MENTAL HEALTH SERVICES IN BARKING & DAGENHAM
Setting the Scene, Shaping the Vision

Discussion document arising out of the work of the Mental Health Sub-Group

For review and comment

DATA NOTE! Some national data, as well as data from the Mental Health Needs Assessment, has been used to construct this overview. Data is intended to provoke discussion, and may not stand as the 'final' account of mental health in Barking & Dagenham.

CASE ILLUSTRATIONS: These are illustrations of how services can sometimes operate, and are not a comprehensive account of how services are configured. Once again, they are intended to drive debate and provoke discussion rather than present a factual account of Barking & Dagenham's services.

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London Borough of
Barking & Dagenham

lbbd.gov.uk

Mental Health: the National Picture

"Mental illness is the single largest cause of disability in the UK and each year about one in four people suffer from a mental health problem. The cost to the economy is estimated to be around £100bn annually – roughly the cost of the entire NHS. Physical and mental health are closely linked – people with severe and prolonged mental illness die on average 15 to 20 years earlier than other people – one of the greatest health inequalities in England. However, only around a quarter of those with mental health conditions are in treatment, and only 13 per cent of the NHS budget goes on such treatments…"

The NHS 5-Year Forward View

"…all too often people who use services, and practitioners and agencies outside mental health care, say that services are becoming more difficult to access; that navigation around the system is too complex; and that real examples of personal choice and control are variable."

Association of Directors of Adult Social Services:
Mental Health Into the Mainstream

Mental health problems are all too common

- 1 in 4 people in the UK suffer from a mental health problem
- It is estimated that about one in six of the adult population will have a significant mental health problem at any one time
- Over one third of the public think that people with a mental health problem are likely to be violent. In fact, people with a mental illness are more likely to be a victim of violence.
- People with mental health problems are more dangerous to themselves than they are to others
- This stigma is damaging! Nearly nine out of ten people who experience mental health problems say they face stigma and discrimination as a result

Young people experience mental health problems as well

- 1 in 10 young people will experience a mental health problem
- Nearly three in four young people fear the reactions of friends when they talk about their mental health problems

Mental health and physical health do not receive equal treatment

- There are significant inequalities between mental health and physical health –often referred to as 'parity of esteem'. The Royal College of Psychiatrists has proposed one of the simplest and most influential definitions of 'parity of esteem': "Valuing mental health equally with physical health".
- These inequalities include preventable premature deaths, lower treatment rates for mental health conditions and an underfunding of mental healthcare relative to the scale and impact of mental health problems.

Are we getting it right for Matt?

Matt has lost his job and is finding it increasingly difficult to secure alternative employment. He is becoming increasingly worried about how he will provide for his family and he has lost his appetite, having difficulty sleeping, ruminating on problems at night and cannot concentrate. His wife is worried and encourages him to attend his GP.   The GP prescribes medication and makes referral to IAPT ('Improving Access to Psychological Therapies') .   They refer him on to Richmond Fellowship (for vocational support). GP continues to monitor antidepressant medication. Matt's mental state starts to recover.

The physical health of people with mental health problems doesn't receive the attention it should

- Physical health and mental health are inextricably linked. Poor mental health is associated with an increased risk of diseases such as cardiovascular disease, cancer and diabetes, while good mental health is a known protective factor.
- Poor physical health also increases the risk of people developing mental health problems.
- The NHS Forward View acknowledges that services need to be more integrated around the patient and steps need to be taken to break down the barriers in how care is provided between physical and mental health.

Mental health problems are a significant barrier to work

- If one in four people have a mental health problem, we probably all work with someone that is experiencing a mental health problem.
- However, mental health problems now account for more than twice the number of Employment and Support Allowance and Incapacity Benefit claims than do musculoskeletal complaints (for example, bad backs).
- The employment rate of people with severe and enduring mental health problems is the lowest of all disability groups at just 7%

Support in times of crisis is not always easily accessed, or joined up

- Most people reported that they came into contact with at least three different services when they had a mental health crisis. One in twelve (12%) said that they had come in to contact with between six and ten services, which indicates a need for them to work more closely together in areas.
- People are not clear where to access support in a crisis, what number to ring, and where they can go to get compassionate skilled assessment of their needs, and treatment.

People with mental health problems have disproportionate contact with the Police

- The use of police cells as a 'place of safety' for people in crisis has fallen significantly, but it has been found that people under 18 can have problems accessing suitable places of safety. In 2013/14, nearly a third of people under 18 who were detained, were taken into police custody.
- The Metropolitan Police report that 40% of the calls to which the Police respond involve

someone with a mental health issue.

Sources:
Time to Change
NHS 5-Year Forward View
CQC Report on Mental Health Crisis provision
ADASS: *Mental Health into the Mainstream*
Royal College of Psychiatrists: *Whole Person Care*

Data highlights about mental health in Barking & Dagenham

Some things to think about from Barking & Dagenham's data…

* For 2013, it was estimated that somewhere in the order of 1,500 out of nearly 4,000 live births would have resulted in some form of perinatal mental health issue, including depression and anxiety. Referrals to the appropriate services numbered just 384.

* It is estimated that there are 4,500 children and young people with a clinically significant mental health condition.

* In 2013/14, around 2,400 young people accessed Child & Adolescent Mental Health Services at tiers 3 and 4. This indicates a gap in the numbers we would expect to be treated with those treated.

* In 2014, 1 in every 20 adults in Barking and Dagenham had a common mental health disorder. Evidence from GP Quality Outcome Framework scores suggest that not all cases of common mental illness are diagnosed.

* In 2014 fifty-two people in Barking and Dagenham were diagnosed with psychosis, this is higher than the England average (we would expect 32)

* We estimate that up to 450 people with severe and enduring mental illness are missing out on the care and support that they need.

* One in three patients who attended A&E in a 2013 survey had a chronic mental illness – potentially a significant proportion of the pressures on the urgent care system.

* Access to psychological therapies improved to just under 14% (against the target of 15%) in 2014/15, with a recovery rate above the target of 50%.

* In 2014/15, the Borough achieved a dementia diagnosis rate of just under 64%, exceeding our local target and will hit the national target of 67% in 2015/16. This will be approximately 1,024 people out of a predicted 1,600.

* Between 2008 and 2012, 47 men and 6 women are estimated to have committed suicide in LBBD

> ### Are we getting it right for Farida?
>
> **Farida's husband notices that she is becoming increasingly forgetful. She is finally seen by her GP who suggests it is 'normal ageing'. Over the next year, Farida becomes even more forgetful and shows some aggressive behaviour. Her husband takes her back to the GP who believes she may have a cognitive impairment and refers her to the Memory Assessment Service. She is diagnosed with Alzheimer's disease and commences anti-dementia medication. She is referred to a cognitive stimulation therapy group. Her husband now receives regular support from the Admiral Nursing service.**

More information on this data is contained in

the Mental Health Needs Assessment which is in the process of being finalised.

Services

A flavour of the services which form part of the current service map, from perinatal support, children's services and provision for adults.

Perinatal	**Perinatal Mental Health Service**
Young people	**Interact (children's home treatment)** ✱ **Brookside children's inpatient (out of borough)** ✱ **The Listening Zone (children's counselling)** ✱ **Child & Adolescent Mental Health Services** ✱ **Primary Mental Health Team (children tiers 1/2)** ✱ **Individual school counselling services** ✱ **Early Intervention In Psychosis Service** ✱ **Eating Disorders Service**
General prevention	**Mental Health First Aid** ✱ **Big White Wall**
Community and first-point-of-access services for adults of working age and older adults	**Primary care (GP) services** ✱ **Richmond Fellowship** ✱ **Improving Access to Psychological Therapies** ✱ **Mental Health social workers in Integrated Care clusters**
Secondary services for adults of working age and older adults, including highly specialist	**Community Recovery Team** ✱ **Access and Assessment Service and Community Clinic** ✱ **IMPART (Personality Disorder service)** ✱ **Inpatient Services: Adult Acute Inpatients, Older Adults Acute Inpatients, Psychiatric Intensive Care, Low Secure, Rehabilitation and Learning Disability Assessment Unit** ✱ **Forensic Mental Health Service** ✱ **Home Treatment Team** ✱ **Hospital Liaison Service (based at Queens and KGH)** ✱ **Supported accommodation both contracted and spot purchase)** ✱ **Spot purchase residential care** ✱ **Older Adults Mental Health Team** ✱ **Admiral Nursing (via OAMHT)** ✱ **Memory Assessment Service**

What are we currently doing to develop services fit for the future?

An overview of strands of work we need to bring together into a coherent vision for the future of mental health services in Barking & Dagenham.

The Mental Health Needs Assessment

The Mental Health Needs Assessment (MHNA) was carried out to better understand the picture of mental health need in Barking and Dagenham, particularly the prevalence of mental illness and patterns of future need. A number of stakeholders, including service users and carers, were consulted with and the final MHNA is being presented to the Health and Wellbeing Board in July 2015. The MHNA makes 25 recommendations for improving mental health services in the Borough, including improving employment and volunteering opportunities, a renewed emphasis on prevention and ensuring that individuals receive care that is personalised, flexible and holistic. The Mental Health sub-group will now work to turn the recommendations from the MHNA into a Mental Health Strategy and Delivery Plan and the recommendations will link into the visioning work that will take place over the Summer.

The Crisis Care Concordat

In February 2014 a national agreement was created to improve the response to people in acute mental health crisis, the Crisis Care Concordat. The concordat focuses on four areas: access to support before crisis point, urgent and emergency access to crisis care, quality of treatment and care when in crisis, and recovery and staying well. Partners have signed up to the mental health crisis care concordat and Barking and Dagenham CCG, in conjunction with the Mental Health sub-group, have developed a local action plan to show how we will make changes to support the improvement of crisis care in the Borough. The action plan will be presented to the Health and Wellbeing Board in July 2015. Our developing Mental Health Strategy and Delivery Plan will need to ensure that it links to the actions in the Crisis Care Concordat.

This is alongside a wider set of commissioning intentions established by the Clinical Commissioning Group, including a planned £924k spend on IAPT and other early intervention services to meet national and London targets.

The Section 75 for Integrated Mental Health Services

A Section 75 arrangement between the Council and the North East London Foundation Trust (NELFT) exists for the integrated provision of mental health services within Barking and Dagenham. A Section 75 Executive Steering Group is established with senior officer representation from both organisations to monitor arrangements relating to the agreement. This group has close links to the Mental Health sub-group of the Health and Wellbeing Board. Following discussions over the Summer about the future vision and model of mental health services, commissioners will need to establish how the Section 75 arrangement will be shaped and taken forward.

The Better Care Fund scheme on 'mental health support outside of hospital'

One of the Better Care Fund schemes focuses on 'mental health support outside of hospital'. The overarching aim of the scheme is to improve support to people with mental health needs ensuring that they have the support they need at the right time and place. There are two distinct strands of work within the scheme, one is focusing on ensuring that additional mental health social work support is available and accessible and the second is on employment, training and recovery support for people with mental health problems. As above, the work of this scheme, as well as the other BCF schemes focusing on elements of mental health (dementia, support for family carers, new model of intermediate care, and prevention) will need to form part of our thinking on future service models.

A framework for the future of mental health service development

The Mental Health Subgroup of the Health & Wellbeing Board met on 2 June to consider the many actions that had arisen from the Mental Health Needs Assessment, the Crisis Care Concordat and the Better Care Fund. It was agreed that a clearer 'strategy map' was needed to shape this work and pull it into thematic groups. A small group was delegated to undertake this work.

The diagram, right, is the current product of this work, and seeks to describe the priorities for a reformed mental health system for Barking & Dagenham. It is expressed in 'outcomes' language, in order to preserve a focus on the service user.

This remains a discussion document, and through the work proposed for the summer, further contributions and amendments are expected and, indeed, welcomed from across the Partnership.

ADDRESSING THE PHYSICAL HEALTH INEQUALITIES OF THOSE WITH MENTAL HEALTH PROBLEMS

I want my drug/alcohol and mental health problems addressed together – seamlessly

16

15

I want my physical health needs addressed alongside my mental health needs

1

I want to be able to get support from my peers

2

FITTING WITH OUR CARE ACT PREVENTION APPROACH: "ME, YOU, US"

I want support to get a job, training or to volunteer

3

I want access to good self help and awareness-raising on mental health

As someone with a mental health problem, I want a safe, supportive home

14

As a young person with mental health problems, I want good support to move into adulthood

13

I WANT PERSONALISED AND FLEXIBLE CARE, BASED AROUND MY NEEDS NOT MY MENTAL ILLNESS

HOLISTIC

PREVENTIVE

RESPONSIVE

ACCESSIBLE

I WANT TO BE HELPED TO LOOK AFTER MY MENTAL HEALTH, STAY WELL, AND RECOVER WELL

4

I want to be supported to manage the situations that can trigger my relapse

5

I want good quality information and advice, widely available

I want good quality treatment and care when in crisis

12

I WANT TO GET THE HELP I NEED IN TIMES OF CRISIS

I WANT TO KNOW HOW TO ACCESS HELP WHEN I NEED IT

6

I want the stigma of mental illness to be challenged and reduced

7

DELIVERING AGAINST THE CRISIS CARE CONCORDAT

I want good access to support before crisis point, and to have made good plans to keep me well

11

I want urgent and emergency access to crisis care

10

I want earlier and more responsive crisis services

9

I want better access to primary care and more proactive identification of mental illness by GPs

8

I want better access to psychological therapies

DELIVERING OUR INFORMATION & ADVICE DUTIES UNDER CARE ACT

8