North East Lincolnshire

Mental Health and Wellbeing Needs Assessment 2018

Objectives

* Provide an assessment of the factors that are associated with poor mental health and wellbeing at all the major stages of the lifecourse in North East Lincolnshire , including those that impact on specific groups such as people with disabilities.

* Obtain a good understanding of how mental health and wellbeing issues are manifesting and presenting to public services, schools, employers etc. in North East Lincolnshire.

* Review the range of services that are currently available to assist people with their mental health and wellbeing and assess whether this reflects the needs of our community.

* Identify the incidence and prevalence of common mental health disorders using available data at all the major stages of the lifecourse.

* Identify the sort of support mechanisms that assist with positive mental health & wellbeing issues across the various stages of the lifecourse.

Objectives

* Identify the extent of mental health problems across the lifecourse. This will include analysis of how mental health varies between, wards, socioeconomic groups, gender, age groups, ethnicity etc.

* Using the State of the Borough survey as a vehicle provide a snapshot of the current state of mental health and wellbeing in North East Lincolnshire at the current time.

* Carry out community engagement activities with local forums that cover children, adults, workplaces older people etc.

* Assess impact of novel psychoactive drugs (NPS) on mental health services locally (to follow).

Methods

* Surveys of GPs/ other professionals such as teachers, service providers and community champions

* Focus groups with community organisations

* Interviews with selected stakeholders

* Routine data analysis e.g. DPOW, NAViGO primary care, prescribing, police etc.

* Our Place Survey

* Adolescent Lifestyle Survey

* Service Review

* Annual suicide audit

Mental illness:

- is responsible for **23%** of the total burden of disease in England compared to **16%** each for cardiovascular disease and cancer

- is one of the major causes of life years lost and around

- **1 in 4** people in the UK will experience mental illness in their lifetime

- Depression alone accounts for **7%** of the disease burden, more than any other health condition

It is estimated that:

Over 4million

people in England with a long-term physical health problem also have a mental health problem

and that

70% of patients

with 'medically unexplained symptoms' live with depression and/or anxiety related conditions

Mental health problems are the leading cause of sickness and absence from work

70 million workdays are lost in the UK every year as a result of mental health problems

Absence from work creates a burden on employers by impacting on productivity and quality of output

Adolescent Lifestyle Survey

* Routine survey undertaken every 4 years with secondary school children in North East Lincolnshire looking at a broad range of lifestyle, behavioural and emotional factors (we used out most recent survey in this needs assessment).

* The majority of young people feel happy about their life (84.3%), however those living in the most deprived quintiles were much less likely to feel happy compared to the least deprived quintile.

Adolescent Lifestyle Survey

* Children from the most deprived areas of NEL were also more likely to feel:
  * sad and tearful
  * bad tempered or angry
  * Anxious and depressed
  * They wanted a different kind of life

* Young people are more likely to talk to someone about a problem if it relates to school, bullying or friends. More deprived children are less likely to talk to anyone about their problems.

* School work/ exams are the biggest worry for young people. Children in the most deprived quintile were less likely to worry about school work. The other main worries for young people included the future/ getting a job and the way they look.
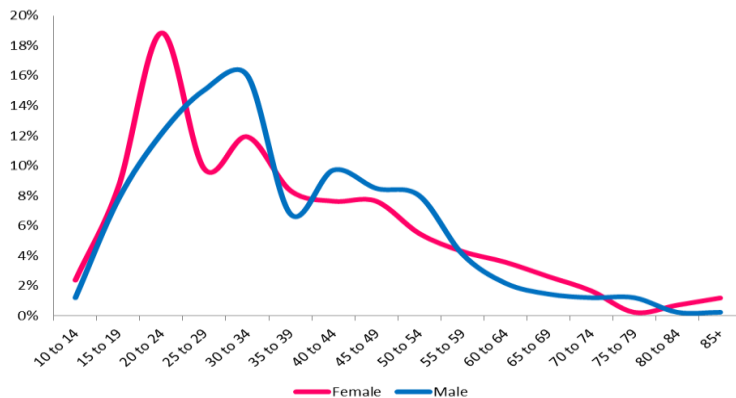
Suicide

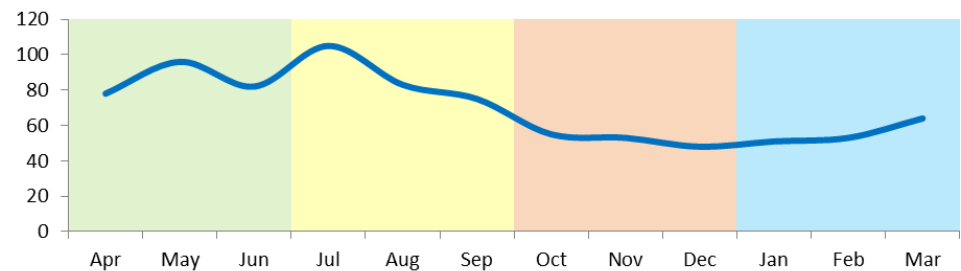**64** suicides in the last 5 years locally. 54 men and 10 women.
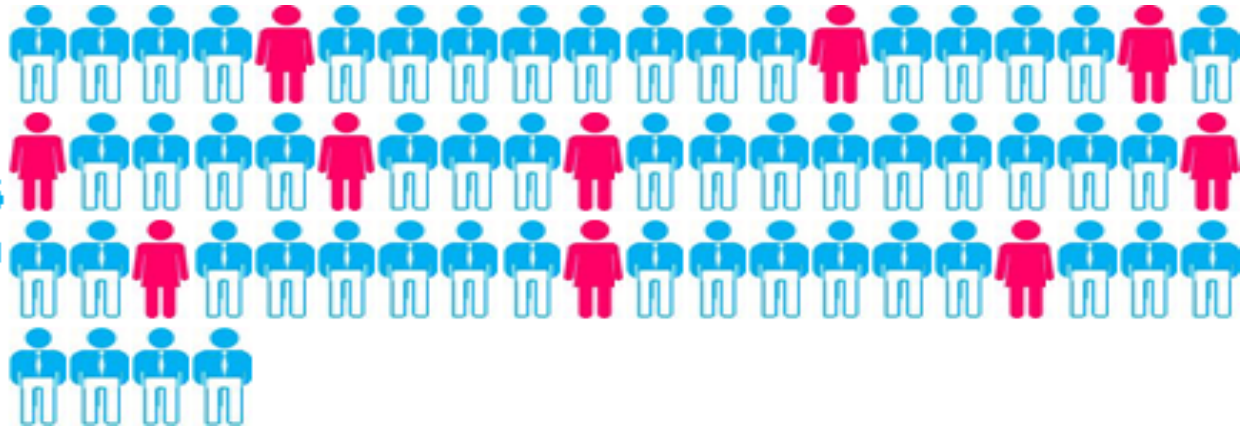
Suicide is one of the leading causes of mortality in 15 to 44 year olds

843 ambulance call outs for suicide related incidents in North East Lincolnshire in 2016/17, 10% of which are for people age 10-19

Proportion of suicide related ambulance call outs by age band and gender

Number of suicide related ambulance by month

Suicide Audit (5 yr analysis)

* The majority of suicide cases were under treatment for a mental health condition, mainly depression, prior to their death

* One in 3 had previously attempted suicide and more than half had expressed suicidal thoughts

* Almost half were misusers of alcohol and/or drugs

* 60% were not in regular employment, 17% were in financial difficulties

* >40% had experienced some sort of relationship breakdown in the period leading up to their suicide

* One in 8 had some form of chronic, terminal disease or life limiting disability or disease

Self Harm

* Growing problem in young people, especially teenage girls and young women

* 65 children in NEL admitted to hospital as a result of a self harm incident in one year period

* Overall NEL has slightly higher prevalence of this than England and region

* Small proportion of self harmers progress to suicide attempts, the vast majority don't

Our Place Survey

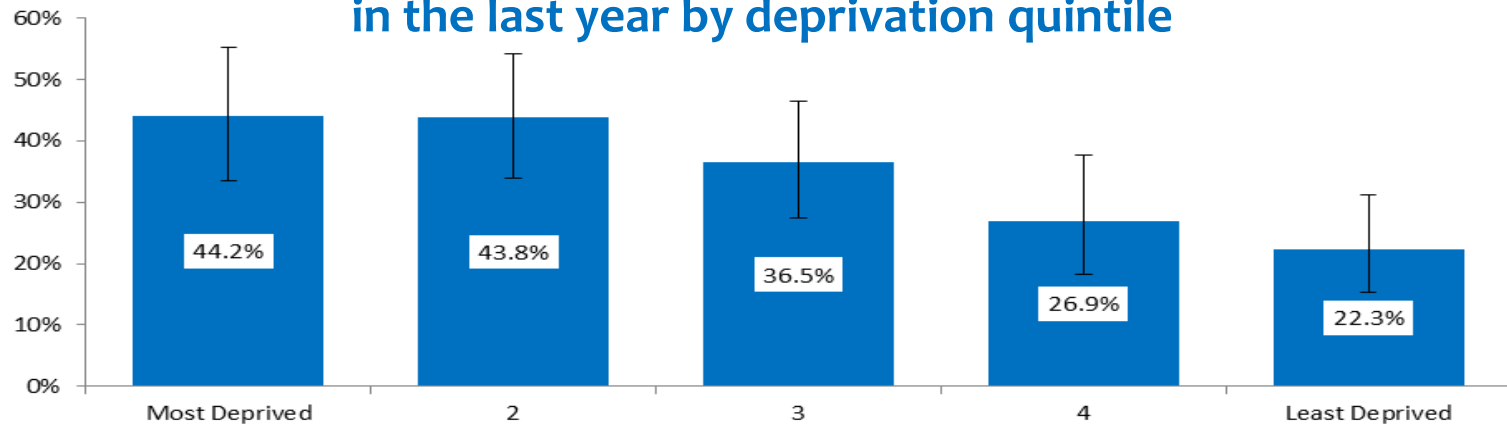* Our Place survey was a borough wide survey in 2017/18 which asked questions on a wide range of topics affecting adults in their daily lives

* We asked a series of questions on mental wellbeing including the short Warwick Edinburgh Mental Wellbeing Scale, a question that explored the impact on mental health in the last year and where people would go for mental health/ wellbeing support

* Over 1000 people completed the survey

Our Place Survey *cont...*

% of people who felt mental health had a bad impact on their life in the last year by age and gender

	20-34	35-49	50-64	65+
Males	23.8%	38.5%	27.7%	8.0%
Females	48.7%	37.9%	35.5%	8.8%
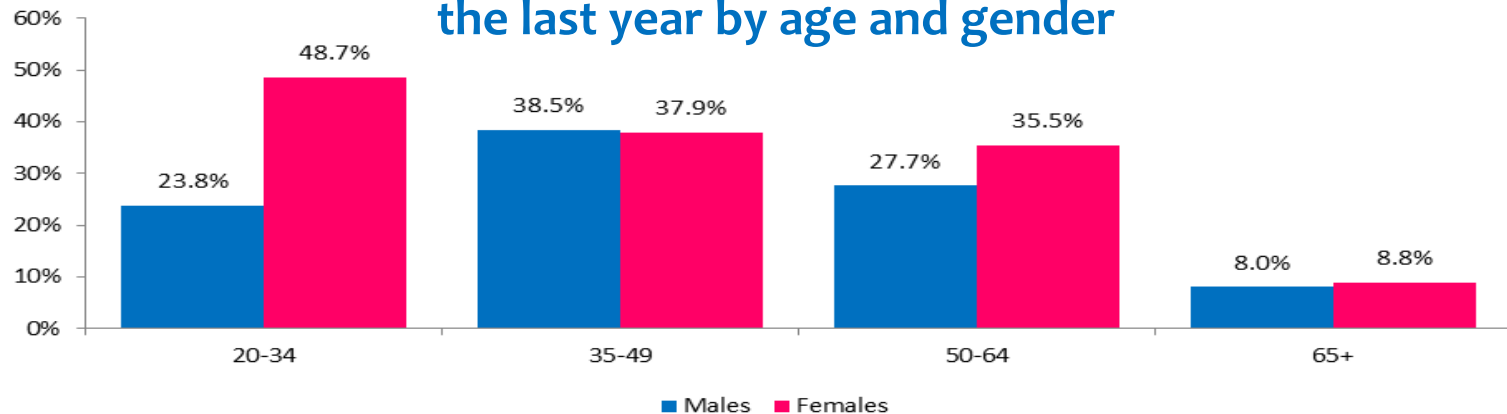
% of people who felt mental health had a bad impact on their life in the last year by deprivation quintile

Most Deprived	2	3	4	Least Deprived
44.2%	43.8%	36.5%	26.9%	22.3%

Our Place Survey *cont...*

Where people would seek advice if they felt low for a long time

	GP	Family members	Friends or neighbours	Therapist	Online support	I wouldn't seek help/ advice from anyone	Self help group	Social groups	Other	Telephone helpline support	Leisure services
Male	55.4%	57.9%	24.6%	10.3%	13.8%	12.8%	6.2%	6.7%	7.2%	6.2%	3.1%
Female	68.5%	58.8%	37.6%	17.7%	15.7%	6.9%	8.0%	6.4%	3.6%	3.6%	4.7%

■ Male ■ Female
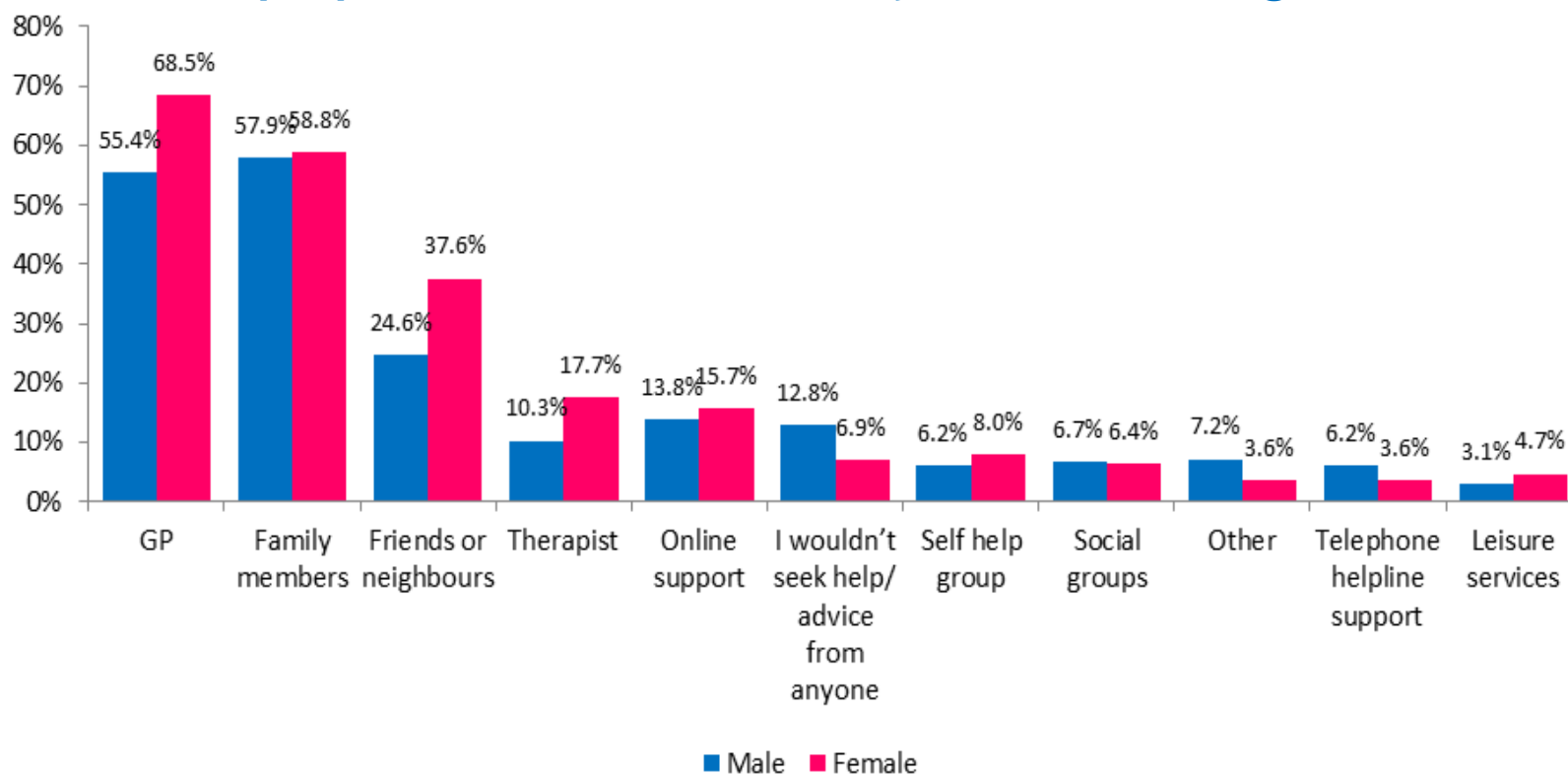
Stakeholder Surveys and Interviews

* Short surveys distributed to GPs, teachers, nurses, community champions and others with regular contact with people who may be experiencing mental health issues to obtain their perspective on trends and the underlying factors associated with mental health problems in children, working age people and older people

* Follow up in depth interviews with some to get more details about the sort of issues they are dealing with

Stakeholder Surveys

Mental Health Needs Assessment Survey
Teachers & Education Providers

9 out of 10 teachers think the number of children with mental wellbeing issues has increased in the last 5 years

8.5 out of 10 teachers think mental wellbeing issues have worsened in the general population in the last 5 years

7 out of 10 teachers say they always know where to refer children suffering with mental wellbeing issues

7 out of 10 teachers believe there is enough support within their school for children with mental wellbeing issues

9 out of 10 teachers believe parents and carers have a lot of influence on the mental wellbeing of their children
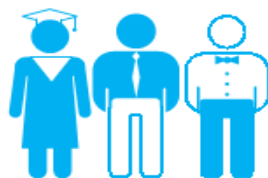
"Things are slowly changing. We now receive more training and help... but the change is low"

"A lot of a child's wellbeing can derive from their home life"

"Parents are not always aware of how their actions can impact on their children"

"We have pastoral and outside counselling coming into the school"

"More staff trained in would be beneficial"

"Parents can be reluctant to discuss their child's mental well being"

"Not enough time is given in the current time table to support children"

"There does seem to be a link between children who are struggling and inconsistent parenting"

Top 5 causes of poor mental wellbeing amongst children and young people according to teachers

90% Family/relationship problems

80% Social media

65% Physical/emotional abuse

65% Life changes

60% Bullying

Mental Health Needs Assessment Survey

GPs & Practice Nurses

8.5 out of 10 GPs think the number of **patients presenting** with **mental wellbeing issues** has **increased**

8 out of 10 GPs think **mental wellbeing issues** have **worsened** in the **general population**

7.5 out of 10 GPs don't always **know** where to **refer patients** with **mental wellbeing issues**

6 out of 10 GPs don't believe **people** have the **capability** to **manage/improve** their own **mental wellbeing**

8 out of 10 GPs don't think there are adequate **community services** to **support** people with **mental wellbeing**
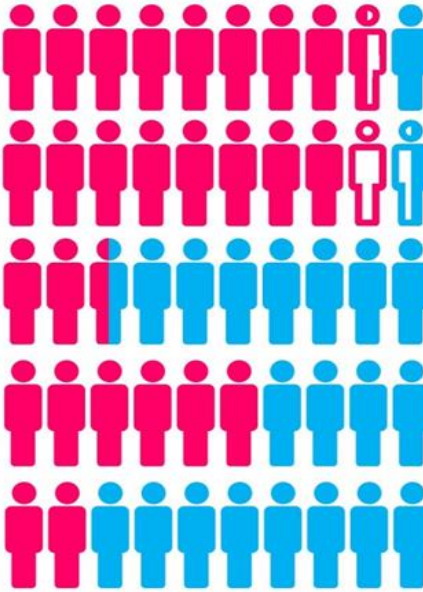
"Support for chronic disease and social factors are not always considered"

"Alcohol and substance misuse is adding to the problem"

"I would like to be more aware of social prescribing options"

"Adults are easier to refer than children… accessing children's support is problematic!"

"There are such long waiting times following referral"

"Children are well supported as long as they aren't in major crisis"

"Fragmentation of family groups and poor social cohesion is negatively impacting on mental wellbeing"
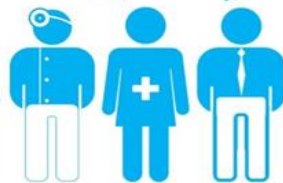
"I'm not always aware of non-medical options for referrals"

Top 5 causes of poor mental wellbeing according to GPs

Children & Young People

88% Bullying

82% Family/relationship problems

76% Physical/emotional abuse

71% Education

65% Sexuality

Working Age

91% Family/relationship problems

91% Work related stress

85% Finances, debt

85% Alcohol & substance misuse

82% Unemployment

Older People

88% Loneliness

85% Poor physical health

79% Bereavement, significant loss

71% Poor housing, living environment, fuel poverty

65% Side effects of medication

Mental Health Needs Assessment Survey
## Stakeholders & Community Champions

4.5 out of 10 stakeholders think the number of **people** with **mental wellbeing issues** they **engage** with has **increased**

6 out of 10 stakeholders think **mental wellbeing issues** have **worsened** in the general population

4 out of 10 stakeholders say they **don't always know** where to **refer someone** with **mental wellbeing issues**

6.5 out of 10 stakeholders don't believe **people** have the **capability** to **manage/improve** their own **mental wellbeing**

8.5 out of 10 stakeholders don't think there are adequate **community services** to **support** people with **mental wellbeing**
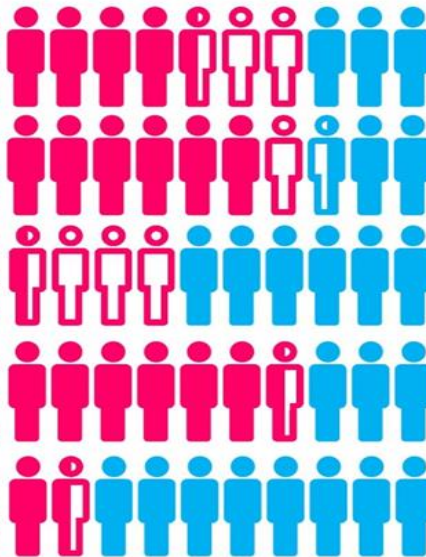
"The transition from childhood to adults services needs to be clearer"

"Without a clinical diagnosis, people are falling between gaps in services"

"Young males are a difficult cohort to engage with"

"A more proactive service is required"

"It's difficult to refer knowing how long the waiting times are"

"Services are often inadequate and over stretched"

"People are having to wait too long for services sometimes"

"About 90% of my clients have mental health issues relating to domestic abuse"

"Despite the cuts and long waiting times, the services are still brilliant"

"There needs to be education around stigma and more focus on prevention"

"Financial restrictions prevent simple supportive groups and in-reach work"

"Community groups can only offer short term support due to funding issues"
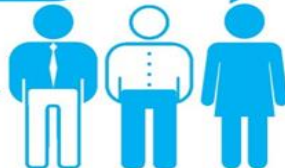
Top 5 causes of poor mental wellbeing according to stakeholders

Children & Young People	Working Age	Older People
73% Family/relationship problems	84% Alcohol & substance misuse	80% Loneliness
73% Bullying	83% Finances, debt	70% Poor physical health
71% Sexuality	81% Work related stress	68% Bereavement, significant loss
65% Physical/emotional abuse	75% Poverty	67% Poor housing, living environment, fuel poverty
64% Education	75% Unemployment	64% Disability

Stakeholder Interviews

* Increasing community mental wellbeing issues
    * More people presenting to services
    * Less stigma and positive media campaigns

* Complex mental health needs
    * Childhood trauma, PTSD, historical abuse
    * Untreated mental wellbeing issues developing to complex cases

* Service access and availability
    * good quality services are available locally
    * Professionals often confused which element of MH service the need to refer to
    * Population needs outweigh service provision
    * Community would benefit from low level counselling services

* Lack of resilience and community cohesion
    * Breakdown of traditional family coping mechanisms and family framework

* Children and young people
    * Parents wanting a diagnosis for behavioural problems an increasing issue
    * Lack of parental accountability and chaotic home lives
    * Social media, underage gaming
    * Parental legacy issues (prison, unemployment etc)

Community Engagement
Children & Young People

* Schools should advertise how they can help better.
* Look after their mental wellbeing by:
    * Being physically active / Doing puzzles / Arts and crafts / Being in a good environment with family and friends

Community Engagement
Working Age Adults

* What was available to support them and how they can help others.

* Some understanding about groups who were more vulnerable of mental illness – men / young people / new mothers.

* Look after their mental wellbeing by:

  * Keeping in touch / Talking / Having a good support network / Having fun / Thinking positively / Attending therapies / Using self-help / Being physically active

Community Engagement
Older People

* Found it difficult to get the right information and support about:
  * Finance / Dementia

* Look after their mental wellbeing by:
  * Trying to socialise / Having a good support network / Not isolating yourself / Taking trips and holidays

Community Engagement
All Age Groups

* Easier to talk about mental health nowadays

* Stigma was still prominent

* The media identify mentally ill people negatively

* Discussed mental health with empathy

* Looked after their mental wellbeing by:
  * Being physically active / Keeping the mind active / Reading / arts and Crafts / Having a pet / Taking one thing at a time / Drinking water

* Had positive experiences with Mental Health Services

* Had concerns about access to mental health services:
  * Long waiting lists / not getting to see your GP / not meeting referral criteria / being given medication without therapy / another health need

* Go for support to:
  * Family / Friends / Midwife / Vicar / GP

Service Review- gaps identified (1)

* Limited Tier 1 perinatal mental health services and no specific services for women in NEL who are at risk of developing perinatal mental illness

* Currently no early intervention in psychosis provision for people aged 35 years and over.

* Currently no Safe Space or night time service to support people who are in crisis out of hours (night time). These are people whose crises are not mental health related and who turn up at Harrison House for support.

* Gap in service for people who misuse drug and alcohol and are unwell and **do not have a dual diagnosis** but turn up at Harrison House for support

* Lack of social prescribing for low level mental health support and intervention in the community.

Service Review- gaps identified (2)

* Lack of formal peer support groups where people with common mental health issues could meet to support each other and share advice and coping strategies.

* Universal Credit is having an impact in NEL and has created issues within services including mental health services in the area. People are in distress because of financial difficulties

* Currently pathways are unclear where a person has mental health issues on top of pre-existing vulnerabilities (for example Learning Disability or Autism).

* PCMH services have low service capacity. Guidelines recommend that patients are seen within 6 weeks but this sometimes goes up to 10 weeks.

* Lack of voluntary sector support for mental health, e.g. NEL Mind is not well promoted in the area and as a result the service lacks relationship with key people in various organisations.

Routine Data Analysis….

Depression
(modelled prevalence)

Immingham

Freshney

West Marsh

East Marsh

Sidney Sussex

Heneage

Croft Baker

Haverstoe

Yarborough

South

Park

Scartho

Wolds

Humberston and New Waltham

Waltham

Depression QOF Prevalence

National average or lower

Up to 10% higher than national average

Over 10% higher than national average
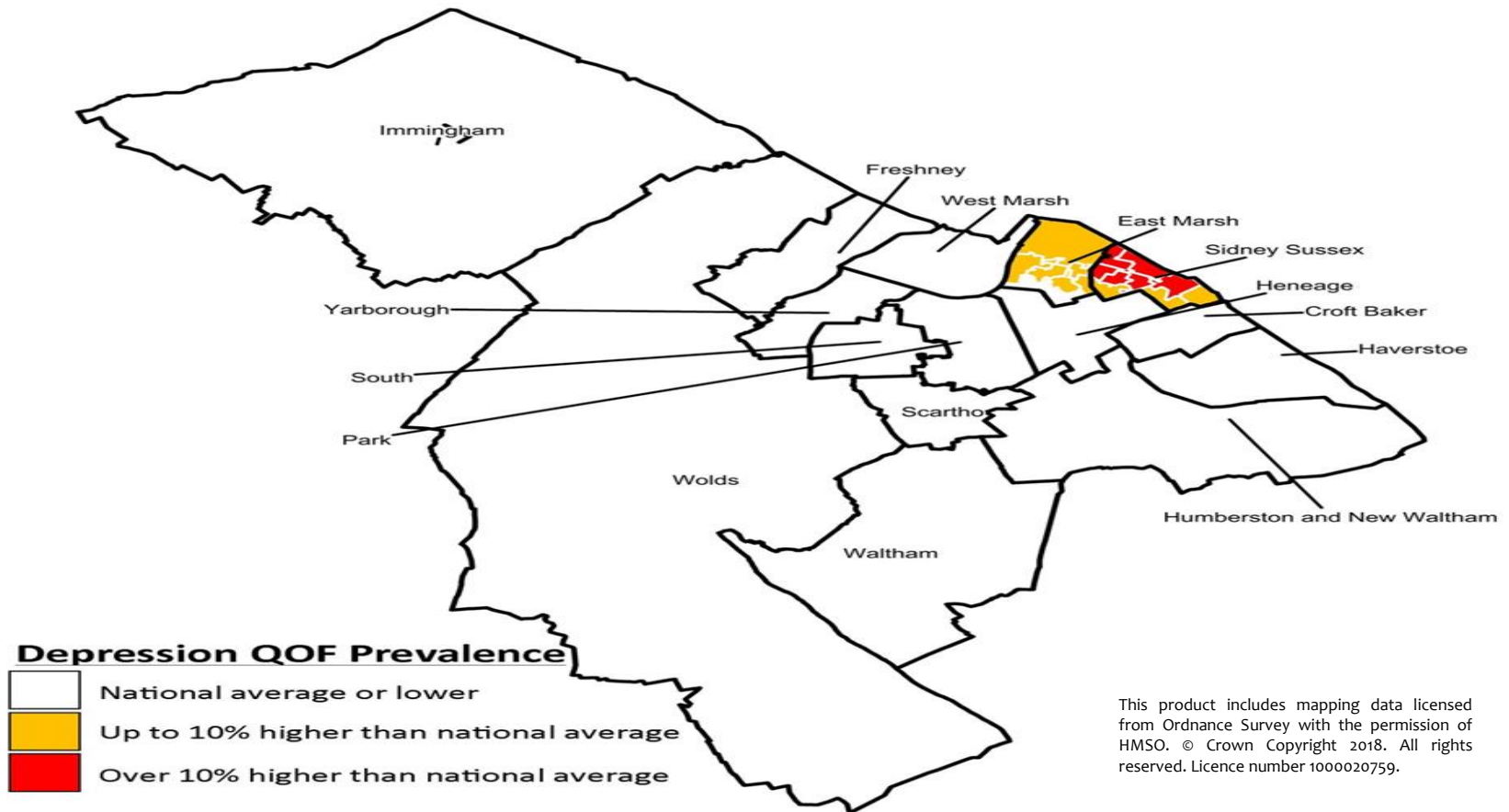
11,000 people diagnosed with depression locally and an estimated further 10,000 people living with undiagnosed depression

Dementia

2146 older people estimated to be living with dementia locally of which...

1494 older people diagnosed with dementia locally (70% diagnosis rate) ...

1254 receiving treatment for dementia (approx. 60% of total estimated dementia prevalence)

225 deaths caused by dementia in older people in the last year

15% of all deaths in older people are caused by dementia and it is now the leading cause of all mortality locally

Dementia Diagnosis & Management

Persons aged 65+

— 65+ diagnosed - - - 65+ estimated prevalence - - - National target diagnosis ambition*
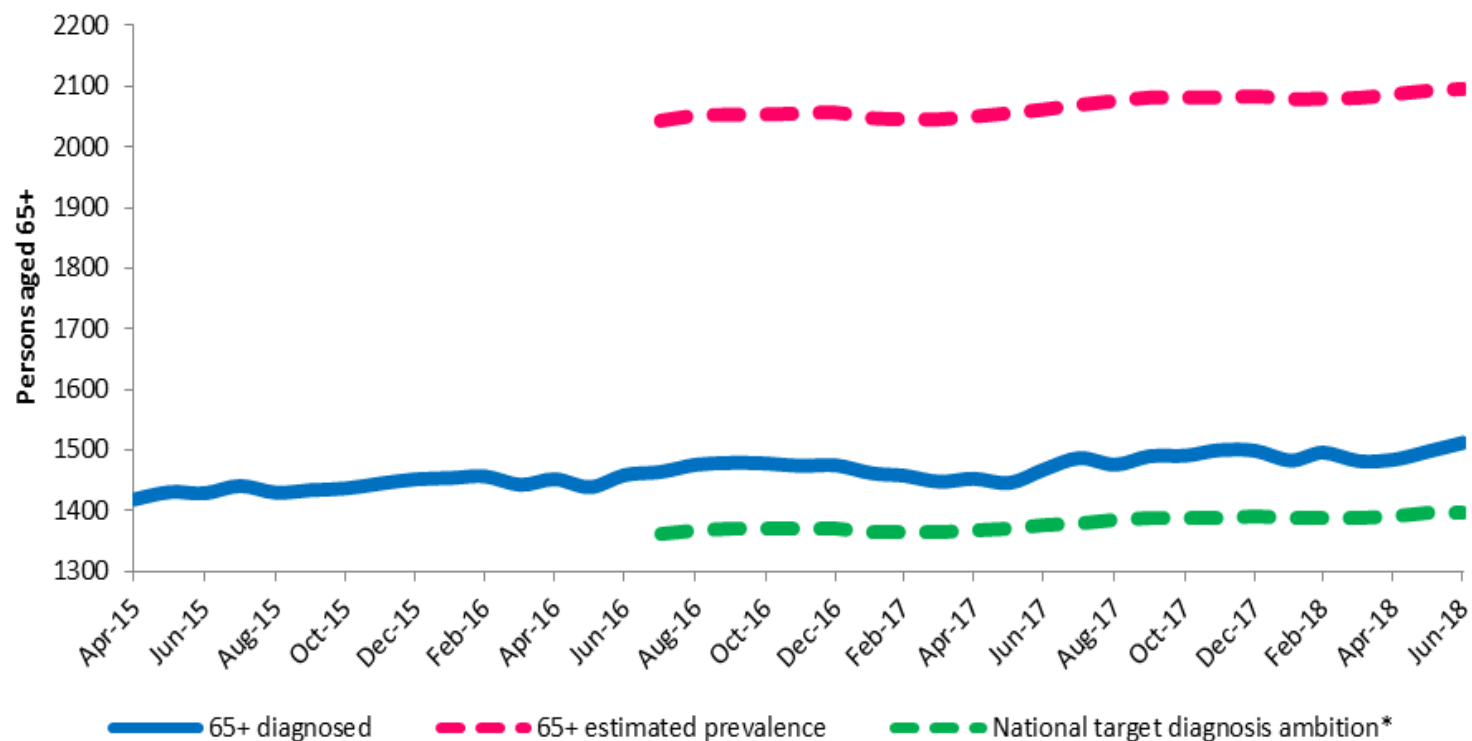
*based on North East Lincolnshire estimated target diagnosis (66.7%)

Over 65 Dementia Prevalence
(modelled)
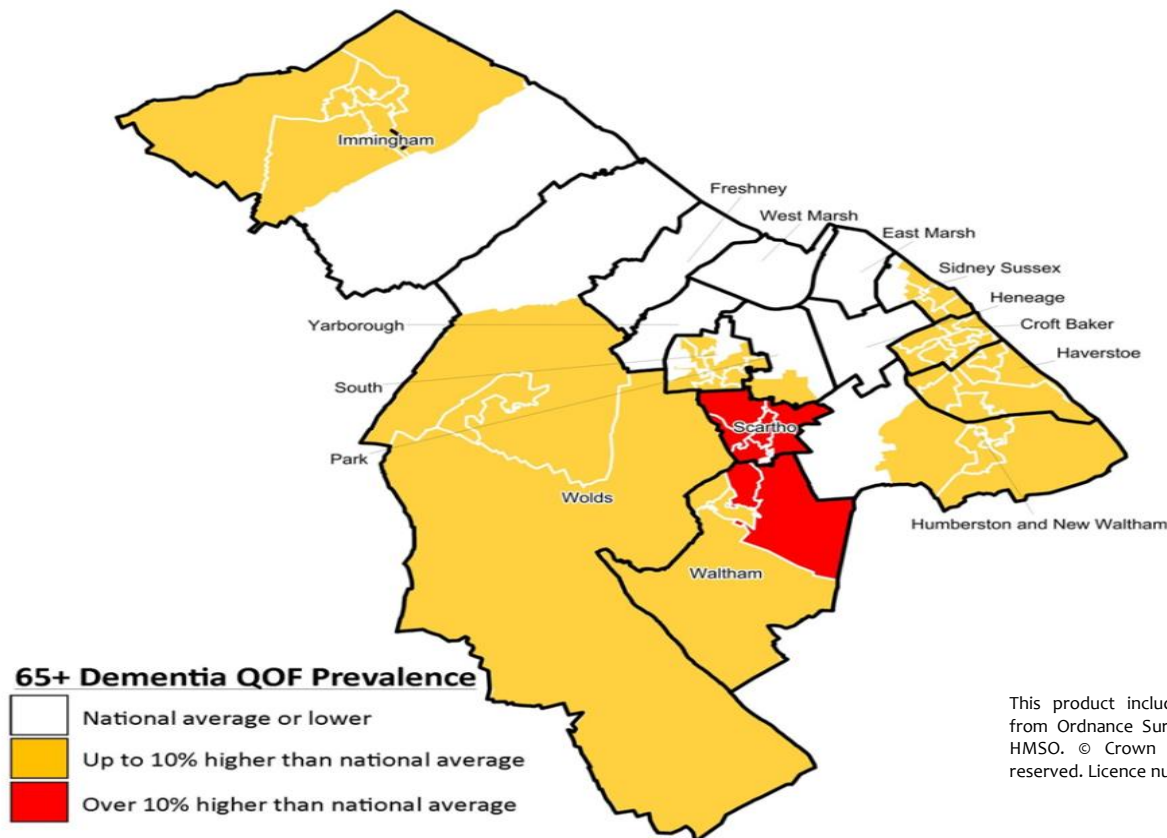
65+ Dementia QOF Prevalence

- National average or lower
- Up to 10% higher than national average
- Over 10% higher than national average

Prescribing

* 200,000 antidepressant items prescribed per year in North East Lincolnshire

* 101 antidepressant items prescribed per month per 1,000 patients

* Total cost of antidepressant prescribing for 2013-2018 = £3.1m

* 35,000 antipsychotic items prescribed per year in North East Lincolnshire

* 18 antipsychotic items prescribed per month per 1,000 patients

* Total cost of antipsychotic prescribing for 2013-2018 = £2.2m

Prescribing 2013-2018 (modelled)
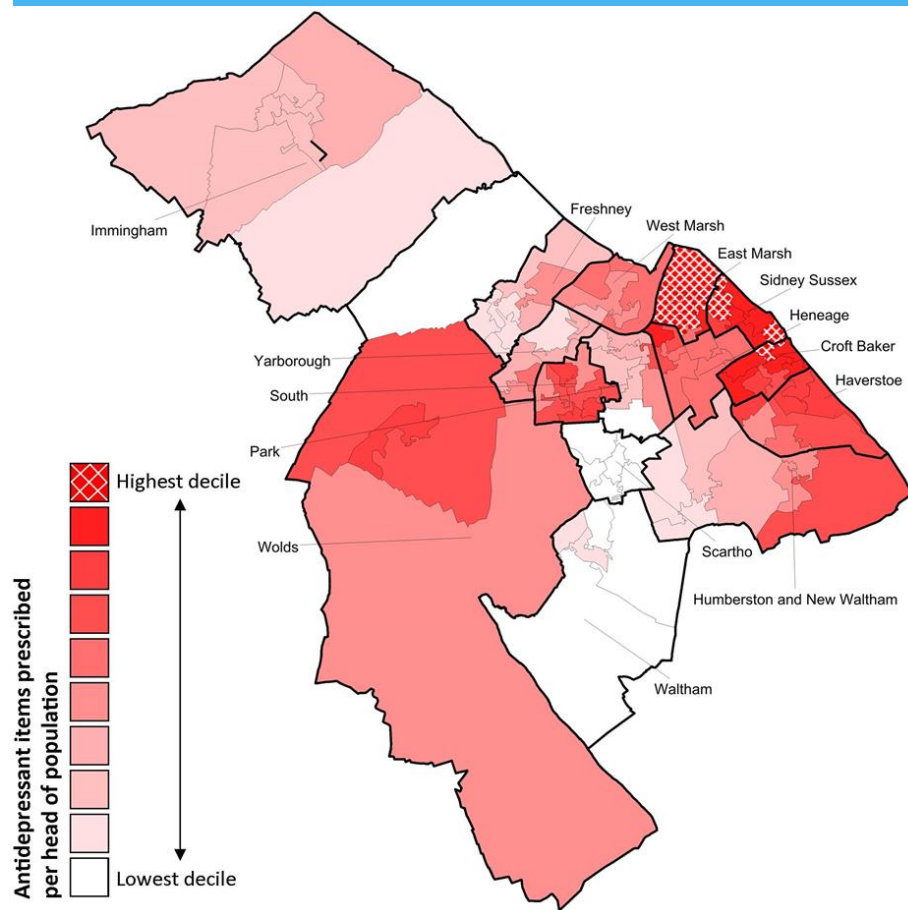
Antidepressant

Antipsychotic

Antidepressant items prescribed per head of population

Antipsychotic items prescribed per head of population

Highest decile

Lowest decile

Immingham
Freshney
West Marsh
East Marsh
Sidney Sussex
Heneage
Croft Baker
Haverstoe
Yarborough
South
Park
Wolds
Scartho
Humberston and New Waltham
Waltham
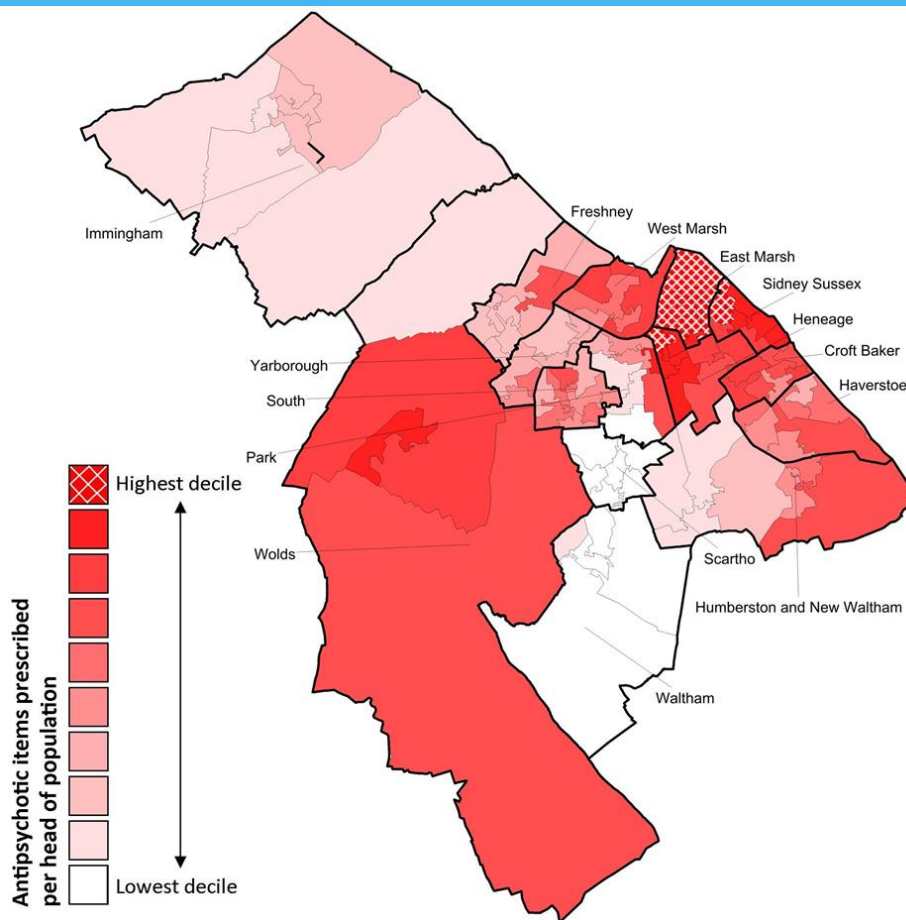
Mental Health Mortality

2013-2017

	Under 25	25 to 44	45 to 64	65 to 74	75 to 84	85+	All ages ▲
1st	Suicide and Injury of Undetermined Intent*	Suicide and Injury of Undetermined Intent	Suicide and Injury of Undetermined Intent*	Dementia	Dementia	Dementia	Dementia (89.9%)
2nd	Mental Disorders due to Psychoactive Substances*	Mental Disorders due to Psychoactive Substances*	Mental Disorders due to Psychoactive Substances*	Suicide and Injury of Undetermined Intent*	Suicide and Injury of Undetermined Intent*	Suicide and Injury of Undetermined Intent*	Suicide and Injury of Undetermined Intent (7.8%)
3rd			Dementia*	Mental Disorders due to Psychoactive Substances*	Mental Disorders due to Psychoactive Substances*		Mental Disorders due to Psychoactive Substances (1.6%)

▲ *Not all causes of deaths were categorised in the table and therefore any remaining deaths were categorised as 'other' mental health mortalities*
* denotes 5 or less deaths
Source: North East Lincolnshire Primary Care Mortality Database

NAViGO

* **6,483** open referrals

* **16,147** new referrals last year and increasing every year

* **52%** were female, **48%** were male

* **35%** were aged **25-44 years, 25%** were aged **65+**

NAViGO *cont…*

Highest rates of referrals to NAViGO are from those who live in the most deprived areas of NEL

Highest decile

Lowest decile

Immingham
Freshney
West Marsh
East Marsh
Sidney Sussex
Heneage
Croft Baker
Haverstoe
Yarborough
South
Park
Wolds
Scartho
Humberston and New Waltham
Waltham
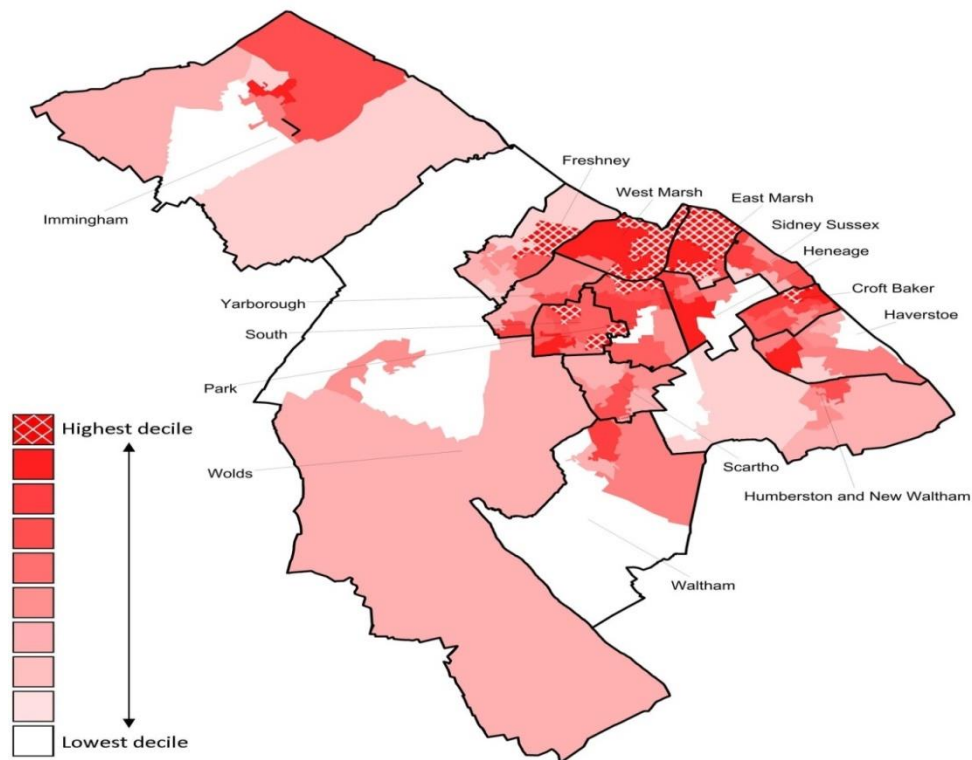
NAViGO *cont...*

Top Referral sources for 2017/18	% of all referrals
(GP) General Practitioner	20%
IAPT Self- advised by GP without scores	12%
Self-Referral	10%
Police	10%
NAViGO older peoples community team	10%
NAViGO adult community team	9%
SPA	5%
NAViGO adult inpatients	4%
DPOW Ward	4%
General Hospital 6CIT	3%
Accident and Emergency Department	3%
IAPT GP referral without scores	2%
Other referrals	8%
Total referrals in 2017/18	16,147

NAViGO *cont...*

Top Referrals to services 2017/18	% of all referrals
IAPT	21%
SPA	15%
Adult Crisis	10%
Dementia Assessment and Complex Case Management	4%
Older Peoples Acute Liaison	4%
Liaison and Diversion - Grimsby	4%
Community Assessment Team (CAT)	3%
Adult Acute Liaison	3%
AMHP Team	3%
Liaison and Diversion - Scunthorpe	3%
COPD Project	2%
Adult Acute Inpatients	2%
Other referrals	24%
Total referrals in 2017/18	16,147

IAPT rates are below national average despite recent improvements.

Police

* Mental Health related calls to Humberside Police have increased over the last 5 years.

* East Marsh and West Marsh had the highest number of mental health related calls to police.

* In a third of all section 136 referrals drugs or alcohol were recorded.

* Nobody was taken to a police station as a result of a section 136 referral, however a police car was the most common mode of transport to the place of safety rather than ambulance.

* The majority of section 136 referrals were after 5pm.

In summary…

Young People

85% of local children say they usually feel happy about life but children living in the most deprived areas are less likely to feel happy

5% of local school children are recorded as having a learning disability compared to 3% nationally

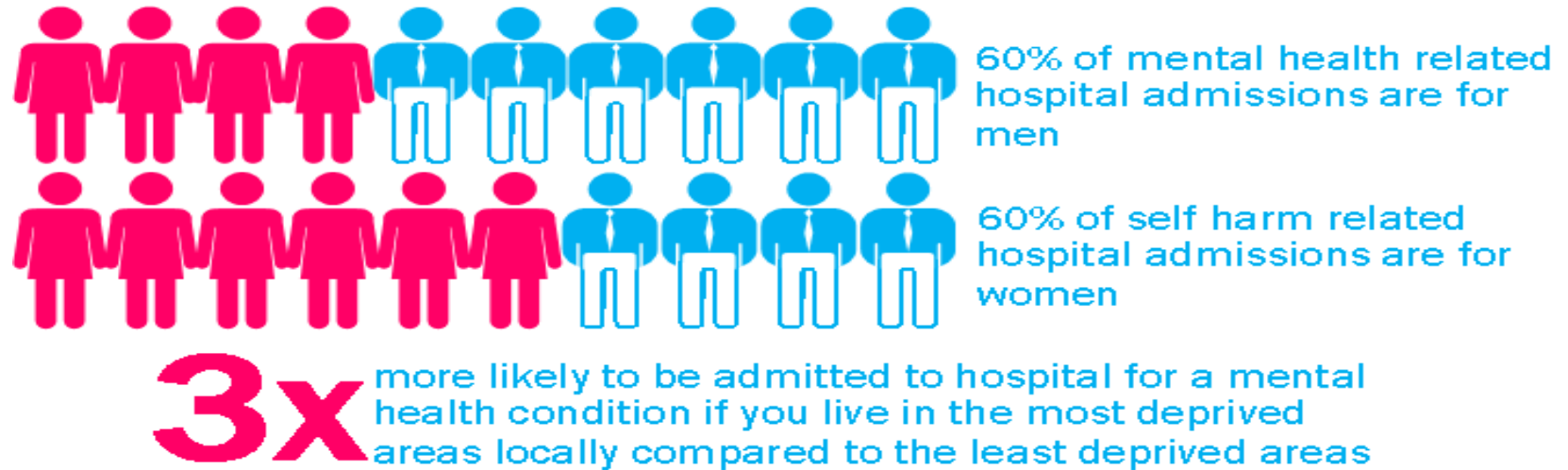**65** children aged 10 to 19 admitted to hospital for self harm in the last year

Suicide is the leading cause of mental health related mortality young people...

...**10%** of suicide related ambulance call outs are for those aged 10 to 19 years old

Working Age Population

60% of mental health related hospital admissions are for men

60% of self harm related hospital admissions are for women

3x more likely to be admitted to hospital for a mental health condition if you live in the most deprived areas locally compared to the least deprived areas

21,800 local people aged 15 to 74 suffered a common mental health episode in the last week

A lower proportion of local people believe they have good life satisfaction, a worthwhile life, are happy and have low anxiety compared to national and regional proportions
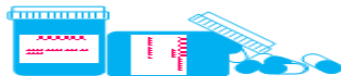
Over 65 Population

What we found...

In a local survey older people scored a significantly higher mental wellbeing score than all other age groups

2146 older people estimated to be living with dementia locally of which...

1494 older people diagnosed with dementia locally (70% diagnosis rate) ...

1254 receiving treatment for dementia (approx. 60% of total estimated dementia prevalence)

225 deaths caused by dementia in older people in the last year

15% of all deaths in older people are caused by dementia and it is now the leading cause of all mortality locally

The leading causes of poor mental wellbeing amongst older people according to...

	1st	2nd	3rd	4th	5th
...stakeholders	Loneliness	Poor physical health	Bereavement, significant loss	Poor housing, living environment, fuel poverty	Disability
...GPs	Loneliness	Poor physical health	Bereavement, significant loss	Poor housing, living environment, fuel poverty	Side effects of medication
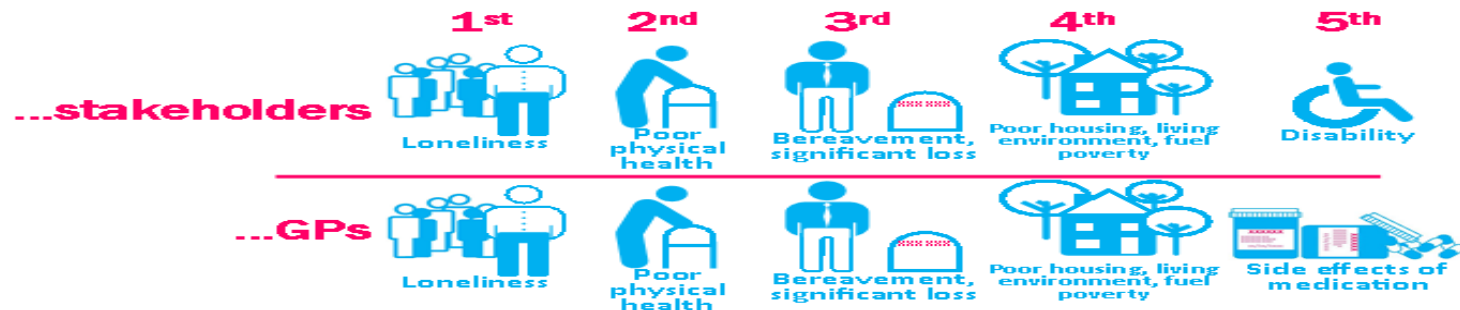
* Low level mental health & wellbeing problems are endemic across our communities, especially in young people and working age people and in deprived communities

* There are limited interventions available to deal with these problems, some of which will escalate into more serious mental health problems

* These issues impact on both men and women but women appear to be more impacted at younger ages, men in middle age. Women appear much more likely to seek help from statutory services at an early stage

* Many mental health problems are legacy issues, with their roots in childhood experiences that reduce resilience to life events and are complex to address

* Our main mental health services, the acute hospital, police, ambulance, substance misuse etc are under enormous pressure dealing with more severe mental health problems and crisis issues

* Alcohol and substance misuse are common manifestations of mental health problems in NEL but there are many others
* People with low level mental health problems will be coming into contact with a wide range of services where there may be opportunities for interventions (making mental health everyone's business)
* We do not have well developed community and voluntary sector infrastructure for mental health, especially where the need is greatest
* Although mental wellbeing is generally higher in older people, things decline in the oldest people where social isolation or chronic illness is more common

Areas of Focus for Mental Health Strategic Prevention Framework (1)

What are the touchpoints?
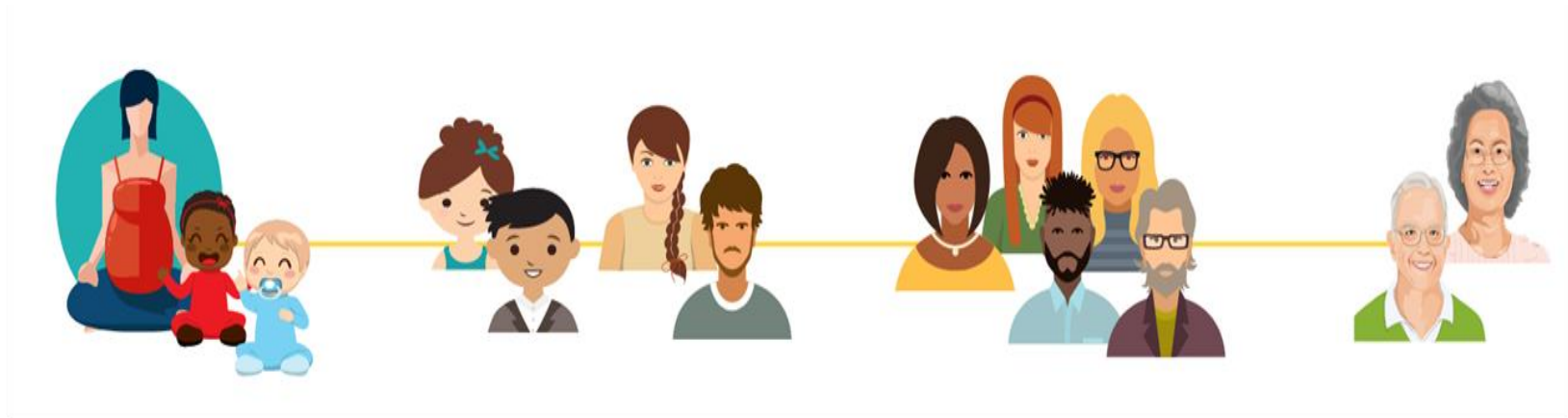
Midwives	School Nurse	GP	GP
GP	School / College	Workplace	Church / religious organisations
Health visitor	Libraries / Leisure Centres	Job Centre Plus	Community Centres
Family Hubs	Sport Clubs	Gyms / Leisure Centres	Libraries
Church / religious organisations	Youth Clubs	Social / Sport Clubs	Voluntary Sector e.g. Age Concern
Voluntary Sector e.g. Play Group	Voluntary Sector e.g. Scouts		

Areas of Focus for Mental Health Strategic Prevention Framework (2)

What are the common manifestations of mental health problems across the lifecourse?
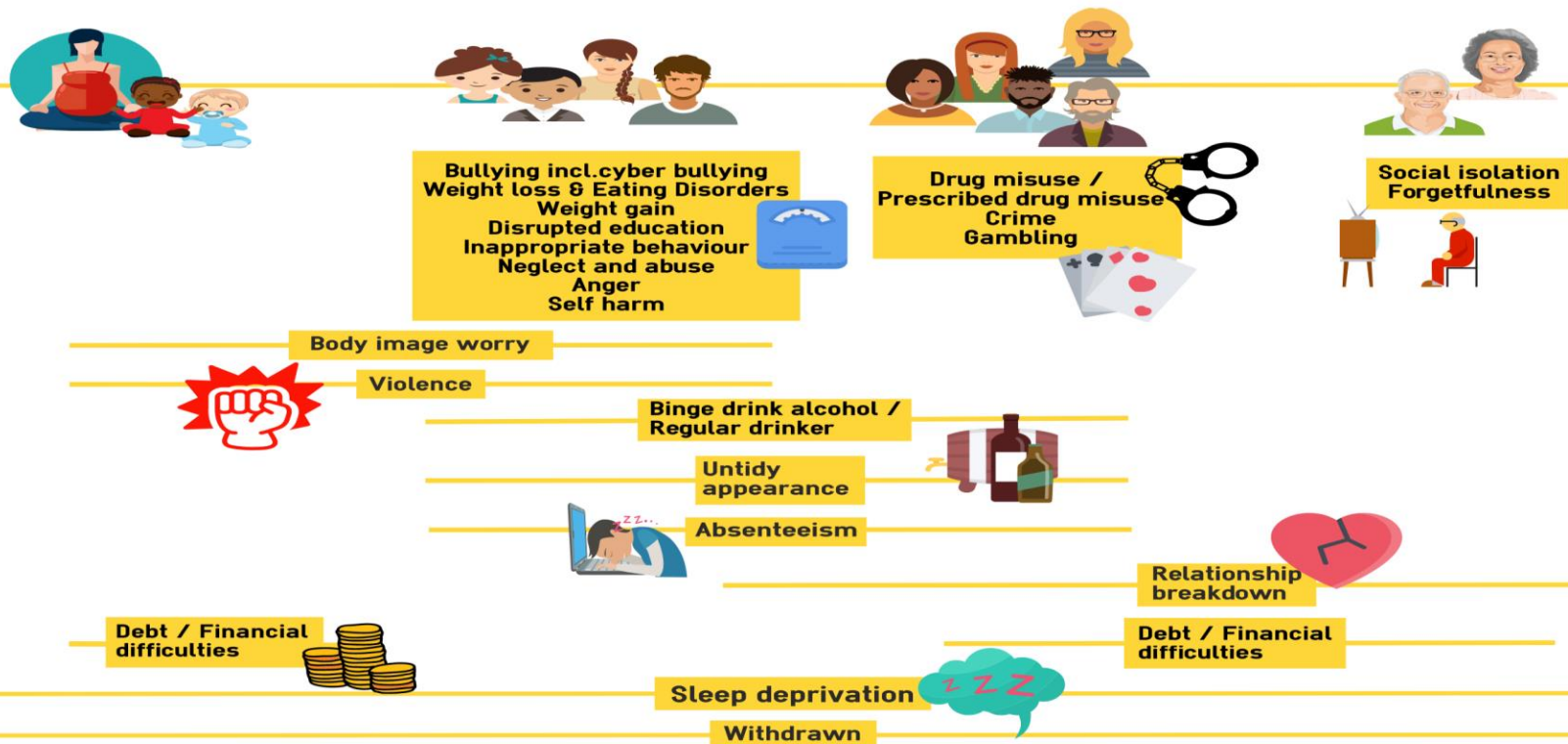
Areas of Focus: Perinatal Mental Health

Population	Main Touchpoints	Potential Areas of Focus
Parents to be	Midwives, GPs, social media	Parenting programmes
All mums	Midwives, GPs, health visitors, social media, family centres, community and voluntary	Community mothers programme, parent and child activities
Mums (women) already experiencing perinatal mental health problems	Midwives, GPs, health visitors	Peer to peer support programmes, parent and child activities, CBT
Mums (women) at high risk of experiencing perinatal mental health problems, e.g., - **Mums with previous history of mental health problems** **-Mums experiencing a traumatic childbirth** **-Mums who have suffered bereavement by miscarriage, stillbirth or neonatal death** **-Mums exposed to domestic violence** **-Mums or a partner who is misusing drugs or alcohol** **-Mums with limited social support or relationship difficulties** **-Mums with previous history of abuse in childhood** **-Mums who are classified as obese** **-Teenage mothers**	Midwives, GPs, health visitors, family centres	Interventions that promote early identification of at risk group

Areas of Focus: Children & Young People

Population	Main Touchpoints	Potential Interventions
All children and young people	GPs, health visitors, pre-school settings, schools, community organisations, churches, sport clubs, social media	Five ways to wellbeing, resilience programmes, relationship programmes, anti-bullying programmes
Pre-school children	Health visitor, GP, Children's centres, nurseries/ pre-school settings	Home to school transition practices/programmes; 2½ year early help offer
Primary school children	Primary schools	Transition programmes aimed at Year 6 children going onto Year 7
Secondary school children	Secondary schools, Social media	Programmes to support resilience and address specific issues identified as causes of stress in this age group, e.g. exam pressures, bullying, social media etc.
SEN Children	Schools	Specific programmes or set of steps to help these children improve in their specific area of educational need
Specific populations at high risk of mental health problems, e.g. -Looked after children -Children with disabilities -Young carers -Children in need -Children affected by domestic violence -Pupil referral unit and home educated -Youth offenders -Children in transition -LGBT children	Children's social care, safeguarding, voluntary sector organisations, GPs, local authority	Interventions that promote early identification of at risk group Targeted interventions to address specific needs of the different populations

Areas of Focus: Working Age

Population	Main Touchpoints	Potential Interventions
General Population	Workplaces, colleges, GPs, community organisations, local authority, social media	Five ways to wellbeing, mental health first aid
People with low level mental health disorders	Workplaces, GPs, social media, wellbeing service	Five ways to wellbeing, mental health first aid, social prescribing, wellbeing service
Long-term unemployed	Job Centre Plus, training providers, employers, GPs, Lincs Inspire	Five ways to wellbeing, mental health first aid, programmes that increase employment opportunities, exercise and leisure activities
People experiencing debt or financial problems	Finance providers, CAB, community and voluntary organisations	Information, Advice and Guidance
Drug and alcohol misusers	GPs, Addaction, Navigo	Targeted interventions to address substance use and mental health comorbidity
People with long term conditions or disabilities	GPs, Care Plus, local authority, community and voluntary organisations	Targeted interventions to address specific needs
Specific populations at high risk of mental health problems, e.g. -LGBT adults -Veterans -Ex offenders -Homeless -People affected by family/ relationship breakdown	GPs, Care Plus, local authority, Navigo community and voluntary sector, Probation service etc.	Interventions that promote early identification of at risk group Targeted interventions to address specific needs

Areas of Focus: Older People

Population	Main Touchpoints	Potential Interventions
Active Independent	Community and voluntary, Lincs Inspire, social media	Five ways to wellbeing, community education, leisure activities
Socially isolated	Community and voluntary organisations, churches, GPs, libraries	Wellbeing service, social prescribing, community education, leisure activities
Frailty	Care homes, GPs, Care Plus, community and voluntary organisations	Social activities, light physical activity, community transport
Dementia	Care homes, GPs, Care Plus, community and voluntary organisations	Maintain physical activity and mental stimulation, e.g. crosswords, Social activities, community transport
Specific populations at high risk of mental health problems, e.g. **-Terminally ill** **-Multiple long term conditions** **-Chronic pain**	GPs, hospital, Care Plus, Hospice, community and voluntary organisations	Interventions that promote early identification of at risk group Targeted interventions to address specific needs

Recommendations- Perinatal

* The Clinical Commissioning Group **(CCG) leads the Specialist Perinatal Mental Health Service** implementation in order to obtain optimal support for people with perinatal mental health issues.

* **All services** need to consider identifying those women at risk of poor mental health before, during and after pregnancy to ensure equity of access to provision, preventing the escalation of problems to support early access to treatment.

* During routine antenatal and postnatal appointments, **all health professionals** should discuss emotional wellbeing with women and identify potential mental health problems.

* The **CCG and NAViGO** should ensure that partners of women with perinatal mental health issues are also offered support at times of extreme stress and anxiety; as caring for a partner suffering mental ill health when a new baby arrives is a difficult and often lonely experience.

* **All healthcare professionals** referring a woman to a maternity service should ensure that information on any past and present mental health problem is shared. Also, the mental health of father's should be recorded where possible.

* Improved data collection across **key services** needs to identify the local incidence rate of perinatal mental health during and after pregnancy, rather than basing local need and service design on national estimated prevalence.

* All practitioners are familiar with case law and how this impacts on care delivery such as: NHS Trust 1 v G Practice Note [2014] EWCOP 30 http://www.bailii.org/ew/cases/EWCOP/2014/30.html

Recommendations- CYP

* North East Lincolnshire Council continue to implement the Future in Mind Strategy to address the lack of support available for lower level emotional wellbeing through the commissioning of the Young Minds Matter Service and implementing the iThrive approach for C&YP in the area. Note: The Young Minds Matter service was commissioned in April 2018 (8 months ago).

* The **CCG & Council** and wider partners continue to work together to consider how the application of the Mental Capacity Act (MCA) impacts those in transition.

Recommendations- Adults and older people

* The **CCG** commissions early intervention in psychosis service for people aged 35 years and over to the national model and standard as part of the implementation of the 5YFV.
* **NAViGO** implements and evaluates the mental health hub project (Safe Space) to help people who are in crisis but not mental health crisis who turn up at night at the acute specialist rehabilitation service based at Harrison House.
* The **CCG and the Council** take a joint commissioning approach to address the issue of people misusing drugs and alcohol who present in acute crisis at Harrison House (the acute specialist rehabilitation service) and in the community.
* The **CCG and NAViGO** address the gap in psychological therapists' trainees in the Open Minds: IAPT service by implementing further expansion of the IAPT programme in line with the 5YFV.
* The **CCG, NAViGO, Northern Lincolnshire and Goole NHS Foundation Trust (NLAG) and Addaction** undertake work to understand relapse of those who have mental health problems and attend the variety of services (including Accident and Emergency (A&E) / IAPT / Addaction) for example those with alcohol and drug dual diagnoses and those who self-harm.
* **NAViGO** considers the need of 'light touch' support to prevent a relapse at times when those with mental health problems are faced with extreme stress such as; trauma / bereavement.
* The **CCG** undertakes a comprehensive review of the Adult Clinical Psychology services to ensure it best meets provision across the wide range of mental health support.

Recommendations- Adults and older people

* The **CCG** undertakes a commissioning review of the mental health crisis house (Field View) and the crisis telephone helpline (Lincsline) managed by Rethink.
* The **CCG, NAViGO and Care Plus** should agree clear pathways for people who have a mental health problem in addition to pre-existing vulnerabilities (e.g. people with learning disability or autism)
* The **CCG and NAViGO** implement integrated IAPT in Primary Care setting across all federations to reduce the gap in equity and access to service provision and ensure that all practices are providing the same standard of service as stated in the 5YFV.
* The **CCG** ensures that IAPT waiting time standard are maintained in GP Practices (Primary Care MH services) where therapist provision is commissioned in line with recommended guidelines.
* **All providers** should review processes to establish the degree to which they comply with the Local Mental Capacity Act Policy and where necessary create an action plan to address any gaps.
* The **CCG and NAViGO** to implement and audit against the Memorandum of Understanding (MOU) Deprivation of Liberty in Hospitals: Agreed Principles.
* All **health and care partners** to work with the CCG to ensure that support and advice is offered to service users to proactively plan for their future including the potential of a time where they may lack the capacity to make decisions about their care and treatment.
* The **CCG** should explore options for more local provision of services for older people with complex long-term mental health conditions rather than sending them out-of-area.
* The **council and the CCG** should recognise the increased demands being placed on NAViGO and other providers and include this in the action plan going forward.

Recommendations: Public Health and Community

* The **CCG** completes the implementation of social prescribing to address various underlying issues that lead to poor mental wellbeing/low level mental health issues. Social prescribing can address loneliness, help to build aspirations and build peer support network. It can also support perinatal women with low level mental health problems.

* The **CCG** understands more about why mental health medication is given without referrals to IAPT for talking therapies.

* The **CCG, Public Health and NAViGO** should run a primary care Protected Time for Learning (PTL) event on mental health and wellbeing during 2019.

* **Public Health/ CSSU** undertakes the follow on study on Financial Resilience Needs Assessment as recommended in the first study to assess the impact of Universal Credit on the mental and physical health of people receiving this in NEL.

* The **CCG and the Council** should ensure that the right support is in place to address the mental health needs of carers. The Director of Public Health report for 2018 focused on vulnerable groups and included a chapter on carers. Recommendations can be found in the report

Recommendations: Public Health and Community

* **All local health and community services** should encourage people to follow the five ways to wellbeing, in particular to talk about their mental health.

* **Public Health** should include a focus on social isolation in the new over 75 health check which is being piloted next year.

* The weakness of community and voluntary sectors on mental health support and mental illness prevention was a common theme throughout the needs assessment. The **council, the CCG and NAViGO** should work in partnership with the voluntary sector, in particular those organisations that have a particular interest in mental health such as MIND, to better understand the issues that they face and identify how this sector can be strengthened.

* The **council's Wellbeing service** should identify community and voluntary sector groups where Mental Health First Aid training could be delivered.

* Absence associated with mental health problems is having a major impact on workplaces across North East Lincolnshire. The **council's Wellbeing service in partnership with local employers, employment organisations and Job Centre Plus** should explore how best to deliver programmes to improve the mental wellbeing of employees and those seeking to return to work.

Recommendations: Intelligence and Future Needs Assessments

* It proved extremely difficult to access some key intelligence sources in this needs assessment. **CSSU** should work with sectors such as primary care and schools to ensure that effective intelligence is collected and shared on mental health and wellbeing in North East Lincolnshire and data sharing agreements should be established where appropriate.

* **NELC Public Health/ CSSU** should organise an event that brings together intelligence analysts and leads across key local organisations and undertake a piece of work to establish a minimum dataset for mental health and wellbeing intelligence in North East Lincolnshire.

* Vulnerable children have been identified as being at particularly high risk of mental health problems in this needs assessment and these vulnerabilities often persist into adult life. However we were not able to explore some of the detail around the sort of adverse childhood experiences impacting on these children. It is important therefore that **NELC Public Health/ CSSU** undertake a needs assessment focused on these children immediately.

* A number of other groups have been identified where it is believed that there are particularly acute mental health issues, examples include homeless people, military veterans, carers, older people living alone and people with dementia living in the community. **NELC Public Health/ CSSU** should prioritise these groups for future needs assessment programmes.

Challenges

* Reluctance to share information and intelligence from some organisations

* Poor quality of data and intelligence supplied from some quarters

* Lack of community insight

* Other sources of intelligence almost impossible to get, e.g complaints

* Less than full engagement from some sectors

Reports

* Summary report including highlights and recommendations

* Detailed report with executive summary including full details on the intelligence that was included in the needs assessment

* This slideset

* All available for download from NELincs Informed http://www.nelincsdata.net/strategicassessment