

Mental Health and Wellbeing

People Select Committee
16 January 2017



Stockton-on-Tees
BOROUGH COUNCIL

Health and Wellbeing

Mental Health

“Mental Health is now recognised as being profoundly important to growth, development, learning and resilience. It protects from the impact of life’s stresses and traumatic events and enables the adoption of healthy lifestyles and management of long term illness. It is associated with better physical health, positive relationships and socially healthier societies. It helps people to achieve their potential, realise ambitions, cope with adversity, work productively and contribute to their community and society”.

Better Mental Health for All 2015

Mental Health : Context

Nationally

- 1 in 4 people will experience a mental health problem in their lifetime
- 1 in 10 children aged 1 to 15 years have a mental health problem
- Self-harm is increasing and is the leading cause of death for children and young people
- Increasing rates of female suicide although men are still 3 times more likely to commit suicide

Over 75% of all mental health problems have emerged by the age of 20



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Mental Health : Context

Locally

- Hospital admissions for mental health conditions are higher than the national average for children living in Stockton on Tees (103.6 per 100,000 compared to 87.4 = 44 cases)
- Rates of self-harm in children and young people aged 10 to 24 years are higher in Stockton on Tees compared to national average (504.7 per 100,000 compared to 398.8 = 179 cases)

Public Health England 2014/15

National Policy Drivers

Five Year Forward View for Mental Health 2016

- 7 day support at the right place and right time
- Integrated mental health and physical health approach
- Preventing poor mental health and promoting good mental health

No Health Without Mental Health 2011

- More people with good mental health
- More people with mental health conditions recover
- More people with mental health problems have good physical health
- More people with a positive experience of care and support
- Fewer people will suffer avoidable harm and stigma

National Policy Drivers

Future in Mind : Promoting, Protecting and Improving Our Children and Young People's Mental Health and Wellbeing 2015

- Promoting resilience, prevention and early intervention
- Improving access to effective support – a system without tiers
- Care for the most vulnerable
- Accountability and transparency
- Developing the workforce
- Requirement for development of local Transformation Plans



National Policy Drivers

National Suicide Prevention Strategy 2012

- Reduce the risk of suicide in high risk groups
- Tailor approaches to improve mental health in key groups
- Reduce the means of suicide
- Provide better support to those bereaved or affected by suicide
- Support the media in approaches to dealing with suicide and suicidal behaviour

Healthy Lives, Healthy People 2010

- Life course approach to improving mental health and wellbeing
- Need to address inequalities across the lifecourse
- Focus on best start in life
- Highlights the potential cost saving of improving mental health



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Local Policy Drivers

Mental Health JSNA

Tees wide Suicide Prevention Strategy and Taskforce

Crisis Concordat (Tees)

- Access to support before crisis point
- Urgent and emergency access to crisis care
- Quality of treatment and care when in crisis
- Recovering and staying well

Prevention Concordat (coming soon)

To be developed in recognition of the role that wider services have to support mental health prevention and support as an estimated 75% of those experiencing difficulties are not currently in service



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Local Policy Drivers

Hartlepool and Stockton on Tees Transformation Plan

Builds upon the key aims within the national document and identifies local priorities:

- High quality, cost effective services offering flexible provision
- Clear pathways within and between services
- Family centred approach
- Support for parents/carers from pre-birth to better support their child's emotional development
- Use of digital technology within future service delivery
- Voice of the child, young person and family within service planning and development
- Development of collaborative commissioning

Children and Young People's Mental Health Needs Assessment 2016

Protective Factors

- Education
- Relationships and social networks
- Language and communication skills
- Positive self-esteem

Risk Factors

- Family History (Parental Mental Health)
- Adverse Childhood Experience
- Deprivation
- Family Breakdown
- Bereavement
- Unemployment



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Children and Young People's Mental Health Needs Assessment 2016 : Evidence Base

What works?

- Offering perinatal support to help parents develop sensitivity to their child
- Implementation of the 0-19 Healthy Child Programme to promote optimal health and wellbeing
- Ensuring holistic support at a targeted level for at risk families
- Whole school approach to promoting mental wellbeing of children and young people, with a focus on building resilience
- Evidence based bullying prevention programmes
- Targeted support for children who are looked after
- Increasing Access to Psychological Therapies (IAPT)

Adult Mental Health Needs Assessment

– emerging themes

Protective Factors

- Education/employment
- Physical Activity
- Social Capital/Community Cohesion

Risk Factors

- Unemployment
- Poor physical health
- Family/relationship breakdown
- Bereavement
- Living environment (eg. Housing, leisure facilities)
- Deprivation



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Adult Mental Health Needs Assessment

– emerging themes

What works?

- Mental health literacy training for frontline staff (eg housing or advice workers)
- Increased physical activity
- Targeting of at-risk groups to increase uptake in psychological therapies
- Bereavement counselling and relationship support
- Promote meaningful occupation such as volunteering
- Support unemployed working age adults into work where appropriate
- Increase mental health awareness amongst the general population with additional targeting of at-risk groups

Suicide – national statistics

- Suicide is the leading cause of death among young people aged 20-34 years in the UK
- Nearly four times as many men dying as a result of suicide compared to women
- At highest risk are men aged between 45 and 59 years (national rate of 25 per 100,000 population)
- 72% of people who commit suicide were unknown to services
- Rate of suicide is highest in those who have depressive disorders
- Link between suicide, economic downturn and areas of deprivation

Local Suicide Audit 2014 : Stockton on Tees

Key Findings

- 36 deaths between 2010-2012 : 33 male, 3 female
- 8 had a depressive illness
- 60% had seen a GP in the 3 months prior to their death
- 69% had not been in contact with a mental health service in the 3 months prior to their death but 56% were known to mental health services
- Risk factors/themes identified in 32 of the 36 cases included:
 - ❖ Relationship breakdown
 - ❖ Depression
 - ❖ Family breakdown/problem

Promoting Good Mental Health : Potential Future Action

- Better data collection across adults, children and young people, with a focus on transition
- Recognition of the impact of the built environment on an individual's health (eg. Housing, access to green space, leisure facilities) within SBC policy
- Raising awareness of positive aspects of mental health and wellbeing rather than difficulties associated with poor mental health
- Tackling stigma and discrimination
- Targeting of community settings to promote mental wellbeing and increase mental health literacy

Thank you



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