Thriving IN BURY

For better mental wellbeing

Tackling Mental Health Inequalities

July 2021

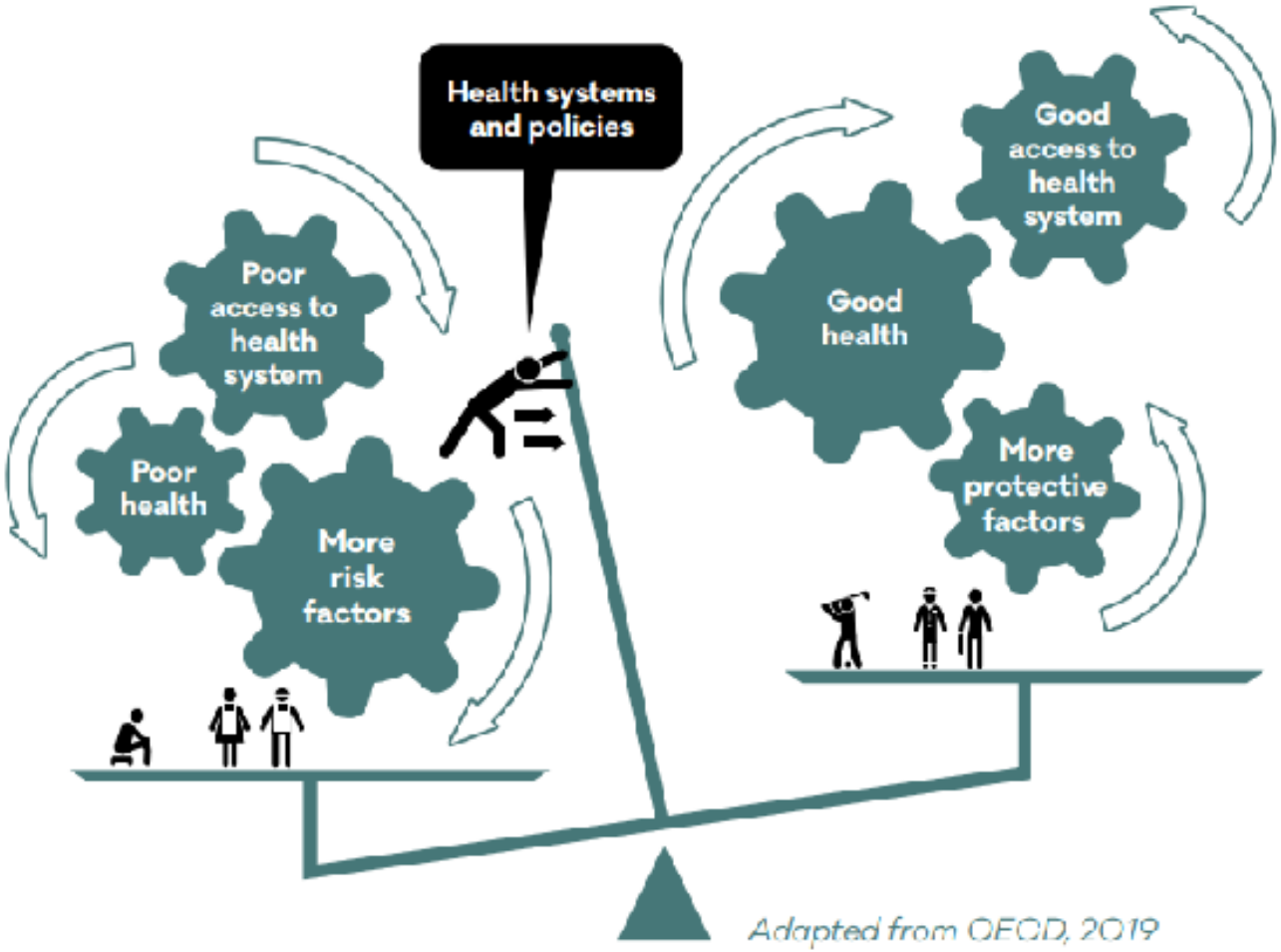
Health & Wellbeing Board Mental Health Update

- We all have mental health and we all can experience mental health problems, whatever our background or walk of life. But the risks of mental ill-health are not equally distributed.

- The likelihood of our developing a mental health problem is influenced by our biological makeup, and by the circumstances in which we are born, grow, live and age. Those who face the greatest disadvantages in life also face the greatest risks to their mental health.

- This unequal distribution of risk to our mental health is what we call mental health inequalities.

Health, risk factors and access to the health system:
The odds are stacked in favour of the better-off



Adapted from OECD, 2019

The nature and extent of mental health inequalities . . .

‘Adversity in childhood is directly responsible for 29.8% of adult mental health problems’

‘Socioeconomically disadvantaged children and adolescents are two to three times more likely to develop mental health problems’

‘Experiences of bullying and violence place LGBT+ people at substantial risk of poor mental health outcomes’

‘Being a victim of racism has been associated with mental health problems’

‘People in the lowest socioeconomic class have the highest risk of a mental health problem’

‘Dropping out of education has been associated with substance misuse, mood disorders and suicidal ideation’

‘In England in 2014, young women were three times more likely than men to experience common mental health problems’

‘The environments in which people live, grow and work affect their mental health’

‘Social isolation is an important risk factor for both deteriorating mental health and suicide’

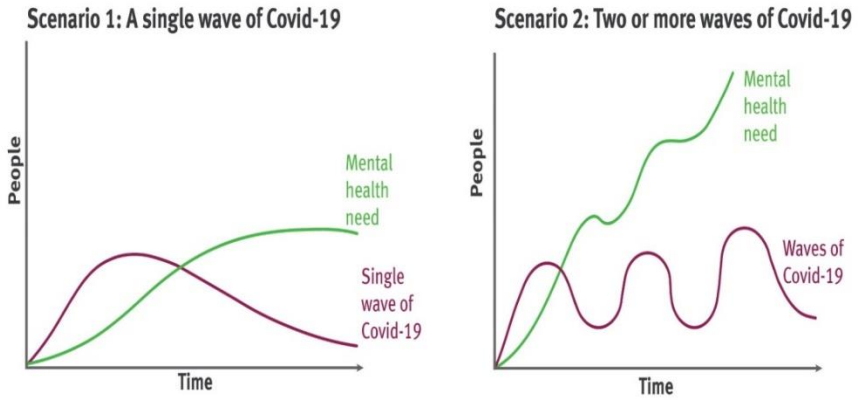
Source: Mental Health Foundation Tackling social inequalities to reduce mental health problems 2020

Assessing Future Demand for Care in Response to Covid-19

Evidence from previous epidemics is that there is both an **immediate impact** on Mental Health and a **longitudinal** one. It is expected there will be more people experiencing MH issues in the general population who **do not meet clinical MH thresholds** and present with **social needs**. Preventative and proactive approach needed to ensure issues don't escalate or become enduring. VCSE sector and community assets will be key to this approach.

Centre for Mental Health

Scenarios of mental health need relating to Covid-19 and how they could compare with the trajectory of the virus itself



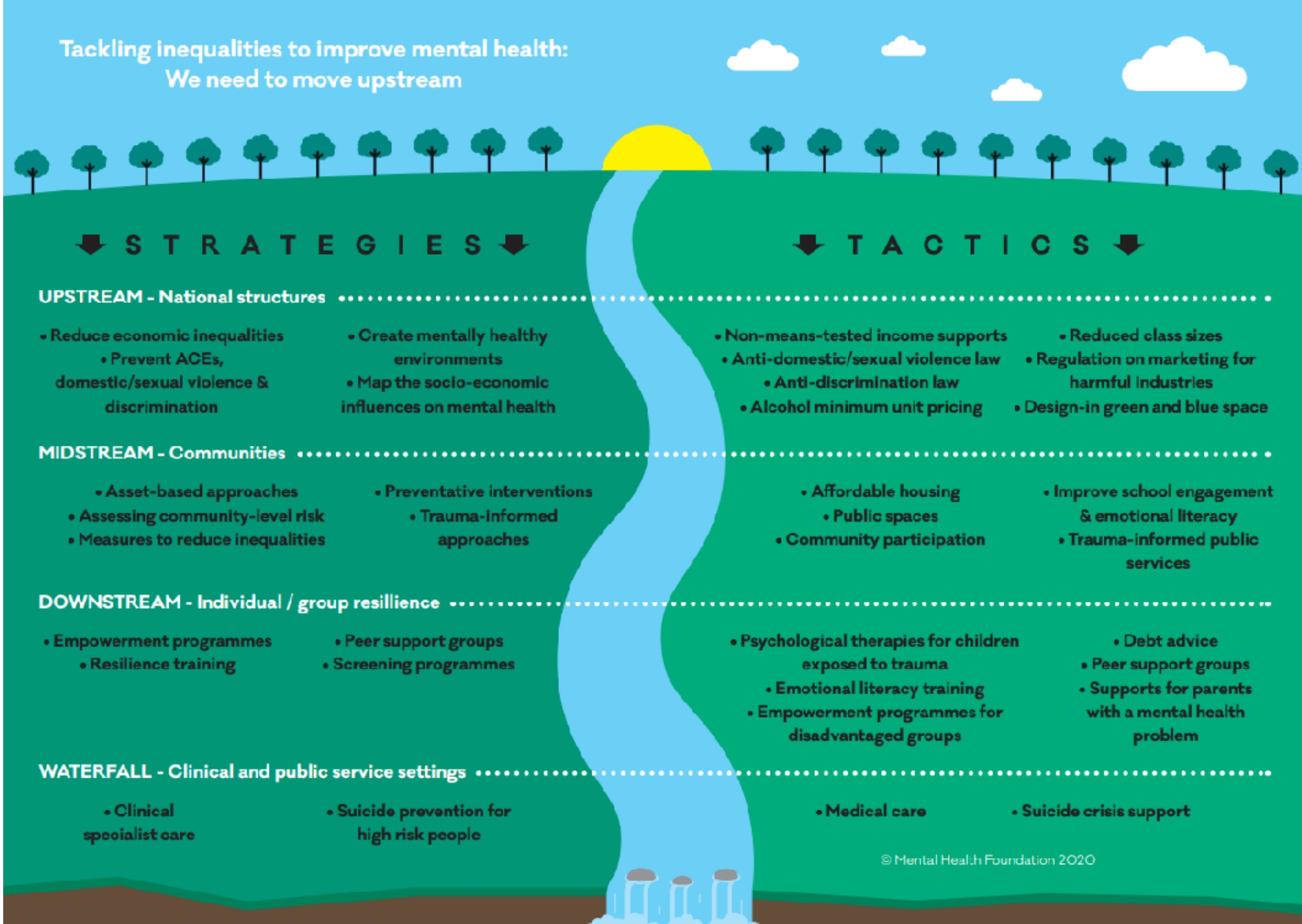
Social Changes Affecting Mental Health	Potential Mental Health Impact	Services Required
• Threat from Covid-19; perceived and actual • Reduced social contact and isolation • Adversely affected personal relationships, including domestic violence • Changes to routine • Bereavement • Fear of potential economic impact • Actual impact of economic recession • Uncertainty regarding current situation and the future • For existing services users, changes in the way that services are provided • Adverse impact on inequalities – BAME community • Deterioration of physical health for people with SMI, including those in prison	Trauma	Significant increase in IAPT referrals (including complex psychological support), CYP CAMHS, student services, Perinatal services and Resilience Hub
	Psychosis (1st episode and existing)	Increase in referrals and acuity to EIP, HBT, MHLS, Perinatal, Inpatient and PICU
	Anxiety and depression	Increase in referrals to CAMHS, student services, IAPT, Perinatal and 24/7 helpline contacts
	Addiction	Increase in community presentations, admissions to A&E, Acute Inpatient services and RADAR
	Complex grief and bereavement	Increase in IAPT referrals including complex psychological support (IAPT Step 3+)
	Safeguarding	Increase in Inpatient admissions and referrals to CMHTs and IAPT
	Crisis presentations	Mental Health Urgent Care Centres, Alternatives to Admission, IP admissions/PICU

Action at 3 levels:

1. National structural measures

2. Strengthening community assets

3. Increasing individual and group resilience



Four strategies underpin the whole-community approach:

1. **Task relocation** – expanding mental health ownership into other aspects of the public sector and beyond (for example, schools and workplaces), and taking action in these spaces to foster good mental health.

2. **Making every contact count** – embedding mental health at the centre of all health and social care as a mediating factor driving outcomes.

3. **Mental health in all policies** – incorporating mental health into wider policies and ensuring that their impact on mental health is routinely assessed.

4. **Understanding data** – using data that produces an understanding of those factors/outcomes that are in the cause and effect chain in relation to mental health (for example, crime levels, domestic violence, bullying and absenteeism).

Addressing socio economic drivers of poor mental health

- Act with proportionate universalism
- Adopt a whole community approach
- Mobilise community assets
- Work together in equal partnership
- Prioritise poverty and income equality
- Protect people from discrimination, abuse or other adversity
- Reduce substance and alcohol misuse
- Improve educational attainment

Progress to date in Bury

Established the Thriving in Bury partnership; whole community approach to mental health.

Developed community assets for a co-production approach with good links to Thriving in Bury.

Wide range of community assets to provide support for asylum seekers, victims of domestic violence, BAME community and those affected by suicide.

Adapted treatment pathways for high risk groups, for example IAPT Long Term Conditions and Access & Crisis support for homeless people.

Targeted communications work to groups at risk of poor mental health to motivate them to access support.

Mental wellbeing campaign's to reduce the stigma associated with mental health.

Mental Health Education Programme for people working and volunteering in Bury.

Progress to date in Bury – children & young people specific projects

Established the Childrens Mental Health Charter group; Integrated Care Organisation approach to mental health.

Developing a THRIVE approach in CYP mental health system

Mental Health directory to schools in preparation for children returning to school

Emotional wellbeing offer into high schools

Mental wellbeing Co production with GM Bee Heard to ensure children's voices and experience shape provision

Linking with the Trauma responsive GM programme

Legend
Black – Locality
Blue – Footprint
Red- GM

Bury Mental Health Transformation Programme Plan 2021/22

Population Mental Wellbeing (Coping & Thriving)

- Targeted communication plan that motivates people to look after their wellbeing.
- Robust offer of support for family and friends supporting those with mental health issues.
- Establish a local Connect 5 training network, to cascade the knowledge and strategies for good mental wellbeing
- Suicide Prevention
- Drug & Alcohol
- Homelessness

Primary & Community MH Transformation

- Further develop the mental health support offer in Integrated Neighbourhood Teams
- Developing model for community mental health transformation with key stakeholders & to better understand locality need
- Scope Mental Health Hub with VCSE partners services as part of LWM
- Establishing and integrating the PCN MH roles
- Community MH Team Redesign including PD, Rehab, ED pathway, DTOC
- Promoting access to Psychological therapies and integrate with LTC

Improving access to support in a crisis

- Refreshed 24/7 helpline and integrate into local services
- Community Crisis Peer Support Service – broaden offer
- Open Access VCS Crisis Support linked to Neighbourhoods & LWM
- MH Liaison – Review gap & Link with UEC by appointment/Rapid Response service
- Out of ED urgent appointments

Improving care for those with highest needs

Therapeutic Inpatient Care
Home Treatment Teams (Moving to CORE Fidelity)
Section 136 Suite Review
Rehab
Individual Placement Support
MH Specialist Placements

Other key developments

- Perinatal and Parental Infant MH
- Adult Eating Disorders
- Learning Disability, Autism and ADHD provision
- Younger adults model
- All Age Trauma informed model

Transformation Learning Forum

Collaborative Leadership, Management, Governance

Lived Experience and Co-production

Innovative use of resources and new Investment

Single Tangible Strategy

Safe, Effective, Quality

10 BIG SHIFTS

1

Bigger, better lives for people with MH problems Living well in communities - achieving life goals, reaching full potential

2

People, not service centred No exclusions based on diagnosis, need or complexity. Service users co-producing care and active participants in making positive life changes

3

Bigger & different role for VCSE and greater emphasis on unlocking and drawing on a diverse range of community assets

4

Maximising a blended social & clinical approach Combining clinical expertise with work to engage with social determinants

5

Moving toward assertive community based solutions with reimagined roles where specialist plug-in or liaison working means expertise is on tap when needed

6

Collaboration, integration and dissolving boundaries between primary care, secondary care mental health, social care, VCSE organisations & housing & community services

7

Unleashing the potential of truly multidisciplinary working From siloed, single practitioner caseload management to strong MDT working

8

A dynamic and connected system No arbitrary thresholds, repeat assessments, lack of support after discharge, handoffs or re-referrals

9

A shift away from risk assessments and "ineffective predictive approaches" to safety planning and "positive risk taking", supported by progressive, partnership clinical ance

10

Staff free to use their professional judgement - increase autonomy, foster innovation and enable partnerships to be built across health and social care.

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