Isle of Wight
Mental Health Strategy
2014–2019

No Health Without Mental Health
It’s everyone’s business
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Foreword by Dr John Rivers Chair, Isle of Wight Clinical Commissioning Group (CCG) and Cllr. Steve Stubbings, Isle of Wight Council

Mental Health is everyone’s business. Good mental health and well-being are fundamental to physical health, relationships, education, training, work and to achieving our potential. The NHS and Social Care has an important part to play but we can only help to reduce the inequalities in health and mental health if all the agencies work together on the Island to support the mental health outcomes for everyone.

Mental health affects everyone. It is estimated that one in four of us will experience a mental health problem and this will impact on families, friends, schools, work and communities. Often the problem will not require specialist health services but to recover, the individual will need the support, help and understanding of their family, colleagues and the many excellent support groups on the Island.

Public services on the Island, like elsewhere in the UK, face significant challenges with greater demand on services with reducing resources. It is only by working together, integrating and sharing resources that we will continue to be able to improve services and achieve the outcomes we all want for our families and friends.

The strategy identifies three priorities:

- Prevention and early intervention.
- A focus on recovery.
- Reducing the stigma and discrimination.

The Island is ideally placed to help improve the mental health and well-being of our population. Mental health and well-being is included in our My Life A Full Life programme to support integrated working across organisations and deliver effective and sustainable services to improve the patient experience and outcomes. The programme is a collaboration between the Isle of Wight Clinical Commissioning Group, Isle of Wight NHS Trust and the Isle of Wight Council. It works in partnership with local people, voluntary organisations and the private sector to deliver a more coordinated approach to the delivery of health and social care.
In developing this strategy we have listened to local people including those who have experienced mental health problems and those who provide services. There is agreement that to achieve the outcomes we want, there needs to be a shift from a reactive approach of intervening when things get really bad, to a proactive early intervention approach.

Working together on these priorities we will significantly improve the lives of many Island residents and also use our resources more effectively.

The CCG and Isle of Wight Council are committed to improving the mental health and well-being of the Island population and is delighted by the similar commitment from partners to help translate this strategy into action. I want to thank the many contributors to this strategy and in particular those who have shared their personal experiences to help improve services and outcomes for others.

**Dr John Rivers,**
**IoW CCG Executive Chair & Clinical Lead**

**Cllr Steve Stubbings,**
**Isle of Wight Council**
Executive summary

This document describes the work that is needed over the next five years to make sure that Island residents have good mental health and receive the correct support at the time and place when they need it to support them to recover.

People’s mental health is really important and mental ill health is estimated to cost the economy £105 billion each year. There are many things we can do individually to improve our own mental health and help others to recover. To do this we have to work together ensuring the integration of services so that we can; respond quickly, help people to recover and reduce the stigma and discrimination that surrounds mental health.

We held two large workshops to initially collate the views on the most important actions we can take to improve people’s mental health and well-being on the Island.

A further three workshops were organised to agree the priorities for action. The three most important areas we need to improve are:

1. Prevention and early intervention for mental health and well-being.
2. Improved recovery and access to mental health support.
3. Reducing stigma and discrimination through stronger communities.

The Isle of Wight Joint Strategic Needs Assessment (JSNA) 2012-2013 highlights that on the Island:

- Patients registered on the Mental Health Register is significantly higher than the England average prevalence.
- There has been a 0.07% increase in patients on the Mental Health register from 2007/08 to 2011/12, an extra 107 patients.
- The Island has a significantly higher than average rate of hospital admissions for Mental Health.
- The allocated average spend per head for mental health patients is not significantly different to the England average.
- The Island is significantly worse for emergency hospital admissions for self-harm, with 310 admissions per 100,000 population per year.
- The percentage of adults with depression is significantly lower than the England average.
The best way to do this is by acting early: early in planning; early in life; early in the condition; early in the crisis.

The strategy identifies three priorities and associated action plans. These will be developed and delivered by the relevant organisations.

The report makes recommendations to the Islands Health and Well-being Board (HWBB) who has responsibility for making sure everyone contributes to the action plans. It has been recommended that the No Health Without Mental Health Steering Group monitor the action plans and report biannually to the Health and Well-being Board.

### The recommendations for the Health & Well-being Board (HWBB) are:

1. The three priorities are ratified and action plans are agreed with the relevant lead organisations.
2. The organisations will report to the My Life Full Life Mental Health Development Partnership Group which will report to the Health and Well-being Board on the implementation and delivery of the action plans.
3. The Health and Well-being Board monitor progress of the implementation through six monthly reports.
4. Each partner organisation is requested to implement the MIND guides to No Health Without Mental Health.
1. Introduction

Mental health is central to our quality of life, central to our economic success and interdependent with our success in improving education, training and employment outcomes\(^1\). It is also an important factor in tackling some of the persistent problems that challenge our society, from homelessness, violence and abuse, to drug use and crime.

At least one in four of us will experience mental health problem at some point in our life - often not diagnosed nor requiring specialist services. Around half of people with lifetime mental illness experience their first symptoms by the age of fourteen\(^2\). People with a diagnosed severe mental illness die up to twenty years younger than their peers in the UK, predominantly due to higher rates of poor physical health. By promoting good mental health and intervening early we can help prevent mental illness from developing and support the mitigation of its effects when it does.

It is estimated that mental ill health in England costs in the region of £105 billion each year and treatment costs are expected to double in the next 20 years. It is imperative to ensure that every pound spent is used efficiently to improve people’s mental health and well-being.

Mental health is everyone’s business – individuals, families, employers, educators and communities all need to play their part to improve the mental health and well-being of the population and keep people well, by improving the outcomes for people with mental health problems.

It has been evidenced that when mental health services are integrated with the local public, private and voluntary sector agencies and work collaboratively, they help people to overcome disadvantage and fulfil their true potential. This is why the Health and Well-being Board have developed this five year strategy for the Island. This strategy will identify what actions need to be taken to ensure Island residents can:

- Manage their own mental health and well-being.
- Quickly and easily access treatment and help when they need it.
- Recover with support if required, to become as independent as possible.
- Live in families and communities without fear of stigma or discrimination.
This strategy recognises the value of integrated working across the stakeholder organisations and fits with the five year integration and the My Life Full Life visions for the Isle of Wight.

The National No Health Without Mental Health Strategy identifies six objectives:

i. More people have good mental health.

ii. More people with mental health problems will recover.

iii. More people with mental health problems will have good physical health.

iv. More people will have a positive experience of care and support.

v. Fewer people will suffer avoidable harm.

vi. Fewer people will experience stigma and discrimination.

Through workshops, questionnaires and interviews service users, staff and key stakeholders have been engaged to share how we can achieve the above national six objectives for the residents on the Isle of Wight.

This strategy provides an overview of how the Isle of Wight Health and Well-being Board partners will work together to ensure mental health and well-being is central to planning and service delivery in order for the Island to achieve these objectives. It will be supported by action plans that agencies on the Island will work to deliver over the next five years.

The strategy is based on the growing intelligence we have about the Island population and their health and social care needs, contained in the Joint Strategic Needs Assessment. The Community Mental Health Profile 2013 published by the Public Health England provides a comprehensive view of the risks and wider determinants of health together with the prevalence of mental health problems and availability of services.
2. Policy context

2.1 Outcomes frameworks

Outcome frameworks are national documents published by the Department of Health that provide a vision for what we want to achieve and a mechanism for measuring outcomes linked to that vision.

There are three outcome frameworks that have been referred to for this Island wide strategy:

- NHS Outcomes Framework.
- Public Health Outcomes Framework.
- Adult Social Care Outcomes Framework.

These have been summarised in Appendix One along with the outcome measures specific to mental health that will be captured nationally.

2.2 National policies

There are a number of national and local policies that inform this strategy, including those from the National Health Service, Local Authority, Offender Management and the Department of Work and Pensions. With a particular focus on the cross government mental health outcomes strategy for people of all ages (2011) No Health Without Mental Health Strategy.

The strategy identifies six objectives:

i. More people have good mental health

More people of all ages and backgrounds will have better well-being and good mental health. Fewer people will have mental health problems – by starting well, developing well, working well, living well and ageing well.

ii. More people with mental health problems will recover

More people who develop mental health problems will have a good quality of life – greater ability to manage their own lives, stronger social relationships, a greater sense of purpose, the skills they need for living and working, improved chances in education, better employment rates and a suitable stable place to live.
iii. **More people with mental health problems will have good physical health**

Fewer people with mental health problems will die prematurely and more people with physical ill health will have better mental health.

iv. **More people will have a positive experience of care and support**

Care and support, wherever it takes place, should offer access to timely, evidence-based interventions and approaches that give people the greatest choice and control over their own lives, in the least restrictive environment and should ensure peoples humans rights are protected.

v. **Fewer people will suffer avoidable harm**

People receiving care and support should have confidence that the services they use are of the highest quality and at least as safe as any other public service.

vi. **Fewer people will experience stigma and discrimination**

Public understanding of mental health will improve and as a result, negative attitudes and behaviours to people with mental health problems will decrease.

*Closing the Gap: Priorities for essential change to mental health,* was published in January 2014 which supports the No Health Without Mental Health objectives and aims to bridge the gap between the long term ambition and short term action. It sets out 25 areas where people can expect to see and experience the fastest changes in the next two to three years.

The Mental Health Crisis Care Concordat was published in February 2014, it has been signed by more than 20 national organisations in a bid to drive up standards of care for people experiencing crisis such as suicidal thoughts or significant anxiety. It sets out the standards of care people should expect if they suffer a mental health crisis and details how the emergency services should respond.
3. Mental Health & Well-Being on the Island

The Isle of Wight has a population of 138,265. Almost a quarter of residents (24.1%) are aged 65 or over and just 15% are under 14 years of age. A comparison of the proportions of population by broad age bands for the Island with those for the South East region and England and Wales, shows the Island as having a greater proportion of older residents (aged 65 plus) and fewer younger people (those aged 0–14 years)\(^5\).

Projections predict that the Island will experience an average annual growth of 1,250 persons over the next 22 years (2033) and the overall rate of growth will be among the older population\(^4\).

3.1 Local systems & data

There are a number of excellent projects on the Island that are improving peoples mental health and well-being such as my Life A Full Life, Operation Serenity, Emergency 111 Hub and Mental Health First Aid. Further information can be found in Appendix Three about these projects.

3.2 Local context

Measuring the prevalence of mental illness can be achieved in a number of ways. Based on GP registrations, the percentage of people with a serious mental illness in England is 0.82% per registered population. The Isle of Wight has a slightly higher rate than the national average of 1%. See table 1 Appendix Four. The mental illness prevalence on the Island has increased between 2006 to 2011 by 8%, which is a much slower growth than the national average of 11%.

3.3 Vulnerable groups

Some groups of people are known to be at higher risk of developing mental health problems. On the Island, these groups have been identified as:

3.3.1 Looked after children

The cross government mental health strategy identifies looked after children as one of the particularly vulnerable groups at risk of developing mental health. Research carried out in the UK has shown that looked after children have significantly poorer mental health than the rest of the population\(^6\). In March 2012 0.6% of the 0–17 of age population were looked after\(^7\), this figure has been predicted to have increased in 2012–2013.
Many factors can contribute to the risk of a child having poor mental well-being or being at risk of future mental illness. These include the mother misusing alcohol or drugs during pregnancy, mother’s stress during pregnancy, low birth weight, mental illness in a parent, poor parenting, deprivation, traumatic childhood experiences, child abuse and substance misuse.

Children’s mental health and well-being is primarily nurtured in the home but public services can make a difference, especially for those known to the health and social care services. A secure parent/child relationship is an important building block to help give children emotional strength.

### 3.3.2 People with long term conditions

People with a long term condition are two to three times more likely to experience mental health problems. Also individuals with mental health problems are twice as likely to experience a long term illness or disability.

It is estimated treating people with long term conditions that have co-existing mental health problems costs the NHS in the region of £8–13 billion\(^8\). On the Island it is estimated that 20.1% of our population lives with a long term illness compared to the National average of 16.9%.

Poor mental health problems complicate physical health conditions. This leads to more time spent in hospital, poorer clinical outcomes, lower quality of life and a need for more intensive support from health services.

### 3.3.3 Older people

People over the age of 65 have a much higher rate of depression than younger people\(^9\).

Adult and elderly secondary mental health services on the Island are being used at a significantly higher rate than the England and South East rate. The Island does have a higher demographic of over 65 population of 24.1% compared to England’s average of 16.6%\(^3\).

### 3.3.4 Employment

Employment is good for a person’s health, improves their quality of life and well-being. Remaining in and returning to work quickly, aids recovery and people gain health benefits from being in work\(^10\).
People with severe mental health problems have a lower rate of employment than any other disabled group, the percentage of people in Europe with schizophrenia in employment is estimated between 10–20%\textsuperscript{11}. However they are more likely than any other group with disabilities to want to have a job, up to 90% say they would like to work, compared with 52% of disabled people generally\textsuperscript{12}.

The percentage of the population on the Island that are economically active aged between 16–74 and claiming Job Seekers Allowance for twelve months or more is 4.2%, which is comparable to the national average of 3.7%\textsuperscript{13}.

The number of people claiming Job Seekers Allowance in November 2013 compared to November 2012 has reduced by 13%.

3.3.5 People known to the Justice System
The Island has a higher rate of young people entering the criminal justice system than other parts of the England. This will impact on their ability to gain employment and this in turn has an impact on their mental and physical health. Crime levels are associated with both illness and poverty, increasing the burden of health on those communities least able to cope.

The Bradley report (2009) highlights the needs of people with mental health and learning difficulties in the Criminal Justice System. Evidence suggests there are more people with mental health problems in prison than ever before and there is growing consensus that prison may not always be the right environment for those with severe mental illness.

3.3.6 Veterans
The Kings Centre for Military Health Research found that 20% of Veterans were above cut-offs on self rated scale using GHQ-12. The most common diagnosis is Adjustment Disorder and Post Traumatic Stress Disorder (PTSD) with the prevalence increasing significantly in those that had been deployed.

It is estimated that 11.2% of the over 16 population on the Island is a veteran\textsuperscript{14}.

A number of risk factors have been identified in the Community Mental Health Profiles 2013\textsuperscript{3} as being areas where the Isle of Wight has significantly higher rates compared to the national average in England, a table summarising this can be found in Appendix five.
Figure 1 demonstrates the relationship between risk factors and their impact on people's emotional health and well-being.
4. Engagement

The development of this strategy was supported by a period of consultation that consisted of:

- Two community based workshops attended by 141 people, including service users and carers.
- A questionnaire completed by 8 people.
- Consulted with People Matter IW Mental Health Sub Group.
- Conversations between the consultant and organisations and individuals.
- Three workshops hosted by the Clinical Commissioning Group for Primary Care; Health and Social Care partners; and service users and carers.

4.1 Engagement events

A full write up of this consultation can be found in the Consultation Closure Report in Appendix six.

There are many examples of good practice and excellent services on the Island, however there is a consistently repeated message that the excellence is patchy and variable. It is not available everywhere, all the time or soon enough.

There is local support to adopt the six objectives from the national strategy No Health Without Mental Health. Consultees at the two workshops identified the following priorities in order for the Island to achieve these objectives and outcomes:

Isle of Wight residents want to ensure that:

- More people will have good mental health – by finding ways to reduce loneliness.
- More people with mental health problems will recover – by quicker and easier access to diagnosis and care.
- More people with mental health problems will have good physical health – by providing physical health checks for people with diagnosed mental illness.
- More people will have a positive experience of care and support – by having prompt access to specialist mental health services.
• Fewer people will suffer avoidable harm – by supporting families and communities to help themselves and build confidence.

• Fewer people will experience stigma and discrimination – by helping communities and build confidence and resilience.

Service users and stakeholders asked for:

• More support to maintain good mental health.

• Reduce loneliness.

• Education to increase knowledge and understanding of mental health and well-being.

• Earlier intervention when help is needed.

They say that prevention, education and support is too often neglected and so stigma and discrimination is able to thrive.

4.2 The CCG strategy workshops

The CCG held three strategy workshops in the autumn where stakeholders were consulted on the proposed priorities outlined in this strategy. There was universal agreement from the groups that to improve the mental health and well-being of Island residents that these should be the priority areas for action and that this was only achievable if all the Islands stakeholder organisations contributed to the action plan.

A summary report of these workshops can be found in Appendix Seven.
5. Delivering the desired outcomes: Priorities for action

Three priority outcomes have been developed to support this strategy, based on feedback and interviews with key stakeholders. It will be for partner organisations to deliver detailed action plans and the representatives on the Health and Well-Being Board to take responsibility for ensuring the outcomes are achieved. It is recommended that the strategy implementation focuses on three priority areas for action:

1. Prevention and early intervention for mental health and well-being
2. Improved recovery and access to mental health support
3. Reducing stigma and discrimination through stronger communities

Figure 2: Desired Outcomes
To achieve these outcomes there needs to be a shift from a reactive approach of intervening, to a proactive early intervention approach. The sooner mental health and well-being issues are addressed, the easier and less costly it is to achieve the desired outcomes. Adopting an early intervention approach as outlined in Figure 2 in Appendix Four will help to deliver our priority outcomes.

MIND, with partners, has developed a set of guides for organisations, that offer background and recommendations for the implementation of No Health Without Mental Health. Partners are recommended to consider adopting the relevant guide. Links to the guides are in Appendix Eight.

The outcomes required for each priority are outlined in Appendix Nine.

Each stakeholder organisation has been invited to review the consultation feedback and share the actions they aim to deliver between 2014–2016 to work towards these priority areas that will improve the mental health and well-being of the Island’s residents. This action plans can be found in Appendix fourteen and so far include the actions from the Isle of Wight Clinical Commissioning Group, Isle of Wight Council, Isle of Wight NHS Trust, Public Health, Youth Offending Team, Job Centre Plus, Offender Management, Police, Isle of Wight Fire and Rescue Service and HM Prison Isle of Wight.

The action plan is monitored by the My Life Full Life Mental Health Partnership Development Group which members include: GP Executive, CCG (Chair); Consultant Psychiatrist, the IW NHS Trust; Head of Public Health; Head of MH, LD and Community Partnerships, IW NHS Trust; Third Sector representative; Head of Commissioning MH & LD, IW CCG; T/Inspector, Police and Head of Adult Social Care.

The action plans will be reviewed and updated annually during the five year strategy.

5.1 A summary of what we will be done to improve mental health and well-being on the Island includes:

- Continue to develop and implement an action plan that delivers the objectives of this strategy and monitors its progress.
- Report on the implementation of this strategy to the Isle of Wight Health and Well-being Board.

5.2 To support prevention and early intervention for mental health and well-being we will:

- Work towards ensuring people have good access to health and social care services when they need it.
• The care pathways will be published so people are informed of the therapy and care they can expect.
• Ensure we have an informed and effective workforce in public sector organisations through training and supervision.

5.3 To support improved recovery and access to mental health support we will:
• Increase the access to psychological therapies (IAPT).
• Development and implement a reablement pathway which integrates health, social care and housing and will offer a recovery focused approach, enabling people to achieve the skills they need to achieve a fulfilling and meaningful life.
• Strengthening communication and relationships between multi-agency partnerships.
• People are involved in the development and feedback of services through engagement events and service user and carer forums.
• Improve the physical health of people with mental health problems through physical health checks.
• Support voluntary and third sector organisations in collaborating to form a Mental Health Alliance and to develop local services for people with mental health problems.
• Improve responses to mental health crisis calls through police and mental health practitioners responding to calls together during peak times (Serenity).
• Explore best practice in ensuring people admitted to hospital are assessed and supported appropriately if they have mental health problems.

5.4 To reducing stigma and discrimination through stronger communities we will:
• Work towards reducing stigma and discrimination by promoting participation, social inclusion and employment of people with mental health problems and supporting public campaigns.
• Isle of Wight Council, CCG and Police will promote good mental health of their staff and promote awareness and self-management programmes.
• Public Health will be using evidenced based approaches to build and strengthen communities, families and individuals and improve mental health well-being and resilience.
6. Governance

The Island Mental Health Strategy builds on the learning and requirements from the cross government No Health Without Mental Health Strategy 2011 and has benefited from engagement with people with mental health problems, carers, providers, clinicians, public sector and voluntary sector organisations.

Following the recommendations from the consultation a multi agency steering group has been set up to oversee the delivery of this plan and formally report its progress to the Isle of Wight Health and Well-being Board.
7. Recommendations for the Health and Well-being Board (HWBB)

1. The three priorities are ratified and action plans are agreed with the relevant lead organisations.

2. The organisations will report to the My Life A Full Life Mental Health Development Partnership Group which will report to the Health and Well-being Board on the implementation and delivery of the action plans.

3. The Health and Well-being Board monitor progress of the implementation through six monthly reports.

4. Each partner organisation is requested to implement the MIND guides to No Health Without Mental Health.