East and West Suffolk Mental Health & Emotional Wellbeing Transformation Update

#aVeryDifferentConversation
Welcome to #aVeryDifferentConversation

Since summer 2018 we - Suffolk - have been exploring how we can better support emotional wellbeing and mental health. Many people have contributed to this journey towards transformation.

We have now got to the stage of a draft strategy, which:

1. Shows what the needs are of people living in east and west Suffolk
2. Focuses on preventing mental ill-health and on intervening early
3. Outlines a model for Suffolk Mental Health & Emotional Wellbeing

In this space we are sharing where this work has got to, and inviting you to continue to shape it and make it happen. We need #aVeryDifferentConversation to continue, as we learn to work differently together.

- Does this describe a better system to help us all live well?
- Is anything missing?
- How can you be part of the movement for change?
The need for change...
Mental health and emotional wellbeing support in Suffolk

Despite the best intentions and hard work of many many people, the system for mental health and emotional wellbeing in Suffolk is failing; despite millions of pounds spent, the outcomes for people are not yet good enough.

**More areas of Suffolk now in the 20% and 40% most (relatively) deprived in England**
Deprivation affects demand on Suffolk's mental health service

**90% of people with mental health problems are cared for within primary care**
Unclear support arrangements in place to and within primary care

**Increasing levels of self-harm and suicide in young people**
Emergency admissions for self-harm are significantly higher in Suffolk than rest of England

**Needs of ~84,000 Suffolk people (16+) with personality disorders not being met**
Mental health services for people with personality disorders do not meet user needs or NICE guidance

**Increasing demand for Crisis Care**
especially summer, 6pm to midnight, east Suffolk

**People with long-term physical health problems likely to have depression**
Including 40% older people with a physical condition, 50% people with stroke or Parkinson's

**Levels of depression in older people is increasing**
1 in 5 older people are thought to have depression, often undiagnosed

**Life expectancy of those with severe mental illness cut short**
People with severe mental illness die 15-20 years earlier than the rest of the population undiagnosed

**Needs of trans and non-binary are higher**
Many have mental ill health & need better support and treatment

**Barrier for drug/alcohol user from diagnosis and support access**
A more holistic approach to dual diagnosis is needed

Icons: Derelict Flat by Ed Harrison, Pharmacy by Gerald Wildmoser, Injury by Adrien Coquet, lost by Adrien Coquet, frustration by Luis Prado, depression by corpus delicti, old by 1516, Coffin by AssMém, alcohol by Adrien Coquet, drugs by Julie Collard from the Noun Project
Needs in Suffolk

Ipswich & East Suffolk CCG

Prevalence
- 56,910 any Common Mental Disorders
- 45,700 would screen for any Personality Disorder
- 7,900 Anti-Social Personality Disorder
- 5,890 Borderline Personality Disorder
- 2,420 cases probable Psychotic Disorder
- 1,810 Psychotic Disorder
- 14,740 Post Traumatic Stress Disorder
- 17,940 Suicidal thoughts (within past year)
- 2,480 attempted suicide (within past year)
- 21,540 have self-harmed

334,760 people in this CCG are registered with a GP (16+)
- of which: 40,350 aged 75+
- Disability-free life expectancy at birth, 50 and 65 is significantly higher than England
- Well-being scores in Suffolk above average

Common Mental Disorders Link
- 85,380 sleep problems
- 30,110 (9.4%) patients diagnosed with depression
- Ipswich Council & Forest Health have the highest rates for death by suicide
- Migrants, asylum seekers and refugees may be at higher risk of mental ill health. Many are first relocated to Ipswich

Serious Mental Illness Link
- 3,450 (0.85%) recorded prevalence (QOF) (0.92% England)
- 45.6% of the variation in serious mental illness could be due to deprivation
- 1,380 (40%) estimated to also have metabolic syndrome

Learning disabilities & Autism Link
- 1,910 on GP’s LD registers
- 32,470 would screen for ADHD (16+)

Eating disorders Link
- 1,220 Anorexia Nervosa
- 8,960 Binge-Eating Disorders
- 3,260 Bulimia Nervosa
- Symptoms usually begin in childhood (<16)

Physical health Link
- 64,000 estimated Suffolk prevalence of physical and mental health comorbidities
- Serious Mental Illness reduces life expectancy by 15-20 years
Needs in Suffolk

West Suffolk CCG

Mental Health Needs Assessment 2018
Rorie Frankenberg & Alison Matthews
Public Health, Suffolk County Council

General
- 207,970 people in this CCG are registered with a GP (16+)
- of which: 25,240 aged 75+
- Disability-free life expectancy at birth, 50 and 65 is significantly higher than England
- Well-being scores in Suffolk above average

Prevalence
- 35,350 any Common Mental Disorders
- 28,390 would screen for any Personality Disorder
- 4,880 Anti-Social Personality Disorder
- 3,620 Borderline Personality Disorder
- 1,510 cases probable Psychotic Disorder
- 1,120 Psychotic Disorder
- 9,160 Post Traumatic Stress Disorder
- 11,140 Suicidal thoughts (within past year)
- 1,540 attempted suicide (within past year)
- 13,380 have self-harmed

Common Mental Disorders Link
- 53,000 sleep problems
- 18,800 (9.3%) patients diagnosed with depression
- Forest Heath and Ipswich have the highest rates for death by suicide

Serious Mental Illness Link
- 1,960 (0.79%) recorded prevalence (QOF) (0.92% England)
- 45.6% of the variation in serious mental illness could be due to deprivation
- 780 (40%) estimated to also have metabolic syndrome

Learning disabilities & Autism Link
- 1,180 on GP’s LD registers
- Over 60% (above England) people with LD or behavioural & emotional disabilities have “reliably improved” following IAPT
- 20,180 would screen for ADHD

Eating disorders Link
- Significantly higher admission rate for eating disorders than the other Suffolk CCGs
- 750 Anorexia Nervosa
- 5,510 Binge-Eating Disorders
- 2,000 Bulimia Nervosa
- Symptoms usually begin in childhood (<16)

Physical health Link
- 64,000 estimated Suffolk prevalence of physical and mental health comorbidities
- Serious Mental Illness reduces life expectancy by 15-20 years
We need to act differently

The experience of people in Suffolk living with mental health conditions, and that of their carers and loved ones, tells us that we urgently need change.

For things to be different in the future we know that everyone will need to act differently: both those who need support and those who give it (and many of us are in both camps!)

But through #aVeryDifferentConversation we have started to see that many people are ready to step up, listen, and work together differently....
A very different conversation: Co-producing a movement for change for Suffolk Mental Health and Emotional Wellbeing
We've started #aVeryDifferentConversation

About mental health and emotional wellbeing

Since April 2018 colleagues from across Suffolk have been working together to re-imagine the system for supporting emotional wellbeing and mental health.

The Ipswich and East, and West Suffolk Clinical Commissioning Groups (CCGs) commissioned a County-wide listening exercise

Suffolk User Forum (SUF), Suffolk Parent Carer Network (SPCN), Suffolk Family Carers (SFC) and Healthwatch Suffolk (HWS) worked together to run an independent listening exercise capturing views of the east and west Suffolk population: service users, families, carers and professionals, starting #aVeryDifferentConversation

768 responses

to 3 co-produced surveys were developed and distributed over a three month period focusing on service users, families, carers and professionals (444 service users/citizens, 169 carers and 155 professionals)

4,000-5,000 people

involved in group sessions held as part of the listening exercise

Views of 7,088 young people

aged 11 - 19 in Suffolk schools have also been included, using data from Healthwatch Suffolk’s ‘My Health, Our Future’ research
More listening and learning, including:

- Views about severe and enduring mental illness were gathered from 17 adults living in 24 hour supported housing or community supported living were through small group and 1 to 1 sessions
- Sessions were held with GP colleagues Ipswich & East Suffolk and West Suffolk
- A visit was made to East London NHS Foundation Trust to learn from their recent work in developing community-facing services
- A workshop with colleagues from mental health, substance misuse, primary care and social care to discuss the needs of people with co-occurring mental health and alcohol/drug misuse conditions
- Facilitated engagement events for the workforce at Norfolk and Suffolk Mental Foundation Trust were held in Ipswich, Bury St Edmunds and Stowmarket
- The CCGs put mental health transformation as key items on their Patient Revolution events and used their annual service user engagement events to promote #aVeryDifferentConversation
- Children's Emotional Wellbeing Group (CEWG) - the CEWG has contributed to the strategy and refreshed the Children's Emotional Health and Wellbeing Plan

Bringing the whole system together

We knew we needed to bring the whole system together (families, service users, professionals) under very different conditions, in which we could use our multiple perspectives on mental health to develop and deepen our shared ambitions....
Starting to live #aVeryDifferentConversation
Three honest events in Elmswell

Professionals, families, service users, carers and communities across Suffolk have come together in new ways to have #aVeryDifferentConversation. We held 3 big collaborative events in June, July and October involving around 300 people. Provocations from people with lived experience of mental health, or caring for people with mental ill health, formed a central and moving part of each event.

Through building better relationships and listening deeply to each other, we started to find new ways forward, new approaches and new connections between existing practices that could make a significant difference to the lives of local people.

We share a sense of how complex and challenging this can be. We know that despite our best efforts we sometimes let people down. We also agreed that we cannot and will not stand idly by whilst this pattern continues. Neither will we retreat into our own professional silos or languish in our old ways of thinking, allowing ourselves to believe that someone else needs to fix this. A movement for change has begun, which needs to continue.
Working together doesn’t stop here

#aVeryDifferentConversation has already started to change how we work together. We have learnt that building relationships and trust between us is critical to being able to reshape the world of support for mental health and emotional wellbeing.

But #aVeryDifferentConversation is not just a one-off listening exercise to shape up a new strategy. It needs to be about building a movement for change that lasts.

We have had to create new conditions in which everyone’s views and experiences could be heard and listened to. This is not always easy: we have had to be prepared to re-shape the power dynamics in order to learn from each other. We have had to work in new ways to make sure that the quieter voices - especially those with lived experience, carers, young people - get heard.

Our commitment to ‘co-production’ is not time-limited. In working together in these new ways we have started to BE the future. This needs to continue.
Values & behaviours:
What we need to do, to change Suffolk Mental Health and Emotional Wellbeing for the better
The vision for east and west Suffolk

We believe that everyone should get the right support, at the right time, from the right people, in the right place and in the right way.

Organisational leaders are united in a commitment to build trust, strengthen relationships and create a culture within which this new model can thrive, and the ambition of optimum individual and community resilience for people of Suffolk can be fulfilled.

Through the work with people right across Suffolk a number of common principles emerged as important:

• Everyone's views matter
• We will make children and young people's mental health and emotional wellbeing the foundation of our strategy
• There is a system-wide responsibility to deliver resilient communities
• Additional investment will be needed
• Prevention and early intervention is as important as treatment
• People should be supported to care for themselves
• Physical and mental health will be integrated
• Services will be needs-led
• We must use Digital and Technology
• We need recovery focused approaches
• We must normalise mental health and emotional wellbeing
• We must support the Workforce

We distilled and refined these further. Colleagues at the 3rd whole system event at Elmwell spent time exploring what they would mean in practice:
9 Values & Behaviours
For Mental Health and Emotional Wellbeing in Suffolk

These principles describe how the system to support emotional wellbeing and mental health in Suffolk should work in the future.

They describe the values and behaviours that everyone – families, carers, professionals, clinicians, managers – will need to adopt and practice if we are to become the radically better system we and need.

NB These pointed statements are our ambitions; they are not how we are now. They might make us feel uncomfortable when we think about how far we need to travel to make them the consistent reality for people in Suffolk. But recognising the gap is the first step to making change.

We all need to continue #aVeryDifferentConversation to move towards them.

1. See people as the agents of their own health and wellbeing
2. Prioritise prevention and early intervention
3. Take an holistic approach
4. Support and enable self care
5. Grow communities that support people
6. Strengthen support for children and young people
7. Anticipate and respond to the needs of carers and families
8. Treat acute, crisis and specialist needs effectively
9. Expect and plan for recovery
1. See people as the agents of their own health and wellbeing

We know that only individuals themselves can ensure mental health and emotional wellbeing.

Even when working with professionals and others to improve mental health and emotional wellbeing, it is individuals themselves who drive and sustain their recovery.

We have reset professional attitudes, behaviours and practices to honour this key understanding. Relationships between service users, professionals and others feel collaborative. People are involved fully and openly in assessment, responses, planning, provision and review and their ideas and input influence decision-making.
2. Prioritise prevention and early intervention

We intervene early to guide and support people towards better mental health and emotional wellbeing, and try to prevent problems before they arise.

Whilst continuing to meet the needs of those with acute conditions, we will shift the balance of support and investment towards earlier intervention.

We are learning about how to do this well. We are developing new strategies and approaches that enable frontline practitioners (and a range of other key people in schools and communities) to pick up and respond to signs of mental and emotional distress, and to anticipate where problems might arise.
3. Take an holistic approach

We recognise the deep connection between physical health and mental health. We explore and respond holistically to people's needs with clinical and other solutions, regardless of where in the system people present.

We invest more time in initial exploratory conversations to reveal what’s going on, because we know this makes a real difference down the line.

We build bridges between the traditionally separate disciplines in physical and mental health services. We are honest and reflective: noticing, challenging and then, over time, removing the barriers to a holistic approach that are currently found in mindset, culture and practice.
4. Support and enable self care

Self care is essential to lifelong wellbeing - for everyone. It is at the absolute core of our offer for people, regardless of what other support and services they may also require.

We make good self care a priority for everyone, including for health and care professionals (who are able to model great practice for others).

We are learning how to promote and encourage people to self care, and how to enable more of it to happen well across our communities. This includes understanding what actually works to help people into better practices of self care, how to enable people to access opportunities locally, and what new kinds of partners can help.
5. Grow communities that support people

We are committed to growing strong support for mental health and emotional well-being across all Suffolk communities and localities.

We know this needs everyone’s involvement. We want everyone - including our mental health staff - to live in communities where they can talk about difficult feelings or experiences without fear or stigma, and where support to address issues and sustain mental health and emotional wellbeing is readily available and easy to find.

Clinical practices that tune into people’s social and emotional needs (such as social prescribing) are becoming mainstream. We work together imaginatively with new providers (such as from the VCS) to improve local support for local people: sharing power, responsibility, accountability and risk.
6. Strengthen support for children and young people

We help people get a great start in life and respond quickly and appropriately to children and young people.

We pay attention to the needs and experiences of our under 25’s at every point in the system and don’t assume that what works for adults will be right for younger people. We ensure that younger people’s voices are heard clearly, taking care to make it easy for them to be involved in planning and delivering the care they want and need.

We have built systems of support around nurseries, schools and colleges to ensure that support for children and young people of all ages is easy to access.
Families and carers play crucial roles in supporting people's health and wellbeing. We actively support them to do this, and help them to look after their own health and wellbeing.

We make sure we take the perspectives, ideas, wishes and support needs of carers and families into account (something that has previously rarely happened), being sensitive about family dynamics and privacy.

We know that the impact of caring for a loved one with poor mental health can be profound. We actively support carers’ needs in order to build wellbeing and resilience across the whole network of support.
8. Treat acute, crisis and specialist needs effectively

We make sure that high quality treatment is available 24/7 for all people who are seriously ill or in need of urgent support.

Crisis is not just about the emergency services. People can gain access to urgent help from community services; by email, telephone or SMS messaging; and whether or not they have had help before.

We meet the particular needs of people with learning disabilities and with dementia empathically and carefully.

Hospital admissions only happen when necessary. We remain recovery focused, even for those who are seriously ill, and work with people to plan for discharge home, with both step-down and step up support available.
9. Expect and plan for recovery

We believe that recovery is achievable for everyone. All practitioners in our system plan for and support this as a goal.

We know that mental health and emotional well-being is a journey, with ebbs and flows over a life-course. We support people through crisis or acute ill-health by meeting their clinical needs in a timely manner and working with them to find out what will help them to build and sustain recovery. People are supported to be actively involved in their recovery, including having opportunities to support others.

People can ‘recover’ more than once. Whenever possible we support people to get back into work, because we know this helps with recovery.
Supporting our staff

Looking after our staff is something we take very seriously in Suffolk.

Staff are sometimes caring for service users who are very ill indeed, and this can be extremely demanding.

This new vision is calling for a very different approach to mental health. This might feel unsettling or challenging, when people are already feeling under pressure and may have already experienced significant organisational change.

Having a resilient and talented workforce is a critical pre-condition for our future whole system success. We are committed to supporting staff, and ensuring they have everything they need to do great work for the people of Suffolk.
The future of Suffolk Mental Health and Emotional Wellbeing
Defining a vision for future service user experiences
Our Future Model
is place-based, delivering more support in communities closer to home

1. Supporting Self Care
   Community Resilience; Trusted Information & Technology

2. Universal Health Primary Prevention & Care
   Local health & wellbeing offer rooted in communities & Connect / Integrated Neighbourhood Teams links.

3. Access & Brief Community-based Interventions
   Integrated access route(s) with triage & assessment of need - brief interventions by mental health services

4. Specialist Secondary MH Services
   Acute specialist MH services including specialist inpatient provision & treatment e.g. Crisis Care
Our Future Model

What does it mean?

Quadrant 1: Self Care

All of us need to self care to remain emotionally healthy. Self care describes the actions that an individual might take in order to reach optimal physical and mental health/emotional wellbeing. Better information and access, spreading Mental Health First Aid, and Social Prescribing are all ways we can help promote and encourage self care.

Self care activities we have heard about include:

- mindfulness
- gardening
- Park Run
- Men’s Sheds
- choir
- peer support groups
- walking clubs
- book clubs
- time with family or friends
- time on my own

What activities or actions help you to stay emotionally healthy? Add your ideas here...
Our Future Model
What does it mean?

Quadrant 2: Universal Health, Care & Wellbeing

When people’s emotional wellbeing dips or when mental health difficulties begin, we will help people by offering early support in and around local GP practices. This is the start of what we call ‘Primary Care Mental Health Services’. We want a consistent offer to service users presenting with mental health issues, including Serious Mental Illness, across all GP practices. We will better make the links between Physical and Mental Health, and join up approaches to Long Term Conditions. This quadrant links to Self Care - especially through connecting to local, community activities and social prescribing.

In pursuit of growing communities that support people, we want all partners to take steps to raise the profile of emotional health and wellbeing, and to support their service users and staff accordingly.

East Suffolk and North Essex Foundation Trust is trailblazing these shifts by making promotion and support of physical and mental health and emotional wellbeing a corporate priority. They aspire to create and become the first ‘Mentally Healthy Hospital’ kite-marked organisation in England, providing:

- Mental health friendly new environments
- Clearly signed appropriate services to support staff
- Service users with long term mental health conditions have quick access to specialist healthcare services to maximise their physical health outcomes
Our Future Model
What does it mean?

Quadrant 3: Access & Brief Community-based Interventions

This will bring specialist mental health support into communities through a very different relationship between GPs, practice staff, and specialist mental health/wellbeing services. In the future we will have a ‘community mental health offer’, which will comprise:

1. **GP Mental Health Link Workers** - every GP Practice will have a Link Worker providing brief interventions, advice and guidance and be aligned to their local Integrated Neighbourhood Team.

2. **Primary Care Mental Health Clinics Specialist Support teams** will serve a cluster of GP practices and provide quick access to specialist mental health support and intervention including for those people with physical health difficulties or long term conditions.

3. **Recovery Community Mental Health Teams** (Specialist Secondary Mental Health Services) teams will deliver a broad range of interventions to meet the needs of service users who have complex mental health, requiring a more intense approach from Specialist Mental Health Services.

We want to move away from standalone mental health services accessed through meeting clinical thresholds, to integrated, locality-based teams working together to meet the needs of service users. Our new approach will be age-inclusive.
Our Future Model

What does it mean?

Quadrant 4: Specialist Secondary Mental Health Services

For people who are in crisis and need urgent care, we plan a Mental Health Crisis Response Service (which works as part of a wider Suffolk system) incorporating Crisis Resolution and Home Treatment Teams in the east and west of the county, Inpatient Wards, Psychiatric Liaison Teams, Police Triage and Serenity Intensive Monitoring.

Draft Suffolk Mental Health Crisis Response
Tony's story

When Tony lost his job he began to struggle: not just financially but emotionally in the family too. When he realised he was drinking a bit more than he used to, and that things were getting a bit tense at home with his wife, he resolved to make an appointment with the GP. But when the surgery said it was 3 weeks for a ‘non-emergency’ he realised he probably shouldn’t be taking up the NHS’s time, and went back to the pub. Over the next few months things at home got worse, and Tony wasn’t really facing up to things. The more the pressure built up (like being sanctioned for not attending a JobCentrePlus appointment) the less he felt able to deal with any of it. Tony's wife Julie decided she'd had enough and went to live with her sister, where a counsellor at the local GP practice really helped her to work through everything she'd been carrying. Meanwhile, with the bills piling up on the mat, Tony started to find it really hard to get out of bed – let alone down to see his mates at the pub. So then he started to drink in the house, which seemed to make things easier.

Abdul worked in the Housing Department at the local council, and had a quick look at Tony's file - curious as to why someone who had always paid everything on time was now facing eviction. He didn’t manage to catch Tony on the phone, so decided to drop round. When Tony answered the door it was immediately clear to Abdul that all was not well. Here was a guy who needed someone to help him find a way to put his life back on track: Tony's rent situation was only one of a range of things overwhelming him. Abdul talked through the housing situation, helped him with a benefit application and made an arrangement to start to bring the debt down. But he also suggested to Tony that there was a Men and Sheds group that he might want to have a look at. Tony's interest was piqued, and he decided to give it a go - why not? Abdul seemed like a genuine guy, and he really seemed to care.

At the group, Tony met Brian and they hit it off straight away, both having an interest in woodworking. Brian told Tony that he had depression, that the group really helped to keep him connected to the world, but that he really had a great GP too. Tony decided to try again to see his doctor, and went into the surgery. He was finally able to say that he was struggling. The GP listened to him, asked him what he thought would help and talked through a range of ways of offering support and help to get him through this tricky period in his life. They agreed not to start medication at the moment, but Tony was put in touch with an online support group.

Over the next few weeks, as he listened to others and supported them too, Tony slowly he opened up about his own situation and feelings. He realised that he was drinking more, and more often on his own, to help him sleep and escape from the thoughts and feelings that kept him awake. He didn't want to lose the mates he drank with. He finally felt brave enough to talk about his fears about his drinking at the support group, and realised he wasn’t alone. The moment when Tony realised that he was helping others was the moment his life changed again, this time for the better. He was in need of support from time to time, but was also a source of support and strength for others in his community.

How might people’s stories be different in the future?