

Consultation: Stoke-on-Trent Mental Health and Wellbeing 'Priorities on a Page' - 'Let's Talk!'

Stoke-on-Trent City Council would like to hear your views on the priorities it has identified for the Mental Health and Wellbeing Strategy 2022-2025.

Our vision is for everyone to reach their full potential, feel safe, happy, healthy and independent. We want people to understand how to protect and improve their mental wellbeing, and to feel confident to seek further help if needed. The title of our strategy 'Let's Talk' reflects our ambition, for people to feel comfortable to talk about their own mental health, and are able to open up conversations with others, when it is appropriate to do so. The four principles below summarise how we intend to work with partners to prevent and reduce mental ill health, and support those in recovery, or living with longer term problems.

Our council provides information, advice and support around preventing mental ill-health. We also offer support to individuals and carers to remain independent as well as cope, adapt and rebuild. This helps to enable them to go on to live fulfilling lives beyond diagnosis and treatment. Our local NHS leads on the diagnosis and treatment of mental health conditions.

Holistic person-centred services – The whole of the health and social care system working together to achieve the outcomes of the individual

- **Participation** - giving people a voice and control over their own life, making sure individuals are heard
- **Workforce** – a skilled workforce that take a therapeutic approach to mental ill health – focused on healing and positive mental health.
- **Technology** – use of technology will be extended and improved to reach more people

How we will work

- Apply an asset-based approach – using strengths, knowledge and skills in communities and providing support that help meet demand
- Create accountability and strong partnership relationships
- Focus on prevention and early intervention to address the causes of poor health and wellbeing
- Engage people and communities on a regular basis
- Understand and address inequalities
- Utilise new and integrated approaches to deliver change across the health and care system.

Overview of priorities

Table 1

Priority	Promote - positive personal actions, healthy lifestyles and good mental and physical health
Why is it a priority?	Mental health and wellbeing can have a significant impact on quality of life for people of all ages. Good mental health is often referred to as wellbeing; it is essential for us to live happy, healthy lives, to be able to realise our own abilities, cope with the normal stresses of life, work productively and engage and contribute to our communities.
Evidence	<p>1 in 6 adults will have experienced a common mental health disorder such as depression and anxiety in the past week. When we think about the negative impacts on people's quality of life, poor mental health is estimated to cost £105 billion each year, with suicides being the leading cause of death for people between the ages of 10 and 34. (*1)</p> <p>Stoke-on-Trent is a city with areas of high deprivation and we know that people living in areas of high deprivation are at risk of having poorer mental and physical health. There were just over 37,000 patients (aged 18 and over) with depression that were registered with general practices in the area covered by Stoke-on-Trent Clinical Commissioning Group in 2018/19. This is 16% of all patients compared with 11.6% across England. (*2)</p>
Actions	<ul style="list-style-type: none"> • Encourage people to talk about mental health, support each other, challenge negative assumptions and reduce the stigma that can prevent people seeking help. • Promote positive personal actions and healthy lifestyles, as ways to maintain good levels of wellbeing, and prevent, reduce and manage mental ill health. • Raise awareness of mental and physical health and how they are connected and equally important. • Advocate employers to promote workforce wellbeing and work-life balance; and encourage physical activity to help reduce stress and other health issues, and encourage greater work-life balance.
Outcomes	<ul style="list-style-type: none"> • Better physical and mental health • Increased social contact and friendships • Reduced isolation and loneliness • Stigma is reduced and more people feel able to seek help when they need it.

Priority**Promote** - positive personal actions, healthy lifestyles and good mental and physical health**Partners Involved**

- Public Health – SOT CC
- Leisure Services – SOT CC
- Adult Social Care – SOT CC
- Children and Family Services – SOT CC
- Education – SOT CC
- Housing – SOT CC
- Adult Learning – SOT CC
- All public facing staff working for the City Council – SOT CC
- Local colleges and Universities
- Faith leaders
- Voluntary and Community Sector Services
- Schools
- MPFT – School Nurses / Improving Access to Psychological Therapies - IAPT
- NSCHT – Provider for clinical Mental Health Services and Drug and Alcohol (DAA) services in Stoke-on-Trent
- Members of the Local Enterprise Partnership (LEP)
- UNITAS

Links to other Strategies

- Stoke-on-Trent Joint Health and Wellbeing Strategy 2020-2024
- Starting Well, Living Well, Supporting Well: A Stoke-on-Trent and Staffordshire approach to Children and Young People's Mental Health and Emotional Wellbeing 2018-2023
- Stoke-on-Trent Joint Dementia Strategy 2020-2024
- Stoke-on-Trent Early Help and Prevention Strategy for Children, Young People and Families 2020-2024
- Stoke-on-Trent City Council Homelessness and Rough Sleeping Strategy 2020-2025
- The Joint All Age Carers Strategy (joint with the CCG) 2021 – 2025
- We are Levelling Up Stoke-on-Trent 2022 brochure
- Five Year Forward View for Mental Health – NHS
- Community Mental Health Transformation Programme – NHS

Table 2

Priority Prevent - mental ill health whenever possible; ensure information, resources & services are easy to access	
Why is it a priority?	<p>Prevention and early intervention can prevent or reduce the long-term adverse effects that poor mental health has on an individual's health and quality of life.</p> <p>There are 3 types of Prevention:</p> <p>Primary Prevention – Stopping mental health problems before they start</p> <p>Secondary Prevention – Supporting those at a higher risk of developing mental health problems</p> <p>Tertiary Prevention – Helping people living with mental health problems to stay well</p>
Evidence	<p>A recent paper in the journal Lancet Psychiatry pinpointed key risk factors that may lead to mental illness. In broad chronological order, they include genetics, early brain trauma, childhood abuse and/or lack of stimulation, bullying, substance abuse, social adversity, shock and trauma, exposure to violence both domestic and military, immigration and social isolation (*3). We need to take a whole person holistic approach to prevention.</p>
Actions	<ul style="list-style-type: none"> • Regularly publish information about local and national resources and services and promote positive messages that encourage people to seek self-help and support at an early stage. • Understand cultural and religious differences and adapt and target resources to the needs of different groups such as LGBTQ, people from ethnic minority backgrounds, veterans and older adults. • Train staff to be aware of the causes of mental ill health and know how to support and signpost people to appropriate sources of help. • Support people with issues that are risk factors to developing mental ill health, such as long-term illness, debt, unemployment, bereavement, loneliness and isolation. • Work with communities to build services that support them in their own neighbourhoods and using the principles of Community Led Support (CLS) where we create solutions together that intervene early and prevent mental ill-health
Outcomes	<ul style="list-style-type: none"> • Resilient, supportive communities where people help each other in times of need. • People are able to find access the right services in the right place and at the right time to prevent escalation. • Support people with issues that are risk factors to developing mental ill health, such as long-term illness, debt, unemployment, bereavement and isolation. • 'Making Every Contact Count' (MECC) principle is central to the delivery of frontline services, to support positive change. • Staff understand the causes of mental ill health, and support and signpost accordingly.

Priority**Prevent - mental ill health whenever possible; ensure information, resources & services are easy to access****Partners Involved**

- Public Health – SOT CC
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- NSCHT – Provider for clinical Mental Health Services in Stoke-on-Trent
- NS Police
- Staffordshire and Stoke-on-Trent Suicide Prevention Partnership
- UNITAS

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- Stoke-on-Trent Community Cohesion Strategy 2020-2024
- Stoke-on-Trent Community Safety Strategy 2020-2023
- The Joint All Age Carers Strategy (joint with the CCG) 2021 – 202
- We are Levelling Up Stoke-on-Trent 2022 brochure
- City of Stoke-on-Trent Armed Forces Covenant
- Five Year Forward View for Mental Health – NHS
- Community Mental Health Transformation Programme – NHS

Table 3

Priority	Treat (People) Early - close to where they live, based on the least restrictive & therapeutic approach to recovery
Why is it a priority?	<p>Delays in treatment time can cause other serious consequences, such as limiting social and occupational opportunities, and increasing the risk of depression and <u>substance use challenges</u>*(4). Delays in treatment can make recovery more difficult and recurrence more likely.</p> <p>The NHS leads on the diagnosis and treatment of mental health conditions, whilst councils provide the support to individuals and carers to remain independent, cope, adapt and rebuild so they can live fulfilling lives beyond diagnosis and treatment.</p>
Evidence	<p>Two-fifths of mental health patients waiting for treatment contact emergency or crisis services, with 1 in 9 (11%) ending up in A&E. A poll for the Royal College of Psychiatry interviewed 513 adults diagnosed with a mental illness. Of those on a waiting list, nearly 2/3 (64%) wait more than 4 weeks from appointment to initial assessment, one in four (23%) wait more than 3 months and one in nine (11%) wait more than 6 months. Those with more severe illnesses such as Eating Disorder's, Bipolar and PTSD waited for up to two years and some waited for up to four years for depression, anxiety and suicidal thoughts (*5).</p>
Actions	<ul style="list-style-type: none"> • We will work with our partners to support delivery of the Community Mental Health Transformation Programme – moving NHS services to a place-based model of care. • We will work with partners to streamline processes, including data management. • We will work with commissioned providers to ensure support is aligned to sustained improvement and recovery • We will ensure there is adequate advocacy support to people with a mental health condition • We will work with Commissioned Providers to offer support for carers of individuals with ill mental health.
Outcomes	<ul style="list-style-type: none"> • People will be able to access self-help, care and support at an earlier stage, potentially reducing the severity of mental illness. • People are able to access mental health support close to where they live, in surroundings that are welcoming. • People are able to access appropriate care if their mental health deteriorates. • Where people feel they are not accessing the support they require in a way that meets their needs, they are able to access the appropriate advocacy service to ensure their voice is heard. • Carers of people with mental illness are offered support in identification and prevention of mental illness. They are aware of their key contacts to support the individual and are aware of services to support their own well-being. • People in need of support do not have to 'retell their story',
Partners Involved	<ul style="list-style-type: none"> • Public Health – SOT CC • Leisure Services – SOT CC • Adult Social Care – SOT CC

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	<ul style="list-style-type: none"> • Children and Family Services – SOT CC • Education – SOT CC • Housing – SOT CC • Adult Learning – SOT CC • All public facing staff working for the City Council – SOT CC • Local colleges and Universities • Faith leaders • Voluntary and Community Sector Services • Schools • MPFT – School Nurses / Improving Access to Psychological Therapies - IAPT • NSCHT – Provider for clinical Mental Health Services and Drug and Alcohol (DAA) services in Stoke-on-Trent • Members of the Local Enterprise Partnership (LEP) • UNITAS
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Table 4

Priority Support Recovery – people reach and maintain their optimum level of personal well-being	
Why is it a priority?	<p>People with mental ill health can, with the right support, live a good quality of life. Returning to contributing to communities it is essential for us to live happy, health lives, to be able to realise our own abilities, cope with the normal stresses of life, work productively and engage and contribute to our communities.</p> <p>Recovery is individual to each person. Recovery from mental illness is often not a ‘fix’ that means the individual will never experience mental illness again but is a process to aid the individual, their families, friends and social networks to manage their mental health at an optimal level making best use of services in their community</p>
Evidence	<p>Recovery has a personal meaning to everyone, so it can be difficult to find a shared definition to evidence. In a Delphi study (*6) where all participants had lived experience of psychosis, the highest number of participants agreed that recovery is “The achievement of a personally acceptable quality of life”, “Recovery is feeling better about yourself” and “Recovery involves living as well as possible”</p>
Actions	<ul style="list-style-type: none"> • Help people to develop supportive social networks that reduce isolation and loneliness • Support people to access employment, volunteering or other meaningful activity • Support people to live independently in appropriate housing with care and support if needed. • Co-produce solutions with people with lived experience and work together to promote resources, and champion self-help and commissioned services. • We will work with colleagues in Housing to make housing solutions available to those with mental ill health on an assured basis • Support a ‘peer panel’ of individual with lived experience to inform future direction and delivery of services • Support groups to establish ‘peer networks’ where individuals with lived experience are empowered to share their experiences and knowledge to offer this support to others

Priority	Support Recovery – people reach and maintain their optimum level of personal well-being
Outcomes	<ul style="list-style-type: none"> • People who have experienced mental ill health are enabled and supported to live independently in communities they choose, in accommodation they have some ownership of and where people chose to live with others, who they live with • People who have experienced mental ill health are enabled supported to engage in meaningful activity through paid or voluntary work and/or learning • People who have experienced mental ill health are enabled and supported to be physically active and maintain their health and wellbeing • Communities and individual build social resilience to support all members of the community in times of need • Communities are able to recognise and respond by seeking the appropriate information, advice and where necessary onward services, where mental health declines
Partners Involved	<ul style="list-style-type: none"> • Public Health – SOT CC • Leisure Services – SOT CC • Adult Social Care – SOT CC • Children and Family Services – SOT CC • Education – SOT CC • Housing – SOT CC • Adult Learning – SOT CC • Local colleges and Universities • Faith leaders • Voluntary and Community Sector Services • Schools • MPFT – School Nurses / Improving Access to Psychological Therapies - IAPT • NSCHT – Provider for clinical Mental Health Services and Drug and Alcohol (DAA) services in Stoke-on-Trent • Staffordshire and Stoke-on-Trent Suicide Prevention Partnership • UNITAS

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HWB strategy obsession (Economic Growth and Social Inequalities)

HWB strategy obsession (Lifestyle and Health Inequalities) improve mental and physical health

(*1) PHE Strategy 2020-2025

(*2) JSNA

(*4) The Importance of Early Intervention for People Facing Mental Health Challenges - Mental Health First Aid News release By Mental Health First Aid USA on June 21, 2021

(*5) RCPSYCH 06.10.20 Press Release re waiting times UK (poll by Savant ComRes)

(*6) Delphi study for SLAM NHS Foundation Trust Recovery and Social Inclusion 2015