

# **Mental Health update November 2017**

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# What is mental health

- Mental health can be defined as a state of well-being enabling individuals to realize their abilities, cope with the normal stresses of life, work productively and fruitfully and make a contribution to their communities (WHO, 2012)

# Why is mental health important?

- Mental health should be a concern for us all, rather than only for those who experience mental health issues.
- Mental health problems affect society as a whole, not just a small isolated segment.
- For all individuals, mental, physical and social health are closely linked.

# Who does it affect

- the poor
- the homeless
- the unemployed
- persons with low education
- victims of violence
- migrants and refugees
- children and adolescents
- abused women
- neglected elderly

# What is parity of esteem between physical and mental health?

*'Valuing mental health equally  
with physical health'*

# Types of services to address mental health

- Universal provision by non-specialists in universal settings.
- Provision for those with less severe issues.
- Specialist out-patient provision.
- In-patient care and some highly specialised care.

# National Context

## Key documents

- **No Health without mental health**
  - More people will have good mental health
  - More people with mental health problems will recover
  - More people with mental health problems will have good physical health
  - More people will have a positive experience of care and support
  - Fewer people will suffer avoidable harm
  - Fewer people will experience stigma and discrimination
- **Five Year forward View for Mental Health priorities**
  - A 7 day NHS right care, right time, right quality
  - An integrated mental and physical health approach
  - Promoting good mental health and preventing poor mental health
- **NHS England – Future in Mind**
  - Promoting resilience, prevention and early intervention
  - Improving access to effective support
  - Care for the most vulnerable
  - Accountability and transparency
  - Developing the workforce



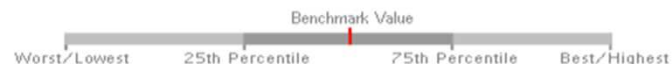
# Regional and Local Context












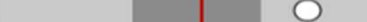














## Key documents

- **GM Mental Health and Wellbeing Strategy**
  - Improving MH in adults and children
  - Narrowing the gap in life expectancy
  - Ensuring parity of esteem
  - To be achieved through 4 themes - prevention, Access, Integration and Sustainability
- **Bury Mental Health Strategy**
  - More people will have good mental health
  - More people with mental health problems will recover
  - More people with mental health problems will have good physical health
  - More people will have a positive experience of care and support
  - Fewer people will suffer avoidable harm
  - Fewer people will experience stigma and discrimination
- **Bury Children and Young People Local Transformation Plan**
  - Build resilience, promote good mental health and wellbeing, and to focus on prevention and early intervention;
  - Develop a system built around the needs of children, young people and their families;
  - Improve access so that children and young people have easy access to the right support from the right service at the right time as close to home as possible;

# Bury Picture

Compared with benchmark ● Better ● Similar ● Worse ● Lower ● Similar ● Higher ○ Not Compared

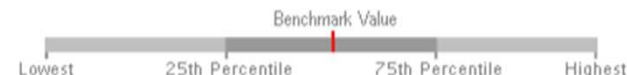


Indicator	Period	Bury			Region England		England			
		Recent Trend	Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest	
Estimated prevalence of mental health disorders in children and young people: % population aged 5-16 	2015	—	2,520	9.0%*	9.6%*	9.2%*	7.0%		11.0%	
Estimated prevalence of emotional disorders: % population aged 5-16 	2015	—	963	3.5%*	3.7%*	3.6%*	2.8%		4.2%	
Estimated prevalence of conduct disorders: % population aged 5-16 	2015	—	1,521	5.4%*	5.8%*	5.6%*	4.0%		6.9%	
Estimated prevalence of hyperkinetic disorders: % population aged 5-16 	2015	—	414	1.5%*	1.6%*	1.5%*	1.1%		1.9%	
Prevalence of potential eating disorders among young people: estimated number aged 16 - 24 	2013	—	2,539	2,539*	-	*	-	-	-	
Prevalence of ADHD among young people: estimated number aged 16 - 24 	2013	—	2,702	2,702*	-	*	-	-	-	
Cause for concern - Looked after children where there is cause for concern: % of looked after children 	2015/16	—	23	28.8	33.0	37.8	55.6		20.5	
Hospital admissions as a result of self-harm: DSR per 100,000 population aged 10-24 	2015/16	—	128	398.5	520.5	430.5	102.5		1,444.7	
Hospital admissions as a result of self-harm: Crude rates per 100,000 (10-14 yrs) 	2015/16	➡	25	225.1	325.5*	225.1	38.9		839.3	
Hospital admissions as a result of self-harm: Crude rates per 100,000 (15-19 yrs) 	2015/16	➡	63	581.9	756.3*	648.8	157.3		1,899.9	
Hospital admissions as a result of self-harm: Crude rates per 100,000 (20-24 yrs) 	2015/16	➡	40	389.2	483.2*	410.3	53.2		1,582.3	
Pupils with social, emotional and mental health needs (Primary school age) 	2016	—	386	2.18%	2.01%	2.08%	0.97%		4.01%	
Pupils with social, emotional and mental health needs (Secondary school age) 	2016	—	225	2.06%	2.09%	2.36%	0.92%		5.51%	
Pupils with social, emotional and mental health needs (School age) 	2016	—	616	2.13%	2.21%	2.34%	0.97%		4.63%	

# Bury Picture

Compared with benchmark ● Lower ● Similar ● Higher ○ Not Compared

Low ● ● ● ● High



Indicator	Period	Bury			Region England		England		
		Recent Trend	Count	Value	Value	Value	Lowest	Range	Highest
Estimated prevalence of mental health disorders in children and young people: % population aged 5-16 ■	2015	—	2,520	9.0%*	9.6%*	9.2%*	7.0%		11.0%
Depression recorded incidence (QOF): % of practice register aged 18+ ■	2015/16	—	1,253	0.8%	1.7%*	1.4%	0.7%		2.8%
Depression recorded prevalence (QOF): % of practice register aged 18+ ■	2015/16	—	9,207	5.9%	9.6%	8.3%	4.5%		13.5%
Depression and anxiety prevalence (GP Patient Survey): % of respondents aged 18+ ■	2015/16	—	414	14.7%	14.7%*	12.7%	8.1%		19.0%
Depression and anxiety among social care users: % of social care users ■	2013/14	—	-	53.6%	53.2%	52.8%	36.7%		61.2%
Long-term mental health problems (GP Patient Survey): % of respondents aged 18+ ■	2015/16	—	191	7.2%	6.1%*	5.2%	2.0%		8.8%
New cases of psychosis: estimated incidence rate per 100,000 population aged 16-64 ■	2011	—	23	19.6*	22.2*	24.2*	15.6		71.9
Severe mental illness recorded prevalence (QOF): % of practice register all ages ■	2015/16	—	2,085	1.04%	1.01%*	0.90%	0.52%		1.52%
ESA claimants for mental and behavioural disorders: rate per 1,000 working age population ■	2016	↑	4,110	35.3	37.8	27.5	10.1		66.8
2.12 - Percentage of adults (aged 18+) classified as overweight or obese - current method	2015/16	—	-	66.2%	-	61.3%	42.7%		73.4%

# National Targets for Mental Health 17/18

Access and waiting time standards for mental health services for:

- Early Intervention in Psychosis
- Talking Therapies – Healthy Minds/IAPTs:

Measure	Current Bury Performance vs Target
50% of people experiencing first episode of psychosis to access treatment within two weeks	Achieving
16.8% of people who have depression and/or anxiety disorders to receive psychological therapies	Achieving
75% of people with relevant conditions access talking therapies in six weeks	Achieving
95% of people with relevant conditions access talking therapies in 18 weeks	Achieving
Increase in the number of people with Long Term Conditions accessing talking therapies	Achieving
Recovery rate of 50% of patients completing a course of treatment in IAPT services	Achieving

# Local Direct Spend

	Direct spend on mental health services/provision		Total	Spend per head of population
	Local Authority	CCG		
<b>Adult</b>	£3,604,500	£30,486,000	£34,090,500	£237
<b>Children</b>	£3,815,793	£2,108,000	£5,923,793 (15%)	£181
<b>Total</b>	£7,420,293	£32,594,000	£40,014,293	£227 (average spend per head)

# Examples of provision

- Examples of Recent investments in 16/17 and 17/18 :
  - Early Intervention in Psychosis (EIP)
  - Acute Transformation pilot to support the crisis pathway and avoid hospital attendances and admissions
  - Safer Staffing on Wards
  - RAID and Telephone Street Triage
  - Community RAID – working alongside social care at Textile House
  - Healthy Minds – psychological therapies for people with Long Term Conditions and Medically Unexplained Symptoms
  - Healthy Minds - Improving Access to Psychological Therapies (IAPT) - Step 3.5
  - Big White Wall

# Examples of provision

- Recent investments include (continued):
  - Post-diagnostic Support for Children with ASD / ADHD
  - Eating Disorders Service
  - Voluntary Sector Grants:
    - Earlybreak/First Point Family Support – Mindfulness Courses/Parenting Support
    - Homestart – Attachment and Perianal Mental Health
    - Street Wise 2000 – Peer Support Networks

# Local Indirect spend

- Local Authority - **£26,393,629**  
(equivalent to an extra £150 per head)
- CCG – difficult to quantify but significant



# C&YP LTP update

## **Bury CYP Mental Health Local Transformation Plan**

Bury's local transformation plan was published in November 2015 - details the local strategy to meet key national objectives and improve health and wellbeing outcomes for our children and young people. Since then, we have:

1. Commissioned a new community eating disorder service, which will soon operate from Bury town centre.
2. Recruited to new 'link worker' role within Healthy Young Minds Team. Two link workers provide mental health advice, guidance and support for schools and other services – better enabling prevention and early help.
3. Implemented the Single Point of Access.
4. Begun co-working within the new Neighbourhood Hubs.
5. Commissioned specific support from local 3<sup>rd</sup> Sector organisations including Early Break and Homestart.
6. Significantly reduced waiting times for Healthy Young Minds (CAMHS).
7. Continued to work closely with GM colleagues to develop crisis resolution and liaison services.

# C&YP LTP update

## Refresh of the Local Transformation Plan

- The current plan was refreshed and republished end of March 2017.
- Local identified priorities include:
  - Transition – between children and young people and adult services as well as key transition points such as move to secondary school
  - Workforce development
  - Early help/prevention and strengthening links with schools – enhancement of school link provision
  - Perinatal Mental Health
  - Improving access to effective support – with a focus on age 16-18
  - Scoping of need for vulnerable groups
  - Accountability and transparency – development of local Healthy Young Minds dashboard
- Supplementary priorities around: Communications and awareness of existing services; suicide awareness training

# Challenges and recommendations

## Challenge

- funding can sometimes come from central government on an ad-hoc basis
  - with only some agencies being informed of this
- It can be difficult to ensure all work streams/programmes fit in with the overriding strategic direction
- Lack of system wide governance for mental health

## Recommendations

- Facilitate a workshop with appropriate stakeholders and staff to explore the most appropriate way to ensure a collaborative, integrated and governed system wide approach to addressing MH across the life course, which should ensure a system wide approach and to achieve efficiencies and reduce duplication
- Bring the findings back to the Health and Wellbeing Board for agreement and endorsement