SUMMARY REPORT

North East Lincolnshire Mental Health and Well Being Needs Assessment

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Acknowledgement

The research team would like to say special thanks all the stakeholders in North East Lincolnshire (NEL) who participated in the consultations, for their valuable contributions to this study. These are General Practitioners (GPs), Practice Nurses, Teachers/Head Teachers, School Nurses, NAViGO and other mental health service providers, other service providers, commissioners of mental health services (Clinical Commissioning Group (CCG)), and members of the public.

Our special thanks also go to the members of the steering group (listed below) for their advice, support and advisory role and in helping to guide this study**.**

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Abbreviations

ACEs	Adverse Childhood Experiences
A&E	Accident and Emergency
C&YP	Children and Young People
CCG	Clinical Commissioning Group
ESA	Employment and Support Allowance
5YFV	Five Year Forward View
GP	General Practitioner
IAPT	Improving Access to Psychological Therapies
MCA	Mental Capacity Act
MCS	Millennium Cohort Study
MOU	Memorandum of Understanding
NEL	North East Lincolnshire
NELC	North East Lincolnshire Council
NHS	National Health Service
NLAG	Northern Lincolnshire and Goole NHS Foundation Trust
PCMH	Primary Care Mental Health
PTSD	Post-Traumatic Stress Disorder
SPA	Single Point of Access
UK	United Kingdom
WHO	World Health Organisation

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1.0 INTRODUCTION

The World Health Organisation (WHO) defines health as “a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity”. It also defines mental health as “a state of wellbeing in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community”. Mental health is therefore an essential part of overall wellbeing and therefore cannot be separated from physical health. Good mental health is not just the absence of mental health problems, but about how an individual copes with life, that is, how situations are handled and how an individual relates to others and makes choices. Poor mental health will negatively impact on physical health and similarly, poor physical health can lead to an increased risk of developing mental health problems. Evidence shows that people with mental health problems are three times more likely to develop diabetes and twice as likely to die from heart disease.

Mental wellbeing describes an individual’s mental state. It describes how an individual is feeling and how well they can cope with day-to-day life. Mental wellbeing is therefore dynamic and can change anytime. Mental wellbeing helps people to achieve their potential, realise ambitions, cope with adversity, work productively and contribute to their community and society.

1.1 Background

It is 13 years since a mental health needs assessment was completed in North East Lincolnshire (NEL). The last assessment which was undertaken in 2005 followed a traditional needs assessment model and was largely focused on diagnosed mental health problems and the impact of mental health problems on health services in North East Lincolnshire.

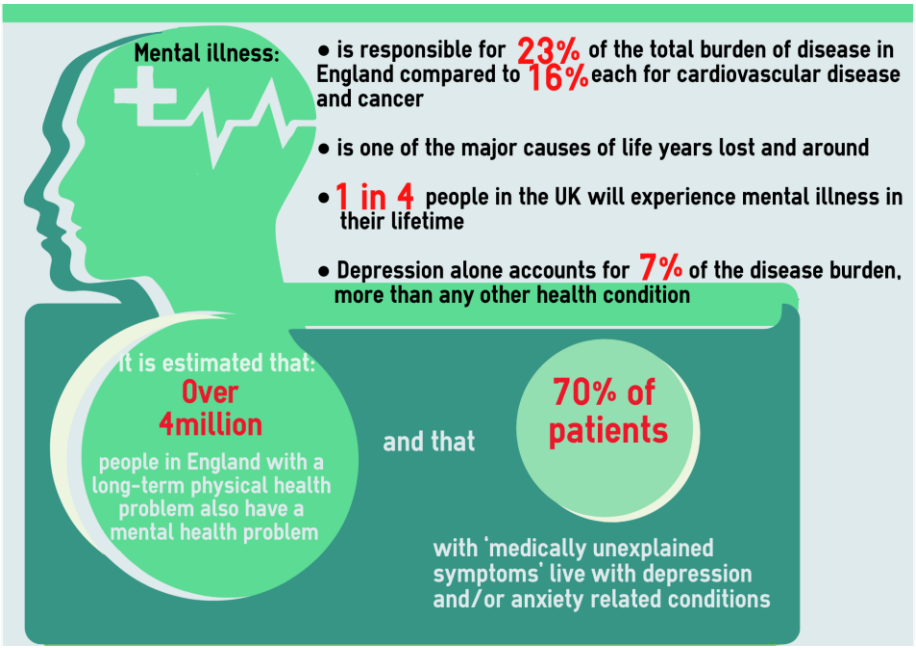
In recent years, there has been growing interest in mental health and a widespread realisation that mental health impacts on a wide range of factors in our lives across all stages of the life course. Similarly there are many things in our lives which can contribute to poor mental health including, for instance, our financial and employment circumstances, housing and community issues and family and relationship positions. In order to provide a broad understanding of mental health and wellbeing, this need assessment goes beyond traditional needs assessment models and aims to establish what the underlying causes of poor mental wellbeing are in North East Lincolnshire by taking a life course approach across the population and exploring how mental health problems are manifesting at different life

stages, rather than by just looking at incidence and prevalence of specific recognised mental health conditions. This approach will support an upstream approach to mental illness prevention/ mental health promotion and should prevent unnecessary healthcare and economic costs in the future.

Mental health is a public health issue and reducing the prevalence of mental health problems is still a major public health challenge. Promoting mental wellbeing and preventing mental health problems is therefore crucial as mental health influences all other health outcomes. Ignoring this undermines public health interventions to reduce health inequalities and prevent premature death from conditions that are preventable.

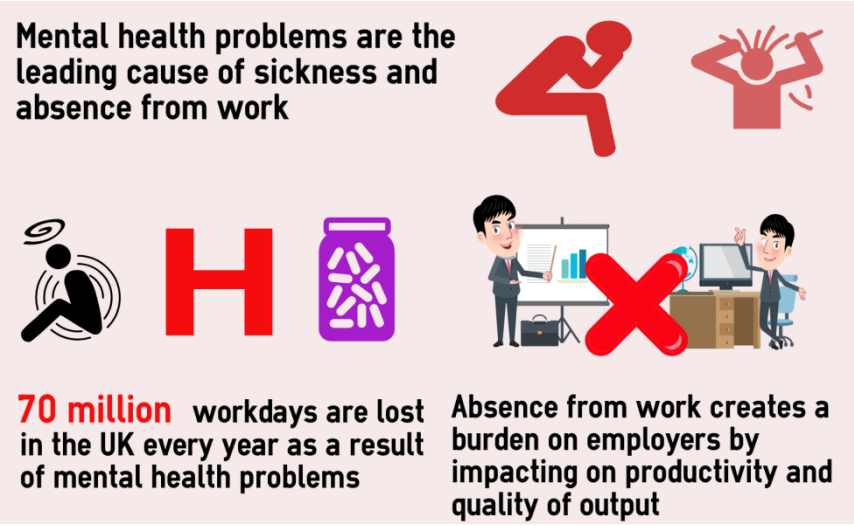
1.2 Epidemiology and Impact of Mental Health Problems

Mental health problems are one of the most common health conditions affecting people in the United Kingdom (UK) and impacts negatively on a range of domains through the life course. Mental illness is responsible for a larger burden of disease than any other health problem as shown below.



Mental health problems can be classified into common mental disorders such as anxiety and depression and severe disorders such as schizophrenia & bipolar disorder; and the various behavioural disorders. In most cases, two or more mental health disorders occur in an individual, depression and anxiety being a common combination. People with long term mental health conditions have a lower life expectancy and poorer physical health outcomes than the general population. Evidence suggests that this is due to a combination of clinical risk factors, socioeconomic factors, health system factors, and the lack of integrated treatment when care is required across several service settings. However there is some overlap in the risk factors for physical and mental health problems which explains why the physical health of people with severe and long-term mental health problems is often poor.

Poor mental health causes significant suffering to individuals and impacts negatively on people around them. It also impacts on society as a whole through costs to health, social care, housing, educational attainment, criminal justice, public services, social security and the wider economy. People with mental health problems are more likely to experience physical health problems and have higher rates of health risk behaviours such as smoking, drug and alcohol misuse, being overweight and having unplanned pregnancy. These groups of people are also more likely to have a disrupted education, be unemployed; take time off work; fall into poverty; have poorer social skills and be over-represented in the criminal justice system.



In 2013 in the UK, 41% of people receiving Employment and Support Allowance (ESA) had a mental or behavioural disorder. Evidence suggests that the costs of treating the physical health condition of people with mental health problems are more likely to be higher due to the complexity of dual conditions, the severity of the physical condition, and the lack of integrated treatment.

1.3 Aims

1) Provide a comprehensive 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
2) 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.
3) 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
4) Identify the incidence and prevalence of common mental health disorders using available data at all the major stages of the lifecourse.

1.4 Objectives

1. Through surveys of a wide range of professional groups identify the major underlying causes of mental health and wellbeing problems in NEL across the major stages of the lifecourse.
2. Through surveys of a wide range of professional groups identify how mental health and wellbeing problems are manifesting themselves across the major stages of the lifecourse in North East Lincolnshire, e.g. through risky behaviours, addictions, gambling, self-harm etc.
3. Through evidence review identify the sort of support mechanisms that assist with positive mental health and wellbeing issues across the various stages of the lifecourse.
4. Review the range of services that are provided locally to address mental health and wellbeing issues across the various stages of the lifecourse.
5. Using routine and service based data sources and prevalence estimates, identify the extent of mental health problems across the various stages of the lifecourse in North East Lincolnshire. This will include an analysis, where possible, of how mental health varies between, wards, socioeconomic groups, gender, age groups, ethnicity etc.
6. Using the Our Place survey as a vehicle, provide a snapshot of the current state of mental health and wellbeing in North East Lincolnshire.
7. Carry out appropriate community engagement activities with local forums that cover children, adults, workplaces older people etc. Explore the touchpoints that people come into contact with services across the lifecourse and the resources that people can draw upon to improve the mental health.

2.0 LOCAL DATA & RESEARCH FINDINGS ABOUT MENTAL WELLBEING IN NORTH EAST LINCOLNSHIRE

2.1 Mental Health Prevalence

- An estimated 21,757 people aged 15 to 74 in North East Lincolnshire have suffered a common mental health disorder episode in the last week.
- North East Lincolnshire has a lower proportion of people who believe they have good life satisfaction, a worthwhile life, are happy and who have low anxiety compared to national and regional proportions.
- Depression prevalence is 8.2% with females more likely to be diagnosed than males. Locally, new depression diagnoses are at a lower rate than national and regional rates and it is estimated that nearly half of depression is undiagnosed locally. Depression appears to be underdiagnosed in many parts of North East Lincolnshire.
- Nearly 1,000 people are registered with a learning disability locally and North East Lincolnshire has the third highest rate of school children with a learning disability in the region.

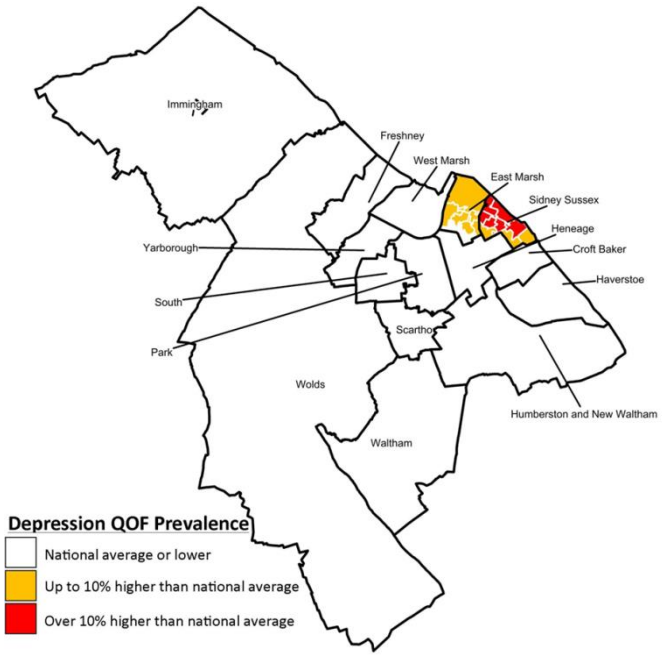
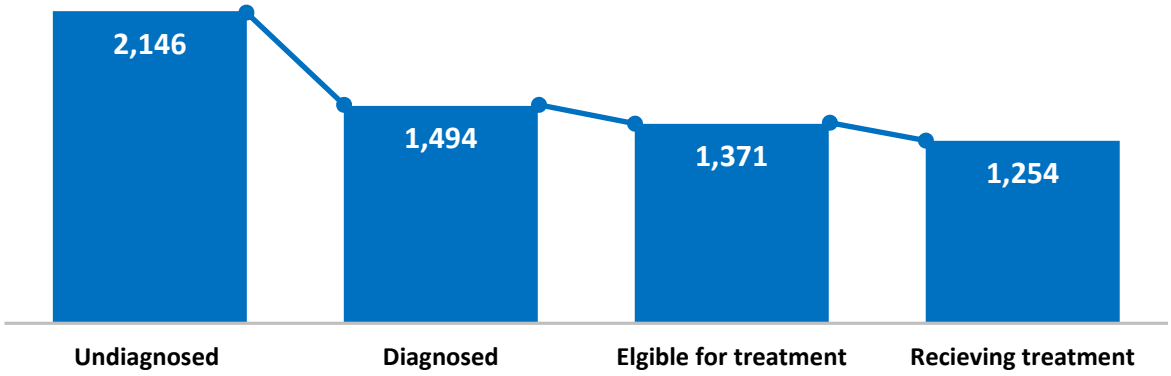


Figure 1 North East Lincolnshire LSOA depression prevalence (modelled) compared to the national average 2016/17

 Source: NHS Digital, Public Health England, Office of National Statistics

- It is estimated that there are 2097 older people living with dementia locally, of which 1512 have been diagnosed. The diagnosis rate in North East Lincolnshire of 70% is higher than the national target of 66.7%. Of the total dementia prevalence locally, it is possible to estimate the proportion of people who are yet to be diagnosed with dementia (30.4%), the proportion that have been diagnosed and are eligible for dementia treatment (63.9%) and the proportion of the estimated dementia population who are receiving treatment (58.4%).

Figure 2 Estimates of dementia prevalence - including undiagnosed, diagnosed and disease management in North East Lincolnshire, 2016/17



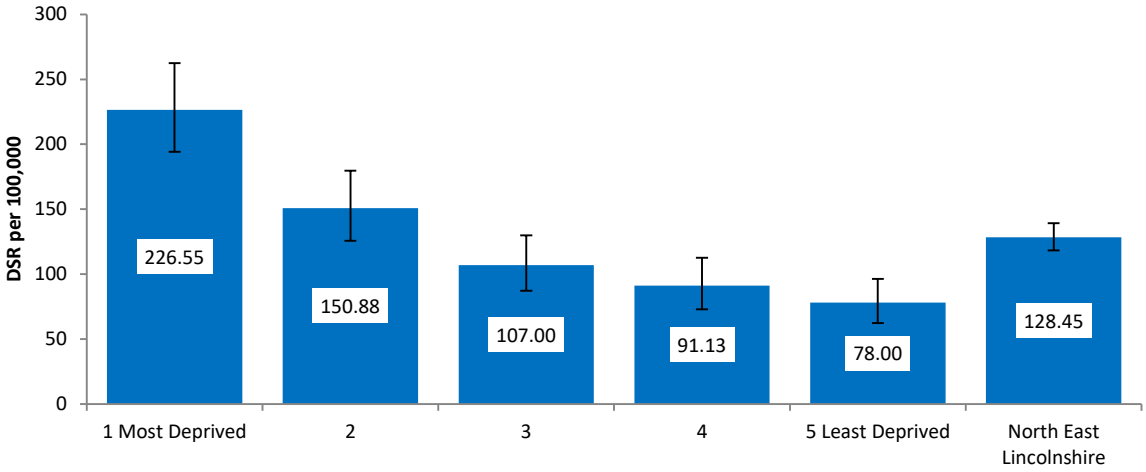
Undiagnosed – *Estimated total number of people expected to be living with dementia (assumed from 65+ estimates)*
Diagnosed – *Total number of people diagnosed with dementia*
Eligible for treatment – *Total number of people who are eligible for treatment (Exceptions)*
Receiving treatment – *Number of patients whose dementia care plan has been reviewed in a face-to-face review in the preceding 12 months*
Source: NHS QoF 2016/17, NHS Digital

- There are an estimated 1409 people living with severe mental illness (i.e. schizophrenia, bipolar affective disorder and other psychoses) with the highest numbers of people with severe mental illness living in the most deprived areas of North East Lincolnshire.
- There were 69 hospital admissions as a result of self-harm for young people ages 10 to 19 in 2016/17. Nationally the rates of self-harm in young people have generally increased whereas locally the rates have stayed relatively constant despite some fluctuations in numbers over the last 5 years.

2.2 Hospital Admissions

- Those living in the most deprived parts of North East Lincolnshire are significantly more likely to be admitted to hospital for mental health illness and for self-harm.

Figure 3 Admissions to hospital for a mental health conditions (ICD 10 Codes F00-F99), all ages, North East Lincolnshire, local deprivation quintiles, 2015-2017, 3 years pooled.



Data Source: NEL CCG, SUS

- 43% of all admissions for a mental health disorder were due to psychoactive substance use, the majority of which related to alcohol withdrawal and acute intoxication from alcohol.
- For mental health admissions, males accounted for 62% of admissions and have a significantly higher rate than females.
- For self-harm admissions, females account for 60% of admissions and have a significantly higher rate than males.

2.3 Mental Health Prescribing

- 200,000 antidepressant items prescribed per year in North East Lincolnshire at a rate of 101 antidepressant items prescribed per month per 1,000 patients and a total cost of £3.1 million for 2013-2018.
- 35,000 antipsychotic items prescribed per year in North East Lincolnshire at a rate of 18 antipsychotic items prescribed per month per 1,000 patients and a total cost £2.2 million for 2013-2018.
- Antidepressant and antipsychotic prescribing were highest in the more deprived areas of North East Lincolnshire (e.g. East Marsh and Sidney Sussex).

2.4 Mental Health Mortality

- There were a total of 810 mental health related deaths locally between 2013 and 2017 with the majority of deaths in the under 65's being associated with suicide or mental disorders due to psychoactive substances.
- In the over 65's, dementia was the leading cause of mortality.

- In 2017 dementia became the leading cause of mortality for all persons of all ages for the first time, overtaking ischaemic heart disease.

Figure 4 Leading causes of mental health deaths in North East Lincolnshire by broad age band, (2013-17)

	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

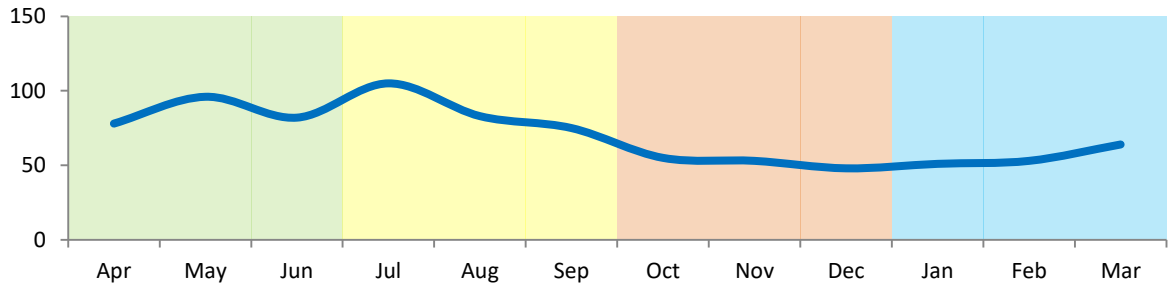
2.5 Suicide

- There were 62 suicides or deaths from undetermined intent in North East Lincolnshire between 2012 and 2016.
- The male suicide rate in North East Lincolnshire is over five times higher than the female suicide rate compared to nationally where the male rate is three times higher than the female rate.
- The highest proportion of suicides locally were in the 35-44 age band whereas nationally it is in the 40-49 age band.
- The highest proportion of suicides were recorded by those who had lived in areas of higher deprivation with those from the two most deprived quintiles more likely to die from suicide.
- The most common method of suicide in North East Lincolnshire was hanging and this proportion was considerably higher than at a national level suggesting that other methods of suicide are not as accessible locally.
- 31.3% had suffered a recent traumatic event in their life.
- 39% of those who died from suicide in North East Lincolnshire had a diagnosed mental health condition, 87.8% of which were diagnosed with depression.
- Locally, over a third (32.8%) had previously attempted suicide and 53.1% had expressed suicidal thoughts (some had expressed suicidal thoughts and attempted

suicide). 67.2% had either expressed suicidal thoughts and/or attempted suicide previously.

- The proportion of people with a financial difficulty prior to their death appears to be increasing in North East Lincolnshire and is now similar to that of suicides recorded nationally who have suffered financial difficulty.
- There were 843 suicide ambulance related call outs in 2016/17 within North East Lincolnshire. Over half of all suicide related ambulance call outs were for people aged 20 to 39 years.
- A higher number of suicide related ambulance call outs were in the spring and summer months.

Figure 5 Number of suicide related ambulance by month, April 2016 to March 2017



Source: North East Lincolnshire CCG

2.6 Perinatal Mental Health

- Each year there are between an estimated 190 and 285 new mothers in North East Lincolnshire who experience depression or anxiety during their perinatal period.
- A local survey found that 7% of new mothers felt down, depressed or hopeless in the past month.

2.7 NAViGO

- There were 6,483 open patient referrals with NAViGO in 2017/18 and a total of 16,147 new referrals in the last year. New referrals are increasing year on year.
- 52% of referrals are females and 48% were male. 35% were aged 25-44 years, 25% were aged 65+.

- The highest rates of referrals to NAViGO are from those who live in the most deprived areas of NEL.
- 20% of all in referrals into NAViGO came from GP's, followed by 10% of self-referrals and 10% from the Police.
- 21% of all patients were referred onto Improving Access to Psychological Therapies (IAPT), 15% were referred to the Single Point of Access (SPA) and 10% referred to Adult Crisis.
- IAPT rates are below national average despite recent improvements.

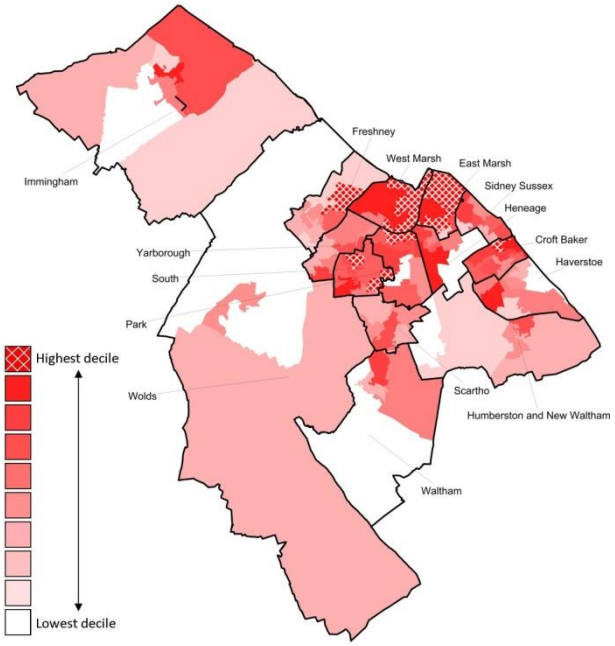


Figure 6 Patients registered with Navigo by North East Lincolnshire LSOA, rate per 1,000 residents, 2017/18 *This product includes mapping data licensed from Ordnance Survey with the permission of HMSO. © Crown Copyright 2018. All rights reserved. Licence number 1000020759.* Source: Navigo, Office of National Statistics

2.8 Police

- Mental Health related calls to Humberside Police have increased over the last 5 years. From 1779 in 2013/14 to 2037 in 2017/18.
- East Marsh and West Marsh had the highest number of mental health related calls to police.
- A third of all sections 136 referrals were recorded as involving drugs or alcohol.
- 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.

2.9 Adolescent Lifestyle Survey

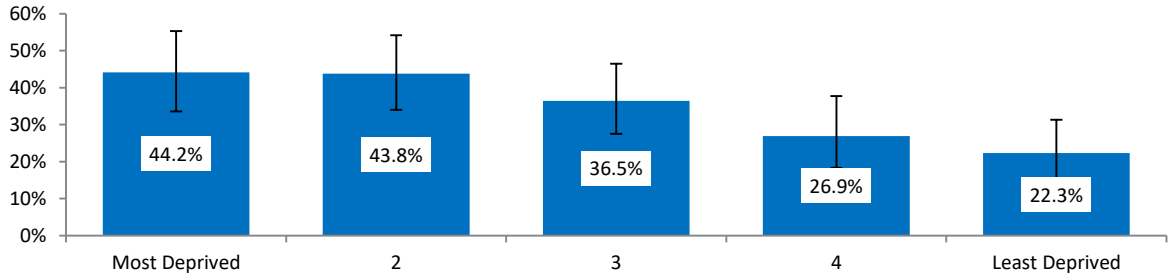
- The majority of young people feel happy about their life (84.3%). Children from the most deprived areas of NEL were more likely feel sad and tearful, bad tempered or angry, anxious or depressed and wish they wanted a different kind of life.
- Young people are more likely to talk to someone about a 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.
- Children from the most deprived areas of North East Lincolnshire had a lower mental wellbeing score than those living in the least deprived areas.

2.10 Our Place Survey

- A third of people (33.4%) felt that their mental health had had a bad impact on their life in the previous 12 months with older people less likely to say mental health had affected them than younger people.
- Males aged 20 to 34 were half as likely to report mental health had impacted on their life compared to females of the same age.
- Those who live in the two most deprived quintiles in North East Lincolnshire were almost twice as likely to report that mental health had a negative impact on their life in the previous 12 months compared to those who live in the least deprived quintile.

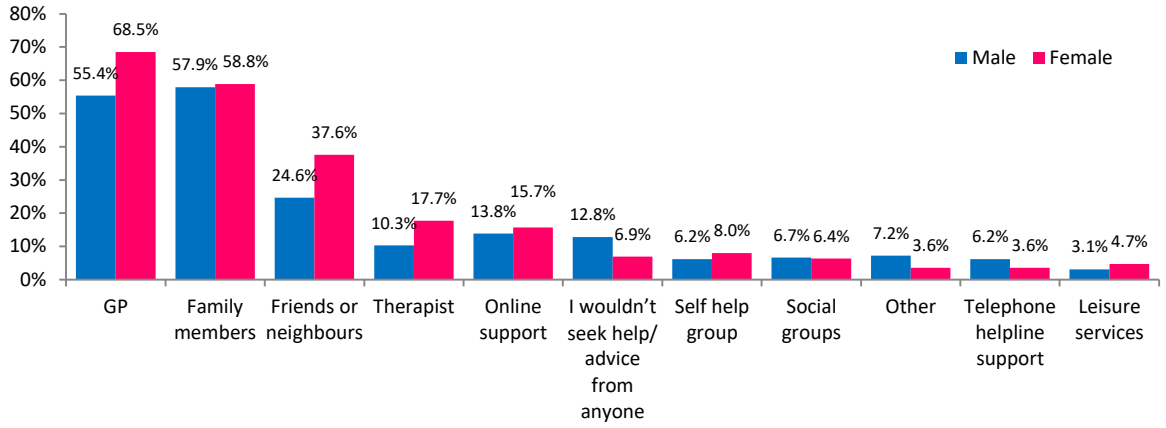
Figure 7 % of people who felt mental health had a bad impact on their life in the last year by local IMD quintile, 2018



Source: North East Lincolnshire Our Place, Our Future Survey 2018

- When asked where they would go if they felt low, most said they would speak to their GP, family members, friends or neighbours and were least likely to consider seeking advice from telephone helplines or social groups.

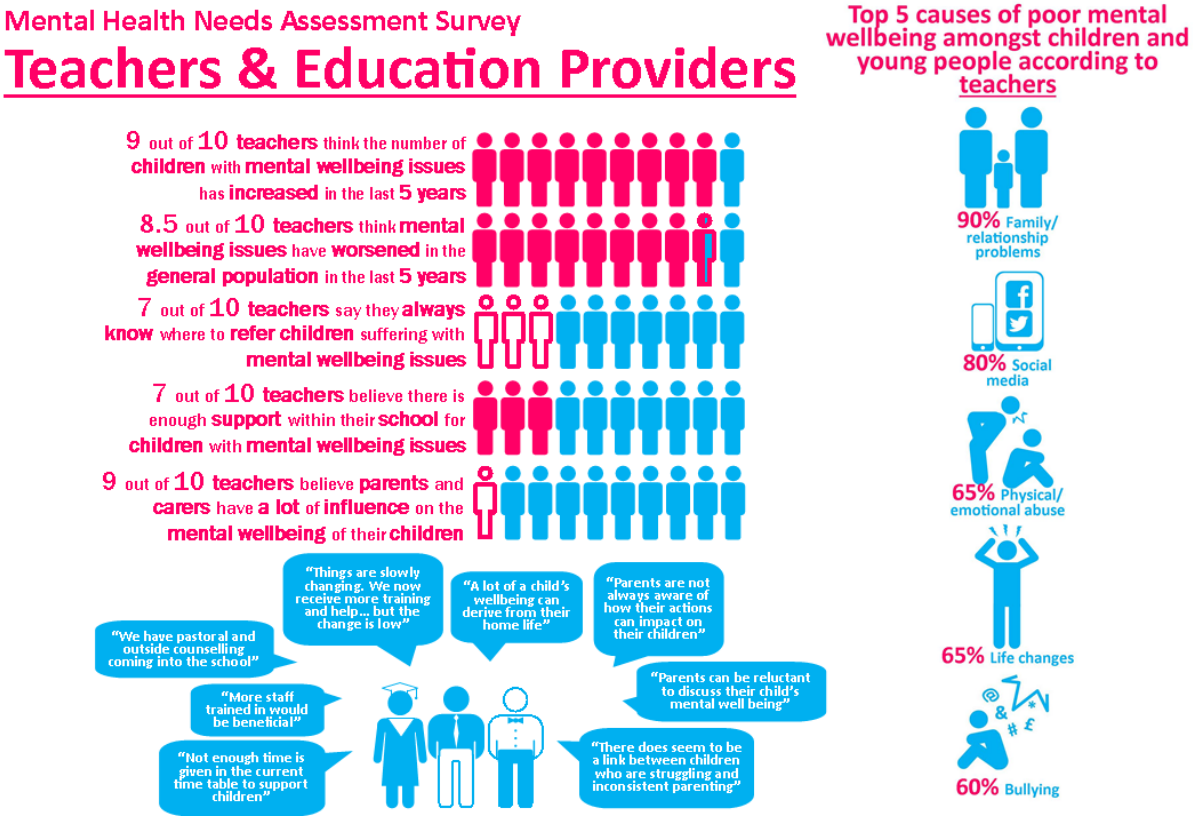
Figure 8 Where people would seek advice if they felt low for a long time, by gender, 2018



Source: North East Lincolnshire Our Place, Our Future Survey 2018

2.11 Stakeholder Survey

To understand community mental wellbeing issues in North East Lincolnshire a total of 121 stakeholders and community champions (69), GPs and practice nurses (32), and education professionals (20) were surveyed. Questions were tailored for the relevant professional/stakeholder group. Findings from each of the three surveys are presented as follows:



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	Working Age	Older People
88% Bullying	91% Family/ relationship problems	88% Loneliness
82% Family/ relationship problems	91% Work related stress	85% Poor physical health
76% Physical/ emotional abuse	85% Finances, debt	79% Bereavement, significant loss
71% Education	85% Alcohol & substance misuse	71% Poor housing, living environment, fuel poverty
65% Sexuality	82% Unemployment	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

2.12 Stakeholder Interviews

Semi-structured interviews were undertaken with stakeholders and community champions regarding the mental wellbeing issues of service users and people in the community. In total 6 interviews were conducted with a range of professionals and community champions. The discussions were analysed and grouped into five themes:

1. Increasing community mental wellbeing issues
    - More people presenting to services
    - Less stigma and positive media campaigns
2. Complex mental health needs
    - Childhood trauma, Post-Traumatic Stress Disorder (PTSD), historical abuse
    - Untreated mental wellbeing issues developing to complex cases
3. Service access and availability
    - good quality services are available locally
    - Professionals often confused which element of mental health service they need to refer to
    - Population needs outweigh service provision
    - Community would benefit from low level counselling services
4. Lack of resilience and community cohesion
    - Breakdown of traditional family coping mechanisms and family framework
5. 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)

3.0 SERVICE REVIEW - GAPS IN SERVICE PROVISION

A review of statutory mental health services provided locally across the various stages of the life course was undertaken and gaps identified. The various gaps identified are listed below.

3.1 Perinatal Mental Health Service

- The main gap identified for this service is the lack of specialist service for women with complex or severe mental health problems during the perinatal period. This is being addressed by the funding obtained from National Health Service England (NHSE) funding to set up a local service.
- Tier 1 services are limited and there are no specific services for women in NEL who are at risk of developing perinatal mental illness.
- There is no link between fathers' mental health and their babies as fathers' mental health histories are not known or recorded in most cases. Also, some of the women do not stay with the father of their babies and this makes it difficult to obtain the mental health history of the fathers.

3.2 Young Minds Matter Service

- Young Minds Matter, an emotional and wellbeing service for children and young people service, was commissioned in April 2018 (8 months ago) to address the gaps identified in mental health service provision for children and young people in the area. Any new gap in service provision would be identified as time goes on and will be explored as part of the contract management meetings.

3.3 Adult Mental Health Services

- There is currently no early intervention in psychosis provision for people aged 35 years and over. NAViGO is currently not commissioned by NEL CCG to provide this service to people aged 35 years and over.
- There is 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.
    - It was reported that funding has been made available for this but the service is yet to be set up.
- Also, there is a 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.
- There is currently a gap of five psychological therapists' trainees in the service according to the requirement of the Five Year Forward View (5YFV) for mental health

expansion programme for psychological therapists i.e. training more staff. If these posts are not in place by 2020, the service will not be able to meet the increase in targets from 2021 to 2025 stipulated in the 5YFV for mental health.

    - NAViGO now has an agreement with the CCG (dependent on them getting the funding) to recruit to the necessary number of trainees

- There is an absence of social prescribing[1] for low level mental health support and intervention in the community. If in place, it would support clinical intervention and enable clinical staff to focus on treating the mental health more effectively while social prescribing provides the necessary input for social issues.
- There is a 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.
- Psychology provision: more resources are needed to expand the psychology service in the area to enable psychology input in areas lacking psychology provision. The services/areas of need identified are the Forensic, Liaison and Diversionary, crisis/acute services, anger management (a massive local issue), complex psychological assessment, and psychology input targeting self-harm/suicide.
- Universal Credit is having an impact on people receiving this in NEL and has created issues within services including mental health services in the area. People are in distress because of financial difficulties and this impact on their wellbeing.
- Greater resource is required to increase robustness of the Rethink provisions as service resilience is low due to the quantity and intensity of the work outstripping the staffing resource available.
    - Rethink is a lone working service which has a robust lone working policy but needs more staff for better management of service and for making the administrative work a lot easier. Rethink currently has only 20hours of management a week for the 7 day a week, 24 hours a day service.
- Currently pathways are unclear where a person has mental health issues on top of pre-existing vulnerabilities (for example Learning Disability or Autism).
- There is a gap in equity of access in the provision of Primary Care Mental health (PCMH) in the three newly formed primary care Federations, an NEL resident could have different options of support depending on which practice they are registered with.

[1] Social prescribing, sometimes referred to as community referral, is a means of enabling GPs, nurses and other primary care professionals to refer people to a range of local, non-clinical services.

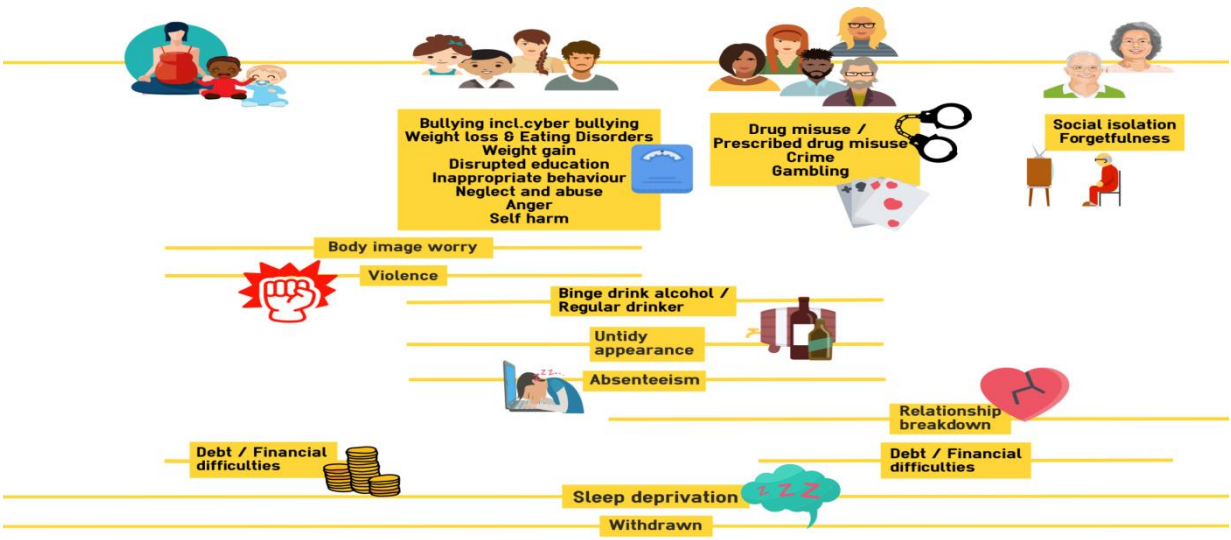
- PCMH services have low service capacity. Guidelines recommend that patients are seen within 6 weeks but this sometimes goes up to 10 weeks in GP practices where therapist provision is commissioned by the CCG.
- There is a gap in service provision for people who are too complex for PCMH service and who when referred to SPA are considered not severe enough to meet secondary care input or not to meet IAPT criteria. There is therefore a need to bridge this gap to ensure that people get referred to the right service.
- Funding is required by NEL Mind to reconfigure the service and develop a new service.
- NEL Mind is not well promoted in the area and as a result the service lacks relationship with key people in various organisations. NEL Mind has opportunities to flourish with the relationship with Hull and East Yorkshire Mind. Transferable skills from Hull can be brought to the area.

In general, the review identified an increased pressure on mental health services locally with a marked increase in referrals. It was reported and capacity funding is required to ease the strain particularly within Crisis (evidenced 30% increase in the last 2 years) and Community Mental Health Teams, in order to meet this spiralling demand.

4.0 AREAS OF FOCUS FOR NORTH EAST LINCOLNSHIRE STRATEGIC PREVENTION FRAMEWORK FOR MENTAL HEALTH

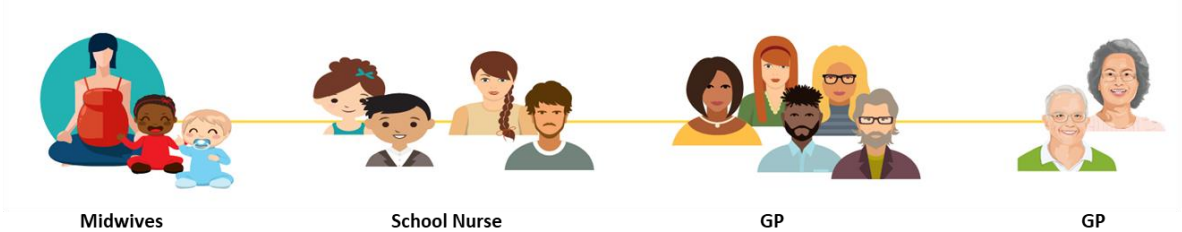
It is clear from the literature and from our local research that mental health and wellbeing problems do not always present in obvious ways and early manifestations of mental wellbeing problems can provide opportunities for early intervention that will prevent more serious issues arising in the future. Such manifestations can be many and varied and will not always be mental health related but consideration should be given as to whether mental health is a factor. Some of the manifestations which have been associated with mental health problems across the lifecourse are illustrated below.

4.1 Common Manifestations of Mental Health Problems Across the Lifecourse



Interventions for mental health are traditionally associated with primary care or with providers of specifically mental health services such as NAViGO in North East Lincolnshire. However if we are to shift to a truly preventative model we need to ensure that mental health is genuinely everyone's business. There are certain 'touchpoints' across the lifecourse where people come into contact with organisations or services that may have the ability to make some sort of intervention for mental wellbeing before issues become clinical. Illustrated below are the potential touchpoints that exist in North East Lincolnshire across the lifecourse.

4.2 Potential Touchpoints Across the Lifecourse



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		

In order to promote positive mental health and prevent the development or exacerbation of mental illness we need to take a lifecourse approach and recognise the different risks and triggers for mental health problems at different stages of the lifecourse.

The tables below identify four key life stages and segment the population at these stages into the main groups where evidence suggests a focus on positive mental wellbeing can make a difference. Within those groups we can also look to stratify the populations to identify those at higher risk of mental health difficulties and where specific efforts should be put into specially tailored interventions to address the need. In many cases it will be possible to identify the numbers of people who will into each category. This approach will form the basis of the prevention framework that will be developed following this needs assessment.

4.3 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

4.4 Areas of Focus: Children and 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

4.5 Areas of Focus: Working Age People

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

4.6 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

5.0 RECOMMENDATIONS

5.1 Perinatal Mental Health

It is recommended that:

- 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

5.2 Children and Young People

It is recommended that:

- 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.

5.3 Adults and Older Adults

It is recommended that:

- 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.
- 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.

5.4 Public Health and Community

It is recommended that:

- Before the end of 2019 **Public health** will produce a new prevention framework for mental health in North East Lincolnshire, taking a population health management approach closely aligned to the new prevention framework for North East Lincolnshire.
- 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 https://www.nelincs.gov.uk/wp-content/uploads/2018/05/6.-Director-of-Public-Health-Annual-Report-2018.pdf Actions from these recommendations should be implemented by the identified organisation/s.
- The **CCG and the Council** should ensure that the right support is in place to address the mental health needs of older people. The Director of Public Health report in 2016 focussed on older people and social isolation and various recommendations on how to tackle this issue are contained in this report http://www.nelincsdata.net/resource/view?resourceId=380 Recommendations made in this report should be implemented by the identified organisation/s.
- **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.

5.5 Intelligence and Future Needs Assessments

It is recommended that:

- 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.