COVER ILLUSTRATION:
THE BOTTLE OF NOTES, CENTRE SQUARE, MIDDLESBROUGH
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Mental health is finally receiving the focus and recognition it deserves in national debates, policies and strategies. In 2011, the government published a national strategy, ‘No Health without Mental Health’. This was followed by the 2013 Chief Medical Officer’s Annual Report focused on public mental health, NHS England’s strategy on ‘Parity of Esteem’ and recently ‘Future Minds’ which focuses on children and young people’s mental health.

This year’s annual report focuses on mental health and wellbeing in Middlesbrough. It summarises the key challenges faced by the local population, looks at the latest research evidence and policy and showcases examples of good practice. More importantly the report makes recommendations on areas where work is required to translate national policy and research evidence into local action.

Prevention and early intervention is key to improving mental health outcomes and emotional wellbeing. The consequences for not acting on mental health can be disastrous and costly. These range from long term illness, poor quality of life and premature deaths. Because no single agency can improve mental health and emotional wellbeing in isolation, it must be everyone’s business. There is need for more effective partnership working, prioritisation of investment in mental health promotion and prevention and mobilising the assets and resources we have at our disposal. I welcome the opportunity to discuss the contents of this report and to use it as a catalyst for local action to improve emotional wellbeing and mental health for our local population.

Edward Kunonga
Director of Public Health, Middlesbrough Council
<table>
<thead>
<tr>
<th>SECTION</th>
<th>WE SAID</th>
<th>WE DID</th>
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<tr>
<td><strong>Public health returns home / NHS Reforms</strong></td>
<td>The Marmot review recommendations and the asset based approach need to be embedded into local action to improve health and wellbeing and tackle health inequalities.</td>
<td>The public health team are leading on the development of an integrated wellness / social prescribing hub using asset based approaches.</td>
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<td><strong>Health and Wellbeing in Middlesbrough</strong></td>
<td>The health and wellbeing board should ensure that the JSNA and the Health and Wellbeing Strategy priorities and principles are directing the commissioning and delivery of services for the local population.</td>
<td>The JSNA has been used to develop commissioning intentions for public health and social care services. Work is underway to refresh and update this to cover 2015-18.</td>
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<td><strong>Best Start in Life</strong></td>
<td>An integrated multi-agency approach is needed to ensure healthy pregnancies and for all children in Middlesbrough to have the best start in life.</td>
<td>In addition to positive outcomes from the local Maternal, Infant and Child Health Partnership, work is underway to transform the delivery of early years’ service as part of the ‘Delivering Differently’ programme. The transfer of commissioning responsibilities for Health Visiting and Family Nurse partnerships to local authorities and the renewed focus on school readiness will see the development of integrated ways of working between the Council, the NHS and voluntary and community sector.</td>
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<td><strong>Prevention and early intervention for long term conditions</strong></td>
<td>There is need for an integrated and coordinated approach for prevention, early intervention and effective management of long term conditions in Middlesbrough.</td>
<td>An integration programme board has been established to develop plans for integrating health, social care and public health across South Tees.</td>
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| **Impact of welfare reforms** | There is a need for more multi-agency working to develop and implement the welfare reform mitigation plan for Middlesbrough. | Middlesbrough Financial Inclusion Group (FIG) continues to work in strong partnership. Examples of work carried out this year includes:  
- Unclaimed benefits campaign  
- Credit unions developed to help residents access affordable credit and white goods  
- Corporate Welfare Reform Group provided funding to a range of organisations  
- Universal task and finish group established to mitigate the impact of universal credit  
- Middlesbrough Advice Partnership established operating from community hubs providing advice and support to residents |
| **Creating health promoting environments and settings** | Lessons for implementing the health promoting settings framework at the hospital, university, schools, college and community pharmacy should be applied to other settings to ‘Make Every Contact Count’. | Excellent progress has been made in developing Extra Life - the healthy settings initiative - which provides a framework for making every contact count. The Extra Life settings - hospital, university and college - have all undertaken an academic health needs assessment, established structures to take forward robust action plans to put in place the needs of those using each setting and are training health champions. |
CHAPTER 1: WHY FOCUS ON EMOTIONAL WELLBEING AND MENTAL HEALTH?

INTRODUCTION

Emotional wellbeing, resilience and good mental health are a fundamental but often overlooked requirement for everyday life. This applies to the ability to achieve good physical health, develop and maintain relationships, achieve in education and skills, secure employment and the ability to achieve full potential. Poor mental health and emotional wellbeing robs individuals of their ability to reach full potential, live fulfilling lives and ultimately reduces their length of life.

It also impacts heavily on families, communities and the wider system in terms of the costs of addressing the negative impacts. The foundations of adult wellbeing are laid down pre-birth, protected and promoted during early years and adolescence through to adulthood and old age. In most cases poor emotional wellbeing and mental illness begin in childhood and continue into adulthood.

Around half of people with mental health problems experience their symptoms by the age of 14. It is estimated that one in four adults experience mental health issues in their lifetime and one in six adults have a mental health problem at any one time. By promoting and supporting children and young people to become emotionally resilient, future adult cases of mental illnesses can be prevented.

2 DH (2011). No Health without Mental Health: Across government Mental Health Outcomes Strategy for people of all ages.
Mental illness is responsible for the largest proportion of the burden of disease in the UK. It accounts for 22.8% of the UK population, greater than cardiovascular disease (16.2%) and cancer (15.9%).

Mental health problems are estimated to cost the UK economy £105 billion each year compared to obesity at £15.8 billion and cardiovascular disease, £30.7 billion. Poor mental health also contributes significantly to costs in the criminal justice system, education, housing and welfare benefits.

Despite mental health having a greater burden of disease and a greater estimated cost, the investment and focus on mental health is significantly lower than physical health. Only 11.1% of the NHS budget is spent on treating mental health problems and very limited investment in prevention, mental health promotion, supporting emotional wellbeing and developing individual and community resilience.

The level of funding for children and young people’s mental health in England is insufficient and not reflective of the level of need in this population. A significant proportion of the investment in children’s mental health is focused on reactive and costly services and very limited resource goes into prevention and early intervention programmes.

In times of austerity and the economic downturn there is a significant risk of disinvestment in mental health programmes and services despite this being the time when people are likely to have increased mental health needs.

Recently, there has been a focus on mental health policy at both national and local levels in order to raise the profile and investment in mental health services. The government strategy, No Health without Mental Health, Future Minds and NHS’ Parity of Esteem all make the case for addressing the historic mismatch in investment and focus on mental health. These policies need to be followed up with local action to improve the mental health and wellbeing of the local population.
There is no agreement on the best definition for mental health and whether this differs from emotional wellbeing. The World Health Organisation (WHO) defines mental wellbeing as:

“The 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 their community.”

The Department of Health has defined wellbeing as:

“A positive state of mind and body, feeling safe and able to cope and having a sense of connection with people and communities.”

Mental health and wellbeing is highly influenced by a complex interaction between individual factors, family circumstances, community connectedness and social environment that people are born, grow, work, live and age. Unemployment, high levels of inequality, poor housing, low educational attainment, adverse life events such as violence and abuse, debt, poor housing, poor diet, and excessive alcohol use further add to the complexity of the issue by acting as both a contributor and consequence of poor mental health and emotional wellbeing.

GLOSSARY - What is Public Mental Health?

The science and art of promoting and protecting mental capital, mental health, emotional wellbeing and preventing mental illness; and prolonging life and the quality of life through the organised efforts of society.

In order to improve mental health at a population level, the WHO in 2013 developed a public mental health framework with the domains of mental health promotion, mental illness prevention and mental illness treatment, recovery and rehabilitation. This framework has been adopted in Middlesbrough to evaluate the local approach, identify gaps and ensure a coordinated approach to improving public mental health.

1. **Mental Health Promotion**
   - Mental health promotion is relevant across the entire lifespan, regardless of current health status. Effective mental health promotion enhances the structures and supports that enable people of all ages to live safe, productive and fulfilling lives and to effectively negotiate their life course.

2. **Mental Illness Prevention**
   - Mental disorder prevention has as its target the reduction of symptoms and ultimately of mental disorders. It uses mental health promotion strategies as one of the means to achieve these goals. Mental ill-health refers to mental health problems, symptoms and disorders, including mental health strain and symptoms related to temporary or persistent distress. Preventive interventions work by focusing on reducing risk factors and enhancing protective factors associated with mental ill-health.
Community Resilience

Communities play a significant role in improving mental health and wellbeing. This can cover the important roles in prevention, early intervention, treatment and recovery from mental illness. There is a growing interest in social connectedness, community resilience and the role of asset based approaches to improve health and wellbeing outcomes. Research evidence shows that connected communities have better health and wellbeing outcomes and less anti-social behaviour. NHS England and Public Health England recently published a guidance document on community-centred approaches to health and wellbeing which acknowledges the important role community resilience plays in improving health and wellbeing outcomes. This can be divided into approaches for strengthening communities, volunteer and peer roles, collaborations and partnerships and access to community resources. There are a range of interventions such as befriending, volunteering, peer mentoring, community navigators and social group schemes that can help tackle social isolation and loneliness.

Middlesbrough has a significant amount of community assets across the town. These range from organised community organisations to informal groups that work at a very local level. More work needs to be carried out to ensure a coordinated strategic approach to improving emotional wellbeing, tackling isolation and loneliness and utilising the community for prevention, early intervention, treatment and recovery for mental health.

3. Treatment, Recovery and Rehabilitation

Mental health treatment on the other hand requires close multi-agency partnership working as part of an integrated delivery model. Mental health recovery and rehabilitation is about ensuring individuals stay in control of their lives, focusing care on supporting recovery and building the resilience of people with mental health problems, not just on treating or managing their symptoms. The recovery model aims to help people with mental health problems to move forward, set new goals and develop relationships that give meaning to their lives.

Resilient individuals, families, places and communities are more able to deal with challenges, stresses and adversity, and are more likely have better health and wellbeing outcomes.

These include:
- higher emotional wellbeing, physical and mental health
- lower incidence of unhealthy lifestyles or risky taking behaviours
- higher attainment at school, qualifications, and skill levels
- higher employment prospects
- improved recovery from illness

Resilience refers to the ability of an individual, family, place, community or organisation to cope with, or bounce back from adversity whilst seeking to change or address the source of it. An individual’s emotional resilience is increasingly being recognised as playing an important role in mental wellbeing. Improving resilience requires action at individual, family and community levels. Building emotional resilience in children and young people is the key focus of Middlesbrough’s Big Lottery Fund Headstart programme - see page 30 for further information around the Headstart case study.

6 NHS England and PHE. A guide to community centred approaches to health and wellbeing.
WHAT IS THE LOCAL PICTURE? EMOTIONAL WELLBEING INDICATORS IN MIDDLESBROUGH

In 2010, the Government launched a Measuring National Wellbeing programme\(^7\) with the aim of developing and producing accepted and trusted measures of the wellbeing of the nation. The programme developed a range of indicators to assess personal wellbeing and these have been included in the Annual Population Survey (APS) since 2011. The personal wellbeing domain includes the four ONS personal wellbeing questions on life satisfaction, worthwhile, happiness and anxiety.

The survey questions are:

- **Overall, how satisfied are you with your life nowadays?**
- **Overall to what extent do you feel the things in your life are worthwhile?**
- **Overall how happy did you feel yesterday?**
- **Overall how anxious did you feel yesterday?**

The APS has a sample of approximately 165,000 adults across the UK. In Middlesbrough each year a sample of 1627 people participate in the survey. The results for personal wellbeing for 2011-2014 showed that compared to England, Middlesbrough had a higher percentage of people with a self-reported low satisfaction score, low worthwhile score, low happiness score and high percentage of self-reported high anxiety score.

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Social isolation is characterised by an absence of social interactions, social support structures and engagement with wider community activities or structures. Loneliness describes an individual’s personal, subjective sense of lacking connection and contact with social interactions to the extent that they wanted or needed.

Social isolation is often a result of marginalisation, discrimination or loss of opportunities for social connection. It is associated with a range of poor mental and physical health outcomes ranging from increasing unhealthy behaviours (stress, smoking, binge drinking, unhealthy eating and physical inactivity) and the development or deterioration of existing long term conditions (cardiovascular diseases, diabetes, depression etc).

Social isolation and loneliness has a big impact on quality of life, length of life, deterioration of health status and can lead to an increase in the use of health and social care services. The impact of social connectedness on physical and mental health is well documented with socially isolated individuals being between two and five times more likely to die prematurely. The impact of social isolation and loneliness on excess illness and premature deaths has been estimated to be at the same level as an individual who smokes 15 cigarettes a day.

Older people are more vulnerable to social isolation or loneliness due to retirement, bereavement, loss of friends, family, mobility or income. There are other groups who are vulnerable to isolation and these include carers, people with learning disabilities, people with physical and sensory disabilities, people with long term conditions, BME (black minority ethnic) groups, people misusing substances and lesbian, gay, bisexual and transgender people.

Nationally it is estimated that 7% of 18-64 year olds and between 11%-20% of over 65 year olds are socially isolated. In Middlesbrough this equates to approximately 6,018 18-64 year olds and between 2,276 and 4,138 over 65 year olds.

A social isolation map has been developed for Middlesbrough based on an isolation index created by Essex County Council. The map shows that the pattern of social isolation mirrors the pattern of deprivation across the town with higher percentages of socially isolated people in the most deprived wards.

**MIDDLESBROUGH’S SOCIAL ISOLATION MAP**

**SOCIAL ISOLATION INDEX**

**HIGH**

**LOW**

**SOCIAL DETERMINANTS OF POOR MENTAL HEALTH AND EMOTIONAL WELLBEING IN MIDDLESBROUGH**

Emotional wellbeing indicators need to be interpreted within the context that people live. The conditions in which people are born, grow, develop and age has a significant bearing on their mental health and emotional wellbeing. Middlesbrough has a higher percentage of the population living in deprivation and a higher percentage of the risk factors for mental health disorders compared to the north east and national averages. These factors include a higher percentage of adults with no qualifications, higher percentage of children living in poverty, higher rates of long term unemployment and higher percentage of relationship breakdowns. Improving mental health and emotional wellbeing requires action to improve and address these social conditions combined with individual, family and community interventions.
Local innovation for improving emotional wellbeing and mental health

Ageing Better Middlesbrough Initiative

Ageing Better Middlesbrough is a £6 million Big Lottery programme aimed at reducing loneliness and isolation for older people in Middlesbrough.

Led by Middlesbrough and Stockton Mind, the key outcomes from the programme include person centred support, improving older people's mental wellbeing, increased confidence to participate in community activities and a shared learning within the delivery of the project that will ultimately improve older people's services.

The programme will include community specialist services, psychological support, outreach work and peer friendship volunteering opportunities. The programme will target the following wards Pallister Park, Beckfield, Gresham, Park End, University, Beechwood, Clairville, Ladgate, Coulby Newham, Hemlington and Kader.

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Case Study: Risk factors for emotional wellbeing and mental health, by local authority in the North East

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Period</th>
<th>England</th>
<th>North East</th>
<th>County Durham</th>
<th>Darlington</th>
<th>Gateshead</th>
<th>Hartlepool</th>
<th>Middlesbrough</th>
<th>Newcastle upon Tyne</th>
<th>North Tyneside</th>
<th>Northumberland</th>
<th>Redcar &amp; Cleveland</th>
<th>South Tyneside</th>
<th>Sunderland</th>
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<tbody>
<tr>
<td>Education: % of adults that have no qualifications or level one qualifications</td>
<td>2011</td>
<td>35.8</td>
<td>40.2</td>
<td>40.9</td>
<td>38.2</td>
<td>38.4</td>
<td>44.2</td>
<td>44.2</td>
<td>43.5</td>
<td>34.9</td>
<td>37.8</td>
<td>37.5</td>
<td>41.9</td>
<td>42.5</td>
</tr>
<tr>
<td>Children in poverty: % living in low income households</td>
<td>2011</td>
<td>20.6</td>
<td>24.5</td>
<td>23.0</td>
<td>21.7</td>
<td>23.8</td>
<td>30.6</td>
<td>34.3</td>
<td>29.0</td>
<td>20.0</td>
<td>18.2</td>
<td>26.5</td>
<td>27.4</td>
<td>22.5</td>
</tr>
<tr>
<td>Higher risk drinking: % of people drinking at increasing or higher risk levels</td>
<td>2008-09</td>
<td>22.3</td>
<td>22.5</td>
<td>22.6</td>
<td>22.6</td>
<td>21.9</td>
<td>21.9</td>
<td>21.5</td>
<td>22.9</td>
<td>22.7</td>
<td>23.4</td>
<td>21.9</td>
<td>21.5</td>
<td>22.6</td>
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<tr>
<td>Long-term unemployment: % of working age population</td>
<td>03/2014</td>
<td>0.8</td>
<td>1.4</td>
<td>1.2</td>
<td>1.4</td>
<td>1.2</td>
<td>2.5</td>
<td>2.5</td>
<td>1.2</td>
<td>1.0</td>
<td>1.1</td>
<td>2.0</td>
<td>2.1</td>
<td>1.7</td>
</tr>
<tr>
<td>Physical activity: % of population engaging in recommended levels of physical activity</td>
<td>2012</td>
<td>56.0</td>
<td>53.9</td>
<td>52.2</td>
<td>53.3</td>
<td>51.3</td>
<td>49.7</td>
<td>52.2</td>
<td>57.6</td>
<td>59.5</td>
<td>59.5</td>
<td>54.0</td>
<td>51.8</td>
<td>54.0</td>
</tr>
<tr>
<td>Relationship breakup: % of adults whose current marital status is separated or divorced</td>
<td>2011</td>
<td>11.6</td>
<td>12.0</td>
<td>12.2</td>
<td>13.6</td>
<td>12.0</td>
<td>12.0</td>
<td>11.5</td>
<td>10.4</td>
<td>13.0</td>
<td>11.9</td>
<td>12.1</td>
<td>13.1</td>
<td>12.0</td>
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<tr>
<td>Socioeconomic deprivation: % of people living in 20% most deprived areas</td>
<td>2010</td>
<td>20.4</td>
<td>32.5</td>
<td>28.8</td>
<td>37.4</td>
<td>27.4</td>
<td>39.2</td>
<td>48.2</td>
<td>54.2</td>
<td>37.6</td>
<td>24.1</td>
<td>15.5</td>
<td>35.7</td>
<td>40.1</td>
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<tr>
<td>Use of outdoor space for exercise/health: estimated % of population</td>
<td>13/2012 - 12/2013</td>
<td>15.3</td>
<td>15.5</td>
<td>12.4</td>
<td>16.4</td>
<td>17.3</td>
<td>21.1</td>
<td>11.6</td>
<td>15.8</td>
<td>17.7</td>
<td>15.7</td>
<td>19.1</td>
<td>-</td>
<td>17.0</td>
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Lower  Similar  Higher
There is a strong evidence base on the importance of social interactions on wellbeing. In 2008 the New Economics Foundation developed a set of evidence based actions which have an impact on emotional wellbeing and resilience. These actions, known as the five ways to wellbeing are; Connect, Be Active, Take Notice, Keep Learning and Give.

Middlesbrough’s Public Health team used the Five Ways to Wellbeing to develop local resources as part of the Extra Life (settings based health improvement programme) stress down guide during Stress Down Week.

Centred around Middlesbrough’s largest organisations and employers, Stress Down Week was a cross settings campaign dedicated to raising awareness of stress and how best to manage it. A range of activities and events took place at Teesside University, Middlesbrough College, South Tees Hospitals NHS Foundation Trust and Middlesbrough Council.

The Five ways to Wellbeing are a combination of simple, available and mostly free steps that can lead to improved emotional wellbeing and mental health across the population. A town-wide programme to promote the Five Ways to Wellbeing needs to be developed and rolled out across agencies, communities and organisations to improve public mental health across the town.

14 Middlesbrough Council Extra Life Stress Down Guide.
1. The WHO Public mental health framework should be used to strengthen the local approach to improving public mental health.

2. Middlesbrough should develop a robust Headstart programme that ensures a coordinated approach for improving emotional resilience in children and young people.

3. Building resilience for adults, older people and communities should be coordinated across the town by developing a programme that embeds the asset based approaches together with the Five Ways to Wellbeing.

4. Work on implementing the recommendations from the Marmot Review and the recent Due North report should continue to ensure the social causes of poor emotional wellbeing and mental health and social isolation continue to be addressed.
CHAPTER 2: PARENTAL AND EARLY YEARS’ MENTAL HEALTH

INTRODUCTION

Parental emotional wellbeing and mental health is strongly linked to child development, health and wellbeing outcomes and future life opportunities. Babies born to mothers with poor mental health and emotional wellbeing do not experience a good start in life and in most cases remain behind their peers on developmental milestones, educational outcomes and life chances.

Research evidence suggests that the period between pregnancy and up to four years post birth presents the greatest risk for maternal mental health and emotional wellbeing. There are a number of mental health conditions that can affect women during this time period ranging from anxiety and depression to more complex mental illnesses such as schizophrenia and bipolar disorders\textsuperscript{14}.

Depression and anxiety are the most common mental health problems during pregnancy, with around 12\% of women experiencing depression and 13\% experiencing anxiety and many women experiencing both. Depression and anxiety also affect 15-20\% of women in the first year after childbirth.

During pregnancy and the postnatal period, anxiety disorders, including panic disorder, generalised anxiety disorder (GAD), obsessive compulsive disorder (OCD), and post traumatic stress disorder (PTSD) can occur on their own or can coexist with depression\textsuperscript{15}.

\textsuperscript{14} Cost of Perinatal Mental Health in England.
\textsuperscript{15} NICE Guidelines : Maternal mental health.
Parental mental health has a significant impact on bonding, attachment and parenting skills. Pregnant women’s health and lifestyle such as maternal diet, smoking and stress have a profound impact on foetal brain development with adverse impact on the unborn child’s biological systems, emotional wellbeing and mental functions and health. Poor maternal mental health is associated with a number of poor outcomes for the mother and the child. These include the following:

IMPACT OF MATERNAL HEALTH ON CHILD DEVELOPMENT

Advances in research and neurosciences have increased the understanding of the importance of the antenatal period and the first three years of life on child development and associated health and wellbeing outcomes. Early years brain development is important as it lays the foundations for future years development\(^1\). During these formative years the importance of a stable, caring and loving family environment cannot be over emphasised. Research has shown rapid growth and connections between neurones mainly in response to external stimuli and signals with the parenting relationship, attachment and home environment playing a significant role.

Perinatal mental health problems adversely affect the environment in which the child is developing, impacts on the parent-child relationship and interaction. This has been shown to compromise the healthy emotional, cognitive and even physical development of the child, with serious long-term impact. Parents with mental ill health may neglect their children’s physical, emotional and social needs and their own. Some forms of mental ill health may blunt parents’ emotions and feelings or cause them to be “unavailable” or not responsive to the child; or to behave in uncaring ways towards their children or environment. It is estimated that between one and two thirds of children whose parents have mental health problems experience problems themselves\(^1\). At the same time a child’s emotional wellbeing and mental health can have a significant negative impact on parental mental health.

GLOSSARY - PERINATAL

Relating to the period surrounding an infant’s birth - from last stage of pregnancy to the first month of their life

It is estimated that perinatal mental health costs the UK approximately £8.1 billion. Of these costs 28% relate to the mother and 72% relate to the child. Perinatal psychosis costs around £53,000 per case. Average costs to society of one case of post-natal depression is around £74,000 (£23,000 relates to mother and £51,000 to the child).19

It is estimated that in the UK between 10% and 20% of women develop mental illness during pregnancy or within the first year of having a baby. Half of these cases are undiagnosed and this impacts significantly on the woman, the baby, family and the community. Of those women that receive a perinatal mental health diagnosis, only 30% achieve full recovery21.

It is estimated that only 3% of all perinatal depression cases achieve full recovery. It is also estimated that the women with the greatest level of mental health need and complexity are least likely to access the services resulting in poorer outcomes for this group.

19 The Cost of Perinatal Mental Health in England. 21 Costs of Perinatal Mental Health in England.
**THE LOCAL PICTURE OF PARENTAL MENTAL HEALTH**

**PERINATAL MENTAL HEALTH**

Local data on the prevalence of perinatal maternal health is not available making it difficult to describe the level of need in the local population. In 2013/14 there were approximately 2,100 births in Middlesbrough and using the national estimates, Middlesbrough should expect between 210 and 250 pregnant women having perinatal mental health issues. Of these at least 168 pregnant women would require access to psychological services and approximately 84 women would have severe and or complex mental health needs.

**PARENTAL MENTAL HEALTH**

There is limited local intelligence on the prevalence of parental mental health in Middlesbrough. However there are a number of national and local datasets and indicators that can be used to estimate the burden of parental mental health in Middlesbrough.

- Nationally it is estimated that one in every four adults will experience a mental health condition at some point in their lives. Most of these individuals will be parents or parents to be. Their mental health and emotional wellbeing will have an impact on the children and young people in their families.

- Parental mental health is one of the key factors in children’s safeguarding caseloads for children in need and looked after children. The toxic trio of parental substance misuse, parental mental health and domestic violence has been identified as the biggest contributing factors to neglect and demand on children’s social care’s services.

- A recent local audit on substance misuse clients living with children revealed that there were 1,310 adults entering drug treatment during 2014/15. More than 50% of these had children living with them.

- The following indicators of adult mental health will include parents or parents to be:
  
  a. The prevalence of depression in Middlesbrough is 3.6% (3,646) individuals
  
  b. Middlesbrough has one of the highest prescribing rates for anti-depressants
  
  c. The prevalence of serious mental illness in Middlesbrough is 0.8% (1,305 individuals)
  
  d. Middlesbrough’s suicide rates for 2012/13 was 12.8 per 100,000 population suicide rates (17 adults)
  
  e. 1,895 crack and opiate users (20.8)
  
  f. Middlesbrough’s excess mortality for adults with serious mental illness is 481.4 per 100,000 (98 deaths)
Coordinated approach to improve maternal mental health in Middlesbrough

MATERNAL MENTAL HEALTH PARTNERSHIP

The South Tees Maternal Infant Child Health partnership work brings together a range of agencies to oversee the commissioning and delivery of services that impact on maternal and infant health outcomes. This local collaboration with South Tees Foundation Trust (chaired by Public Health) includes clinical service leads, Consultant Midwives, commissioners and health and social care practitioners adopt partnership principles to address the following key issues:

- workforce capability and capacity
- improved perinatal outcomes
- reducing mental health self stigma amongst women
- early referral into talking therapies

National standards and guidelines for the treatment and management of perinatal mental health disorders provide the framework against which service providers and service commissioners must achieve locally in health care and service delivery. For the perinatal mental health sub group, the focus is on improving the referral, treatment and management of these women’s emotional health as a priority. The working group has devised new referral pathways and treatment processes. Other key successes of the partnership include:

- the setting up of a bespoke mental health training module for midwives and health visitors
- Preferential speedy access into IAPT for pregnant women and their partners
- wider offer of parenting programmes to targeted communities
- extended mental health training to our local GP workforce

CASE STUDY:

Glossary - IAPT

Improving Access to Psychological Therapies (see IAPT Case Study - pg 45)
1. More work needs to be done to improve parental emotional wellbeing and mental health especially because of the impact this has on early years development. The transfer of commissioning responsibilities for 0-5 Healthy child programme (Health Visiting and Family Nurse Partnership Services), the development of a school readiness service in Middlesbrough and the development of a CCG mental health strategy provides an opportunity to integrate service delivery and improving outcomes. These arrangements should ensure:

- All pregnant mothers have assessments for emotional wellbeing and mental health and receive the support in line with the evidence based guidelines.
- Improvements in the perinatal mental health care pathways and development of specialist perinatal mental health services
- Parenting and attachment to be given priority as an integral family approach.
- Expectant parents and those with young children should be a priority for accessing Talking Therapies (IAPT).
- Perinatal mental should be incorporated into the pre-registration training of midwives, health visitors and GPs and refresher training made mandatory

2. Addressing parental emotional wellbeing and mental health for all parents and family centred approaches for managing adults with issues that have an impact on their mental health and emotional wellbeing. This includes the following; victims and perpetrators of domestic violence, substance misuse clients, teenage parents, adults known to the criminal justice system and families known to the Troubled Families programme.

3. Approaches to improve parenting should also focus on the important role of fathers and empowering them to play an active role in supporting children in the early years.
CHAPTER 3: CHILDREN AND YOUNG PEOPLE’S MENTAL HEALTH

INTRODUCTION

Emotional resilience in children and young people is a pre-requisite to good health and wellbeing outcomes, educational attainment, social relationships, positive choices and behaviours, life opportunities and aspirations, physical health and length and quality of life. Half of those with mental illness in adulthood experience their first symptoms by the age of 14, and this figure rises to three quarters by the time they reach 18 years of age.

Nationally it is estimated that one in every 10 children between 5 and 16 years of age has a clinically diagnosable mental health problem. In adolescents poor emotional wellbeing and mental health manifests in many different ways such as self-harm, anti-social behaviour, school exclusion and risk taking behaviours (drugs, alcohol, smoking, unprotected sex).

It is also estimated that between 10 and 13% of 15-16 year olds have self-harmed with only a very small percentage presenting to health services. 21

The hidden burden of children and young people with emotional wellbeing and mental health issues that are not known to statutory services is difficult to quantify. Despite this, significant gaps still remain in the approaches to prevent, detect early and effectively manage mental health conditions in children and young people. Whilst there has been some progress on investment in children and young people’s mental health, it remains under-researched and under-resourced, receiving only 0.7% of the total NHS budget. 22

**RISK FACTORS FOR POOR MENTAL HEALTH IN CHILDREN AND YOUNG PEOPLE**

There are a number of factors identified in the research literature that make children and young people vulnerable and at risk of developing mental health conditions. The table below summarises the children and young people who are at greatest risk of poor mental health.

<table>
<thead>
<tr>
<th>SOCIAL DEPRIVATION</th>
<th>FAMILY FACTORS</th>
<th>VULNERABILITY FACTORS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children living in poverty</td>
<td>Children living in families with neither parent working</td>
<td>Looked after children, children subject to a child protection plan and children in care</td>
</tr>
<tr>
<td>Children living in families with neither parent working</td>
<td>Children in lone parent families</td>
<td>Young Offenders and children in the criminal justice system</td>
</tr>
<tr>
<td>Children in lone parent families</td>
<td>Children living with unemployed parents</td>
<td>Children with disabilities</td>
</tr>
<tr>
<td>Children living with unemployed parents</td>
<td>Children living with parents abusing substances (drugs and alcohol) or in contact with the criminal justice system</td>
<td>Children of parents with history of being in prison</td>
</tr>
<tr>
<td>Children living with parents abusing substances (drugs and alcohol) or in contact with the criminal justice system</td>
<td>Children living with parents with mental health problems</td>
<td>Young Lesbian, Gay, Bisexual and transgender</td>
</tr>
<tr>
<td>Children living with parents with mental health problems</td>
<td>Children living in families experiencing domestic violence</td>
<td>Children and young people not in education, employment or training</td>
</tr>
<tr>
<td>Young carers</td>
<td>Young Offenders and children in the criminal justice system</td>
<td>Children and young people experiencing bullying and cyber-bullying</td>
</tr>
<tr>
<td>Bereavement or loss</td>
<td>Children with disabilities</td>
<td>Children with chronic physical illnesses</td>
</tr>
<tr>
<td>Children and young people experiencing neglect or abuse</td>
<td>Children of parents with history of being in prison</td>
<td>Children with a history of sexual abuse</td>
</tr>
<tr>
<td>Relationship breakup</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
EMOTIONAL WELLBEING AND MENTAL HEALTH IN CHILDREN AND YOUNG PEOPLE - THE LOCAL PICTURE

There are gaps in the local understanding of the level of emotional wellbeing and mental health. Further work is required to strengthen the understanding of the local picture, level of need, service planning, monitoring effectiveness of services and promoting integrated service delivery.

ESTIMATED PREVALENCE OF MENTAL HEALTH CONDITIONS IN CHILDREN AND YOUNG PEOPLE

Estimates from national prevalence figures for mental health in children and young people suggest that Middlesbrough should expect 2,178 (10.8%) children aged 5-16 years with a mental health disorder.

<table>
<thead>
<tr>
<th>Number of children eligible for children and adolescent mental health services (CAMHS)</th>
<th>Estimated percentage of children under 17</th>
<th>Estimated number of children and young people in Middlesbrough</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1 CAMHS</td>
<td>15%</td>
<td>4,763</td>
</tr>
<tr>
<td>Tier 2 CAMHS</td>
<td>7.5%</td>
<td>2,381</td>
</tr>
<tr>
<td>Tier 3 CAMHS</td>
<td>2.5%</td>
<td>794</td>
</tr>
<tr>
<td>Tier 4 CAMHS</td>
<td>0.5%</td>
<td>159</td>
</tr>
</tbody>
</table>
MENTAL HEALTH DISORDERS AMONGST CHILDREN AND YOUNG PEOPLE - MIDDLESBROUGH PROFILE

Based on PHE estimates in 2013 Middlesbrough had 2558 and 2755 young people aged between 16 and 24 with potential eating disorders and attention deficit hyperactivity disorder (ADHD) respectively.

MENTAL HEALTH HOSPITAL ADMISSIONS - MIDDLESBROUGH PROFILE

Children and young people’s admissions for mental health, self-harm, alcohol specific conditions and substance misuse in Middlesbrough are higher than the national averages.

Source: PHE Profiles
Middlesbrough’s rate for emergency admissions for self-harm is significantly higher than the England average. These figures underestimate the burden of self-harm as it only captures the most serious self-harm incidents that require a hospital admission. These figures do not reflect self harm that is managed in A&E without needing an admission, self-harm managed in the community through primary care and community mental health teams, self-harm managed by other agencies without involvement of the health services and self harm that does not get reported to any agency. The rate of self-harm in children and young people in Middlesbrough remains higher than the England average. In 2013/14 218 young people aged between 10 and 24 years were admitted to hospital.

The age profile of self-harm in Middlesbrough is similar to the regional pattern. However the rates of self-harm emergency admissions for 15-34 year olds were second highest across the region. The rates of self-harm emergency admissions for 0-14 and 15-24 year olds is higher in females than males in Middlesbrough and regionally. It is worth noting that the self-harm data on emergency admissions only shows the tip of the iceberg and there is national evidence to suggest a higher proportion of self-harm cases in young people are not known to the health service.

Multi-agency working is required to fully understand the local picture and to develop a robust cross sector action plan to understand the scale of the problem and develop a multi-agency response to prevention, early intervention and effective management of self harm across the town. Middlesbrough Council Public Health team is working closely with Durham University’s School of medicine and pharmacy to review the evidence base for what works in self harm prevention to develop targeted interventions.

23 Young Minds, (2011)
CASE STUDY:

1. BIG LOTTERY FUND HEADSTART PROGRAMME

HeadStart Middlesbrough -
Beating the Odds Case Study

Middlesbrough has been selected by the Big Lottery Fund as one of 12 areas to deliver a programme to improve mental health and resilience for 10-14 year olds. Middlesbrough Council has been awarded £500,000 to deliver a test and learn programme until July 2016.

The ultimate aim of the programme is to equip young people with resilience to prevent mental health problems occurring in the first place, and to build the evidence base for prevention, early intervention and service redesign. The Big Lottery Fund has funded programmes that will bring about the following outcomes:

• Young people are better able to cope in difficult circumstances and do well in school and in life.

• Building resilience that helps to prevent the onset of common mental health problems.

• Learning from different approaches and contribute to an evidence base for investment in prevention and early intervention.

The investment programme is aimed at testing out new ways of building resilience in young people through all-round support and activities in and out of school, working with families, community groups, and charities. Middlesbrough is using a resilience framework produced by Boingboing which has been adapted from Hart & Blincow 2007 as the foundation of our approach to addressing mental health and emotional resilience. An ecological approach has been taken to development the model which places children and young people at the centre surrounded by family, friends, communities and schools which are wrapped around with prevention and early help services and specialist services all supported by system wide commissioning and planning. Two secondary schools have been identified as the focus of the test and learn phase, which are Unity City Academy and Acklam Grange. Trinity Catholic College is also using the Headstart approach to address emotional wellbeing and mental health within the school and feeder primary schools.

The next stage of development is the development of a further phase of implementation which will see the roll out of the HeadStart model based upon the evidence base of the test and learn phase. A robust business plan will be submitted to the Big Lottery Find during summer 2016 for a 5 year programme worth up to £10 million.
A Tees-wide strategy to improve mental health and emotional wellbeing for children and young people is being developed. The strategy is based on the national mental health strategy, No health without mental health and the recently published Future Minds report. The strategy has the following high level outcome based objectives:

- More children and young people will have good mental health - fewer children and young people will develop mental health problems by starting well, developing well, learning well, working and living well.

- More children and young people with emotional/mental health problems will recover - more children will have a greater ability to manage their own lives, stronger social relationships, a greater sense of purpose, and the skills they need for living and working, improved chances in education, better employment rates and a suitable and stable place to live as they reach adulthood.

- More children and young people with mental health problems will have good physical health and more children and young people with physical ill-health will have better mental health.

- More children and young people will have a positive experience of care and support.

- Fewer children and young people will suffer avoidable harm - children and young people and their families should have confidence that care is safe and of the highest quality.

- Fewer children and young people and families will experience mental health stigma and discrimination.
In response to increasing demand on CAMHS service, the Middlesbrough West cluster Primary schools identified a growing need for support for pupils and their families to help them through a range of crisis situations. A framework was developed that meant these pupils could gain support, with immediate effect, whilst providing measurable outcomes to schools.

Each school provided an annual contribution of £3,500 which entitled them to four live referrals at any one time receiving support from a number of self-employed professionals working under The Bungalow Partnership umbrella. Staff include Play Therapists, Counsellors, Behaviour Support Mentors, Psychotherapists and Family Support Workers.

Additional funding was provided when the project began through The PCT fund, this gave the opportunity to pilot other forms of support and therapeutic work and evaluate its effectiveness within school settings. Other than this; the school's annual contributions mean the service is completely self-sustaining.

Momentum grew and the service quickly became widely known within the Middlesbrough Primary schools having 33 signed up within 18 months. Some secondary provisions have also shown interest in the service and discussion have begun around what The Bungalow Partnership would look like in a Secondary context.
1. Improving mental health and emotional wellbeing in children and young people requires child centred interventions that involve families, schools and communities. The framework emerging from the Headstart programme and the proposals outlined in the emotional wellbeing and mental health children and young people’s strategy will require coordinated action to ensure a consistent and responsive approach to addressing children and young people’s emotional wellbeing and mental health issues.

2. The Headstart programme provides an opportunity to:

   • Raise the profile of children’s mental health and emotional wellbeing across the town including making the case for improved investment in this area.

   • Systems change to shift investment from reactive Tier 3 and 4 CAMHS services to prevention and early intervention services and programmes for children and young people in schools, community, home and digital support and ensuring access to specialist services when required.

   • Developing whole school approaches to improving emotional and academic resilience beyond the 10-14 year old target group.

   • Develop and coordinate a sustainable, integrated and consistent approach to delivering emotional wellbeing and mental health programmes schools. Currently, there are a number of mental health and emotional wellbeing programmes and initiatives delivered in schools e.g. CAHMS transformation programme, the BOND project, REACH partnership, the Bungalow project and the primary health workers working within schools.

3. Develop a multi-agency plan for addressing self harm in children and young people across the town.
CHAPTER 4:
ADULT MENTAL HEALTH AND WELLBEING IN MIDDLESBROUGH

INTRODUCTION

Mental illness is the largest source of disability in the UK affecting one in four adults at some point in their life. There is a complex relationship between individual, family, community and social factors in determining emotional wellbeing and mental health. Having a mental illness can affect physical health, relationships, life chances and opportunities such as gaining qualifications, access to good housing, gaining and staying in employment, being a victim or perpetrator of crime, stigma and social isolation. More work needs to be done to prevent mental illness, address the social root causes and consequences of mental illness, early diagnosis and intervention and ensuring integrated treatment, rehabilitation and recovery services support for people living with mental health conditions and their families.
Mental illness is broadly classified into severe mental illness and common mental health conditions. Severe mental illness (SMI) affects a lesser proportion of the population, however it has a significant impact on individuals, families and communities. Serious mental illness covers a range of diagnoses which include psychosis, schizophrenia, bipolar disorder and other psychoses. Severe mental illness is not evenly distributed across the population. Men between the ages of 35 and 44 have the highest incidence of SMI, and there is a social gap with more people from deprived communities and black men having higher prevalence of SMI. Mental health crisis places a significant burden on individual, family, community and multi-agency resources. Response and support for individuals during mental health crisis requires transformation to ensure coordinated support and early intervention is in place. The mental health Concordat provides a framework for achieving improvements in mental health crisis prevention, early intervention and support and requires multi-agency planning and delivery of services.

Depression, generalised anxiety, panic disorder, obsessive compulsive disorder (OCD) and social anxiety disorder are the most common mental health conditions affecting approximately one in every six adults at any one time in the UK. Globally, depression contributes 12% of the total burden of non-fatal global disease and by 2020, it could become second to cardiovascular disease as the leading cause of disability. Major depressive disorder increasingly results in high levels of personal disability, lost quality of life for the patient, family and carers and communities. The estimated prevalence of major depression among 16-65 year olds in the UK is 2/1000 (males 17, females 25). Mixed anxiety and depression is prevalent in a further 10 per cent of adult patients attending general practices.

There is a complex inter-relationship between mental health and physical health. A Kings Fund report in 2013 identified that mental illness in people with long term conditions was greater than the general population. Depression is two or three times more common in people with CVD, stroke, cancer, diabetes, COPD and musculoskeletal problems. People with mental health problems are twice as likely as the general population to experience a long term illness or disability and up to four times more likely to die prematurely from these conditions. People with SMI, have life expectancy at birth that is 20 and 15 years less for men and women respectively and premature death rates that are over three times that of the general population. People with depression have between 7 and 10 years lower life expectancy compared to the general population and the figure is almost 15 years less for people who misuse drugs and alcohol.

25 Kings Fund report 2013 Long term conditions and mental health
26 NHS England – Parity of Esteem
Middlesbrough has a higher percentage of adults with depression (14.26%) compared to the England average (11.68%). South Tees Clinical Commissioning Group (CCG) which covers Middlesbrough and Redcar and Cleveland has the highest rate of anti-depressant prescribing nationally. Although overall GP depression prevalence is similar to the England average, it varies by GP practice significantly across Middlesbrough. Further work is required to understand the underlying reasons for the variation in depression prevalence in primary care.

Source: PHE GP Profiles
The rate of emergency admissions for mental health conditions is significantly higher than the England average. The prevalence of serious mental illness in Middlesbrough is similar to the North East and national averages. The prevalence of serious mental illness is increasing locally, regionally and nationally, although it is difficult to tell whether this reflects higher actual prevalence, or reflects improvements in diagnosis and recording.

PREVALENCE OF SERIOUS MENTAL ILLNESS FOR LOCAL AUTHORITIES IN THE NORTH EAST
In 2011/12, the national mortality rate for people in contact with mental health services was 1,275 per 100,000 compared to 382 per 100,000 in the general population (almost four fold difference).

In Middlesbrough the directly standardised mortality for people with a mental illness is three times higher than the general population. Whilst the local data is not available to determine cause death and gender, regional and national data suggests the difference between all deaths and mental health deaths in the 30-39 age groups is nearly five times higher than the general population. When comparing the causes of death, national data suggests that premature deaths in people in contact with mental health services are from liver disease (4.7 times higher), respiratory disease (4.5 times higher) and cardiovascular (3.1 times higher). The excess adult mortality rate for people with serious mental illness in Middlesbrough for 2012/13 was 481.4 per 100,000 population and is higher than the England average for this population group and the general local population.

Source: Health and social care information centre

28 Health and social care information centre
29 Middlesbrough Community Mental Health Profiles 2012/13
The percentage of adults with SMI receiving physical health checks in Middlesbrough for 2012/13 was higher than the national average. However, it still implies that one in every four patients with SMI is currently not receiving physical health checks.

Emerging Communities - Allotment Scheme: Example of community engagement to address social isolation and wellbeing.

Source: Health and social care information centre
MENTAL HEALTH STIGMA, DISCRIMINATION AND IMPACT ON LIFE OPPORTUNITIES

A key issue affecting people with mental health problems, which influence their quality of life, their care and treatment and their ability to recover, is stigmatisation of mental illness and the discrimination to which this can lead. Discrimination against people with mental health problems and, to a lesser extent, their families, is a constant and a common problem. Stigma has an impact on behaviour of people in seeking treatment for mental health problems, or even talking about their problem to friends and family. Previous negative experiences of services can lead to a feeling of disempowerment and affect a person’s ability to have an active say in their healthcare. In accident and emergency departments, for example, it is the presenting behaviours, such as self-harm or problems with alcohol, and the reasons for these which need to be properly addressed, without assigning blame to the person.

People with mental illness often have poor life opportunities and life chances. They often have fewer qualifications, find it hard to find and stay in employment, are more likely to be homeless or insecurely accommodated and more likely to live in areas of high deprivation. In Middlesbrough the employment of adults with mental health disorders was higher than the England average. However the rates of CPA adults employed, CPA adults in settled accommodation and secondary mental health users in accommodation was lower than the England average. More work needs to be done to improve the employment prospects and living standards of adults on CPAs and secondary mental health users. The percentage of BME groups using mental health services in Middlesbrough is not representative of the population and this may suggest that access to mental health services may be an issue for this community.

SUICIDES IN MIDDLESBROUGH

Suicides are not inevitable; indeed most are preventable. Suicide and self-harm are a preventable premature mortality and morbidity accounting for more than 4,000 deaths and 200,000 hospital presentations every year in England. Suicide is often the end point of a complex pattern of risk factors and distressing events, and the prevention of suicide has to focus on addressing this complexity. The risk of suicide related behaviours is due to a complex interaction of a range of factors. The following adult groups have been identified in the national suicide prevention strategy are as being at high risk of suicides:

- People in the care of mental health services and criminal justice system
- People with a history of drug or alcohol abuse
- People with a history of self harm
- Veterans
- Professionals with access to lethal chemicals and poisons such as doctors, agricultural and veterinary workers
- People who are socially and economically disadvantaged

The age standardised mortality rate for suicide and undetermined injuries for Middlesbrough is higher than the regional and national average. Trends have shown a reduction in the Middlesbrough suicide rate, however this has seen an increase in recent years.

GLOSSARY - CPA CARE PROGRAMME APPROACH

Way that services are assessed, planned coordinated and reviewed for someone experiencing mental health problems delivered within a community setting.

200,000 HOSPITAL PRESENTATIONS

SUICIDE AND SELF-HARM MORTALITIES ANNUALLY IN THE UK

4,000 DEATHS

In Middlesbrough and consistent with the national and regional pattern, there are more younger male suicides compared to females. Across Teesside, males, aged 20–59 were most prevalent group together with those who had had contact with mental health services and police within three months of death or had a GP recorded history of self-harm. A review of suspected suicides in between 1997 and 2013 identified 289 suspected suicides involving Middlesbrough residents. During this time period there were disproportionately more suspected suicide deaths in people from deprived wards (especially Gresham and Middlehaven) compared to affluent wards in Middlesbrough and across Teesside.
A map showing the ward level distribution of suicides in Middlesbrough between 1997-2013

SUICIDES BY WARD

- 25 - 30 (1)
- 20 - 25 (1)
- 15 - 20 (2)
- 10 - 15 (8)
- <10 (11)
CASE STUDY:

MIDDLESBROUGH MENTAL HEALTH CONCORDAT PROGRESS TO DATE

The Mental Health Crisis Care Concordat is a national agreement between services and agencies involved in the care and support of people in crisis. It sets out how organisations will work together better to make sure that people get the help they need when they are having a mental health crisis.

The Concordat is arranged around; access to support before crisis point, urgent and emergency access to crisis care, the right quality of treatment and care when in crisis and recovery, staying well, and preventing future crises. This Concordat ensures that, in every locality in England, local partnerships of health, criminal justice and local authority agencies will agree and commit to local Mental Health Crisis Declarations. These consist of commitments and actions at a local level that will deliver services that meet the principles of the national concordat.

Locally a taskforce is overseeing the local implementation of the concordat with representation from the Police, Ambulance, Fire and rescue service, Clinical Commissioning Group (CCG), Public Health, mental health trust, MIND, Acute trusts and North East Mental Health Development Unit (NEMHDU).
CASE STUDY:

**THE TEES SUICIDE PREVENTION TASKFORCE**

The Teesside Suicide Prevention Taskforce is a multi-agency partnership group covering the local authority areas of Middlesbrough, Redcar & Cleveland, Hartlepool and Stockton-on-Tees. The taskforce seeks to drive local implementation of the National Suicide Prevention Strategy for England (2012) by coordinating partnership working in Teesside and ensuring that suicide prevention is everyone’s business. To date the taskforce has made progress in the following programmes:

- Developed a Tees-wide suicide prevention strategy and action plan.
- The introduction of an early alert system to ensure the timely identification of suicide or self-harm trends.
- Middlesbrough Safer Care ensuring all substance misuse staff have ASIST training.
- Development of a Primary Care Suicide Prevention Awareness E-learning platform that will be available across the region.
- Commissioned a Tees Mental Health Training Hub.

CASE STUDY:

**SOCIAL PRESCRIBING**

‘A pathway enabling primary care services to refer patients and carers with social, emotional or practical needs to a range of local services, often provided by the voluntary and community sector (VCS) to improve wellbeing and support resilience and self-help’

There is growing evidence that shows how social circumstances have a significant negative impact on health and wellbeing and how patients often turn to primary care providers for a medical solution to what is clearly a social issue.

The use of the voluntary and community sector to support patients with non-medical needs to help improve their health and wellbeing is gaining momentum and social prescribing is being widely introduced across the UK as a mechanism for relieving some of the pressures on the health and social care system.

A local model for Middlesbrough is being developed to enable the referral of patients with non-medical needs via a single referral route into the social prescribing service to access a range of local support services.

Some of the key benefits of social prescribing for GPs include:

- A single referral route into support services
- Ability to respond effectively to non-medical needs
- Link Workers attached to GP practice
- Extra support for GPs to address patients social issues
- More cost effective use of resources
- More appropriate use of clinicians time
- Holistic package of care for patients
- Evidence shows reduction in:
  - GP appointments
  - A&E attendances and hospital admissions
  - Outpatient appointments
The Improving Access to Psychological Therapies (IAPT) programme is a large-scale initiative that aims to greatly increase the availability of NICE recommended psychological treatment for depression and anxiety disorders in England. In Middlesbrough the IAPT Programme aims to make talking therapies more widely available to anyone who needs them. These therapies include guided self-help, stress and mood management and one-to-one Cognitive Behavioural Therapy (CBT).

The Tees approach to talking therapies, is however unique nationwide, with six commissioned providers, offering choice to the service user and thereby reducing overall waiting times when accessing these service. These providers, Middlesbrough and Stockton MIND, Alliance Psychological Services Limited, Talking Matters Teesside, Insight, Tees, Esk and Wear Valleys NHS Foundation Trust and Starfish Health and Wellbeing, all accept direct GP referral as well as self-referrals.

The CCG website has live updates about each service’s current waiting time for initial assessment, current waiting time for step 2 treatment following assessment and current waiting time for step 3 treatment following assessment, not only for transparency, but offer an informed choice to service users before committing for treatment.

southteesccg.nhs.uk/about-us/mental-health-services
1. The South Tees CCG draft mental health strategy will be accompanied by a detailed implementation plan setting out how the objectives set out in the strategy will be achieved and monitored. The strategy and implementation plan will need to be monitored by Middlesbrough’s Health and Wellbeing Board.

2. The Mental Health crisis concordat should lead to improved prevention, early identification and coordinated support for people in mental health crisis.

3. A different model for addressing mental health issues and supporting individuals is required that moves away from a biomedical approach to an approach that aligns community assets with the individual needs. The development of the social prescribing model, community asset development, and health and wellbeing hubs provide an opportunity to develop a different offer for the local community.

4. Investment in mental health should increase to reflect the burden of disease locally. This should be reflected in improved investment in preventative approaches, mental health promotion, mental health illness prevention and mental health treatment and recovery by the NHS, local authority, education, criminal justice system, housing and VCS needs to increase with a shift from reactive to prevention and early interventions.

5. The physical health needs of people with mental health conditions need to be addressed in a systematic and sustainable way in order to tackle the inequalities that exist locally. The recommendations from the Parity of Esteem publication need to be developed into an action plan and its implementation monitored through the health and wellbeing board. This should reflect multi-agency action to address the social factors, lifestyle risk factors, access and quality of physical healthcare in primary care, community and secondary care for this population group.

6. A future DPH annual report will need to be published focusing on emotional wellbeing and mental health in older people (to include dementia) with a focus on the key issues, challenges and recommendations.
ACCOUNTABILITY

1. Health and Well Being Board to monitor the implementation of the following local plans:
   - South Tees CCG mental health strategy and action plan
   - Mental Health crisis concordat action plan
   - Emotional wellbeing and mental health for children and young people
   - Implementing the recommendations from the Marmot Review, Due North report and Parity of Esteem to tackle the social causes of poor emotional wellbeing and mental health.

ADOPTING NEW WAYS OF WORKING

2. The WHO public mental health framework should be used to strengthen the local approach to improving public mental health.

3. The Headstart programme should be a catalyst for system change to improve emotional well-being and mental health for children and young people across the town.

4. Improve maternal and parental emotional wellbeing and mental health maximising the opportunities arising from the transfer of 0-5 Healthy Child Programme commissioning responsibility into the local authority as of October 2015.

5. Approaches to improve parenting should focus on the important role of fathers and empowering them to play an active role in supporting children especially in the early years.

6. The Big Lottery Funded Aging Better programme, the development of social prescribing and health and wellbeing hubs provide an opportunity to address social isolation and loneliness, poor mental and physical health and this should be adopted and embedded as a new way of working.

INVESTMENT / RESOURCES

7. Investment in mental health should increase to reflect the burden of disease locally with a shift in investment towards prevention and early intervention across the system.

STRENGTHENING COLLABORATIVE WORKING

8. Building resilience for adults, older people and communities should be coordinated across the town by developing a programme that embeds asset based approaches and the five ways to wellbeing.

9. Addressing parental emotional wellbeing and mental health through family centred approaches for adults with specific needs and vulnerabilities.


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