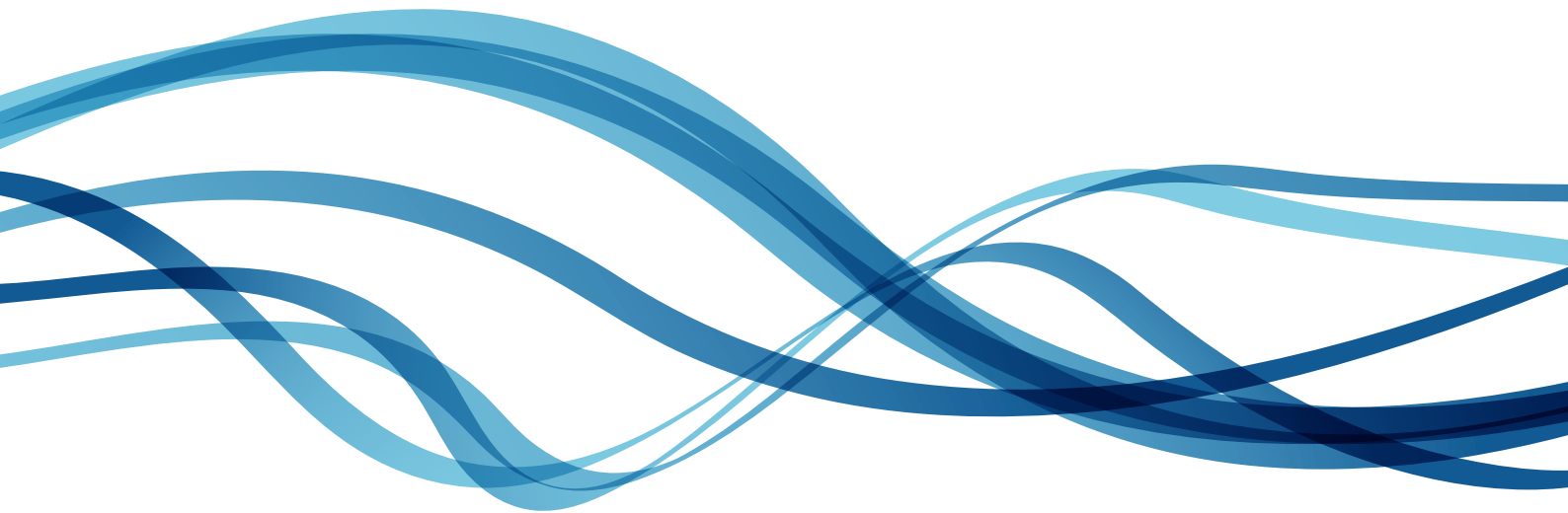


Isle of Wight Mental Health Strategy 2014–2019

No Health Without Mental Health
It's everyone's business





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Foreword by Dr John Rivers Chair, Isle of Wight Clinical Commissioning Group (CCG) and Cllr. Steve Stubbings, Isle of Wight Council

Mental Health is everyone's business. Good mental health and well-being are fundamental to physical health, relationships, education, training, work and to achieving our potential. The NHS and Social Care has an important part to play but we can only help to reduce the inequalities in health and mental health if all the agencies work together on the Island to support the mental health outcomes for everyone.

Mental health affects everyone. It is estimated that one in four of us will experience a mental health problem and this will impact on families, friends, schools, work and communities. Often the problem will not require specialist health services but to recover, the individual will need the support, help and understanding of their family, colleagues and the many excellent support groups on the Island.

Public services on the Island, like elsewhere in the UK, face significant challenges with greater demand on services with reducing resources. It is only by working together, integrating and sharing resources that we will continue to be able to improve services and achieve the outcomes we all want for our families and friends.

The strategy identifies three priorities:

- Prevention and early intervention.
- A focus on recovery.
- Reducing the stigma and discrimination.

The Island is ideally placed to help improve the mental health and well-being of our population. Mental health and well-being is included in our My Life A Full Life programme to support integrated working across organisations and deliver effective and sustainable services to improve the patient experience and outcomes. The programme is a collaboration between the Isle of Wight Clinical Commissioning Group, Isle of Wight NHS Trust and the Isle of Wight Council. It works in partnership with local people, voluntary organisations and the private sector to deliver a more coordinated approach to the delivery of health and social care.

In developing this strategy we have listened to local people including those who have experienced mental health problems and those who provide services. There is agreement that to achieve the outcomes we want, there needs to be a shift from a reactive approach of intervening when things get really bad, to a proactive early intervention approach.

Working together on these priorities we will significantly improve the lives of many Island residents and also use our resources more effectively.

The CCG and Isle of Wight Council are committed to improving the mental health and well-being of the Island population and is delighted by the similar commitment from partners to help translate this strategy into action. I want to thank the many contributors to this strategy and in particular those who have shared their personal experiences to help improve services and outcomes for others.

***Dr John Rivers,
IoW CCG Executive Chair & Clinical Lead***

***Cllr Steve Stubbings,
Isle of Wight Council***

Executive summary

This document describes the work that is needed over the next five years to make sure that Island residents have good mental health and receive the correct support at the time and place when they need it to support them to recover.

People's mental health is really important and mental ill health is estimated to cost the economy £105 billion each year. There are many things we can do individually to improve our own mental health and help others to recover. To do this we have to work together ensuring the integration of services so that we can; respond quickly, help people to recover and reduce the stigma and discrimination that surrounds mental health.

We held two large workshops to initially collate the views on the most important actions we can take to improve people's mental health and well-being on the Island.

A further three workshops were organised to agree the priorities for action. The three most important areas we need to improve are:

1. Prevention and early intervention for mental health and well-being.
2. Improved recovery and access to mental health support.
3. Reducing stigma and discrimination through stronger communities.

The Isle of Wight Joint Strategic Needs Assessment (JSNA) 2012-2013 highlights that on the Island:

- Patients registered on the Mental Health Register is significantly higher than the England average prevalence.
- There has been a 0.07% increase in patients on the Mental Health register from 2007/08 to 2011/12, an extra 107 patients.
- The Island has a significantly higher than average rate of hospital admissions for Mental Health.
- The allocated average spend per head for mental health patients is not significantly different to the England average.
- The Island is significantly worse for emergency hospital admissions for self-harm, with 310 admissions per 100,000 population per year.
- The percentage of adults with depression is significantly lower than the England average.

The best way to do this is by acting early: early in planning; early in life; early in the condition; early in the crisis.

The strategy identifies three priorities and associated action plans. These will be developed and delivered by the relevant organisations.

The report makes recommendations to the Islands Health and Well-being Board (HWBB) who has responsibility for making sure everyone contributes to the action plans. It has been recommended that the No Health Without Mental Health Steering Group monitor the action plans and report biannually to the Health and Well-being Board.

The recommendations for the Health & Well-being Board (HWBB) are:

1. The three priorities are ratified and action plans are agreed with the relevant lead organisations.
2. The organisations will report to the My Life Full Life Mental Health Development Partnership Group which will report to the Health and Well-being Board on the implementation and delivery of the action plans.
3. The Health and Well-being Board monitor progress of the implementation through six monthly reports.
4. Each partner organisation is requested to implement the MIND guides to No Health Without Mental Health.

1. Introduction

Mental health is central to our quality of life, central to our economic success and interdependent with our success in improving education, training and employment outcomes¹. It is also an important factor in tackling some of the persistent problems that challenge our society, from homelessness, violence and abuse, to drug use and crime.

At least one in four of us will experience mental health problem at some point in our life - often not diagnosed nor requiring specialist services. Around half of people with lifetime mental illness experience their first symptoms by the age of fourteen². People with a diagnosed severe mental illness die up to twenty years younger than their peers in the UK, predominantly due to higher rates of poor physical health. By promoting good mental health and intervening early we can help prevent mental illness from developing and support the mitigation of its effects when it does.

It is estimated that mental ill health in England costs in the region of £105 billion each year and treatment costs are expected to double in the next 20 years. It is imperative to ensure that every pound spent is used efficiently to improve people's mental health and well-being.

Mental health is everyone's business – individuals, families, employers, educators and communities all need to play their part to improve the mental health and well-being of the population and keep people well, by improving the outcomes for people with mental health problems.

It has been evidenced that when mental health services are integrated with the local public, private and voluntary sector agencies and work collaboratively, they help people to overcome disadvantage and fulfil their true potential. This is why the Health and Well-being Board have developed this five year strategy for the Island. This strategy will identify what actions need to be taken to ensure Island residents can:

- **Manage their own mental health and well-being.**
- **Quickly and easily access treatment and help when they need it.**
- **Recover with support if required, to become as independent as possible.**
- **Live in families and communities without fear of stigma or discrimination.**

This strategy recognises the value of integrated working across the stakeholder organisations and fits with the five year integration and the My Life Full Life visions for the Isle of Wight.

The National No Health Without Mental Health Strategy identifies six objectives:

- i. More people have good mental health.**
- ii. More people with mental health problems will recover.**
- iii. More people with mental health problems will have good physical health.**
- iv. More people will have a positive experience of care and support.**
- v. Fewer people will suffer avoidable harm.**
- vi. Fewer people will experience stigma and discrimination.**

Through workshops, questionnaires and interviews service users, staff and key stakeholders have been engaged to share how we can achieve the above national six objectives for the residents on the Isle of Wight.

This strategy provides an overview of how the Isle of Wight Health and Well-being Board partners will work together to ensure mental health and well-being is central to planning and service delivery in order for the Island to achieve these objectives. It will be supported by action plans that agencies on the Island will work to deliver over the next five years.

The strategy is based on the growing intelligence we have about the Island population and their health and social care needs, contained in the Joint Strategic Needs Assessment. The Community Mental Health Profile 2013 published by the Public Health England³ provides a comprehensive view of the risks and wider determinants of health together with the prevalence of mental health problems and availability of services.

2. Policy context

2.1 Outcomes frameworks

Outcome frameworks are national documents published by the Department of Health that provide a vision for what we want to achieve and a mechanism for measuring outcomes linked to that vision.

There are three outcome frameworks that have been referred to for this Island wide strategy:

- NHS Outcomes Framework.
- Public Health Outcomes Framework.
- Adult Social Care Outcomes Framework.

These have been summarised in Appendix One along with the outcome measures specific to mental health that will be captured nationally.

2.2 National policies

There are a number of national and local policies that inform this strategy, including those from the National Health Service, Local Authority, Offender Management and the Department of Work and Pensions. With a particular focus on the cross government mental health outcomes strategy for people of all ages (2011) *No Health Without Mental Health Strategy*⁴.

The strategy identifies six objectives:

i. More people have good mental health

More people of all ages and backgrounds will have better well-being and good mental health. Fewer people will have mental health problems – by starting well, developing well, working well, living well and ageing well.

ii. More people with mental health problems will recover

More people who develop mental health problems will have a good quality of life – greater ability to manage their own lives, stronger social relationships, a greater sense of purpose, the skills they need for living and working, improved chances in education, better employment rates and a suitable stable place to live.

iii. More people with mental health problems will have good physical health

Fewer people with mental health problems will die prematurely and more people with physical ill health will have better mental health.

iv. More people will have a positive experience of care and support

Care and support, wherever it takes place, should offer access to timely, evidence based interventions and approaches that give people the greatest choice and control over their own lives, in the least restrictive environment and should ensure peoples humans rights are protected.

v. Fewer people will suffer avoidable harm

People receiving care and support should have confidence that the services they use are of the highest quality and at least as safe as any other public service.

vi. Fewer people will experience stigma and discrimination

Public understanding of mental health will improve and as a result, negative attitudes and behaviours to people with mental health problems will decrease.

Closing the Gap: Priorities for essential change to mental health, was published in January 2014 which supports the No Health Without Mental Health objectives and aims to bridge the gap between the long term ambition and short term action. It sets out 25 areas where people can expect to see and experience the fastest changes in the next two to three years.

The Mental Health Crisis Care Concordat was published in February 2014, it has been signed by more than 20 national organisations in a bid to drive up standards of care for people experiencing crisis such as suicidal thoughts or significant anxiety. It sets out the standards of care people should expect if they suffer a mental health crisis and details how the emergency services should respond.

3. Mental Health & Well-Being on the Island

The Isle of Wight has a population of 138,265. Almost a quarter of residents (24.1%) are aged 65 or over and just 15% are under 14 years of age. A comparison of the proportions of population by broad age bands for the Island with those for the South East region and England and Wales, shows the Island as having a greater proportion of older residents (aged 65 plus) and fewer younger people (those aged 0–14 years)⁵.

Projections predict that the Island will experience an average annual growth of 1,250 persons over the next 22 years (2033) and the overall rate of growth will be among the older population⁴.

3.1 Local systems & data

There are a number of excellent projects on the Island that are improving peoples mental health and well-being such as my Life A Full Life, Operation Serenity, Emergency 111 Hub and Mental Health First Aid. Further information can be found in Appendix Three about these projects.

3.2 Local context

Measuring the prevalence of mental illness can be achieved in a number of ways. Based on GP registrations, the percentage of people with a serious mental illness in England is 0.82% per registered population. The Isle of Wight has a slightly higher rate than the national average of 1%. See table 1 Appendix Four. The mental illness prevalence on the Island has increased between 2006 to 2011 by 8%, which is a much slower growth than the national average of 11%

3.3 Vulnerable groups

Some groups of people are known to be at higher risk of developing mental health problems. On the Island, these groups have been identified as:

3.3.1 Looked after children

The cross government mental health strategy identifies looked after children as one of the particularly vulnerable groups at risk of developing mental health. Research carried out in the UK has shown that looked after children have significantly poorer mental health than the rest of the population⁶. In March 2012 0.6% of the 0–17 of age population were looked after⁷, this figure has been predicted to have increased in 2012–2013.

Many factors can contribute to the risk of a child having poor mental well-being or being at risk of future mental illness. These include the mother misusing alcohol or drugs during pregnancy, mother's stress during pregnancy, low birth weight, mental illness in a parent, poor parenting, deprivation, traumatic childhood experiences, child abuse and substance misuse.

Children's mental health and well-being is primarily nurtured in the home but public services can make a difference, especially for those known to the health and social care services. A secure parent/child relationship is an important building block to help give children emotional strength.

3.3.2 People with long term conditions

People with a long term condition are two to three times more likely to experience mental health problems. Also individuals with mental health problems are twice as likely to experience a long term illness or disability.

It is estimated treating people with long term conditions that have co-existing mental health problems costs the NHS in the region of £8–13 billion⁸. On the Island it is estimated that 20.1% of our population lives with a long term illness compared to the National average of 16.9%.

Poor mental health problems complicate physical health conditions. This leads to more time spent in hospital, poorer clinical outcomes, lower quality of life and a need for more intensive support from health services.

3.3.3 Older people

People over the age of 65 have a much higher rate of depression than younger people⁹.

Adult and elderly secondary mental health services on the Island are being used at a significantly higher rate than the England and South East rate. The Island does have a higher demographic of over 65 population of 24.1 % compared to England's average of 16.6%³.

3.3.4 Employment

Employment is good for a person's health, improves their quality of life and well-being. Remaining in and returning to work quickly, aids recovery and people gain health benefits from being in work¹⁰.

People with severe mental health problems have a lower rate of employment than any other disabled group, the percentage of people in Europe with schizophrenia in employment is estimated between 10–20%¹¹. However they are more likely than any other group with disabilities to want to have a job, up to 90% say they would like to work, compared with 52% of disabled people generally¹².

The percentage of the population on the Island that are economically active aged between 16–74 and claiming Job Seekers Allowance for twelve months or more is 4.2%, which is comparable to the national average of 3.7%¹³.

The number of people claiming Job Seekers Allowance in November 2013 compared to November 2012 has reduced by 13%.

3.3.5 People known to the Justice System

The Island has a higher rate of young people entering the criminal justice system than other parts of the England. This will impact on their ability to gain employment and this in turn has an impact on their mental and physical health. Crime levels are associated with both illness and poverty, increasing the burden of health on those communities least able to cope.

The Bradley report (2009) highlights the needs of people with mental health and learning difficulties in the Criminal Justice System. Evidence suggests there are more people with mental health problems in prison than ever before and there is growing consensus that prison may not always be the right environment for those with severe mental illness.

3.3.6 Veterans

The Kings Centre for Military Health Research found that 20% of Veterans were above cut-offs on self rated scale using GHQ-12. The most common diagnosis is Adjustment Disorder and Post Traumatic Stress Disorder (PTSD) with the prevalence increasing significantly in those that had been deployed.

It is estimated that 11.2% of the over 16 population on the Island is a veteran¹⁴.

A number of risk factors have been identified in the Community Mental Health Profiles 2013³ as being areas where the Isle of Wight has significantly higher rates compared to the national average in England, a table summarising this can be found in Appendix five.

Figure 1 demonstrates the relationship between risk factors and their impact on peoples emotional health and well being.

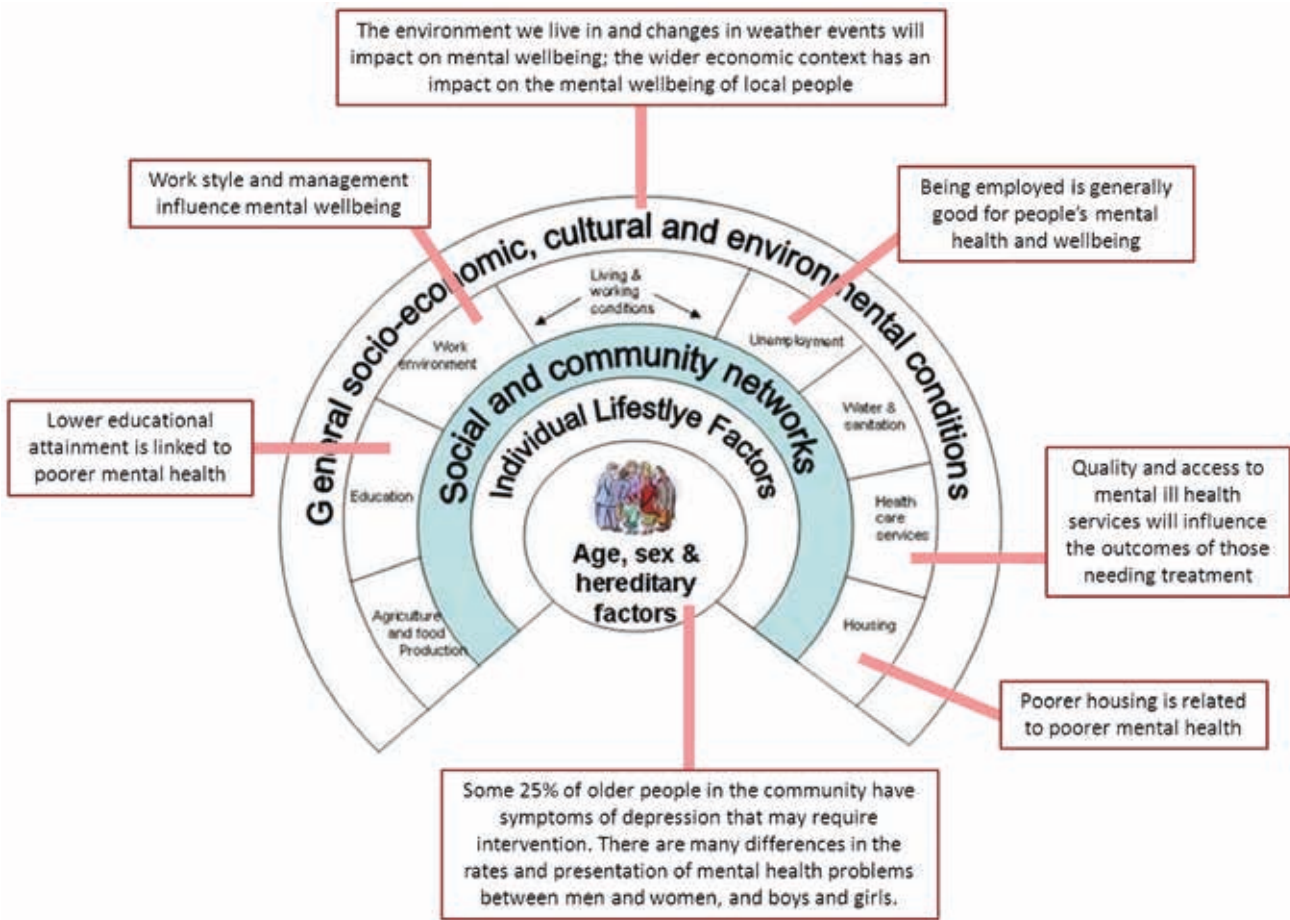


Figure 1: Factors influencing health



4. Engagement

The development of this strategy was supported by a period of consultation that consisted of:

- Two community based workshops attended by 141 people, including service users and carers.
- A questionnaire completed by 8 people.
- Consulted with People Matter IW Mental Health Sub Group.
- Conversations between the consultant and organisations and individuals.
- Three workshops hosted by the Clinical Commissioning Group for Primary Care; Health and Social Care partners; and service users and carers.

4.1 Engagement events

A full write up of this consultation can be found in the Consultation Closure Report in Appendix six.

There are many examples of good practice and excellent services on the Island, however there is a consistently repeated message that the excellence is patchy and variable. It is not available everywhere, all the time or soon enough.

There is local support to adopt the six objectives from the national strategy No Health Without Mental Health. Consultees at the two workshops identified the following priorities in order for the Island to achieve these objectives and outcomes:

Isle of Wight residents want to ensure that:

- More people will have good mental health – by finding ways to reduce loneliness.
- More people with mental health problems will recover – by quicker and easier access to diagnosis and care.
- More people with mental health problems will have good physical health – by providing physical health checks for people with diagnosed mental illness.
- More people will have a positive experience of care and support – by having prompt access to specialist mental health services.

- Fewer people will suffer avoidable harm – by supporting families and communities to help themselves and build confidence.
- Fewer people will experience stigma and discrimination – by helping communities and build confidence and resilience.

Service users and stakeholders asked for:

- More support to maintain good mental health.
- Reduce loneliness.
- Education to increase knowledge and understanding of mental health and well-being.
- Earlier intervention when help is needed.

They say that prevention, education and support is too often neglected and so stigma and discrimination is able to thrive.

4.2 The CCG strategy workshops

The CCG held three strategy workshops in the autumn where stakeholders were consulted on the proposed priorities outlined in this strategy. There was universal agreement from the groups that to improve the mental health and well-being of Island residents that these should be the priority areas for action and that this was only achievable if all the Islands stakeholder organisations contributed to the action plan.

A summary report of these workshops can be found in Appendix Seven.

5. Delivering the desired outcomes: Priorities for action

Three priority outcomes have been developed to support this strategy, based on feedback and interviews with key stakeholders. It will be for partner organisations to deliver detailed action plans and the representatives on the Health and Well-Being Board to take responsibility for ensuring the outcomes are achieved. It is recommended that the strategy implementation focuses on three priority areas for action:

1. Prevention and early intervention for mental health and well-being
2. Improved recovery and access to mental health support
3. Reducing stigma and discrimination through stronger communities



Figure 2: Desired Outcomes

To achieve these outcomes there needs to be a shift from a reactive approach of intervening, to a proactive early intervention approach. The sooner mental health and well-being issues are addressed, the easier and less costly it is to achieve the desired outcomes. Adopting an early intervention approach as outlined in Figure 2 in Appendix Four will help to deliver our priority outcomes.

MIND, with partners, has developed a set of guides for organisations, that offer background and recommendations for the implementation of No Health Without Mental Health. Partners are recommended to consider adopting the relevant guide. Links to the guides are in Appendix Eight.

The outcomes required for each priority are outlined in Appendix Nine.

Each stakeholder organisation has been invited to review the consultation feedback and share the actions they aim to deliver between 2014–2016 to work towards these priority areas that will improve the mental health and well-being of the Islands residents. This action plans can be found in Appendix fourteen and so far include the actions from the Isle of Wight Clinical Commissioning Group, Isle of Wight Council, Isle of Wight NHS Trust, Public Health, Youth Offending Team, Job Centre Plus, Offender Management, Police, Isle of Wight Fire and Rescue Service and HM Prison Isle of Wight.

The action plan is monitored by the My Life Full Life Mental Health Partnership Development Group which members include: GP Executive, CCG (Chair); Consultant Psychiatrist, the IW NHS Trust; Head of Public Health; Head of MH, LD and Community Partnerships, IW NHS Trust; Third Sector representative; Head of Commissioning MH & LD, IW CCG; T/Inspector, Police and Head of Adult Social Care.

The action plans will be reviewed and updated annually during the five year strategy.

A summary of what we will be done to improve mental health and well-being on the Island includes:

- Continue to develop and implement an action plan that delivers the objectives of this strategy and monitors its progress.
- Report on the implementation of this strategy to the Isle of Wight Health and Well-being Board.

To support prevention and early intervention for mental health and well-being we will:

- Work towards ensuring people have good access to health and social care services when they need it.

- The care pathways will be published so people are informed of the therapy and care they can expect.
- Ensure we have an informed and effective workforce in public sector organisations through training and supervision.

To support improved recovery and access to mental health support we will:

- Increase the access to psychological therapies (IAPT).
- Development and implement a reablement pathway which integrates health, social care and housing and will offer a recovery focused approach, enabling people to achieve the skills they need to achieve a fulfilling and meaningful life.
- Strengthening communication and relationships between multi-agency partnerships.
- People are involved in the development and feedback of services through engagement events and service user and carer forums.
- Improve the physical health of people with mental health problems through physical health checks.
- Support voluntary and third sector organisations in collaborating to form a Mental Health Alliance and to develop local services for people with mental health problems.
- Improve responses to mental health crisis calls through police and mental health practitioners responding to calls together during peak times (Serenity).
- Explore best practice in ensuring people admitted to hospital are assessed and supported appropriately if they have mental health problems.

To reducing stigma and discrimination through stronger communities we will:

- Work towards reducing stigma and discrimination by promoting participation, social inclusion and employment of people with mental health problems and supporting public campaigns.
- Isle of Wight Council, CCG and Police will promote good mental health of their staff and promote awareness and self-management programmes.
- Public Health will be using evidenced based approaches to build and strengthen communities, families and individuals and improve mental health well-being and resilience.

6. Governance

The Island Mental Health Strategy builds on the learning and requirements from the cross government No Health Without Mental Health Strategy 2011 and has benefited from engagement with people with mental health problems, carers, providers, clinicians, public sector and voluntary sector organisations.

Following the recommendations from the consultation a multi agency steering group has been set up to oversee the delivery of this plan and formally report its progress to the Isle of Wight Health and Well-being Board.



7. Recommendations for the Health and Well-being Board (HWBB)

1. The three priorities are ratified and action plans are agreed with the relevant lead organisations.
2. The organisations will report to the My Life A Full Life Mental Health Development Partnership Group which will report to the Health and Well-being Board on the implementation and delivery of the action plans.
3. The Health and Well-being Board monitor progress of the implementation through six monthly reports.
4. Each partner organisation is requested to implement the MIND guides to No Health Without Mental Health.



Appendix One: Policy context

NHS Outcomes Framework

The NHS Outcomes Framework 2013–2014 sets out the outcomes and corresponding indicators that will be used to hold the NHS Commissioning Board to account for improvements in health outcomes, as part of the government’s mandate to the NHS Commissioning Board.

Indicators in the NHS Outcomes Framework are grouped around five domains, which set out the high-level national outcomes that the NHS should be aiming to improve. For each domain, there are a small number of overarching indicators followed by a number of improvement areas. They focus on improving health and reducing health inequalities.

The five domains are listed below with some of the improvement areas and indicators specific to mental health within each of those domains:

Domain	Performance Indicator
Domain 1: Preventing people from dying prematurely.	<ul style="list-style-type: none"> • Under 75 mortality rate in people with serious mental illness.
Domain 2: Enhancing quality of life for people with long-term conditions.	<ul style="list-style-type: none"> • Employment of people with mental illness. • Health related quality of life for carers.
Domain 3: Helping people to recover from episodes of ill health or following injury.	<ul style="list-style-type: none"> • Proportion of Older People (65 and over) who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services. • Proportion offered rehabilitation following discharge from acute or community hospital.
Domain 4: Ensuring that people have a positive experience of care.	<ul style="list-style-type: none"> • Patient experience of community mental health services.
Domain 5: Treating and caring for people in a safe environment; and protecting them from avoidable harm.	<ul style="list-style-type: none"> • Patient safety incident reporting. • Safety incidents resulting in severe harm or death. • Hospital deaths attributed to problems in care.

Table 1: Summary of the Domains relevant to mental health from the NHS Outcomes Framework

Public Health Outcomes Framework

The vision of the Public Health Outcomes Framework is to improve and protect the nation's health and well-being, and improve the health of the poorest fastest. It concentrates on how to:

- Increase healthy life expectancy.
- Reduce differences in life expectancy.
- Healthy life expectancy between communities.

Domain	Objective
Domain 1: Improving the wider determinants of health.	Improvements against wider factors that affect health and well-being, and health inequalities. Indicator: <ul style="list-style-type: none"> • People with mental illness or disability in settled accommodation. • People in prison who have mental illness or significant mental illness. • Employment for those with a long-term health condition including those with a learning difficulty/disability or mental illness.
Domain 2: Health improvement.	People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities. Indicator: <ul style="list-style-type: none"> • Hospital admissions as a result of self-harm.
Domain 3: Healthcare public health and preventing premature mortality.	Reduced numbers of people living with preventable ill health and people dying prematurely, while reducing the gap between communities. Indicator: <ul style="list-style-type: none"> • Excess under 75 mortality in adults with serious mental illness (placeholder). • Suicide.

Table 2: Summary of the relevant indicators for mental health in the Public Health Outcomes Framework

Adult Social Care Outcomes Framework

This framework highlights key aspects in recovery;

- Earlier diagnosis and intervention mean that people are less dependent on intensive services.
- When people become ill recovery takes place in the most appropriate setting and enables people to regain their well-being and independence.

Domain	Outcome Measure
<p>Domain 1: Enhancing quality of life for people with care and support needs.</p>	<ul style="list-style-type: none"> • Proportion of adults in contact with secondary mental health services in paid employment. • Proportion of adults in contact with secondary mental health services living independently, with or without support.
<p>Domain 2: Ensuring that people have a positive experience of care and support.</p>	<ul style="list-style-type: none"> • The proportion of carers who report that they have been included or consulted in discussions about the person they care for. • People know what choices are available to them locally, what they are entitled to, and who to contact when they need help. • The proportion of people who use services and carers who find it easy to find information about support.
<p>Domain 3: Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm.</p>	<ul style="list-style-type: none"> • The proportion of people who use services who say that those services have made them feel safe and secure.

Table 3: A summary of the relevant outcome measures for mental health from the Adult Social Care Outcomes framework.

Appendix Two: Scope of this strategy

This strategy identifies how we can improve the mental health and well-being of the Island population. It is intended as a high level document to inform the commissioning intentions of the NHS and other partner organisations, but not to detail the specific requirements of the specialist mental health services.

The action plans provide the opportunity for individual organisations to commit to delivering specific actions over the next five years to achieve the strategies objectives.

The strategy is primarily focused on adult health, however the emotional and mental health and well-being of children is a fundamental building block to healthy adults and communities. Therefore the strategy includes the mental health and well-being of families and communities. The Isle of Wight's Children's & Young People's Plan to be published in 2013, details what is required to meet the emotional health and well-being of children and young people. This strategy endorses the requirement for early intervention and in particular the need for all professionals working with children to be competent in addressing the emotional well-being needs of children and young people.

The Bradley Report (2009) highlights the needs of people with mental health and learning difficulties in the Criminal Justice System. Evidence suggests that there are more people with mental health problems in prison than ever before and there is growing consensus that prison may not always be the right environment for those with severe mental illness. Custody can exacerbate mental health problems, heighten vulnerability and increase the risk of self-harm and suicide. The report encourages early identification and assessment of those in the system with mental health problems and better information sharing to help inform charging, prosecution and sentencing decisions. The longer term aim is to increase the number of offenders treated in the community and those who must be in prison receive targeted and effective treatment and care while they are there.

The Island population covered by this strategy includes the 1100 men in Her Majesties Prison Isle of Wight (HMP IoW). Their mental health needs are specific and profound. The objectives and actions in this strategy apply equally to the Prison population, however it was not the remit of this strategy to address the specialist and specific needs of this group of men while they are in prison.

Communities described in the strategy refer to both geographical locations that individuals identify as their community and communities of people with a common characteristic: people with a diagnosis of dementia; lesbian, gay, bi-sexual and transgender groups (LGBT); ex-offenders; people who have been in the care system.

A separate strategy has been developed, the Isle of Wight Suicide Awareness and Prevention Strategy 2014–2019, to help reduce the incidence of suicide and support those bereaved or affected by suicide on the Island. The two strategies have been developed together to ensure they are aligned. The Island has a separate Dementia strategy which will be refreshed to cover 2014–2019.

Appendix Three: Local systems and data

My Life A Full life

The My Life A Full Life programme is a collaboration between the Isle of Wight Clinical Commissioning Group, Isle of Wight NHS Trust and the Isle of Wight Council. The initiative works in partnership with local people, voluntary organisations and the private sector to deliver a more coordinated approach to the delivery of health and social care services for older people and people with long term conditions on the Island. Mental health is being included in this programme to support integrated working across organisations to deliver effective and sustainable services that will improve the patient experience and outcomes.

Emergency 111 Hub

The Isle of Wight Clinical Commissioning Group commissioned the Isle of Wight NHS Trust in 2012/2013 to pilot integrating mental health into the emergency 111 Hub that coordinates all emergency, urgent and unscheduled care for the Island. This was designed to streamline the approach for patients requiring mental health advice, support and assessment.

This service is now exploring using a clinical decision support system for mental-health risk screening, assessment, and management, which can also be developed to link to other agency systems (i.e. police, ambulance, Community Mental Health Services, Housing etc) This could enable for a singular risk assessment and the sharing of risk data of vulnerable people. This will provide a coordinated approach to ensure the right intervention and support from multiple agencies is initiated to maximise the health and well-being outcomes achieved for the individual.

Operation Serenity

Operation Serenity is a local initiative that aims to improve responses to mental health crisis calls, where vulnerable people may need specialist support or where there are concerns for their safety. On average the Island police receive 79 mental health crisis calls a month. The initiative involves a police officer and a qualified mental health practitioner responding to calls.

In the first six months the team responded to 112 incidents and demonstrated a more consistent and improved approach to risk taking minimising the need to use Section 136 of the Mental Health Act 1983, which gives powers to the Police to remove a person who they believe has a mental disorder from a public place to a place of safety

The initiative is expanding via Operation Serenity 2 which increases the hours police and mental health workers attend incidents together during the week and is piloting a new Integrated Recovery Programme (IRP). The IRP is a small group of supportive professionals promoting holistic rehabilitation of patients with personality disorder.

Mental Health First Aid

The Health Trainer service and 10 additional Mental Health First Aid instructors have been commissioned to deliver Mental Health First Aid training to communities on the Island. 500 people from a wide range of non-mental health backgrounds who work with both adults and young people have already received Mental Health First Aid training.

Appendix Four: Local context

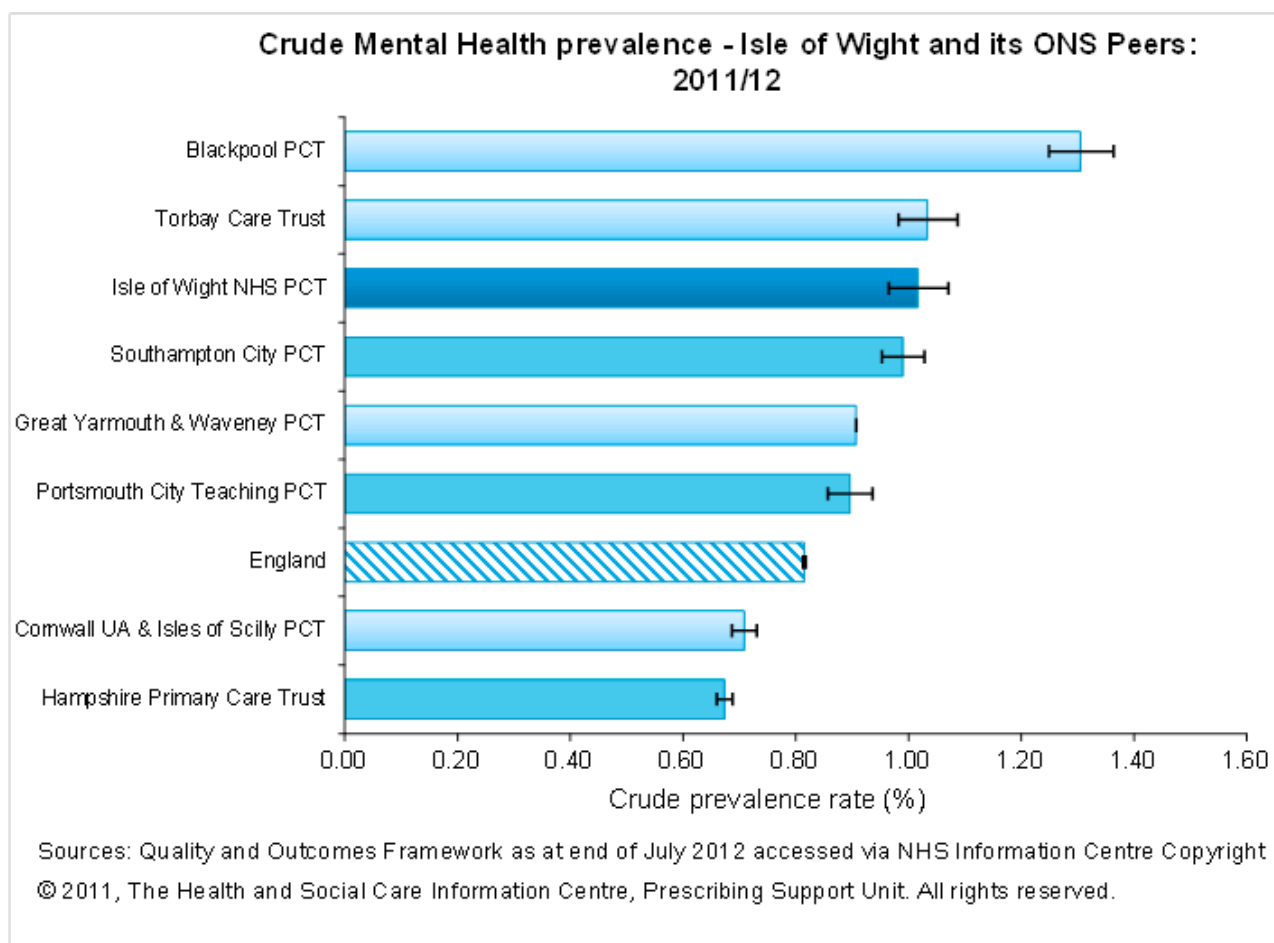


Table 1: Crude mental Health prevalence

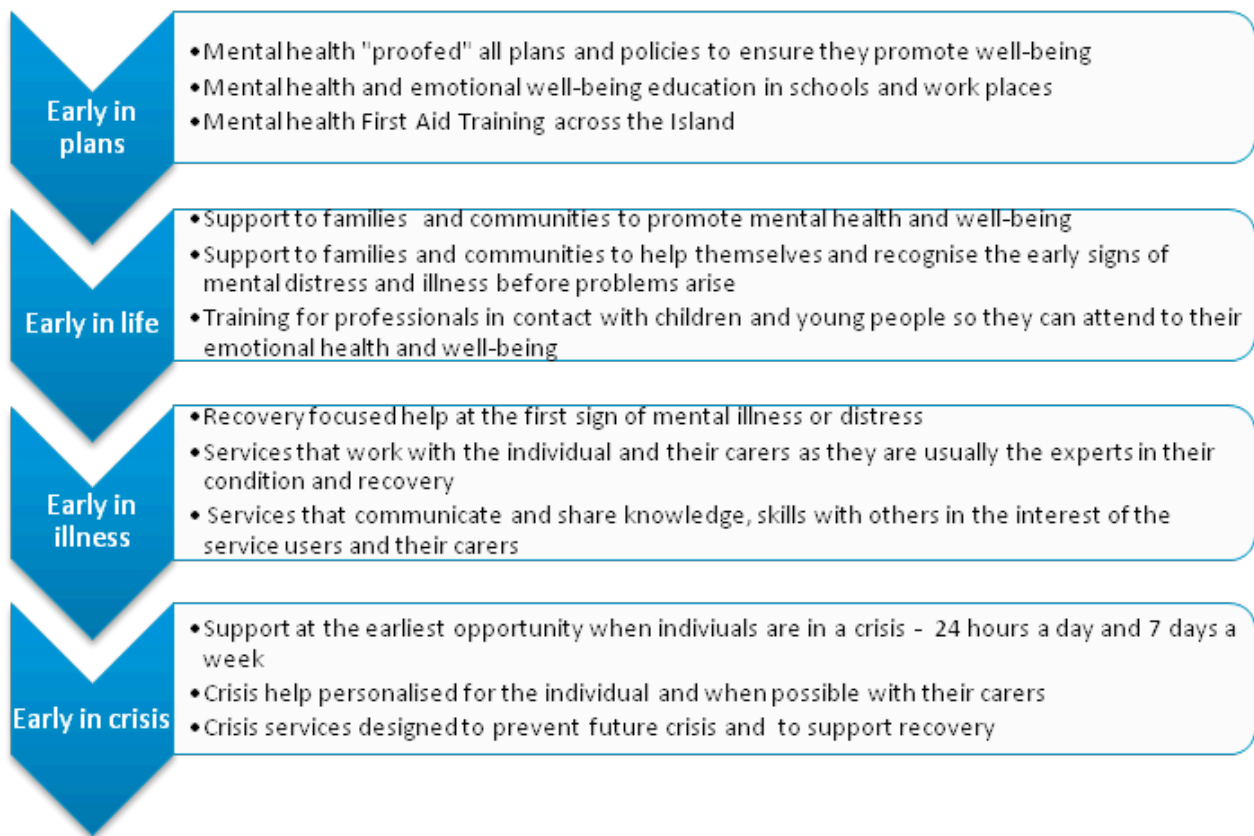


Figure 2: Early Intervention Approach

Appendix Five: Community Mental Health Profiles

The following areas are identified in the Community Mental Health Profiles 2013³ as being areas where the Isle of Wight has significantly higher rates compared to the national average in England:

Area for Improvement	Why it is important	Eng Value	Isle of Wight Value
Wider Determinants of Health			
Episodes of violent Crime, rate per 1,000 population (2010/11).	Crime levels are associated with both illness and poverty, increasing the burden of health on those communities least able to cope. Violent crime can result directly in psychological distress and subsequent mental health problems.	14.6	18
Working age adults who are unemployed, rate per 1,000 population (2010/11).	There is strong evidence to suggest that work is generally good for physical and mental health and well-being, taking into account the nature and quality of work and its social context. Long term worklessness is associated with poorer physical and mental health.	59.4	64.4
Risk Factors			
Percentage of the population with a limiting long term illness (2011).	Poor quality of life through physical illness is known to be closely related to mental health problems. People with mental health problems are twice as likely as the general population to experience a long term illness or disability.	16.9	20.1
First time entrants into the youth justice system 10–17 year olds 2001–2011.	The Island has a higher rate of young people entering the criminal justice system than other parts of England. This will impact on their ability to gain employment and this in turn has an impact on their mental and physical health. Crime levels are associated with both illness and poverty, increasing the burden of health on those communities least able to cope.	876	1243
Levels of Mental Health and Illness			
Percentage of adults (18+) with dementia and the ratio of recorded to expected prevalence of dementia (2010/11).	Many people with dementia go undiagnosed and may not have access to care. In a third of cases dementia is associated with other psychiatric symptoms such as depressive disorder, adjustment disorder, generalized anxiety disorder and alcohol related problems.	0.53	0.95
Treatment			
Directly standardised rate for hospital admissions for: mental health; unipolar depressive disorders; and schizophrenia, schizotypal and delusional disorders (2009/10–2011/12).	Admissions to hospital for a mental health condition should be avoided wherever possible through the use of proactive community based services and crisis teams. Hospital admission can lead to a dependence on institutionalised care and delay or prevent optimal recovery and independence. This data includes patients admitted over night for a place of safety or as a refuge – which is not a standard national practice and may have skewed the standardised rate.	32.1 57	47.4 95
Outcomes			
People with mental illness and or disability in settled accommodation (2011/12).	Settled accommodation – a home and relationships – is an important protective factor against mental ill health. Without settled accommodation it is difficult to find employment, build lasting relationships and maintain consistent treatment. This is likely to contribute to a worsening of mental health and an increase in the need for service provision.	45.5	66.8
Directly standardised rate for emergency hospital admissions for self harm and hospital admissions caused by unintentional and deliberate injuries in under 18 year olds 2009/10.	Self-harm is an expression of personal distress. It can result from a wide range of psychiatric, psychological, social and physical problems and self-harm can be a risk for subsequent suicide. The level of hospital admissions for under 18s is used to indicate the lifestyle choices of young people – such as alcohol and substance misuse, and self harming.	207 123	310 143

Appendix Six: Consultation closure report

Isle of Wight No Health without Mental Health *“it’s everyone’s business”*

Consultation Closure Report

Background

The IW Clinical Commissioning Group (CCG), on behalf of the IW Health and Well-being Board, has commissioned a 5 year Mental Health and Well-being Strategy to be published in January 2014.

The aim of the strategy is to work towards the objectives outlined in the national No Health without Mental Health strategy in order to : promote well-being; tackle the causes of mental ill health; and act quickly and effectively when people seek the support they need to make their lives better.

The strategy will:

- ✓ Describe what success will look like for the Island.
- ✓ Describe what actions we will take to improve mental health and well-being on the Island.
- ✓ Describe how this strategy fits with other strategies and how individuals and organisations can contribute to its success.

The strategy development was supported by two public consensus events held in June 2013, an online survey made available for public completion, and individual interviews with key stakeholders.

The following report brings together the findings and contributions of the participants and the online survey responses.

Consensus Events

The events were designed to maximize the contributions of those attending and to support people who may have or care for people who have mental health problems.

A facilitated “market stall” for each of the 6 objectives in the National No Health without Mental Health Strategy posed a number of questions and asked participants to prioritise the actions that would best support the objective.

Participants were also asked to think about and record their responses to a number of questions to assess the wider priorities and their aspirations for mental health care and their lives on the Island. They were also asked to record how they can contribute to the mental health and well-being of Island residents.

All known stakeholders were personally invited to the events as well as adverts in the local press and radio. 141 individuals attended the two events. A further 8 people completed the online survey, which posed the same questions as the facilitated event. Participants included service users carers, staff from public and third sector organizations and members of the public.

Summary Outcomes from the Consultation Events

The priority identified for each objective from the events was as follows:

1. More people will have good mental health – by finding ways to reduce loneliness.
2. More people with mental health problems will recover – by quicker and easier access to diagnosis and care.
3. More People with mental health problems will have good physical health – by providing physical health checks for hard to reach groups.
4. More people will have a positive experience of care and support – by having prompt access to specialist mental health services.
5. Fewer people will suffer avoidable harm – by supporting families and communities to help themselves and build self confidence.
6. Fewer people will experience stigma and discrimination – by helping communities and build confidence and resilience.

The general feedback across all objectives can be summarized as follows:

- There are a lot of resources on the Island but people don't know how access them. A web based directory of services was suggested.
- More help was requested for families and communities to help them build self confidence and resilience.
- Interventions need to be earlier – early in life; early in the condition and early in the crisis.

- Better communication is needed between and within agencies. Requests were made to share information to help services help individuals, particularly with housing support, families and carers.
- Repeated requests for easier and quicker access to services when needed including 24 hours and 7 days a week.
- Encouragement to listen more to carers and people with mental health problems as they have a lot to offer the services – there was feedback that service users and carers felt patronized and under valued by services.
- Requests for more community groups such as Quay House, which is very well liked and helps recovery but there are not enough choices and not everywhere.
- Service Users requested more follow up after “treatment” is over as they feel abandoned and it impacts on their recovery.

Detailed outcomes from the consultation

Objective 1 More people will have good mental health

Consultees said the most important things to help are:

1. Finding ways to reduce loneliness and isolation (44)²
2. Helping communities to help themselves (32)
3. Supporting Carers (29)
4. Reducing stress in the workplace (23)
5. Promoting exercise (13)
6. Making the most of our natural environment (12)
7. Reducing crime and the fear of crime (9)

Other comments made for this objective:

- We need easier access to services, such as a drop in at Sevenacres.
- Need stability of housing, services and relationships to maintain my mental health.

² Number of votes at the consultation events and online survey.

- Services at Quay House saved my life and reduced my isolation.
- GPs need more education – they do not always know what is available or what would help.
- Need more anxiety management, confidence building and anger management access to stay well.
- Use the expertise of people with mental health problems – they are the experts.
- Good mental health starts in families, need to have good mother and baby services.
- We need more joint working.

Objective 2 More people with mental health problems will recover

Consultees said the most important things to help are:

1. Quick access to diagnosis, care and support to aid recovery (33)
2. Less use of hospital service and institutional care (20)
3. Easy access to mental health support for people with long term conditions such as heart disease and diabetes (19)
4. People will be supported to live independently in the community (18)

Other comments made for this objective:

- More prevention is needed – such as community support and therapy to prevent a crisis.
- More person centred approaches.
- See people with as capable not just someone with an illness.
- Being independent should not mean being alone.
- Support families and carers as they are the people providing continuity of care and they can provide early warning when the individual is becoming unwell.
- Non attendance at services should trigger a proactive response not discharge.
- Community support is the key.

- Must recognize that physical and mental health are intrinsically linked.
- The Island has a low number of care co-ordinators compared to the national picture this will lead to crisis and re admissions.
- Need more independent living skills to help with budgeting.

When asked for people's goals of recovery they said:

- To live independently.
- To be serene.
- To prevent men committing suicide.
- To walk the Wight next year.
- To have better pre natal support with a network of care.
- To better manage my lows, which I know will follow my highs.
- To improve peoples independence.
- To start studying for my degree.
- To provide leisure activities for people with mental health problems.
- To help improve mental health advice and support.
- To remain stable despite the stigma and misunderstanding about my mental health.
- To wake up and be glad to be alive – it will never happen.
- To get well and remain well.
- To live my life to the best I can in reasonable health.

Objective 3 More people with mental health problems will have good physical health

Consultees said the most important things to help are:

1. Providing physical health care and checks for people with dementia, learning disabilities and hard to reach groups (40)
2. Promoting exercise (34)
3. Helping people to stop misusing alcohol and drugs (31)
4. Increasing the uptake of screening and health checks (17)
5. Helping people to stop smoking (8)

Other comments made for this objective:

- Look further than the drug misuse – it might be only a symptom of a mental health problem.
- Provide more physical activities in groups.
- Young People need more support to help to understand the impact of mental health problems on their physical health.
- Exercise prescriptions would help.
- Mental Health staff need to be aware and promote good physical health care.
- Better mental health awareness is needed in schools.
- Hospital staff need more education in relation to people with mental health.
- People with drug and alcohol problems need mental health services too.
- Meditation helps.

Objective 4 More people will have a positive experience of care and support

Consultees said the most important things to help are:

1. Providing prompt access to specialist mental health services (58)
2. Supporting carers of people with mental health services (40)
3. Providing early diagnosis and support for people with dementia (30)
4. Providing prompt access to mental health care for people with learning disabilities (23)
5. Providing mental health care and support to people in the criminal justice system (16)

Other comments made for this objective:

- Improve signposting for services.
- More respite care for parents with mental health from their children.
- Address the stigma around asking for help.

When asked what was most important about care and support consultees said:

- “not being laughed at or doubted”.
- “not being told you are fine now”.
- Live life to the full.
- Having someone trusted that you can turn to when unwell.
- Good teams and supportive colleagues.
- Recognition that the third sector has professional standing and is working.
- Making services available through the use of plain friendly language.
- Trusting the practitioner to be able to adapt services to individual need.

Objective 5 Fewer people will suffer avoidable harm

Consultees said the most important things to help are:

1. Supporting families and communities to help themselves and build self confidence (43)
2. Reducing suicide (29)
3. Reducing the harm of alcohol and drug misuse (27)
4. Tackling bullying (19)
5. Tackling domestic abuse (14)
6. Reducing the incidence of post natal depression (9)
7. Improving sexual health in teenagers (6)

Other comments made for this objective:

- Discuss issues openly.
- Easier access to counselling for groups and individuals.
- All mental health staff trained in mental health first aid.
- More help for people with mental health and a mild learning disability.
- Have a zero tolerance to bullying in all schools.
- Review people more often.
- More honesty about mental health, particularly in the work place, so people can take sick leave in the same way as they do with mental health.
- Tidal Recovery – promotes the person to take responsibility for their own recovery.
- Earlier intervention in family to avoid later problems.
- Help more people learn skills to manage mental health problems.
- Don't ask people to go back to the GP when they are in crisis.
- Promote sexual health services to a wider audience and make them more young people friendly.

Objective 6 Fewer people will experience stigma and discrimination

Consultees said the most important things to help are:

1. Helping communities and families build confidence and resilience (39)
2. Increasing opportunities for individuals to contribute to their communities (30)
3. Improving transport and access to services (19)
4. Increase the availability of affordable quality housing (16)
5. Developing work force friendly policies (16)

Other comments made for this objective:

- Many consultees recommended more education to combat stigma and discrimination, including in schools, the media and workplace.
- More opportunities are needed to talk about mental health in a safe environment.
- Medical staff should use specialist language to communicate with people with learning difficulties such as PECS, symbols, MAKATON.
- More general awareness raising in society.
- Support people to return to work and ensure work opportunities.
- Must understand the risks of community involvement and the practical issues – stigma must reduce so people feel safe enough to get involved.
- More workplace support is needed to help understanding of issues for people with mental health issues. Different sized organisations have different issues – it may be easier in smaller organisations. An exemplar work place accreditation scheme would help.
- More access to leisure facilities that understand.
- Housing people with mental health problems together is not always good for them nor does it help reduce stigma.
- There are barriers to access services – these need to be broken down.
- Drug and alcohol users, feel patronised and or made to feel like criminals.

- Provide free access to the internet.
- Provide a free phone for advice.
- Mental health First Aid is very helpful and could be easier to access for many more community groups.

In three years

When asked what they would like mental health and well-being to be like on the Island in three years. Consultees said they wanted:

- **To be able to talk about mental health openly with less stigma and more support.**
- To feel cared for.
- **Carers support groups.**
- To have access to independent living.
- All the services needed in place.
- A onestop shop, with everyone communicating with each other around the best need of the client, and better integrated services.
- **Intervention is as early as possible.**
- A web based app for support.
- Highly individualised services that are responsive and innovative, learning from good practice in other places.
- **Consistent provision instead of a lottery.**
- A seamless service in and out of hospital with a team supporting.
- Progress for the next generation towards an improved understanding of mental health.
- **The Island to be famous for its access and empathetic listening and joined up working.**
- **No stigma.**
- Services to be recovery focused.

(Comments in bold were mentioned by several consultees)

What works?

Consultees said the following were the most helpful services that support mental health and well-being:

- Books on prescription (but some library staff are not very helpful).
- West Wight Mental Health Day Services swimming club.
- New Avenues group.
- Health walks.
- Psychological counselling and talking therapies.
- The Gables services.
- Serenity Project police and NHS service to improve crisis management in the community and reduce the number of MHA section 136's.
- Southern Advocacy.
- Learning Disability Team.
- Age UK services.
- CAB.
- Frontline.
- AESOP – Early Intervention in Psychosis service.
- YMCA children's services.
- Island Drug and Alcohol Service (IDAS) family and support workers.
- Local support groups.
- NHS Mental Health services.
- Street and school Pastors.
- Johns Club – support for people with learning disabilities and their families.
- Good GPs who offer support emotionally and medically, CBT, and self management skills.
- Quay House and WRAP group.

Consultees said the following are the most helpful things that support their mental health and well-being:

- Friends and family support.
- Networking with parents and carers.
- Care Co-ordinators knowing the history and clients story.
- Consistent and quick intervention before the crisis.
- My faith.
- Being heard.
- A manageable workload and a supportive employee.
- When services communicate with each other.
- Someone to listen.
- Knowing where to go to get help.
- Regular exercise.
- Volunteering and being involved in the community.
- People caring about me.
- Sport centres.
- Hobbies – fishing; gardening; swimming; walking; singing.
- Good relationships and having friends and family to talk to in the community.

What needs to be different?

Consultees were asked about the most important issues to be addressed to improve mental health and well-being.

The most important issues and areas for improvement are:

- Easier and quicker access to services 24 hours a day 7 days a week.
- Improved communication between services so that information can be shared for the benefit of the client and their families.
- Interventions need to be early in life, early in condition and early in crisis.
- Service need to be more joined up and integrated.
- A wider range of counselling and talking therapies that are easier to access and can be extended for a longer time.
- Greater involvement of service users and their input valued.
- Follow up support post counselling and more reviews.
- More community based support groups like Quay House across the Island.
- A single point of access for services and supported by a directory of services.
- Better education in schools from primary through to secondary, about mental health.
- Services should listen more to service users.
- Make faster interventions for teenager.
- Reduce housing gap for those not able to live alone and are too young for sheltered housing.
- More help with living skills.
- More family support workers.
- Training for staff on the needs of people with personality disorder.
- More support for young carers.
- More GP awareness of Mental health – not all as good as others.

- Ensure carers and families are listened to.
- Better support for victims of domestic violence.
- Make personal budgets easier and available to all.
- Introduce more peer support.
- Better define recovery to include living well with the condition, mixing with others.
- Develop training for recovery.

Resources

Consultees identified the following resources they can offer to support mental health and well-being on the Island:

- Arts on Prescription from Healing Arts – evaluated as effective.
- Age UK good neighbour schemes, community memory groups, advocacy and carer support.
- House of Hannah – breakfast club and social activities for residents.
- Community Action – to help build community capacity.
- Advocacy Support – SEAP.
- Carer's Group.
- Health trainers buddy scheme – Public health.
- Wightmind at Quay House – a first stop signposting.
- OCD support group for young people and families and outreach in schools to detect mental health issues.
- Dementia Support Groups at Riverside Centre.
- Frontline – offers help and support with appeals for ESA/DLA, medicals and debt problems.
- Skills groups and social weekends at Quay House.
- Johns club – support and activities for people with learning disabilities and families.

- Southern Housing will enforce tenancies to tackle anti social behaviour from drug dealer customers.
- Training to mental health staff about involving service users.

Individual Interviews with key stakeholders

Semi-structured conversations were held with key stakeholders representing different organisations and partners and their views have been incorporated into this document. Details of the interviews are not included to maintain confidentiality.

The following people contributed to the development of the strategy:

Dr Sarah Bromley: *Clinical Executive Member IOW CCG*

Gillian Baker: *Director of Commissioning IOW CCG*

Sue Lightfoot: *Senior Commissioning Manager Mental Health & Learning Disability IW CCG*

Mark Edmund: *Head of Mental Health, Learning Disabilities and Community Partnerships IOW NHS*

Jill Kennett: *Associate Director Community Health Directorate IOW NHS*

Simon Bryant: *Acting Director of Public Health IW Council*

Sarah Stringer: *Public Health Commissioning Manager, IW Council*

Paul Jennings: *Hampshire & Isle of Wight Police*

Dr Nadarasar Yoganathan: *Consultant Psychiatrist IOW NHS*

Cllr Gordan Kendall: *Health and Well-being Board Member IW Council*

Cllr Richard Priest: *Health and Well-being Board Member IW Council*

Alison Geddes: *Commissioning Manager IOW CCG*

Members of the Long Term Conditions User Group

Suzanne Wixey: *Lead Officer for My Life a Full Life*

Stephany Carolan: *Author of Suicide Prevention Strategy*

Appendix Seven: Strategy workshops 2013

Summary of Feedback from Groups

MENTAL HEALTH

Do you agree with the priorities for mental health?

There was consensus that improving mental health services was a very important area to address and needed to be a priority for all organisations' agendas for improvement on the Isle of Wight. The waiting times to access services were repeatedly mentioned and were felt to be far too long. Early access to services and intervention was seen as very important. Patients should be empowered more, and carers have more control and be able to access services on other's behalf when they are unable to themselves, to prevent crises. Continuity of staff was felt to be very important in supporting people. Mental Health services needed to be more joined up with other services.

Several groups suggested that staff in all areas (not just mental health) should have more training in recognising mental health issues so that they have heightened awareness of the impact of mental health on physical health, are more confident in raising the subject of mental health issues and can signpost effectively. Some identified the need to recognise the strong social and personal factors involved with mental health issues, and thought that "over-medicalising" issues should be avoided.

There was widespread agreement that mental health issues still carry a stigma not seen in other services, with health and social care staff themselves still reluctant to admit to having or having had problems in this area. Some felt it important to distinguish between the issues everyone faces in their lives from time to time when things are difficult, and having a confirmed mental health diagnosis. The importance of confidentiality was raised.

The importance of people being encouraged to have good mental health themselves and having access to the information they need was mentioned. However, the wording of "encouraging individuals to have a robust network of family and friends" was not thought to be achievable by some, so should be reworded.

It was thought that more positive language could play a part in reducing stigma, with common symptoms being more normalised and discussed more openly. The meaning of "recovery" was questioned in this context, as for some people, leading a normal life while managing a condition is an achievement. Mental health should be brought into the self-care workstream. It should be normalised, with people offered the option of self-referral to community based support.

The importance of the role played by day centres, the third sector and communities in supporting people was recognised, particularly people living alone (high numbers on the Island). It was suggested that existing community resources should be utilised to monitor people more e.g. postmen, “old fashioned community support” and use of volunteers. All clubs and societies should be encouraged to be more aware and supportive to people showing signs of loneliness and potential mental issues. Increased use of IT was also suggested as a way to reach lonely people who find it difficult to leave their homes.

Some felt there should be more emphasis on prevention of mental health problems, and that the Public Health department could lead on this, looking at issues around social inclusion, housing, education, early intervention for vulnerable families, and attachment issues. It was stated that the impact of poverty and benefits issues, and insecure housing, together with unemployment should not be underestimated. It was suggested that there should be education in schools on mental health issues, so that children, including young carers, are aware of the issues and the support available. The importance of early intervention with drug and alcohol problems was highlighted.

It was pointed out that loneliness is not confined to the elderly – some young mums can feel very isolated.

Access to exercise is a way of supporting well-being and needs to be made affordable for some families.

Employers were also seen as being important in how they handle mental health issues. The need for “first aid mental health training” and a positive and sensitive approach was highlighted, with some mentioning examples of poor practice e.g. so many points and you’re out. Mentoring was suggested, with people who have suffered work stress and learned how to cope with it helping those currently suffering from it. Quick access to services was believed to be vital to recovery and keeping a job – waiting 8 weeks to see a psychiatrist was seen as an unacceptably long wait.

Concerns were expressed with regard to the demographic information given in the presentation (widely varying levels of mental health issues on the Island) – some queried whether this was due to deprivation or isolation. It was thought services should be targeted to address the demographic issues more.

Other issues mentioned:

- Quality of life in Residential Care should be looked into.
- There should be easier access to the Wellness Recovery programme.
- Having to collect prescriptions for controlled drugs from the hospital makes it more stigmatising.

Appendix Eight: Guides to the implementation of No Health without Mental Health

MIND, with partners, has developed a set of guides for organisations, which offer background and recommendations for the implementation of No Health without Mental health. Partners are recommended to consider adopting the relevant guide.

1. For Clinical Commissioning Groups

http://www.mind.org.uk/assets/.../No_Health_Without_Mental_Health_CCG.pdf

2. For Health and Well-being Boards

http://www.mind.org.uk/.../No_Health_Without_Mental_Health_Health_and_Wellbeing_Boards.pdf

3. For Local Authorities

http://www.mind.org.uk/.../No_Health_Without_Mental_Health_Local_Authorities.pdf

4. For Health Overview and Scrutiny Committees

http://www.mind.org.uk/.../No_Health_Without_Mental_Health_Overview_and_Scrutiny_Committees.pdf

5. For individual, third sector and communities

http://www.mind.org.uk/assets/0002/.../No_decision_about_us_without_us.pdf

6. For Healthwatch Organisations

http://www.mind.org.uk/.../No_Health_Without_Mental_Health_Local_Health_Watch_organisations.pdf

7. For Directors of Public Health

http://www.mind.org.uk/.../No_Health_Without_Mental_Health_Directors_of_Public_Health.pdf

Appendix Nine: Priority areas and desired outcomes

OUTCOME 1

Prevention and early Intervention for Mental Health and Well-being

- 1) **Individuals, families and communities** can do a lot to support and maintain their own mental health and well-being.
 - a) **OUTCOME:** Individuals, families and communities easily access information to support their mental health and well-being including those who find it harder to support them selves.
 - b) **OUTCOME:** Communities help themselves by recognising and dealing with the first signs of mental distress.
 - c) **OUTCOME:** All professionals working with children and young people have training so they can attend to their emotional health and well-being needs.
- 2) **Non specialist mental health organisations and local partners** can contribute to the mental health and well-being of their staff, clients and customers and also help those with mental health problems quickly access support when needed.
 - a) **OUTCOME:** Policies and plans support mental health and well-being in the work place; in contracts; and customer service.
 - b) **OUTCOME:** Policies and plans are mental health friendly and encourage good practice throughout the organisation.
 - c) **OUTCOME:** Staff are trained in Mental Health First Aid.
- 3) **Specialist mental health organisations and partners** have an important contribution to make in prevention and early intervention for mental health and well-being. They are responsible for ensuring that they are able to respond quickly to requests for support when individuals become ill or other organisations request advice and support.
 - a) **OUTCOME:** Individuals and communities can quickly access the right service at the right time.
 - b) **OUTCOME:** Service users and carers are fully involved in the design and monitoring of all services.
 - c) **OUTCOME:** Services offer prompt access to individuals and or organisations seeking help or advice.

OUTCOME 2

Improved recovery and access to mental health support

- 1) **Individuals, families and communities** can assist their own recovery by understanding their mental health condition and the services that are available to help them. They can also help their recovery by getting involved in how services are delivered and designed.
 - a) **OUTCOME:** Communities understand mental health conditions and how to help someone with a mental illness.
 - b) **OUTCOME:** Service users and carers involved in designing services and giving feedback on services.
 - c) **OUTCOME:** Confident and resilient communities supporting people with mental health problems.
- 2) **Non specialist mental health organisations and local partners** have an important role to play in identifying people with mental health problems at an early stage and to support their recovery in the community in non-institutionalised settings.
 - a) **OUTCOME:** “Mental health friendly” accredited organisations working together, sharing information and staff training.
 - b) **OUTCOME:** Community networks supporting people with mental health problems in non institutionalised environments; housing or work places.
 - c) **OUTCOME:** Specialist service organisations providing follow on packages of care for individuals to promote recovery – such as peer support; living skills; managing anxiety; help lines.
- 3) **Specialist mental health organisations and partners** are responsible for ensuring that people with mental health problems can access support and treatment promptly and 365 days a week. The sooner the support is delivered the greater the chance of recovery: earlier in life; earlier in the condition and earlier in the crisis.
 - a) **OUTCOME:** Effective crisis response to people with a mental health problem that also is accessible to other partner organisations and carers for advice.
 - b) **OUTCOME:** All services adopt an early intervention approach in the community.
 - c) **OUTCOME:** Reduced hospital based treatments and more recovery based approaches in non – institutionalised settings.

OUTCOME 3

Reducing stigma and discrimination through stronger communities

- 1) **Individuals, families and communities** are responsible for building and maintaining supportive relationships. Research suggests that healthy relationships and a sense of purpose have a beneficial impact on both physical and mental health.
 - a) **OUTCOME:** Local community champions in each area promoting mental health and well-being.
 - b) **OUTCOME:** Local communities incentivized to be “mental health” friendly.
 - c) **OUTCOME:** Loneliness reduced through local initiatives.
- 2) **Non-specialist mental health organisations and local partners** have an important role to challenge discrimination and reduce stigma when they come across it.
 - a) **OUTCOME:** Organisation’s policies and plans do not discriminate against people who have or had mental health problems.
 - b) **OUTCOME:** Increased employment opportunities for people with mental health problems.
 - c) **OUTCOME:** Communication and relationships with specialist services improved through more mental health partnership initiatives (such as the Serenity Project).
- 3) **Specialist mental health organisations and partners** need to challenge discrimination in the community and also be aware of the discrimination within their own services. Specialist services can contribute to reducing stigma by minimising institutionalised care.
 - a) **OUTCOME:** People with mental health problems have the same access to physical health care.
 - b) **OUTCOME:** The incidence of smoking amongst service users and staff is reduced.
 - c) **OUTCOME:** No barriers for people with learning difficulties and those with substance misuse problems accessing mental health services.

Appendix Ten: Risks to this strategy

There are a number of significant changes in the national and local commissioning and operational environment that might have a substantial impact on the development and implementation of this strategy between now and 2019.

These developments carry risks as set out below. The strategy has been developed in such a way to mitigate these risks.

Development: Payment by Results

Payment by results for mental health has been introduced in shadow form and will form the basis of contracting for all secondary mental health services from April 2014.

The future financial risks are not fully understood however project work is being undertaken to develop a robust evidence base on which to set a realistic local tariff for mental health Payment by Results services in 2013/14. This will be based on the best possible estimates of activity and the appropriate allocation of staff and resources to ensure that service users receive the right care in the right place at the right time. This will establish a fair and reasonable funding envelope for the payment by results element of mental health services. This will be specific to the situation on the Island.

Development: Personal Health Budgets

Personal Health Budgets for social care are in the process of being implemented for mental health on the Isle of Wight. The government intends to roll out Personal Health Budgets from 2015.

The future financial risks are not properly understood and could lead to inappropriate and or ineffective investment. Some Island voluntary sector organisations might require support to adapt in order to be sustainable during this transition period and continue to provide effective community support.

Development: Future health and social care quality improvement and financial efficiency targets

Future health and social care improvement and financial efficiency targets and other financial pressures within stakeholder organisations adversely affect the implementation of the strategy.

Appendix Eleven: Guides to the implementation of No Health without Mental Health

MIND, with partners, has developed a set of guides for organisations, which offer background and recommendations for the implementation of No Health without Mental health. Partners are recommended to consider adopting the relevant guide.

1. For Clinical Commissioning Groups

http://www.mind.org.uk/assets/.../No_Health_Without_Mental_Health_CCG.pdf

2. For Health and Well-being Boards

http://www.mind.org.uk/.../No_Health_Without_Mental_Health_Health_and_Wellbeing_Boards.pdf

3. For Local Authorities

http://www.mind.org.uk/.../No_Health_Without_Mental_Health_Local_Authorities.pdf

4. For Health Overview and Scrutiny Committees

http://www.mind.org.uk/.../No_Health_Without_Mental_Health_Overview_and_Scrutiny_Committees.pdf

5. For individual, third sector and communities

http://www.mind.org.uk/assets/0002/.../No_decision_about_us_without_us.pdf

6. For Healthwatch Organisations

http://www.mind.org.uk/.../No_Health_Without_Mental_Health_Local_Health_Watch_organisations.pdf

7. For Directors of Public Health

http://www.mind.org.uk/.../No_Health_Without_Mental_Health_Directors_of_Public_Health.pdf

Appendix Twelve: Links to other relevant documents and strategies

1. **No Health without Mental Health: Implementation Framework** Centre for Mental Health, Department of Health, Mind, NHS Confederation Mental Health Network, Rethink Mental Illness, Turning Point. July 2012
www.dh.gov.uk
2. **Making it Real: Marking Progress towards personalized community based support** Think local act personal
www.thinklocalactpersonal.org.uk
3. **Managing and Supporting employees experiencing domestic abuse: A Guide for employers** March 2013
4. **IW Clinical Commissioning Strategy: Strategic Priorities for Health Service Development 2012–2015 Updated November 2012**
www.isleofwightccg.nhs.uk
5. **IW Clinical Commissioning Group: Operational Plan 2013–2014**
www.isleofwightccg.nhs.uk
6. **Working together for a safe, happy, healthy and sustainable community on the Isle of Wight: A health and well-being strategy for the Isle of Wight 2013–2014**
www.iwight.com
7. **My Life a Full Life – Programme Overview and presentation**
www.isleofwightccg@nhs.uk

Appendix Thirteen: Isle of Wight No Health Without Mental Health Strategy, Consultation Closure Report

1. Introduction

The CCG, Public Health, Isle of Wight Council, NHS Trust, Police and third sector organisations have come together to produce the Isle of Wight No Health Without Mental Health Strategy. It is essential that the views and health needs of the Island population and stakeholder organisations are reflected in the strategy and therefore there have been a number of consultations over a twelve month period to develop this strategy.

The consultation has been in two phases:

- **Phase 1: Engagement to inform the strategy.**
- **Phase 2: Consulting on the draft strategy.**

This paper is to summarise the consultation activity that took place to inform this strategy.

2. Phase 1: Engagement to inform the strategy

Phase one was from 15th May 2013 – 30th August 2013.

The engagement involved publicising the engagement event, the survey monkey and that there was an opportunity to meet or speak with the project team. The activities included:

2.1 Awareness Raising:

- Isle of Wight radio did a number of broadcasts about the engagement during the news.
- Article in the County Press: 31st May 2013.
- Article on the County Press website: 22nd June 2013.
- Article on Isle of Wight Mail.
- Online article in On the Wight 12th June 2013.
- Advertised on Isle of Wight Healthwatch website – 16th May 2013.
- Advertised on the Wightchurch.net website.
- Emails circulated to network.
- Press release sent out to all media and stakeholder organisations.

2.2 Workshops and Interviews:

- Attended a number of groups, forums and boards.
- A number of interviews with colleagues from stakeholder organisations.
- A number of face to face workshops with groups.

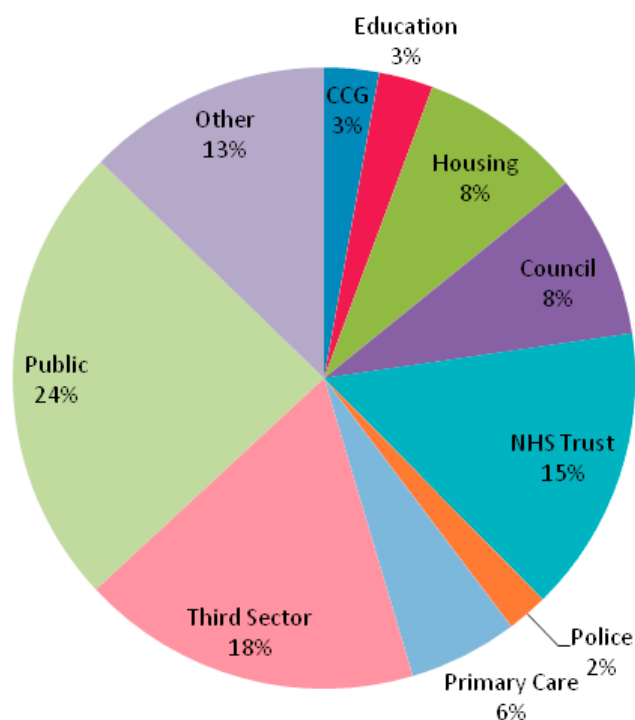
2.3 Online

- A survey monkey was completed by 8 people.
- Press releases were hosted on IW CCG, IW Trust and Healthwatch websites.
- A email address was set up for correspondence.

2.4 Engagement events:

The engagement events were held at two different locations: the Riverside Centre during the day and The Lakeside during the evening. These were attended by 141 people: A full Engagement report can be found in Appendix Six of the strategy.

Table 1: A breakdown of which organisations the attendees represented at the engagement event.



The events were designed to maximise the contributions of those attending and to support people who may have or care for people who have mental health problems. A facilitated “market stall” for each of the 6 objectives in the National No Health without Mental Health Strategy posed a number of questions and asked participants to prioritise the actions that would best support the objective.

Participants were also asked a number of questions to assess the wider priorities, their aspirations for mental health care and their lives on the Island. People also shared how they felt they could contribute to the mental health and well-being of Island residents.

The priority identified for each objective from the events was as follows:

- More people will have good mental health – by finding ways to reduce loneliness.
- More people with mental health problems will recover – by quicker and easier access to diagnosis and care.
- More people with mental health problems will have good physical health – by providing physical health checks for hard to reach groups.
- More people will have a positive experience of care and support – by having prompt access to specialist mental health services.
- Fewer people will suffer avoidable harm – by supporting families and communities to help themselves and build self confidence.
- Fewer people will experience stigma and discrimination – by helping communities and build confidence and resilience.

The general feedback across all objectives can be summarised as follows:

- There are a lot of resources on the Island but people don’t know how to access them. A web based directory of services was suggested.
- More help was requested for families and communities to help them build self confidence and resilience.
- Interventions need to be earlier: early in life, early in the condition and early in the crisis.
- Better communication is needed between and within agencies. Requests were made to share information to help services help individuals, particularly with housing support, families and carers.
- Repeated requests for easier and quicker access to services when needed including 24 hours and 7 days a week.

- Encouragement to listen more to carers and people with mental health problems as they have a lot to offer the services – there was feedback that service users and carers felt patronised and undervalued by services.
- Requests for more community groups such as Quay House, which is well liked and helps recovery but it is felt there needs to be more choice of services and their locations.
- Service users requested more follow up after “treatment” is over as they feel abandoned and it impacts on their recovery.

3. Phase 2: Consultation for the Draft Strategy

Phase two of the consultation was to obtain people’s feedback and comments on the draft strategy. The consultation was from 20th May 2014 – 15th July 2014. During the engagement in Phase 1 it was highlighted that the stakeholder organisations should come together to develop a Steering Group to monitor the delivery of the strategy action plan. This group also reviewed Phase 2 of the consultation for the draft strategy.

The consultation involved a number of elements:

3.1 Awareness raising:

- A joint press release from the stakeholder organisations to all media agencies which included:
 - Article on Island Echo 21st May 2014.
 - Article on the County Press website 4th June 2014.
 - NHS E-Bulletin.
 - Online Article on Isle of Wight Radio Website 7th July 2014.
 - Ventnor Town Council news Letter 23rd May 2014.
 - Healthwatch website – 20th June 2014.
- Emailed Existing networks the press release and draft strategy.
- Circulated to all those involved in the Phase 1 of the engagement.
- Circulated to all stakeholder organisations and staff including, GP practices, NHS Staff, Social Care, Public Health, Police, third sector organisations.
- Hosted on CCG and NHS Trust website.

3.2 Workshops and interviews:

The strategy was taken to a number of Boards, forums and groups which included:

- The CCG held three workshops during the autumn of 2013 (a full report is in appendix seven of the strategy).
- NHS Trust.
- IW Council.
- Voluntary Service Forum – 10th June.
- Mental Health Sub Group.
- Children’s Trust Board.
- Trust’s Lesbian, Gay, Bisexual and Transgender patients and staff network.
- My Life A Full Life Mental Health Development Partnership Group.

3.3 Online

- An email address was used for correspondence.
- The draft strategy was hosted online on the IOW CCG, IW Trust and Healthwatch website.

4. Summary of comments

The My Life A Full Life Mental Health Partnership Development Group received fifty comments; two were from members of the public, forty seven were from the Voluntary Sector Forum and one was from the Trust’s Lesbian, Gay, Bisexual and Transgender patients and staff network.

The comments and feedback are included in Table 1.

The My Life A Full Life Mental Health Partnership Development Group appreciated the feedback that was received during the consultation from the Boards, Groups, Forums and workshops attended. The group was happy to hear during the public consultation that the overall strategic direction was endorsed. As a result of the feedback from the workshops, interviews and the written responses, the action plans for each organisation have been amalgamated and split into three action plans to address the outcomes for the three different workstreams.

Table 1: Written responses received during the No Health Without Mental Health Draft Strategy Consultation: 20th May 2014 – 15th July 2014

Item	Comment
1	<ul style="list-style-type: none"> Reducing the stigma associated with mental health. <p>Your phrase is an interesting one. It is not uncommon.</p> <ul style="list-style-type: none"> You are repeating an oft stated term, "reducing." It does not say how much to keep. You are associating a "stigma." It is an oft repeated term as well. Discrimination is accurate: "...a focus on recovery, and reducing the stigma and discrimination attached to mental health". There is no discrimination attached to mental health. <p>Of most interest to me is a government is imposing a "stigma." I know of but one other government that did that. You can name it.</p>
2	<p>The VSF broadly welcomes the introduction of a strategy. However, representatives present felt that the strategy was a strange mix of strategic and operational, which did not necessarily fit together.</p> <p>For the most part the document is a high level strategy but it is then supplemented by a number of action plans which are not necessarily adequate in terms of scope and detail to provide confidence that the strategic objectives are going to be successfully addressed.</p>
3	<p>The priorities proposed and for the most part the desired outcomes identified in appendix nine were generally supported.</p>
4	<p>However some felt that the 6 outcomes which emerged from the consultation process as identified on page 37 should have simply remained as the priorities.</p>
5	<p>Also, the group was concerned that there was no clear definition of 'recovery' which is a pivotal issue in terms of the future effective delivery of an appropriate strategy. To some recovery may be about discharge, to others full independent living, to others something in between. Further clarity is needed in this regard to more clearly accentuate our aspirations in terms of recovery.</p>
6	<p>It was also felt that there needed to be a recognition of and brief definition of mental well-being to help enforce the focus on well-being rather than the focus remaining too strongly on a medical/treatment approach. An analogy to the Every Child Matters outcomes was suggested as having some merit.</p>
7	<p>The overwhelming feeling regarding the Action Plans was that they should possibly be totally cut from this strategy and that a new delivery/operational strategy needed to be developed. The current approach to presenting these action plans also creates an impression of silo working, rather than joined up commissioning and integrated working.</p>
8	<p>No action plan provided by local authority Adult Social Care.</p>
9	<p>No action plan provided by local authority housing dept.</p>
10	<p>With regard to outcomes there was no clear link to the Children and Young Peoples Plan though an action plan from Children's Services was given.</p>
11	<p>For the Children's Services Action Plan, there was no reflection on the recent Children's Society Well-being Survey.</p>
12	<p>The outcome with regard to PHSE was to train professionals, rather than an outcome specific to children and young people. The group was also concerned that for both PHSE and Healthy Schools they had been able to glean little evidence that either were happening consistently in schools. It was also unsure whether this point applied to Academies/Colleges outside of LA control.</p>
13	<p>For the JCP Action Plan, concern was noted on the use of the wording 'whatever benefit they are on' as this 'catch-all' would be inappropriate for the severely disabled or elderly.</p>
14	<p>The FRS action plan was queried for its relevance, concern also noted on its lack of clarity, meaningfulness, and lack of coordination.</p>
15	<p>Hampshire Constabulary made an action that staff to be trained as Mental Illness Officers, but not stated how many, if at all would be Island based officers.</p>
16	<p>There was no clarity about following up timescales for delivery of Mental Health First Aid.</p>
17	<p>Prisoners are within the scope of this strategy yet there was no action plan from the Prison/prison health provider.</p>
18	<p>No action plan for GPs.</p>
19	<p>NHS Mental Health Services – the focus on reablement which is welcome makes no mention of the voluntary and community sector (nor carers), indeed the whole NHS Mental Health Services action plan makes no mention of the sector.</p>

20	CCG Plan – the actions indicated lead to the impression that the NHS Trust is going to unquestionably continue as the contracted provider for all mental health services on a PbR basis with menus of care published etc. the voluntary sector will potentially be left with the ‘crumbs from the table’ when in reality it is an integrated service which needs to be developed which invests further in the voluntary sector and in return benefits from the additionality of resource and relationships which the sector can bring.
21	In many instances the correct usage of outcomes and outputs was not achieved.
22	In many instances an identified lead or a target timeline were not provided.
23	Concern was noted that the needs of those with Learning Difficulties were not highlighted.
24	With worrying high levels of emergency admissions for self-harm, there is no mention what is to be put in place for this vulnerable group.
25	There is no recognition that there is a need for advocacy support throughout for both service users and their carers. If not already in existence an Expert Patient programme might be a way forward.
26	The group also felt that the document was not user-friendly in terms of design, and would recommend more visuals and/or a short ‘easy read’ version to be offered.
27	Much of the supporting statistical information was national and it was felt that being clear and specific about local figures would be stronger.
28	Whilst the CCG Action Plan stated there would be reviews of service it appeared that it was a foregone conclusion that the NHS Trust would remain principal provider with other peripheral services being offered to the 3 rd sector via a Prospectus.
29	A concern was raised that on the NHS Trust side that delivery of the strategy in its current form could be driven primarily by psychiatrists and psychologists as it had been historically, which may not deliver the level of change required.
30	Whilst the strategy aimed for a reduction in the stigma associated with mental illness, the strategy implementation group would report the Community Safety Partnership of the Health and Well-being Board, a group led by the police, leading potentially to connotations that all those suffering from mental illness were likely to break the law, and leading to increased stigma.
31	Having menus of care are to be agreed and published by the provider is a good idea, but as per the above comment this is only going to work when there is clarity about the level of investment available, which tends to mean that this is possible for the NHS provider but less so for voluntary sector provision where resources are often short term and uncertain.
32	p.24: ‘that my carer will be involved in all of the above’ should read that the carer will be supported to be actively involved in all of the above.
33	P. 27 Domain 1: There is a need for a greater acknowledgement about the use of Discretionary Housing Payments for people with MH and their carers. The ‘bedroom tax’ is proving a massive issue, as well as people trying to find suitable one-bedroomed accommodation.
34	P.27 Domain 2: People will need more/different support than is currently being provided through Public Health funded initiatives to enable them to make choices and access and sustain activities.
35	P.28 Domain: The proportion of carers who report that they have been included or consulted in discussions about the person they care for – this should be more than being included and consulted it should also include information and on-going carer support.
36	P.37: This page mentions the use of ICT to overcome loneliness, yet only 8 on-line surveys were completed.
37	A concern was raised as to whether the breadth of people attending the consultation events was broad enough. Generally people with MH need somewhere to go where they feel safe. It was noted that whilst loneliness was mentioned, mental illness, depression, drugs and alcohol together with employment status were not. This led to queries about how representatives groups attending the stakeholder consultation events were. It was queried whether a well-being survey akin to that completed by The Children’s Society but for adults well-being was needed and would add to our understanding of concerns.
38	P.44 : At the original consultation events people had said that in three years time they wanted more carers support groups. For these to be provided on a consistent basis, there needs to be a public sector commitment to help with this as it cannot adequately be delivered on a voluntary basis.
39	With regard to Mental Health First Aid training, should this be targeted at communities, rather than staff?

40	It is concerned that with the introduction of the strategy there will remain no rapid access to IAPTS and believes that this is vital for prevention and early intervention. One delegate had recently visited a day centre and spoke to a client who had been waiting for 18 months for access to 'talking therapies'. It believes that the sector has a key role in this aspect, yet this is not being fully utilised. In addition for individuals to access services in a timely manner, GPs have a vital role as could fast-track referrals leading to less time off sick for an individual.
41	A point regarding timely diagnosis raised the following comments; as it can take some time to diagnose a mental illness and an incorrect diagnosis can lead to mistrust in psychiatrists, equally it can be difficult not to have a diagnosis, this can and does lead to disbelief in services.
42	Other models of care were highlighted www.federationmentalhealth.co.uk . It was felt that Crisis/Recovery houses could provide better care for people and that hospital wards could make people worse. There was a need for a safe place for people in crisis to go and a that 24 hour care in the community was preferable.
43	A clearer commitment to reduced hospital based treatments and more recovery focused approaches in non institutionalised settings.
44	The strategy contains a variety of information around policy context and national strategies but there is no mention of the recent 'Closing the Gap' report which is probably one of the most important, current national documents.
45	The VSF would like to see a firm commitment to 'joined up' working and a fair share in both in-put and funding, currently it felt that this was very limited.
46	A commitment to public sector support for the development of local voluntary sector delivery needed to be identified.
47	A stronger focus on training/education across sectors and professionals within the strategy is needed, to ensure that the whole workforce is aware of and signed up to a clear Island approach. One element of this could potentially be around everyone having a shared understanding of concerns and pathways.
48	With regard to defining needs one model which may be of use is provided through Mind's Mental Health Continuum Model.
49	<p>"The Mental Health Strategy looks at mental health and well-being on the Island and in particular focuses on vulnerable groups such as looked after children, people with long term conditions, older people, people known to the justice system and veterans."</p> <p>One important group, in this context, is LGB & T children. The fact that they fall outside the 'normal' social groupings tends to isolate them from a very early age, which can effect them in a multitude of ways, with invariably detrimental effects in both the short and long term.</p> <p>Ignoring the consequences of neglecting this group, which are probably fairly well documented, there seems to be a clear need to educate any adult coming into regular contact with children to quickly recognise that there is a problem, what that problem might be, and how best to deal with it before it has any major effect. Given early intervention "Often the problem will not require specialist health services but (to recover,) the individual will need the support, help and understanding of their family, colleagues and the many excellent support groups on the Island." In this context "to recover" will then become a non-issue!</p> <p>Prevention is better (and cheaper, in so many ways) than cure, and I feel very strongly that we should concentrate much more effort in this area.</p>
50	<p>I received an email from you describing future plans for mental health strategies on the Isle of Wight. I'd like to suggest a couple of things as you are inviting feedback.</p> <ol style="list-style-type: none"> 1) Stop cutting back on support workers for those with depression and anxiety. Now it seems only the most psychotic have any support in the community. 2) Stop pressuring patients at places like Chantry House to return to work when they are clearly not ready or able (this is happening, I've spoken to people it had happened to and it causes extreme anxiety and a worsening of conditions). 3) There is no money. Money is being taken from mental health everywhere but it is a particular problem here on the Island, and places such as day centres are being closed our centralised so they are not accessible by rural patients. <p>Until these problems are addressed on the Isle of Wight then all I read concerning these "strategies" is talk, talk, talk, and very little else. Nothing will ever change. I speak as a past service user with life-long mental health conditions.</p>

Appendix Fourteen: Delivering the desired outcomes – Priorities for action

Three priority outcomes have been developed to support this strategy, based on feedback and interviews with key stakeholders. It will be for partner organisations to deliver detailed action plans and the representatives on the Health and Well-Being Board to take responsibility for ensuring the outcomes are achieved. It is recommended that the strategy implementation focuses on three priority areas for action:

1. Prevention and early intervention for mental health and well-being
2. Improved recovery and access to mental health support
3. Reducing stigma and discrimination through stronger communities



Figure 2: Desired Outcomes

To achieve these outcomes there needs to be a shift from a reactive approach of intervening, to a proactive early intervention approach. The sooner mental health and well-being issues are addressed, the easier and less costly it is to achieve the desired outcomes. Adopting an early intervention approach as outlined in Figure 2 in Appendix Four will help to deliver our priority outcomes.

MIND, with partners, has developed a set of guides for organisations, that offer background and recommendations for the implementation of No Health Without Mental Health. Partners are recommended to consider adopting the relevant guide. Links to the guides are in Appendix Eight.

The outcomes required for each priority are outlined In Appendix Nine. Each stakeholder organisation has been invited to share the actions they aim to deliver between 2014–2016 to work towards these priority areas that will improve the mental health and well-being of the islands residents. The action plans will be reviewed and updated annually during the five year strategy.

Action Plan 1: Prevention and early intervention for mental health and well-being

OUTCOME	ACTION	TIMESCALE & LEAD
<p>More people will have a positive experience of care and support.</p> <p><i>Care and support wherever it takes place, will offer access to timely evidenced – based interventions and approaches that give people the greatest choice and control over their own lives, in the least restrictive environment.</i></p>	<p>Embedding Payment by Results pathways and linking this with the 111 hub, front door and out of hours services.</p>	<p>April 2014–March 2015 Review in February 2015 IW NHS Trust</p>
	<p>People with social care needs have good access to support services for themselves and their carers.</p> <ul style="list-style-type: none"> Adult Social Care Services will assess the needs of vulnerable adults and their carers promptly and provide access to appropriate support services. Adult Social Care Services will provide access to support 24/7, including assessment under the Mental Health Act to support urgent admission to hospital when required. 	<p>March 2016 Isle of Wight Council</p>
	<p>Pro-active early identification of, and intervention for, young people who are experiencing mental health problems and appearing in Court.</p> <ul style="list-style-type: none"> Vulnerability screenings to be completed with all young people appearing at IOW Youth Court, prior to Hearing. 	<p>March 2015 IOW YOT Operational Team Manager</p>
	<p>Development of computer based self help and therapy packages including psychology online and positive mental health training.</p>	<p>March 2016 CCG</p>
<p>Individuals and their families have access to information and are aware of the services available to them.</p>	<p>Developing a menu of choices available to patients, including self help resources in community and 3rd sector and training staff and communities to know the 'what, how and when to' about accessing these resources.</p>	<p>March 2016 Public Health/CCG</p>
	<p>Payment By Results Menus of Care are to be published by the IW NHS Trust for people to be informed of the therapy and care they can expect.</p>	<p>March 2016 IW NHS Trust</p>

<p>Fewer people will experience stigma and discrimination.</p> <p><i>Public understanding of mental health will improve and as a result, negative attitudes and behaviours to people with mental health problems will reduce and families and communities will be more confident and resilient.</i></p>	<p>Adult Social Care will reduce discrimination against people with mental health problems by.</p> <ul style="list-style-type: none"> Promoting participation, social inclusion and employment of people with mental health problems. Supporting public campaigns to address stigma <p>Improved mental well-being and build resilience by working through the Healthy Communities Partnership Group action plan to build and strengthen communities, families and individuals using evidence based ABCD (Asset Based Community Development) approaches. 'A health asset is any factor or resource which enhances the ability of individuals, communities and populations to maintain and sustain health and well-being. These assets can operate at the level of the individual, family or community as protective and promoting factors to buffer against life's stresses'.</p> <p>Through participatory leadership Public health will co-ordinate, facilitate and monitor outcomes of the Health Communities Group reporting directly to the Health and Well-being Board.</p>	<p>Ongoing Isle of Wight Council</p> <p>Ongoing Public Health Development Commissioner</p>
<p>Employers recognise when staff are emotionally vulnerable and know how to support them to recover.</p>	<p>The Isle of Wight Council is committed to supporting good mental health for its staff, by encouraging a good work/life balance, providing access to confidential counselling and a supportive work environment.</p> <p>All staff are aware of support services available to them, and effectively supported in managing their own mental health.</p> <ul style="list-style-type: none"> Regular supervision and support provided in line with IOW YOT policy. Promotion of positive strategies to encourage good mental health (including awareness of triggers and strategies) via Team Meetings, training etc. Information made available regarding support services specifically for staff, and the general population on the IOW. 	<p>Ongoing Isle of Wight Council</p> <p>March 2015 Hampshire and IOW YOTs Head of Service and IOW YOT Operational Team Manager</p>
<p>An informed and effective workforce.</p>	<p>Hampshire Constabulary to Develop a live learning site for staff and other professionals on best practice concerning Mental Health.</p> <p>250 Hampshire Constabulary staff to be trained as Mental Illness Liaison Officers (MILO), able to offer mental health support, training and advice to both front line officers and members of the public.</p> <p>Training and development of practice staff and locality teams to understand and support self management of common mental health problems including anxiety, depression, emotional distress, reactive states etc.</p> <p>Policies and plans support mental health and well-being in the work place; in contracts; and customer service:</p> <p>The FRS as a local authority service adheres and aligns to council policies and procedures. Signposting of available resources are made available to staff through the intranet and internal procedures.</p> <p>Ensuring fast access to high quality psychological therapies (IAPT) to everyone who needs them, regardless of route of entry.</p> <p>Staff trained and competent to work with offenders with mental health difficulties.</p> <p>Subject to organisational change timetables, provide 15 staff in Newport office with Mental Health First Aid Training.</p>	<p>December 2014 Serenity Force Mental Health Response & Diversion Partnership M.I.L.O – Mental Illness Liaison Officer</p> <p>March 2014 Serenity Force Mental Health Response & Diversion Partnership M.I.L.O – Mental Illness Liaison Officer</p> <p>March 2016 CCG</p> <p>Ongoing Isle of Wight Fire and Rescue Service Head of Community Risk</p> <p>March 2016 CCG</p> <p>2014–2016 Hampshire Probation Trust Operations Manager</p>

Action Plan 2: Improved recovery and access to mental health support in localities

OUTCOME	ACTION	TIMESCALE & LEAD
<p>More people with mental health problems will recover.</p> <p><i>More people will have a good quality of life – greater ability to manage their own lives, stronger relationships, a greater sense of purpose, improved chances in education and employment and a suitable and stable place to live.</i></p>	<p>Delivery against the Isle of Wight Children and Young peoples Plan 2014 – 2017 and Commissioning Strategy For Emotional Well-being & Mental Health – Children & Young People recommendations.</p>	<p>2014–2017 Children’s Trust</p>
	<p>Improve mental well-being of children and young people linking to The Children and Young People emotional health and well-being strategy – Through the Public Health business plan implement a review of currently and soon to be commissioned services for school nursing and health visiting to focus on a holistic family centred approach to improving mental well-being.</p>	<p>2014–2016 Public Health Development Commissioner</p>
	<p>Isle of Wight Job Centre are targeted to get people into work: Advisers will continue to work with customers to address their barriers to work and to take steps back towards employment. To assist them with this they will use the various providers/provision available to them at the time (these vary due to funding etc.). For mental health issues this would include in particular referrals to IAPT, Expert Patients Programme & DWP commissioned programmes. In addition other provision may be relevant such as a referral through Strengthening Families, Supporting People, People Matter, Cranstoun etc.</p>	<p>2014–2016 JCP Health & Disability Teams at Ryde & Newport JCP Partnership manager</p>
	<p>1) With regards to Welfare Reform to ensure that partners know what changes are coming and how we/they can support people with mental health issues via Universal Credit Local Support Services etc.</p> <p>2) To work with our partners around filling any gaps in provision that we have identified. For example DWP commissioning Assertiveness training.</p> <p>3) To continue to work with employers, encouraging and supporting them to take on people with health conditions and disabilities and to promote ways to do this using various methods such as Work Experience & Wage Incentives.</p>	
	<p>To support those who cannot work and ensure they receive the correct benefits.</p>	<p>2014–2016 Adviser Team Managers within JCP</p>
	<p>To follow existing procedures in identifying customers’ needs and when appropriate identifying vulnerable customers and making sure they receive the correct service at the right time via the right channel.</p>	<p>Review March 2015 IW NHS Trust</p>
<p>Reablement: will integrate health, social care and housing support to develop a coordinated mental health reablement pathway. The pathway will offer a recovery focused approach, enabling people to acquire the skills they need to achieve a fulfilling and meaningful life.</p>	<p>Ongoing IOW YOT Operational Team Manager</p>	
<p>Mental health needs of young people known to the YOT are assessed, and regularly reviewed, to ensure appropriate interventions are secured at the earliest stage.</p> <ul style="list-style-type: none"> All young people known to YOT will be subject to comprehensive initial assessment (via Asset/Asset plus) and regular review in line with National Standards for Youth Justice 2013 and the IOW YOT Vulnerability Assessment and Management Policy. 		

<p>More people will have a positive experience of care and support.</p> <p><i>Care and support wherever it takes place, will offer access to timely evidenced – based interventions and approaches that give people the greatest choice and control over their own lives, in the least restrictive environment.</i></p>	<ul style="list-style-type: none"> Review of Community Mental Health Service pathways to deliver best value, evidence based PbR and evidence of increase in positive patient experience. <p>Reasonable adjustments are made in all mental health services:</p> <ul style="list-style-type: none"> Review of reasonable adjustments in IAPT. <p>A Health and Social Care Needs Analysis has been commissioned and is in progress (draft due August 2014). When finalised, the recommendations will be considered for strategic and other implications for the commissioning and provision of services at HM Prison Isle of Wight, including mental health.</p> <p>Implementation of the Ministry of Justice, National Offender Management service instruction on management of prisoners at risk of harm to self, to others and from others.</p> <p>Young people known to YOT can access relevant mental health services in a timely way.</p> <ul style="list-style-type: none"> Liaison with relevant partners to design and deliver pathways for support and access to services (including youth to adult, and custody to community, transitions). 	<p>2014–2016</p> <p>Clinical Lead for Mental Health and Head of Commissioning for Mental Health & Learning Disabilities, CCG</p> <p>March 2015</p> <p>IW NHS Trust/CCG</p> <p>2014–2016</p> <p>HM Prison Isle of Wight</p> <p>2013–January 2016</p> <p>Ministry of Justice, National Offender Management service</p> <p>March 2015</p> <p>Hampshire and IOW YOTs Head of Service with IOW YOT Management Board and partners</p>
<p>More people with mental health problems will have good physical health.</p> <p><i>Fewer people with mental health problems will die prematurely and more people with physical ill health will have better mental health.</i></p>	<p>Physical Health Check clinics commenced in the community setting (East Cowes medical centre) to facilitate access to follow up physical screening.</p> <p>Improve the physical health of people with mental illness diagnosis. Evidence shows that people with mental health diagnosis have higher levels of alcohol misuse, smoking and obesity than the population as a whole.</p> <p>Through the Public Health business plan implement a review of currently commissioned health improvement programmes with the intention to re-commission in a holistic family centred integrated service that is incentivised to target health inequalities and outcomes for people with mental health conditions.</p>	<p>March 2016</p> <p>IW NHS Trust</p> <p>2014–2016</p> <p>Public Health Development Commissioner</p>
<p>People are involved in the development and feedback of services.</p>	<p>Development of Mental Health Service Users and carers forum with the Service User & Carer Link Co-ordinator.</p> <p>Engagement to refresh the communication strategy for the implementation of payment by results with relevant public and third sector organisations as well as patient user groups, in order to ensure patient choice for recovery and outcome focused services.</p> <p>Stakeholder events to inform statutory workforce development to underpin the delivery of the My Life a Full Life principles.</p>	<p>Service User & Carer Link Co-ordinator</p> <p>April 2014–March 2015</p> <p>Review in February 2015</p> <p>IW NHS Trust</p> <p>March 2016</p> <p>Clinical Lead for Mental Health and Head of Commissioning for Mental Health & Learning Disabilities, CCG</p> <p>Ongoing</p> <p>Clinical Lead for Mental Health and Head of Commissioning for Mental Health & Learning Disabilities, CCG</p>

<p>An informed and effective workforce.</p>	<p>All Fire and Rescue professionals working with children and young people have training so they can attend to their emotional health and well-being needs.</p> <p>The Fire and Rescue Service (FRS) will continue to build upon skills to support this area. Consideration will be given to key staff undertaking Mental Health First Aid awareness training.</p> <p>Frontline YOT staff are trained and feel confident in working with young people who are known to the youth justice and experiencing mental health difficulties.</p> <ul style="list-style-type: none"> All frontline staff to attend and complete Mental Health First Aid training (and, where possible, Youth Mental Health First Aid). 	<p>Ongoing</p> <p>Isle of Wight Fire and Rescue Service Head of Community Risk</p> <p>March 2015</p> <p>IOW YOT Operational Team Manager</p>
<p>People feel that organisations work together to support them when they are vulnerable.</p>	<p>“Mental health friendly” accredited organisations working together, sharing information and staff training.</p> <p>The FRS works with key partners through its involvement in working with and identifying vulnerable persons irrespective of age, who are more at risk from fire.</p> <p>Community networks supporting people with mental health problems in non-institutionalized environments; housing or work places.</p> <p>e.g. Community watch: attended by statutory and non-statutory agencies, where information is shared within a secure environment to identify and make resources available for individuals, include those with mental health problems.</p> <p>Lead, co-ordinate and facilitate the My Life Full Life Partnership Development Group to support effective delivery of the NHWMH Strategy outcomes identified.</p> <ul style="list-style-type: none"> Third and independent sector engagement through stakeholder events to develop alliance. Business case to support the development of the Alliance required to be presented at the Clinical Executive. Prospectus developed. Consider medium to long term commissioning options. <p>Collaborative partnership working, resulting in coordinated service delivery.</p> <ul style="list-style-type: none"> Strengthening communication and relationships with multi agency partnership (such as Serenity project IW NHS Trust and Hampshire Constabulary). <p>Probation services are a committed partner to support the improvement of mental health and well being on the Island.</p> <p>Probation Trust will respond positively to developing partnership arrangements with Island services.</p> <p>Improved communications and cooperation with partner agencies in support of vulnerable adults.</p> <p>Adult Social Care Services will work in partnership with other agencies to ensure prompt and effective access to support for vulnerable adults.</p> <p>Adult Social Care Services will collaborate with the Police and NHS Mental Health Services to ensure appropriate support is available for service users who present in crisis regularly or with high frequency.</p> <p>Partnership working is effective in ensuring access to services for young people who have offended and experience mental health difficulties.</p> <ul style="list-style-type: none"> Establish pathways for support/provision of services. Identification of gaps in service provision to inform commissioning and purchase. 	<p>Ongoing</p> <p>Isle of Wight Fire and Rescue Service</p> <p>Ongoing</p> <p>Isle of Wight Fire and Rescue Service</p> <p>2014–2019</p> <p>Clinical Lead for Mental Health and Head of Commissioning for Mental Health & Learning Disabilities, CCG</p> <p>March 2015</p> <p>Clinical Lead for Mental Health and Head of Commissioning for Mental Health & Learning Disabilities, CCG</p> <p>Ongoing</p> <p>IW NHS Trust Head of MH, LD and Community Partnerships</p> <p>Ongoing</p> <p>Hampshire Probation Trust Operations Manager</p> <p>Ongoing</p> <p>Isle of Wight Council Head of Adult Social Care</p> <p>March 2015</p> <p>IOW YOT Operational Team Manager with IOW YOT Management Board</p>

Action Plan 3: Urgent mental health care

OUTCOME	ACTION	TIMESCALE & LEAD
People who are admitted to hospital are assessed and supported appropriately.	Scoping Rapid Assessment Interface and Discharge.	March 2016 Clinical Lead for Mental Health and Head of Commissioning for Mental Health & Learning Disabilities, CCG
More people will have a positive experience of care and support. <i>Care and support wherever it takes place, will offer access to timely evidenced – based interventions and approaches that give people the greatest choice and control over their own lives, in the least restrictive environment.</i>	Serenity to be in operation at peak times: A joint IW police and NHS Trust initiative to improve responses to mental health crisis calls received by the police, where police officers and mental health practitioners respond to calls together. Its aim is to provide the best possible response to people in crisis and, through improved diagnosis on scene, reduces the time spent dealing with such incidents and in reducing the need for inpatient admissions. As part of the Public Health strategic vision linking to the IW five year integrated health and social care plan develop a holistic family focused platform. It is envisaged that these principles will lead to new kinds of community based working; they could also be used to refocus many existing council and health service programmes. Implement Local Area Coordination enablement approach to empower vulnerable people to improve mental, physical and social well-being through using personal and community assets to develop non-service solutions. To develop the Integrated Recovery Pilot; to reduce the impact of high frequency patients upon public services through robust personal management.	September 2014 Serenity Force Mental Health Response & Diversion Partnership 2014–2016 Public Health Development Commissioner October 2014 Serenity Force Mental Health Response & Diversion Partnership
More people with mental health problems will have good physical health. <i>Fewer people with mental health problems will die prematurely and more people with physical ill health will have better mental health.</i>	All patients receive a full physical health check on admission to psychiatric units.	2014–2016 IW NHS Trust Head of MH, LD and Community Partnerships

We continue to invite organisations on the Island to share their action plans with the No Health Without Mental Health Steering Group on how they are working towards these priority action areas and improving the mental health and well-being of Island residents.

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