DIRECTOR OF PUBLIC HEALTH
REPORT FOR WAKEFIELD 2017

BETTER MENTAL HEALTH FOR ALL

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working for you

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CONTENTS

For further information please contact the public health team. We welcome feedback about our annual report or any of our other documents.

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This report is available online at **www.wakefield.gov.uk/mentalhealth**

WAKEFIELD MENTAL HEALTH REPORT 2017

" **My annual report for 2017 looks at the topic of mental health. All of us will be affected by mental health issues at some point during our lives, if not directly then by knowing a family member, friend or colleague who is experiencing difficulties.** *"*

Whilst providing good treatment and care for those with mental illness is vital, it is just as important that we take steps to promote positive mental health (mental wellbeing). This report looks at how we can do this better in Wakefield District from a child's earliest years through to older age. There are things we can do to reduce the risk factors which can lead to mental illness. We can also do things to build mental strength or resilience so when life's challenges come along we are better able to cope.

We also know that not everyone is affected equally. The inequalities we see in physical health in the district are also seen in mental health. The context in which people live their lives will have a big influence on their mental wellbeing. We need to be aware of these factors and do what we can to improve them, for example enabling access to parks and other green spaces where people can relax and recharge their mental batteries.

In this report I also present the facts and figures on health in the district, including mental health, and how we compare with elsewhere. I give an update on my recommendations from last year's report and give new recommendations in relation to mental health.

If you are looking for one change to make I would recommend following the Five Ways to Wellbeing:

- Connect - feeling close to, and valued by, other people

- Be active - physical activity is associated with lower rates of depression and anxiety

- Take notice - being aware of what is taking place in the present will enhance your wellbeing

- Learn - continued learning through life enhances self-esteem

- Give - a greater interest in helping others makes you happier

I'm focussing on learning and each month try and do something new that I've never done before.

What will you do?

Dr Andrew Furber
Director of Public Health

"I strongly believe that our mental health is just as important as our physical health as it influences our ability to lead a fulfilling life and impacts on our ability to learn, to work and pursue leisure interests. Two-thirds of adults say that they have experienced mental ill-health at some point in their lives. Fortunately we can all take action, as family members and friends, as active members of local communities, or as individuals working in the public, community, voluntary or private sectors. This can ensure that help is provided and support is accessed at the earliest possible opportunity.

We all have a part to play."

Merran McRae
Chief Executive, Wakefield Council

WHY?

Why is mental health and wellbeing so important?

Our mental wellbeing is just as important as our physical health. It is an integral part of our ability to lead a fulfilling life. It influences our ability to form good relationships, to learn, to work and pursue leisure interests, and to make day-to-day decisions and choices.

Over a year 25% of people will experience symptoms of mental illness and 30% will suffer from stress at some point, so these issues are common. But mental health should not be seen as a single spectrum, or simply being in good or bad mental health. Mental wellbeing is an important and distinct concept as it describes physical and mental stability. It covers the ability of individuals to realise their potential and cope with the normal stresses of life.

This can be shown using the Mental Health Continuum below where people showing how people can move among states of mental well-being regardless of mental illness. This model emphasises that mental health is not simply the absence of mental illness. People diagnosed with a mental illness can still live with good mental well-being. Those without a diagnosed mental illness can show low levels of mental well-being.

This report looks at factors that influence mental wellbeing as well as mental illness, ways to prevent problems arising or worsening, and support to achieve good mental wellbeing and recovery from illness.
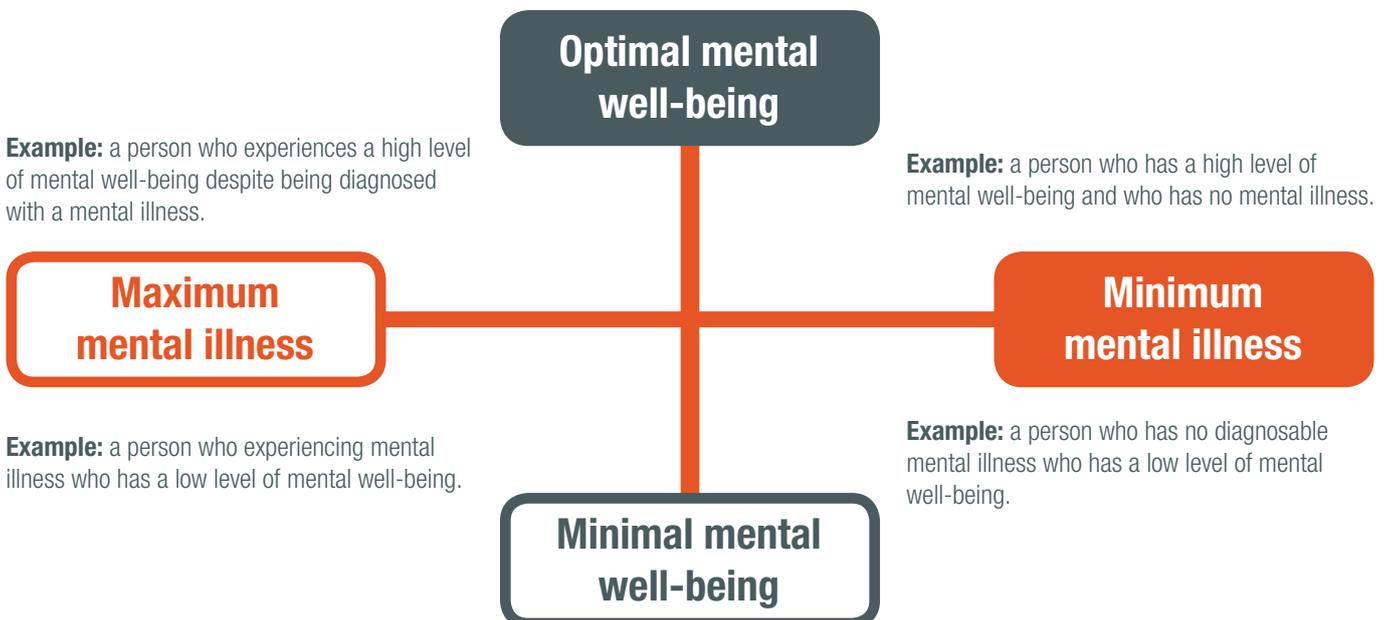
What do we mean by mental health and wellbeing?

Mental health problems range from the worries about everyday life through to serious long-term conditions.

The most common mental health symptoms are depression, anxiety or panic. These are severe forms of 'normal' emotional experiences that affect our ability to get on with our daily lives.

National surveys have found that 1 in 6 people in the past week will have experienced a common mental health problem such as anxiety or depression. Recent research has shown that two-thirds of adults say that they have experienced mental ill-health at some point in their lives.

There are also more severe forms of mental illness such as bipolar disorder (characterised by periods of depression and hyperactivity) and schizophrenia (characterised by withdrawal and often hallucinations). Between one and two people in every 100 experience these forms of mental illness.

Optimal mental well-being

Example: a person who experiences a high level of mental well-being despite being diagnosed with a mental illness.

Example: a person who has a high level of mental well-being and who has no mental illness.

Maximum mental illness

Minimum mental illness

Example: a person who experiencing mental illness who has a low level of mental well-being.

Example: a person who has no diagnosable mental illness who has a low level of mental well-being.

Minimal mental well-being

Source: Together to live

ONE
IN EVERY
TEN

WAKEFIELD ADULTS
DIAGNOSED WITH
D E P R E S S I O N

Types of mental health problems

Anger

Anxiety and panic attacks

Bipolar disorder

Body dysmorphic disorder (BDD)

Borderline personality disorder (BPD)

Depression

Dissociative disorders

Drugs - recreational drugs & alcohol

Eating problems

Hearing voices

Hypomania and mania

Loneliness

Obsessive-compulsive disorder (OCD)

Panic attacks

Paranoia

Personality disorders

Phobias

Postnatal depression

Post-traumatic stress disorder (PTSD)

Psychosis

Schizoaffective disorder

Schizophrenia

Seasonal affective disorder (SAD)

Self-esteem

Self-harm

Sleep problems

Stress

Suicidal feelings

Tardive dyskinesia

Definitions of key mental health problems

Anxiety and panic attacks occur due to feelings of unease, worry and fear. They include both emotions and physical sensations. Although it is unpleasant, anxiety is related to the 'fight or flight' response - a normal biological reaction to feeling threatened.

Depression is a low mood that lasts for a long time, and affects everyday life. In its mildest form depression can mean being in low spirits, at its most severe it can be life-threatening as it can make people feel suicidal or simply give up the will to live.

MIND - **https://www.mind.org.uk/information-support/types-of-mental-health-problems/**

What does poor mental health and poor wellbeing feel like?

There are a wide range of experiences that people with symptoms of mental illness describe. Depending on the type of mental health issue, people talk about feeling low and easily upset; frightened and worried; always tired and lethargic; losing control; having negative, cruel or abusive thoughts; or feeling crushed, worthless and suicidal.

In the words of a young woman living in Wakefield district.

> I was anxious and depressed and angry. It was a weird kind of anger though, I wasn't hitting anyone or anything; it was like I'd scream if someone was chewing or people were annoying me, things like that.

What are the risk factors of poor mental health?

The risks of poor mental health and wellbeing are many and can start before birth (e.g. due to substance misuse during pregnancy) and continue in early life (e.g. due to exposure to family violence in childhood). These factors can influence a person's mental health years later. Risk factors may continue throughout adulthood (e.g. exposure to crime, job insecurity or through social isolation).

There are risks that are part of the wider environment we live in. They include poor educational outcomes, a lack of access to good employment opportunities, living in areas of high noise and pollution levels, and lack of access to green and peaceful spaces.

What are the protective factors that help us achieve good wellbeing?

There are many factors that can protect us from poor mental wellbeing, many of which are the inverse of the risk factors. For example, unemployment is a well-established risk factor for poor mental health whereas returning to or finding good work is a protective factor.

Support for women during pregnancy, supportive parenting, and a positive learning environment at home and school build resilience in young people and support good wellbeing. Maintaining a healthy diet, taking regular physical exercise, not smoking, and drinking alcohol within recommended guidelines are also protective factors.

Unfortunately there are certain groups in society who are more likely to experience mental health issues, for example those who have experienced poverty and adverse childhood experiences, the lesbian, gay, bi-sexual and transgender (LGBT) community, prisoners, those with long term health problems and learning disabilities, new mothers and the unemployed.

Factors that may threaten or protect mental health

Level	Adverse factors		Protective factors
Individual attributes	Low self-esteem	↔	Self-esteem, confidence
	Cognitive/e motional immaturity	↔	Ability to solve problems and manage stress or adversity
	Difficulties in communicating	↔	Communication skills
	Medical illness, substance use	↔	Physical health, fitness
Social circumstances	Loneliness, bereavement	↔	Social support of family & friends
	Neglect, family conflict	↔	Good parenting / family interaction
	Exposure to violence/abuse	↔	Physical security and safety
	Low income and poverty	↔	Economic security
	Difficulties or failure at school	↔	Scholastic achievement
	Work stress, unemployment	↔	Satisfaction and success at work
Environmental factors	Poor access to basic services	↔	Equality of access to basic services
	Injustice and discrimination	↔	Social justice, tolerance, integration
	Social and gender inequalities	↔	Social and gender equality
	Exposure to war or disaster	↔	Physical security and safety

Source: WHO 2012 www.who.int/mental_health/mhgap/risks_to_mental_health_EN_27_08_12.pdf

Supporting good mental health

Most people who experience mental health problems recover or learn to live with them. Prevention measures and help at the earliest possible opportunity are important to access appropriate support, to stop symptoms worsening or spiralling into crisis.

Support can come in many forms including:

- Improving the environment that people live in
- Support from friends and family
- Help from within the local community and voluntary sector organisations
- Good employment practice
- Discussion and assessment in primary care, and
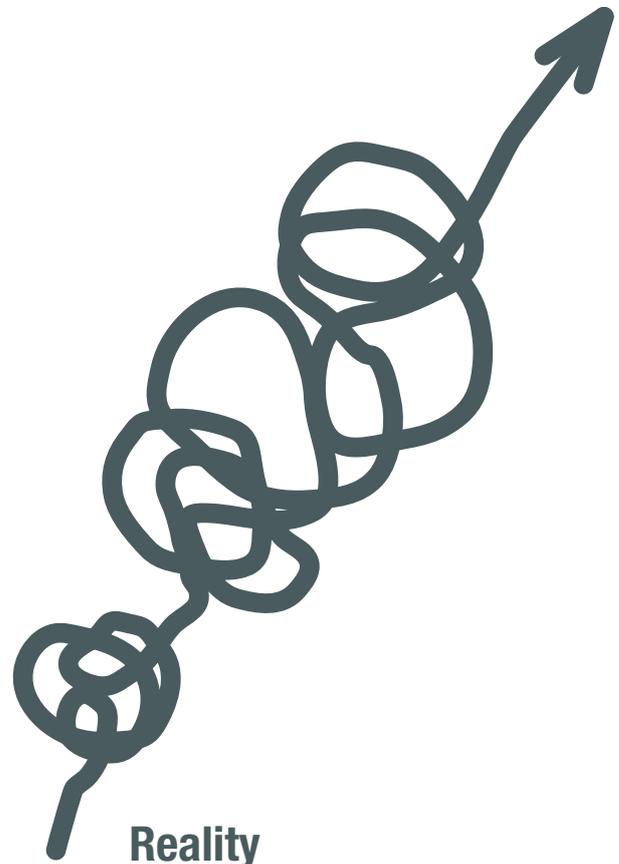- Treatment and support from community and hospital mental health services

A mental health diagnosis doesn't always require long term treatment. Sometimes mental health problems affect people temporarily and need some short term treatment (for example to support grief after bereavement).

What does recovery feel like?

Sadly people often feel too ashamed or too helpless to seek support. There is still a real and perceived stigma surrounding mental health problems. Fortunately most people who receive treatment and support see an improvement in their symptoms and quality of life. They describe recovery as happening in stages; of being able to go about their daily lives again; taking back some control; and being able to plan meaningfully for the future.

Recovery however doesn't happen gradually over time. It is usually more complex and part of a journey including up and downs, a periods of routine and potential crisis along the way.

RECOVERY

Expectations

Reality

DAZ'S STORY

"I was about 28 years old when I realised that I had a problem with mental health, at first I didn't believe it, but then I felt as though my life was over, empty, there was nothing left to live for.

My mental health problem means that, my life was never going to be the same unless I made the appropriate changes.

The hardest thing about having a mental health problem is, making people, including yourself, understand what is going on and how it affects you.

Getting support or treatment has meant that I do not have to live in a 'mental health bubble', I can do things that I used to do, and in some respects more. I now have a purpose again.

I would like people to know that the Self-Management Service (now The Live Well Wakefield Service) gave me the power to take control of my life again, I could find out where I was on my own personal 'path', and decide where I would go next."

Daz has been supported by Wakefield's Live Well service
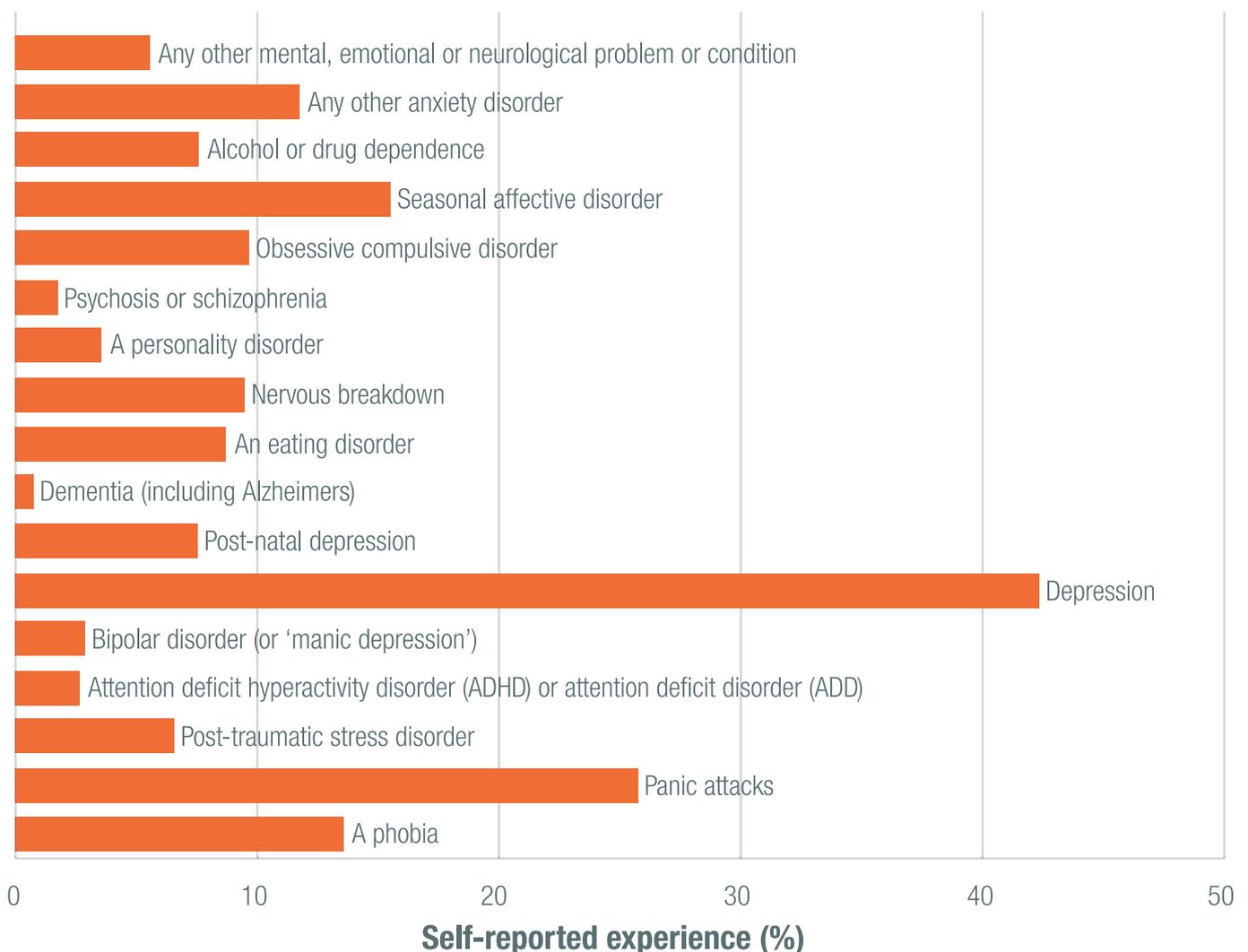
The challenge

In Wakefield District 20% of children live in relative poverty, over 200 children are admitted to hospital each year due to self-harm and 10% of children are estimated to have a mental health disorder. One in seven adults are recorded as having depression or anxiety, 6% have a long term mental health problem and there are 25-30 suicides per year in the District. Only a third of adult carers (many of whom are over 65) report that they receive enough social support and many older people live alone with very limited social contact.

The estimated cost of Mental Health in England is £105 billion per year. This includes health and social care costs; economic output losses from the adverse effects of mental health problems; and the personal human cost of mental health problems (the negative impact on quality of life).

In 2017 the Mental Health Foundation asked over 2,000 adults in Britain about their mental health (results below). The survey found that nearly two-thirds of people (65%) said that they have experienced a mental health problem during their life. The most commonly reported problems were depression and panic attacks.

So the challenge is great. Fortunately there is a role for all to support positive mental wellbeing - for individual members of the public, for people active in the community and for those working in the public, community, voluntary or private sectors. Collective action is needed to tackle the remaining stigma associated with poor mental health, to lessen mental health risk factors and to ensure good access to available support and treatment.

Most commonly reported mental health problems

Any other mental, emotional or neurological problem or condition
Any other anxiety disorder
Alcohol or drug dependence
Seasonal affective disorder
Obsessive compulsive disorder
Psychosis or schizophrenia
A personality disorder
Nervous breakdown
An eating disorder
Dementia (including Alzheimers)
Post-natal depression
Depression
Bipolar disorder (or 'manic depression')
Attention deficit hyperactivity disorder (ADHD) or attention deficit disorder (ADD)
Post-traumatic stress disorder
Panic attacks
A phobia

Self-reported experience (%)

0   10   20   30   40   50

Source - Mental Health Foundation 2017.

eleven

Stigma and discrimination

People with mental health problems say that the social stigma attached to mental ill health and the discrimination they experience can make their difficulties worse and make it harder to recover.

Society in general has stereotyped views about mental illness and how it affects people. Many people believe that people with mental ill health are violent and dangerous, when in fact they are more at risk of being attacked or harming themselves than harming others.

Research shows that the best way to challenge these stereotypes is through first-hand contact with people with experience of mental health problems. A number of national and local campaigns are trying to change public attitudes to mental illness. These include the national Time to Change campaign.

The Equality Act 2010 makes it illegal to discriminate directly or indirectly against people with mental health problems in public services and functions, access to premises, work, education, associations and transport.
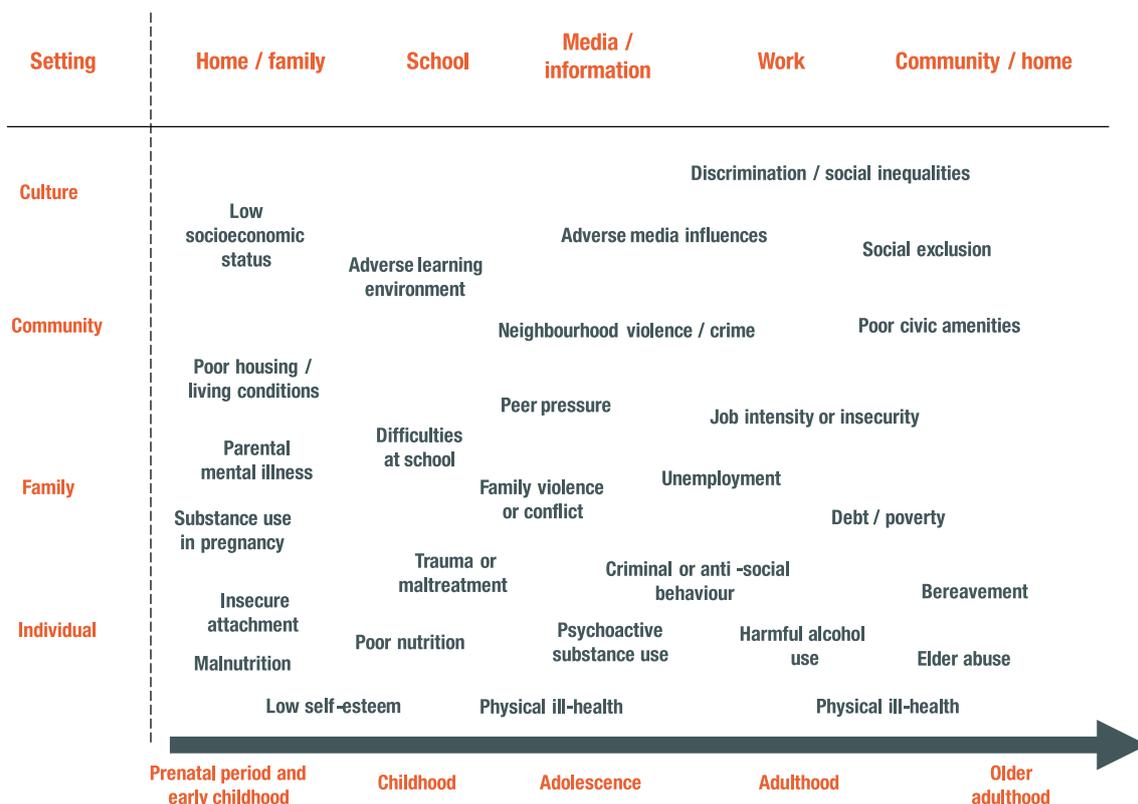
Overview of risks to mental health over the life course

There are many opportunities and settings from which to address this challenge. Homes, schools, communities, workplaces and public services all have an important part to play (see the life course approach to mental health in the diagram below). We need to embed the actions and interventions that improve the District's wellbeing into our lives and professional practice so that we can:

- Work to reduce the root causes of poor mental health and wellbeing
- Aspire to improve the populations wellbeing (those with and those without a diagnosed mental health condition)
- Reduce mental health stigma
- Maximise access to high quality mental health support services
- Move towards achieving 'parity of esteem' - an equal footing for mental and physical health in our services.

I will explore how to do this in the following chapters of this report where I set out the challenges ahead for Wakefield District. I draw attention to examples where local services and communities are working together to improve mental wellbeing. Most importantly I will outline the things we can all do (as individuals, as professionals, as members of communities) to improve the district's mental wellbeing across the life course.

Life course approach to mental health

Source: WHO 2012

LOCAL RISK FACTORS

7,400
VIOLENT
CRIMES

J⌕B **840**
ADULTS IN LONG-TERM
UNEMPLOYMENT

PROTECTIVE RISK FACTORS

71%
EMPLOYED

16.6%
USING OUTDOOR SPACE
FOR EXERCISE OR HEALTH REASONS

Environment

ENVIRONMENT
How does our environment impact on our mental health?

2

How you feel is profoundly affected by concerns about money, being in a job you don't enjoy or living in a place where you don't feel comfortable. The context in which we live is fundamental to our mental wellbeing. Sometimes we can fix these things ourselves, but often it will require action from communities and organisations.

There are lots of good examples in Wakefield district of improving the local environment to become more supportive of better mental health. However there is still more to do, of which helping people get a good job is the most important.

Dr Andrew Furber, Director of Public Health

Poverty and social deprivation

Although poor mental health affects all sections of society, people with mental health problems are more likely to live in relative poverty in the UK and are more likely to have experienced poverty in childhood.
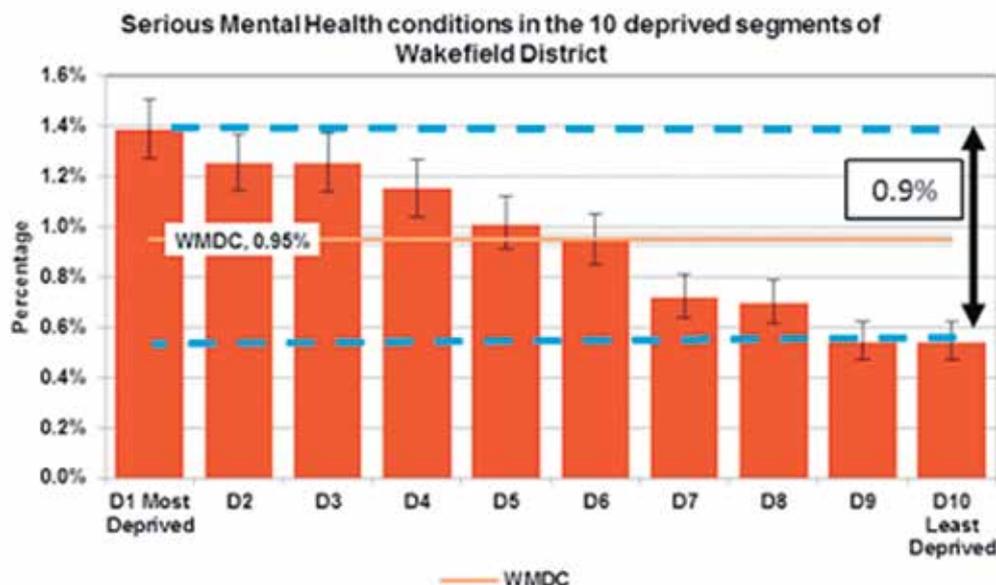
An absolute definition of poverty in financial terms is not helpful as poverty is relative to the place and the time that you live in. The UK Government defines a relative poverty threshold of 60% of median income: those falling below seen to be 'in poverty'. As well as poorer mental health and wellbeing those living in poverty are also more likely to have lower social or educational status, and are more likely to live in crowded or poor accommodation.

There is a strong social gradient with those living in the most deprived neighbourhoods experiencing the worst mental health and the most discrimination. This is due to both the pressures of social factors and because of a drift of those with mental health problems into poverty (e.g. due to poorer employment opportunities).

An economic recession can increase poverty as good employment opportunities fall and political choices lead to potentially damaging changes to benefits systems. Reported impacts of previous recessions suggest a concurrent increase in depression and suicides, increased alcohol and drug dependency and a detrimental effect on children's wellbeing.

It is clear, therefore, that strong collaboration is required to reduce the level of relative poverty and its impact on mental health. Further factors that support good population wellbeing are outlined in the following chapters, including access to good education, employment, housing transport and green space; stronger and more cohesive communities; healthier personal choices and high quality mental health services.

The emergency admissions rate for mental health problems changes between 2006 and 2013 but the gap between the most and least deprived areas remains.

Serious Mental Health conditions in the 10 deprived segments of Wakefield District

Strengthening communities

Social capital is important for communities and for mental health as it describes the level of 'bonding' between people in different social groups. Social capital can help communities be more resilient to change, and to collectively find solutions to problems.

To support community and individual resilience and wellbeing a network of 'Community Anchors' organisations in Wakefield District is currently being developed. Community Anchors are independent multi-purpose organisations, based in geographically defined neighbourhoods that are used by the whole community. They provide a place for local people to access social and economic opportunities, and for local voices to be heard and used to champion local initiatives.

Find out where your nearest Community anchor is:

www.wakefield.gov.uk/residents/health-care-and-advice/adults-and-older-people-services/community-anchors

The need to build resilience within communities is a cross cutting theme for local and national policy. Wakefield's Connecting Care programme recognises this and that investing in communities, where people live, work and play is vital to achieving good wellbeing. The programme has identified volunteering and social action, and is supporting voluntary and community sector action to develop informal networks.

This approach seeks to widen the traditional medical and social care models and influence the wider social determinants that prevent poor health and wellbeing from occurring. Protecting green space, delivering employment programmes and working with local community partners such as schools are key ways to achieve this. Locally these community assets have been mapped to inform local policies.

Community assets that are linked to the Five Ways to Wellbeing have been mapped across Wakefield District to highlight assets that support a Healthy Wakefield District and that promote mental wellbeing.

⚓ Community anchors

Mental health and employment at work

There are various benefits to employers of supporting the wellbeing and mental health of their workforce. These include reduced sickness/absenteeism and improved productivity, performance and collaboration. 'Good work', characterised by fair treatment, autonomy and security, has a positive influence on mental wellbeing

Unfortunately those with mental health problems are more likely to have a low social status and less likely to be in employment (only 10-20% of people with severe mental health problems are in paid employment).

Good work can be promoted through improvements to terms and conditions of employment and by actively supporting mental wellbeing in the workplace (recognising that people's mood and wellbeing will vary over time).

Employers can support workplace programmes to reduce any stigma around mental health issues. It is also important that managers and staff have the space and skills to spot signs of stress, anxiety and depression in colleagues, the confidence to address and talk about these issues and to offer basic support and sign-posting.

Wakefield Workplace Health and Wellbeing Charter

Since April 2016 local organisations have been able to sign up to the Wakefield Workplace Health and Wellbeing Charter. The charter aims to do two things. Firstly it sets out a vision for the creation of healthy and productive workplaces throughout Wakefield District. Secondly it recognises employers who are working towards a sustainable culture of health and wellbeing in their staff and organisation.

To date (August 2017) 24 organisations from the public, private and voluntary sector have expressed an interest in the charter, 17 have formally registered and seven have been awarded the charter mark.

Organisations that sign up to the Charter develop an action plan which identifies the main health issues in their workplace and how they are going to address them. All employers who have signed the charter to date have identified mental wellbeing as a key issue, with the following examples of workplace promotion of positive wellbeing:

- Inviting Talking Therapies to run sessions on how to manage stress and anxiety

- Raising awareness of how to spot signs of poor mental health in themselves and colleagues and where to go for support

- Self-help/coping techniques

- Offering Mental Health First Aid courses

- Creating a 'Chillax' Room - relaxing activities e.g. colouring books, arts activities

- Staff retreats

- Work place wellbeing charter

Financial worries and debt

Poor mental health can make managing money more difficult. Worrying about money or debt can lead to stress and anxiety that itself worsens mental health conditions. Those with certain mental health conditions such as bi-polar disorder may also make impulsive financial decisions that can have adverse longer terms consequences. Those suffering with depression may lose the motivation to manage money effectively which in turn affects relationships and family wellbeing.

Support for debt and financial worries can come from a number of sources ranging from talking through issues with a trusted friend, to specialist mental health support from service such as Wakefield Talking Therapies to help understand personal behaviours, to specialist financial advice about managing debt.

Seek free advice:

Wakefield Citizens Advice (**03444 111 444**)
http://wakefielddistrictcab.co.uk/contact-us/

Wakefield Council Homeowner Support Team - advice on loan schemes and repossession for owner occupiers
mortgagehelp@wakefield.gov.uk 01924 305892

Wakefield Council Housing Advice Team
- advice on rent arrears, homelessness and repossession for any local tenant
01924 305735 / 01924 302085
or **housingadvice@wakefield.gov.uk**

The Money Advice Service
www.moneyadviceservice.org.uk/en/tools/debt-advice-locator

National Debtline
www.nationaldebtline.org/

Step change debt charity
www.stepchange.org/Contactus/Requestacallback.aspx

Housing

Housing

Poor quality accommodation (cold, damp, dirty, in poor repair) impacts on both physical and mental health. This can be further compounded by financial insecurity relating to problems with managing local rent, benefits and insecurity around tenancy agreements. Those that experience these factors are more likely to suffer stress, anxiety and depression.

Also being homeless or at risk of homelessness puts additional strain on individuals. Mental health problems are twice as common in homeless people as the general population.

Conversely, the presence of safe, warm and secure housing and accommodation is fundamental to wellbeing. It has various benefits for mental wellbeing including supporting child development and their learning environments, preventing those with mental health problems escalating into crisis and promoting their recovery.

The Navigators continue to support WDH tenants across the Wakefield district, during the year 2016/17 the Mental Health Navigators supported 164 people with 97% reporting positive outcomes.

Green spaces

Rather than just being 'nice to have' accessible greenspace (particularly in urban areas) is associated with a wide range of physical and mental health benefits. These are particularly important for groups who are more dependent on their local environment, e.g. young people, the elderly and stay at home parents.

The evidence suggests that to maximise the physical and mental health benefits of greenspace they should be:

- Accessible via cycle paths and local parks
- Walkable and connected to residential areas and other facilities
- Plentiful and of sufficient size to promote physical activity
- Preferably multi-purpose
- Attractive, safe and of high quality

WAKEFIELD DISTRICT HOUSING

Wakefield District Housing (WDH) provides support for vulnerable people including those with mental health problems and the homeless.

WDH employs three Mental Health Navigators in partnership with the Wakefield Clinical Commissioning Group and South West Yorkshire Partnership NHS Foundation Trust. The Navigators support people living in WDH properties who are experiencing mental health and housing issues.

The navigators have a focus on early intervention. Their role is to provide clinical assessment, support and signposting to secondary mental health and voluntary services.

They work in partnership with colleagues in housing and health services to identify early signs of mental health illness and to help sustain tenancies.

By providing support and referrals to relevant services at an early stage, WDH navigators have:

- Reduced the number of tenants losing their homes as a result of their mental health
- Supported tenants back into training or employment
- Reduced tenant debt
- Supported prevention of mental health issues escalating into secondary mental health services.

YOUNG
Improving the mental health and wellbeing of children and young people

3

"

Improving people's health in Wakefield needs to start with helping young people get the best start possible. Too often they are the victim of problems in society. 50% of adult mental illness starts before the age of 15 and this is strongly linked to poverty and issues with their upbringing. We need to reduce child poverty, improve school readiness and make sure young people get jobs as a result of good education and appropriate training. As always prevention is better than cure but we need services in place to pick up problems early and prevent them from escalating. This chapter will articulate several initiatives that have been put in place by a wide range of partners to try and ensure that our young people get the best start we can possibly offer them. "

Dr Phil Earnshaw, NHS Wakefield Clinical Commissioning Group Chair and local GP

"

Children and young people today face many challenges and pressures, be it from their peers, social media or achieving at school. Modern society places many demands and expectations on children and young people which can increase the risk of mental health issues. Therefore, it is important through the different agencies, organisations and schools that we ensure that children and young people are helped to develop strategies and are given experiences and support to develop resilience to face successfully the many challenges that life throws at them. The result will be well rounded and healthy people who take their place successfully in and, contribute to society. "

Councillor David Jones, Deputy Portfolio Holder for Adults & Health and elected member for Pontefract South - Ward 13

2 OUT OF 10
CHILDREN LIVING IN POVERTY

2,192
CHILDREN IN NEED
DUE TO ABUSE, NEGLECT
OR FAMILY DYSFUNCTION

211
YOUNG PEOPLE
ADMITTED TO HOSPITAL
BECAUSE OF SELF-HARM

GET FIVE
OR MORE
A*-C
GCSEs

65%
CHILDREN ARE
SCHOOL READY

47.3
AVERAGE
WELLBEING SCORE
IN 15 YEAR OLDS

Early childhood

Many mental health problems originate in childhood. It is estimated that 50% of all mental illness in adults (other than dementia) starts before age 15, and 75% before the age of 18. Early identification and treatment for mental health problems can prevent many of these issues from escalating.

There is strong evidence of the link between poverty during childhood and later mental health problems. Children from the poorest households in the population are three times more likely to have a mental health problem than those growing up in the least deprived households.

There is also strong link between 'adverse childhood experience' (ACES) and wellbeing as an adult. A study of the Welsh population examined this by asking adults to report on the number of ACEs they had experienced, including:

- Child maltreatment (verbal, physical or sexual abuse)
- Domestic violence
- Alcohol or substance abuse in a parent
- Parental separation
- Parent serving a prison sentence
- Mental illness of a parent

Adults who had experienced four of more ACEs in combination were five times as likely to have poor mental wellbeing as people who had no ACEs. They were also more likely to have been involved in harmful behaviour as an adult (such as substance misuse or being involved in or perpetrating violence).

Work is therefore required to reduce the risks for adverse childhood experiences, so to invest in children's future mental health. The Director of Public Health report in 2015, 'The First 1,000 days', emphasised what a critical period the first three years of life is for brain development. During this period, babies and toddlers are learning the basis of social relationships and laying the foundations for future emotional resilience.

Services that support children and young people

The mental wellbeing of a mother during pregnancy and after a baby is born ('perinatal' mental health) can have an enormous influence on the future wellbeing of her child. The newly commissioned Health Visitor service in Wakefield District will provide support for all new parents, in addition to specialist support for those with particular difficulties.

In Wakefield we are developing an Early Years strategy which will bring together nurseries and schools, health visitors and early years specialists to provide the best support for families. An important message for these services is that for parents of new babies in Wakefield 'it's OK not to be OK', and to seek help.

Future in Mind

Future in Mind is a national strategy to promote, protect and improve children and young people's mental health and wellbeing, and increase their emotional resilience.

This requires a collaborative approach across a wide range of partners including the NHS, Local Authority services, Schools and Education providers and voluntary and community organisations.

A particularly important setting for identifying mental health problems is schools. An average classroom in the UK with 30 pupils is likely to have three pupils with mental health problems.

Schools and colleges are therefore ideal settings to identify children and young people with poor wellbeing and mental health problems, and to build their resilience.

Wakefield's Future in Mind programme includes various measures that provide support as early as possible when a problem is arising, including:

- Primary, Secondary and Specialist schools working with the Primary Practitioner team who support staff and provide face to face counselling across Wakefield.

- Community Navigators who are delivering Risk and Resilience training across the district to colleagues Primary and Secondary schools.

- Online counselling via the Kooth website, delivered to 1,500 children and young people locally to date.

- A peer mentoring programme delivered by Wakefield Samaritans to give an extra level of support to students to develop their active listening skills, to encourage someone to talk about how they are feeling and how to get help.

- Home-Start Wakefield, a peer support programme around peri-natal mental health, to raise awareness and reduce mental health stigma and social isolation.

- Wakefield third sector framework to allow third sector organisations to access opportunities through the Future in Mind programme.

Wakefield Child and Adolescent Mental Health Service

Future in Mind and other prevention initiatives put protective factors in place to reduce the risk of children developing mental health problems. Wakefield Child and Adolescent Mental Health Service (CAMHS) supports children assessed as having developed moderate to severe mental health problems.

These include therapeutic, psychiatric and psychological services covering self-harm and suicidal ideation, depression and anxiety disorders, and a variety of other complex and potentially longer term disorders. Support for families, carers and other professionals involved with the children and young people is also provided.

The service overall aim is to enable children and young people to reach their full potential and improve their overall well-being by promoting positive mental health.

DOLLY PARTON'S IMAGINATION LIBRARY

Dolly Parton's Imagination Library was launched in 2017 in Airedale and Ferry Fryston. This national scheme works in partnership with Penguin publishers, and delivers a book every month directly to children's homes, for families to enjoy together, right up until the child is five and starts school.

The scheme is open to babies born after September 2016, and 200 babies will benefit each year. Babies have been receiving their first books in June and July this year. If the scheme is successful it will be rolled out to other wards in the District

Evidence shows that book gifting schemes such as this can have a positive impact on early literacy and language skills, and on school readiness for when children reach reception.

Sharing books, stories and rhymes, from long before children can talk, is a bonding experience for parents and children that improves their wellbeing and early relationships. By providing books right from birth, the Imagination Library will encourage parents and children to do just that.

JENNY'S STORY

Kooth Online Counselling

Jenny first registered with Kooth in April 2016 and spent the first month posting on the forums and writing in her journal. She initially spoke of friendship issues and reflected on her developing self-harm. Jenny was 12 years old at the time of registration; she presented with heightened anxiety and often spoke of feeling overwhelmed and suicidal. Jenny didn't have any support in place when she first accessed Kooth chats. Jenny explained that she had felt unhappy for the past two years since she was bullied, she said she was always an over thinker and had issue with her weight and body image.

Jenny first accessed Kooth online. She received a welcome message along with information explaining how the different Kooth service's run and how she can get the best use out of them. The online counsellor completed a risk assessment on Jenny's current safety.

Jenny made use of the messaging service along with the drop-in and booked chats. Online counsellors delivered therapeutic drop in sessions and were able to offer instant anonymous confidential space for her to vent her current issues and gain support. She was sent crisis helpline details and encouraged to use these when feeling unsafe. Jenny was often sent check-in messages the following day or a follow up session to continue to help to keep her safe.

Kooth started face to face key worker support at the beginning of November and had weekly sessions. During these sessions Kooth helped Jenny to engage further with Child and Adolescent Mental Health services (CAMHS) and her Psychiatrist. Kooth supported her with issues she felt she could not tell her other worker such as relationship abuse. She was offered signposting and a safety plan to help keep Jenny safe when she felt suicidal and explored issues around vulnerability when communicating with others.

Jenny is continually assessed for risk and has been able to have a space to speak about her issues. She has also had a place where she can express her feelings when alone and distressed that and has been heard and acknowledged in her messages to the team inbox. Jenny has had the space to be listened to and to gain advice, and to also access help through school and her GP in partnership with Kooth support.

Jenny seemed to gain support from having regular support chats on Kooth as she attended her booked chats for 20 weeks. She has been able to speak more to her Mum when worried, spend time with friends and be creative with art to manage her feelings instead of self-harm. Jenny seems overall more calm in herself and has recently been given anti-anxiety medication to support her also. Jenny has been supported in accessing partner services including CAMHS through involvement with Kooth

www.kooth.com

ADULTS

Improving the wellbeing and mental health of the adult population

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Recently Wakefield Council has started a campaign to raise awareness and understanding of the importance managing our own mental wellbeing. This campaign is based on the five ways to wellbeing - connect, be active, take notice, learn and give. These are a set of evidence based actions to improve personal wellbeing.

WELLBEING

Connect

There is strong evidence that feeling close to, and valued by, other people promotes personal wellbeing and acts as a buffer against mental illness for people of all ages.

Be active

Regular physical activity is associated with lower rates of depression and anxiety across all age groups. Exercise is essential for slowing age-related cognitive decline and for promoting wellbeing. Physical activity, either slow paced or intense, can be beneficial and has added benefits in encouraging social interactions .

Take notice

Studies have shown that being aware of what is taking place in the present can enhance your wellbeing. Savouring the moment can help to reaffirm your life priorities. Heightened awareness also enhances your self-understanding and allows you to make positive choices based on your own values and motivations.

Learn

Continued learning through life enhances self-esteem and encourages social interaction and a more active life. Anecdotal evidence suggests that the opportunity to engage in work or educational activities particularly helps to lift older people out of depression.

Give

Individuals who report a greater interest in helping others are more likely to rate themselves as happy. Research has shown that committing an act of kindness once a week over a six-week period is associated with an increase in wellbeing.

www.wakefield.gov.uk/mentalhealth

FIVE WAYS TO WELLBEING WAKEFIELD
CONNECT TAKE NOTICE BE ACTIVE GIVE KEEP LEARNING

LOCAL RISK FACTORS

PROTECTIVE RISK FACTORS

19.5% A D U L T S M O K E R S

73% F E L T H A P P Y YESTERDAY

2.2% EMPLOYEES HAD AT LEAST ONE DAY OFF SICK LAST WEEK

10% ADULTS IN CONTACT WITH MENTAL HEALTH SERVICES ARE EMPLOYED

2,306 ADULTS IN ALCOHOL AND DRUG RECOVERY

5 7 % PHYSICALLY A C T I V E

Behavioural determinants and mental health

Mental health can be influenced by a range of personal choices, which in turn are influenced by the circumstances in which we live. People may smoke cigarettes, drink alcohol, or take drugs to help get through difficult times. The feelings of relief are only temporary, however, and these choices can impact on both our physical and mental health, and lead to addiction. People who suffer from mental health problems are more likely to smoke, drink to excess and take illicit drugs.

Smoking

Smoking is the single biggest preventable cause of death and almost a fifth (19%) of adults in Wakefield district smoke. A third of all smokers have a mental health problem.

Many people who smoke tobacco do so to help them relax or cope with stress but the evidence tells us that smoking actually increases anxiety and quitting smoking helps relieve stress, anxiety and depression.

Although stopping smoking is one of the best things you can do to improve both your physical and mental health, quitting is not easy. The best way to stop smoking is through support from specialist services.

Free support to quit smoking
http://wakefield.yorkshiresmokefree.nhs.uk/clinics
0800 612 0011 (free from landline)
0330 660 1166 (free from mobiles)

Alcohol

Alcohol is an important part of our society and culture. Although most people drink sensibly there are many who drink to excess. There is no 'safe' level of drinking but people who regularly drink more than 14 units a week risk developing some cancers, stroke, heart and liver disease.

In Wakefield, a quarter of adults drink more than 14 units* per week (the recommended safe limit) and alcohol-related hospital admissions are higher than the national average.

Recent trends in alcohol consumption show that the highest rate of alcohol consumption is in the highest socio-economic class. But the highest level alcohol rated harm in terms of hospital admission and deaths is in the lowest socio economic group.

Alcohol consumption is linked to mental health as although alcohol can temporarily alleviate feelings of anxiety and depression, drinking to 'self-medicate' can make existing mental health problems worse.

"We need to re-orientate services to focus more effectively on prevention. As a society we need to tackle the discrimination and stigma associated with mental health problems, and manage mental health problems when they first emerge. There must be 'no wrong door' for people seeking support and the right combination of specialist support for people with co-occurring mental health and substance misuse problems. Moving forward we need to recognise that social inequalities such as poverty or poor education are risk factors for many common mental health problems and we need to tackle these root causes. This will involve engaging with a wide range of organisations working with local communities."

Lord Victor Adebowale CBE, Chief Executive of Turning Point

* 14 units of alcohol is 14 single measures of spirits or seven pints of average-strength (4%) lager or seven 175ml glasses of average-strength (12%) wine. The UK Chief Medical Officers' guidance on alcohol consumption can be found here: https://www.drinkaware.co.uk/alcohol-facts/alcoholic-drinks-units/alcohol-limits-unit-guidelines/

Drugs

Co-occurrence of mental health problems in people with drug problems is the norm rather than the exception. Therefore commissioners and providers of services have a joint responsibility to work collaboratively to meet the needs of people with these co-occurring conditions.

All forms of substance misuse causes harm. As with alcohol and tobacco, many people who use drugs also have mental health problems and those who are addicted to drugs are twice as likely to suffer from mood and anxiety disorders. Many people who access treatment for drug problems in Wakefield use opiates such as heroin although cannabis is the most widely used illegal drug. Problems also arise with patients who become dependent on prescription drugs which may, for example, be initially prescribed for pain relief.

Regular use and dependence of drugs including cannabis and new psychoactive substance (previously known as legal highs) cause a range of mental health problems including, paranoia, depression, anxiety, aggression, hallucinations, and psychotic illness such as schizophrenia.

Support from Wakefield Inspiring Recovery
(Turning Point drug and alcohol service)
0300 123 1912
http://wellbeing.turning-point.co.uk/wakefield/

Physical activity and weight

Excess weight and unhealthy eating patterns is associated with poor mental health outcomes at any age. Multicomponent weight management interventions can lead to improved mental health, increased self-esteem and reduced anxiety in relation to appearance.

There is growing evidence that exercise and physical activity has health benefits for people with mental health illness, including better health related quality of life, greater ability to perform day to day activities and elevated mood.

The benefits of physical activity are lifelong with even modest physical activity benefiting high risk (obese) children and adults. In older people, greater emphasis on exercise can increase quality of life through reduced mental health problems.

There are particular benefits in outdoor learning for school aged children, with regular outdoor education sessions promoting good social, academic, physical and psychological outcomes for children.

Locally there are some good examples of how increased socialisation, the arts and outdoor activity support not only healthier living but better mental health and wellbeing.

Support from Wakefield Council
Health Improvement Team
healthimprovement@wakefield.gov.uk
01924 307348

"Having a good mental health is important to everyone and there are certain key components that affect and influence our mental wellbeing. For an adult having a healthy lifestyle can support a person's mental wellbeing, and being able to balance work, personal life, diet and exercise.

One in four people will experience a mental health problem at some point in their life. This means that having services that support good mental health is essential."

Councillor Jessica Carrington, Elected Member Mental Health Champion for Wakefield District and elected member for Ackworth, North Elmsall and Upton"

WEIGHT MANAGEMENT ARTS IN MIND

Participants who find weight loss particularly hard as a result of poor mental health have an opportunity to attend a local art therapy group as part of their weight management support. The sessions include art, design and craft activities and give participants the opportunity to discuss healthy eating, lifestyle, diet, home life. The sessions aim to increase wellbeing though the 5-ways to wellbeing model. Participants say that they felt special to have been invited to the sessions and that it allowed them to engage in activities to 'go out of their house'.

APPLETREE ALLOTMENT AND COMMUNITY GARDEN

Allotment gardening can play a key role in promoting mental wellbeing and can be used as a preventative health measure. Research on allotment volunteers shows that there are significant improvements in self-esteem and mood even after a single allotment session. Regular gardeners have significantly better self-esteem, total mood disturbance and general health, experiencing less depression and fatigue and more vigour. Appletree allotment has been described as 'a fantastic, inspiring and uplifting green space where everyone is welcome'.

SOCIALICIOUS CAFE

Socialicious is a café based in Wakefield City Centre where service users from the alcohol and substance misuse service (Inspiring Recovery) work alongside other members of the community. This helps to reduce stigma associated with Drug, Alcohol or Mental Health problems, and improve recovery. Service users access a range of training opportunities and general retail experience.

Whilst working service users work towards a range of qualifications in Basic English and Maths, Customer Service, Food and Hygiene and a specific Social Enterprise qualification. They leave with a work experience reference.

Socialicious also hosts a number of groups such as a weekly Narcotics Anonymous group, an Alcohol Abstinence group, creative writing groups, mindfulness booster sessions and creative writing groups plus many more. They also offer a weekly Yoga class which is available for service users and members of the public.

SERVICE USER FEEDBACK

I first started by doing my English and Maths workbooks … I had no self-esteem, I didn't know how to communicate to people and was unsure of myself. Over the last few months I have met some good friends who are also in recovery like myself. The people that support me here, they have given me the courage to put me on this pathway …this journey

Making Every Contact Count (MECC)

Making Every Contact Count (MECC) is about empowering professionals in the public and community sector to inform and encourage others to make positive changes to their lifestyles.

By delivering consistent and simple messages about healthy lifestyles (with appropriate signposting to lifestyle services) anyone can embed MECC into their day-to-day activity. The approach gives people the confidence and skills to talk about health and wellbeing issues and to support people to make positive changes.

The Health Improvement Team in Wakefield Council deliver MECC training to a variety of staff teams in the Council and wider partners.

Simple things people can do to improve wellbeing using a MECC approach;

- Set a good example
- Talk about mental health
- Smile
- Be polite and respectful
- Listen
- Be positive, encouraging and supportive
- Follow the 5 ways to Wellbeing

Suicide prevention

Suicides are the result of the ultimate loss of hope and meaning of purpose. The latest figures indicate that there has been an increase in deaths reported as suicide, both in Wakefield District and England. Locally three in four deaths by suicide are in men, but female suicide rates have increased to the highest rate for a decade.

The number of deaths by suicide is small compared to mortality from diseases such as cancer and heart disease. However with every suicide there is an 'iceberg effect' as there are many more unreported suicide attempts, non-fatal suicidal behaviours and thoughts, and a ripple effect that impacts on people connected and bereaved by suicide (see the following diagram).

Factors that are associated with increased risk of suicide are:

- Drug and alcohol misuse
- A history of trauma or abuse
- Unemployment
- Social isolation
- Poverty
- Poor social conditions
- Imprisonment
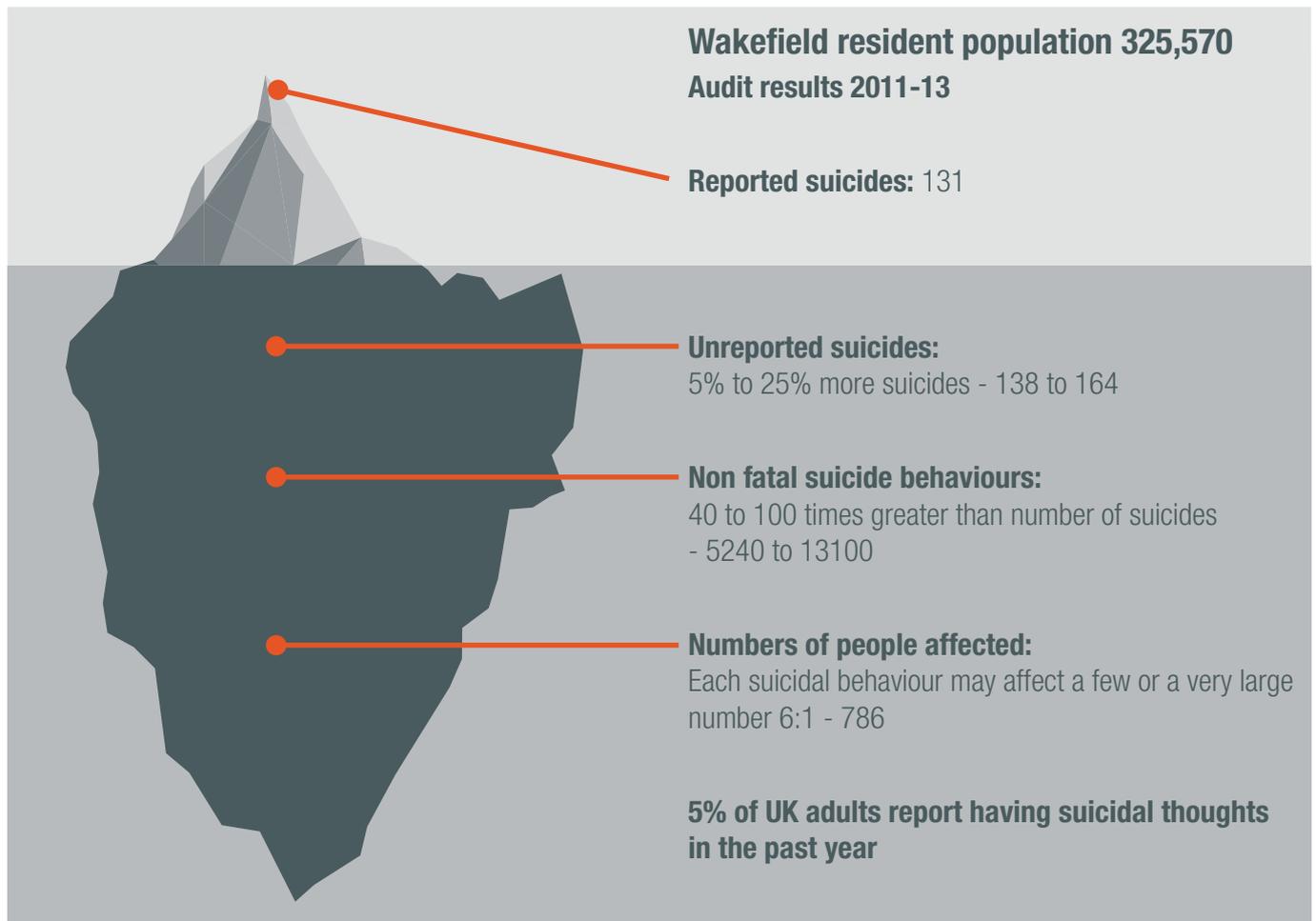- Violence
- Family breakdown.

Because of this wide range of risk factors certain groups are more likely to attempt suicide. These include:

- Men (particularly age 30-60)
- People in the care of or in contact with mental health services (30% of all suicides nationally) and people with untreated depression
- Those who misuse drugs or alcohol
- The economically disadvantaged
- People who self-harm (50% of people who die by suicide have a history of self-harm)
- People in contact with the criminal justice system (particularly during transition into and out of the system):
- Specific occupational groups (military veterans, doctors, veterinary workers, agricultural workers)
- Survivors of abuse or violence
- People living with long-term physical health conditions
- Lesbian, gay, bisexual and trans people (LGBT)
- Black, Asian and ethnic minority groups

The latest Wakefield Suicide audit reported on the 131 suicides in three years between 2011 and 2013.

In the Wakefield district someone takes their own life on average every eight days.

Iceberg effect for suicides (2011- 2013 Wakefield District data)

Wakefield resident population 325,570
Audit results 2011-13

Reported suicides: 131

Unreported suicides:
5% to 25% more suicides - 138 to 164

Non fatal suicide behaviours:
40 to 100 times greater than number of suicides
- 5240 to 13100

Numbers of people affected:
Each suicidal behaviour may affect a few or a very large
number 6:1 - 786

**5% of UK adults report having suicidal thoughts
in the past year**

Public Health has the responsibility for reducing and preventing suicides. For this to be successful many agencies and organisations need to be involved. The Public Health team is developing a Suicide Prevention Action Plan with partners aimed at reducing the suicide rate across Wakefield District. This follows national guidance aiming to:

Wakefield's Suicide Prevention Plan - Key Actions

Collaborative Working: Develop and manage a Safer Suicide Community Delivery Group engaging with key stakeholders and partners

High Risk or Raised Risk Groups: Identify, engage and support those at high or raised risk of suicide.

Mental Health Support: Review/develop pathways for Primary Care in relation to suicidal ideation and self-harm by supporting the work of Wakefield's Crisis Care Concordat and Wakefield Workforce Strategy.

Self Harm: Create a culture where self-harm is more openly discussed in non- judgemental ways to encourage individuals to seek help and reduce stigma.

Reduce Access to Means of Suicide: Introduce robust suicide surveillance to identify and respond to trends and suicide clusters, and support the work of Network Rail, Samaritans and British Transport Police to reduce risks on the railway network.

Supporting People Bereaved/Affected by Suicide: Continue to financially support the Samaritans dedicated postvention service "Facing the Future".

Sensitive Reporting and positive media messages: Support the local media to ensure adherence to Samaritans guidance and delivery of positive help-seeking and health and wellbeing messages.

Research, Information and Data: Develop an early alert and information sharing process between the police, coroners service and support services.

Training and Awareness Raising: Develop a local training strategy for the delivery of evidence based and effective training e.g. Safe-talk, Mental Health First Aid.

Furthermore the action plan recognises that suicide prevention starts with better mental health for all and encompasses other measures within this report to improve population wellbeing.

Criminal Justice

The majority of prisoners in England and Wales have a mental health problem. They are also more likely to experience social problems as a child or prior to arrest. Action is therefore required to address the risk factors that lead to arrest (such as homelessness and illicit drug use) and provide support and treatment whilst people are in contact with the criminal justice system. Recovery and support thereafter is required to reduce arrest and re-offending (the 'revolving door').

Various local services are addressing these risk factors. These include the Wakefield District Liaison and Diversion Service which works with adults and young people who come into contact with the criminal justice system. The service uses early interventions to divert individuals away from the criminal justice system into health, social care or other support organisations, aiming to stop re-offending.

Police are often first on the scene when called to incidents involving someone with a mental health problem. A 'Street Triage' scheme will see mental health nurses based in Wakefield district's police control room aiming to avoid vulnerable people being unnecessarily detained. Mental health nurses will work alongside police officers to ensure that the right support is provided and that the relevant agencies are involved early on. This aims to bring down the numbers of people with mental health problems who are inappropriately detained or arrested.

Risk factors in the prison population compared to the general population of England and Wales.

Risk factor	General population	Prisoners	Likelihood of risk
In care as a child	2%	27%	13x more likely
Unemployed	5%	67%	13x
Homelessness	1%	32%	32x
Drug use	11%	60%	5x
Two or more mental health disorders	5%	70%	14x

Older people

> " We probably all aspire to live out later life being fulfilled and in good health. However, in reality there is the threat of dementia and living with long term illnesses. We therefore need to ensure that our local services provide for older peoples physical and mental health needs.
>
> We need to promote the benefits of healthy ageing and the address the issues of loneliness and social isolation, which can be so harmful to our physical and mental health.
>
> Fortunately Wakefield is leading the way with local initiatives such as the Care Home Vanguard, a service to support the health and social needs of care home residents, and the Live Well Wakefield Service which aims to support healthy ageing and reduce social isolation. "

Councillor Pat Garbutt, Chair of Wakefield District's Health & Wellbeing Board, Portfolio Holder for Adults and Health and elected member for Pontefract North Ward 12

Loneliness and social isolation are harmful to our health and mental wellbeing. Research shows that lacking social connections is as damaging to our health as smoking 15 cigarettes a day. Social networks and friendships help to reduce the risk of depression, of cognitive decline and of developing clinical dementia.

Public Health has recently commissioned the Live Well Service which aims to improve the health and wellbeing of residents in Wakefield District by:

- Supporting them to identify what keeps them well and happy

- Helping them to access health and community services

- Supporting them to self-manage their own health and wellbeing

Loneliness is therefore a major public health concern that needs to be tackled across statutory services and society as a whole, using the loneliness framework (see the Loneliness Framework overleaf).

LONELINESS FRAMEWORK

Foundation Services

Reach

Understand

Support

Direct Interventions

Existing relationships

New connections

Change thinking

Transport and technology

Group-based shared interests

One-to-one

Psychological approaches2

Gateway Services

Transport

Technology

Structural Enablers

Neighbourhood approaches

Asset based community development

Volunteering

Positive ageing

CARE HOME VANGUARD

The Wakefield Care Home Vanguard has funded local community organisations to work in care homes and independent living facilities to reduce social isolation. This has been successful in setting up range social activities including a 1940s tea dance and a book club.

The programme will also interview 700 older people in their own homes as part of the Connecting Care programme. This will allow services to collect information about older people's experiences of health and social care, social isolation, their wellbeing and how safe they feel.

Dementia

The word 'dementia' describes a set of symptoms that may include memory loss and difficulties with thinking, problem-solving or language. These changes are often small to start with, but for someone with dementia they have become severe enough to affect daily life. A person with dementia may also experience changes in their mood or behaviour.

The risk of dementia increases with age. In 2012 around 800,000 people in the UK were living with some form of dementia. In Wakefield district we estimate that the number of people over the age of 65 with dementia will rise from 3,700 in 2010 to 6,900 by 2030.

Over time Wakefield has seen an improvement in diagnosis rates for dementia (from an estimated 37% of people with dementia in 2008 to 53% in 2014). We estimated that 66% of those with dementia over 65 years have been diagnosed. However this means that a third of people with dementia have not been diagnosed. The following actions have been agreed locally to increase awareness of dementia amongst the public and professionals:

- Working with Primary Care to improve diagnosis rates
- Training to improve the knowledge and awareness of dementia
- Supporting individuals with dementia in secondary care
- The local Dementia Action Alliance which supports Dementia Friendly initiatives, for example Dementia Friendly Swimming sessions in Council swimming pools.

Dementia 'I' Statements

The Dementia 'I' Statements were developed by the National Dementia Action Alliance. They reflect the things that people with dementia and carers say are essential to their quality of life. The person with dementia is at the centre of each of these statements.

I was diagnosed in a timely way

I understand, so I make good decisions and provide for future decision-making

I get the treatment and support that are best for my dementia, and my life

Those around me and looking after me are well supported

I am treated with dignity and respect

I know what I can do to help myself and who else can help me

I feel part of a community and feel inspired to give something back

I can enjoy life

I am confident my end of life wishes will be respected

I can expect a good death

Frailty

The social wellbeing service and Dementia Action alliance will both support the 'frailty' agenda. 'Frailty' is what occurs in many older people due to the risk of natural ageing, long term health conditions and loss of fitness. A local frailty delivery Plan has been developed to support individuals and the health and social care workforce to manage the onset of Frailty.

SERVICES
Wakefield district's mental health services

> Modern health services look after the mental, physical and social needs of people. Most specialist mental health services are delivered in people's home and communities, working with all ages, all sectors of society and in every part of the borough. Suicide prevention also remains a key focus in Wakefield, because of the devastating impact suicide has for people and their families.
>
> New partnerships between services are vital to meet a diverse set of mental health needs and are developing locally. For example, liaison between Police services and acute hospitals, Perinatal Mental Health services that provide timely support to new mothers and their families, and accessible Child and Adolescent Mental Health Services.
>
> Alongside specialist staff, it is also important to invest in social, vocational and creative approaches to mental health such as the Creative Minds and Recovery College. These enable people to use and develop their strengths, engage in meaningful relationships with others and live well in their communities.

Rob Webster, CEO South West Yorkshire Partnership NHS Foundation Trust & Lead for the West Yorkshire and Harrogate Sustainability and Transformation Partnership

51%
IN TREATMENT
RECOVER

270
DETENTIONS A YEAR UNDER
THE MENTAL HEALTH ACT

ANXIETY
STRESS
FEAR
14%
REPORT HAVING
DEPRESSION
OR ANXIETY

17%
OF THOSE WITH ANXIETY OR
DEPRESSION HAVE ENTERED TREATMENT

1 IN EVERY 10
ADULTS DIAGNOSED
WITH DEPRESSION

Services

The vision for Wakefield District's mental health services is to improve the Mental Health and psychological wellbeing of people in the District. To achieve this services are needed that:

- Support the prevention of mental health problems
- Enable people to access support as early as possible
- Promote self-management of mental health and wellbeing
- Focus on recovery
- Meet physical and mental health needs together to ensure that no one falls through the gaps

Services in Wakefield District have been designed to achieve this vision, and in a way that responds to what local people say is important to them, namely:

Access - Services that are easy and quick to access

Adults in Wakefield District can access Turning Point Talking Therapies (**https://talking.turning-point. co.uk/wakefield/**). These are a range of evidence based therapies covering initial screening, cognitive behavioural therapies, counselling for low mood, anxiety and depression, therapy groups and workshops, and employment support.

The Talking Therapies Service can be accessed via Talking Shops, as well as online support, workshops and group therapy. Assessments are usually carried out within 48 hours of referral, and treatment should start within 2 weeks.

Secondary mental health services are provided by South West Yorkshire Partnership NHS Foundation Trust and Wakefield Council, and are accessible via a Single Point of Access, which operates 24 hours a day, 365 days a year. Assessments are carried out within 4 hours for people in crisis, and within 14 days for people with less urgent needs. A range of multi-disciplinary treatments, interventions and support is offered, with a focus on individual choice and control and a commitment to recovery.

In addition a range of forensic services are provided in low to medium secure settings, mainly within Fieldhead Hospital but also with community outreach. These services provide assessment, treatment, rehabilitation and recovery for people with a range of mental health problems and learning disabilities that may also have been in contact with the criminal justice system.

Services that support positive mental health in children and young families are covered in chapter 3.

" My experience has been very positive, right from my very first appointment when I felt listened to by someone who made eye contact with me and it felt genuine. I found my therapist to be really good at listening whilst being non-judgemental. They helped me to work through some very difficult problems, enabling me to move on in all aspects of emotional wellbeing. I think differently when meeting a problem. I no longer feel a victim. "

Recent feedback from a client of the Talking Therapy service

Quality - Services that support people to recover

Many people can and do recover from their mental health problems. Whilst "recovery" is personal to each individual, the principle of being able to live a fulfilling and rewarding life is a shared goal.

Nationally, there is an ambition that at least 50% of people that receive talking therapies recover. Local services in Wakefield regularly exceeds this ambition.

Experience - service users have a good experience of care and support

Feedback from service users is vital in targeting improvements to services, and providing insight to staff on the quality of the care they are providing. Service users and carers experience is actively used in improving front-line services.

The Local Mental Health Pathway

A local mental health pathway has been developed in Wakefield to support individuals and organisations in referring and signposting people to the support services. This pathway matches the presenting symptoms and issues to the most appropriate service.

The most up to date version can be found at **www. wakefield.gov.uk/mentalhealth**

Creative Minds

Creative Minds is all about the use of creative approaches and activities in healthcare; increasing self-esteem, providing a sense of purpose, developing social skills, helping community integration and improving quality of life. It supports community partnerships to co-fund and co-deliver projects for local people.

Since its launch in November 2011 Creative Minds has delivered more than 150 creative projects in partnership with over 50 community organisations, benefiting over 4,000 people. Creative Minds is altering the perceptions of how we deliver our services. It is a social movement that is transforming lives. [Creative Minds is a linked charity supported by South West Yorkshire Partnership NHS Foundation Trust]

Mental health service users in their own words

"
I was the lowest I've ever been, stressed, couldn't sleep, didn't want to leave the sofa, hated myself, hated been in crowds, had no bants, thought everyone hated me, told myself I was a looser every day and all this gave me suicidal thoughts on a daily basis.

But through 10 weeks of hard work and determination with a huge help from my therapists @ Right Steps I got through my troubles and mental torture.

I would highly recommend Right Steps too anyone suffering mentally, I basically owe them my life. "

"
I haven't put this status for sympathy or likes.

I just want to raise awareness and tell ANYONE who is struggling mentally that it's ok to talk.

I now feel like a massive weight has been lifted off my shoulders and this has aloud me to talk about my demon's with friends and now my fb family, alot of whom are also suffering from one or more of many mental illnesses YourNotTheOnlyOne

Hope my message reaches out and helps at least one person on here and i'l be happy.

peace out "

Wakefield and 5 Towns Recovery College

The college offers a wide range of educational opportunities focused on recovery. This enables people to recognise and make the most of their talents and resources, and to deal with the mental and physical health challenges they experience. All courses are developed and delivered through co-production with service users and carers.

These include courses such as 'living with anxiety' and 'busting stress', and educational courses including creative writing and IT for beginners. The college is based at Drury Lane Health and Wellbeing Centre in Wakefield and operates throughout community venues across the Wakefield district.

In the words of a service user

"My first experience of the Recovery College was attending a craft taster session three years ago. I was undergoing treatment for borderline personality disorder, depression and anxiety and they recommended the sessions to me.

Back then I was terrified of everything and everybody, I couldn't even answer the front door on my own. I was escorted to the venue by my husband and my mother and then had a lady from take me into the class and stay with me.

I couldn't speak to anyone or make eye contact or anything, I just sat at the end of the table shaking and wishing the ground would open up and swallow me whole.

Fast forward three years and I now run the said craft course with the lovely Trish and I live for the days it's on. I also help co facilitate the knitting and crocheting, toy making and book folding sessions. I am more confident and enjoy helping people to learn things.

I still frequently have days where I can't leave the house or be around people but I'm slowly improving thanks to my family and the lovely people at the Recovery College and I know if anyone can help me and others in the position I've been in then it's the Wakefield and 5 Towns Recovery College."

Michelle, Wakefield and 5 Towns Recovery College Volunteer Recovery college arts and crafts

Mental Health museum

Wakefield is also home to the Mental Health Museum which houses a collection of mental health related objects spanning the history of mental health care from the early 19th century through to the present day. This collection along with the museum's programme of development is helping to tackle stigma around mental health issues.

Parity of esteem

Parity of esteem is the principle by which mental health must be given equal priority to physical health. This covers equal access to treatment and high quality services, and equally high aspirations for service users.

Many people with long-term physical health conditions also have mental health problems (co-morbidity). These can lead to significantly poorer health outcomes and reduced quality of life.

Those with heart disease and diabetes have double the risk of depression. People with mental health problems use more unplanned hospital care for physical health needs than the general population (having 3.6 times the rate of potentially avoidable admissions).

In addition medically unexplained symptoms (many of which may be due to poor mental wellbeing) account for up to 30% of all GP consultations. Life expectancy for people with bipolar disorder or schizophrenia is 15 to 20 years below that of the general population (largely due to long term health conditions). Children with serious illness are also twice as likely to develop emotional disorders.

Mental health co-morbidities are common in people with learning difficulties (those who find it harder to learn certain life skills). Between 30-40% of people with a learning disability also have a mental health problem.

This risk may be increased as those with a learning disability are more likely to experience adverse life events early in life, poverty, social exclusion and loneliness, and stigma associated with negative attitudes.

In terms of national funding mental health is the poor relation of the NHS, as people with mental health problems often experience poorer access to services than those with physical health conditions. Although mental health accounts for 23% of the total 'burden of disease' in the UK, spending on mental health accounts for only 11% of the NHS secondary health care budget. However there is now a legal responsibility for the NHS to deliver 'parity of esteem' between physical and mental health, and increase investment in Mental Health services to meet the national Mental Health Investment Standard.

Collective action and effective partnership working is required to ensure that services offer support for those with mental health problems and co-morbidities, and enable them to access services in a timely way. This will require regular physical health checks for people with long term mental health long-term problems, and mental health checks for those with long-term physical health problems.

The overlap between long-term conditions and mental health problems

Long term conditions: 30% of population of England (approximately 15.4 million people)

Mental health problems: 20% of population of England (approximately 10.2 million people)

30% of people with a long term condition have a mental health problem (approximately 4.6 million people)

46% of people with a mental health problem have a long-term condition (approximately 4.6 million people)

Source: Long Term conditions and Mental Health, The Kings Fund

Recommendations

ONE IN FOUR

UK ADULTS SUFFER COMMON

MENTAL HEALTH DISORDERS

How members of the public, schools, communities, employers and services can contribute to better mental wellbeing for all

Something for everyone:
Five Ways to Wellbeing - pick at least one of these and write down what you will do differently:

Connect - feeling close to, and valued by, other people

Be active - physical activity is associated with lower rates of depression and anxiety

Take notice - being aware of what is taking place in the present will enhance your wellbeing

Learn - continued learning through life enhances self-esteem

Give - a greater interest in helping others makes you happier

ONE

Recommendation Over arching: Develop a Prevention Agreement for Better Mental Health

Who should take action? Health and Wellbeing Board, led by the Local Authority and CCG

How will we know it has worked?

- A local Prevention Agreement signed up to by key public and voluntary organisations
- Improved mental health and wellbeing outcomes

TWO

Recommendation Take action to reduce poverty and support Wakefield District's Good Growth Plan

Who should take action? All public, private and community sector organisations with economic and environmental influence

How will we know it has worked? Evidence of initiatives and strategy to:

- Alleviate debt and promote the living wage
- Expand local training opportunities (particularly for young people), including apprenticeships
- Improve air quality and access to green spaces
- Provide affordable and quality housing
- Increase employment for people with mental health problems

THREE

Recommendation Support campaigns to promote good mental well-being and reduce mental health stigma

Who should take action? All individuals and organisations

How will we know it has worked? Evidence of:

- Active support for local/national mental health campaigns
- Increased community participation via volunteer networks
- A strengthened five ways to wellbeing offer from the Community Anchor network

FOUR

Recommendation Develop and publish intelligence about mental health risk factors, mental health conditions and community assets

Who should take action? Wakefield Council Public Health team

How will we know it has worked? Refreshing the Joint Strategic Needs Assessment Mental Health website

Publishing local data from the Adult Psychiatric Morbidity Survey

850,000

PEOPLE LIVING IN THE
UK WITH DEMENTIA

FIVE

Recommendation Support the Early Years Strategy and Future in Mind programme for Wakefield District

Who should take action? All public services, schools and community groups working with families, children & young people

How will we know it has worked? The following results;

- An increase in school readiness at the end of reception
- A drop in hospital admissions for self-harm in young people
- An active peri-natal mental health network

SIX

Recommendation Employers to develop workplace wellbeing initiatives

Who should take action? All HR directors, supported by Public Health and Mental Health services

How will we know it has worked? The following results;

- An increase in organisations signed up to the Workplace Wellbeing Charter
- Active support and training for staff wellbeing
- Promoting 'good' employment and opportunities for those with mental health problems

SEVEN

Recommendation Improvements in behavioural factors that influence positive mental health

Who should take action? Public health, community and NHS services

How will we know it has worked?

- An increase in organisations pledging to support the Breathe 2025 campaign and using a MECC approach
- Increased physical activity
- Reduced smoking prevalence and alcohol related hospital admissions

EIGHT

Recommendation There should be a concerted effort to reduce the suicide rate for Wakefield District

Who should take action? Health and Wellbeing board (with support from the LA, CCG, health and criminal justice services, and voluntary organisations)

How will we know it has worked?

- Real-time suicide surveillance with coordinated response, planning and sensitive media reporting
- Targeted approaches to reducing the risk of suicide in key risk groups
- Developing a local postvention service

NINE

Recommendation Support the work of the local Dementia Action Alliance, reduce social isolation and support carers

Who should take action? Health, social care and VCS organisations working with older people

How will we know it has worked?

- An improvement in the dementia diagnosis rate
- and increase in opportunities for social interaction of socially isolated adults and carers

TEN

Recommendation Key health and social care organisations to move towards parity of esteem (equal priority) for mental and physical health

Who should take action? Health and Social care organisations

How will we know it has worked?

- Evidence of parity of esteem in health and mental health pathways
- An increase in basic mental health awareness training delivered via the Connecting Care Workforce programme
- Increased access to talking therapies and social, creative and recovery focused approaches
- Reduced out of area placements and reduced use of Section136

DATA
What success looks like - our key mental health indicators for the district

8

Domain	Risk/Protective factor or Outcome		Number	Indicator Description
Wider determinants of poor mental health and wellbeing	Risk Factor	!	1	Deprivation
	Protective Factor	✔	2	Employment: Percentage of people aged 16-64 in employment
	Protective Factor	✔	3	Educational achievement
	Protective Factor	✔	4	Use of outdoor space for exercise/health
Children and young people	Risk Factor	!	5	Children living in relative poverty
	Risk Factor	!	6	16-18 year olds not in education, employment or training
	Risk Factor	!	7	Children in need due to abuse, neglect or family dysfunction
	Protective Factor	✔	8	School Readiness at the end of reception
	Outcome	👤	9	Estimated prevalence MH disorder CYP
	Outcome	👤	10	Hospital admissions for self-harm 10-24s
Adults	Risk Factor	!	11	Smoking prevalence
	Risk Factor	!	12	Hospital admissions for alcohol related conditions
	Risk Factor	!	13	Sickness absence
	Protective Factor	✔	14	Physical activity
	Protective Factor	✔	15	Self-reported wellbeing - % feeling happy yesterday
	Protective Factor	✔	16	Employment of people with mental health problems - adults in contact with mental health services
	Outcome	👤	17	Suicide rate
Older people	Risk Factor	!	18	Older people living alone
	Protective Factors	✔	19	Percentage of adult carers with enough social contact
	Outcome	👤	20	Dementia diagnosis rate
Mental health services	Outcome	👤	21	Depression recorded prevalence
	Outcome	👤	22	Depression and anxiety prevalence
	Outcome	👤	23	IAPT access rate

Notes and Data Sources:

1. Index of Deprivation (IMD 2015);
2. % of all respondents in the Labour Force Survey classed as employed, aged 16-64 (NOMIS);
3. GCSE achieved 5A*-C including English and Maths (Department for Education);
4. % of people using outdoor space for exercise/health reasons (Natural England);
5. % of all dependent children under 20 living in families where household income is less that 60% of median household income before housing costs (HM Revenue and Customs Personal Tax Credits: Related Statistics - Child Poverty Statistics);
6. Department for Education;
7. Number of children identified as 'in need' due to abuse, neglect or family dysfunction on 31st March expressed as a percentage of all children in need on 31st March (Children in need statistics);

8. School Readiness: all children achieving a good level of development at the end of reception as a percentage of all eligible children (Department for Education);
9. Estimated prevalence of any mental health disorder in children aged 5-16 based on ONS survey Mental health of children and young people in Great Britain (2004);
10. Directly standardised rate of finished admission episodes for self-harm per 100,000 population aged 10-24 years (Local Authority Child Health Profiles);
11. Prevalence of smoking among persons 18 years and over (APS);
12. Hospital admissions for alcohol-related conditions (Narrow), all ages, directly age standardised rate per 100,000 population (Calculated by Public Health England: Risk Factors Intelligence team using data from NHS Digital - Hospital Episode Statistics (HES) and Office for National Statistics (ONS) - Mid Year Population Estimates);

Key:

- 🟩 Better than the national figure
- ⬛ Similar to national figure
- 🟧 Worse than the national figure
- 🔺 Trend is generally improving
- ▶ Trend is generally level (fluctuating or little change over time)
- 🔻 Trend is generally getting worse

Previous Years - Wakefield Figures			Wakefield Latest Figure	Trend Direction of Travel	National Figure	Comparison to National
Not available	Not available	Not available	**26.9 (2015)**		**21.8 (2015**	🟧
69.7 (2012/13)	71.3 (2013/14)	71.5 (2014/15)	**71.0 (2015/16)**	▶	**73.9 2015/16**	🟧
Not available	57.1 (2013/14)	59.2 (2014/15)	**57.9 (2015/16)**	🔻	**57.8 (2015/16**	⬛
19.2 (Mar 12-Feb 13)	18.3 (Mar 13-Feb 14)	24.1 (Mar 14-Feb 15)	**16.6 (Mar 15-Feb 16)**	🔻	**17.9 (Mar 15-Feb 16)**	🟧
20.6 (2011)	19.7 (2012)	19.6 (2013)	**20.7 (2014)**	🔻	**19.9 (2014)**	🟧
7.1 (2012)	5.3 (2013)	4.7 (2014)	**4.4 (2015)**	🔺	**4.2 (2015)**	⬛
72.7 (2012	Not available	81.8 (2014)	**84.7 (2015)**	🔻	**67.3 (2015)**	🟧
57.1 (2012/13)	60.3 (2013/14)	64.8 (2014/15)	**65.2 (2015/16)**	🔺	**69.3 (2015/16)**	🟧
Not available	Not available	10.0 (2014)	**10.0 (2015)**	▶	**9.2 (2015)**	🟧
538.6 (2012/13)	569.2 (2013/14)	381.1 (2014/15)	**380.0 (2015/16)**	🔺	**430.5 (2015/16)**	🟧
23.4 (2013)	22.4 (2014)	21.9 (2015)	**19.5 (2016)**	🔺	**15.5 (2016)**	🟧
820 (2012/13	891 (2013/14)	885 (2014/15)	**873 (2015/16)**	🔺	**647 (2015/16)**	🟧
2.2 (2010-12)	2.6 (2011-13)	3.1 (2012-14)	**2.8 (2013-15)**	▶	**2.2 (2013-15)**	🟧
58.0 (2012)	48.2 (2013)	54.5 (2014)	**57.3 (2015)**	🔺	**57.0 (2015)**	⬛
69.0 (2012/13)	71.9 (2013/14)	73.6 (2014/15)	**72.8 (2015/16)**	▶	**74.7 (2015/16)**	🟧
3.7 (2009/10)	5.8 (2010/11)	11.0 (2011/12)	**10.2 (2012/13)**	▶	**8.8 (2012/13)**	🟩
8.5 (2010-12)	9.0 (2011-13)	9.5 (2012-14)	**9.2 (2013-15)**	▶	**10.1 (2013-15)**	⬛
Not available	Not available	Not available	**5.6 (2011)**		**5.2 (2011)**	🟧
Not available	Not available	42.9 (2012/13)	**34.6 (2014/15)**	🔻	**38.5 (2014/15)**	⬛
69.3 (31 Aug 2016)	68.4 (30 Nov 2016)	66.1 (28 Feb 2017)	**65.9 (31 May 2017)**	🔻	**71.6 (31 May 2017)**	⬛
6.1 (2012/13)	7.2 (2013/14)	8.2 (2014/15)	**9.3 (2015/16)**	🔻	**8.3 (2015/16)**	🟧
Not available	13.6 (2013/14)	14.3 (2014/15)	**13.8 (2015/16)**	▶	**12.7 (2015/16)**	🟧
9.8 (Sept 2015)	10.1 (Feb 2016)	15.4 (Sept 2016)	**16.7 (Feb 2017)**	🔺	**15.5 (Feb 2017)**	⬛

13. % of employees who had at least one day off due to sickness absence in the previous working week (Labour Force Survey);

14. Percentage of adults achieving at least 150 minutes of physical activity per week in accordance with UK Chief Medical Officer (CMO) recommended guidelines on physical activity (Active People Survey, Sport England);

15. % of respondents scoring 7-10 to the question ""Overall, how happy did you feel yesterday?"" (APS, ONS);

16. % of adults aged 18-69 receiving secondary mental health services in paid employment at their most recent assessment (MHMDS);

17. Age-standardised mortality rate from suicide and injury of undetermined intent per 100,000 population (Public Health England based on ONS source data);

18. % of households recorded as occupied by one person aged 65+ (2011 Census);

19. % of adult carers aged 18+ who have as much social contact as they would like (Personal Social Services Survey of Adult Carers in England);

20. 65+ estimated dementia diagnosis rate, the estimated prevalence rate used to calculate this measure is revised intermittently, this needs to be considered when looking at changes over time (NHS Digital);

21. Depression prevalence (%) as recorded on practice disease registers aged 18+ (Quality Outcomes Framework QOF, NHS Digital), An increase in recorded prevalence may be due to an increase in awareness of depression and a decrease in stigma associated with it; with patients more willing to visit their GP with symptoms and GPs being more willing to diagnose depression; ;

22. Depression and anxiety prevalence (GP Patient Survey): % of people completing GP Patient Survey who report having depression and anxiety (NHS England);

23. Access to IAPT services: people entering IAPT services (monthly) as % of those estimated to have anxiety/depression (IAPT), (Improving Access to Psychological Therapies IAPT).

UPDATE

Update from 2016 report - Dangerous Waist

Recommendation All employers in the district consider adopting the Wakefield Workplace Wellbeing Charter as a way of improving the health of employees and increasing productivity.

Progress

- Nine businesses achieved the Workplace Wellbeing Charter with a further six signed up and developing action plans.
- Construction workers at Minsthorpe have been supported with wellbeing activities.
- The Council is leading by example in further developing the calendar of events and activities to improve the wellbeing of staff.
- The current Eatwell Award (an award for all caterers in the district recognising the provision of healthier options and good food hygiene standards) is being developed into the Eatwell Charter to add further recognition for good practice by local businesses.
- Running is being promoted in workplaces through training staff as Wellbeing Champions.
- A new Wellness Programme offers evidence-based health checks to staff across the public sector.

Recommendation Wakefield Council to work with Wakefield College to promote the health and wellbeing of their students including developing the health component of their curriculum.

Progress

- A number of wellbeing roadshows were held within the college campus to encourage students make healthier choices. Work is ongoing with the college to strengthen health and wellbeing within the curriculum.

Recommendation Wakefield district develops an annual Walk Fest to encourage people to walk more.

Progress

- Wakefield district's first walking week will take place from 5 September 2017. New walking groups and walking route maps have been produced and a number of events will be held during the week to promote the benefits of walking.
- In 2016, 761 health walks took place. Since the beginning of the programme 357 walk leaders have been trained. A celebration event this year saw some leaders given long service awards.
- A Cycle Fest was held in June 2017 at Thornes Park to raise the profile of the new mapped walks/ rides and the low cost cycle hire available across the district.

Recommendation Developers, planners and decision makers consider the impact on health and wellbeing of development schemes, plans, policies and proposals to ensure positive health impacts are maximised and negative health impacts are minimised.

Progress

- The impact of the growth of fast food outlets has been included within the newly adopted planning policy framework for businesses. Health Impact Assessments are being carried out for major developments such as the masterplan for City Fields.

Recommendation All schools consider how they can increase levels of physical activity and promote healthy eating for staff and students to improve health and educational attainment e.g. daily mile initiative.

Progress

- The Change4Life school programme continues with two schools now reaching the gold standard. 52 schools are engaged with the programme. Schools are working on a range of issues from play time champions and healthy packed lunches to staff health and wellbeing.

Recommendation Health and social care professionals take opportunities to promote healthier eating and physical activity as part of good clinical care, and lead by example.

- Making Every Contact Count (MECC) is now high up on the agenda of health and social care organisations and part of the Connecting Care Workforce development strategy (it is the second unit delivered as part of the Connecting Care induction).

- After piloting the Connecting Care induction over 7 sessions and with 44 staff from all levels and organisations (Mid Yorkshire NHS Trust, Spectrum, Carers Wakefield and District, Nova, Fire Service, CCG) we are developing a Training the Trainer model so staff can deliver the induction package themselves.

- A desktop learning package has also been produced and will shortly be piloted and evaluated. This will provide an additional option for staff who can't get to one of the induction sessions.

- Working in partnership with CCG, the integration of MECC into a self-care training package for clinical staff is being developed. A Train the Trainer package will be used to enable clinical staff to deliver this within their service.

Recommendation Support healthier eating and physical activity for those with poor mental health or with a learning disability.

- Healthier eating and physical activity are being developed as part of care pathways. Examples include:
    - The Edible Gardening Club at Fieldhead Gardens developed by Creative Minds
    - Participation in the Good Mood Football League
    - Individual healthy eating sessions/programme

- Annual Health Checks are available for those with a learning disability over the age of 14. These result in an individual health action plan. Currently only one in five of those eligible are receiving a Health Check.

Opening Times

Monday - Friday
6.30AM - 9.45PM

Saturday - Sunday
8.30AM - 5.45PM

Sources

Strategy, policy and Guidance

Health and Well-Being Strategy for Wakefield
www.wakefield.gov.uk/Documents/health-care-advice/public-health/health-wellbeing-strategy.pdf

Wakefield Health and Well-Being Plan
www.wakefieldccg.nhs.uk/fileadmin/site_setup/contentUploads/Corporate_documents/Wakefield_Health_and_Wellbeing_Board_Plan.pdf

Wakefield Crisis Care Concordat
www.crisiscareconcordat.org.uk/areas/wakefield/#action-plans-content

Prevention Concordat Programme for Better Mental Health
http://preventionconcordat.com/

Being mindful of mental health - The role of local government in mental health and wellbeing
www.local.gov.uk/being-mindful-mental-health-role-local-government-mental-health-and-wellbeing

The government's response to the Five Year Forward **View for Mental Health https://www.gov.uk/government/publications/five-year-forward-view-for-mental-health-government-response**

Risks to mental health: An overview of vulnerabilities and risk factors (WHO 2012)
www.who.int/mental_health/mhgap/risks_to_mental_health_EN_27_08_12.pdf

Surviving or Thriving? The state of the UK's mental health
www.mentalhealth.org.uk/publications/surviving-or-thriving-state-uks-mental-health

Future in Mind: Improving mental health services for young people
www.gov.uk/government/publications/improving-mental-health-services-for-young-people

Long-term conditions and mental health: The cost of co-morbidities
www.kingsfund.org.uk/sites/default/files/field/field_publication_file/long-term-conditions-mental-health-cost-comorbidities-naylor-feb12.pdf

Better care for people with co-occurring mental health and alcohol/drug use conditions
www.gov.uk/government/uploads/system/uploads/attachment_data/file/625809/Cooccurring_mental_health_and_alcohol_drug_use_conditions.pdf

Commissioning

Guidance for commissioning public mental health services
www.jcpmh.info/wp-content/uploads/jcpmh-publicmentalhealth-guide.pdf

Guidance for commissioners of older people's mental health services
www.jcpmh.info/wp-content/uploads/jcpmh-olderpeople-guide.pdf

Suicide prevention

Suicide prevention: developing a local action plan (PHE, 2014)
www.gov.uk/government/publications/suicide-prevention-developing-a-local-action-plan

House of Commons Health Committee Suicide prevention: interim report
www.publications.parliament.uk/pa/cm201617/cmselect/cmhealth/300/300.pdf

Department of Health, Suicide prevention: third annual report
www.gov.uk/government/publications/suicide-prevention-third-annual-report

Local data

Wakefield Joint Strategic needs Assessment Mental Health
http://www.wakefieldjsna.co.uk/burden-of-ill-health/mental-health/

Mental health profiles for Wakefield
http://fingertips.phe.org.uk/profile-group/mental-health

Further sources of information

Mental Health Foundation
www.mentalhealth.org.uk

MIND

www.mind.org.uk

WAKEFIELD'S MENTAL HEALTH PATHWAY 11

Key questions

How are you feeling at the moment ?

What is your mood like ?

What have you been up to recently ?

Intervention	State of mind	
Crisis / Emergency	Going to immediately harm self or others	Emergency services: **999**
	You are concerned about the safety or well-being of an adult at risk or older person (e.g. visible signs of injury, malnourished)	Social Care Direct: **0345 8 503 503**
Specialist Services	• Suicidal thoughts • Hearing voices/seeing things • Mentions they have a Psychiatrist/Nurse • Mentions they have bipolar/personality disorder • Serious hoarding behaviour • Unable to leave the house • Not making sense at all when talking • Displaying distressing behaviours	• Ask them to ring their GP Practice • Ask them to ring NHS **111** for advice • Encourage them to re-engage with mental health services if already engaged • Advise them to call the Samaritans **116 123**
Support from Services	• Problems with low mood/tearfulness • Feeling down/anxious • Feeling irritable/stressed • Poor sleep • Not been up to much • Poor concentration • House very untidy • Poor self-care (not getting dressed etc)	• Ask them to self-refer to Turning Point Talking Therapies **01924 234860** / **talking.turning-point.co.uk**
Self Care Support	• Not feeling right, stressed • Not feeling quite themselves • Don't see many people • Isolated • Not sleeping	• Ask them to self-refer to Turning Point Talking Therapies **01924 234860** / talking. turning-point.co.uk • Ask them to look at the 5 Ways to Wellbeing **www.wakefield. gov.uk/mentalhealth**

Additional support services in the Wakefield district:

Wakefield and Five Town Recovery College

01924 316946

www.southwestyorkshire.nhs.uk/about-us/recovery

Creative Minds and Spirit in Mind

www.southwestyorkshire.nhs.uk/quality-innovation/creative-minds

Mental Health support pathway [Wakefield]

www.wakefield.gov.uk/mentalhealth

WDH Mental Health Navigators

01977 724403

Remploy [Mental Health Employment Services]

0300 456 8081

Age UK

01977 552479

information@ageuked.org.uk

Wakefield Carers

01924 305544

Well Women's Centre

01924 211114

info@wellwomenwakefield.org.uk

NOVA Information & activities

01924 367418

Live Well Wakefield [for older people]

01924 255363