

Adult Mental Health and Wellbeing Joint Strategic Needs Assessment (JSNA)

Health and Wellbeing Board

12 March 2014

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Wards: All
Locality Affected: All
Parishes Affected: All

1. Purpose and Reasons

- 1.1 To inform the Health and Wellbeing Board (HWB) of the Adult Mental Health and Wellbeing JSNA, seek support for its recommendations and raise awareness of the issues facing people with poor mental health in Swindon
- 1.2 The Adult Mental Health JSNA is an objective analysis of the current and future needs of people with poor mental health in Swindon. Based on available data, it identifies the current population, services used, risk factors and includes views from service users, carers and different organisations involved in supporting people with poor mental health. The recommendations from the Adult Mental Health and Wellbeing JSNA together with national guidance, quality standards and good practice will improve mental health and wellbeing in Swindon.

2. Recommendations

The Board is recommended to:

- 2.1 Note the recommendations from the Adult Mental Health and Wellbeing JSNA Bulletin.
- 2.2 Support the development of a Mental Health Strategy and Action Plan for Swindon.
- 2.3 Identify how the Board would like to be kept up to date on progress on Adult Mental Health and Wellbeing work in Swindon.

3. Detail

- 3.1 Mental health and wellbeing are fundamental to our ability to flourish as individuals and as a community. Mental wellbeing can be defined as “a state of wellbeing in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community (World Health Organization (WHO)). Mental illness can be defined as the existence of a clinically recognisable set of symptoms or behaviour associated in most cases with distress and with interference with personal functions (WHO).

Further information on the subject of this report can be obtained from Cherry Jones, 01793 444681, cherryjones@swindon.gov.uk or Frances Mayes, 01793 444677 fmayes@swindon.gov.uk

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- 3.2 Mental wellbeing in Swindon has been measured in two ways: Nationally the national wellbeing score was measured which shows that mental wellbeing in Swindon is broadly in line with the national wellbeing score. However, where mental wellbeing both nationally and regionally improved in 2012/13 in Swindon it slightly deteriorated. A local wellbeing survey was included in the 2012 residents survey which showed that those over 65 years of age had significantly better wellbeing than those aged 16 -24 years, and those in the most deprived parts of Swindon had significantly worse mental wellbeing than those in the least deprived.
- 3.3 In Swindon it is estimated that between 22,600 and 29,000 individuals have a common mental health disorder such as anxiety, depression, phobias, panic and Post Traumatic Stress Disorder. Estimates show that the number of people identified with common mental health disorders in Swindon is slightly higher than the national and regional average but the numbers with severe and enduring mental health conditions is slightly lower than the national and regional average.
- 3.4 Swindon has the third highest rate of prescribing of antidepressants in the South West. Swindon has the 15th highest hospital admission rate for self-harm out of 150 local authorities. Hospital admission rates for self-harm from Central Ward and Parks and Walcot areas were statistically significantly higher than admissions from other areas of the town. Swindon suicide rate is in line with the national average but has increased in recent years. There are on average 16 suicides a year in Swindon.
- 3.5 Those with mental health disorders experience high levels of stigma and discrimination. Those with severe mental illness die on average 20 years earlier than the general population. They are more likely to smoke; less likely to take physical exercise; have issues concerning dual diagnosis (mental health and substance misuse) and less likely to be a healthy weight. On average those with mental health disorders have fewer qualifications, find it harder to find and retain work, have lower incomes, are more likely to be homeless and are more likely to live in areas of deprivation than the general population.
- 3.6 Mental health and wellbeing services are commissioned and provided by an array of different departments and organisations both in statutory and third sectors. Swindon benefits from a range of mental health and wellbeing services ranging from locality and health Ambassador teams, housing, social care, employment, primary and secondary care services and other voluntary sector commissioned and non-commissioned services.
- 3.7 Secondary care mental health services have undergone a reorganisation and third sector commissioned services (including housing, employment and social support) are all under review. The reorganisation of secondary care services has
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had an impact on service users and carers and primary care services. A review of out of area placements was also undertaken and plans to move these individuals closer to home have been developed with the intention of improving the service user experience and cost effectiveness.

- 3.8 Service users and carers views and experiences were captured in this needs assessment and they highlighted that: supporting people back to work was a priority for services users and they were concerned about the impact of benefit changes and the workforce capability assessments. Mental health service users were less likely to turn to friends and family for support (tended to turn to services); they felt less safe in their community and the town centre than other Swindon residents and were more likely to experience social isolation.
- 3.9 This JSNA has highlighted how broad mental health and wellbeing is and how many different factors can impact on an individual's mental health and wellbeing. The following recommendations should inform the development of a local mental health strategy and remind readers that almost all statutory services commissioned and provided will impact on the mental wellbeing of people in the area served. Recommendations may require a review of funding and this will be quantified as part of developing action plans to deliver these recommendations.
- 3.10 The following recommendations are for action across organisations:
- 3.10.1 Ensure a more co-ordinated approach to the commissioning of services by all statutory and voluntary sectors, which impact directly on mental health and wellbeing in order to prevent duplication or gaps in service. This should include primary and secondary care adult and children mental health services, substance misuse, public health, social care and housing.
 - 3.10.2 Develop initiatives to improve mental wellbeing that focus on communities with lower levels of wellbeing taking into account ethnicity, age and deprivation.
 - 3.10.3 Develop an innovative approach to promoting and implementing the Five Ways to Wellbeing and build it into work delivered by all staff in all organisations in Swindon. www.fivewaystowellbeing.org
 - 3.10.4 Develop Initiatives to address social isolation targeting those at risk. Ensure that older people are actively engaged in society. Continue and enhance initiatives to encourage social integration such as work carried out by the Health Ambassadors and Locality Teams targeting socially isolated groups. Social isolation of vulnerable individuals can lead to extreme social, political or religious ideals and radicalisation and Mental Health Service providers should be aware of radicalisation and the

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Channel Process in order prevent vulnerable patients being targeted for radicalisation.

- 3.10.5 Ensure Mental Health Services are accessible to all equality and marginalised groups including: ethnicity, disability, sight and hearing loss and learning disabilities; those living in areas of deprivation and those who are homeless.
- 3.10.6 Ensure those working with individuals in relation to benefits, be those employment, disability, housing or other benefits, are aware of the needs of this client group and make reasonable adjustments to ensure that individuals receive benefits they are entitled to. Health and social care providers, mental health services and financial sectors should be aware of the impact of debt on mental health and should ensure they are linked to debt advice services as required.
- 3.10.7 Ensure that the needs of the whole family of the mental health service user are considered and the voices of young carers are heard. "See the Adult See the Child" protocols should be followed
<http://www.swindonlscb.org.uk/procedures/Pages/Home.aspx>
Carer's assessments should be embedded in standard practice to ensure their physical, social and psychology needs are met. Review the physical health needs of those with mental health disorders. All service, and particularly mental health service, providers should promote effective health improvement initiatives.
- 3.10.8 Review the physical health needs of those with mental health disorders. All service, and particularly mental health service, providers should promote effective health improvement initiatives
- 3.10.9 Establish and support a local Time For Change group to raise awareness of mental health issues and tackle the stigma associated with it.
- 3.10.10 Ensure that the mental health needs of those aged 16 – 25 years are met and that the transition between CAMHS and Adult services is facilitated.
- 3.10.11 Review the implementation of section 136 of the Mental Health Act to ensure that services meet the quality standards outlined by the National Institute for Health and Clinical Excellence (NICE). This has implications for both mental health services (place of safety for adults and young people) and the police who may require additional training.

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- 3.10.12 Develop a self-harm register at Great Western Hospital to gain further insight into the high hospital admission rates for self harm in Swindon. This would provide understanding regarding links to deprivation, ethnicity and domestic violence and lead to targeted work to prevent admissions.
- 3.10.13 Collaborative work with Multi Agency Public Protection Arrangements (MAPPA) should be undertaken to support the repatriation of those being treated in specialist services out of area back to Swindon and ensure measures are in place to reduce any risks. This will address the disproportionate spend on out of area placements and improve the services delivered to individuals.
- 3.10.14 Undertake further analysis of anti-depressant prescribing in Swindon to understand the high rates of prescribing and develop strategies to reduce the prescribing rates where appropriate alternatives exist or can be developed.
- 3.10.15 Ensure the Dual Diagnosis (mental health and substance misuse) pathways are implemented and evaluated to ensure that the needs of this vulnerable group (including those on probation) are met. This pathway should include those with Korsakoff's syndrome, which is an alcohol related dementia.
- 3.10.16 Evaluate the effectiveness of the restructuring of services to include appropriateness of discharges and responsiveness of the "fast track" pathways back into services. The evaluation should include the impact the reorganisation has had on different elements of the service including LIFT psychology. Commissioners should ensure that funding follows the patient.
- 3.10.17 Ensure mental health services are based on the stepped care approach and early intervention models which focus on prevention, early intervention and promoting mental health and wellbeing in Swindon. Primary care psychology services should maintain an open access and public mental health approach of least intervention first time.
- 3.10.18 Ensure support for people with long-term physical health conditions remains available in order to address mental health issues they may experience. Current Department of Health funding ceases in April 2014 so a review of current funding will be required. Mental health needs should also be considered with end of life care.

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- 3.10.19 Review and implement existing integrated Eating Disorder pathways. Consideration should be given to commissioning a community eating disorder service or ensuring the present service is fit for purpose, visible and accessible.
- 3.10.20 Review the provision of Attention Deficit Hyperactivity Disorder (ADHD) treatment to ensure it meets the needs of adults with ADHD. A broader piece of work to support carers of people with enduring mental health needs and complex learning disabilities and/or ADHD needs to be undertaken.
- 3.10.21 Address the gap in service for those who are acutely emotionally distressed but not necessarily mentally ill. This could have a positive impact in reducing suicide and admissions for self-harm. This should be considered in the context of existing crisis support services and link to the Hospital Based Psychiatric Liaison Service.

4. Alternative Options

- 4.1 Not to proceed to develop a Mental Health Strategy.

5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

- 5.1 If additional resources are needed a detailed business case will be developed. Supporting people to maintain independence and stay at home has been shown to reduce costs for health and social care in the longer term.

Legal and Human Rights Implications

- 5.2 Legal and Human rights have been taken fully into account in compiling this report. It is considered that the recommendations within this report are compatible with Convention Rights.
- 5.3 In consideration of any future guidance and an understanding of best practice from elsewhere, the council will work with the NHS and other partners in order to ensure that equalities and a respect for human rights are at the heart of the development of the Swindon JSNA and that everyone in Swindon has fair access to services and are free from discrimination.

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All Other Implications (including Staff, Sustainability, Health, Rural, Crime and Disorder)

- 5.4 The Adult Mental Health and Wellbeing JSNA highlights a number of key areas of focus that will provide the opportunity to improve outcomes for residents of Swindon.
- 5.5 The recommendations from this JSNA will inform commissioning and provision of services and actions required to positively impact on health and wellbeing of the residents of Swindon.

Links to One Swindon, Strategic Objectives, Plans and Policies

- 5.6 This links directly to the Health and Wellbeing Strategy priorities and the One Swindon priority of creating a healthy, caring and supportive place.
- 5.7 It also will help deliver the corporate priorities of 'Together, find new ways to reduce vulnerability and improve health for all' and 'Work with people and families to help them fulfil their potential'. The latter is particularly pertinent in seeing people with mental health disorders as an active and involved member of the community, reducing social isolation, stigma and discrimination.

Diversity Impact Assessment

- 5.8 Poor mental health and wellbeing can affect everyone. The adult mental health JSNA includes an assessment of its impact on different communities. Any mental health strategy and action plans will have a diversity impact assessment undertaken.

Risk Management

- 5.9 No specific risks identified at this stage for this report

6. Consultees

- 6.1 The Board Director Finance, Revenues, Benefits and Property (Section 151 Officer) and Director of Law and Democratic Services (Monitoring Officer) are consulted in respect of all reports.

7. Background Papers

- 7.1 None

8. Appendices

- 8.1 Appendix 1 - Adult mental health and wellbeing JSNA Bulletin

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8.2 Appendix 2 - Adult mental health and wellbeing JSNA