

## **Adult Mental Health and Emotional Wellbeing Needs Assessment – completed March 2017**

### **Summary of Recommendations**

1. Conditions in which people live and grow has an impact on their health and wellbeing. The feasibility of a 'Health in all Policies' approach should be considered in order to address social problems inextricably linked with mental health problems. Incorporating health considerations into decision-making and policy areas will support address inequalities linked with the social determinants of health. A 'Health in all Policies' approach will require effective coordinated action with support across the Local Authority, Clinical Commissioning Groups, Foundation Trust, Fire, Police and Voluntary Sector amongst others.
2. Further information and intelligence is required to determine the level of need in at risk groups within the population, particularly veterans, young people transitioning to adult mental health services, asylum seekers and those who identify as LGBT.
3. A systematic approach to increasing access to psychological therapies and raising awareness of the service both at a population level and targeted at deprived communities and at risk groups including men should be considered.
4. A systematic approach to increasing awareness of mental health and early identification of mental health problems within primary care and other health services particularly targeted at high risk groups should be implemented.
5. A systematic approach to delivering workforce training in relation to early identification, mental health literacy and suicide prevention should be considered. Training should not be limited to mental health services, General Practice and A&E and should include services that are not traditionally considered to have a direct involvement in mental health e.g. Housing, Police, DWP, the Local Authority Benefits Service and local business' etc.
6. Health and Wellbeing Board partners to ensure appropriate support for the effective implementation of the Tees Suicide Prevention plan locally.
7. There was limited information on service thresholds and criteria, additional service mapping should be undertaken to identify potential gaps in support where service users do not meet thresholds. A particular focus should consider perinatal mental health and dual diagnosis.
8. Service users and the workforce being assets that have first-hand experience of mental health services the feasibility of co-production should be considered in relation to service planning and service development.
9. Service users are experts by experience; shared-decision making should be implemented as a part of practice across general practice and mental health services, NICE guidance should be considered to support this recommendation.

10. Due to timescales and availability of information there are some gaps in intelligence and service activity. Future reviews of the mental health needs assessment will require additional input from services to provide sufficient data to establish need and demand.
11. Ensure that recommendations within national policy and guidance documents (e.g. Five Year Forward View, No Health without Mental Health) are considered in local strategies and plans.

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