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BNSSG
Mental Health and Well Being Strategy update

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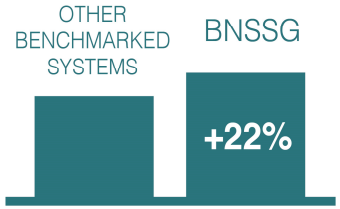
An overview of MH in our the system

PREVALENCE OF MENTAL ILLNESS

Prevalence of common mental illness is 22% higher across BNSSG

(Less veriation for serious mental illness)



SPEND

We spend more in BNSSG per person than other similar areas

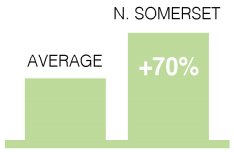
DRUGS & ALCOHOL

There is a strong link between mental ill health and drugs and alcohol, particularly in Bristol, but also North Somerset

South Gloucestershire has relatively low levels of mental ill health but there is significant and increasing morbidity in children and young people

PHYSICAL HEALTH PROBLEMS FOR PEOPLE WITH MENTAL ILLNESS

Prevalence is 70% above average for under 75s in North Somerset



Bristol is above average for over 75s

Poor mental health has a high comorbidity with Hypertension and Arterial Fibrilation

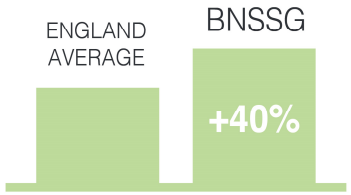
53% of Emergency Department admissions have drug, alcohol or mental health in the ICD coding

HOMELESSNESS

Homelessness in Bristol is a significant factor within mental health with low numbers of people in treatment

SELF-HARM

Self harm across BNSSG 40% above England average



Suicide rates across Bristol and North Somerset also above average

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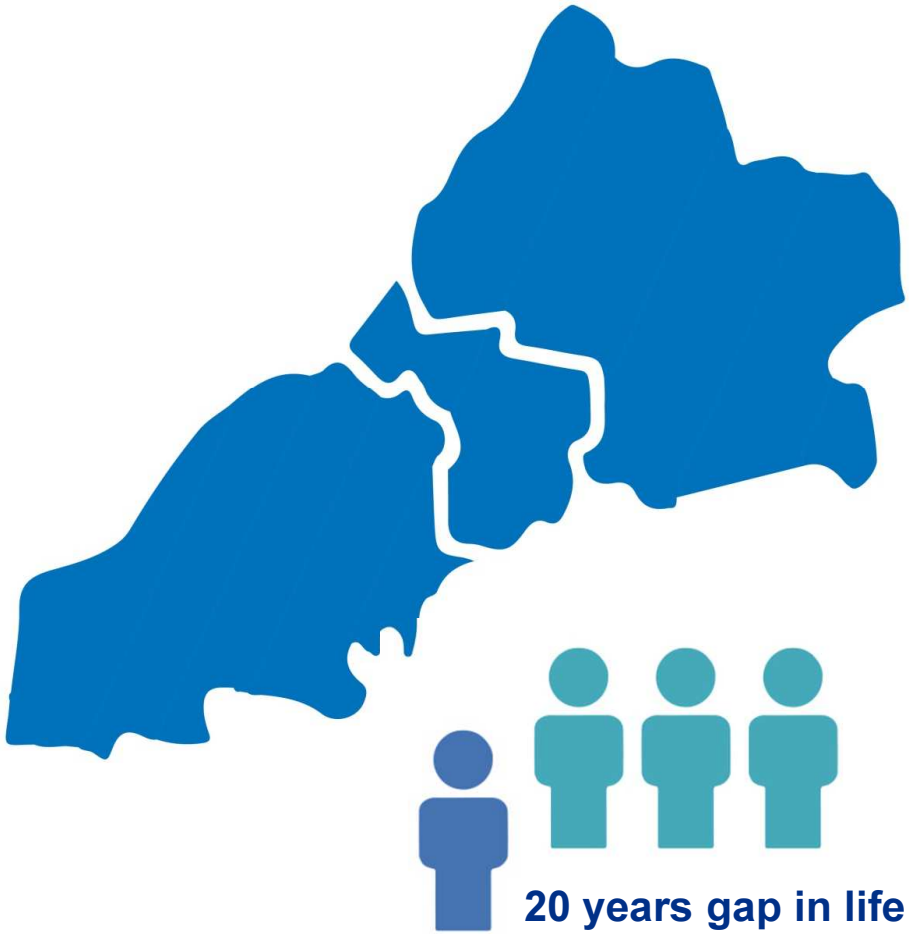
Why have a Healthier Together Mental Health and Well being Strategy?



- In BNSSG, mental ill health results in poorer physical health and reduced life expectancy.
- There are many projects and services across health, social care and public health but they still appear fragmented to service users
- People want to know about the full range of ways to get support or help at an earlier stage they don’t care who provides it

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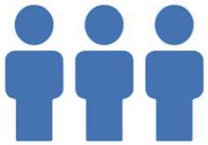
Approach

So far the development of this strategy has included:



Engagement with over 1400 people

Co-designing with people with lived experiences, their families and carers – commission experts with lived experience to author

stakeholder engagement programme and campaign using social media, deliberative citizens panels and focus groups

Analysing agreed data sources and sharing the problems to solve

Mapping and connecting work in progress, ranging from our programme of work meet the Five Year Forward View for Mental Health to Thrive

Horizon scanning for best practice and innovation

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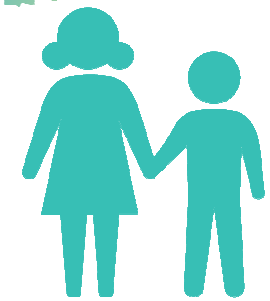
Insights from experts by experience



Respect and dignity is still just not happening we are made to feel bad or a burden for accessing the wrong support

Being told you need to wait for a month when you don't know if you can go on for another day is challenging

When you have drug and alcohol issues, you can't get support as they don't see you as a single person -you are different illnesses

CBT is helpful but the real issue I have is security about having a home. If I got that sorted life would be so much better

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Insights from professionals

"Well being is the foundation for everything It is not the counterpoint of having a long term MH condition - we need to strive to support everyone to live well with MH"

"being so under staffed and not able to really help people is demotivating we are just managing risk not recovery"

"as clinicians often we don't know where to send people for support especially if they need something today / very immediately"

"The process of referrals is too slow and doesn't make the best use of resources from all our settings Hubs and working together better cant come fast enough"

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Themes

Principles

- Equity, standardisation and reducing variation
- Integrated experiences for people – access in local community, commissioned services & primary care based models, end to end seamless pathways by design
- Parity in physical and mental health and parity in ages
- Mental Health genuinely becoming everybody's business
- Prevention & Early Intervention leading from a life course approach

Spotlight Areas

- To reduce the level of crisis, reliance on high acuity service and have a clear pathway for people who reach an emergency point
- Adapting services to reflect local communities/Locality Transformation
- Complexity – e.g. Personality Disorder, ADHD, Medically Unexplained Symptoms, multifaceted presentation
- Reducing the gap between secondary & primary care by improving the service offering – IAPT+
- Focus on Children & Young People - CAMHs and ACES – managing demand

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Vision

Reducing the impact of mental illness, supporting healthier happier lives for everyone

"Bringing together health, local authority and voluntary sector organisations across BNSSG to help people have the best mental health and wellbeing they can in supportive, inclusive, thriving communities"

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Strategy

This will be the first integrated **MH and Well Being** strategy for the people of BNSSG taking us from 2019-2029. Creating **seamless support and services**, designed around the life course and reflecting the continuum of Mental Health and Well Being and the connection with physical health

We want to invest in **prevention and children and young people**

We will find a way of shifting from spending as a system on crisis to spending on **prevention**

A greater **focus on measuring value** is critical (experience, outcome and £ allocation)

We will do more together so that people **thrive in their communities**

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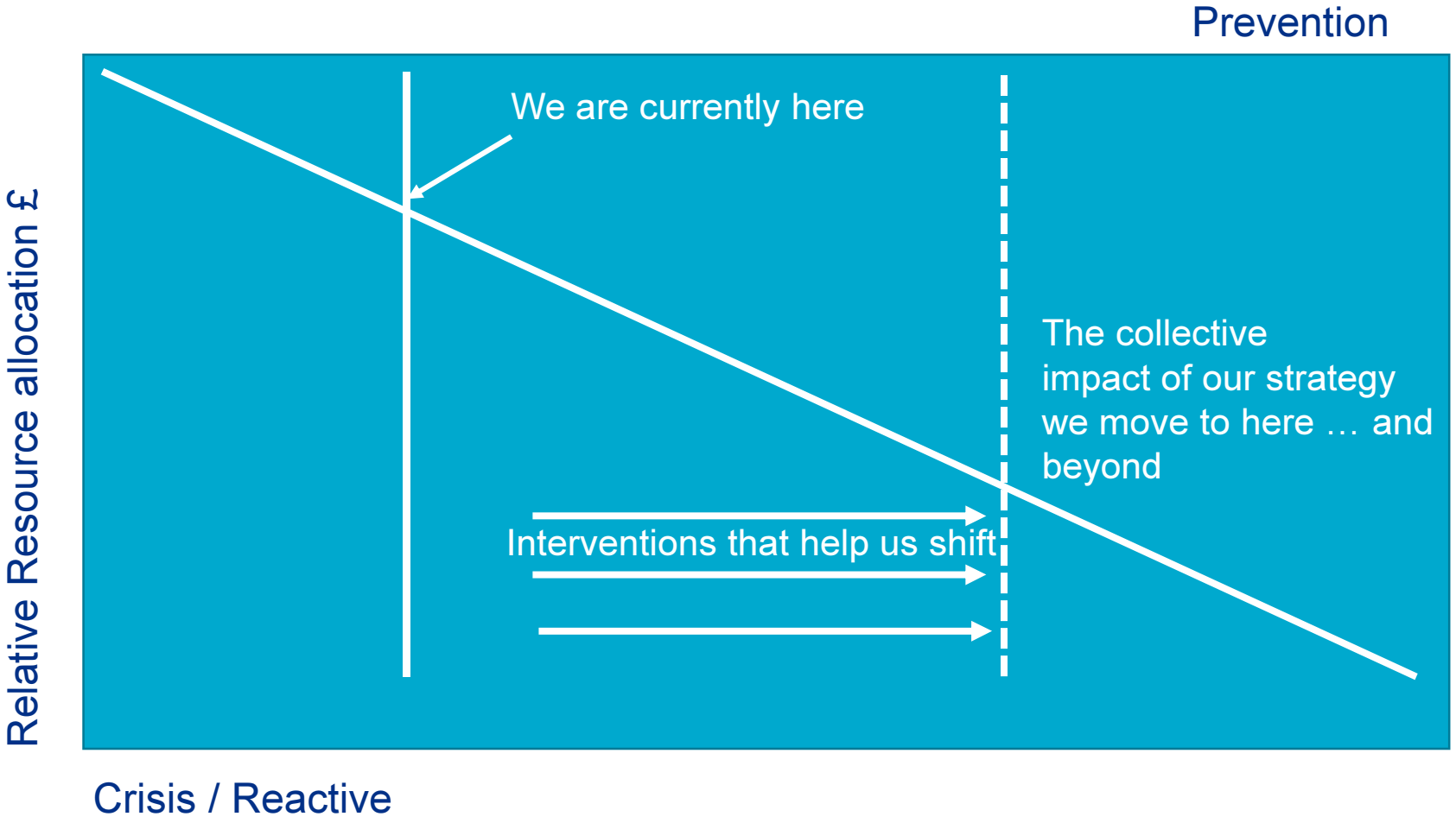
Shifting the dial
Crisis (lose-lose) to Prevention (win /win)



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Emerging Actions

Optimise current services and community assets

'Open Doors' online connection to give and get emotional support in your community right now.

Promote Resilience and avoid Crisis

Sanctuary Spaces / Integrated Community Hubs /Street Triage / AWP / IUC CAS / A&E all fully integrated with housing, debt support and employment services around the people who need the most support

Design a new approach for actual MH emergency /intense crisis

we need a new response / pathway to support when the MH emergency is happening and people are no longer able to act for themselves and need someone else to take control

Focus on CYP

PIE and TIE in schools; Supporting Parents and families, Community activities. CYP develop my 'I thrive 4 life plan' a life course approach to managing health

Provider Resilience health and social care

Linked to above but also needs critical immediate focus on Workforce / Integrated Pathways /Bed Models / Community services review outcomes. All supported by better data to draw insights and PDSA cycles of improved design/ value based pathways examples Trieste WHO site global exemplar

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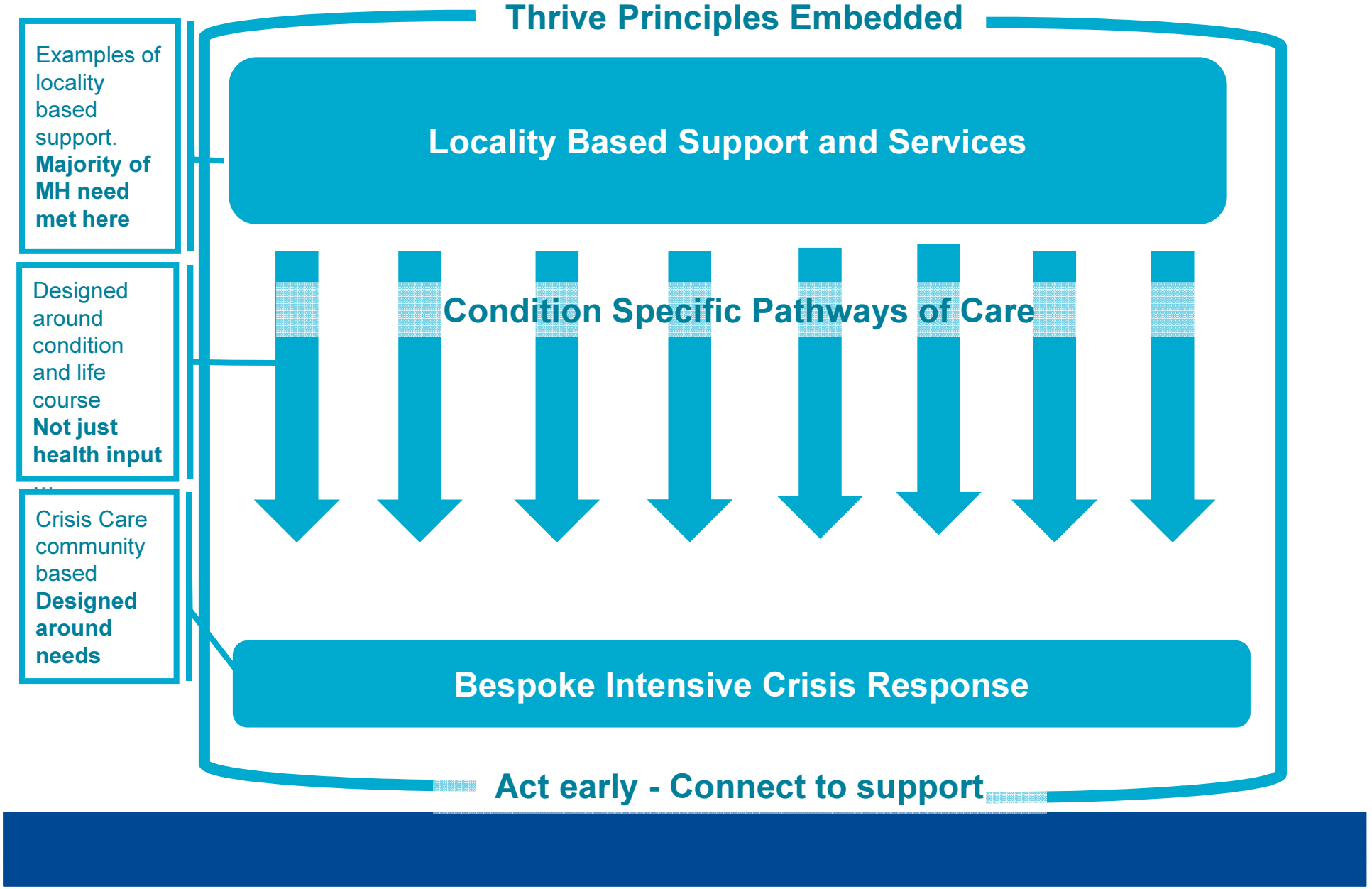
Architectural model of services



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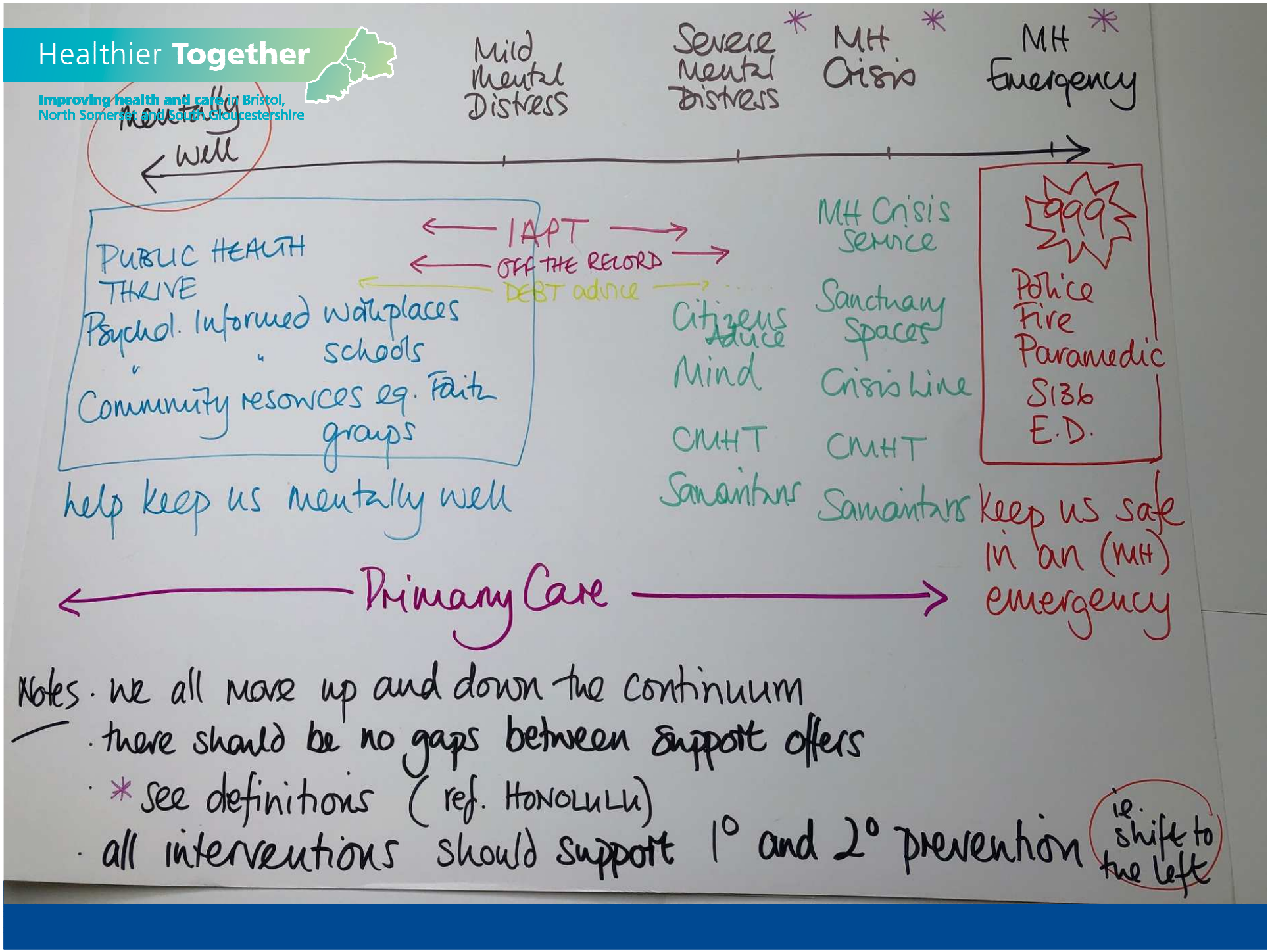

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Mental Health Emergency

A mental health emergency is a life threatening situation in which an individual is imminently threatening harm to self or others, severely disorientated or out of touch with reality, has a severe inability to function, or is otherwise distraught and out of control.

Examples of a Mental Health Emergency includes:

- Acting on a suicide threat
- Homicidal or threatening behaviour
- Self- injury needing immediate medical attention
- Severely impaired by drugs or alcohol
- Highly erratic or unusual behaviour that indicates very unpredictable behaviour and/or an inability to care for themselves.

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Mental Health Crisis

A mental health crisis is a non-life threatening situation in which an individual is exhibiting extreme emotional disturbance or behavioural distress, considering harm toself or others, disoriented or out of touch with reality, has a compromised ability to function, or is otherwise agitated and unable to be calmed.

Examples of a Mental Health Crisis includes:

- Talking about suicide threats
- Talking about threatening behaviour
- Self- injury, but not needing immediate medical attention
- Alcohol or substance abuse
- Highly erratic or unusual behaviour
- Eating disorders
- Not taking their prescribed psychiatric medications
- Emotionally distraught, very depressed, angry or anxious

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Data Analysis – Key insights

Analysis of existing data sets from a number of sources

- Prevalence of common mental illness is high across BNSSG compared to other benchmarked systems, (22%) SMI less pronounced variation and we spend more in BNSSG
- There is a strong link in Bristol (particularly) and North Somerset re drugs and alcohol. In Bristol also homelessness is also a significant contributing/ complicating factor within mental health with low numbers of people in treatment
- There are significant levels of self-harm (40% above England average) separate to but related to suicide (BNSSG average, Bristol and NS above average)
- South Gloucestershire has relatively low levels of mental ill health as an overall population but there is significant and increasing morbidity in CYP (emergent problems)
- Physical health problems for people with mental illness appears very concerning in North Somerset (70% above average for under 75s) and needs improvement in Bristol for over 75s
- ED is the most obvious non-MH specific physical health impact (53% od ED admissions have drug/ Alcohol / MH in the ICD coding) and there's high comorbidity with Hyper tension and AF (links to smoking, diet, exercise et al)

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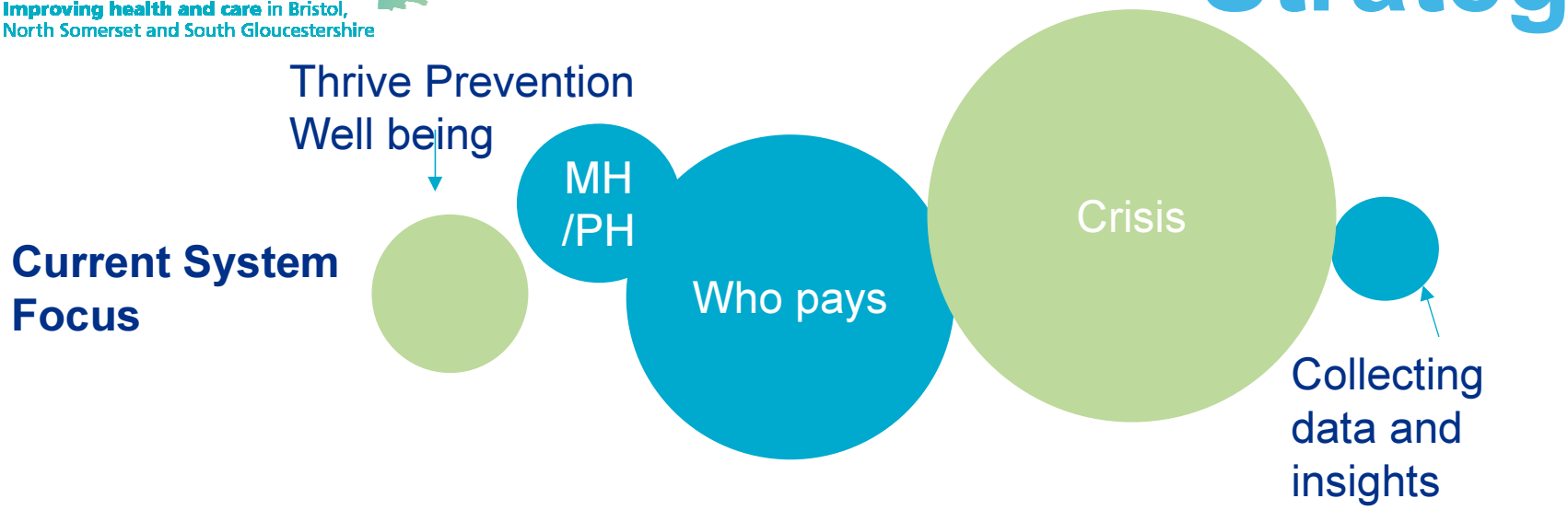
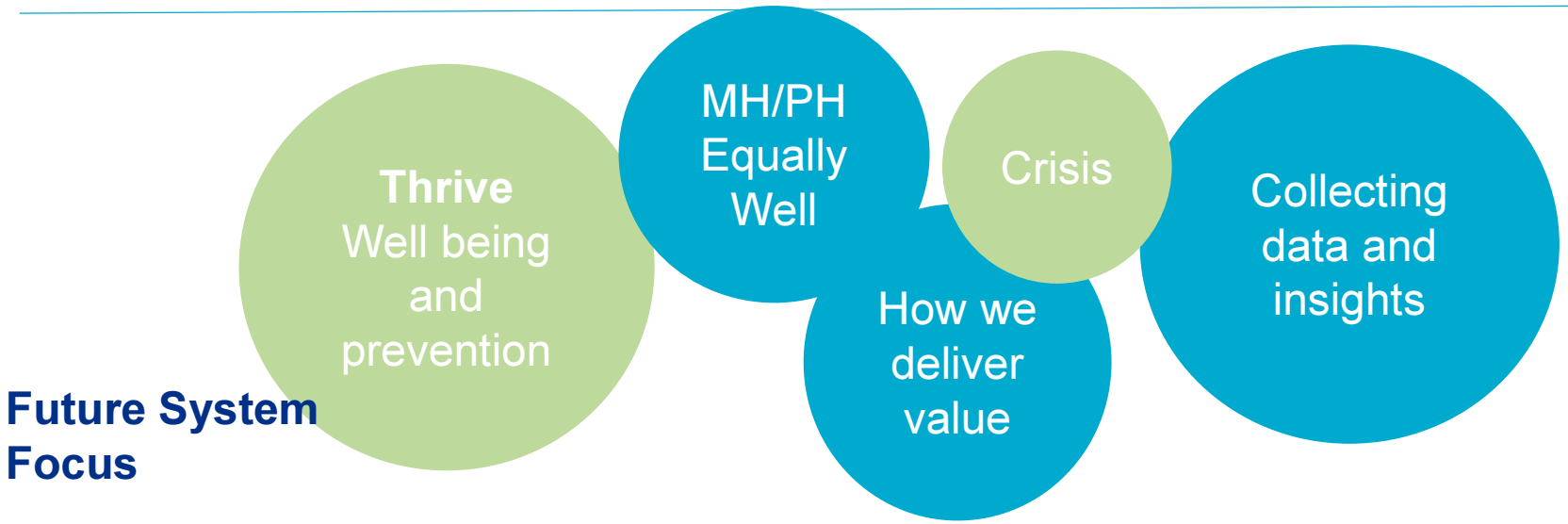
Strategy





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Strategy

Conversation 1 – Prevention

Balance and connection between mental health and well being. How we measure triple value

Conversation 2 – Sustainability

Creating the opportunity for shifting the investment from crisis to prevention

Conversation 3 Access and Integration

Access to service Connected Community to Crisis Services