

Emotional Health and Wellbeing (including Mental Health)

What is the issue/ why is it important in Brighton & Hove?

- The government's strategy, *No Health without Mental Health* defines wellbeing as 'a positive state of mind and body, feeling safe and able to cope, with a sense of connection with people, communities and the wider environment.'¹
- A national survey carried out by the Office for National Statistics shows that some groups report higher levels of self-reported wellbeing.² These include people who are employed, live with a partner/spouse, are in good health, or are aged under 35 or over 55 years.
- One in four people experience a mental health problem at some point in their lives.
- One in 10 children between 5 and 16 has a mental health problem.³
- The cost of mental ill health to the economy in England for adults has been estimated at £105 billion. This includes the cost in terms of sickness absence or unemployment.
- Where young people experience significant mental health needs they may miss time in education and risk poorer educational outcomes.
- Poor physical health is a significant risk factor for poor mental health and poor mental health is associated with poor self-management of long term conditions and behaviour that may endanger physical health such as drug and alcohol abuse.
- Mental illness still carries considerable stigma.

Brighton and Hove

- The first local data from the ONS subjective wellbeing survey were published in July 2012.⁴ Brighton and Hove residents reported higher average levels of happiness than the national average:

¹ HM Government. No health without mental health: A Cross-Government Mental Health Outcomes strategy for People of all Ages. London, 2011.

² Office for National Statistics. First Annual ONS Experimental Subjective Well-being Results. July 2012.

³ No Health without Mental Health, as above.

⁴ Office for National Statistics. First Annual Report on Measuring National Well-being Release. London, 2012.

- Proportion with medium or high life satisfaction – Brighton and Hove 81.3% (75.9% in the UK)
 - Proportion with medium or high worthwhileness – Brighton and Hove 83.8% (80% UK)
 - Proportion with medium or high happiness yesterday – Brighton and Hove 72.5% (71.1% UK)
- The City Tracker survey⁵ shows a high level of satisfaction with Brighton and Hove, and the local area, as a place to live particularly amongst 25 – 34 year olds.
 - Despite higher levels of self-reported wellbeing across the city, local prevalence of mental illness continues to be generally higher than the average for England for both common mental health problems, such as anxiety and depression and severe mental illness, such as schizophrenia or bipolar disorder.
 - If 10% of those aged 5 – 16 have a mental health problem, this would equate to 3,199 children and young people in Brighton and Hove.
 - Over the last 5 years, the number of children and young people presenting at the Accident and Emergency Department of the Royal Sussex County Hospital with serious self harm has increased significantly from 63 per year in 2009 to 91 per year in 2011 and with high numbers predicted for 2012⁶. For adults the numbers of A&E attendances and admissions related to self-harm are also very high.⁷ Between 1 April 2011 and 31 March 2012, there were 1703 attendances related to self-harm: the highest number of attendances is from those under 30 years old.⁸

Inequalities

There are a number of risk factors for poor mental health and wellbeing, including:

- Deprivation: on average the prevalence rate for mental illness is up to 2.75 times higher for the most deprived quintile of the population than that for the most affluent.
- Some groups within the population have a higher risk of developing mental ill-health: homeless people, offenders, certain BME groups, LGB people, veterans, looked after children, transgender people, gypsies and travellers, vulnerable migrants, victims of violence, people approaching the end of life, bereaved people, people with a dual

⁵ Brighton and Hove City Council. City tracker survey, 2012.

⁶ Reporting from Social Work Team, Brighton and Sussex University Hospitals.

⁷ Public Health Observatories. Brighton and Hove health profile. 2012.

⁸ HES data.

diagnosis or complex needs, and people with learning disabilities have all been identified as at higher risk⁹.

Brighton and Hove has relatively high proportions of some of these groups including homeless, LGB and transgender people. The Count Me in Too survey found that 79% of the city's LGBT population reported some form of mental health difficulties.

- Brighton and Hove appears to follow the national trend with BME groups having twice the national rate of mental health hospital admissions along with lower uptake of primary care mental health services¹⁰.
- Brighton and Hove has high numbers of looked after children and child protection cases. Numbers of Looked after children in 2012 was above statistical neighbours and considerably above the England average¹¹ On average approximately 85 Looked After Children (LAC) are referred to Child and Adolescent Mental Health Services (CAMHS) each year - this is 5% of the total CAMHS population. This is a disproportionate reflection of the number of LAC in the total child population (approximately 1% as of May 2012) and demonstrates the higher propensity of LAC for mental health issues¹².

What are we doing well already/where are there gaps?

What we are doing well already

Recognition of the role and value of the community and voluntary sector is a strong theme, both in preventive and treatment services, across all ages.

1. Promoting wellbeing working in partnership with the local community and voluntary sector:

During 2012, NHS Brighton and Hove and Brighton and Hove City council consulted on proposals to redesign community mental health support services via the Commissioning Prospectus and have commissioned a new range of services to start in April 2013 including employment support, and targeted out-reach support for the most vulnerable and at risk groups in Brighton & Hove.

Emotional wellbeing has been included in the One Planet Living Health and Happiness action plan.

⁹ HM Government. No health without mental health: implementation framework. London: July 2012.

¹⁰ Hazel Henderson. Black and minority ethnic health needs analysis ,Brighton and Hove City PCT, 2008.

¹¹ <http://media.education.gov.uk/assets/files/xls/l/la%20summary.xls>

¹² CAMHS monitoring data

A programme of mental health promotion services is commissioned from the voluntary and community sector by the public health team (value approximately £100,000). A small grants scheme to support local mental health promotion projects was established in 2012. So far 19 proposals have been funded across the city ranging from allotment groups to art and photography. World Mental Health Day and World Suicide Prevention Day are both celebrated annually. Children's centres and parenting programmes (e.g. Triple P) promote resilience and early help. Right Here project for young people 16 – 25 focuses on resilience building and prevention of the escalation of mental health issues.

2. Support and treatment for those with emerging or existing mental health problems:

A new Wellbeing Service has been developed to provide access to psychological therapies in a range of primary care and community settings. Access to the service has been widened through a new option of self-referral.

The supported accommodation pathway has been redesigned – making more flexible use of resources and targeting resources more effectively to those with the most complex needs.

A single point of access to tiers 2 and 3 CAMHS¹³ has been established.

A 14-25 service has been developed to bridge the gap between CAMHS and adult services.

Provision of duty service and urgent care for CAMHS services.

A strategy is in development to promote effective liaison between social care team and CAMHS when young people present at A&E with self harming behaviours.

The care pathway for responding to adults with urgent mental health needs has been redesigned. In January 2013 the Brighton Urgent Response Service was launched which provides an improved 24/7 crisis response service for adults with mental health needs. The new arrangements will be evaluated during 2013.

Where are the gaps?

- Both the adult mental health commissioning strategy and the mental health promotion strategy are in need of review and update and a

¹³ CAMHS services are arranged in terms of 'tiers' ranging from Tier 1 (community-based support provided by non-mental health professionals such as school nurses or health visitors); through Tier 2 (community support provided by dedicated CAMHS staff); to Tier 3 (clinic-based services delivered by CAMHS staff); and Tier 4 (specialist services, often in-patient services for people with severe mental illness).

commissioning strategy for children and young people needs development.

- We have information about self reported wellbeing from the national ONS survey for the whole city, but need further work on the Health Counts survey to understand the distribution of emotional wellbeing across different neighbourhoods, communities of interest and demographic groups.
- Treatment services for people with complex needs or dual diagnosis need review to ensure better coordination.
- Better understanding of the profile of self harm in the city and improved awareness of the issues and appropriate responses within universal and specialist services.
- Waiting times for psychological services are still too long.

What we can do to make a difference

- Start to think about emotional health and wellbeing in a different way – as part of everyone’s business and as important as physical health.
- Continue to shift the balance of spend between prevention and treatment and focus more on providing support to build resilience and maintain mental wellbeing.
- Take a city-wide approach to improving the wider determinants for good mental health including:
 - Encourage greater uptake of physical activities;
 - Promote mental health and wellbeing in the workplace;
 - Promote mental health and wellbeing in schools, including a focus on the problem of bullying and its impact upon wellbeing;
 - Ensure that the Stronger Families Stronger Communities Partnership addresses issues of mental health and wellbeing as they relate to the city’s most vulnerable families.
- Develop more holistic care and treatment for both adults and young people with dual needs – both mental health and alcohol/substance misuse.
- Work across a care pathway to ensure more effective transition from children & young people’s services to adult services. Develop more effective links across adult and children’s commissioning and services so that the issues of parental mental health, including in the antenatal and post natal phases, are well understood and the impact on child development minimised.
- Ensure emotional health and mental health wellbeing is integrated as far as possible into service provision rather than being separately provided in a medical model by “specialist mental health” service providers.
- Extend access to psychological therapies providing evidence based earlier treatment and support to more people.
- Continue to engage service users in service developments.

Plans for improvement including key actions

- Map current activity and plans in Brighton and Hove against the recommended actions in the implementation framework for No Health without Mental Health.
- Develop an all-ages mental health and wellbeing commissioning strategy.
- Engage local people about happiness and wellbeing, focusing on the 'Five Ways':
 - Connect – with the people around you, family, friends and neighbours;
 - Be active – go for a walk or a run, do the gardening, play a game;
 - Take notice – be curious and aware of the world around you;
 - Keep learning – learn a new recipe or a new language, set yourself a challenge;
 - Give – do something nice for someone else, volunteer, join a community group.
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Outcomes

- Improved ONS subjective wellbeing scores (PHOF)
- Better emotional well-being of looked after children (PHOF)
- Reduced hospital admissions for self-harm (PHOF)
- Increased employment for people with a mental illness (PHOF & NHSOF)/ proportion of adults in contact with secondary mental health services in paid employment (ASCOF)
- Reduction in proportion of people in prison with mental illness (PHOF)
- Increased settled accommodation for people with mental illness (PHOF)/ proportion of adults in contact with secondary mental health services living independently without the need for support (ASCOF)
- Improving outcomes for planned procedures – psychological therapies (NHSOF)
- Reduction in premature death for people with serious mental illness - under 75 mortality rate (PHOF)/ under 75 mortality rate in people with serious mental illness (NHSOF)
- Reduction in the suicide rate (PHOF)
- Patient experience of community mental health services (NHSOF)