, some BME groups, teenage mothers, young people within the Youth Justice System, children with long term and unexplained medical conditions, and looked after children have a particular risk of mental health problems. Services already in contact with groups known to be at higher risk can help by improving early detection and signposting or referring to

* A stepped care recovery model seeks to treat service users with the least intensive intervention for their need in the first instance, 'stepping up or down' in accordance with their needs and recovery progress

services. In particular for those living with long term conditions, health and care services need to intervene early in a more integrated and timely way so that support is in place before a crisis occurs.

TO ACHIEVE PRIORITY 2 WE SHALL:

- Increase access to treatment by psychological therapies for a broad range of mental health problems, particularly for those groups who are identified as being at higher risk.
- Involve citizens, particularly those with mental health problems, their families and carers, in the coproduction of pathways for assessment, advice and support of common mental health problems.
- Increase the ability of healthcare professionals and other front-line staff to identify mental health problems, particularly in groups at highest risk, to understand how to reduce stigma and to make appropriate referrals.
- Raise awareness across a wide range of services including housing providers, police, educational establishments and emergency services so that they better understand the needs of those experiencing mental health problems and how they can support and signpost citizens to receive the best care.
- Improve opportunistic screening for individuals to reduce suicide risk.
- Work with employers to reduce the risks of unemployment due to mental health problems.
- Link adult and childhood mental health work more closely. Future mental health work should consider how strategies could be even better aligned across the life course to create a clear pathway from pre-conception in to older age. This may include systematic mental health support for children and young people whose parents are diagnosed with a mental health problem.
- Work with universal services (GPs, health visitors, schools and school nurses) to identify children and young people who are at risk of developing mental health problems and provide appropriate support and referral into CAMHS.

PRIORITY 3: IMPROVING OUTCOMES THROUGH EFFECTIVE TREATMENT AND RELAPSE PREVENTION

3. Improving outcomes through effective treatment and relapse prevention

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

As clinical practice advances and the needs of the population change, commissioners and service providers need to review treatments and pathways of care with those who use their services. Robust commissioning and review processes will ensure that the quality of care is maintained so that the best outcomes are achieved for everyone. Individuals will be placed at the centre of their own care, in partnership with carers. Holistic support for people living with mental health problems needs to address issues such as loneliness, isolation and stigma associated with their condition. This includes acknowledging the needs of families and carers.

For those with serious mental health problems in the community, medical care is often shared between primary and secondary care teams. New treatment and care options need to be implemented in a coordinated way. This will be supported by excellent education and continuous professional development for providers of these services. It is vital for children and young people to have an effective CAMHS service which places the child at the centre of intervention and ensures positive outcomes which continue into adulthood.

The JSNA and a recent Nottingham Health Needs Assessment into the emotional and mental health needs of children and young people[66] have identified some gaps in service provision. Some groups have particular needs when accessing services: e.g. students under the care of geographically separated services can experience delayed referrals or difficulties in shared care arrangements. There is also a need to reduce barriers to the use of services e.g. understanding better the cultural needs of some BME groups. Consideration will be given to how groups can be enabled to use mental health services successfully. Continuous review by commissioners in partnership with expert clinical groups, public health and providers will identify opportunities for more appropriate and efficient care.

Nottingham has good systems in place with providers of mental health services to ensure patient and carer involvement in the way that care is delivered. However public involvement in community based mental health care needs to increase as it is essential that we actively seek the views of those with mental health problems who may find difficulty in expressing their needs. The newly formed Healthwatch will ensure users of mental health services locally have a 'voice'.

TO ACHIEVE PRIORITY 3 WE SHALL:

- Work with people with mental health problems and their carers to improve services based upon their experience of care.
- Continue to support joint work through local groups of clinicians with expertise in adult mental health, and child and adolescent mental health care, in order to implement changes in best practice.
- Improve integration of health and social care to support effective care pathways.
- Ensure that shared care arrangements between primary and secondary health services are effective and responsive.
- Ensure that pathways of care are flexible enough to provide opportunity for patients to access care at the most appropriate point for their needs and move throughout the system quickly as their condition changes.
- Consider how local pathways need to support people with on-going problems who may be known to services elsewhere such as students, travelling communities and those who are homeless.
- Understand the cultural needs of particular at risk groups to reduce barriers and improve outcomes.
- Ensure an emphasis on how mental health providers address people's physical healthcare needs by working with commissioners and other providers.
- Continually review outcome measures and quality incentive schemes for hospital care as a way of focusing on recovery and improving outcomes.
- Review referrals to secondary care services to make sure that care is as far as possible given at the right place and time.
- Ensure that transition of children into adult care services allows for continuity of care and meets the needs of young adults.
- Implement a new emotional health and wellbeing pathway for children and young people in light of recommendations of the health needs assessment and the CAMHS pathway review.

PRIORITY 4: ENSURING ADEQUATE SUPPORT FOR THOSE WITH MENTAL HEALTH PROBLEMS

4. Ensuring adequate support for those with mental health problems

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

Some people with serious or on-going mental health problems may require support or assistance to enable them to care for themselves effectively and to access opportunities to live with greater independence. They may often have complex needs linked to their poor mental health and may be frequently vulnerable. Some people are likely to have a continuing need for care. In each case, each person should be a partner in the planning and delivery of support that is orientated towards opportunities for their recovery. This should include access to appropriate care, housing and employment to help each person to find a place in society, and to live according to their needs, choices and preferences.

Families and carers often play a significant role in ensuring that these goals can be met. As severe mental illness is often a long term condition, it can impact on the health and wellbeing of carers and, in the case of children and young people, it could have an impact on emotional development. Carers may also be affected by the stigma and discrimination associated with mental illness. Meeting this priority should therefore also include ensuring appropriate support to carers and to protect them from developing physical or mental health problems themselves as a result of their caring role.

Many people with long term mental health problems experience problems of sufficient severity and duration to be considered a disability[67]. It is therefore important that all services understand their duty under the Equality Act to ensure services are accessible to this group. This will include making 'reasonable adjustments' to the way services are delivered. There is a role for those who support people with long term mental health problems to champion equality of access to mainstream services for this group.

TO ACHIEVE PRIORITY 4 WE SHALL:

- Commission appropriate support to empower individuals, their families and carers to cope with the challenges on the path to recovery.
- Address social factors that promote recovery, and work with providers of services such as police, housing, employment support, benefits support and advice, education and training to help them better understand and meet the needs of those with on-going mental health problems.

- Help those with mental health problems find support for issues such as housing and financial advice.
- Support people with mental health problems to remain in work or begin working.
- Identify carers and ensure their needs are assessed and appropriate support in place.
- Maximise opportunities for effective partnership working across agencies to provide adequate support for vulnerable adults, including sharing of information where appropriate.
- Continue to monitor and promote the flexibility and choice of accommodation and social support that is available for citizens with on-going needs.
- Ensure that services are provided in a way that enhances choice and control for the user, whilst also meeting the needs of the local population.
- Continue to review the placement of people with mental health problems in residential mental health care settings to ensure that their needs are met in the best way possible whilst maximising best use of NHS rehabilitation services.
- Ensure that children and young people accessing CAMHS are supported with evidence-based interventions that are focused on outcomes.

PRIORITY 5: IMPROVING THE WELLBEING AND PHYSICAL HEALTH OF THOSE WITH MENTAL HEALTH PROBLEMS

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

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

Physical health and mental health are closely linked. The factors that affect poor physical health can also contribute to poor mental health and vice versa. These can include social factors, such as homelessness, domestic abuse, deprivation and unemployment, stressful life events, and health related behaviours, such as smoking, alcohol or substance abuse. The Kings Fund[65] identified that "people with long term conditions and mental health problems disproportionately live in deprived areas and this interaction makes a significant contribution to generating and maintaining inequalities".

People with mental health problems have poor physical health outcomes and research shows that they die far younger (up to 20 years younger for people with schizophrenia)[68,69] People in contact with secondary mental health services, have over 3 times the rate of early death as the wider population[21] and those with depression have double the risk of heart disease[70].

Most early deaths are from preventable causes that are similar to the wider population[71]. CVD and diabetes account for most years of life lost[72]. Poor health is influenced predominantly by unhealthy lifestyle behaviours, particularly smoking, and may be exacerbated by medication used to treat mental health problems. It has also been shown that health services have not been as responsive in identifying or meeting the physical health needs of people with mental health problems.

In 2006 a formal investigation by the Disability Rights Commission, Equal Treatment: Closing the Gap[73] identified obesity, high blood pressure, smoking, heart disease, respiratory disease, diabetes and stroke as being more prevalent in people with mental health problems and also identified higher rates of bowel cancer in people with schizophrenia. Standard treatments and screening were offered less to these groups. This report also highlighted the gap in life expectancy as an equality issue. The Equality Act requires that services make reasonable adjustments to enable people with disabilities to benefit. This would include people with long term mental health problems.

Smoking has been highlighted as a key area for improvement. People who have mental health problems smoke at higher levels than the general population, and experience greater health problems as a result. It has been estimated that 42% of all cigarettes smoked in the UK are smoked by somebody with a mental health problem[74]. Recent NICE guidance[75] includes recommendations to improve mental health services'

response to smoking, as it has been shown that this has not been given a high enough priority in the past[76,77].

The parity of esteem approach aims to keep mental and physical aspects of health linked, and give each equal priority. Services and health workers have traditionally focussed on one aspect or the other, which can lead to gaps in addressing health needs.

Whilst reducing the gap in health inequalities for those with mental health problems is a current focus, it is also important to retain the goal of holistic care for all. As well as improving treatment of physical health needs, all health services need to ensure mental health problems are detected early and addressed promptly for their service users, as detailed in Priority 2. This is particularly relevant for those with long term physical conditions, but is also applicable to people who require treatment for acute health needs, e.g. following heart attack or trauma.

TO ACHIEVE PRIORITY 5 WE SHALL:

- Increase understanding and awareness of the factors that influence the poor physical health outcomes for people with mental health problems.
- Prevent physical health problems by ensuring health promotion and screening include a focus on people with mental health problems, particularly focussing on smoking and other cardiovascular risk factors.
- Ensure health services identify physical health problems in people with mental health problems and that appropriate treatment is accessible.
- Keep the 'parity of esteem' approach central to the commissioning of all health and care services to ensure both mental and physical health aspects are taken into account.

TAKING THE STRATEGY FORWARDS

LEADERSHIP

To realise the aims of *Wellness in Mind*, champions are required at all levels across the public, private, voluntary and community sectors.

Improving mental health is everyone's business, but clear leadership needs to be demonstrated by partnership organisations, including those in the third sector. Those of particular note are:

- Councillors and officers in Nottingham City Council (the Council has already committed to prioritise mental health by signing the Mental Health Challenge[40] but all councillors have an important leadership role to play).
- Senior leaders, including clinicians, from NHS Nottingham City Clinical Commissioning Group.
- Service providers including Nottinghamshire Healthcare NHS Trust, Nottingham University Hospitals, Nottingham CityCare Partnership and the voluntary sector.

MONITORING OUTCOMES

Measuring mental health using a single indicator poses considerable challenges. Although Nottingham has been measuring wellbeing for a few years, there is limited wellbeing data from other areas by which to benchmark ourselves. Due to significant under diagnosis and under reporting of mental illness, the usefulness of prevalence data is limited. Mortality data, such as suicide data lacks timeliness and does not fully capture the prevalence of mental illness nor the disability it causes.

For the purposes of this strategy, we will continue to monitor progress using targets agreed in the Nottingham Plan to 2020, the Nottingham City Joint Health and Wellbeing Strategy, Working Together for a Healthier Nottingham: Nottingham City Clinical Commissioning Group Strategy 2013-2016, and the Children and Young People's Plan.

In addition, we will be monitoring our progress using the Mental Health Profiles[78] and against the new Department of Health's Mental Health Dashboard[79], which brings together a number of indicators from a wide range of sources to reflect progress against the national mental health strategy (see appendix B).

ACTION PLANS

Detailed action plans will be developed by working groups set up to achieve each of the five priorities in the strategy.

GOVERNANCE

The strategy is owned by the Nottingham City Health and Wellbeing Board. Overall implementation will be monitored by the Board's Commissioning Executive Group and regular quarterly progress reporting will be received by this group. Specific actions that sit within each action plan will continue to be owned by the lead organisations responsible for their implementation.

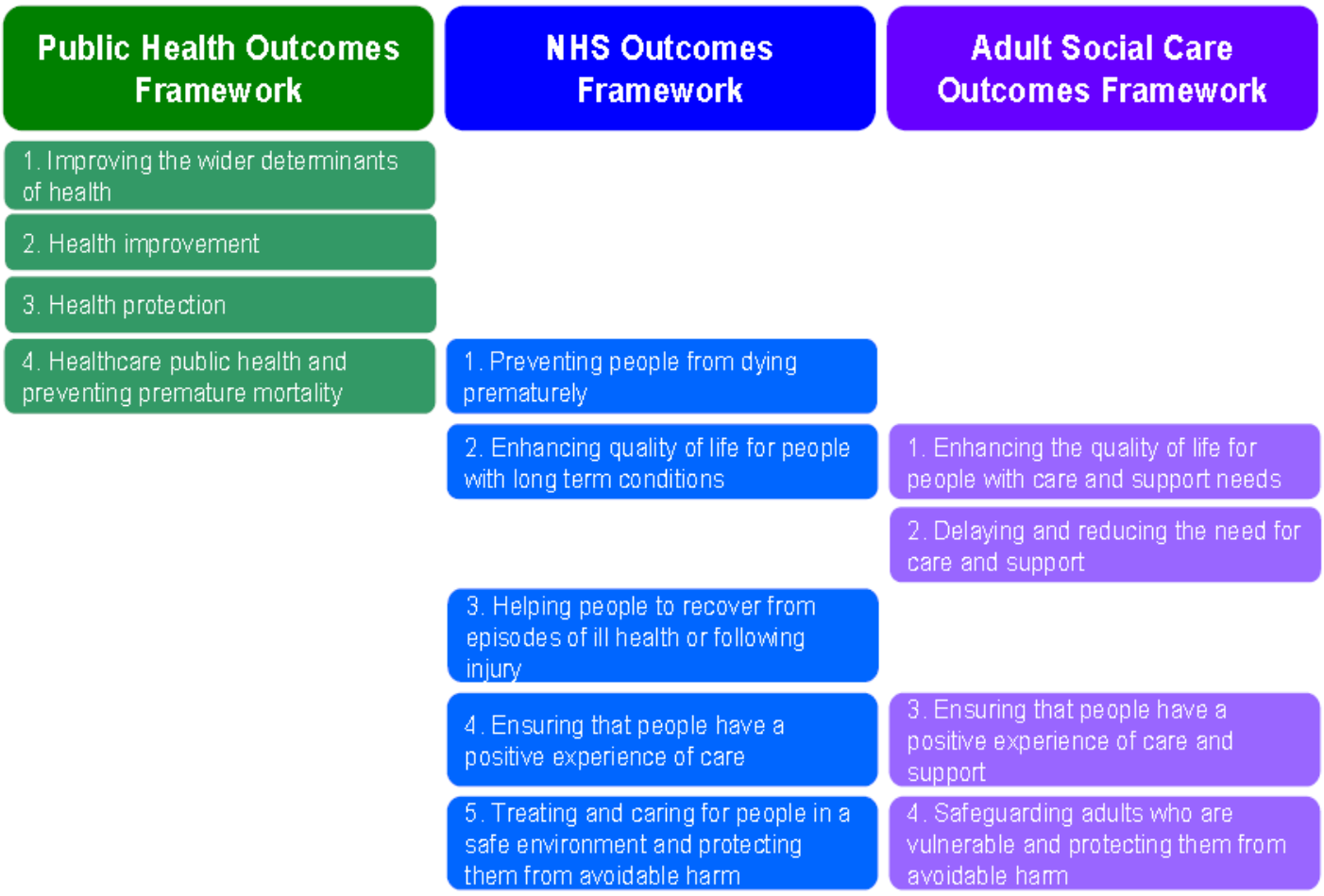
EQUALITY IMPACT ASSESSMENT

An equality impact assessment (EIA) is an assessment to ensure that policies do not discriminate and that where possible, equality is promoted. A full EIA of this strategy has been undertaken in accordance with the Nottingham City Council Equality and Diversity Policy and is available on the Nottingham Insight website. Further equality impact assessment will be undertaken on the action plans resulting from this strategy.

APPENDIX A: THE NATIONAL OUTCOMES FRAMEWORKS

The actions resulting from this strategy will have an impact on many of the indicators across the Public Health, NHS and Adult Social Care Outcomes Frameworks. The figure below shows the relationship of the overarching domains of all three frameworks.

The Children and Young People's Health Benchmarking Tool brings together and builds upon health outcome data from the Public Health Outcomes Framework and the NHS Outcomes Framework.[80]



Taken from: Improving health and care: the role of the outcomes frameworks, DH 2012.

APPENDIX B: MENTAL HEALTH DASHBOARD

This gives an overview of The Mental Health Dashboard which has been produced by the Department of Health to bring together relevant measures from a wide range of sources to bring the outcome framework measures together and show how progress is being made nationally against the objectives of the national strategy.

1. More people have better mental health	2. More people with mental health problems will recover	3. More people with mental health problems will have good physical health
Mental health and wellbeing of the whole population • Self-reported wellbeing **(PHOF 2.23)** • Percentage of the population with possible mental health problems (HSE) • Percentage of the population with long-term mental health problems (HSE) • Number of days lost due to common mental illness (LFS) ***Wider determinants of mental health and illness*** • Number of households accepted as being homelessness (PHOF 1.15) • Number of homeless in temporary accommodation (PHOF 1.15) ***Low Income Households*** • Proportion of people in households with income below 60% of the median net disposable household income (HBAI) ***Illicit drug use*** • Proportion of 16–24 year-olds who are frequent drug users • Proportion of 15–64 year-olds using opiates or crack cocaine	***Care and treatment*** • Proportion of people with anxiety or depression are accessing Psychological Therapies (IAPT services) (NHSOF 3.1) • Proportion of people who complete IAPT treatment who are moving to recovery (NHSOF 3.1) ***Recovery and quality of life*** • Proportion of people with a mental illness are in employment (NHSOF 2.5 , ASCOF 1F, PHOF 1.8) • Proportion of people with a serious mental illness and of working age are in employment (NHS OF 2.2, ASCOF 1E, PHOF 1.8) • Proportion of people with mental health problems are in stable accommodation (PHOF1.8, ASCOF 1H) • Number of people with a mental illness have a social care quality of life (ASCOF 1A)	***Physical health of people with serious mental illness*** Excess under 75 mortality rate in adults with serious mental illness (PHOF 4.9, NHS OF 1.5) ***Physical health of people with mental health problems*** • Proportion of people with a long term physical health conditions with a long term mental health problems (GPPS) • Proportion of people with a long term mental health problems with a long term physical health conditions (GPPS) • Proportion of people with a possible mental health problem misuse alcohol (HSE) • Proportion of people with a possible mental health problem that are obese (HSE) • Proportion of people with a possible mental health problems that are current smokers(HSE)
4. More people will have a positive experience of care and support	**5. Fewer people will suffer avoidable harm**	**6. Fewer people will experience stigma and discrimination**
Detention • Number of people that are formally detained subject to the Mental Health Act (MHMDS) • Percentage of all detained patients subject to the Mental Health Act from a Black and Minority Ethnic (BME) background (MHMDS) • Number of people subject to Community Treatment Orders (CTOs) at 31st of March in each year (MHMDS) ***Satisfaction with mental health services*** • Percentage of patients with positive experiences of mental health services (NHSOF 4) (CMHS) • Percentage of patients with an overall satisfaction with services among people with mental health related social care needs (ASCOF 3A) (ASCS) • Proportion of people with long term mental health problems feeling supported to manage their condition (NHSOF) (GPPS)	***Safety incidents in mental health settings*** • Safety incident reports (ONS) (per 100,000) (NHSOF 5a) • Safety incidents involving severe harm or death (per 100,000) (ONS) (NHSOF 5b) ***Suicide and self-harm incidents*** • Suicide rate (ONS) (per 100,000) (PHOF 4.10) • Self-harm rate (PHOF 2.10)	***Knowledge, attitudes and behaviour amongst the general public*** • Mental health related knowledge (IOP) ***Attitudes towards metal health amongst the general public*** • Attitudes towards mental illness (IOP) • Reported intended behaviour in relation to people with mental illness (IOP) ***Service users' experience of stigma and discrimination*** • Proportion of people who use secondary mental health services who have no experience of discrimination (IOP) • Proportion of people who use secondary mental health services who feel confident in challenging stigma and discrimination (IOP)

KEY:

Link to Outcomes Frameworks
ASCOF – Adult Social Care Outcomes Framework
NHSOF – NHS Outcomes Framework
PHOF – Public Health Outcomes Framework

Links to other sources
- APS) – Annual Population Survey
- (CCG OI) Clinical Commissioning Group Outcomes Indicator
- (CSEW) – Crime Survey for England and Wales
- (HSE) – Health Survey for England
- (IOP) – Institute of Psychiatry survey for Time to
- (MHMDS) – Mental Health Minimum Dataset
- ASCS) – Adult Social Care Survey
- (CMHS) – Community Mental Health Survey
- (GPPS) – GP Patient Survey
- (LFS) – Labour Force Survey
- (HBAI) – Households below average income survey for change

(www.gov.uk/government/publications/mental-health-dashboard)

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