

Bury Mental Health Strategy

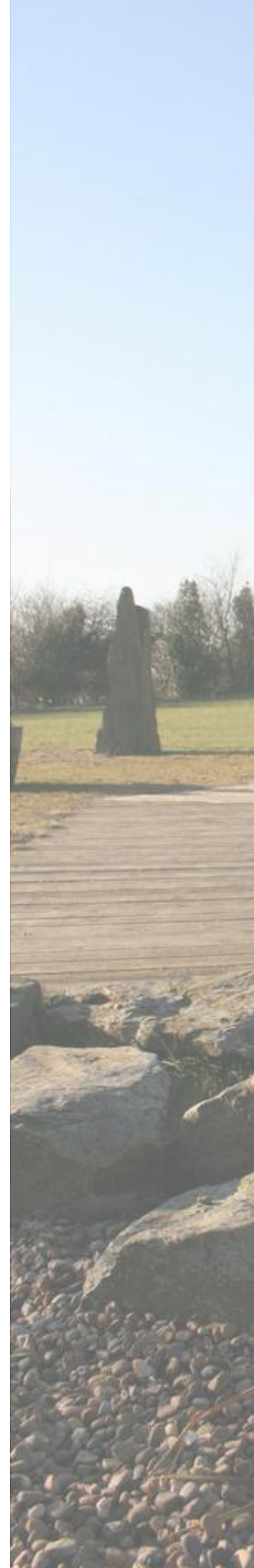
2013 - 2018



Contents and quick read guide

We want to make this strategy easy to read. By explaining below what each of the main sections contains, you can go straight to the part you want.

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Welcome to the Mental Health Strategy

Foreword

Welcome to Bury's Mental Health Strategy 2013 – 2018. Here we set out our ambition over the next five years to improve the mental health and emotional wellbeing of our borough and meet the aims of the national mental health strategy.

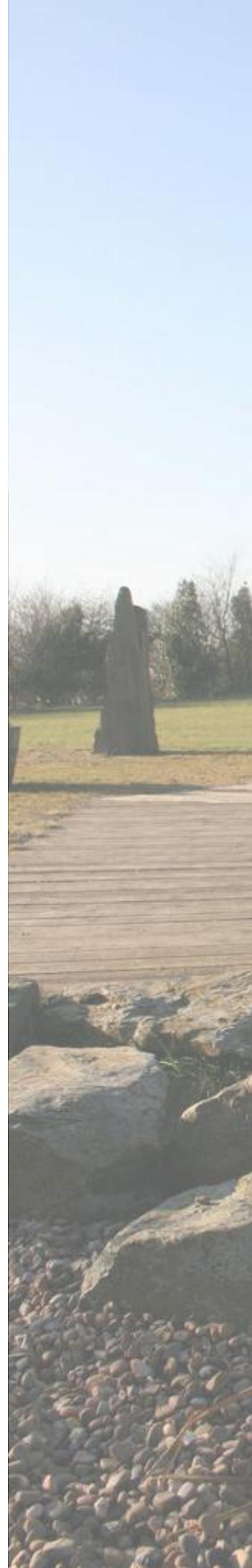
We are already rising to this challenge of improving mental health and have achieved some key successes in recent years - but we know we need to go further to achieve our ambitions for Bury.

This is a strategy for every adult in Bury, and particularly those who are more vulnerable to developing mental health and emotional wellbeing needs. To improve mental health we are focused on taking a proactive approach – by investing more in preventing ill health, intervening early when it does occur, and improving recovery by providing more support and services in the community rather than in hospitals or residential care.

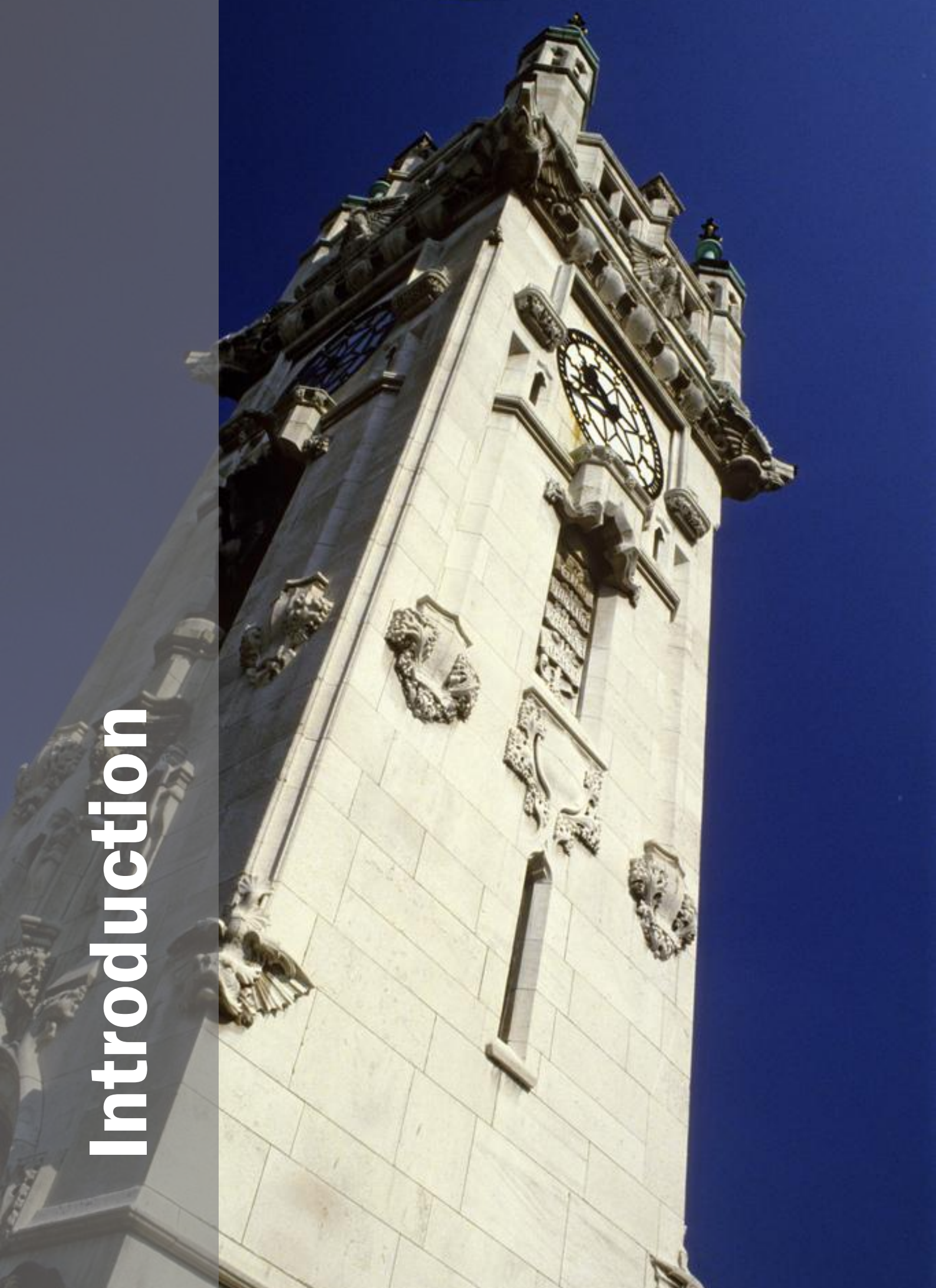
Personalising services is key to this approach. We know that one size does not fit all - to deliver better outcomes for people we need to treat them as individuals and give them choice and control over their care. Taking this approach means we are more likely to give people the right care, at the right time, in the right way – delivering both better outcomes and financial savings.

Change on this scale cannot be delivered by organisations working alone. We are committed to working together with the public, private and voluntary sectors to promote better mental health and to drive transformation. I would like to take this opportunity to thank all the organisations that have contributed to this strategy and committed to making it a success. Our partnership approach will help us to drive forward improvement and make a positive impact on the support and services for local people in Bury.

Councillor Rishi Shori
Executive Member, Adult Care and Wellbeing



Introduction



Introduction

Our partnership approach

Bury Council and NHS Bury have actively worked with people that use mental health services and their carers to develop this strategy for our borough. Working in partnership puts the community and people that use services at the heart of service design and delivery – ensuring their experience, insight, knowledge and expertise shape and influence services. We believe this ‘co-production’ approach will drive improvement in how mental health services are planned, bought and delivered in Bury, both now and for the future.

The following organisations have worked together to help produce this strategy:

Bury Council	NHS Bury
Rethink Bury Carers’ Group	Bury Clinical Commissioning Group
Samaritans Bury Branch	Pennine Care NHS Foundation Trust
Bury Involvement Group (BIG)	Richmond Fellowship
Rochdale and District MIND	Jinnah Day Care Centre
Greater Manchester Probation Trust	Bury Asian Women’s Centre
Streetwise 2000	Jobcentre Plus
Bury College	Bury Local Involvement Network
Creative Living Centre	ADAB (Asian Development Association)

Our vision for Bury

We have made great progress in improving and developing services for people with mental health conditions in Bury. We recognise that there is more we can do and we are committed to making further progress to ensure we support all our residents, especially the most vulnerable. This is reflected in our vision for the borough:

"We are working together to promote good mental health and wellbeing amongst everyone in Bury. We are taking action to reduce ill health, promote better recovery and enable people to reach their full potential. Our services focus on meeting the needs of our local community and provide choice, encourage independence and enhance quality of life".



Our aims for this strategy

We are committed to improving the mental health and emotional wellbeing of all adults in Bury. This strategy sets out how we will achieve this over the next five years by outlining our vision for planning, buying and delivering effective services which will achieve successful outcomes for all adults in Bury, including people of working age and older adults¹. In common with other areas, we recognise that we need to improve the information we collect about mental health. This is reflected in our vision for this strategy and will drive our work around performance improvement.

This strategy responds to the national mental health strategy, 'No Health Without Mental Health' (2011) and the six themes that have been identified by the government as the most important areas to tackle if we are to make a positive impact on the mental and emotional wellbeing of our residents.

Our strategy is ambitious and far reaching. It covers:

- Preventative services which can delay or stop mental health conditions from developing amongst the general population;
- Services for individuals with mild to moderate mental health and wellbeing needs; and
- Services for those people with severe and enduring mental health conditions.

Dementia presents a huge challenge to society, both now and in the future. It is predicted that one in six people over 80 and one in 14 people over 65 has a form of dementia. In Bury, we know that over 1,000 people have a formal diagnosis of dementia – a number that is set to rise over the next 10 years. It is because we recognise the needs of this group of very vulnerable adults that we have developed a separate Dementia Strategy for Bury and are committed to delivering services that will transform the quality of life for people with dementia and their carers.





Part 1

BU

Part 1: Where we are now

What is good mental health?

We all know that having good mental health is important. Mental health is about how we think, feel and behave.

Good mental health is about more than just happiness - it is about our physical, emotional and social wellbeing. This includes having good self-esteem and self-confidence, so we accept ourselves and believe in our own worth and that of others around us. It is about feeling that we are able to both enjoy life and cope with life, especially when difficulties arise.

It is well known that a quarter of us will experience a mental health problem at some time in our lives. This can have far reaching consequences. Having a mental health condition can affect our physical health, our relationships, our education, training and work, and our ability to reach our full potential.

If we are to achieve our ambition to improve the mental health and emotional wellbeing of all adults, we have to make mental health everybody's business. Mental health and emotional wellbeing are complicated - they affect, and are affected by, many different things. As a result, local councils and NHS services cannot tackle this alone.

In Bury, we have already gone beyond a focus on the local council and the NHS leading the way, achieving some key successes with the growth of peer support in the voluntary sector. However, we need to go further. We need to make sure that individuals, carers, families, employers, educators, voluntary groups and communities all realise their responsibilities and play their part in working together to improve wellbeing.

How are we doing with mental health in Bury?

It is important that we understand the mental and emotional wellbeing needs of adults in Bury so we can plan, buy and deliver effective mental health services. To do this successfully, we need to know:

- How many people currently have mental and emotional health conditions;



- How many are likely to develop them in the future; and
- Which people are more likely to experience mental and emotional health conditions than the rest of the population.

The Joint Strategic Needs Assessment (JSNA) for Bury provides a robust starting point for this because it gives an analysis of the health and well-being of our population together with an outline of the health and social care challenges we need to tackle. This strategy builds upon the foundations of the JSNA to take our understanding to a higher level.

The population of Bury is growing. There are now 185,100 residents² living in the borough. Many people are experiencing improvements in their general health and wellbeing, with life expectancy increasing for both men and women³. We are also doing well on improving the wider determinants of health, such as tackling homelessness, deprivation and violent crime⁴. We want to do better and we know we have challenges to meet to improve the mental health and emotional wellbeing of adults in our borough.

We have estimates for the number of adults in Bury that currently have mental health conditions and estimates for the number of adults that are likely to experience them in the future. These figures are based on national prevalence rates and have been broken down into the two main types of mental health conditions – ‘common’ and ‘complex’.



What is a common mental health condition?⁵

Common mental health conditions are those which tend to occur most often.

People with common mental health conditions have more severe reactions to emotional experiences than the average person. For example, this may mean developing depression rather than feeling low, or having panic attacks rather than experiencing feelings of mild anxiety.

This includes conditions such as depression, anxiety disorders, obsessive compulsive disorders and post traumatic stress disorder.

In the past 'common mental health problems' were called 'neurotic conditions'.

What is a complex mental health condition?⁵

Complex mental health conditions are less common.

They disrupt a person's perception of reality, their thoughts and judgement, and affect their ability to think clearly.

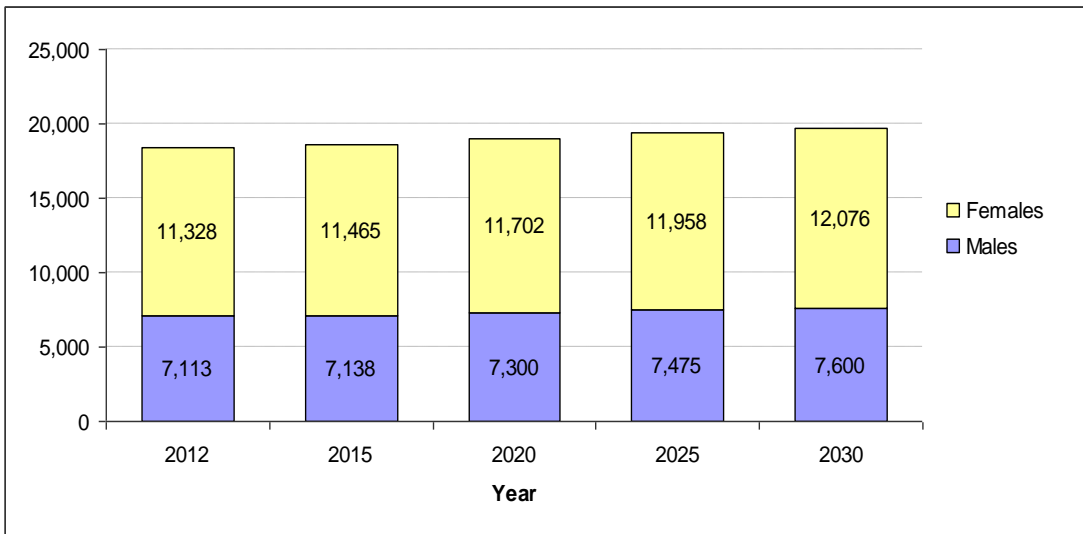
This includes conditions such as schizophrenia; bi-polar (formerly known as manic depression); paranoia and hallucinations when people see, hear, smell or feel things that nobody else can.

In the past 'complex mental health problems' were called 'psychotic conditions'.

The graphs overleaf show the estimated number of mental health conditions amongst the population of Bury, broken down by gender, both now and in the future.

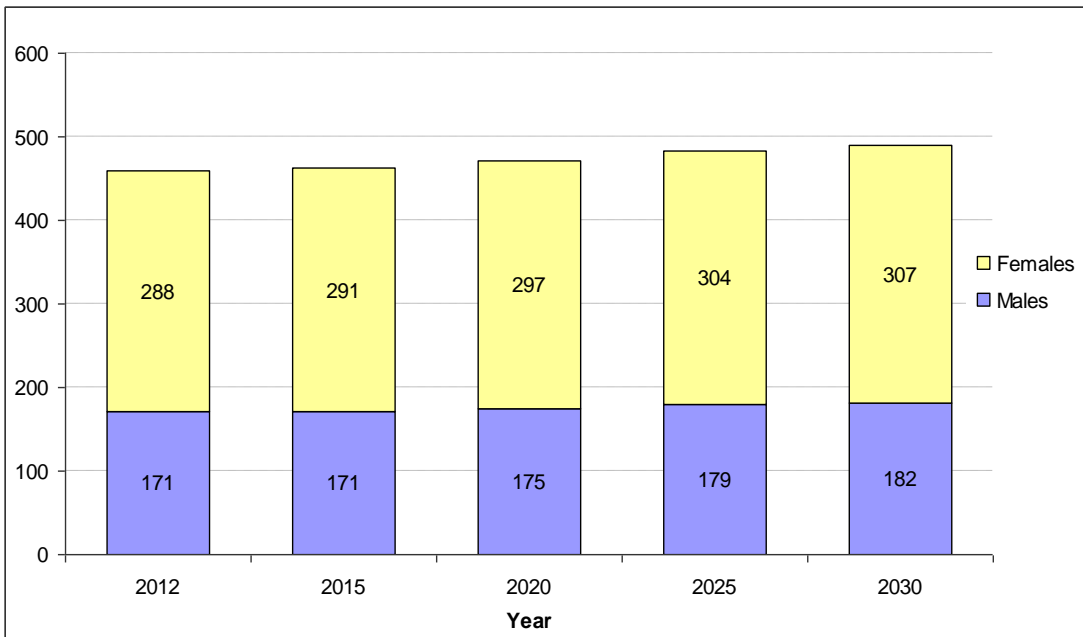


Figure 1: Estimated number of adults (aged 18 – 64) in Bury with a Common Mental Health Condition



Source: *Projecting Adult Needs and Service Information 2012*

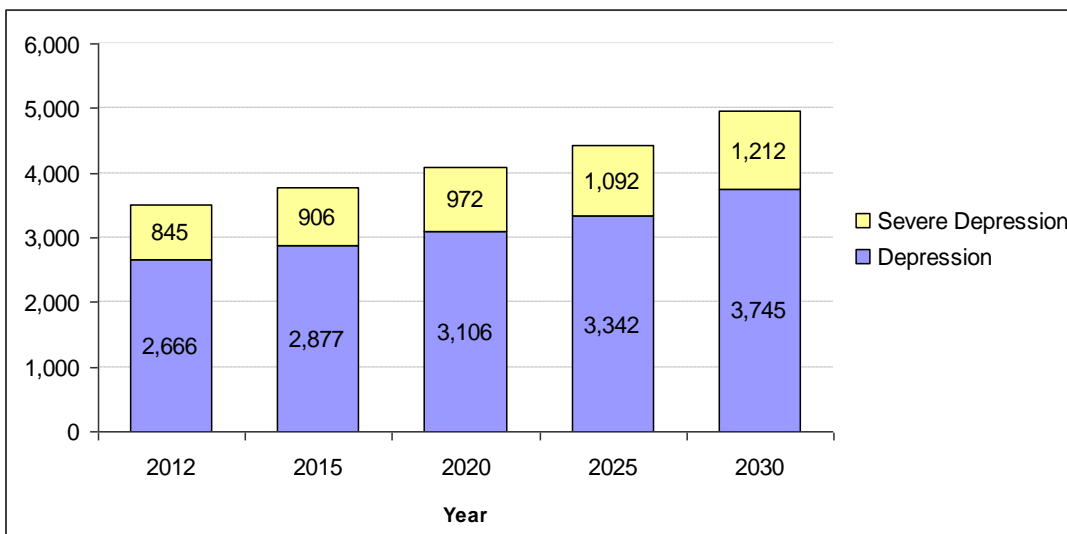
Figure 2: Estimated number of adults (aged 18 – 64) in Bury with a Complex Mental Health Condition



Source: *Projecting Adult Needs and Service Information 2012*

Similarly, we have estimates of the number of adults aged 65 and over that currently have mental health conditions, and estimates for those that are likely to develop them in the future. Although these figures are also based on national prevalence rates, they are not broken down into the two main types of conditions (common and complex). Instead, they estimate the numbers likely to have depression and severe depression.

Figure 3: Estimated number of adults (aged 65 and over) in Bury with Depression and Severe Depression



Source: *Projecting Older People Population Information 2012*

Are some people more likely to develop mental health conditions than others?

There are many reasons why people develop mental health conditions. It is important that we understand why some people are more likely to become unwell because the effects can be serious and debilitating.

Social and economic circumstances

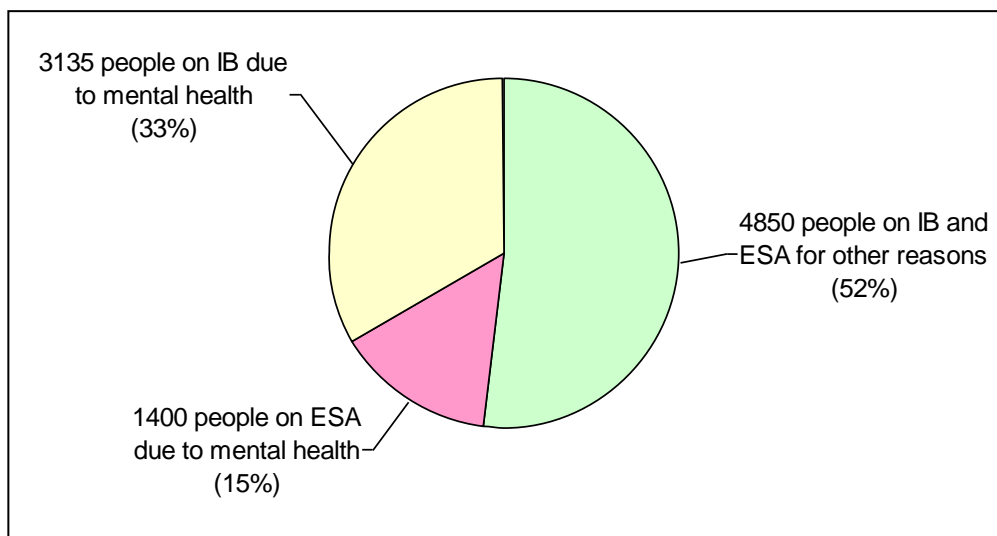
Our social and economic circumstances can increase the likelihood that we will develop a mental health condition such as living in poor housing or being homeless, being unemployed, having a low income, or having a poor education.

Employment and Income

It is well known that work is generally good for physical and mental health. We have good overall employment rates in Bury with 71.6% of the adult population in employment. This is above both the North West and the national averages⁶. However, people with a mental health condition are less likely to be in employment and more likely to be receiving benefits. For example, we know that only 3% of adults receiving secondary mental health services in Bury have a job⁷.

People that receive benefits because they cannot work due to their mental illness can access incapacity benefit (IB) or employment support allowance (ESA). Nearly half (48%) of all the people in Bury that are receiving one of these benefits get them because they have a mental health condition, as the graph below shows.

Figure 4: People on benefits in Bury due to mental health conditions



Source: Nomis labour market statistics for November 2011

People that live in Bury earn higher wages than the average person in the North West⁸. However, income levels vary across the borough and we know that having a low income puts people at a greater risk of experiencing a mental health condition.

What are primary mental health services?

Primary mental health services mainly provide support for people with mild to moderate mental health conditions, such as depression and anxiety. However, these services can also support people with some of the more severe mental health conditions if they are not at risk of harming themselves or others.

Primary mental health services can be provided by:

GPs

GPs are usually the first point of contact for people with mild to moderate mental health conditions.

Mental health professionals

Support can be provided by a range of professionals that work in the Psychological Therapies Service (also known as Talking Therapies and Improving Access to Psychological Therapies), including nurses, counsellors, therapists and psychologists.

The types of support that people can be offered include:

- Guided self help
- Group work
- Workshops

What are secondary mental health services?

Secondary (or specialist) mental health services provide support for people with severe and complex mental health conditions, such as schizophrenia and bi-polar. They also support people with other mental health conditions if they are at risk of harming themselves or others.

Secondary mental health services can be provided by a range of professionals including:

- Doctors (specialists)
- Nurses (specialists)
- Social Workers
- Support Workers
- Occupational Therapists
- Psychiatrists

The types of support that people can be offered include:

- Assessment
- Diagnosis
- Assessment of memory
- Support for people in their own home
- Support with housing, employment, finances and social activities



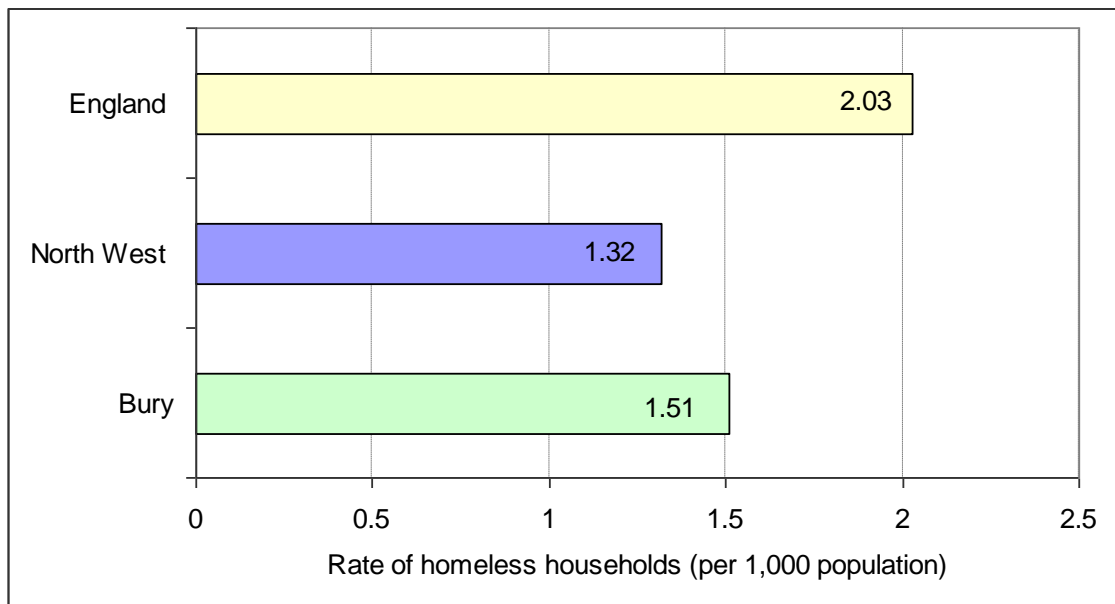
- Psychological therapies
- Medication
- Signposting to non-medical forms of support in the community, such as exercise sessions or art classes (this is also known as 'social prescribing')

- Psychological therapies
- Medication
- Intensive support at home when people are severely ill
- Admission to hospital

Housing

People that live in poor housing, those whose accommodation is at risk or unsuitable, and people who are homeless, are all more likely to have mental health conditions than the rest of the population. In Bury the homelessness rate is much lower than the national average, as the graph overleaf shows.

Figure 5: Homeless households in Bury compared to the North West and England 2010-2011



Source: Community Mental Health Profile 2012: Bury (North East Public Health Observatory)



Nevertheless, between April 2011 and March 2012, there were 2,005 homeless people in Bury⁹. Of these, we know that 43 people had a mental health illness, 13 were misusing drugs and 7 were misusing alcohol.

We also know that 88% of people using secondary mental health services are living in settled accommodation. The remaining 12% are in unsettled accommodation¹⁰.

What is 'settled accommodation'?

There is no legal definition of 'settled accommodation'. The term broadly refers to owner occupiers, tenants, people living in supported accommodation and sheltered housing.

What is 'unsettled accommodation'?

In contrast 'non-settled accommodation' broadly refers to homeless people, people in temporary or insecure accommodation such as a night shelter or refuge, and people staying with friends or relatives on a temporary basis.

Individual circumstances

Our individual circumstances have an affect on how likely we are to develop mental health conditions. This can include a variety of factors, such as our ethnicity and culture, experiencing stress at work, and significant or traumatic life events such as childbirth, bereavement or making the change back into civilian life following serving in the armed forces. Some of these circumstances are listed below¹¹.

Culture and ethnicity

Culture and ethnicity is an important factor in having good mental health. It can affect how people view mental health and how likely people are to develop certain conditions. Our background can also have an important influence on how likely we are to seek professional help.

In some cultures medical professionals place less priority on mental health than physical health. Individuals themselves may choose to use alternative methods to treat their condition because they believe that GPs only treat physical health needs.



Mental illness can be seen as shameful in some cultures or be viewed as a spiritual rather than related to health. As a result, people may be less likely to seek medical advice because they feel they are more likely to be diagnosed and treated incorrectly. Instead they may depend on extended family networks for help and support.

In general, rates of mental illness are thought to be higher in some minority ethnic groups in the UK than in the white population but they are less likely to have their mental health problems detected by a GP¹².

In Bury, 7.8% of the adult population are from ethnic minority backgrounds¹³. This equates to approximately 11,300 people¹⁴.

Crime

People that have committed criminal offences are far more likely to have mental health conditions compared to the general population¹⁵.

Mental health issues contribute to a significant part of the demand placed on the police service. Police are very frequently called to deal with people whose behaviour is a manifestation of their illness rather than any criminal intent.

Individuals can be detained by police under Section 136 of the Mental Health Act 1983 and be taken to a place of safety. We believe that a disproportionate number of people in Bury are detained on a Section 136 and further work will be done to address this.

The Probation Service supervises and supports offenders in the community and in prison. This includes making sure that prisoners get help for their mental health needs and offenders in the community maintain their treatment programmes. In Bury the Probation Service has 242 offenders serving prison sentences. Of these, 8 are formally registered as having a mental health condition¹⁶.

The Probation Service currently supervises 600 offenders in the community. Of these, 43 are registered as having a mental health condition¹⁷. If we breakdown the types of mental illness offenders in the community have, we can see that nearly half have depression (18 people) and just over a third (15 people) have a complex mental health condition such as schizophrenia or bi-polar.

However, the Prison Reform Trust estimates that 72% of male and 70% of female prisoners have two or more mental health problems. As a result, it is likely that the figures we have do not accurately reflect the number of offenders that have mental health needs in Bury.



Drugs and alcohol

There is a strong link between having a mental health condition and misusing drugs and alcohol. Many people that are dependent on alcohol often have underlying mental health illnesses.

People who have a mental health problem, such as schizophrenia or depression, as well as a dependency on drugs or alcohol, are commonly said to have a 'dual diagnosis'. The complexity of this often leads to other problems with money, housing and physical health.

The Bury Substance Misuse Treatment service provides information, advice and treatment for people that are dependent on drugs and alcohol. They have 141 clients receiving support for alcohol dependency and 505 clients receiving support for drug dependency¹⁸. Accurate figures on how many of these people have mental health problems, as well as their drug or alcohol dependency, is not currently available. However, we know that is likely that a high proportion of these individuals will have mental health conditions.

Learning disabilities

People with learning disabilities are more vulnerable to mental health problems than the general population. In Bury there are approximately 3,420 adults with a learning disability¹⁹.

Like many other areas, we do not have accurate figures for the number of people with learning disabilities that also have mental health problems. We are committed to working to improve the information we have to plan for the future. However, it is estimated that between 25-40% of people with learning disabilities have a mental health problem. As a result, we know it is likely that between 855 and 1,368 people with learning disabilities in Bury will also have a mental health condition.

Carers

Carers are more likely to have a mental health problem than the rest of the population due to the pressures and demands of their caring role and experiencing prolonged periods of isolation. They are particularly vulnerable to developing stress, anxiety and depression.



It is estimated that there are 6 million carers in the UK. Of these, up to 1.5 million are caring for someone with a mental health problem²⁰. It is difficult to find reliable figures for the number of carers we have in Bury. The council is aware of approximately 3,320 adults in the borough that have a caring role²¹, however, it is likely that there are more than this. In a recent survey of carers in Bury, 45% (163 people) of people that responded said that their caring role had a negative effect on their mental health and wellbeing²².

Military Veterans

Some people who have served in the armed forces say that they can experience emotional difficulties and find it hard to ask for help. This may be because of difficult experiences or simply adjusting to civilian life. We know that in Bury there are 13,538 military veterans.

Lesbian, gay, bisexual and transgendered communities

National studies show that lesbian, gay, bisexual and transgendered (LGBT) people have higher levels of anxiety, depression and suicidal feelings than heterosexuals²³. It is estimated that 1.5% of the population is lesbian, gay or bisexual²⁴. Based on this estimate, and using the 2011 census population figures, there are approximately 2,250 LGBT adults in Bury.

A recent piece of research carried out by the Lesbian and Gay Foundation with a small proportion of the LGBT community in Bury²⁵ showed that over half or nearly half of respondents had experienced low self-confidence (61%), depression (48%) and anxiety (43%). There was also a high prevalence of more severe mental health issues such as suicidal thoughts (39%), self-harm (18%) and eating disorders (7%).

Physical health

There is a strong link between physical and mental health. People with poor physical health are more likely to have a poorer quality of life. As a result they are at higher risk of experiencing common mental health problems, such as depression. People with mental health problems are up to twice as likely to experience a long term illness or disability.



Poor physical health

There are around 15 million people in England with at least one long term condition. A long term condition is an illness that cannot be cured but can be managed through medication or therapy. This includes illnesses such as diabetes, asthma and coronary heart disease.

Evidence suggests that at least 30% of all people with a long term condition also have a mental health problem²⁶. For example, people with diabetes are twice as likely as the general population to develop depression.

Just under 18% of the population in Bury (just under 32,500 people) have a long term condition. Nearly half of the people with long term conditions are aged over 65. Although this is a high number, Bury is performing better than the North West (which has an average of 20%)²⁷.

There are other physical conditions which make it more likely that people will have poor mental health. People who experience persistent pain are four times more likely to have anxiety or depression than the general population²⁸. Those with hearing and vision impairments (sensory disabilities) are also more prone to developing mental health conditions.

Getting older

Most older people have good mental health, but older people are more likely to experience events that affect emotional well-being, such as bereavement or disability. They may also experience distress as a result of isolation and loss of independence due to getting older.

It is estimated that 40% of older people seeing their GP, 50% of older people in general hospitals, and 60% of care home residents, have a mental health problem²⁹. People living alone or in residential or nursing care are particularly likely to develop depression.

There are 29,500 people over the age of 65 in Bury³⁰. It is estimated that 9% of our older people will have depression³¹.



Part 2



Part 2: Our aims

The national mental health strategy, “No Health Without Mental Health”, sets out six challenging aims to improve the mental health and emotional wellbeing of the population as a whole. They are:

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

We are committed to taking a local approach to these aims to make sure that they deliver improvements in the mental health and emotional wellbeing of people in Bury and support people through recovery. To achieve this we are focused on making sure that local services are designed to meet the needs of local people and that our services deliver successful results.

1. More people will have good mental health

“More people of all ages and backgrounds will have better wellbeing and good mental health. Fewer people will develop mental health problems – by starting well, developing well, working well, living well and ageing well” (No Health without Mental Health, 2011).

This aim is about preventing mental health problems from starting and making sure more people can reach their full potential. The focus is on making sure that more people will have good mental health and emotional wellbeing throughout their lives - in childhood, in adulthood and in their later years. We can take steps to make a positive impact on this by:

- *Improving general wellbeing* - by promoting positive parenting to ensure a good start in life, reducing unemployment and joblessness, and ensuring people have access to green spaces.
- *Improving self esteem* – by increasing the confidence and self esteem of young people, especially about their body image, so they are more emotionally resilient.



- *Taking a whole family approach* – by working with all the members of a family when a person is ill and taking into account all the interrelated problems which are linked with mental illness, such as alcohol misuse and domestic violence.
- *Tackling the social determinants of mental ill health* – by reducing isolation, especially amongst older people.

What services do we have now?

Some examples of the main types of services we have now are explained below³².

GPs

Family doctors and nurses in GP practices are usually the first point of contact for most patients. They provide a complete range of care within the local community dealing with problems that often combine physical, mental and social issues.

Family doctors have the opportunity to prevent illness and not just diagnose, treat and manage it. This approach should be the same for mental health as well as physical health. GPs can offer help, support and advice about mental health and emotional wellbeing. They can suggest ways that the individual, or their family, may be able to help manage mental health problems and prevent existing conditions getting worse.

It is well known that people with long term physical illnesses are more likely to develop mental health problems than the general population. GPs in Bury routinely screen people that have long term conditions for depression to make sure that possible problems are picked up and addressed as early as possible.

Training In self-care

It is important that individuals play a part in taking responsibility for managing and improving their own health and emotional wellbeing, not relying on professionals alone.

In Bury, we have set up a training course called 'Self Care 4 You'. The course teaches people how to actively manage their own health and wellbeing needs.



This includes helping individuals to develop a better understanding of their own health, and recognise and manage stress and anxiety using methods to change their behaviour. It aims to build confidence and self-esteem as well as developing a better understanding of healthy eating and exercise.

The course is free and is open to all adults over 16 years old (it takes place two hours a week for six weeks).

Volunteers from Bury Third Sector Development Agency and the young people's charity Streetwise 2000 have been trained to deliver the Self Care 4 You course. This will ensure the course is sustainable, enabling more people to attend, at a range of different organisations in the community. There are also plans to make the course available to people who are out of work through Jobcentre Plus.

Health Trainer Service

Having poor physical health makes it more likely that people will develop mental health and emotional conditions. We are working to help people stay well and take healthier lifestyle choices. We have set up a Health Trainer Service. Health Trainers work with people that want to make healthy lifestyle changes, but need a little extra help and support to make those changes happen. They will work with people to identify specific behaviours that they want to change, set achievable goals and find other organisations that can help. Their support is free and confidential.

Health Trainers understand the needs of the people they work with because they are recruited from the local community. They don't tell people what to do. Instead they encourage, motivate and support people to change their own behaviour and their own decisions.

Social Prescribing

People can be referred to non-medical forms of support in the community to improve their health and wellbeing. This is also known as 'social prescribing' or 'community referral'.

It involves giving people the information they need to gain access to services, organisations and schemes that can help them address the wider causes of a mental health condition.



This might include signposting people to opportunities for arts and creativity, physical activity, learning new skills, volunteering, mutual aid, befriending and self-help, as well as support with, for example, employment, benefits, housing, debt, legal advice, or parenting problems.

Social prescribing can be delivered by GPs and primary care mental health professionals, or by the voluntary sector.

What have local people told us about services?³³

Some GPs in Bury do not have enough understanding of mental health and services in the community which can provide emotional support and prevent crisis.

We have access to a lot of green spaces in Bury. They provide a positive environment which promotes good mental health and wellbeing.

We need a shift in our culture, understanding and awareness of mental and emotional health, both in Bury and across the country at large.

Further work in schools and colleges needs to be undertaken to promote awareness of mental health and emotional wellbeing amongst our young people.

We need to prevent isolation amongst all people, especially older people. There are key times of the day, week and year which people with mental health needs are likely to find harder to cope with due to feelings of loneliness. Having friends and support networks can do a lot to stop this and has a positive impact on our wellbeing.

We need to do further work to understand the housing needs of people that have mental health conditions. Getting appropriate housing can be difficult and getting housing advice can be intimidating due to the environment in the advice centre.

Our vision for 5 years from now

The people of Bury, of all ages and backgrounds, will have better mental health and wellbeing. We are committed to the following priorities to achieve this:



Our priority	How we will know this has been achieved?
Promote prevention (through mental health awareness initiatives and 'evidence based models') with residents of Bury so they learn how to prevent and cope more effectively with common mental health conditions such as stress or mild depression.	Evaluate the effectiveness of mental health promotion initiatives with the public, employers, schools, Township Forums and statutory services; both at the time they take place and annually thereafter.
Work with schools, colleges and employers to enable them to support people with mental health conditions more effectively.	Monitor the number and type of organisations that are taking part in awareness raising sessions. Ensure feedback is evaluated to measure the effectiveness of the sessions.
Work with and value the voluntary sector as a key partner in promoting positive mental health and tackling isolation.	Evaluate the impact of awareness raising and projects to tackle isolation through social networks.
Continue to provide a positive environment which promotes good mental health by maintaining our local green spaces.	Maintain a good quality environment, with initiatives such as In Bloom and Green Flag awards for our urban and country parks.
Further education and training in mental health for GPs and other front line staff.	<p>We will monitor and evaluate the number of training sessions GPs and other staff attend.</p> <p>GPs will be able to deal more effectively with mental health conditions. There will be more appropriate referrals by GPs to specialist mental health services.</p> <p>We will ask GPs to get patient's feedback about how effective they are in supporting patients with mental health conditions.</p>



Employment support services will continue to support people to get back into work following a period of unemployment.	<p>More people will gain employment following a mental health condition.</p> <p>Direct referrals from GPs to employment support services will increase.</p>
Employment support services will continue to support people to stay in work, and manage their mental health whilst in employment.	<p>There will be a decline in people losing their jobs due to mental health conditions.</p> <p>Direct referrals from GPs to employment support services will increase.</p>
Employment support services will offer employers support to create a healthy and productive workplace.	Employers will be more aware of what makes a healthy workplace and provide a healthy workplace.

2. More people with mental health problems will recover

"More people who develop mental health problems will have a good quality of life – greater ability to manage their own lives, stronger social relationships, a greater sense of purpose, the skills they need for living and working, improved chances in education, better employment rates and a suitable and stable place to live" (No Health without Mental Health, 2011)

This aim is about making sure that people that have mental health problems are able to recover well and manage their condition effectively so they have a better quality of life³⁴. To do this we need to make sure that mental health problems are identified early and that treatment is provided quickly to stop problems escalating. The focus is on taking a broader view of the factors that affect our mental health, such as housing and social networks, and making sure they encourage recovery. We can make a positive impact on this by:

- *Intervening early* – by identifying mental health problems at the earliest opportunity and providing access to treatment as quickly as possible.
- *Providing equal access to services* – by making sure that everyone can access care.



- *Taking a personal approach* – this means making sure that services meet the needs of the individual, instead of making the individual choose the type of support they can have based on a list of the services that are available. This personalised approach will provide a better chance of recovery and help individuals to manage their condition well.

- *Providing information* – by making sure that people have good quality information about the services and treatments available.

- *Providing appropriate environments for treatment* – by making sure that when people with severe mental health problems need treatment they receive it in the least restrictive environment possible. People should not be admitted to hospital or residential care if there are other options available where, with the right support, they can keep more of their independence.

- *Working with the whole family* – where one member of a family has a mental health condition we should work with the whole family and put together a package of support together for all family members.

What services do we have now?

Some examples of the types of services we have now are explained below.

Access and Crisis Services

All people over 16 years old that need mental health services in Bury are referred to the Access and Crisis Service. The service will screen, triage and signpost people to the most appropriate services for them following an assessment.

The Access and Crisis Service also provides short term support to people in crisis. This reduces the need for them to move onto more specialist mental health services.

Psychological therapies (or talking therapies)

Psychological therapy is a treatment which involves talking through problems with a therapist, either on a one-to-one basis or in groups. Therapy allows people to explore what makes them ill, what keeps them from recovering, and develop effective coping habits and problem solving skills.



Psychological therapies are often used to treat people with common mental health conditions, such as depression and anxiety. They can help people to get into, or stay in, work. Therapy can also help people manage the impact of long term health conditions. Psychological therapies can be delivered by a range of professionals who specialise in delivering slightly different forms of therapy.

Psychological therapies for veterans

The North West Military Veterans Service is based in Bury. It is a psychological therapy service which offers talking therapies to ex-service personnel and their families, including those in the Territorial Army / Reserves when they are not mobilised. The service provides consultation, advice and training to other mental health professionals to support them in meeting the needs of veterans.

There is also a non-clinical service, called Live At-Ease, which offers wide ranging support to veterans, including housing, debt and employment advice.

Community Mental Health Service

The Community Mental Health Service provides care, treatment and support for people and their carers with the most severe and complex mental health problems that are living in the community.

The service is staffed by a range of health and social care professionals including social workers, community psychiatric nurses and support workers. They carry out a thorough assessment of a person's health and social care needs and offer a range of support and treatment options. Staff will create care packages to meet the needs of the individual and promote their recovery.

There are two different teams within the Community Mental Health Service - one team works with adults from 16 to 65 years and another team works with older adults over 65.

Early Intervention Service

This service is for people between 14 and 35 years old who are either at risk of, or experiencing, their first complex mental health condition (also known as a psychosis).



The longer a complex mental health condition goes untreated, the poorer the outlook for someone is likely to be. The Early Intervention Service works with people in the first 3 years of their mental health symptoms emerging, so they can reduce the likelihood of individuals needing hospital treatments, experiencing relapses and committing suicide.

Reablement Service

The Reablement Service provides tailor made short term support to help people regain their independence, for example, after being discharged from hospital or following a crisis at home. It is a free service, available to adults aged 18 and over. Staff provide help, for up to six weeks, with everyday living tasks such as cooking, bathing, dressing or moral support to get out and about in the community again.

Choices Service

Choices provide tailor made support packages which are focused on recovery and helping people to take part in community life. They help individuals to manage their own mental health by encouraging and helping people to take part in a range of activities. This includes teaching coping strategies so people can manage their mental health condition, offering a range of health and wellbeing activities (such as weight management and relaxation), providing employment advice and support, and various education and skills courses.

Choices support adults that have recently had mental health issues that need short term support, as well as medium and longer term support for people with complex conditions or for people that are isolated and stigmatised.

Peer support

Peer support describes any way in which people give and receive mutual help, understanding and advice, share feelings or experiences. Peer support can be provided in many ways, for example, with one-on-one discussions, in support groups, or social activities. It can be delivered by individuals or organisations, by volunteers or paid employees.

There are many benefits of peer support. It can be very effective in helping people to access practical and emotional help and advice, gain self-confidence and prevent isolation. Some of the organisations and groups which offer different types of peer support in Bury are shown in the diagram overleaf:





Most of the above are voluntary organisations or charities which provide a range of services, including different types of peer support. Many of them have set up peer support groups which are mainly staffed and run by volunteers. Whilst some peer support groups have been set up in recent years in Bury, we know that peer support and befriending is an area for further development.

Streetwise 2000

Streetwise 2000 is a registered charity which provides a support service for young adults between 16 and 25 years old. They provide group work and one to one support for anyone with emotional and mental health needs, including everything from low level anxiety to severe mental health problems. Streetwise 2000 supports and educates young adults about social issues by offering a range of interventions including educational and leisure activities and specialist therapeutic groups such as anger management, anxiety management and self care support sessions.



Employment

People with mental health conditions can find it harder to get a job than the average person and the nature of the current economic climate is making this more challenging. Bury Employment, Support and Training (EST) is a recruitment service run by Bury Council. They help people with a disability or disadvantage to find employment. They also provide support to people that already have a job with the help they need to stay in employment.

Jobcentre Plus provides extra support to help people with health conditions, including mental health illnesses, to find work through their Disability Employment Advisors.

Housing

Many people with mental health problems are able to live independently. However, some people may need support to find suitable housing or to maintain their home life. Different types of support are available for those that meet assessed needs.

- Floating support – Floating Support Workers help people with daily living tasks to support people to live independently.
- Domiciliary support – this is support which helps people to live as independently as possible in their own homes. This is more than personal care (such as dressing and bathing) as it includes help with practical household tasks, such as support with grocery shopping or to pay bills.
- Supported accommodation – this is furnished accommodation. It is provided for people with severe mental health issues. Individuals are expected to attend personal support sessions to manage their condition and recovery. Support workers work with the individuals to increase their independence and manage their tenancy.
- Residential accommodation – for 24 hour care.

The type of housing support that people with mental health conditions need can be very different from other vulnerable groups, such as elderly people or those with physical disabilities. These needs will be considered as part of a comprehensive Housing Strategy for Bury.



What have local people told us about services?³³

- Peer support – peer support groups are very valuable because they prevent isolation and provide people with mutual support. As a result, this builds their confidence. Peer support has stopped some people using prescription drugs and other NHS services. More peer support or informal drop-in sessions are needed in the community.
- Information – mental health professionals (especially GPs) do not have information about the services and support available in the community which they can signpost people to.
- Lower level services - people tend to reach crisis point before they receive support. Providing lower level services, which are less specialist (for example talking therapies or signposting people to peer support groups) at an earlier stage, would help people to learn coping skills and manage their condition. This would prevent them from moving onto more intensive services.
- Responsibility – people need to be encouraged to take responsibility for their own recovery as well as getting support from the GP or other professionals.
- Transport - it is important that people with mental health conditions are able to travel so they can access services. Travelling also makes sure people get out into the community. This prevents isolation and promotes recovery. However, it is increasingly difficult for people with mental health conditions to be able to apply for and get a bus pass.
- Employment - We need to work with local employers to understand how they promote emotional wellbeing and deal with mental health issues in the workplace. We need to work with them to make sure they are equipped to understand and respond to mental health issues in an effective way. Young adults with mental health conditions need extra support to get into work because they face more barriers to getting a job.
- Volunteering – volunteering opportunities are helping people to manage their mental health condition and promote their recovery. More volunteering opportunities should be available.
- Treatment – talking therapies are effective.



Our vision for 5 years from now

To promote recovery from mental health conditions by making sure effective support is in place at every stage, and to further develop support in the community. We are committed to the following priorities to achieve this:

Our priority	How we will know this has been achieved?
Develop an information resource about how to access services and what support is available across all partners.	Information will be produced and will be readily available for GPs, all clinicians, people using services, their carers and the general public.
Carry out awareness raising activities to educate local people, particularly at risk groups such as the BME community, about mental health and the importance of early diagnosis. This will also reduce the stigma associated with mental health.	<p>GP Practices and other service providers will be more aware of culturally specific aspects of care.</p> <p>Information will be produced in a variety of languages.</p> <p>Culturally sensitive services will be delivered which meet the needs of the individual.</p> <p>Mental health services will be based in more culturally sensitive areas.</p>
Staff working in front line services will receive further training in mental health.	There will be better recognition of mental health conditions and more appropriate referrals.
Bury Council Strategic Housing Unit will work to identify the housing needs of those with mental health conditions.	The housing needs of people with mental health conditions will be outlined in the Vulnerable Person's Housing Strategy.
More people will live independently in the community, where possible.	There will be fewer people living inappropriately in residential care placements.
More services will be provided closer to people's homes, where possible.	<p>More services will be provided at a local level.</p> <p>More services will be provided by GP practices.</p>



<p>Work with the voluntary sector to explore further opportunities for peer support and befriending in the community.</p>	<p>More peer support and befriending will be available in the local community. We will monitor use of statutory services to see if there is a reduction in demand, due to the availability of alternative support.</p> <p>More services will be delivered from the same location, where possible.</p>
<p>Promote volunteering and social inclusion schemes to tackle isolation and promote recovery. Raise awareness of these schemes (in information published about mental health services).</p>	<p>More schemes exist and more people use them. We will also monitor customer engagement and feedback.</p>
<p>Ensure that when mental health conditions re-occur, people who relapse can quickly access the services they need.</p>	<p>Establish patient related outcomes indicators to monitor patient's experiences of coming back into care after a relapse.</p> <p>Pennine Care NHS Foundation Trust is developing an 'Orange Card' scheme. Patients will be given the card when they are discharged to give them reassurance they will be fast tracked back into services if needed.</p> <p>GP practices will provide rapid access to information and support from consultants (through electronic means) and look at fast-tracking patients they have previously seen.</p>
<p>Continue to commission effective mental health services which meet the needs of the population of Bury.</p>	<p>Carry out quality assurance and performance monitoring of mental health services to inform service planning (including monitoring the throughput of patients in services, patient's outcomes, referrals and waiting times)</p>



3. More people with mental health problems will have good physical health

"Fewer people with mental health problems will die prematurely, and more people with physical ill health will have better mental health" (No Health without Mental Health, 2011)

This aim is about improving the physical health of people with mental health problems, so they are less likely to develop long term health conditions, such as diabetes and heart disease, which can affect their life expectancy. Rethink, the mental health charity, estimate that people with a severe mental illness die on average 20 years younger than the general population, often from a preventable physical disease.

It is also about improving the mental health of people with physical illnesses. Often people that develop long term health conditions become depressed due to the feeling they have lost some of their quality of life as a result of poorer physical health. We can have a positive impact on this by:

- *Improving physical health* – by making sure that people with mental health conditions have access to health improvement services, such as stop smoking support, exercise programmes. It also includes driving up the number of people with mental health conditions that take part in national screening programmes, such as cervical and bowel cancer screening tests.
- *Improving mental health* – we need to reduce the number of people with long term health conditions and other physical illnesses from developing mental health problems and support them to play their part managing and improving their health using self-care programmes.

What services do we have now?

Some examples of the types of services we have now are explained below.

Public Health

The purpose of the Public Health Team is to improve the health and wellbeing of our communities and prevent people from becoming ill, or continuing in ill-health. There is a particular focus on improving the health of the most vulnerable people in the places where our efforts can have the greatest effect (this is known as 'reducing health inequalities').



There are a range of health improvement programmes in place, either commissioned by or involving the Public Health Team, which encourage and support people to stop smoking, eat more healthily, drink less alcohol and take more exercise. They promote the principle that the individual has a vital role and responsibility in making healthy choices and helping themselves to live well. All of these schemes have a positive effect on mental health.

Exercise and activity schemes

Bury's Exercise and Therapy Scheme (BEATS) is a 12 month exercise programme for people with mild to moderate mental health conditions and chronic long term conditions. People can be referred onto the programme by their GP or health professional. A condition specific tailored exercise programme is developed for each person on the scheme which suits their individual needs. They also receive close supervision for the first twelve weeks.

The Healthy Body Healthy Mind exercise referral scheme is a programme of structured, supported activity for people with moderate to severe mental health conditions. Through the support of the Healthy Body Healthy Mind co-ordinator, people on the scheme are guided through an exercise programme to promote their health and wellbeing. The scheme aims to build the confidence of participants and brings them into a mainstream sport and leisure environment.

The Nifty Fifty Football scheme is targeted at men over the age of 50. They can take part in free football training sessions from professional coaches at Bury Football Club and competitive 'walking football' matches with other local teams. The aim of the project is to improve opportunities to get out and about and meet new people whilst keeping fit and healthy. This is a short term project which may be continued by Playfootball.net.

There are other schemes and sports clubs in Bury which are open to everyone to join or take part in which will improve general mental and physical health, including guided walks and a wide range of sports clubs.

Psychological Therapies (or 'talking therapies')

Talking therapies can provide significant benefits to people with physical health conditions, such as diabetes, stroke, coronary heart disease and chronic pain. The treatment will vary in intensity depending on the individual's needs.



Community Mental Health Service

The Community Mental Health Service carries out physical health checks on patients using their service. They also provide routine health screening on patients that attend their Treatment Clinics (for certain types of medication).

Hospital services

All patients admitted to mental health hospital wards in Bury have a full physical health check. The wards also provide a range of activities aimed at health promotion including cooking groups, health walks, gym and exercise sessions.

What have local people told us about services?³³

- GPs – GPs often focus on just physical, rather than mental, illnesses. There should be more education for GPs about the links between physical and mental health. They should also screen people with physical issues for mental health conditions.
- Access to exercise - exercise improves mental health, but it can be difficult to access for a number of reasons. Depression is physically debilitating and can make people inactive and prevent them from exercising. People on medication to control a mental health condition may experience weight gain as a side effect. When they exercise these people can then face further discrimination due to their body size which creates another disincentive to being active.
- Prevention - people's lifestyle choices have a big impact on whether they are likely to experience mental health problems. It is important to teach people coping strategies and how to improve their self esteem, so they are more likely to make healthy choices.
- Exercise as therapy – young people with mental health conditions should be offered exercise and other interactive therapy options (as an alternative to talking therapies)
- Current physical activity schemes - are successful, for example, the BEATs scheme and the Healthy Body, Healthy Mind scheme are good. They give people confidence and coping strategies. However, some schemes have ended due of lack of funding.



Our vision for 5 years from now

To improve the physical health of people with mental health conditions and to support people with long term physical conditions to effectively manage their mental health. We are committed to the following priorities to achieve this:

Our priority	How we will know this has been achieved?
Promote physical activity schemes for people with mental health conditions. Raise awareness of these schemes (in information published about mental health services).	More people will use physical activity to improve their mental health.
Promote routine physical health screening of people with severe and complex mental health conditions.	<p>More people with severe and complex mental health conditions will have physical health checks.</p> <p>Fewer people with severe and complex mental health conditions will have physical health problems.</p>
Promote the routine mental health screening of patients with physical symptoms and raise awareness of the links between good mental and physical health.	More patients with chronic physical symptoms will have their mental health problems detected and managed through established pathways.
Promote access to psychological therapies for people with long term conditions, to help them manage their health and stay well longer.	More people with long term conditions will be able to effectively manage their own health.
Continue to work through Township Forums to encourage them to promote and support projects which encourage people to become physically active and improve access to fresh food (for example, Incredible Edible).	The outcomes will be monitored and evaluated through the Township Plans 2013/16.



4. More people will have a positive experience of care and support

"Care and support, wherever it takes place, should offer access to timely, evidence-based interventions and approaches that give people the greatest choice and control over their own lives, in the least restrictive environment, and should ensure that people's human rights are protected" (No Health without Mental Health, 2011)

This aim is about providing people with high quality services which give them as much control as possible over their own care. This means giving people the information to make choices about the support they want to have. Taking this approach is particularly important because when people are put in control of their own life it helps them to recover.

We can have a positive impact on this by:

- *Personalising services* – services should be flexible and sensitive to the needs and the age of the patient, respect their privacy and dignity, and be accessible to all regardless of their background.
- *Promoting liberty* - when decisions are made for an individual under the Mental Health Act (because they are not able to make them for themselves) they should always give the person the maximum amount of freedom possible.
- *Connecting services* - when people move from one service to another the transition between the services should be seamless.
- *Providing information* – clear, appropriate and accessible information should be available so people can take part in making informed and effective choices about their own care.
- *Involving carers* - wherever possible services should listen to and involve carers and families. They should be given information about a patient's care.

What services do we have now?

Some examples of the types of services we have now are explained overleaf.



GPs

GPs should provide information and support for patients with emotional and mental health conditions so they can understand their symptoms and illness, make decisions about their treatment and manage their condition. In return, patients should be ready to talk about their views of their illness and treatment and be able to make joint decisions on what treatment they would like and feel would work for them.

GPs should also follow up regularly on their patient's condition to make sure it is being managed well.

Psychological Therapies (or talking therapies)

Psychological therapy is a treatment which involves talking through problems with a therapist, either on a one-to-one basis or in groups. Therapy allows people to explore what makes them ill, what keeps them from recovering, and develop effective coping habits and problem solving skills to manage their condition.

Psychological therapies can be used to treat people with common mental health conditions, such as depression and anxiety, or complex conditions such as bi-polar or schizophrenia. The type of therapy a person has, and the length of time they receive it, will depend on their individual needs.

Community Mental Health Services

The Community Mental Health Service provides care, treatment and support for people and their carers with the most severe and complex mental health problems that are living in the community.

The service is staffed by a range of health and social care professionals including social workers, community psychiatric nurses and support workers. They carry out a thorough assessment of a person's health and social care needs and offer a range of support and treatment options. Staff will create care packages to meet the needs of the individual and promote their recovery.

There are two different teams within the Community Mental Health Service - one team works with adults from 16 to 65 years and another team works with older adults over 65.



Child and Adolescent Mental Health Services (CAMHS)

The Child and Adolescent Mental Health Service³⁵ is a specialist service for children, young people and their families up to age 18. They provide assessments and a range of treatments and support. The service offers consultation and advice to professionals and delivers training on child mental health issues. There is also access to an enhanced outreach service and in-patient provision for children and young people with complex mental health needs. The service is staffed by a range of professionals including child psychiatrists, social workers, psychologists and psychiatric nurses.

Home Treatment Team and Home Intervention Team

People with mental health conditions can receive intensive treatment at home as an alternative to being admitted to hospital. This will involve the patient receiving care and support from a number of specialist mental health professionals including medical staff, nurses, social workers, occupational therapists and support, time and recovery workers.

Access and Crisis

The Access and Crisis Service will carry out assessments on people who attend Fairfield General Hospital Accident and Emergency with a mental health condition. They make sure that people also receive follow up care (either from themselves or another mental health service).

Crisis Response

Staff in the Crisis Response Service focus on preventing admissions to hospital or residential care, where they can be avoided. Short term support is provided to people in a crisis whilst plans are made to make sure individuals get the medium and longer term health and social care they need, by referring them to appropriate services.

Hospital care

Wherever possible, treatment for mental health conditions should be provided in the least restrictive environment possible. However, when it is necessary, people in the acute phase of their illness or those having a relapse of a severe mental health condition are admitted to hospital mental health wards to receive treatment, where they receive 24 hour nursing support. Patients are offered different types of support depending on their needs.



Advocacy

The stigma and experiences of discrimination that still continue to affect significant numbers of people with mental health problems can leave them feeling disempowered, disadvantaged and vulnerable. This can result in being marginalised by society. People can be poorly informed about their rights and not included in key decisions that are made about their lives.

Independent advocacy is a way to make sure that an individual's rights are upheld and that they get the care and treatment they are entitled to.

There are many types of advocacy services. Two examples of where advocates are used under legislation are:

- Independent Mental Capacity Advocate (IMCA);
- Independent Mental Health Advocate (IMHA).

Housing support

It is better for people to live independently, where possible, rather than in residential or nursing care homes. However, some people need support to live in their own home. There are different types of support available which can help people to do this.

Domiciliary care (sometimes called 'home care' or 'home help') can enable people to live more independently. Domiciliary care includes personal care, such as bathing and dressing, and assistance with practical household tasks.

Supported Living provides a higher level of support for individuals that have more complex needs.

Residential care

Residential care is for people with severe mental health conditions who need more intensive support and rehabilitation and find it hard to manage in their own home. This is 24-hour care provided by residential social workers, nurses and mental health support workers.

Personal Budgets

In Bury, people with mental health conditions can have their own personal budget.



A personal budget is the amount of money which pays for an individual's social care support after their needs have been assessed. Funds are directly allocated to the individual – they use them to choose and pay for their own care services instead of receiving them directly from the council. This gives people more responsibility for managing their own condition.

There are currently 60 people with mental health conditions that have their own personal budget in Bury³⁶. A further 68 are in the process of applying for a personal budget. We are working hard to increase this number because we are committed to ensuring more people can have control over their own support.

What have local people told us about services?³³

- Information – people that use services and carers want a directory of information about what services are available, what they can offer, and how people can access them.
- GP services – (1) Some GPs do not have a good enough understanding of mental health conditions and support services in the community to signpost patients to. (2) Some GPs are too reliant on prescribing medication to treat mental health conditions. They should consider referring to talking therapies and signposting to other services (including social prescribing). (3) Patients need regular reviews, information and on-going support to manage their condition over time. (4) Patients that miss appointments should be followed up because it can be a sign that they have a mental health condition – there is a perception they may be struck off their GP register for missing appointments. (5) The attitude of some GPs towards people with mental health conditions is unsympathetic.
- Peer support – more peer support groups are needed. The small number that exist (BIG, Choices, Creative Living Centre, Jewish Federation and Streetwise 2000) are highly valued and operate at low cost, prevent isolation, support recovery, and provide signposting. They support people that are not eligible to receive other services and would otherwise 'fall between the gaps'. Some individuals reported that going to peer support groups meant they no longer needed GP and other NHS services.
- Quality and design of services – (1) There is a lack of consistent quality of care across mental health services in general – by GPs, in A&E and in hospital. Some Community Psychiatric Nurses and Social Workers fail to keep appointments.



(2) There is a need for more low level mental health services in the community to help people to learn coping skills and prevent them from moving onto higher level services. (3) People with low level needs often 'fall between the gap' – they are not eligible for services and end up reaching crisis before they receive any support. (4) Patient experience of moving between services is poor, particularly between hospital and community services. (5) There is a lack of rehabilitation services to support people after discharge from hospital. (6) Young adults need more flexible and longer term access to psychological therapies – they felt 'abandoned' when their course of counselling came to an end. (7) Some services need to do more to be culturally sensitive and accessible.

- Treatment and support - Psychological therapies, Bury Employment Support and Training service, and the Community Mental Health Service were all valued and effective.
- Personal Budgets – there were mixed views about personal budgets. Some people felt that they needed to be promoted and more information should be made available about how they operate. More information should be available to explain the support people would get to apply for, and use, a personal budget. Others thought personal budgets were not appropriate for all people with mental health conditions because they would not be able to cope with the change.
- Psychiatric Services - there are long waits for mental health assessments and to see mental health specialists, particularly Psychiatrists. Patients should see the same psychiatrist to ensure continuity care.
- Welfare Advice - this is voluntary service which provides advice about which benefits people are entitled to receive. This service is valued.
- Transport – getting public transport to support services was awkward and costly.

Our vision for 5 years from now

To ensure that the services available in Bury to support people with mental health conditions are good quality, so that as many people as possible have a positive experience of care and support. We are committed to the following priorities to achieve this overleaf:



Our priority	How we will know this has been achieved?
Carry out an assessment of mental health in Bury to map the services available and the interdependencies between services.	<p>We will have a clear mental health pathway.</p> <p>This will enable us to assess the performance of the services we commission.</p>
Continue to change and adapt mental health services, as appropriate, to meet local peoples' needs.	Performance monitoring of mental health services (including monitoring the throughput of patients in services, patient's outcomes, referrals and waiting times).
Ensure there is sufficient mental health provision in Bury to meet the needs of local people (to reduce out of borough placements and long waiting times for supported accommodation).	Performance monitoring of mental health services to inform service planning (including monitoring the throughput of patients in services, patient's outcomes, referrals and waiting times).
Understand patient satisfaction and patient experience and ensure that the outcomes are used to influence the commissioning of services.	Establish appropriate patient related outcomes indicators and use patient and carer survey feedback to monitor patient experience.
Ensure services respond to the cultural needs and sensitivities of local people where possible.	<p>Establish appropriate patient related outcomes indicators and use patient and carer survey feedback to monitor patient experience.</p> <p>Monitor the ethnicity of people using mental health services.</p>
More people will have control over their own care.	<p>More people will be offered the option to have a personal budget to aid recovery. This will promote customer choice and control over how their needs are met.</p> <p>More people will undertake 'Self Care 4 You' to more effectively manage their mental health.</p>



More people who use services, and their carers, will find it easy to find information about support and services.	People will find it easier to access information. We will monitor the results of local service user and carer surveys (regarding how easy it is to access information).
Continue to work to meet the needs of diverse groups.	People will receive support from the most appropriate team and will demonstrate improved outcomes.

5. Fewer people will suffer avoidable harm

"People receiving care and support should have confidence that the services they use are of the highest quality and at least as safe as any other public service" (No Health without Mental Health, 2011)

This aim is about reducing the number of people harming themselves and others because of their mental health condition. There is also a focus on ensuring that fewer vulnerable people using mental health services (either in hospital or in the community) suffer harm which can be avoided whilst they are a patient. We can have a positive impact on this by:

- *Focusing on reducing suicides* – continuing to work on reducing suicides is critical.
- *Reducing harm to others* – the vast majority of people with mental health conditions are not a danger to themselves or others. They are more likely to be victims of violence than perpetrators. However, as small as the risks are, mental health services need to ensure they manage and reduce them.
- *Reducing self-harm* – between 10 – 13% of young people have self-harmed³⁷. We need to continue to work to reduce the number of people harming themselves.
- *Keeping patients safe* – mental health patients are particularly vulnerable. We need to continue to focus on making sure they are safe and feel safe from abuse, harassment, and neglect; and that they are treated with dignity and respect.

What services do we have now?

Some examples of the types of services we have now are explained overleaf.



Safeguarding people

People with mental health conditions are at a greater risk of experiencing abuse and neglect than the general population. They may be less able to protect themselves against harm and exploitation.

In Bury, Safeguarding Adults is everybody's business. We have a Safeguarding Adults Partnership Board which governs, informs, plans and directs safeguarding adults work. Through cooperation and partnership between organisations and communities, the Board aims to empower every adult in Bury to live free from abuse or fear of abuse.

The Mental Health Act and 'sections' explained³⁸

The Mental Health Act 1983 is the law under which a person can be admitted, detained and treated in hospital, this may be against their wishes. The Act covers the rights of people while they are detained, how they can be discharged from hospital and what aftercare they can expect to receive.

To be detained under the Mental Health Act or 'sectioned' someone must be suffering from a mental illness which requires assessment or treatment and this needs to be given in hospital in the interests of their own health or safety or to protect other people.

There are different parts of the Mental Health Act that can be applied in certain situations.

- Sections 2 and 3 are used when someone needs to be assessed or treated when their, or other people's health and safety is not immediately in danger.

What is section 117?³⁸

Section 117 of the Mental Health Act 1983 puts a legal duty on the NHS and social services to provide aftercare services free of charge to people who have been detained under certain sections of the Mental Health Act.

The purpose of section 117 aftercare is to try to prevent someone needing to go back into hospital again.

This means that services should meet someone's immediate needs, as well as supporting them to gain skills to help them cope with life outside of hospital.



- Sections 4 and 5 are usually used in an emergency or if someone needs treatment urgently.

What does an Approved Mental Health Professional do?³⁹

Approved Mental Health Professionals (or AMHPs) may be social workers or a range of other health and social care professionals.

Under the Mental Health Act, they're involved in deciding whether compulsory admission to hospital is necessary, and what the alternatives may be.

What is in place to protect people?⁴⁰

Deprivation of Liberty Safeguards (DoLS) were introduced to ensure people who lack mental capacity are not deprived of their liberty unnecessarily by those responsible for their care

DoLS were introduced as part of the Mental Capacity Act 2005 and require a care provider or hospitals to apply for authorisation to deprive someone of their liberty if they believe it is in the patients' best interests.

Hospital care

The vast majority of people with mental health conditions pose no danger to themselves or anyone else. They can maintain their independence and be treated in the community.

However, some people with severe mental illness and those with complex needs may present a risk to themselves and others and need more intensive support. When this is the case, they can be admitted to hospital to receive treatment. The type of hospital or ward they are admitted to will depend on their individual needs.



Police

Mental health issues contribute to a significant part of the demand placed on the police service. Police are very frequently called to deal with people whose behaviour is a manifestation of their illness rather than any criminal intent.

We will work with our colleagues in the police force and probation service to ensure that commissioned services for the people of Bury with severe mental health conditions reflect the needs of the criminal justice system as appropriate, especially around the preventative agenda.

Preventing suicide

Having a mental health condition is the most significant risk factor for suicide. It is estimated that 90% of people who attempt or die by suicide have one or more mental health conditions⁴¹.

The graph below shows the mortality rate⁴² from suicide and undetermined injury⁴³ in Bury compared to the North West and England. It is difficult to see a trend over time for our borough. However, we can see that for the last four years, with the exception of 2009, the rate in Bury has been lower than both the North West and England average.

Figure 6: Mortality from suicide and injury undetermined (male and female)



Source: Office of National Statistics Public Health Mortality File

Bury is part of the Greater Manchester Suicide Prevention Partnership. This group has been established to bring together organisations across Greater Manchester to share information and knowledge on suicide and identify the actions that can be taken to prevent them.

What have local people told us about services?³³

- Peer support – peer support groups are highly valued and were described as ‘lifesavers’ and ‘safe havens’, especially for people without support networks and families. Many individuals said that attending peer support groups gave them purpose and structure in their life. It is an opportunity to be completely honest – there are concerns that if they are candid with medical professionals and family members about how they really feel they may be sectioned.
- Self harm – (1) self-harm is not just physical harm - any behaviour which negatively affects someone is self-harm, for example poor eating habits and spending money they can’t afford. (2) When people are at crisis point, this is the most difficult time to reach out and seek support.
- Service design and quality – (1) Better 24 hour services to support people in crisis are needed. (2) A&E staff should be trained in mental health awareness. (3) On-ward referrals between agencies and follow up after hospital discharge needs to improve. (4) Some individuals reported that they felt they had been inappropriately discharged from hospital.
- Safeguarding – safeguarding works well but training in safeguarding awareness should be expanded.
- Treatment – it is important for people with mental health conditions to take responsibility for improving their own mental health. They need to be supported to find positive coping strategies to learn to treat themselves well and reward themselves.



Our vision for 5 years from now

To ensure that wider services within the health service have a good understanding of how to support people with mental health conditions, and encourage people to take responsibility for their own mental health. We are committed to the following priorities to achieve this below:

Our priority	How we will know this has been achieved?
Continue to engage with the Greater Manchester Suicide Prevention Group and Prevention Strategy.	To be confirmed
To continue providing Safeguarding Awareness Training to all Bury Council Adult Care Services staff and private, voluntary and independent sector staff (in line with the Bury Adult Care Training Partnership).	Services have an increased awareness of types, signs and causes of abuse and how to report this. This would be demonstrated by increased referral rate, more accurate recording and potentially more resolved cases.
Communication between different organisations and teams will be improved in relation to safeguarding and risk issues.	A new electronic health and social care system will be rolled out.
All people who go to A&E after a self-harm incident will be offered a follow up from mental health services.	Monitoring using RAID (Rapid Assessment Interface Discharge) performance outcomes.



6. Fewer people will experience stigma and discrimination

"Public understanding of mental health will improve and, as a result, negative attitudes and behaviours to people with mental health problems will decrease" (No Health without Mental Health, 2011)

This aim is about tackling the stigma and discrimination that people with mental health conditions still continue to experience. These negative attitudes are often caused by fear and ignorance. This can have a serious impact on the life chances of people with mental health conditions. It is more difficult for people with mental illnesses to fulfil their potential than other people and these negative attitudes can make it even harder. Changing attitudes towards mental health will be difficult and this needs to be tackled nationally to make a difference. However, we can contribute to this locally by:

- *Changing public attitudes* – by raising awareness and understanding of mental health amongst the public in Bury.
- *Changing attitudes of professionals* – some negative attitudes towards mental health can come from mental health professionals themselves. For example, they may have low expectations of people with mental illnesses and this may affect a patient's recovery and the likelihood that they will try to hold down a job. We need to focus on changing these attitudes.

What do we have now?

Some examples of the types of initiatives we have now are explained below.

Awareness raising

World Mental Health Day raises public awareness about mental health issues. The day, which is held every year in October, aims to get the public to talk openly about mental illnesses and the treatment and preventions that are available to us all.

Bury Council celebrates World Mental Health Day locally with events and activities in the community to raise awareness, tackle stigma and provide information about mental health.



Information

Information about mental health, living healthy lifestyles, coping with illness and caring for others is available in health and social care settings, such as GP surgeries and libraries. Information about mental health services is available on the Pennine Care NHS Foundation Trust website.

What have local people told us?³³

- Stigma – the shame and stigma of mental health can prevent people from getting help and make their condition worse.
- Attitude of professionals - The attitude of some staff (in the NHS, social workers, police, and front line staff such as receptionists) towards people with mental health conditions is unsympathetic. An understanding and nurturing environment is needed to foster recovery.
- Attitude of the public - discrimination can stop people from going out into the community. More awareness raising is needed to promote better understanding of mental health and to change attitudes, reducing fear and tackle stigma.
- *Changing attitudes of professionals* – some negative attitudes towards mental health can come from mental health professionals themselves. For example, they may have low expectations of people with mental illnesses and this may affect a patient’s recovery and the likelihood that they will try to hold down a job. We need to focus on changing these attitudes.
- Attitude of employers and educators – the expectations and aspirations regarding the capability of people with mental health conditions to be able to work need to change.
- Training – training for GPs and other medical professionals should be partly delivered by people that have mental health conditions, so they can learn about their experiences first hand.
- Cultural issues - (1) People in some cultures are reluctant to seek help from community groups if they have a mental health problem due to stigma and the fear of other people in the neighbourhood ‘knowing their business’. This encourages reliance on medication to control conditions as this form of treatment is private.



(2) There was a perception amongst some individuals in the south Asian community that GPs may not observe patient confidentiality and discuss issues with a patients' family. This could prevent some individuals from going to their GP. People need to feel assured that confidentiality is protected.

- Media and campaigns – there were mixed views about the Time to Change mental health awareness campaign.

Our vision for 5 years from now

That all communities in Bury, including employers and schools, will have developed a better understanding of mental health conditions to reduce negative attitudes and stigma. We are committed to the following priorities to achieve this:

Our priority	How we will know this has been achieved?
Challenge the assumptions and stigma related to mental health within local organisations and the community through on-going mental health awareness campaigns, such as local events for World Mental Health Day.	Involvement and engagement from a range of partner organisations in developing initiatives to reduce stigma and fear of mental health conditions.
Continue to develop shared values and a sense of belonging within communities across Bury, through work to challenge discrimination, prejudice and isolation (through the Team Bury Community Cohesion Plan 2013/16).	The outcomes will be monitored and evaluated through the Team Bury Community Cohesion Plan 2013/16.



Part 3



Part 3: Funding

NHS Bury and Bury Council are the two main commissioners of mental health services for the borough. Both organisations are committed to establishing long term plans to improve the quality of services for people in Bury.

This strategy sets out to ensure that we are using existing funding efficiently and effectively to commission a balanced system of mental health provision, which meets the needs of all sections of the community. Ensuring we achieve value for money is vital because there will be less funding available for mental health services in the future.

Our approach reflects wider, ambitious work across Greater Manchester to transform public services over the next 3 to 5 years - by providing more efficient preventative services to make sure that less people become dependent on public sector support. This programme of '*Public Sector Reform for Greater Manchester*' will influence the planning and delivery of a wide range of services, such as employment and skills, education, crime and offending; amongst many more. Changes to these services will have a positive impact on people with mental health conditions (including people in Bury) due to the shift towards prevention and emphasis on taking a more pro-active role in caring for ourselves; whilst also producing savings for the public sector by reducing demand and costs.

How much do we spend on mental health services?

The combined total of funding across both the Local Authority and NHS Bury spent on mental health in 2011/12 was £27.7million, of which 19% is Local Authority funding and 81% is NHS Bury funding.

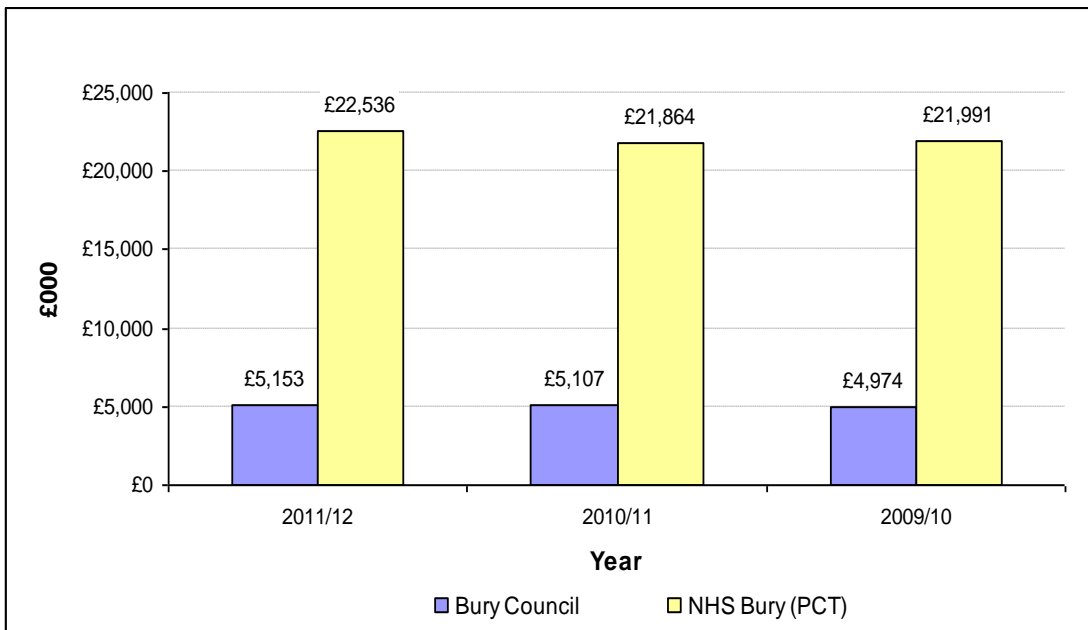


Total Investment In Adult Mental Health Services	2011/12	2011/12	2011/12
	£000	£000	£000
	Total	Local Authority	NHS Bury
Carers' Services	60	60	0
Community Mental Health Teams	2,240	868	1,372
Day Services	516	316	200
Direct Payments	106	106	0
Home Support Services	1,642	1,379	263
Other Community And Hospital Professional Teams/Specialists	830	20	810
Psychological Therapy Services (IAPT)	1,382	0	1,382
Psychological Therapy Services (Non IAPT)	923	0	923
Services For Mentally Disordered Offenders	41	41	0
Support Services	191	60	131
Access & Crisis Services	1,622	246	1,376
Accommodation	1,538	1,538	0
Clinical Services	4,724	0	4,724
Continuing Care	2,298	0	2,298
Secure And High Dependency Provision	6,973	0	6,973
Indirect Costs-Adults	1,615	0	1,615
Overheads - Adults	989	518	471
Total Investment In Adult Mental Health Services	27,690	5,152	22,538



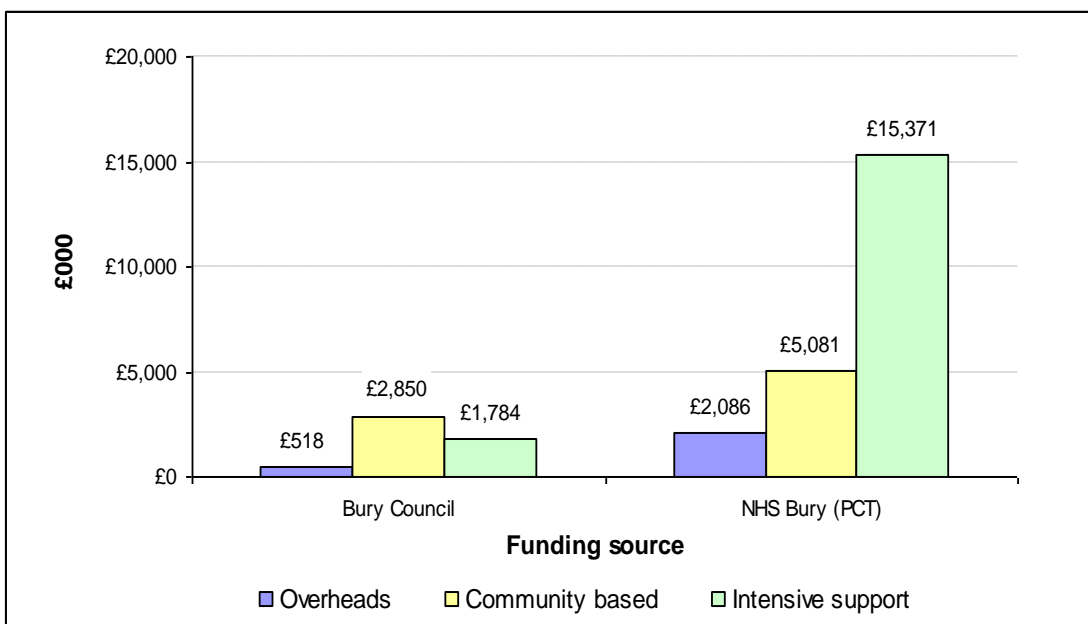
This total and the percentage split has been the approximately the same for the last 3 years, as shown in the graph below.

Figure 7: Three year funding for mental health services by Bury Council and NHS Bury



The spending of this money can be broken down into service types, with the Local Authority spending a larger proportion of its funding on community based services and NHS Bury spending a larger proportion on more intensive support. This is illustrated in the table below.

Figure 8: Investment in types of mental health services by Bury Council and NHS Bury



Whilst the proportion of spend in respect of intensive versus community based support appears logical in terms of higher spending levels on those people with a higher level need, the thrust of this strategy is to develop lower level services to help people to learn coping skills and manage their condition. This would prevent them from moving onto more intensive services. We therefore make the commitment to review proportion of spend within both commissioning organisations (the Local Authority and NHS Bury) and target a proportion of funding from intensive support towards lower level services. This may, initially, be a very small proportion to provide evidence that community support can meet health related outcomes. For example, £50,000 as a proportion of the total NHS spend on intensive support of £15.4million is only 0.3%, and this could be used to develop some innovative services in the community. Clearly, in order for us to do this, we will need to have a stronger focus on gathering and sharing data on how mental health services are performing so we understand the outcomes that are being achieved for patients. This will require local organisations to commit to sharing more data and information.

Our commitment to reviewing spend, again, reflects the wider Greater Manchester approach to transforming the financing of public services. The use of Community Budgets (where public sector organisations share budgets in order to improve services whilst reducing duplication and waste) makes sure maximum value is achieved for the money spent on providing services. We will be using very similar principles to make sure we are making the very best of the resources available to us in Bury.

How do we compare to other areas?

For 2010/11 NHS Bury had more funding than the average for its peers and the average for England overall⁴⁴.

However, this was not the case in respect of mental health where funding per head of weighted population is slightly less than its peers.

Overall spend per weighted head of population PCT 2010/11		
PCT 2010/11 (i.e. NHS Bury)	£1,798	
ONS Cluster (i.e. comparable NHS areas)	£1,688	-6%
Strategic Health Authority (i.e. other NHS areas within the same region)	£1,734	-4%
England	£1,751	-3%



Mental Health spend per weighted head of population		
PCT 2010/11 (i.e. NHS Bury)	£180	
ONS Cluster (i.e. comparable NHS areas)	£181	1%
Strategic Health Authority (i.e. other NHS areas within the same region)	£196	9%
England	£209	16%

This table shows that Bury is better off than other areas in terms of funding for general health, but worse off in terms of mental health funding, with up to 16% more throughout the rest of England.

Our vision for the future

To ensure that financial resources are targeted where needed, in line with this 5 year strategy and annual commissioning intentions.

Our priority	How we will know this has been achieved?
Within the next 12 months, to review the proportion of spend within both commissioning organisations (the Local Authority and NHS Bury) and target a proportion of funding from intensive support towards lower level services to support and empower people to manage their mental health condition.	An identified proportion of intensive support funding will be targeted to ensure that more peer support and befriending will be available in the local community.
Longer term, based on the evidence from the above approach in using resources effectively, ensure that consideration is given to meeting some health outcomes by community and third sector services.	By monitoring and reporting levels of investment in intensive versus community based services.



Part 4



Part 4: The next steps

This strategy is a five year strategy and achieving the changes, as set out here, will have its challenges.

This strategy puts forward a challenging agenda for improvement. Achieving our shared vision will require the hard work and collaboration of local organisations, individuals, carers, families, employers, educators, voluntary groups and communities.

We are committed to developing a detailed Action Plan to deliver the improvements in mental health services that we have outlined in this strategy over the next five years. This will explain how we plan to achieve change, with specific actions and timescales. The Action Plan will be produced within six months. It will be regularly monitored and a report evaluating the progress and improvements that we have made towards achieving it will be produced within 12 months.

Our Action Plan will include work to gain a better understanding of how effective mental health services are for patients in Bury. In recent years we have made progress in sourcing more data about mental health; but similarly to many other areas, we recognise that we need to make further improvements. We are committed to developing outcomes indicators so we understand how well services work for the patients that are using them. This information will help to ensure that we are commissioning effective and efficient services which meet the needs of people in Bury.

We are also committed to working closely with the Bury Health and Wellbeing Board. This group includes key leaders from health and social care. The Board works together to take a strategic overview all health and social care services to make sure they are effectively planned, bought and delivered. We will work with the Bury Health and Wellbeing Board to make sure our vision for better mental health fits into their wider role to improve all health and social care services for the borough of Bury.



Bibliography

This Mental Health Strategy takes into account a range of other strategies produced by Bury Council, NHS Bury and by other organisations, locally and nationally, which influence mental health services. This Strategy should be read alongside these documents, which have been included in the reading list below:

Bury Adult Autism Strategy 2013-2016 (draft)

Bury Joint Strategic Needs Assessment 2010

Caring Together: The Carers Strategy for Bury 2009-2012

Improving outcomes and supporting transparency: A public health outcomes framework for England, 2013-2016

Joint Commissioning Strategy for People with Dementia and their Carers in Bury 2010-2015

Living Well in Bury: Making it happen together (the draft Health and Wellbeing Strategy 2013 – 2018)

NHS Outcomes Framework 2012-2013

No Health without Mental Health: A cross-government mental health outcomes strategy for people of all ages

No Health without Mental Health: Implementation Framework

Public Health Annual Report 2011: Living Well in Bury

Safeguarding Adults: Bury's Multi-Agency Safeguarding Adults Policy and Procedure

Strategic Partnership for Substance Misuse Drug Strategy 2010-2013

The Operating Framework for the NHS in England 2012-2013

Transparency in outcomes: a framework for quality in adult social care 2012-2013

Endnotes

¹ We are mindful of the emotional health of teenagers and have taken their needs into account when producing this strategy, to make sure they are supported, where appropriate, through the important period of transition into adult mental health and wellbeing services at the age of 18 years old. In addition, there are individuals with complex health needs in Bury whose care is commissioned by regional and national specialists. As a result, their needs are not considered in this strategy.

² Figure from the 2011 census, Office for National Statistics.

³ Public Health Annual Report 2011: Living Well in Bury.

⁴ Community Mental Health Profile 2012: Bury (North East Public Health Observatory).

⁵ Definitions adapted from the Mental Health Foundation, see www.mentalhealth.org.uk

⁶ Figures from Nomis labour market statistics, for April 2011– March 2012. 84,900 (71.6%) of adults in Bury aged 16-64 were in employment. In comparison 68.2% of the North West adults and 70.2% of adults in Great Britain were employed.

⁷ National Performance Indicator NIS 150: The percentage of adults receiving secondary mental health services known to be in employment at the time of their most recent assessment, formal review or multi-disciplinary care planning meeting (data correct at 30 June 2012).

⁸ Nomis Annual Survey of hours and earnings: resident analysis 2011. Median gross weekly income for Bury is £502.50, compared to £460 for the North West and £503.10 for Great Britain.

⁹ Figures from P1E data (a statutory government homeless return) for 1 April 2011 to 31 March 2012. These individuals were assessed as eligible for assistance, unintentionally homeless and in priority need.

¹⁰ National Performance Indicator NIS 149: The percentage of adults, aged 18-69 years, receiving secondary mental health services known to be in settled accommodation at the time of their most recent assessment, formal review or multi-disciplinary care planning meeting (data provided by Pennine Care NHS Foundation Trust, correct at 30 June 2012).

¹¹ Please note that this is not an exhaustive list and will be updated when the strategy is refreshed.

¹² The Fundamental Facts: The Latest Facts and Figures on Mental Health, page 28, (Mental Health Foundation).

¹³ 2009 mid year population estimates, Office for National Statistics. The 2009 figures estimated the total adult population (16 years+) was 145,600. Of these 11,300 individuals adults (16 years+) were from an ethnic minority background.

Endnotes

- ¹⁴ This includes a broad range of people including white other, white Irish, Black, Asian, Mixed, Chinese and all other ethnic groups.
- ¹⁵ Prison Reform Trust, see www.prisonreformtrust.org.uk/ProjectsResearch/Mentalhealth
- ¹⁶ Figures from Bury Probation Service. Data correct at 31 July 2012.
- ¹⁷ Figures from Bury Probation Service. Data correct at 31 July 2012.
- ¹⁸ Figures from Bury Substance Misuse Service. Data correct at 1 August 2012. Clients are screened for mental health conditions at initial assessment only.
- ¹⁹ Figures from POPPI and PANSI 2012 population estimates for all adults aged 18 and over.
- ²⁰ Figures from the Carers Trust website www.carers.org
- ²¹ The Carers Services Team and the Carers Centre have a register of 3,320 carers known to them.
- ²² Survey conducted by Bury Council in August 2012. 397 surveys were returned. Of these, 360 carers answered this question. 45% (163 people) said there was a negative effect, 40% (143 people) said there was no effect, 15% (54 people) didn't know.
- ²³ Mind website www.mind.org.uk
- ²⁴ Figures from Office of National Statistics.
- ²⁵ "I Exist" survey of lesbian, gay and bisexual people in Greater Manchester (June 2012).
- ²⁶ Long term conditions and the cost of mental health: The cost of co-morbidities (The Kings Fund and Centre for Mental Health, February 2012).
- ²⁷ Figures from 2001 census data. Bury population in 2001 was 180,600.
- ²⁸ The World Health Report 2001 Mental Health: New Understanding, New Hope Geneva: World Health Organisation page 8, (2001) quoted in The Fundamental Facts (Mental Health Foundation).
- ²⁹ Securing better mental health for older adults (Department of Health, 2005).
- ³⁰ Figure from the 2011 census, Office for National Statistics.
- ³¹ Figures from POPPI 2012 population estimates for older adults over 65 years.
- ³² Please note that this is not an exhaustive list.

Endnotes

³³ This is a summary of feedback from a series of consultation sessions held with local groups including, the Bury Involvement Group, Choices, Creative Living Centre, the Jewish Federation, Streetwise, Bury Asian Women's Group, Bury South Asian Men's Group.

³⁴ The definition of recovery in the national mental health strategy is as follows:

"This term has developed a specific meaning in mental health that is not the same as, although it is related to, clinical recovery. It has been defined as: 'A deeply personal, unique process of changing one's attitudes, values, feelings, goals skills and/or roles. It is a way of living a satisfying, hopeful and contributing life, even with limitations caused by the illness. Recovery involves the development of new meaning and purpose in one's life.' (Anthony WA (1993) Recovery from mental illness: the guiding vision of the mental health system in the 1990s. Psychosocial Rehabilitation Journal 16(4): 11-23)".

³⁵ The current Child and Adolescent Mental Health Service Strategy for Bury is awaiting a refresh.

³⁶ Data from Finance and Income Team, Adult Care Services, Bury Council. Figures correct at 30 August 2012.

³⁷ No Health without Mental Health, page 27 (Department of Health).

³⁸ Definitions adapted from the Rethink Mental Illness website <http://www.rethink.org/>

³⁹ Definition from Manchester Mental Health and Social Care Trust website <http://www.mhsc.nhs.uk/service-users/jargon-buster.aspx>

⁴⁰ Definition adapted from the MIND website www.mind.org.uk

⁴¹ NHS Choices website.

⁴² Calculated using the direct standardised rate per 100,000 population.

⁴³ Undetermined injuries are those where a Coroner determines there was some doubt about the intent of the deceased to commit suicide.

⁴⁴ Source: Department of Health 2010/11.

Version control

Version number	Purpose / change	Author	Date
0.1	Draft for consultation	N.Hine	14/09/2012
0.2	Draft for Health Scrutiny Committee	N.Hine	12/03/2013

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